



CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

By caring for those who need it most, Central Health improves the health of our community.

Our Values

Central Health will achieve excellence through:

Stewardship - We maintain public trust through fiscal discipline and open and transparent communication.

Innovation - We create solutions to improve healthcare access.

Respect - We honor our relationship with those we serve and those with whom we work.

Collaboration - We partner with others to improve the health of our community.

BOARD OF MANAGERS MEETING

Wednesday, April 29, 2020, 5:30 p.m.

Toll-free Videoconference and Telephone*

Members of the public may access the audio feed of the meeting by dialing in using the number below. You will be prompted for the Meeting ID and Password.

Toll-free Telephone: 888-501-0031

Meeting ID: 1487054855#

Password: 247168#

A member of the public who wishes to make comments during **Public Communication** portion of the meeting must properly register with Central Health *no later than 4:00 p.m. on April 29, 2020*. Registration can be completed in one of two ways:

- Complete the virtual sign-in form at <https://www.centralhealth.net/meeting-sign-in/>, or
- Call 512-978-9190. Please leave a voice message with your full name and your request to comment via telephone at the meeting.

PUBLIC COMMUNICATION

Central Health will conduct Public Communication in the same manner as it has been conducted at in-person meetings, including setting a fixed amount of time for a person to speak and limiting Board responses to public inquiries, if any, to statements of specific factual information or existing policy.

REGULAR AGENDA¹

1. Discuss and take appropriate action on the proposed amended mandatory payment rate to be assessed on institutional healthcare providers during fiscal year 2020 in connection with the local healthcare provider participation program in Travis County. (*Action Item*)²

2. Receive and discuss updates on the Central Health Enterprise's responses to the current COVID-19 pandemic, including: changes in business and administrative operations, coordination with local disaster response efforts, status of affiliated clinical and testing operations, and related fiscal issues affecting Central Health, Sendero Health Plans, Inc, or Community Care Health Centers. *(Informational Item)*
3. Discuss and take appropriate action on a new contract with Integral Care, in an amount not to exceed \$500,000, to support psychiatric inpatient services for eligible patients affected by the COVID-19 crisis. *(Action Item)*
4. Receive and take appropriate action to accept the March 2020 financial statements for Central Health and Community Care Collaborative. *(Action Item)*
5. Discuss information related to Central Health Enterprise workforce demographics. *(Informational Item)*
6. Confirm the next regular Board meeting date, time, and location. *(Informational Item)*

* By Emergency Executive Order of the Governor, issued March 16, 2020, Central Health may hold a videoconference meeting with no Board members present at a physical meeting location.

Note 1, The Board of Managers may take items in an order that differs from the posted order and may consider any item posted on the agenda in a closed session if the item involves issues that require consideration in a closed session and the Board announces that the item will be considered during a closed session.

Note 2, Postponed from April 22, 2020 Board of Managers Meeting.

A recording of this meeting will be made available to the public through the Central Health website (www.centralhealth.net) as soon as possible after the meeting. Additional options for connecting to the meeting are also available on the website.

Any individual with a disability who plans to attend this meeting and requires auxiliary aids or services should notify Central Health at least two days in advance, so that appropriate arrangements can be made. Notice should be given to the Board Governance Manager by telephone at (512) 978-8049.

Consecutive interpretation services from Spanish to English are available during Citizens Communication or when public comment is invited. Please notify the front desk on arrival if services are needed.

Los servicios de interpretación consecutiva del español al inglés están disponibles para la comunicación de los ciudadanos o cuando se invita al público a hacer comentarios. Si necesita estos servicios, al llegar sírvase notificarle al personal de la recepción.



Came to hand and posted on a Bulletin Board in the Courthouse,
Austin, Travis County, Texas on this the 14 day of

April 2020

Dana DeBeauvoir

County Clerk, Travis County, Texas

By [Signature] Deputy

R. HERRERA

STAYS IN FILE



202080568

**FILED AND RECORDED
OFFICIAL PUBLIC RECORDS**

Dana DeBeauvoir

Dana DeBeauvoir, County Clerk
Travis County, Texas

Apr 24, 2020 04:03 PM

Fee: \$0.00

HERRERAR



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BOARD MEETING

April 29, 2020

REGULAR AGENDA ITEM 1

Discuss and take appropriate action on the proposed amended mandatory payment rate to be assessed on institutional healthcare providers during fiscal year 2020 in connection with the local healthcare provider participation program in Travis County.



MEMORANDUM

To: Central Health Board of Managers
From: Katie Coburn
CC: Mike Geeslin, President & CEO
Date: April 24, 2020
Re: Amending the Local Provider Participation Fund (LPPF) mandatory payment rate for FY 2020 – ACTION ITEM

Summary

Central Health staff presented a proposed amendment to the LPPF FY 2020 payment rate on April 22. The Board postponed the item for consideration on April 29. Two letters of comment, one from Seton Ascension and one from St. David's HealthCare, are attached to this memo.

Background

On April 22, 2020, Central Health staff presented a recommendation to the Board of Managers to increase the FY 2020 mandatory payment rate under the LPPF program from 2.38% to 4.17% of net patient revenue. The increase was intended to fully fund IGT for the Uniform Hospital Rate Increase Program (UHRIP). When the original FY 2020 rate was set in January, the UHRIP program was not accounted for in the rate. Administrative changes at Texas Health and Human Services Commission (HHSC) now necessitate a midyear rate increase to fully access federal funding in the UHRIP program.

During the April 22 public hearing, a St. David's representative indicated that an FY 2020 LPPF mandatory payment rate of 3.8% should be considered. The Board postponed the item until the April 29, 2020.

Letters of comment submitted by Ascension Seton and St. David's Healthcare related to the LPPF rate increase are attached for context in considering the postponed item. Staff continue to work with hospital representatives on this issue and will have additional backup to you for the April 29 board meeting.



April 17, 2020

Mike Geeslin
President and CEO, Central Health
1111 East Cesar Chavez St.
Austin, TX 78702

Dear Mike:

I am writing to reiterate Ascension Texas' commitment to partner with Central Health and other Central Texas healthcare organizations to meet the needs of our communities during the COVID-19 pandemic and maximize the federal dollars for the Texas Medicaid supplemental payment programs, such as the Uniform Hospital Rate Increase Program (UHRIP).

We take our critical role in the Travis County safety net health care system very seriously, including the care we provide in our four teaching hospitals. We appreciate the public/private partnership with Central Health which furthers the care we provide in our community, with special attention to the poor and the vulnerable.

As part of the commitment to the Travis County safety net, Ascension Texas is working hard to ensure our hospitals have access to adequate resources, both to combat COVID-19 and provide healthcare to vulnerable Texans. One key aspect is to ensure existing Texas Medicaid supplemental payment programs, such as the Uniform Hospital Rate Increase Program (UHRIP), are fully funded in this challenging time. Fully funding UHRIP requires Central Health do two things: (1) support utilizing the an assessment rate to return the greatest amount of resources to our community, as authorized by the Texas Health & Human Services Commission for all categories of eligible hospitals, and (2) amending the LPPF (Local Provider Participation Fund) Mandatory Payment Rate so there is sufficient resources available to fund the rate increase.

As part of the response to COVID-19, the state of Texas, Travis County and the City of Austin need to access all the available funding sources to support this important work. Our Ascension Texas mission calls on us to advocate for a compassionate and just society with our actions & our words and the UHRIP funds will assist in fulfilling our joint mission of serving the poor and the vulnerable.

I hope you, your leadership team and the Central Texas Board of Managers will assist us by supporting a UHRIP application which accesses the maximum amount of funds made available by the State of Texas and an LPPF Mandatory Payment Rate that generates sufficient funding of the required non-federal share of available Medicaid payments.

Ascension Texas appreciates your leadership on this important issue and looks forward to continuing to partner with you in service to the Travis County community.

Sincerely,

A handwritten signature in black ink, appearing to read 'Andy Davis', written over a faint, larger version of the same signature.

Andy Davis
President & CEO
Ascension Texas

TRAVIS SDA EQUITABLE 2021 UHRIP ALLOCATION METHODOLOGY

Issue: While HHSC's efforts to increase the SFY 2021 UHRIP pool are encouraging, HHSC's chosen allocation method results in a significant disparity in funding distribution. This method disproportionately favors the Children's class, which already receives reimbursement in excess of its Medicaid costs prior to receiving UHRIP. The Children's class will receive all of its allocated UHRIP funds through HHSC's Pass 2 allocation procedure, whereby HHSC distributes funds that were originally allocated to Dell Seton and the private acute hospital and distributes them to the Dell Children's.

- Dell Children's will get paid \$27.5 million *over* its estimated Medicaid costs.
- Dell Seton will still have \$11.6 million in unreimbursed Medicaid costs.
- The Other private hospital class in Travis will have around \$20 million in estimated remaining unreimbursed Medicaid costs.

Thus, under this proposal, hospitals like St. David's facilities and Dell Seton will pay more into the LPPF assessment almost solely for the benefit of Dell Children's.

St. David's Proposal: The Travis SDA's total allocation basically doubled for 2021 compared to 2020, and St. David's would like for the classes to experience the same 100% increase compared to 2020 that the SDA experiences. Specifically, the Children's class, which received \$4.2 million in 2020, would experience an \$4.2 million increase in 2021 compared to 2020. Similarly, Dell Seton, which received \$7.1 million in 2020, would expect to experience a \$7.1 million increase in 2021 on top of its 2020 amounts. The Other class, which received \$55.5 million in 2020, would expect to experience a \$55 million increase compared to 2020 in 2021. All taxpayers have to increase their tax to support the additional UHRIP funding; therefore, all taxpayers should get to benefit from that increase.

Rationale: HHSC's proposed UHRIP Pass 2 funding goes only to hospitals paid near or over cost. If those providers that are paid over cost will not share in the benefit, there is no reason for the other hospitals to incur additional liability under the LPPF.

System	2020 UHRIP Payments	AHCV Proposal		
		2021 Pass 1 UHRIP	2021 Pass 2 UHRIP	Remaining Unreimbursed Costs (Paid Under Cost)/Paid Over Cost
Dell Seton	\$7,100,000	\$12,200,000	\$0	(\$11,600,000)
Dell Children's	\$4,200,000	\$0	\$25,700,000	\$27,600,000
Remaining Ascension	\$14,400,000	\$24,300,000	\$900,000	(\$1,300,000)
St. David's	\$30,600,000	\$52,800,000	\$0	(\$5,300,000)
UHS	\$0	\$800,000	\$1,200,000	\$3,400,000
Remaining Travis Facilities	\$40,000	\$60,000	\$0	(\$900,000)



CENTRAL HEALTH

Travis County Local Provider Participation Program (LPPF)

FY 2020 Proposed Mandatory Payment Rate - AMENDMENT

Central Health Board of Managers

April 29, 2020

Katie Coburn and Jeff Knodel



@CentralHealthTX

FY 2020 LPPF Rate Amendment

Central Health BOM meeting Recap – 4/22/20

- Original Proposal: Increase rate from 2.38% to 4.17%
 - Designed to fully fund IGT needs for Uncompensated Care, UHRIP, and CHAT lawsuit related UC payments
 - Increase needed to fund the UHRIP program which was not contemplated in the 2.38% rate
- Alternative rate proposed at Public Hearing: Increase rate from 2.38% to 3.8%
 - Increases payment rate only to fund UHRIP payments allocated in HHSC's Pass 1, which is based on unreimbursed Medicaid costs
- Item was postponed to the 4/29/20 BOM meeting



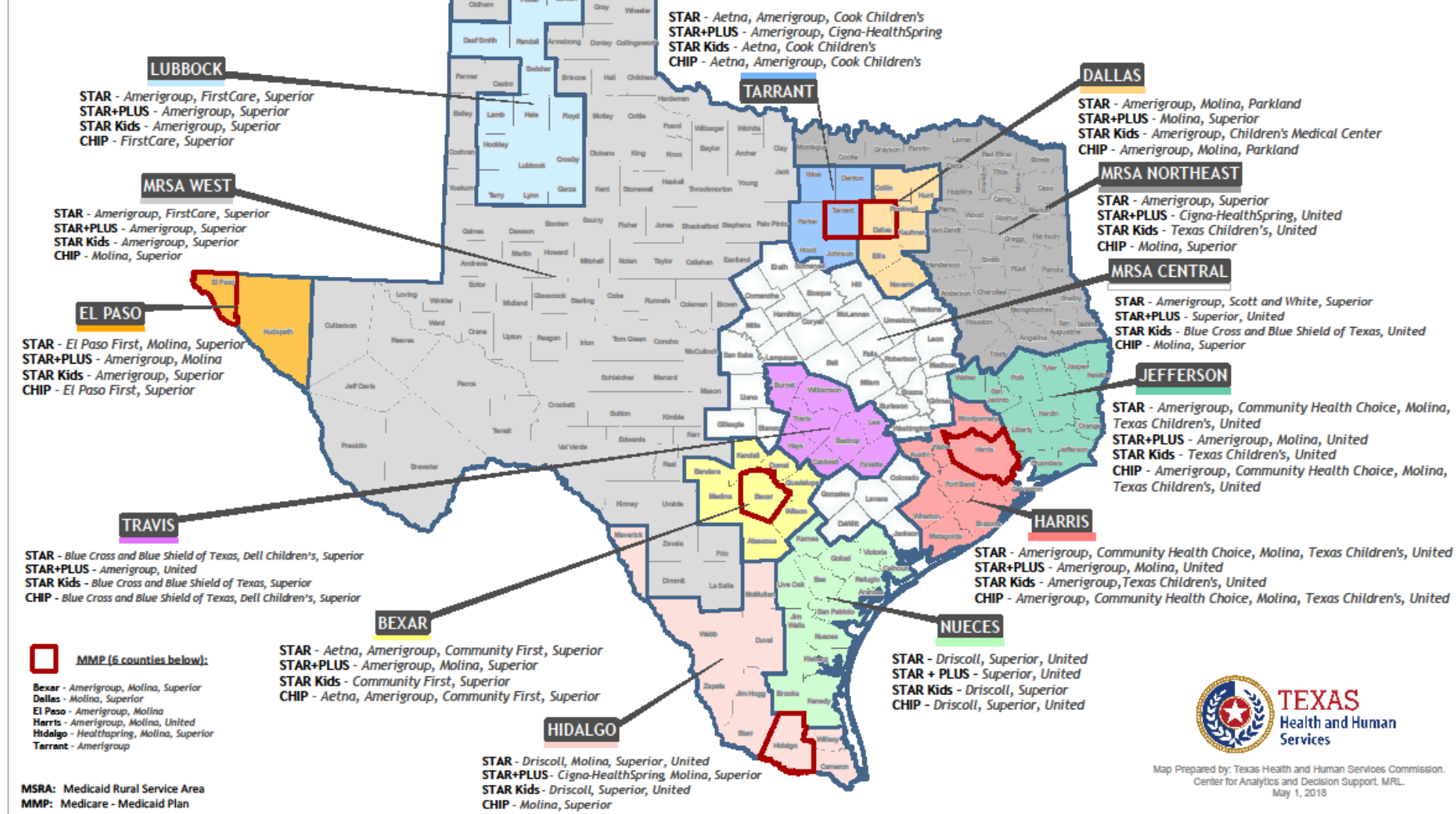
What is the UHRIP Program?

- HHSC received approval from CMS in SFY 2018
- HHSC provides funding to MCOs to increase Medicaid payment rates to hospital providers
- Rate increase is financed by federal funds matched from IGT from local entities or LPPFs
- Funding has increased significantly in PGY4 (SFY 2021)
 - PGY 4 UHRIP State pool size = \$3 billion; PGY 3 UHRIP pool size = \$1.6 billion
- CMS requires all hospitals in the same class receive a uniform rate increase percentage within an SDA; yet different classes may have a different rate increase percentages
- Allocated funds not spent in an SDA may be reallocated to other SDAs



TEXAS Managed Care Service Areas

STAR Health (statewide) - Superior
Dental (statewide) - DentaQuest, MCNA



Map Prepared by: Texas Health and Human Services Commission.
Center for Analytics and Decision Support. MFL
May 1, 2018

UHRIP, DSH, and UC Calculation Order



- UHRIP payments calculated first and may impact ability to participate in additional supplemental funding programs



Change in UHRIP Allocation Methodology – Impact to Travis SDA

For Program Year 4 (PGY 4), HHSC changed how it allocated UHRIP funds across hospital classes. The new methodology increased the proportionate amount of funds allocated to children’s hospitals.

Travis SDA Hospital Class:	Other	Rural Private	Urban Public	Children’s	IMD	Total
Projected PGY3 UHRIP Payments	\$55,500,000	\$4,200,000	\$7,000,000	\$4,200,000	\$0	\$70,900,000
% PGY3 UHRIP Payments	78%	6%	10%	6%	0%	100%
Projected PGY4 UHRIP Payments	\$95,300,000	\$7,300,000	\$12,200,000	\$25,700,000	\$3,400,000	\$143,000,000
% PGY4 UHRIP Payments	66%	5%	8%	18%	2%	100%
YOY Change in Projected UHRIP Payments	\$39,800,000 72%	\$3,100,000 74%	\$5,200,000 41%	\$21,500,000 512%	\$3,000,000	\$73,000,000 103%

Source: HHSC PGY3 and PGY4 allocation files



LPPF Payment Rate Comparison

Hospital	Payment – 2.38% NPR	Payment – 3.8% NPR	Payment 4.17% NPR
Dell Children's	\$11,100,000	\$17,700,000	\$19,500,000
Dell Seton	\$8,300,000	\$13,300,000	\$14,600,000
Remaining Ascension	\$14,000,000	\$22,300,000	\$24,500,000
St. David's	\$36,500,000	\$58,400,000	\$64,000,000
UHS	\$1,500,000	\$2,500,000	\$2,700,000
Remaining Travis	\$4,600,000	\$7,300,000	\$8,000,000
Grand Total	\$76,000,000	\$121,400,000	\$133,000,000

LPPF payment difference between 3.8% and 4.17% = **\$11.9 million**



SDA Impact of LPPF payment rate of 3.8% vs. 4.17% (estimated)

	UHRIP Payment			LPPF Payment Savings	Net Payment Impact
	3.80%	4.17%	Difference		
Travis County	\$95.3	\$116.1	(\$20.8)	\$11.8	(\$9.0)
Travis SDA-Non Travis County Facilities	\$22.8	\$27.8	(\$5.0)	\$0.0	(\$5.0)
Total Travis SDA	\$118.1	\$143.9	(\$25.8)	\$11.8	(\$14.0)

*Unknown how HHSC may elect to allocate unused funds.





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BOARD MEETING

April 29, 2020

REGULAR AGENDA ITEM 2

Receive and discuss updates on the Central Health Enterprise's responses to the current COVID-19 pandemic, including: changes in business and administrative operations, coordination with local disaster response efforts, status of affiliated clinical and testing operations, and related fiscal issues affecting Central Health, Sendero Health Plans, Inc, or Community Care Health Centers.



CENTRAL HEALTH

Central Health COVID-19 Weekly Updates

Central Health Board of Managers

April 22, 2020

Mike Geeslin, Central Health President and CEO

Ted Burton, Central Health Vice President of Communications

Kit Abney Spelce, Central Health Senior Director of Eligibility Services

Sarita Clark-Leach, Central Health Director of Analytics and Reporting

Jaeson Fournier, CommUnityCare Health Centers President and CEO



@CentralHealthTX

COVID-19 Situational Update

Agenda:

- Central Health operations overview
- Community response overview
- Communications and community engagement update
- MAP/MAP BASIC applications and enrollment update
- Data analytics and reporting update
- Clinical operations and testing update



Communications/Engagement: Direct Mail

IMPORTANT COVID-19 INFORMATION | INFORMACIÓN IMPORTANTE ACERCA DEL CORONAVIRUS

WEAR IT WELL.

Face masks can help prevent the spread of COVID-19. You can make your own face mask from items like scarves, bandanas or t-shirts.

ÚSELA BIEN.

Las mascarillas pueden evitar la transmisión del Coronavirus (COVID-19). Usted puede hacer su propia mascarilla con objetos como bufandas, bandanas o camisetas.

YOUR MASK SHOULD

- Fit snugly and securely
- Have multiple layers of fabric
- Allow you to breathe easily
- Be washable or disposable

SU MASCARILLA DEBE

- Ajustarse y quedar segura
- Incluir varias capas de tela
- Permitirle respirar fácilmente
- Ser lavable o desechable



CENTRAL HEALTH 

THREE WAYS TO PROTECT YOURSELF AGAINST COVID-19

TRES MANERAS DE PROTEGERSE CONTRA EL CORONAVIRUS

-  **STAY HOME**
unless it's an essential trip
-  **WEAR A FACE MASK**
if you must leave home
-  **STAY SIX FEET AWAY**
from other people

- QUÉDESE EN CASA**
a menos que sea por un viaje indispensable
- USE UNA MASCARILLA**
si debe salir de su hogar
- MANTÉNGASE A SEIS PIES DE DISTANCIA**
de otras personas

CALL THE COVID-19 HOTLINE: 512-978-8775
FOR HEALTH INFO IN YOUR AREA, TEXT "HEALTH" TO 47177.

LLAME A LA LÍNEA DIRECTA DEL COVID-19: 512-978-8775
PARA MÁS INFORMACIÓN SOBRE SALUD EN SU ÁREA, TEXTÉ "SALUD" AL 47177.




Communications/Engagement: Direct Mail

 CENTRAL HEALTH  CommUnityCare

NO INTERNET? NO PROBLEM.
¿NO TIENE INTERNET? NO HAY PROBLEMA.

CommUnityCare patients can call for medical appointments and prescriptions — no internet needed.

Los pacientes de CommUnityCare pueden llamar para citas médicas y medicamentos — no se necesita Internet.

 **512-978-9015**
for medical appointments

512-978-9015
para citas médicas

 **512-978-9011**
for medications

512-978-9011
para medicamentos

 For health info in your area,
TEXT "HEALTH" TO 47177.

Para más información sobre salud en su área,
TEXTÉE "SALUD" AL 47177.

IMPORTANT COVID-19 INFORMATION | INFORMACIÓN IMPORTANTE ACERCA DEL CORONAVIRUS

3 WAYS TO ACCESS CARE
DURING THE CORONAVIRUS PANDEMIC:

3 MANERAS DE OBTENER ATENCIÓN MÉDICA
DURANTE LA PANDEMIA DEL CORONAVIRUS:

GET TESTED
Call the COVID-19 Hotline at 512-978-8775 if you have shortness of breath, cough or fever.


OBTENGA UNA PRUEBA
Llame a la línea directa del COVID-19 al 512-978-8775 si tiene dificultad para respirar, tos o fiebre.

GET CARE BY PHONE
Stay safe. Call 512-978-9015 and speak to a doctor without leaving your home.

OBTENGA ATENCIÓN MÉDICA POR TELÉFONO
Manténgase seguro. Llame al 512-978-9015 y hable con su doctor sin salir de casa.

GET YOUR MEDICINE
Many pharmacies mail medications to your home. Always keep a 30-day supply.

OBTENGA SU MEDICINA
Muchas farmacias envían medicamentos por correo a su hogar. Cerciórese de tener suficiente medicamento para 30 días a su alcance.





Communications: Content

[DIY Mask Video](#)

[Eastern Travis Country Drive-Up Testing \(Spanish\)](#)



MAP and MAP BASIC Applicants and Enrollment

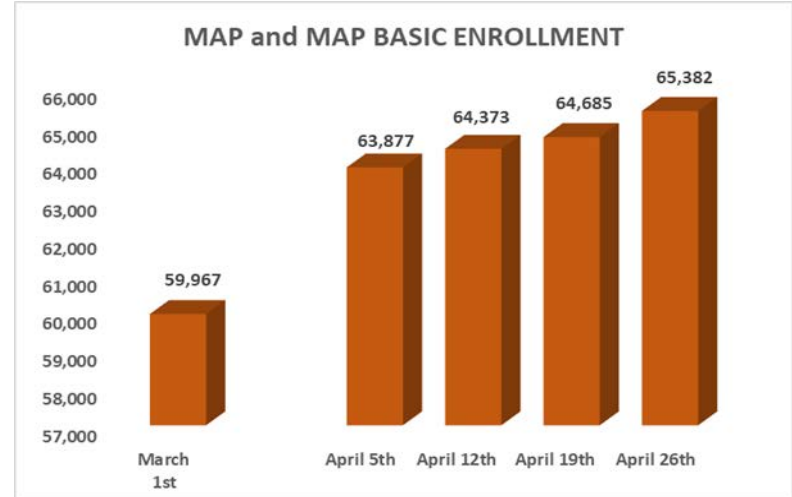
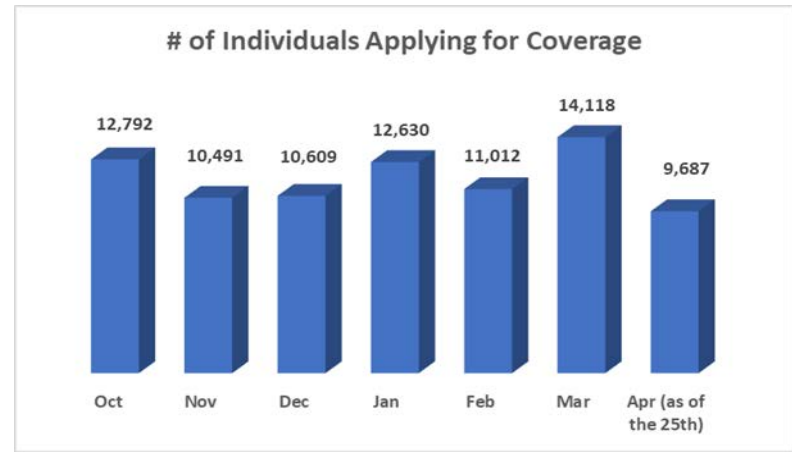
As of April 26:

Applicants

- 323 have applied online

Enrollment: 65,382

- MAP: 27,770
- MAP BASIC: 37,612
- Increase of 9% since March 1



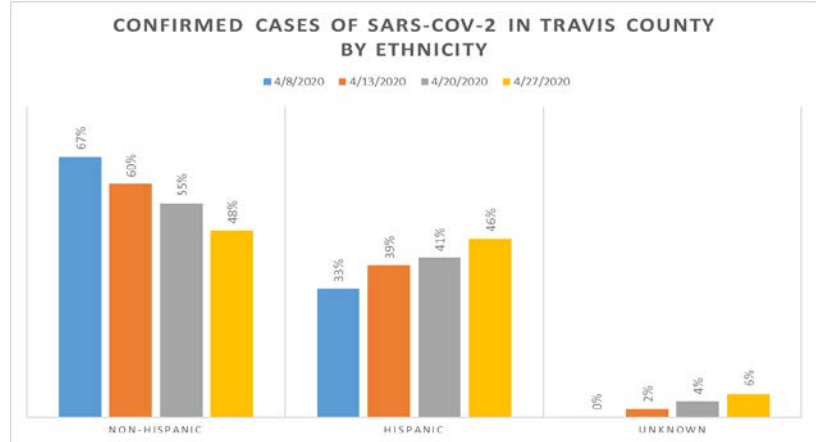
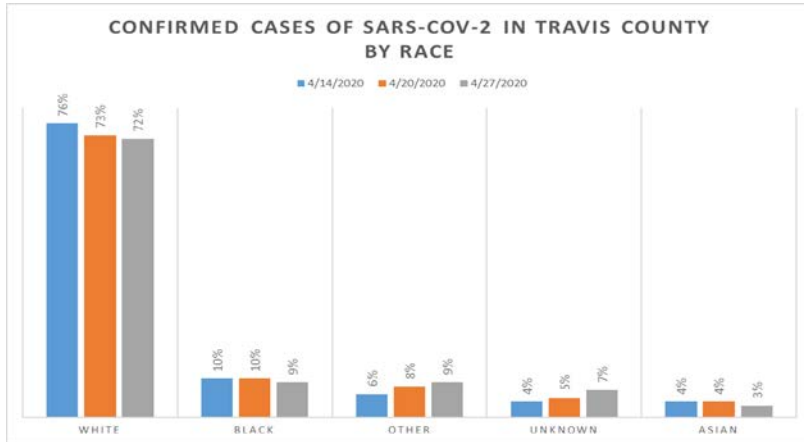
Summary of recent trends in SARS-CoV-2 Confirmed

- Comparisons of total incidence, per-capita rates, and rate of increase by zip codes show similar patterns when comparing this week (4/27/2020) to previous weeks.
 - Zip codes identified as areas of interest continue to be so this week.

Note: Increases in confirmed cases in these areas can be the result of low initial rates of testing followed by increased access to testing and information about testing.



Race and Ethnicity Observations



- The proportion of people who identify as White continues to decrease over time. The last week has also shown decreases among people who identify as Black or Asian.
- The proportion of people who identify as Hispanic/ People of Latin American origin continues to increase over time.
- All data sourced from:
<https://austin.maps.arcgis.com/apps/opsdashboard/index.html#/39e4f8d4acb0433baae6d15a931fa984>
 - Dates reflect “Last Updated” date shown on webpage.





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CENTRALHEALTH.NET

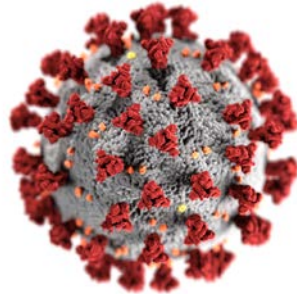


@CentralHealthTX



Coronavirus Response Update

April 29th, 2020



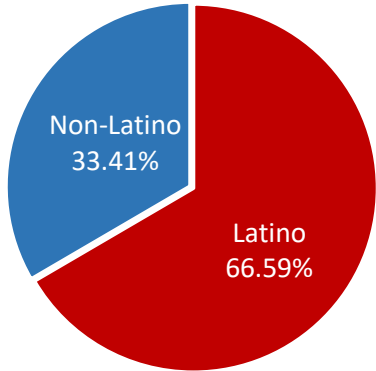
Presented by:

Jaeson T. Fournier, DC, MPH

CY2019 Patient Population Characteristics

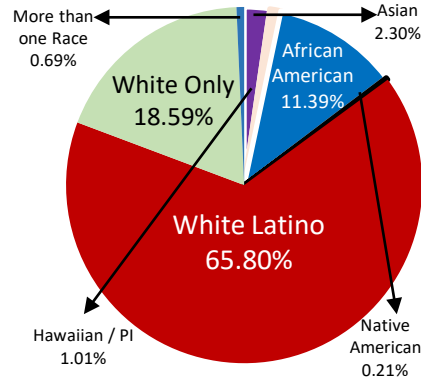
Ethnicity

Total Reporting Ethnicity – 94,421
with no Ethnicity Reported – 11,594



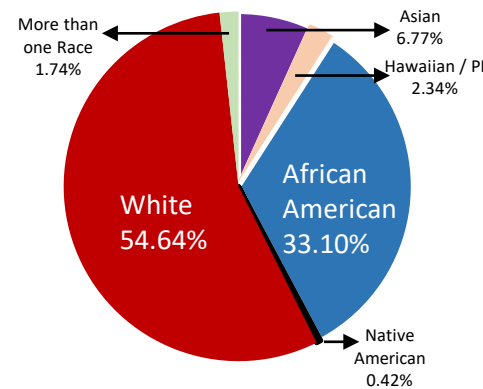
Race with Latinos

Total Reporting Race – 94,421
with no Race Reported – 10,160



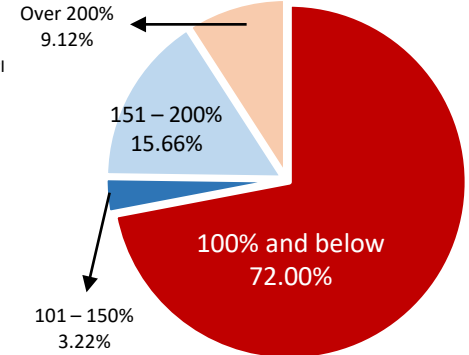
Race without Latinos

Total Reporting Race – 31,549
with no Race Reported – 3,234



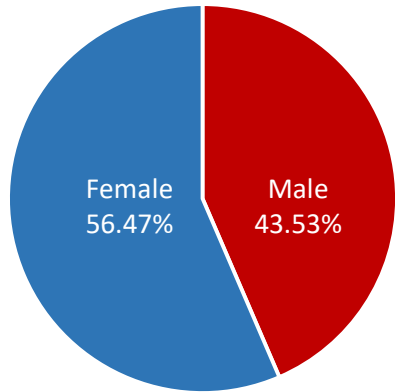
Poverty Level

Total Reporting Poverty – 53,489
with no Poverty Reported – 62,686



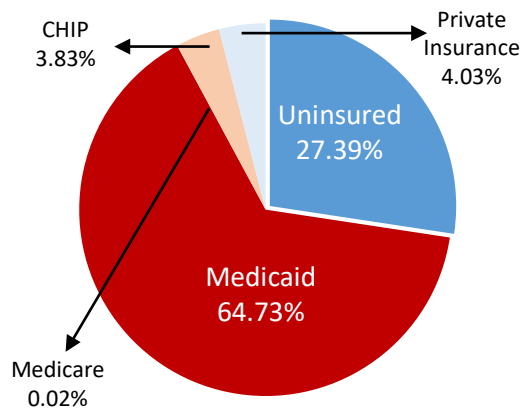
Gender (At Birth)

Total Reporting Gender – 116,175
with no Gender Reported – 0



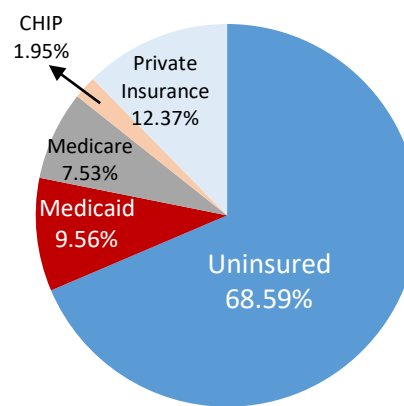
Insurance Status - Pediatrics

Total Reporting Insurance Status – 37,588
with no Insurance Reported – 0



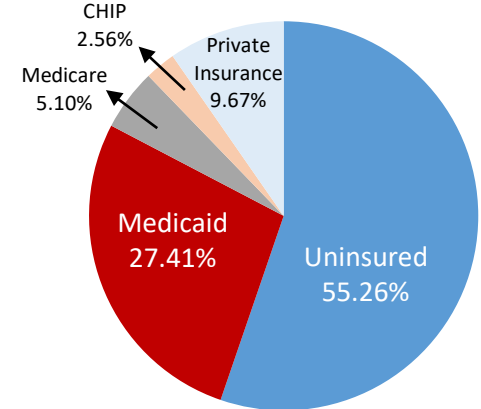
Insurance Status - Adults

Total Reporting Insurance Status – 78,587
with no Insurance Reported – 0



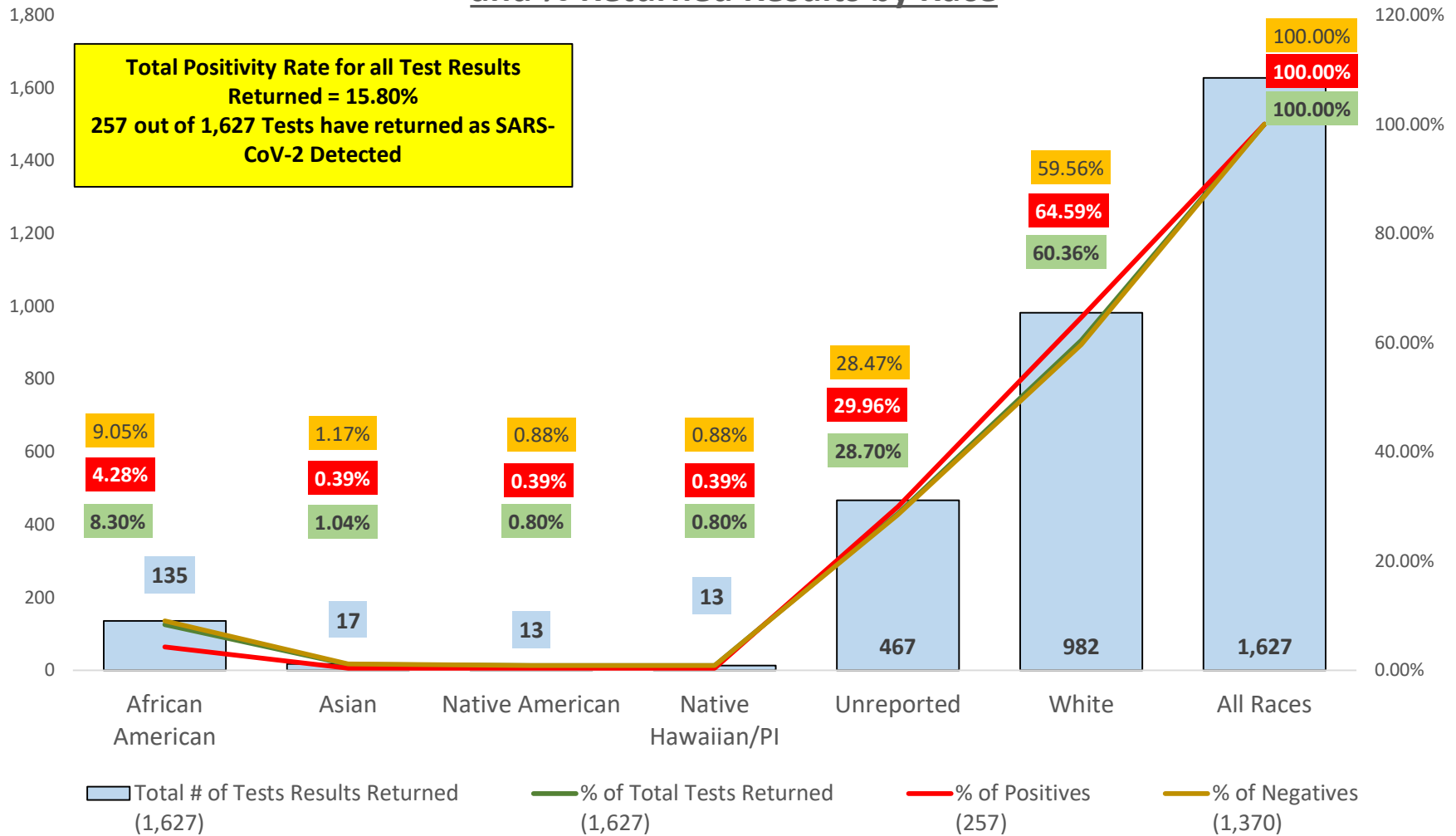
Insurance Status - Adults

Total Reporting Insurance Status – 116,175
with no Insurance Reported – 0



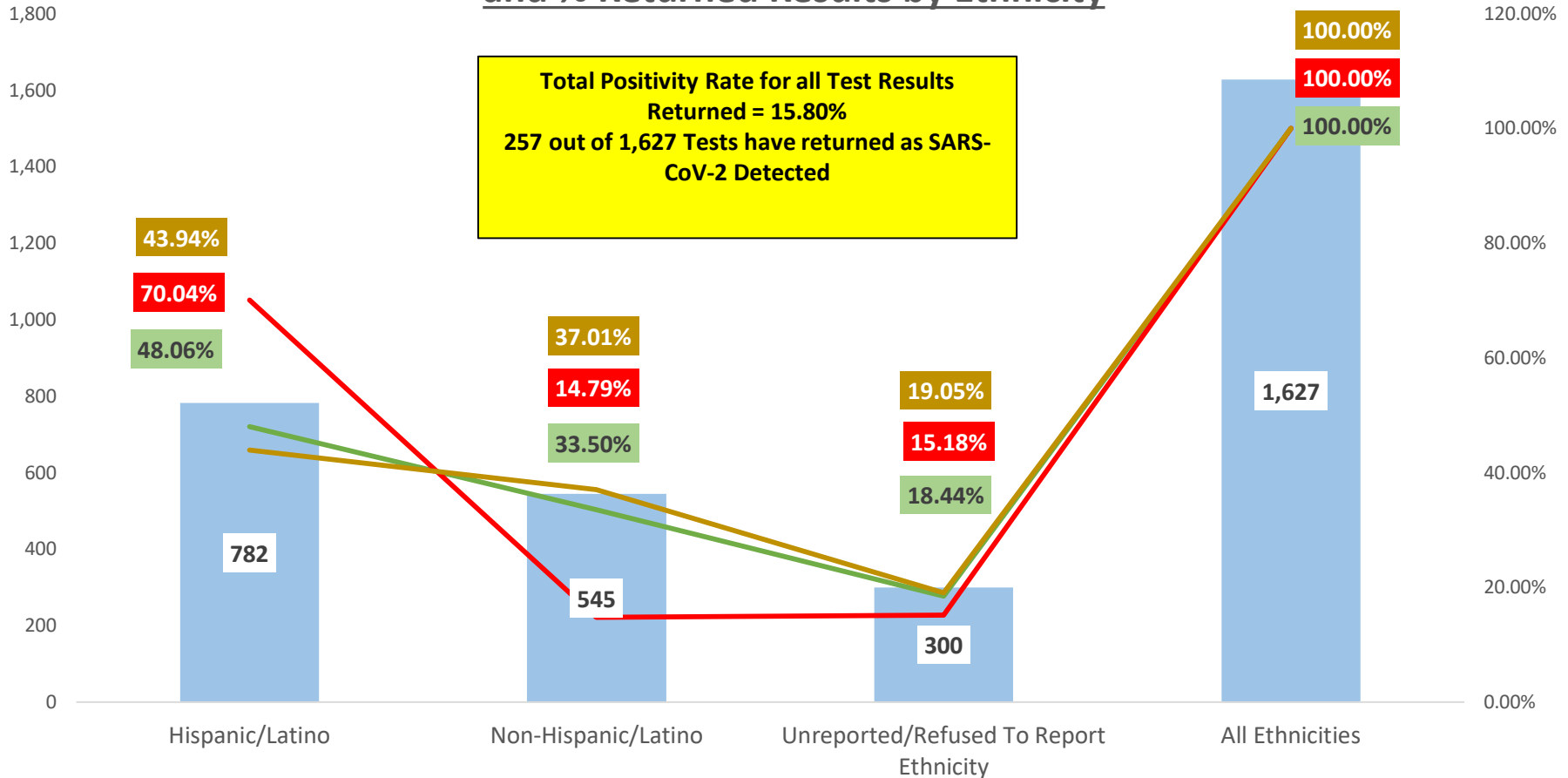
Coronavirus Testing by the Numbers

Total # of Test Results Returned
and % Returned Results by Race



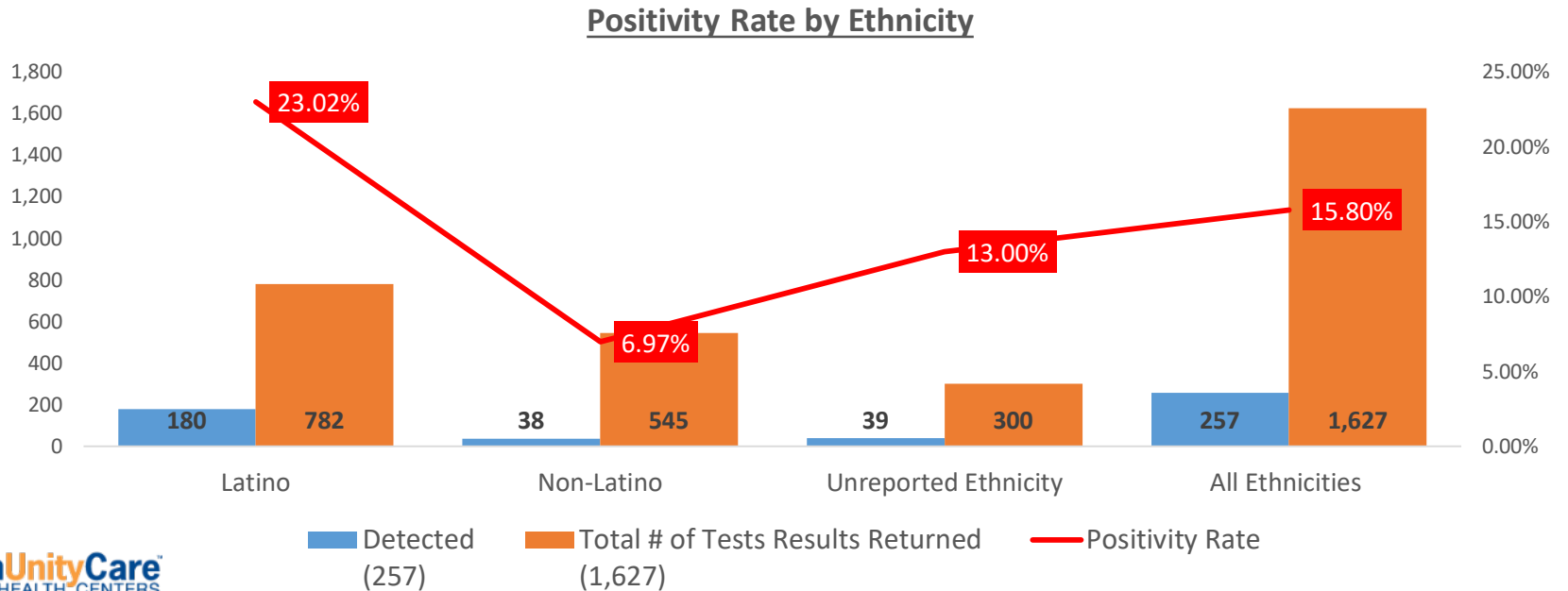
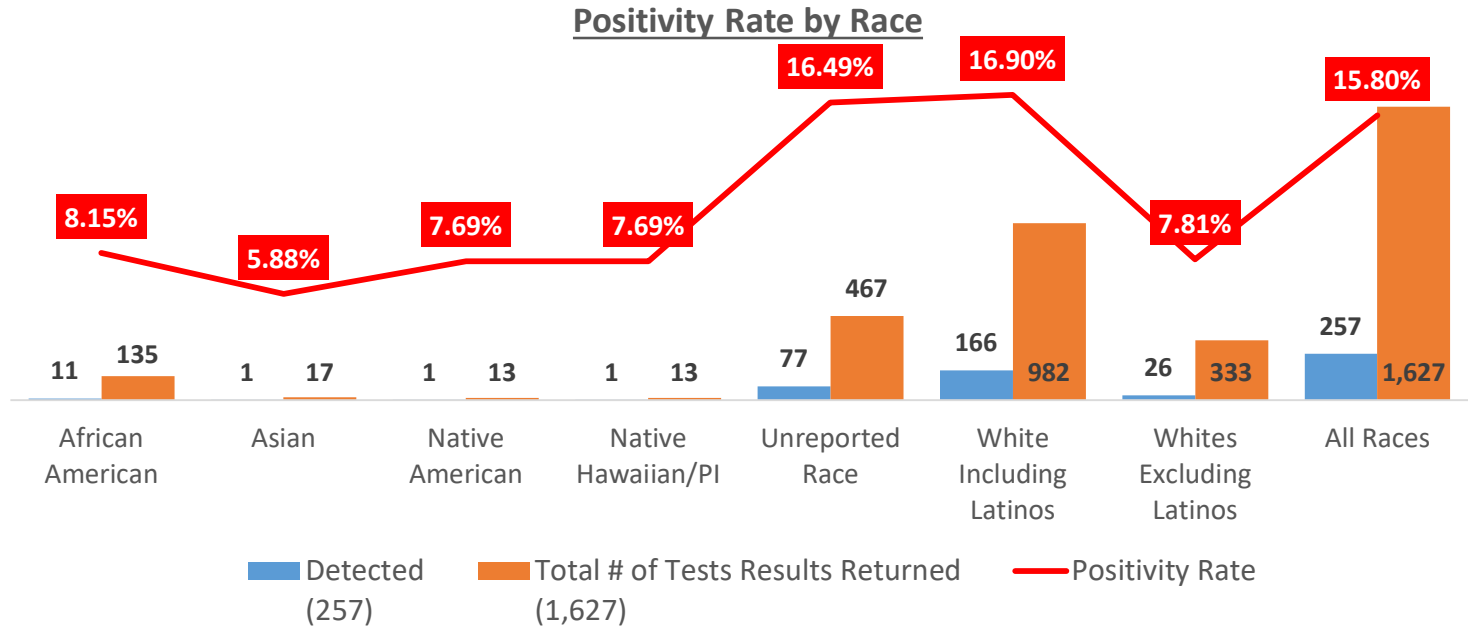
Coronavirus Testing by the Numbers

Total # of Test Results Returned
and % Returned Results by Ethnicity



■ Total # of Tests Results Returned (1,627)
 — % of Total Tests Returned (1,627)
 — % of Positives (257)
 — % of Negatives (1,370)

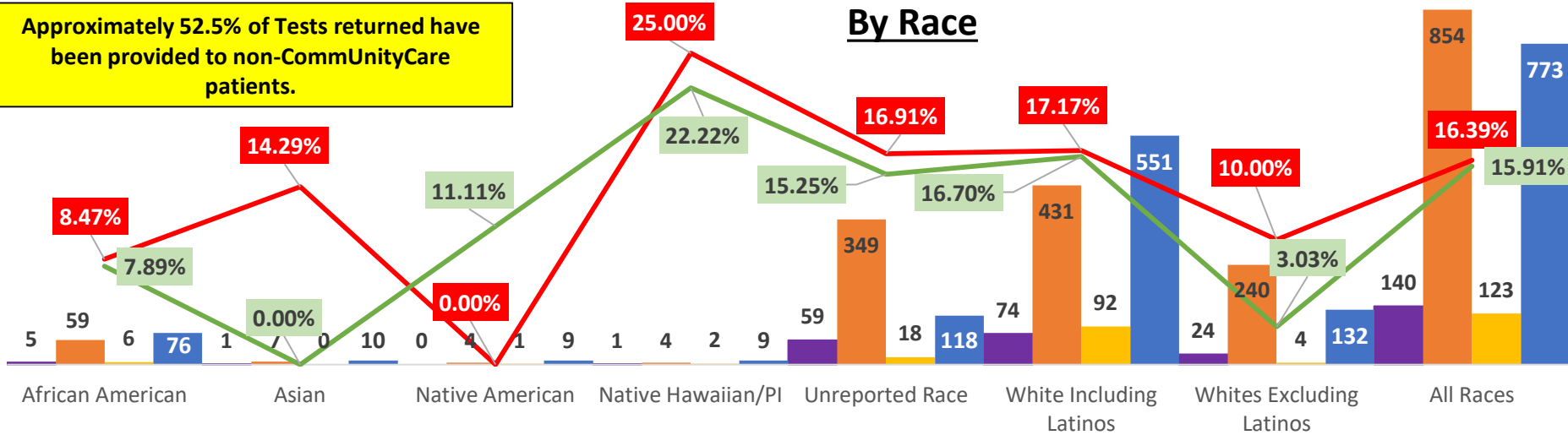
Positivity Rate by Race / Ethnicity



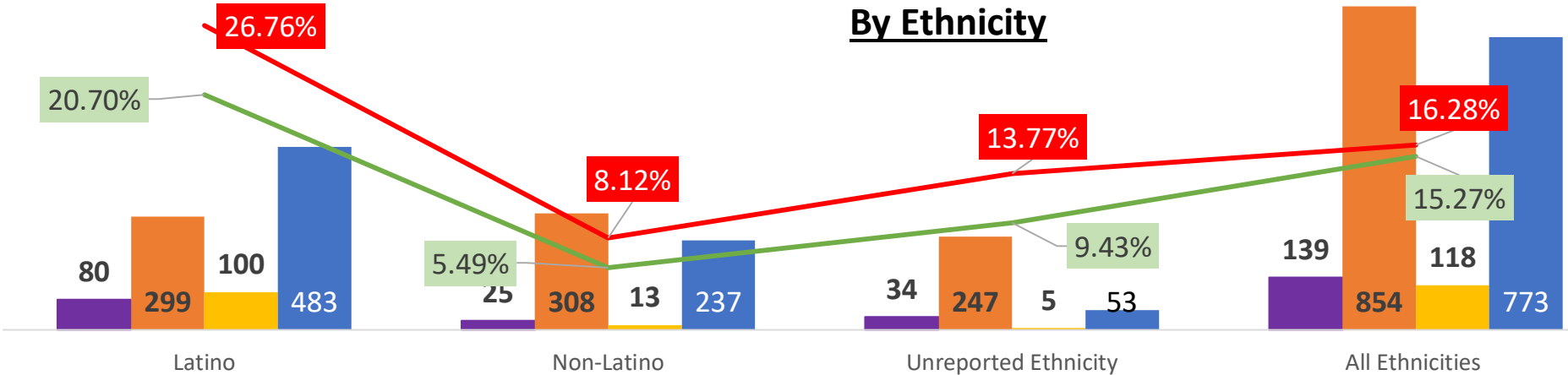
Positivity Rate by Race / Ethnicity and Patient Status

Approximately 52.5% of Tests returned have been provided to non-CommUnityCare patients.

By Race



By Ethnicity

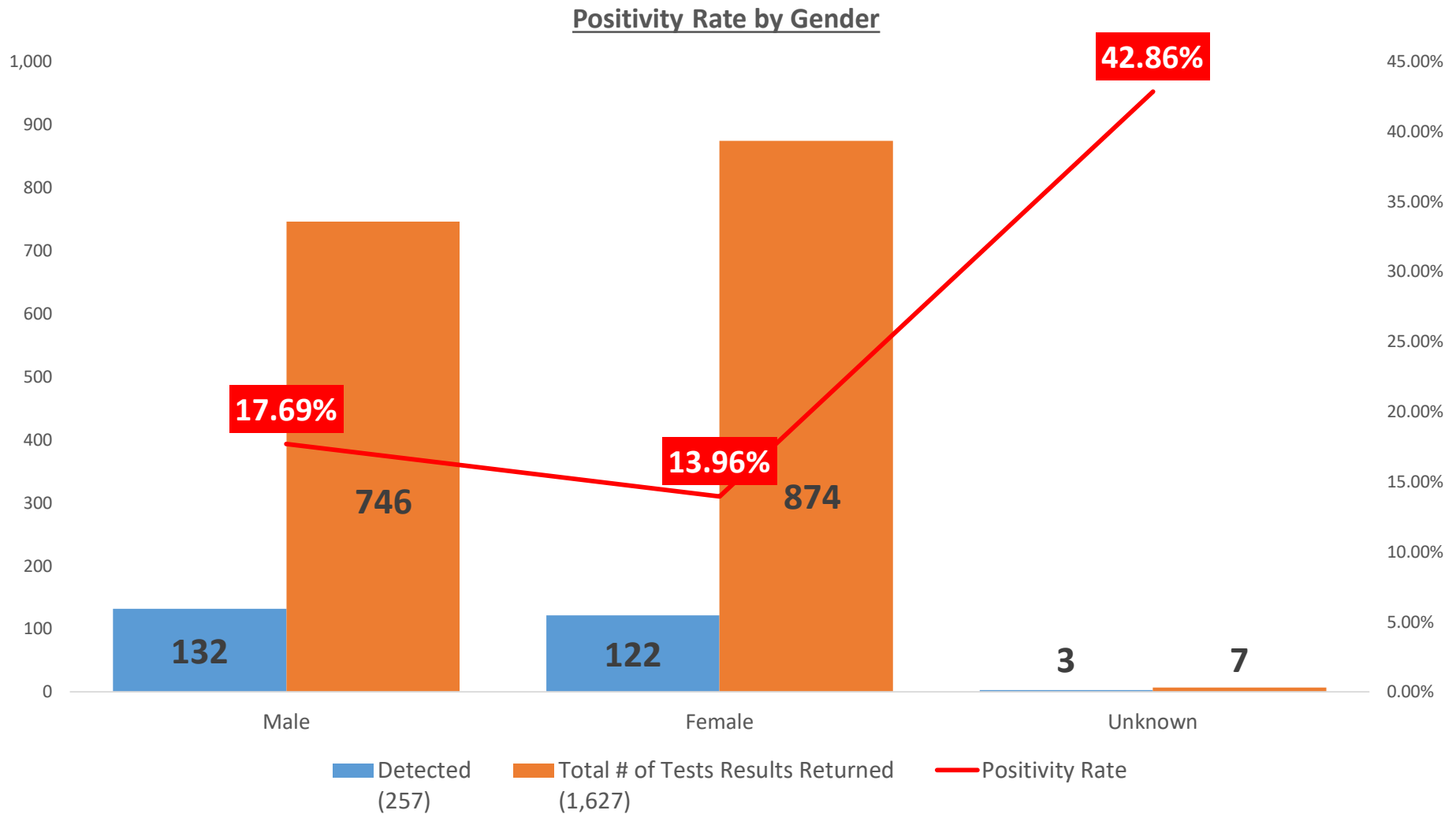


Non-CUC Detected (139)
CUC Total # of Tests Results Returned (773)

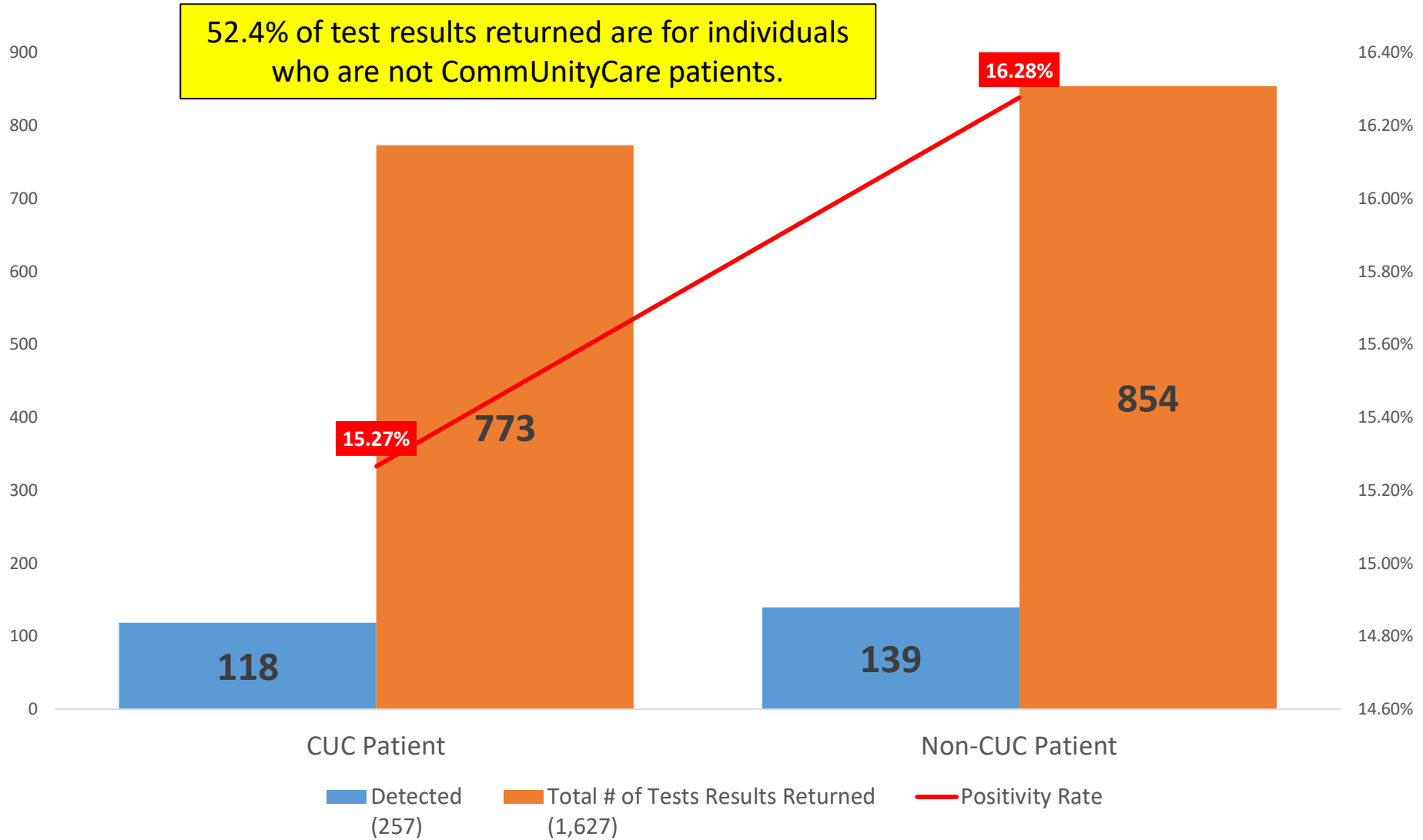
Non-CUC Total # of Tests Results Returned (854)
Non-CUC Positivity Rate

CUC Detected (118)
CUC Positivity Rate

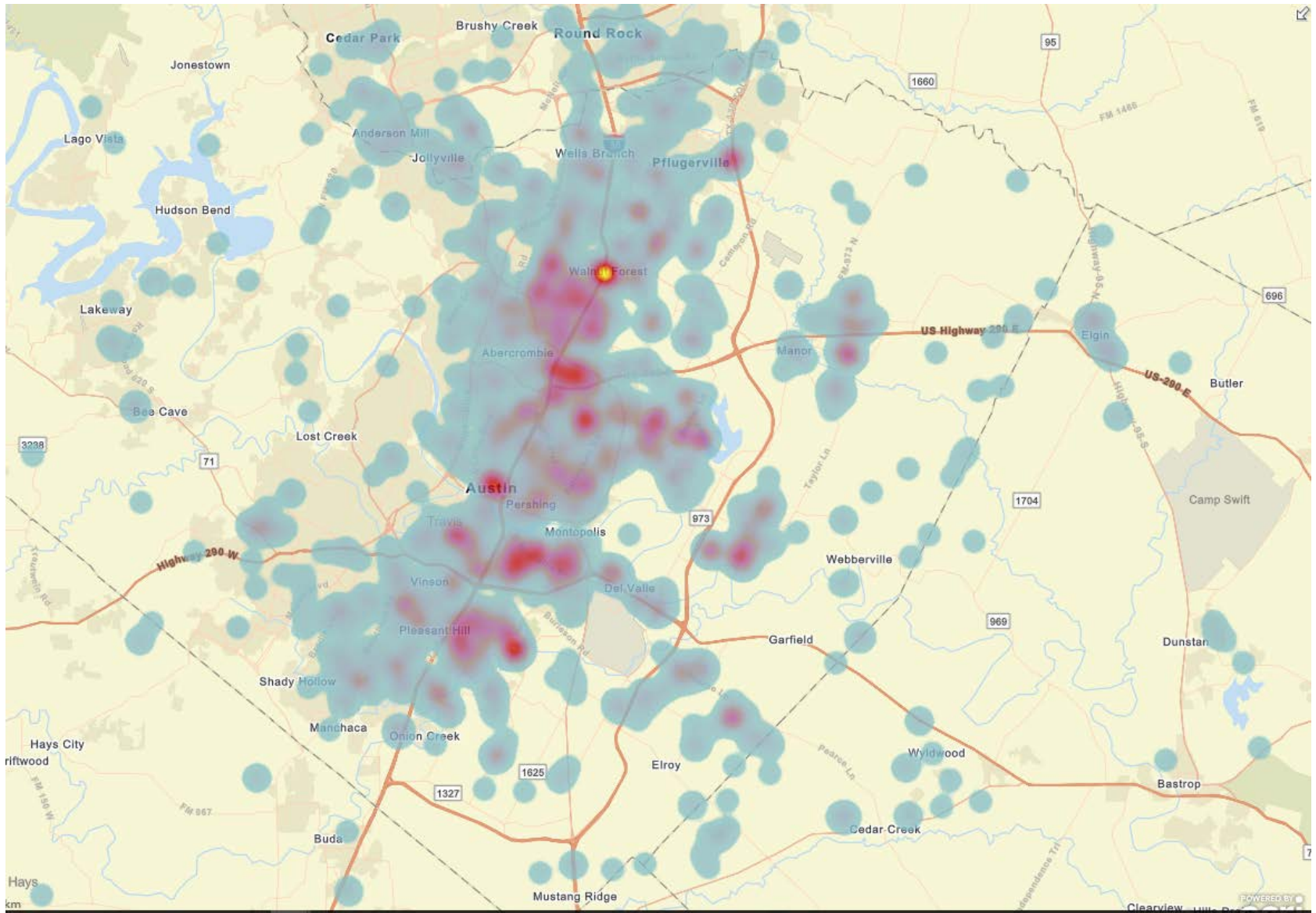
Positivity Rate by Gender



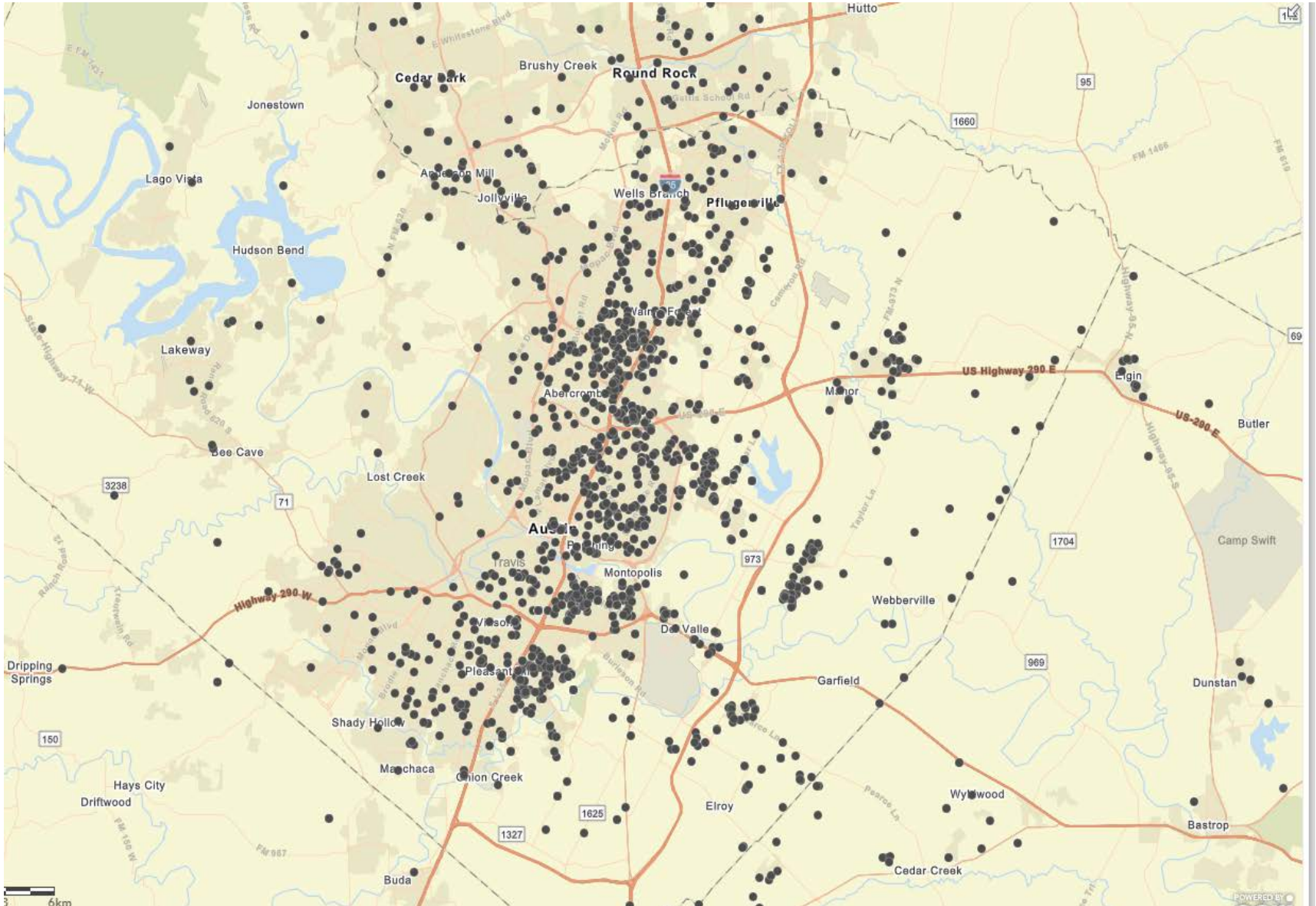
Positivity Rate by CommUnityCare Patient Status



Coronavirus Testing by Geography - All Tests (2,017 Total with 1,627 Results Returned)

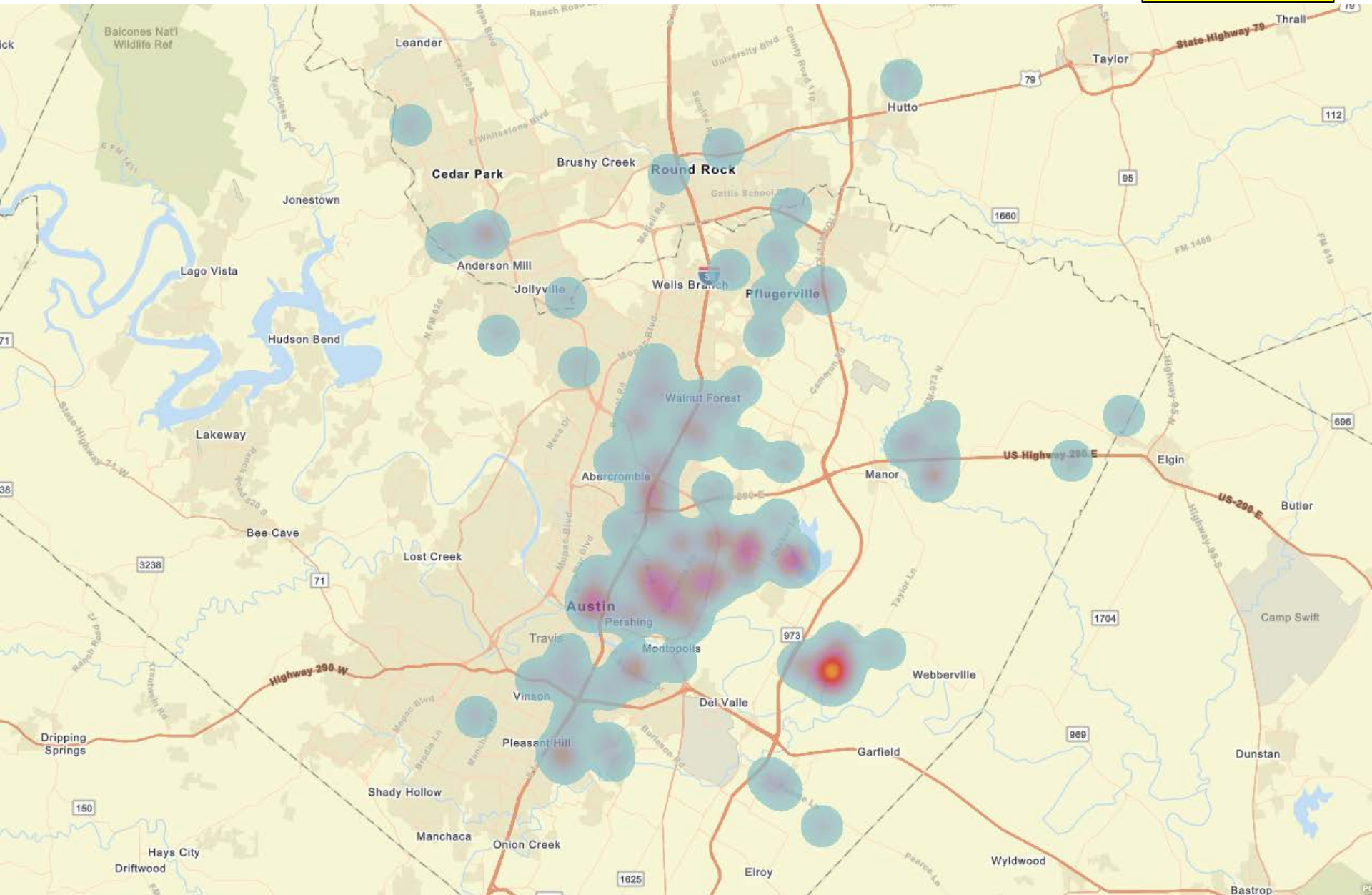


Coronavirus Testing by Geography - All Tests (2,017 Total with 1,627 Results Returned)



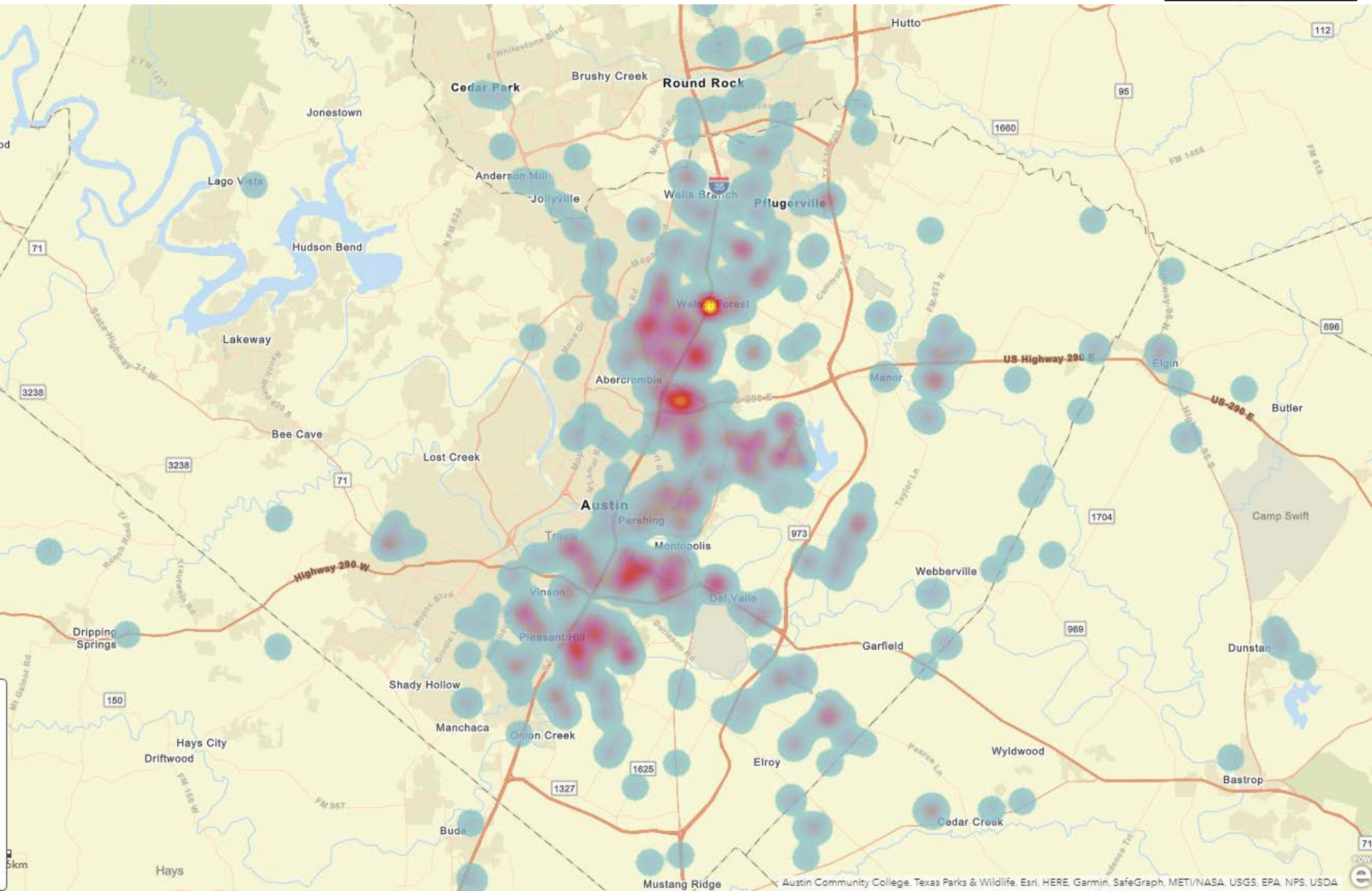
Coronavirus Testing by Geography All Tests Returned – African American (135 Results Returned with 11 Detecting Coronavirus)

Positivity
Rate of
8.15%



Coronavirus Testing by Geography All Tests Returned – Latino (782 Results Returned with 180 Detecting Coronavirus)

Positivity
Rate of
23.02%



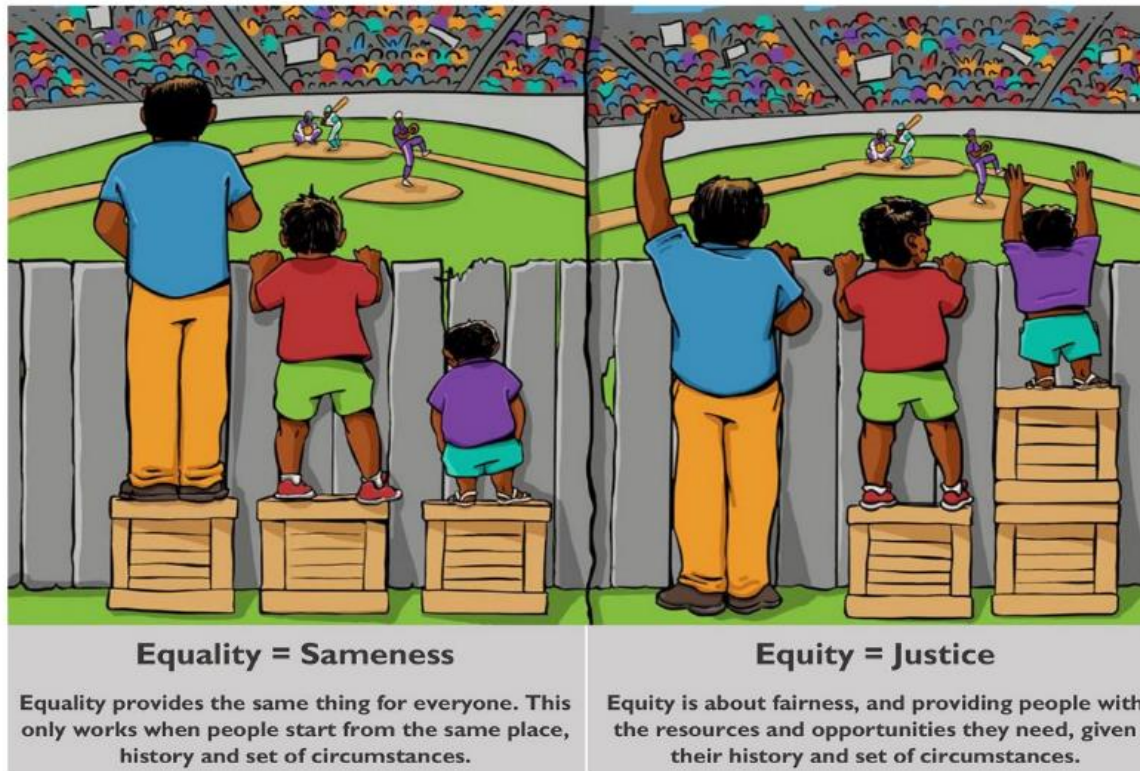
Questions?

CommUnityCare Mission:

To strengthen the health and well-being of the communities we serve.

CommUnityCare Vision:

Striving to achieve health equity for all by: (1) being the health care home of choice; (2) being a teaching center of excellence; and, (3) providing the right care, at the right time, at the right place.



CommUnityCare
Statement of Revenue and Expense
For the Month Ended March 31, 2020

Pending Approval of the Central Texas Community Health Centers DBA CommUnityCare Board of Directors

Un-audited

	Current Actual	Current Budget	MTD Variance	MTD Variance Percent	Un-audited YTD Actual	YTD Budget	YTD Variance	YTD Variance Percent	Prior Year Actual
Patient Service Revenue									
Medicare	141,486	196,500	(55,014)	(27.99)%	1,092,610	1,125,369	(32,759)	(2.91)%	808,413
Medicaid	3,180,007	4,197,231	(1,017,224)	(24.23)%	19,935,051	21,745,855	(1,810,804)	(8.32)%	9,824,258
CHIP	426,942	443,408	(16,466)	(3.71)%	2,548,813	2,539,402	9,411	0.37%	2,013,624
MAP	15,273	1,331,058	(1,315,785)	(98.85)%	364,050	7,623,024	(7,258,974)	(95.22)%	7,132,440
SFS	386,850	1,473,780	(1,086,930)	(73.75)%	1,840,875	8,438,219	(6,597,344)	(78.18)%	8,416,280
Insurance	(136,631)	206,560	(343,191)	(166.14)%	1,052,298	1,160,952	(108,653)	(9.35)%	868,222
Family Planning/Other	1,116	142,097	(140,981)	(99.21)%	807,509	813,790	(6,281)	(0.77)%	1,199,003
CH Indigent Care	1,869,225	0	1,869,225	0.00%	12,052,781	0	12,052,781	0.00%	0
Pharmacy Network	2,183,775	1,333,333	850,442	63.78%	11,797,745	7,999,996	3,797,749	47.47%	6,972,315
Allowance for Bad Debt	(105,882)	(262,453)	156,571	(59.65)%	(1,756,382)	(1,490,189)	(266,193)	17.86%	(2,312,433)
Total Patient Service Revenue	7,962,160	9,061,514	(1,099,354)	(12.13)%	49,735,351	49,956,418	(221,067)	(0.44)%	34,922,123
Grant Revenue									
Other Grants	1,041,769	1,041,667	102	0.00%	6,603,657	6,249,996	353,661	5.65%	5,650,638
Total Grant Revenue	1,041,769	1,041,667	102	0.01%	6,603,657	6,249,996	353,661	5.66%	5,650,638
Other Revenue									
CCC Contract	1,378,788	1,321,093	57,695	4.36%	7,738,659	7,926,562	(187,903)	(2.37)%	7,550,488
Other	0	0	0	0.00%	1,499,999	0	1,499,999	0.00%	0
DSRIP Revenue	625,598	857,232	(231,634)	(27.02)%	3,523,463	5,143,392	(1,619,929)	(31.49)%	5,608,754
Total Other Revenue	2,004,386	2,178,325	(173,939)	(7.99)%	12,762,121	13,069,954	(307,833)	(2.36)%	13,159,242
Total Revenue	11,008,314	12,281,506	(1,273,191)	(10.36)%	69,101,129	69,276,368	(175,239)	(0.25)%	53,732,003
Expenditures									
Salaries and Benefits	7,088,697	7,544,670	455,973	(6.04)%	41,620,331	43,414,691	1,794,361	(4.13)%	35,038,811
Contract Labor	453,831	469,158	15,327	(3.26)%	3,704,351	2,814,950	(889,401)	31.59%	3,094,857
Direct Care Expense	1,696,278	1,539,160	(157,119)	10.20%	10,106,382	8,932,653	(1,173,729)	13.13%	8,057,675
Indirect Expense	1,313,478	1,483,774	170,296	(11.47)%	7,711,103	8,633,141	922,037	(10.68)%	7,273,505
Total Expenditures	10,552,285	11,036,763	484,478	(4.39)%	63,142,167	63,795,435	653,268	(1.02)%	53,464,847
Excess (Deficit) From	456,029	1,244,743	(788,714)	(63.36)%	5,958,962	5,480,933	478,029	8.72%	267,155
Non-Operating Revenue	(425,969)	(983,596)	557,627	0.00%	(4,956,381)	(4,580,720)	(375,661)	0.00%	0
Excess (Deficit)	30,060	261,147	(231,087)	-88%	1,002,581	900,213	102,368	11.4%	267,155



CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

By caring for those who need it most, Central Health improves the health of our community.

Our Values

Central Health will achieve excellence through:

Stewardship - We maintain public trust through fiscal discipline and open and transparent communication.

Innovation - We create solutions to improve healthcare access.

Respect - We honor our relationship with those we serve and those with whom we work.

Collaboration - We partner with others to improve the health of our community.

BOARD MEETING

April 29, 2020

REGULAR AGENDA ITEM 3

Discuss and take appropriate action on a new contract with Integral Care, in an amount not to exceed \$500,000, to support psychiatric inpatient services for eligible patients affected by the COVID-19 crisis.



MEMORANDUM

To: Mike Geeslin and Central Health Board of Managers
From: Dakasha Leonard, Healthcare Delivery Operations, and Sarah Cook, Strategy & Planning
Cc: Jeff Knodel, CFO; Monica Crowley, CSO; Jon Morgan, COO
Date: April 24, 2020
Re: Proposed Contract with Integral Care for COVID 19 Inpatient Psychiatric Services

Overview:

This memo describes a request to the Central Health Board of Managers to authorize the CEO to negotiate a contract with Integral Care for Inpatient Psychiatric Services for COVID-19 patients on the terms described or on those more advantageous to Central Health.

Synopsis:

The widespread and devastating effect of COVID-19 on all facets of life is becoming clear, and we know that this impact will be sustained long beyond the virus' initial peak here in Travis County. Integral Care is concerned that the COVID-19 crisis will increase demand for all levels of behavioral support services, and wants to have a funded plan in place to deal with this potential psychiatric surge. As Integral Care writes, "For our community, the question will be how to meet the needs of individuals experiencing a psychiatric crisis who are also symptomatic ... Often, individuals in crisis end up in local emergency rooms before transitioning to inpatient psychiatric care, crisis residential or outpatient services. The existence of the pandemic may result in more people experiencing mental health crises and the added possibility of them being symptomatic with COVID-19 presents a unique challenge for the healthcare community." Accordingly, Integral Care has asked Texas HHSC for additional funding for emergency psychiatric services, and also requested that Central Health allocate additional funds for inpatient psychiatric hospitalizations.

Community Care Collaborative's existing \$8m contract with Integral Care supports inpatient psychiatric care, crisis respite care, and extended observation for patients in psychiatric crisis. Over \$2m in claims against this FY20 contract have been recorded to date; spending typically accelerates towards the end of the Fiscal Year as state funding for inpatient beds is exhausted. To support additional inpatient services, we propose that Central Health enter into a contract with Integral Care to ensure that COVID positive, or presumptive positive, patients in psychiatric crisis can get the inpatient services they need. These will be psychiatric hospitalizations for eligible patients who are COVID-19 positive or presumptive positive, as determined by medical staff, and emergency psychiatric evaluation and transportation to a psychiatric facility for eligible patients in the event that hospital emergency departments go onto diversion due to the COVID-19 crisis. We propose an initial contract amount not to exceed \$500,000.

Fiscal Impact:

\$500,000

Action Requested:

Authorize the CEO to negotiate a contract with Integral Care for Inpatient Psychiatric Services for COVID-19+ MAP and MAP Basic, as well as MAP and MAP Basic eligible, patients on the terms described or on those more advantageous to Central Health.



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BOARD MEETING

April 29, 2020

REGULAR AGENDA ITEM 4

Receive and take appropriate action to accept the March 2020 financial statements for Central Health and Community Care Collaborative.



MEMORANDUM

To: Central Health Board of Managers
From: Lisa Owens, Deputy Chief Financial Officer
Cc: Jeff Knodel, Chief Financial Officer
Mike Geeslin, President and CEO
Patti Bethke, Controller
Date: April 16, 2020
Re: Central Health and Community Care Collaborative March 2020 Preliminary Financial Statements

Overview:

Central Health prepares monthly financial statements for both Central Health and the Community Care Collaborative.

Synopsis:

Central Health staff has prepared the March 2020 Preliminary Financial Statements for both Central Health and the Community Care Collaborative. These reports include a Balance Sheet as of 3/31/2020 and Sources and Uses of funds through 3/31/2020.

Fiscal Impact:

None.

Action Requested:

Staff requests that the Board of Managers review the financial statements and contact Lisa Owens, Deputy Chief Financial Officer with any questions.

Attachments:

- Central Health March 2020 Preliminary Financial Statements
- Central Health March 2020 Preliminary Financial Statements Narrative
- Community Care Collaborative March 2020 Preliminary Financial Statements
- Community Care Collaborative March 2020 Preliminary Financial Statements Narrative
- Central Health and Community Care Collaborative March 2020 Preliminary Supplemental Healthcare Services Schedule



Central Health

Financial Statement Presentation

FY 2020 – as of March 31, 2020 (Preliminary)

Central Health Board of Managers

April 22, 2020

Lisa Owens, Deputy CFO



- Slide 2 Index
- Slide 3 Highlights
- Slide 4 Balance Sheet - Assets
- Slide 5 Balance Sheet - Liabilities & Net Assets
- Slide 6 Sources & Uses
- Slide 7 HCD - Summary
- Slide 8 HCD - Blank Page
- Slide 9 HCD - IGT & HCD Services
- Slide 10 HCD - Operating Cost
- Slide 11 HCD - Primary Care
- Slide 12 HCD - Specialty Care

Note: HCD = Health Care Delivery



- Year-to-date through March, collected net property tax revenue is \$213 million compared to \$195 million as of March 2019.
- Tax collected through March 2020 is 98% of the adjusted tax levy compared to 98% as of March 2019.
- Healthcare Delivery is \$68 million for the six months ending 03/31/2020.
- GAAP reporting Net Assets increased \$86 million year-over-year.
- TCHD LPPF total restricted balance of LPPF as of 03/31/2020 is \$20 million.
- March Net IGT \$2.7M from DSH Payment \$3.7M offset by Uncompensated Care Refund \$907K for DY 2 & 5.

GAAP: Generally Accepted Accounting Principles refer to a common set of accounting principles, standards, and procedures issued by the Financial Accounting Standards Board. GAAP primary focus is to improve clarity, consistency, and comparability of the communication of financial information.



Assets	Preliminary as	
	of 3/31/2020	as of 3/31/2019
Current Assets		
Cash and cash equivalents	1,178,261	2,125,497
Short-term investments	254,256,220	155,093,912
Ad valorem taxes receivable	4,639,248	4,065,113
Other receivables	6,017,652	5,418,208
Prepaid expenses	611,160	341,257
Total Current Assets	<u>266,702,540</u>	<u>167,043,987</u>
Restricted Cash and Investments or Noncurrent		
Restricted for capital acquisition	8,198,789	9,168,247
Sendero paid-in-capital	71,000,000	71,000,000
Working capital advance to CommUnityCare	4,000,000	4,000,000
Sendero Surplus Debenture	37,083,000	37,083,000
Restricted TCHD LPPF Cash & Investments	19,839,833	-
Total Restricted Cash and Investments or Noncurrent	<u>140,121,622</u>	<u>121,251,247</u>
Capital Assets		
Land	12,546,211	11,770,184
Buildings and improvements	130,395,330	134,395,476
Equipment and furniture	9,581,124	9,280,958
Construction in progress	2,196,491	641,472
Less accumulated depreciation	(45,295,164)	(42,171,212)
Total Capital Assets	<u>109,423,993</u>	<u>113,916,878</u>
Total Assets	<u><u>516,248,155</u></u>	<u><u>402,212,112</u></u>



Liabilities	Preliminary	
	as of 3/31/2020	as of 3/31/2019
Current Liabilities		
Accounts payable	8,804,820	2,268,173
Salaries and benefits payable	1,926,753	1,411,060
Other Payables	65,048	90,698
Debt service payable, short-term	1,124,177	1,092,203
Deferred tax revenue	3,965,430	3,331,843
Other deferred revenue	610,000	25,000
Total Current Liabilities	16,496,229	8,218,978
Restricted or Noncurrent Liabilities		
Funds held for TCHD LPPF	19,839,833	-
Debt service payable, long-term	6,185,000	7,285,000
Deferred Revenue	610,000	-
Total Restricted of Noncurrent Liabilities	26,634,833	7,285,000
Total Liabilities	43,131,062	15,503,978
Net Assets		
Unrestricted	363,693,100	272,791,255
Investment in Capital Assets	109,423,993	113,916,878
Total Net Assets	473,117,093	386,708,133
Liabilities and Net Assets	516,248,155	402,212,112



Sources / Uses	Mar 2020	FY20 YTD	FY20 Budget	Percent of Budget Used	FY19 YTD
Sources					
Property Tax Revenue	1,657,720	212,896,552	214,906,371	99%	195,381,894
Lease Revenue	1,796,269	6,085,474	13,749,848	44%	6,067,074
Other Revenue	333,698	1,440,113	2,150,000	67%	1,205,103
Tobacco Settlement Revenue	-	-	3,500,000	0%	-
Contingency Reserve (Carryforward)	-	64,898,396	56,499,497	115%	52,648,775
Total Sources	3,787,687	285,320,535	290,805,716	98%	255,302,846
Uses of Funds					
Healthcare Delivery	10,322,585	67,891,723	278,017,581	24%	121,996,354
Administrative Program					
Salaries and benefits	412,107	2,248,251	5,903,601	38%	2,086,163
Consulting Fees	6,648	258,072	1,187,720	22%	226,143
Legal Fees	47,116	461,526	1,390,820	33%	382,879
Other Purchase Goods and Services	93,021	537,411	2,417,737	22%	594,667
Total Administrative Program	558,892	3,505,260	10,899,878	32%	3,289,852
Tax Collection Expenses	83,639	1,286,846	1,888,258	68%	1,350,325
Total Uses	10,965,116	72,683,829	290,805,716	25%	126,636,531
Excess Sources / (Uses)	(7,177,429)	212,636,706			128,666,315



Healthcare Delivery Summary	Mar 2020	FY20 YTD	FY20 Budget	Percent of Budget Used	FY19 YTD
Inter-Governmental Transfers (IGTs)	2,863,991	11,637,720	61,694,651	19%	77,946,698
Healthcare Services					
Member Payment to CCC	-	-	-	0%	10,000,000
Primary Care - (see detail on Slide 11)	4,064,891	23,572,627	50,270,000	47%	395,172
Specialty Care, incld Dental & Behavioral Health	659,591	3,535,602	9,823,856	36%	-
Pharmacy	400,797	4,985,674	11,600,000	43%	-
Post Acute Care	-	-	5,400,000	0%	-
All Other Healthcare Services	67,916	589,531	5,269,990	11%	483,237
Indigent Care & Hospital Performance Incentive	-	-	52,925,000	0%	-
Subtotal Healthcare Services	5,193,195	32,683,434	135,288,846	24%	10,878,409
ACA Premium Assist, Education, Enrollment	895,743	4,359,266	9,856,120	44%	2,712,863
Healthcare Facilities and Campus Redevelopment	233,490	2,203,258	10,996,170	20%	2,732,218
Healthcare Delivery Operating Costs	1,111,989	6,426,561	26,044,728	25%	2,679,298
Debt, Reserves and Transfers	24,177	10,581,484	34,137,066	31%	25,046,868
Total Healthcare Delivery	10,322,585	67,891,723	278,017,581	24%	121,996,354



Details for Health Care Delivery on the following slides.

DRAFT



Healthcare Delivery - Detail	Mar 2020	FY20 YTD	FY20 Budget	Percent of Budget Used	FY19 YTD
Intergovernmental Transfers (IGTs)					
Private - Uncompensated Care	-	-	-	0%	15,228,042
DSMC - Uncompensated Care	(907,876)	(907,876)	-	0%	14,256,758
DSH - Disproportionate Share	3,771,867	12,545,596	36,120,000	35%	19,854,471
DSRIP - CCC	-	-	25,574,651	0%	13,485,266
DSRIP - DSMC, Dell Children's	-	-	-	0%	14,537,581
DSRIP - St. David's	-	-	-	0%	584,580
Subtotal Intergovernmental Transfers (IGTs)	2,863,991	11,637,720	61,694,651	19%	77,946,698
Healthcare Services					
Member Payment to CCC	-	-	-	0%	10,000,000
Primary Care - (see detail on Slide 11)	4,064,891	23,572,627	50,270,000	47%	395,172
Specialty Care, incld Dental - (see detail on Slide 12)	648,785	3,250,767	8,940,000	36%	-
Specialty Care, Behavioral Health	10,806	284,835	883,856	32%	-
Pharmacy	400,797	4,985,674	11,600,000	43%	-
Post Acute Care	-	-	5,400,000	0%	-
Reproductive and Sexual Health	16,476	228,394	1,950,000	12%	-
Health care services, Pay for Success	-	-	600,000	0%	-
Medical Administration / ICC payment	51,440	308,637	719,990	43%	308,637
Primary & Specialty Care Reserves	-	52,500	2,000,000	3%	174,600
Indigent Care	-	-	50,225,000	0%	-
Hospital Performance Incentives	-	-	2,700,000	0%	-
Subtotal Healthcare Services	5,193,195	32,683,434	135,288,846	24%	10,878,409

(continued on next page)



Healthcare Delivery Detail (continued)	Mar 2020	FY20 YTD	FY20 Budget	Percent of Budget Used	FY19 YTD
Healthcare Operations and Support					
ACA and Premium Assistance Programs					
High Risk Premium Programs	693,367	2,801,826	7,000,000	40%	838,734
CHAP Program	189,337	1,023,221	2,251,800	45%	1,081,880
ACA Enrollment and Education Services	13,039	534,219	604,320	88%	792,249
Subtotal ACA & Premium Assist Program	895,743	4,359,266	9,856,120	44%	2,712,863
Healthcare Facilities and Campus					
Salaries and benefits	31,435	178,641	432,555	41%	152,113
Consulting Services	-	-	5,872,788		954,589
Legal Fees	4,148	78,405	234,000	34%	49,878
Other Goods & Svc incl. UT Ground Lease	197,907	1,946,212	4,456,827	44%	1,575,638
Subtotal Healthcare Facilities and Campus	233,490	2,203,258	10,996,170	20%	2,732,218
Healthcare Delivery Operating Costs					
Salaries and benefits	792,586	4,649,906	15,367,495	30%	1,952,638
Consulting Services	9,906	32,066	1,073,000	3%	22,200
Legal Fees	12,408	80,255	184,500	43%	20,564
Other Services and Purchased Goods	297,089	1,664,334	9,419,733	18%	683,896
Subtotal HCD Operating Cost	1,111,989	6,426,561	26,044,728	25%	2,679,298
Debt Service, Reserves and Transfers					
Debt Service	24,177	1,225,194	1,373,283	89%	1,206,868
FY2020 Capital reserve	-	2,950,000	2,950,000	100%	2,840,000
FY2020 Emergency reserve	-	6,406,290	6,406,290	100%	1,000,000
FY2020 Sendero Risk Based Capital	-	-	-		20,000,000
FY2020 Contingency reserve appropriation			23,407,493		-
Subtotal Debt, Reserves and Transfers	24,177	10,581,484	34,137,066	31%	25,046,868
Total Healthcare Delivery	10,322,585	67,891,723	278,017,581	24%	121,996,354



Healthcare Delivery - Primary Care	Mar 2020	FY20 YTD	FY20 Budget	Percent of Budget Used
Primary Care				
	-			
CommUnity Care	3,109,593	19,113,751	39,000,000	49%
Lone Star Circle of Care	817,162	3,307,596	6,400,000	52%
People's Community Clinic	157,642	914,680	2,500,000	37%
Other Primary Care	(19,506)	236,600	2,370,000	10%
Subtotal Primary Care Services	4,064,891	23,572,627	50,270,000	47%

(continued on next page)



Healthcare Delivery - Specialty Care	Mar 2020	FY20 YTD	FY20 Budget	Percent of Budget Used
Specialty Care				
Ancillary Services	5,344	30,434	100,000	30%
Cardiology	13,527	75,674	150,000	50%
Consultation Services	6,250	37,500	75,000	50%
Dental Specialty	90,839	485,358	1,000,000	49%
Dermatology	36,256	212,945	550,000	39%
Durable Medical Equipment	(13,781)	10,963	115,000	10%
Ear, Nose & Throat ENT	(7,113)	153,824	400,000	38%
Endocrinology	25,277	141,410	300,000	47%
Gastroenterology	192,152	661,598	1,650,000	40%
General Surgery	(14,275)	89,638	300,000	30%
Gynecology IPU	67,593	91,613	100,000	92%
Nephrology	0	0	200,000	0%
Oncology	36,198	194,676	700,000	28%
Ophthalmology	63,195	533,200	1,725,000	31%
Orthotics & Prosthetics	33,117	72,442	200,000	36%
Podiatry	27,298	79,587	250,000	32%
Pulmonology	37,726	200,248	375,000	53%
Rheumatology	13,826	77,350	150,000	52%
Specialty Care	20,784	20,784	450,000	5%
Wound Care	14,572	81,523	150,000	54%
Total Specialty Care	648,785	3,250,767	8,940,000	36%



Questions ? Comments ?

DRAFT

Balance Sheet (Assets) – Slide 4

Current Assets

Cash and Cash Equivalents – \$1.2M compared to \$2.1M March 2019

Short-term Investments – Short-term investments were \$254M at month-end, which is net of restricted investments of \$8.2M for capital acquisitions.

Ad Valorem Taxes Receivable – \$4.6M balance is composed of:

Gross Tax Receivables	\$ 8.2M
Taxable Assessed Valuation Adjustment	(1.2)M
Est. Allowance for Doubtful collections	(2.4)M
Total Taxes Receivable	\$ 4.6M

Other Receivables – Other receivables total \$6.0M and consists of intercompany balances:

- CommUnityCare - \$4M
- Sendero - \$626K
- Community Care Collaborative - \$912K
- Accrued Interest \$511K

Prepaid Expenses – \$611K balance composed of:

- Prepaid Insurance - \$157K
- Tax Assessor Collection Fees - \$6.7K
- TCAD Appraisal Fees - \$236K
- Software - \$98K
- Prepaid Memberships/Subscriptions - \$107K
- Deposits - \$6K

Total Current Assets – \$267M



March 2020 Preliminary Monthly Financial Statements (unaudited)

Page 2 of 6

Balance Sheet (Assets) – Slide 4 (continued)

Restricted Cash & Investments or Noncurrent

Investments Restricted for Capital Acquisition – \$8.2M in short-term securities restricted for capital acquisition.

Sendero Paid-in-Capital – \$71.0M (unchanged)

Working Capital Advance to CommUnityCare – \$4.0M (unchanged)

Sendero Surplus Debenture – \$37.1M (unchanged)

Restricted TCHD LPPF Cash & Investments - \$19.8M

Capital Assets – \$109M, net of accumulated depreciation

Total Assets – **\$516M**



Current Liabilities – Slide 5

Accounts Payable – Major components of the \$8.8M balance are:

- \$6.7M estimated IBNR for healthcare services.
- \$1.5M estimated healthcare delivery costs.
- \$607K in month-end vendor invoices.

Salaries and Benefits Payable – \$1.9M balance is comprised of the accrued liability for salary costs unpaid at month-end, the value of accrued personal time off and various fringe benefit amounts withheld and not yet paid.

Other Payables – \$65K capital lease obligation related to medical equipment leased at Southeast Health and Wellness Center.

Debt Service Payable, Short-Term – \$1.1M in Certificates of Obligation Payable and \$24K Interest Payable.

Deferred Tax Revenue - \$4M

Other Deferred Revenue - \$610K consists of the lease revenue \$610K for Block 164 Yr2 (FY20) from 2033 LLP

Total Current Liabilities – **\$16.5M**



Restricted or Noncurrent Liabilities – Slide 5 (continued)

Funds held for TCHD LPPF - \$19.8M receipts from participants in the LPPF.

Debt Service Payable, Long-Term – \$6.2M balance of the \$16M in Series 2011 Certificates of Obligation, reduced by nine payments made to date. This debt was issued for the North Central clinic. Due annually on 3/1.

Deferred Revenue – Long Term - \$610K is the lease revenue for Block 164 Yr3 (FY21) from 2033 LLP.

Total Noncurrent Liabilities – \$26.6M

Total Liabilities – \$43M

Net Assets

Unrestricted Net Assets – \$364M

Investment in Capital Assets – \$109M

Total Net Assets – \$473M

Total Liabilities and Net Assets – \$516M



March 2020 Preliminary Monthly Financial Statements (unaudited)

Page 5 of 6

Sources and Uses Report – Slide 6

March financials → six months of the fiscal year, 50% of the fiscal year.

Sources – Total \$3.8M for the month

Property Tax Revenue – Net property tax revenue for the month was \$1.7M. Net revenue includes \$1.68M current month's collections, less \$23K in adjustments for prior year delinquent taxes.

Lease Revenue – \$1.8M recorded for Seton lease payment, UT ground lease, and the 2033 Higher Education Development Foundation ground lease.

Other Revenue – \$334K investment income for the month, \$1.4M YTD, compared to \$1.2M YTD last year.

Uses of Funds – Total \$11M for the month

Total Healthcare Delivery Program – Total healthcare delivery expenses were \$10.3M for the month and \$67.9M YTD compared to \$122M YTD thru March 2019.

Administration Program – \$559K in expense for the month, which includes:

- Personnel costs – \$412K
- Consulting services – \$7K
- Legal fees – \$47K
- Other general and administrative – \$93K

Tax Collection Expenses – \$83.6K for the month.

Excess Sources/(Uses) – \$(7.2)M in March. Current YTD is \$212.6M compared to prior year 2019 YTD of \$129M.



Healthcare Delivery Expense – Slide 7

Healthcare Delivery Expense – Total \$10.3M March; \$67.9M YTD compared to \$122M March 2019.

Intergovernmental Transfers ("IGT's") – YTD \$11.6M compared to \$78M last year.

Healthcare Services – Healthcare delivery providers' expense for March totaled \$5.2M, which includes:

- Primary care – \$4.1M
- Specialty Care (including Dental and Behavioral Health) – \$660K
- Pharmacy - \$401K
- All Other Healthcare Services - \$68K

ACA Premium Assist, Education, Enrollment – \$896K in expenses for the month.

Healthcare Facilities and Campus Redevelopment - \$233K in expense for the month and \$2.2M YTD.

Healthcare Delivery Operating Cost – \$1.1M in expenses for the month and includes:

- Personnel costs – \$793K
- Consulting Services – \$10K
- Legal Fees - \$12K
- Other services and purchased goods – \$297K

Debt, Reserves and Transfer – \$24K in Debt Service expense for the month

Total Healthcare Delivery - for the month of February was \$10.3M.

Community Care Collaborative

Financial Statement Presentation

FY 2020 – as of March 31, 2020 (Preliminary)

Central Health Board of Managers
Board of Managers Meeting
April 22, 2020

Jeff Knodel, Chief Financial Officer
Lisa Owens, Deputy Chief Financial Officer



a partnership of Central Health and Seton Healthcare Family



- * Cash is at \$13 million compared to \$39 million last year.
- * Total Liabilities are at \$13 million as of the end of March a \$2m increase over February mainly for provider earned DSRIP services.
- * Net Assets at the end of March are (\$97K) mainly due to provider earned DSRIP outcomes from prior reporting periods.

Balance Sheet

As of March 2020



	as of 3/31/2020	as of 3/31/2019
Assets		
Cash and Cash Equivalents	12,635,757	39,491,675
Other Receivables	319,208	21,565
Prepaid and Other	71,367	251,404
Total Assets	13,026,332	39,764,644
Liabilities		
AP and Accrued Liabilities	10,818,854	21,100,437
Deferred Revenue	1,961,042	773,780
Other Liabilities	237,588	265,206
Accrued Payroll	105,882	379,022
Total Liabilities	13,123,367	22,518,445
Net Assets	(97,035)	17,246,199
Liabilities and Net Assets	13,026,332	39,764,644

Sources and Uses Report, Budget vs Actual

Fiscal Year-to-Date through March 2020



Sources of Funds	Approved Budget	YTD Actual	YTD % of Budget	Prior YTD Actual
DSRIP Revenue	61,168,472	0	0%	32,253,685
Member Payment - Seton ⁽¹⁾	0	0	0%	15,133,245
Member Payment - Central Health ⁽¹⁾	0	0	0%	10,000,000
Operations Contingency	5,362,495	10,731,787	200%	5,088,307
Carryforward				
Other Sources	100,000	108,436	108%	286,544
Total Sources of Funds	66,630,967	10,840,223	16%	62,761,781
Uses - Programs				
Healthcare Delivery	19,630,967	8,264,945	42%	42,339,777
UT Services Agreement	35,000,000	0	0%	0
DSRIP Project Costs	12,000,000	7,672,313	64%	8,175,804
Total Uses	66,630,967	15,937,258	24%	50,515,581
Net Sources (Uses)	-	(5,097,035)		12,246,200
Net Assets		(97,035)		17,246,200

⁽¹⁾ Final contributions will be subject to provisions of the MSA, which requires the parties to collaborate to adequately fund the CCC, but leaves the amount of funding up to each parties' discretion. Each member contribution could be more or less than the budget, depending upon a variety of factors.

Healthcare Delivery Costs - Summary

Fiscal Year-to-Date through March 2020



	<u>Approved Budget</u>	<u>YTD Actual</u>	<u>YTD % of Budget</u>	<u>Prior YTD Actual</u>
Healthcare Delivery				
Primary Care & Emergency Transport	921,822	209,862	23%	25,410,626
Specialty Care	3,908,000	1,253,212	32%	3,352,263
Specialty Behavioral Health	8,000,000	4,000,000	50%	4,567,965
Specialty Dental Care	0	(8,710)	0%	346,346
Post-Acute Care	2,675,000	1,384,111	52%	1,005,014
Pharmacy	0	0	0%	2,920,658
Medical Management	0	0	0%	802,658
Urgent and Convenient Care	475,000	102,899	22%	165,736
Healthcare Delivery - Operations	2,849,742	1,323,571	46%	3,768,511
Operations Contingency Reserve	801,403	0	0%	0
Total Healthcare Delivery	19,630,967	8,264,945	42%	42,339,777

Thank You

www.ccc-ids.org



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Preliminary



March 2020 FYTD Financial Statements (unaudited)
Page 1 of 3

Balance Sheet

Current Assets

Cash and Cash Equivalents – \$12.6M

Other Receivables – \$319K

- \$133K – Prior Year PSOP Payment
- \$139K – Prior Year School Base Program
- \$47K – Atrium Rent Allocation

- Prepaid and Other – \$71K – Atrium Security deposit

Total Assets – \$13.0M

Liabilities

Accounts Payable and Accrued Liabilities – \$10.8M, which includes:

- \$9.2M estimated IBNR (Incurred But Not Received) for providers
- \$682K non-provider accruals
- \$911K due to Central Health

Deferred Revenue – \$2M deferred revenue related to DSRIP projects

Other Liabilities – \$238K; includes leasehold improvement allowance liability of \$101K and Deferred Rent of \$137K

Payroll Liabilities – \$106K; includes PTO liability

Total Liabilities – \$13.1M

BOARD PACKET



March 2020 FYTD Financial Statements (unaudited)
Page 2 of 3

Net Assets

Unrestricted Net Assets – \$(97K)

Total Net Assets – \$(97K)

Total Liabilities and Net Assets – \$13.0M

Sources and Uses Report

March financials → six months, 50% of the fiscal year

Sources of Funds, Year-to-Date

DSRIP Revenue - \$0

Operations Contingency - \$10.7M from FY2019 (This includes emergency reserves of \$5M)

Other Sources – \$108K for interest income

Uses of Funds, Year-to-Date



Operating Expenses
Healthcare Delivery
(Excluding DSRIP)

	<u>Approved Budget</u>	<u>YTD Actual</u>	<u>YTD % of Budget</u>	<u>Prior YTD Actual</u>
Healthcare Delivery				
Primary Care & Emergency Transport	921,822	209,862	23%	25,410,626
Specialty Care	3,908,000	1,253,212	32%	3,352,263
Specialty Behavioral Health	8,000,000	4,000,000	50%	4,567,965
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Post-Acute Care	2,675,000	1,384,111	52%	1,005,014
Pharmacy	0	0	0%	2,920,658
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Healthcare Delivery - Operations	2,849,742	1,323,571	46%	3,768,511
Operations Contingency Reserve	801,403	0	0%	0
Total Healthcare Delivery	19,630,967	8,264,945	42%	42,339,777

DSRIP Project Costs – Year-to-date \$7.6M.

Provider Earnings Year to date:

- CommUnity Care - \$5.5M
- Lone Star Circle of Care - \$2.0M
- Hospice Austin - \$99K

Healthcare Services Supplemental Report-

Central Health & Community Care Collaborative

DRAFT

Healthcare Services - CH & CCC Highlights

	Current Year YTD Actual	FY20 Budget	Percent of Budget Used	Prior Year YTD Actual	YOY % Change
Primary Care	23,885,388	51,666,822	46%	25,971,534	-8%
Specialty Care, incld Dental - (see detail on next slide)	4,495,270	12,848,000	35%	3,698,609	22%
Specialty Care, Behavioral Health	4,284,835	8,883,856	48%	4,567,965	-6%
Pharmacy	4,985,674	11,600,000	43%	2,920,658	71%
Post Acute Care	1,384,111	8,075,000	17%	1,005,014	38%
Sum of Services Reported - CH & CCC	39,035,277	93,073,678	42%	38,163,780	2%

Healthcare Specialty Care - CH & CCC	Current Year YTD Actual	FY20 Budget	Percent of Budget Used	Prior Year YTD Actual	YOY % Change	Comments/Notes (greater than 50% or \$90K)
Ancillary Services	23,144	110,000	21%	44,966	-49%	Prior year included reclassifications mid year
Cardiology	138,434	250,000	55%	71,445	94%	Expanded services for TAVR
Consultation Services	45,525	150,000	30%	8,325	447%	
Dental - Specialty	476,648	1,000,000	48%	346,346	38%	Increased dental specialty services
Dermatology	177,223	600,000	30%	188,394	-6%	
Ear, Nose & Throat ENT	150,274	500,000	30%	62,286	141%	Prior Year services under accrued; Current Year service expansion with increased clinic and surgical volumes
Endocrinology	105,674	300,000	35%	145,442	-27%	
Gastroenterology	582,190	1,700,000	34%	317,442	83%	Increased utilization, new service line FY2019
General Surgery (New FY19)	93,236	325,000	29%	0	n/a	New service line FY2019 mid year
Gynecology IPU	308,727	675,000	46%	358,799	-14%	
Nephrology (New FY20)	12,000	250,000	5%	n/a	n/a	
Oncology	194,676	700,000	28%	137,792	41%	
Ophthalmology	608,114	1,825,000	33%	686,186	-11%	
Orthotics & Prosthetics	64,517	200,000	32%	99,966	-35%	
Musculoskeletal	829,672	1,700,000	49%	677,078	23%	
Podiatry (New FY20)	79,587	250,000	32%	n/a	n/a	
Pulmonology	161,708	375,000	43%	147,993	9%	
Rheumatology	60,694	150,000	40%	70,169	-14%	New service being offered at CUC, prior year had reclassifications
Palliative Care	0	25,000	0%	5,445	-100%	Last year this had reclassifications mid year
Physical Medicine and Rehabilitation	0	100,000	0%	0	n/a	
Urology	0	250,000	0%	116,673	-100%	Pending Agreement
Other - Multi & Specialty Care	301,706	1,263,000	24%	213,863	41%	Project Access, durable medical equipment included here
Wound Care (New FY20)	81,523	150,000	54%	n/a	n/a	
Total Specialty Care Svcs Reported CH & CCC	4,495,270	12,848,000	35%	3,698,609	22%	

Note: Management analyzed services lines fluctuating greater than +/-50% and +/- \$90,000. Please refer to comments noted above.



CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

By caring for those who need it most, Central Health improves the health of our community.

Our Values

Central Health will achieve excellence through:

Stewardship - We maintain public trust through fiscal discipline and open and transparent communication.

Innovation - We create solutions to improve healthcare access.

Respect - We honor our relationship with those we serve and those with whom we work.

Collaboration - We partner with others to improve the health of our community.

BOARD MEETING

April 29, 2020

REGULAR AGENDA ITEM 5

Discuss information related to Central Health Enterprise workforce demographics.



MEMORANDUM

To: Central Health Board of Managers
From: Susan Willars, Enterprise Vice President of Human Resources
CC: Mike Geeslin, President and CEO
Date: April 28, 2020
Re: Workforce demographic information for FY2020 – Quarter 2

PURPOSE

The purpose of this memorandum is to share workforce data of Central Health proper as requested by the Board of Managers.

INFORMATION

The Central Health Board of Managers have requested the following information:

- Turnover data on a quarterly basis by gender and race/ethnicity
 - Fiscal year 2020– Quarter 2
- Breakdown of staff by category, gender and race/ethnicity: Executives, Senior Directors, Directors, Middle Management & Staff
- Total count of exempt staff versus non-exempt staff by race/ethnicity and gender

INCREASING THE RECRUITMENT OF DIVERSE CANDIDATES

In October, the recruitment team (Angela Reyes and Sarah Willingham) attended our first Multi-Ethnic Chamber Alliance Recruitment Fair, which includes the Greater Austin Asian, Hispanic, Black and LGBT Chambers of Commerce. Although the majority of our jobs are posted on the larger online job boards, we have recently joined the Hispanic, Black and Asian Chambers of Commerce to advertise on their sites.

As part of our recruitment strategy, we will be advertising our vacant positions on The Villager, El Mundo and Austin Chronicle.



ENCLOSURE

Attachment 1:

PowerPoint Presentation containing the workforce data and demographic information.

Attachment 2:

Board of Manager's Workforce Presentation Matrix: The matrix outlines the workforce information that you have requested on a continuous basis. I have placed each workforce topic under column A, a brief description of the topic under column B, the frequency of delivery is under column (C) and the month of the data delivery is under column (D).

RECOMMENDATIONS:

To approve the Board of Manager's Workforce Presentation Matrix.

ATTACHMENT 1:

PowerPoint Presentation of Central Health's Workforce Demographic Information:

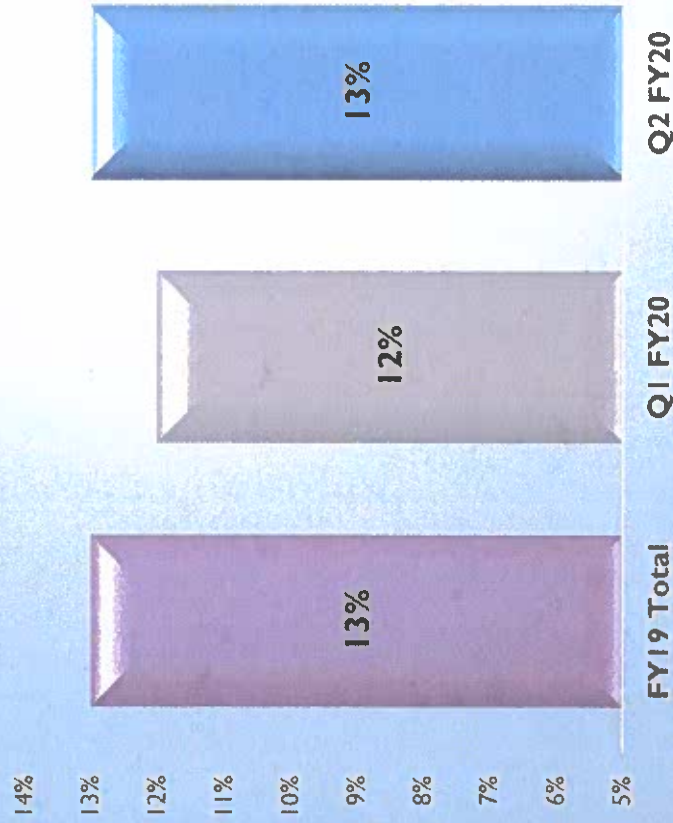
- **Voluntary turnover data by gender and race/ethnicity for Q2 of FY2020**
- **Overall Central Health workforce demographics compared to the census data for the city of Austin**
- **Current workforce demographics by category, gender, race/ethnicity: Executives, senior directors, directors, middle management & staff**

CENTRAL HEALTH TURNOVER AND DEMOGRAPHIC DATA Q1 & Q2 FY20

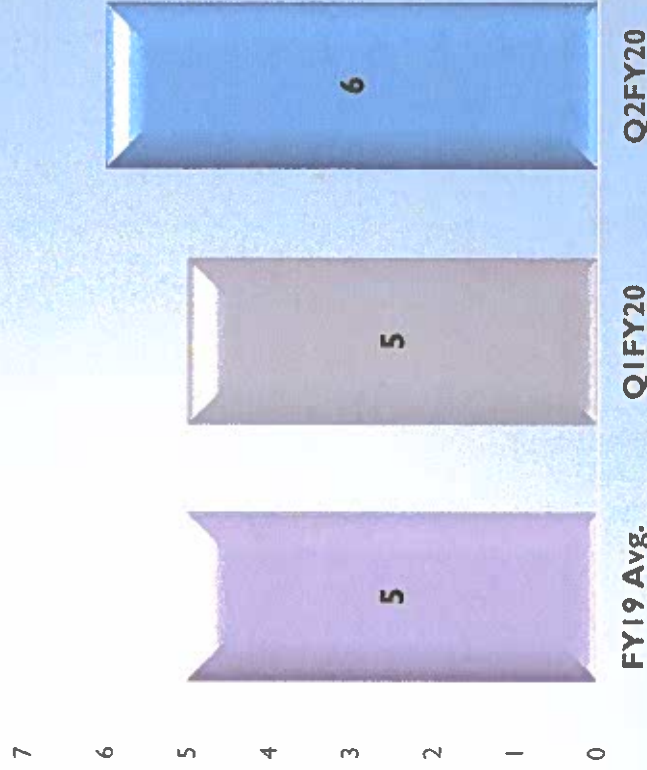
- CENTRAL HEALTH VOLUNTARY TURNOVER DATA BY GENDER AND RACE/ETHNICITY
- OVERALL CH DEMOGRAPHICS COMPARED TO AUSTIN CENSUS DATA
- CURRENT EXECUTIVE/MANAGEMENT/STAFF EMPLOYEE DATA BY GENDER AND RACE/ETHNICITY

CENTRAL HEALTH TURNOVER DATA

FY19 TOTAL VOLUNTARY TURNOVER, WITH Q1 & Q2 FY20 ANNUALIZED RATE:

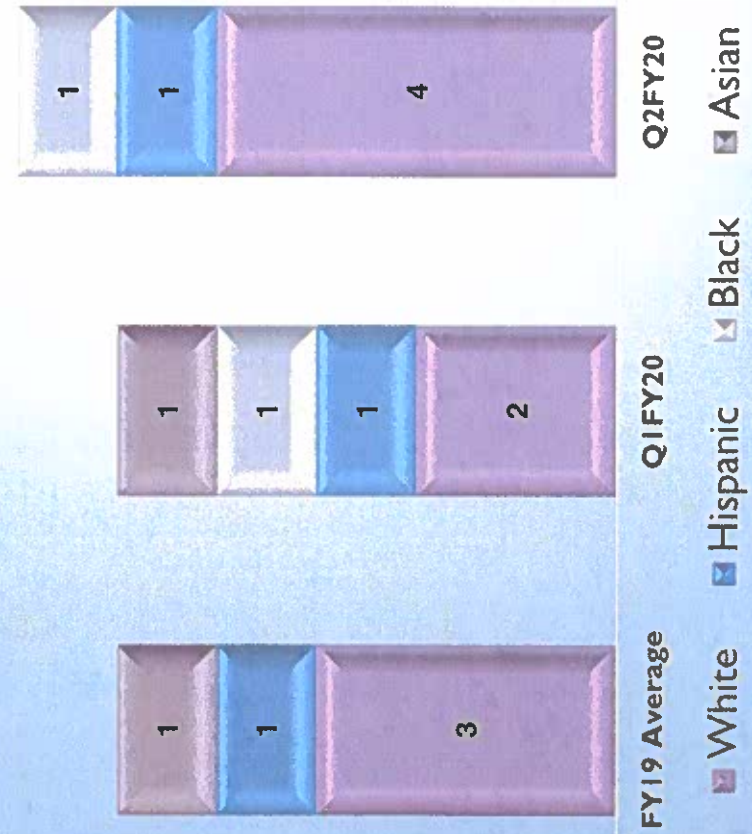


FY19 AVERAGE, Q1 & Q2 TURNOVER BY EMPLOYEE COUNT:

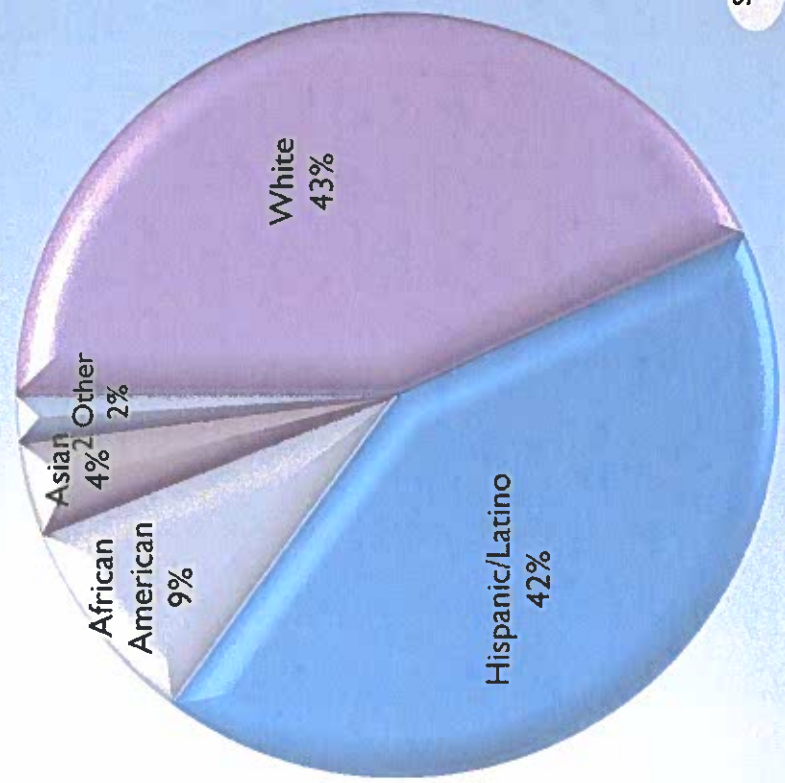


Q1 AND Q2 TURNOVER BY RACE/ETHNICITY

DISTRIBUTION OF RACE/ETHNICITY DATA OF FY19 AVERAGE, Q1, AND Q2:

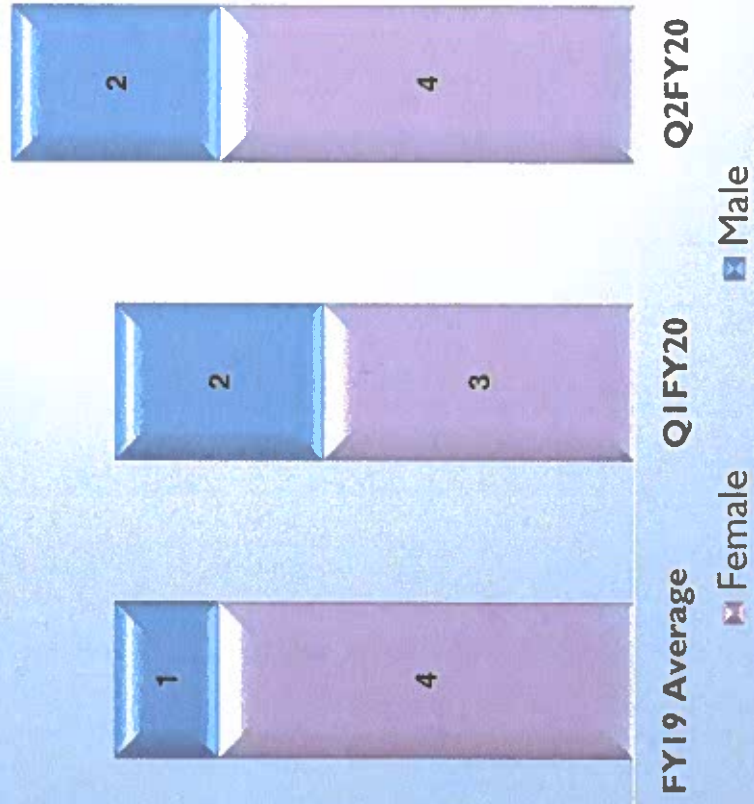


CURRENT ORGANIZATIONAL RACE/ETHNICITY DISTRIBUTION:

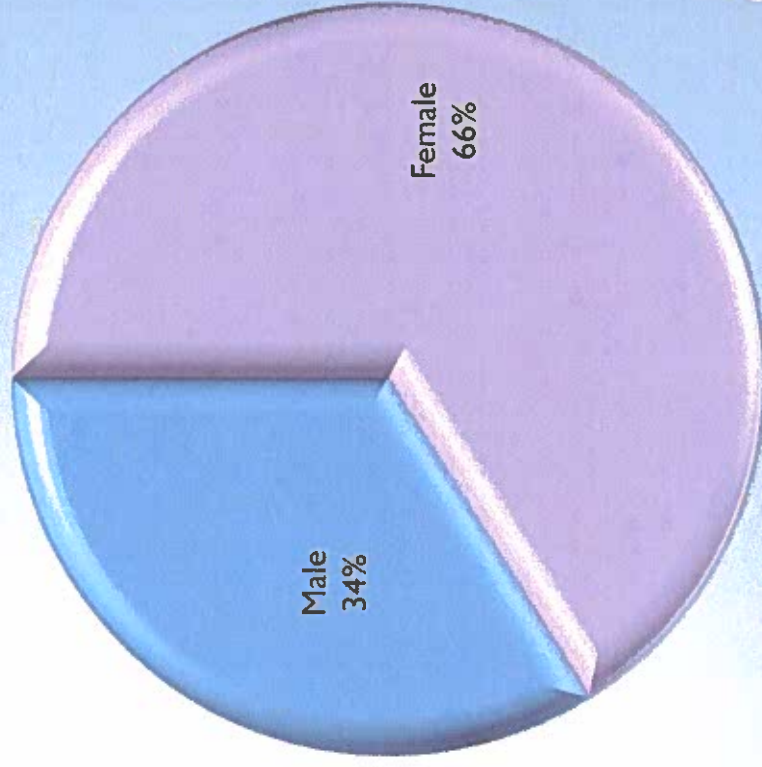


TURNOVER DATA BY GENDER

TURNOVER DISTRIBUTION BY GENDER
FOR FY19, Q1 & Q2:

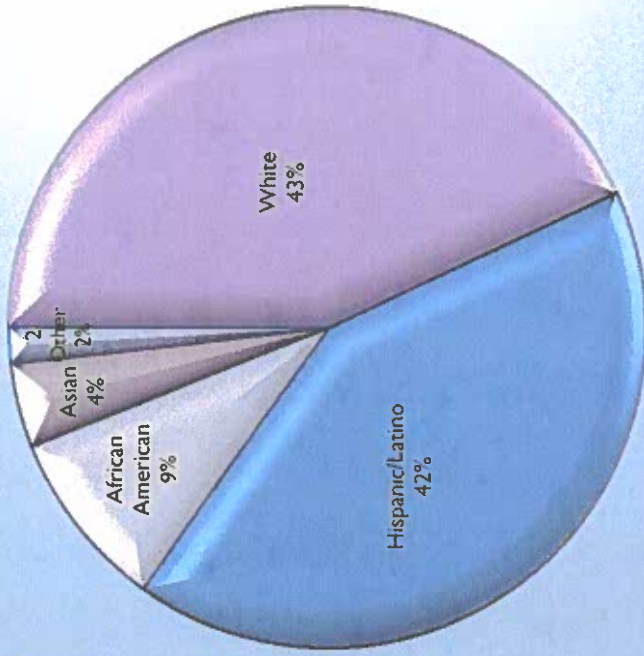


CURRENT ORGANIZATIONAL
GENDER DISTRIBUTION:

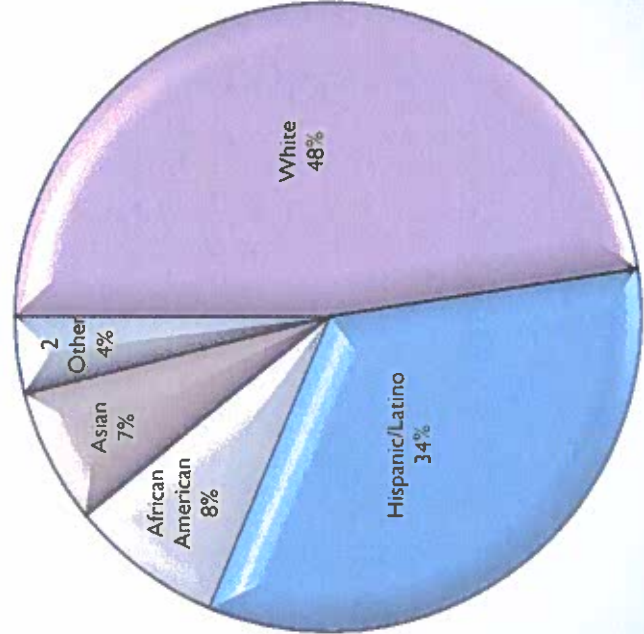


OUR RACIAL/ETHNIC MAKEUP COMPARED TO AUSTIN'S POPULATION

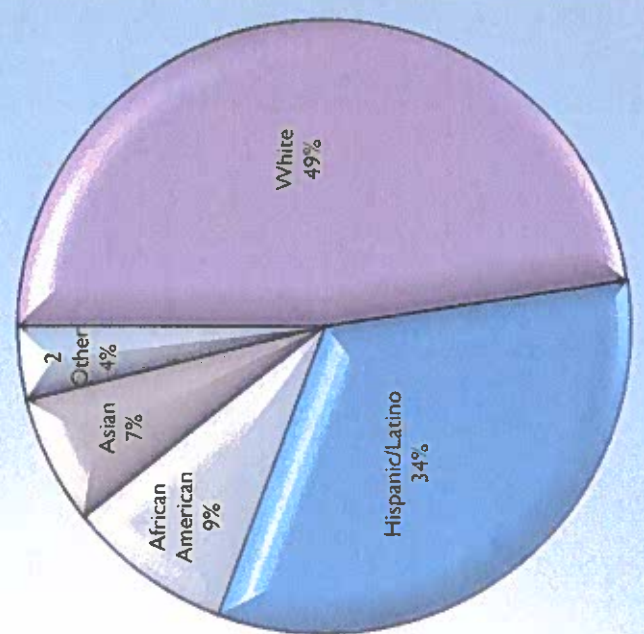
CURRENT ORGANIZATIONAL RACIAL/ETHNIC DISTRIBUTION:



AUSTIN'S RACIAL/ETHNIC POPULATION VIA CENSUS DATA:

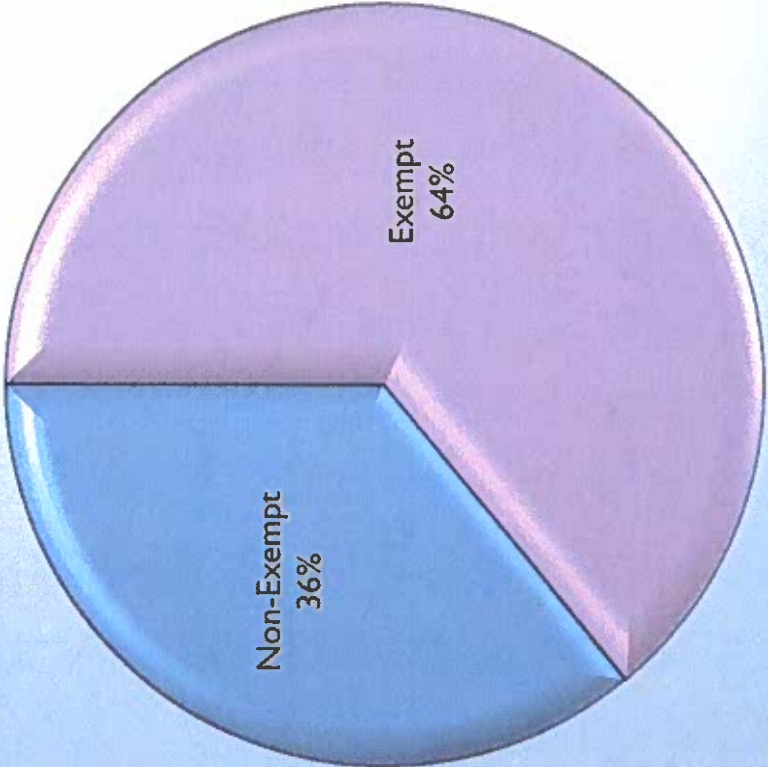


TRAVIS COUNTY'S RACIAL/ETHNIC POPULATION VIA CENSUS DATA:

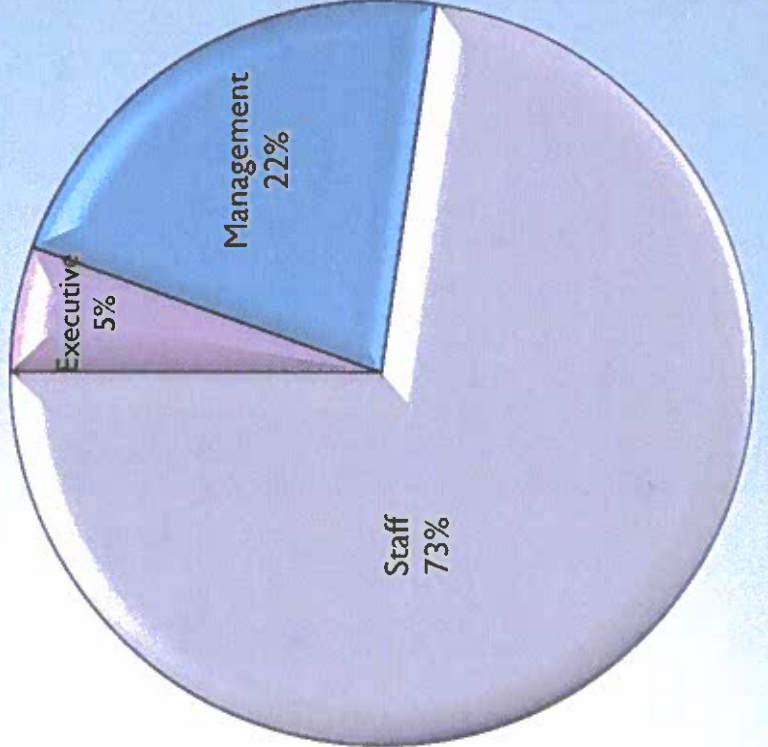


EXEMPT V. NON-EXEMPT & EXECUTIVE/MANAGEMENT/STAFF MAKEUP

EXEMPT & NON-EXEMPT DISTRIBUTION:

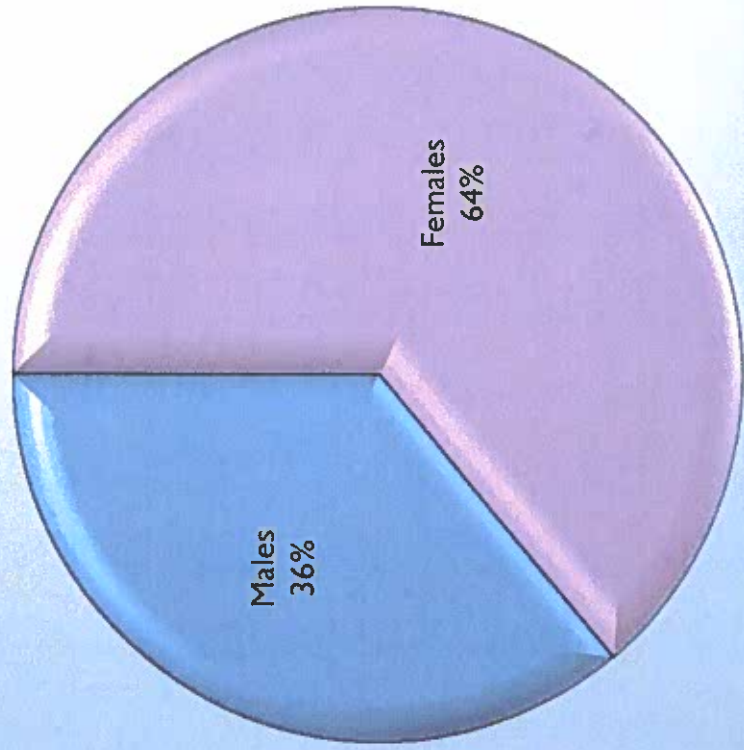


EXECUTIVE, MANAGEMENT & STAFF DISTRIBUTION:

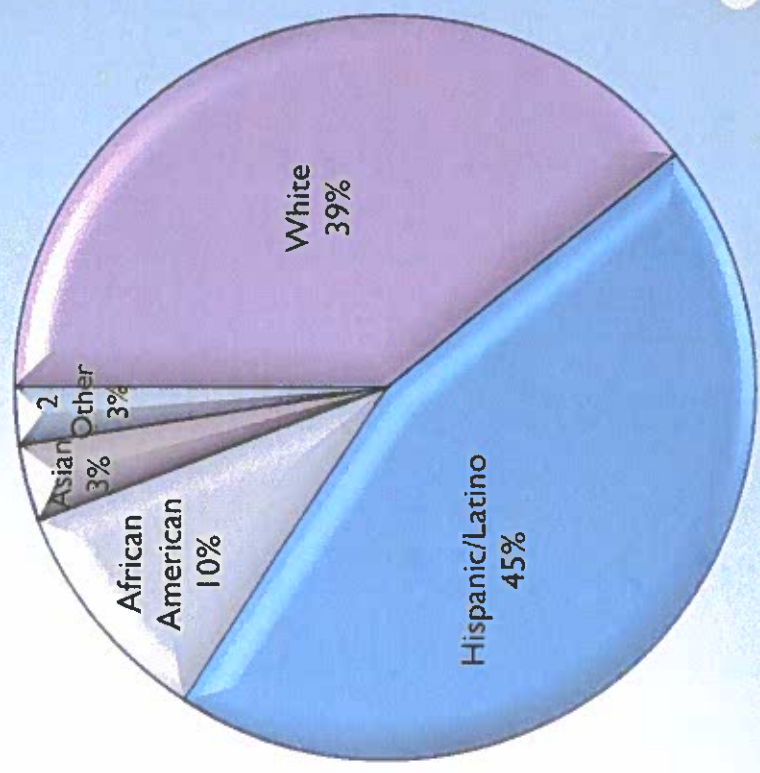


STAFF DEMOGRAPHIC DATA – 120 EMPLOYEES

GENDER DISTRIBUTION
AT THE STAFF LEVEL:

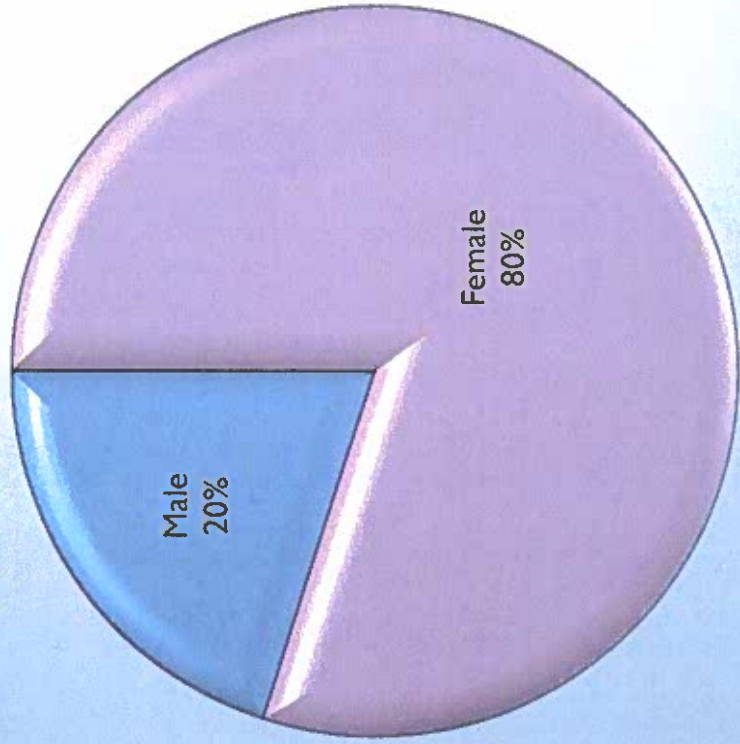


RACE/ETHNICITY DISTRIBUTION
AT THE STAFF LEVEL:

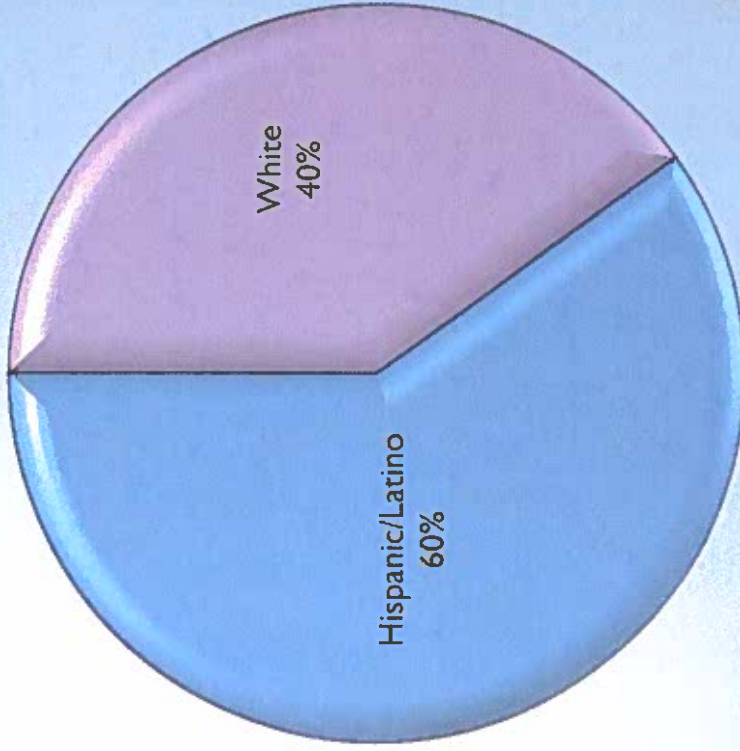


SUPERVISORY DEMOGRAPHIC DATA – FOUR EMPLOYEES

GENDER DISTRIBUTION AT THE SUPERVISOR LEVEL:

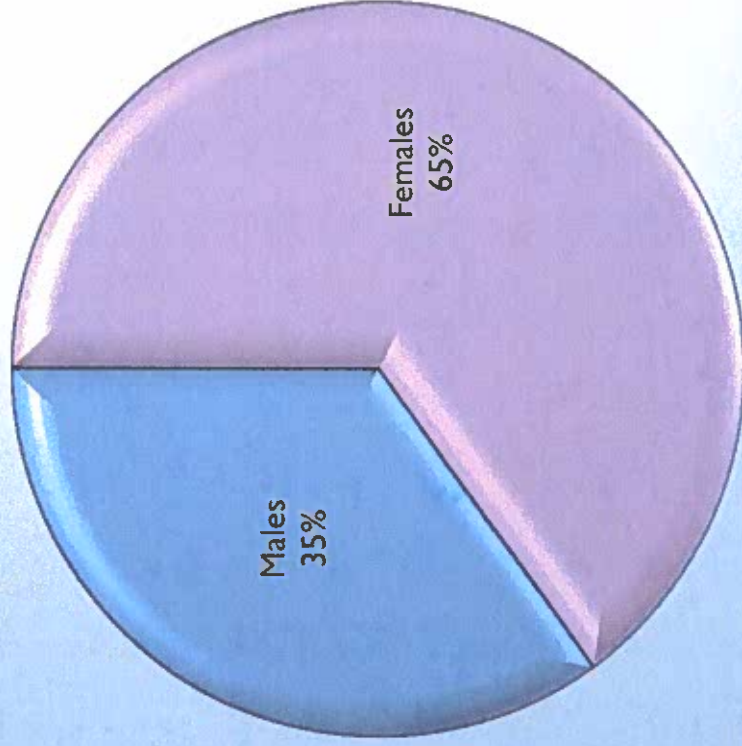


RACE/ETHNICITY DISTRIBUTION AT THE SUPERVISOR LEVEL:

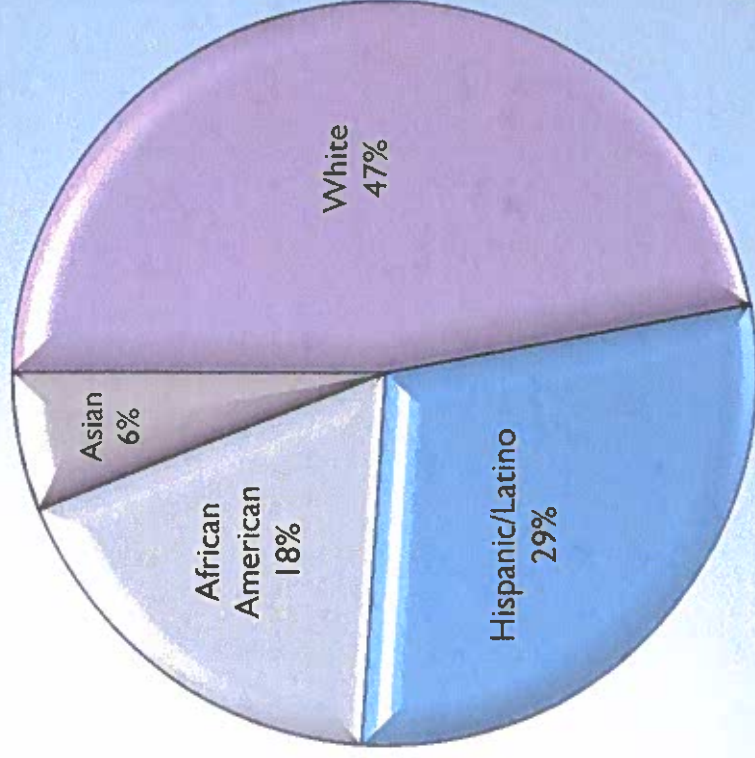


MANAGER DEMOGRAPHIC DATA – 17 EMPLOYEES

GENDER DISTRIBUTION
AT THE MANAGER LEVEL:

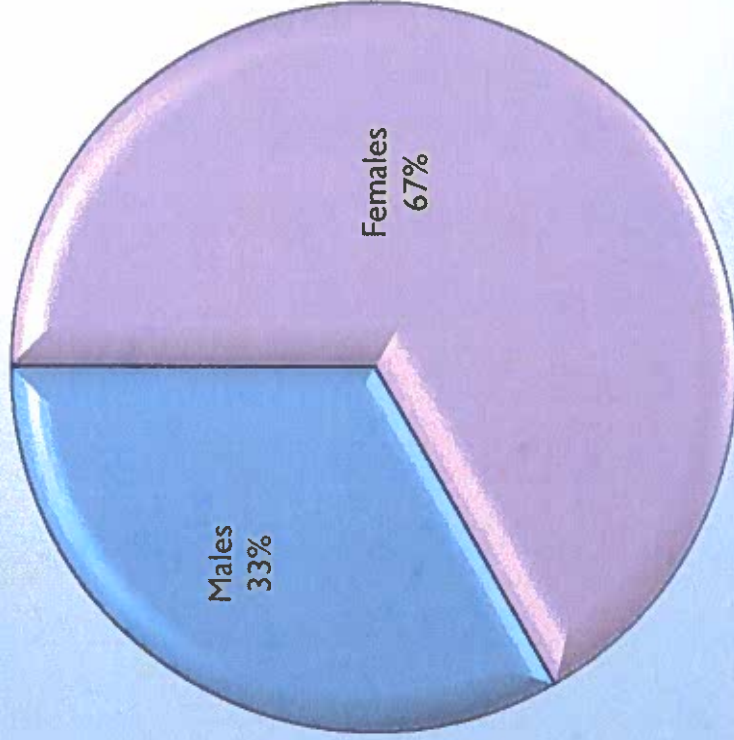


RACE/ETHNICITY DISTRIBUTION
AT THE MANAGER LEVEL:

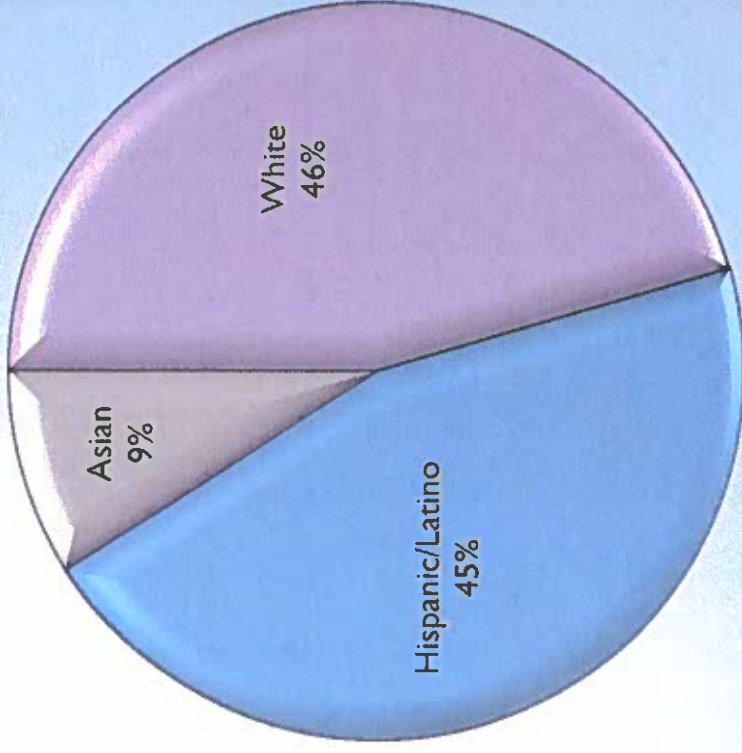


DIRECTOR DEMOGRAPHIC DATA – II EMPLOYEES

GENDER DISTRIBUTION AT THE DIRECTOR LEVEL:

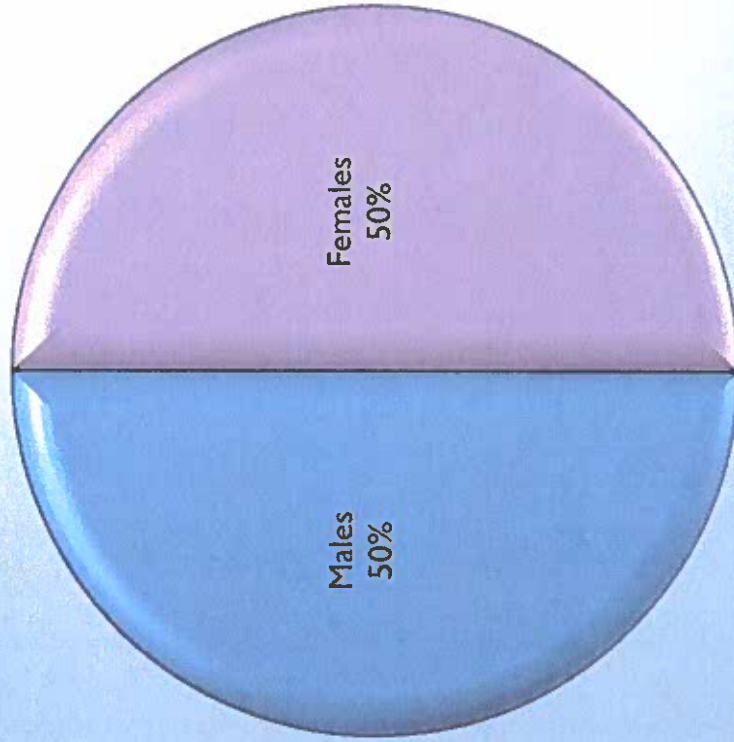


RACE/ETHNICITY DISTRIBUTION AT THE DIRECTOR LEVEL:



SR. DIRECTOR DEMOGRAPHIC DATA – FOUR EMPLOYEES

GENDER DISTRIBUTION AT THE
SR. DIRECTOR LEVEL:

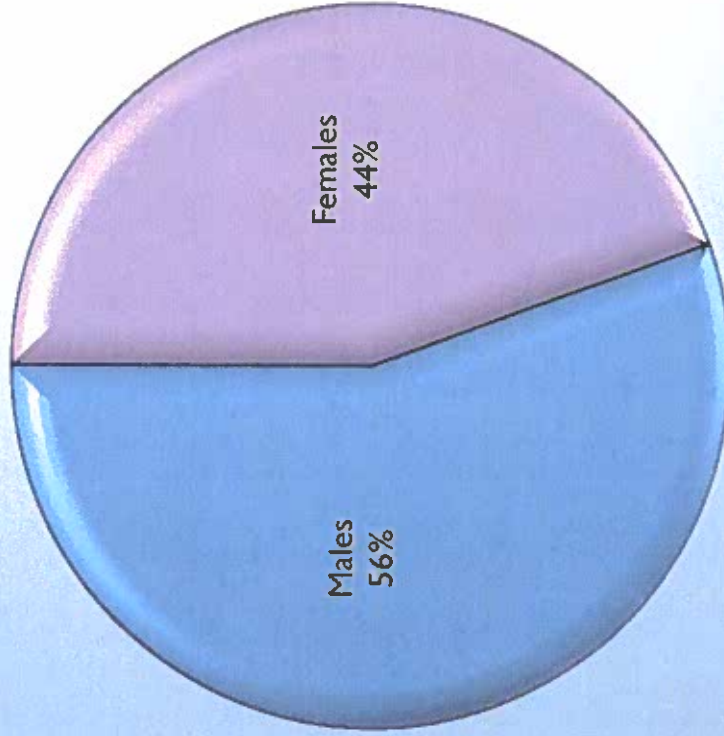


RACE/ETHNICITY DISTRIBUTION AT THE
SR. DIRECTOR LEVEL:

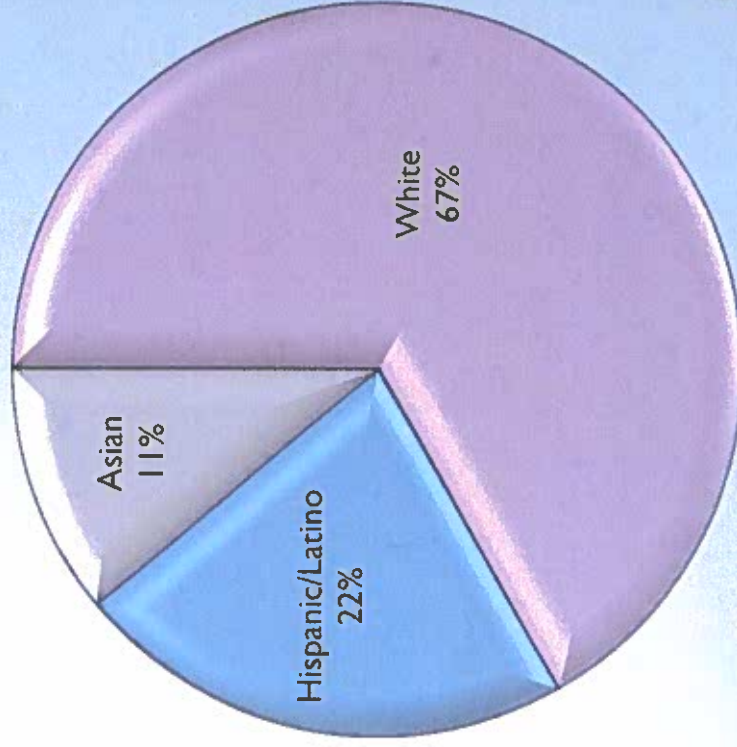


EXECUTIVE DEMOGRAPHIC DATA – NINE EMPLOYEES

GENDER DISTRIBUTION AT THE EXECUTIVE LEVEL:



RACE/ETHNICITY DISTRIBUTION AT THE EXECUTIVE LEVEL:



ATTACHMENT 2:

Board of Manager's Workforce Presentation Matrix

Presentation Item:	What data will be provided:	Frequency:	Presentation Month:
Compensation	In 2020, the Board will receive a comprehensive review of paygrades and ranges. After 2020, the Board will receive updates on market adjustments only or other significant changes to the compensation program.	Annually	October (Enterprise Overview)
EEOC Category Breakdown & Demographic Background of Staff by Gender and Race	Board will receive a breakdown of staff levels by the following categories: Executive Management, Senior Director, Director, Middle Management, Supervisors and Administrative Staff	Annually	The EEOC Category Breakdown for CH proper will be provided in April of 2020 based on a recent BOM request, and then every June for CH proper and in October Enterprise Wide.
Employee Benefit Overview	Board will receive an update on the employee benefit package.	Annually	June - Enterprise Wide
Organizational Chart	Board will receive an update on Central Health's organizational chart and the number of exempt & nonexempt staff.	Annually	April 2020 (based on recent BOM request) & then only in October (Central Health Proper)
Training & Development Initiatives	Board will receive an update on the implementation and success stories of the training & development initiatives.	Biannually	January & November (Enterprise Overview)
Turnover of staff - Central Health Proper	Board will receive an overview of staff turnover by gender and race.	Quarterly	January, April, July & November (Central Health Proper)



CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

By caring for those who need it most, Central Health improves the health of our community.

Our Values

Central Health will achieve excellence through:

Stewardship - We maintain public trust through fiscal discipline and open and transparent communication.

Innovation - We create solutions to improve healthcare access.

Respect - We honor our relationship with those we serve and those with whom we work.

Collaboration - We partner with others to improve the health of our community.

BOARD MEETING

April 29, 2020

REGULAR AGENDA ITEM 6

Confirm the next regular Board meeting date, time, and location.