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.
Right by All - By being open, anti-racist, equity-minded, and respectful in discourse, we honor those around us and do right by all people.
Collaboration - We partner with others to improve the health of our community.

BUDGET AND FINANCE COMMITTEE MEETING
Wednesday, May 24, 2023, 3:00 p.m.
Or immediately following the Executive Committee Meeting

Videoconference meeting[1]

A quorum of the Committee and the presiding officer will be present at:

Central Health Administrative Offices
1111 E. Cesar Chavez St.
Austin, Texas 78702
Board Room

Members of the public may attend the meeting at the address above, or observe and participate in the meeting by using the Zoom meeting link below (copy and paste into your web browser):
https://us06web.zoom.us/j/84692323749?pwd=bDY5T0YxaG84MGs1dXZhYVBodUxTZz09
Meeting ID: 846 9232 3749
Passcode: 641973

Or to participate by telephone only:
Dial: (346) 248 7799
Meeting ID: 846 9232 3749
Passcode: 641973

The Committee may meet via videoconference with a quorum present in person and will allow public participation via videoconference and telephone as allowed under the Open Meetings Act. Although a quorum of the Committee will be physically present at the location posted in this meeting notice, we strongly encourage all members of the public to observe the meeting virtually and participate in public comment, if desired, through the virtual meeting link or telephone number listed on this meeting notice.

Members of the public who attend in person should conduct a self-assessment before coming to the building to ensure they do not have a high temperature or any symptoms of COVID-19. Anyone who is symptomatic and/or has a fever should contact their healthcare provider for further instructions. Symptomatic members of the public can still participate, if desired, through the virtual meeting link or telephone number listed on this meeting notice. Resources related to COVID-19 can be found at the following link:

https://www.centralhealth.net/covid-info/.

A member of the public who wishes to make comments virtually during the Public Communication portion of the meeting must properly register with Central Health **no later than 1:30 p.m. on May 24, 2023**. Registration can be completed in one of three ways:

- Complete the virtual sign-in form at https://www.centralhealth.net/meeting-sign-up/;
- Call 512-978-9190 and leave a voice message with your full name, your request to comment via telephone, videoconference, or in-person at the meeting; or
- Sign-in at the front desk on the day of the meeting, prior to the start of the meeting.

Individuals who register to speak on the website or by telephone will receive a confirmation email and/or phone call by staff with instructions on how to join the meeting and participate in public communication.

PUBLIC COMMUNICATION

Public Communication rules for Central Health Committee meetings include setting a fixed amount of time for a person to speak and limiting Committee responses to public inquiries, if any, to statements of specific factual information or existing policy.

COMMITTEE AGENDA[2]

1. Approve the minutes of the April 26 and May 18, 2023 Budget and Finance Committee meetings. (*Action Item*)

2. Receive and take appropriate action to approve an interlocal agreement to join the TX Share cooperative purchasing agreement. (*Action Item*)

3. Receive updates on the preliminary March 2023 financial statements, including capital projects, for Central Health and the Community Care Collaborative. (*Informational Item*)

4. Receive and discuss the quarterly financial and operational reports for CommUnityCare Health Centers and Sendero Health Plans. (*Informational Item*)

5. Discuss and take appropriate action regarding Sendero Health Plans, Inc. financials and proposed business strategies. [3] (*Action Item*)

6. Confirm the next Budget and Finance Committee meeting date, time, and location. (*Informational Item*)

[1] This meeting may include one or more members of the Budget and Finance Committee participating by videoconference. It is the intent of the presiding officer to be physically present and preside over the

meeting at Central Health Headquarters, 1111 Cesar Chavez, Austin, Texas 78702. This meeting location will be open to the public during the open portions of the meeting, and any member participating by videoconference shall be visible and audible to the public members in attendance whenever the member is speaking. **Members of the public are strongly encouraged to participate remotely through the toll-free videoconference link or telephone number provided.**

[2] The Budget and Finance Committee 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 Committee announces that the item will be considered during a closed session. A quorum of Central Health's Board of Managers may convene or participate via videoconference to discuss matters on the Committee agenda, and any Committee actions will be in conformance with the Central Health Bylaws.

[3] Possible closed session discussion under Texas Government Code §551.085 (Governing Board of Certain Providers of Health Care Services) and/or Texas Government Code §551.071 (Consultation with Attorney).

Any individual with a disability who plans to attend or view this meeting and requires auxiliary aids or services should notify Central Health as far in advance of the meeting day as possible, but no less than 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.

Cualquier persona con una discapacidad que planee asistir o ver esta reunión y requiera ayudas o servicios auxiliares debe notificar a Central Health con la mayor anticipación posible de la reunión, pero no menos de dos días de anticipación, para que se puedan hacer los arreglos apropiados. Se debe notificar al Gerente de Gobierno de la Junta por teléfono al (512) 978-8049.

Central Health Board of Managers Shared Commitments
Agreed adopted on June 30, 2021

Whereas, the Board of Managers of Central Health has come together as a governing body to ensure the Vision of Central Health: Central Texas is a model health Community;

Whereas, the Board of Managers of Central Health bring this vision into reality by enacting the mission of caring for those who need it most and thereby improving the health of our community;

Whereas, the Board of Managers of Central Health achieves excellence toward this vision and mission through the stated values of Stewardship, Innovation, Respect, and Collaboration;

Whereas, the Board of Managers of Central Health further known as *we* in this document understand that systemic racism is the root of health inequities that emerge from a history of racism in Texas including Travis County that contributes to the social determinants of health that play a primary role in producing inequitable health outcomes;

Whereas, as an organization, Central Health is anti-racist and committed to a diverse and inclusive culture that seeks equity and social justice in the pursuit of its mission:

1. We Commit to informing all of our actions as Board Managers with the understanding that we are accountable to recognizing and to interrupting systems of oppression. This includes understanding the power structure in the United States, and Texas, and Travis County, that advantages certain community members and has historically disadvantaged other community members based on the color of their skin, race, ethnicity, language, and/or other characteristics. We further understand that to disrupt this power structure and the health inequities it produces, we must collaborate to collectively respond to the lived realities of all ethnicities, races, and identities disadvantaged within this system and all historically oppressed identities and communities disadvantaged within this system. We Commit to understanding that when disadvantaged communities compete against each other, we all lose in this system, and the only way forward is to work together for the benefit of all oppressed communities collectively.
2. We Commit to a model of Generative Leadership which requires us to understand and practice collaboration and accountability demonstrated by following our agreed upon meeting procedures and ensuring all members have the opportunity for comparable speaking time. We further Commit to intentionality prior to speaking including: considering: what is the goal of what I

want to share; is this the right time to share it; and is this in keeping with our collective goal for this particular moment within this particular meeting?

3. We Commit to Generative Conflict which includes engaging in disagreements and differences in perspective in a way that deepens relationships and trust by expanding knowledge and understanding of each other, including expecting our ideas to be expanded and enriched by learning and engaging with other Board Manager ideas, choosing curiosity over competition of ideas, and anchoring our conversations in our common purpose.
4. We Commit to practicing emotional intelligence as leaders which includes being aware of our own emotions and reactions and managing them, as well as being aware of our impact on others and managing this impact for the collective good when we are in our role as Board Managers.
5. We Commit to being aware of our own privileges and advantages in the sociopolitical and economic structure of the United States, Texas, and Travis County to use these for the benefit of interrupting inequities across historically disadvantaged identities.
6. We Commit to preventing the commission of microaggressions through the awareness of the history and oppression of diverse identities and communities. To this end, we Commit to strive to learn the historical context informing the lived realities of all historically oppressed identities and communities, and to use this to prevent use of language and commission of actions that can be harmful given these histories.
7. If we inadvertently commit a microaggression, we strive to immediately become aware on our own of the harm we have caused. If another Board Manager generously helps us become aware of a microaggression we have committed we welcome the support in our learning and growing process as a leader and immediately express appreciation for having made us aware, own the mistake we have made, acknowledge the impact of the harm we have caused, and engage repair through apology and the articulation of what we will do to avoid the repetition of such harm in the future.
8. If we observe one of our fellow Board Managers commit a microaggression, we Commit to calling them in by letting them know in a respectful and kind manner of the mistake that has been made.
9. We understand that many of us, as survivors of historically oppressed identities and communities, carry internalized narratives of oppression, and we can inadvertently express these oppressions against others in ways that cause harm and we Commit to the same process identified in 7 and 8 to engage repair and return to generative collaborative processes.
10. We understand that even without the history of oppression potentiating the weight of harm, expressions of prejudice and rudeness can also cause harm to our shared aims, and we Commit to the same process identified in 7 and 8 to engage repair and return to generative collaborative processes.

11. We Commit to using our Racial and Social Justice Framework (next page) for decision-making as we work together for the collective good of our communities as we eradicate health inequities and create a model healthy community.
12. We understand that we are entrusted with a vital responsibility for our communities and are accountable stewards for the time and resources available to our Board of Managers. We understand that these commitments are entered into to ensure responsible stewardship of this time and resources through generative collaborative processes to reach our vision and mission and we agree that if we do not follow any one of these commitments we welcome our Board Manager colleagues to bring this to our attention through the agreed upon process reflected here and when this occurs, we commit to immediately acknowledging the mistake and engaging in a repair and correction process as indicated in these commitments so that our work to dismantle systemic racism and resulting barriers and achieve health equity can move forward.

Be it adopted that the above agreements will be honored and acted upon by each Board Manager as of 6/30/2021 and henceforth forward as indicated by signature below.

____ _________________________

Board Manager Signature Date

____

Board Manager Printed Name

Calling In and Repairing Harm

Calling In after Harm in Groups with Shared Values and Aims Stance

Hey, this thing you said/did hurt some folks or could hurt some folks.
A) Here's why that can be hurtful or,
B) Please do some research to learn the history of why that's hurtful.

Implied message: I know you are good and are on this journey with us and we are all going to make mistakes as we unlearn things.

Calling In after Harm in Groups with Shared Values and Aims Sample Language

- I know it wasn't your intention, but what you just said minimizes the horror of ________ e.g. the history of racism, enslavement, the holocaust, etc.
- I know it wasn't your intention but what you just said has the impact of implying that _________ are not competent or as intelligent as others.
- What you just said suggests that ______________people don't belong.
- That phrase has been identified as being disrespectful and painful to ____________people and it's important that we not use it.
- Oh, I have also used that term, but I have now learned that when we use it we are leaving out people who_____________ or we are implying that________________and the word people are learning to use now is _____________________.
- The term used now by people living with that identity is ______________________.

Repairing Harm after Microaggressions, Mistakes, and expressions of Prejudice

- Own / Name it
- Recognize the Impact
- Apologize (Do not share context or explanations)
- Make any amends that are possible
- State what you are going to do to learn and do better in the future.

Sample Language: Thank you so much for letting me know. You are right, I used this term or said that phrase and realize that it has the impact of minimizing the experience of __________ or implying that___________. I am deeply sorry and will practice learning the correct language and will research and learn more about this to ensure that I do not make this mistake and cause this harm in the future.

RACIAL and SOCIAL JUSTICE FRAMEWORK

Values and Anti-Racism/Anti-Oppression

- Is this consistent with our values?
- Are we taking steps so we cannot predict outcomes by race and other systemically disadvantaged characteristics?

Intentional and Accountable Storytelling

- What data are we using and has it been disaggregated by race? What is the source of the data? Who is it making visible and invisible? Whose experience is being centralized and whose is being marginalized in the data? Does the way we are using the data reflect the complexity of the issues and reflect the issues accurately?
- What are the stories and narratives we are telling? What is the purpose? Who is interpreting the meaning? Who's it meant for? Who's impacted and how?
- Are we refusing to be ahistorical? Are we fully considering history and the impacts of the historical context?

Power Analysis

- What are the power dynamics in this situation? What are the intersecting spheres of oppression at work in this situation?
- What are the cultural norms of white supremacy at work in this situation?
- Who would benefit and who would be harmed by this action/decision?
- Does this interrupt/disrupt or collude with/reinforce oppressive systems/power structures?
- If this is attempting a solution, where are we locating the problem?
- Does the solution/strategy we are proposing change the system or the individual?
- Who are we asking to change and why?

Relationships

- Who is in the room and who isn't and why? Who is sharing and who is not and why?
- Whose perspective is represented/who is left out? And who is doing the representing? Who do we believe, who do we find credible? Why? Why not?
- Whose experience is being centralized and whose experience is being marginalized? Who is gazing and who is being gazed upon?
- Are we boldly leading toward our racial justice aim by building a broad coalition of support?
- Are we operating from a similar/shared understanding of anti-racism work? Do we have a shared anti-racist understanding of where the problem is located and a shared anti-racist theory of change to generate a solution? Have we agreed upon a shared goal?

BUDGET & FINANCE COMMITTEE MEETING

May 24, 2023

AGENDA ITEM 1

Approve the minutes of the April 26 and May 18, 2023 Budget and Finance Committee meetings.
(*Action Item*)

MINUTES OF MEETING – APRIL 26, 2023
CENTRAL HEALTH
BUDGET AND FINANCE COMMITTEE

On Wednesday, April 26, 2023, a meeting of the Central Health Budget and Finance Committee convened in open session at 4:01 p.m. in person at the Central Health Administrative Offices and remotely by toll-free videoconference. Clerk for the meeting was Briana Yanes.

Committee members present in person: Chair Museitif, Manager Kitchen, Manager Martin (arrived at 4:05 p.m.), and Manager Motwani

Board members present via audio and video or in person: Manager Valadez, Manager Bell, Manager Jones, Manager Brinson (arrived at 4:09 p.m.), and Manager Zamora (arrived at 4:33 p.m.)

PUBLIC COMMUNICATION

Clerk's Notes: Public Communication began at 4:01 p.m. Yesenia Ramos announced that no speakers for Public Communication.

COMMITTEE AGENDA

1. Approve the minutes of the March 29, 2023 Budget and Finance Committee meeting.

Clerk's Notes: Discussion on this item began at 4:03 p.m.

Manager Bell moved that the Committee approve the minutes of the March 29, 2023 meeting of the Budget and Finance Committee.

Manager Valadez seconded the motion.

Chairperson Museitif	For
Manager Kitchen	For
Manager Martin	Absent
Manager Motwani	For
Manager Bell	For
Manager Jones	For
Manager Valadez	For

2. Receive updates on the preliminary February 2023 financial statements, including capital projects, for Central Health and the Community Care Collaborative.

Clerk's Notes: Discussion on this item began at 4:04 p.m. Ms. Lisa Owens, Deputy Chief Financial Officer, and Ms. Patti Bethke, Controller, presented on the Fiscal Year 2023 Year-to-Date Central Health and Community Care Collaborative financials. The Central Health February 2023 financial statement presentation included a balance sheet, as well as a sources and uses report. The presentation also included healthcare delivery services, operating costs, and primary and specialty care costs. Next, they presented the FY23 major capital projects. Lastly, they presented the February 2023 financial statements for the Community Care Collaborative, which included a balance sheet, a sources and uses report, and a healthcare delivery costs summary.

3. **Receive and discuss a report of Historically Underutilized Business (HUB) spending performance for Fiscal Year (FY) 2022.**

Clerk's Notes: Discussion on this item began at 4:14 p.m. Ms. Lisa Owens, Deputy Chief Financial Officer; Ms. Balena Bunch, Procurement Manager; and Ms. Margaret Castillo, Senior HUB Analyst, presented a FY22 historically underutilized business report. The presentation included a look a Central Health's procurement policy and eligible expenditures. Central Health spent approximately 26.9% of its eligible expenditures with HUB vendors in FY22, using long established good faith effort outreach and communication. In FY2022 there was an increase in either percentage or dollars spent in all HUB categories in the eligible expenditures. Next, a summary for FY22 formal and informal solicitations was discussed. The presentation then looked at FY22 HUB operating and capital improvement project expenditures, a historical comparison, and a comparison to other entities. Lastly, the presentation discussed the HUB program looking forward. Central Health is in the process of developing the HUB subcontracting program for construction projects that began in FY23.

4. **Discuss and take appropriate action on an amendment to the contract with Maxwell Locke & Ritter for annual audit services.**

Clerk's Notes: Discussion on this item began at 4:37 p.m. Mr. Jeff Knodel, Chief Financial Officer, briefly presented on this item. He asked that Committee recommend that the Board approve to amend the contract with Maxwell, Locke & Ritter for implementation of additional financial reporting requirements, including GASB 87, GASB 96, and Single Audit services as a result of FEMA reimbursements for eligible COVID-19 expenditures

At 4:43 p.m. Manager Valadez moved that the Committee recommend that the Board amend the Maxwell Locke & Ritter agreement to add additional tasks as reflected in the draft amendment provided to the Committee.

Manager Brinson seconded the motion.

Chairperson Museitif	For
Manager Kitchen	For
Manager Martin	For
Manager Motwani	For
Manager Zamora	For
Manager Bell	For
Manager Jones	For
Manager Brinson	For
Manager Valadez	For

5. **Receive and discuss:**
   a. **an update regarding Sendero Health Plans, Inc., financials and proposed business strategies; and**
   b. **content overview of the Quarterly financial and operational reports for CommUnityCare Health Centers and Sendero Health Plans.**

Clerk's Notes: Discussion on this item began at 4:47 p.m.

At 4:50 p.m. Chairperson Museitif announced that the Committee was convening in closed session to discuss agenda item 5 under Texas Government Code §551.085 Governing Board of Certain Providers of Health Care Services and/or Texas Government Code §551.071 Consultation with Attorney.

At 5:54 p.m. the Board returned to open session.

6. Confirm the next Budget and Finance Committee meeting date, time, and location.

Manager Bell moved that the Committee adjourn.

Manager Valadez seconded the motion.

Chairperson Museitif	For
Manager Kitchen	For
Manager Martin	For
Manager Motwani	For
Manager Zamora	For
Manager Bell	For
Manager Jones	For
Manager Brinson	For
Manager Valadez	For

The meeting was adjourned at 5:55 p.m.

ATTESTED TO BY:

____
Maram Museitif, Chairperson
Central Health Budget and Finance Committee

____
Cynthia Valadez, Secretary
Central Health Board of Managers

MINUTES OF MEETING – MAY 18, 2023
CENTRAL HEALTH
BUDGET AND FINANCE COMMITTEE

On Thursday, May 18, 2023, a meeting of the Central Health Budget and Finance Committee convened in open session at 1:06 p.m. in person at the Central Health Administrative Offices and remotely by toll-free videoconference. Clerk for the meeting was Briana Yanes.

Committee members present in person: Chair Museitif, Manager Kitchen, and Manager Motwani (left 3:16)

Board members present via audio and video or in person: Manager Valadez, Manager Bell (arrived 1:22), Manager Brinson (arrived 1:10), and Manager Jones (left 3:36)

Absent: Manager Martin

PUBLIC COMMUNICATION

Clerk's Notes: Public Communication began at 1:07 p.m. Ivan Davila announced that no speakers signed up for Public Communication.

COMMITTEE AGENDA

1. Receive and discuss an update regarding Sendero Health Plans, Inc. financials and proposed business strategies.

Clerk's Notes: Discussion on this item began at 1:12 p.m.

At 1:12 p.m. Chairperson Museitif announced that the Committee was convening in closed session to discuss agenda item 1 under Texas Government Code §551.085 Governing Board of Certain Providers of Health Care Services and/or Texas Government Code §551.071 Consultation with Attorney.

At 2:52 p.m. the Committee returned to open session.

2. Discuss the Affiliation Agreement between Central Health, the University of Texas at Austin, and the Community Care Collaborative and other related agreements.

Clerk's Notes: Discussion on this item began at 1:12 p.m. and was brought back up after closed session at 2:53 p.m. Mr. Mike Geeslin, President & CEO; Mr. Jonathan Morgan, Chief Operation Officer; and Ms. Monica Crowley, Chief Strategy/Planning Officer & Senior Counsel, presented an overview of the Affiliation Agreement, which included a general summary of the funding and uses.

At 1:12 and 3:16 p.m. Chairperson Museitif announced that the Committee was convening in closed session to discuss agenda item 2 under Texas Government Code §551.071 Consultation with Attorney.

At 2:52 p.m. and 3:40 p.m., respectively, the Committee returned to open session.

3. Receive and discuss a briefing regarding *Birch, et al. v. Travis County Healthcare District d/b/a Central Health and Mike Geeslin*, Cause No. D-1-GN-17-005824 in the 345th District Court of Travis County.

Clerk's Notes: Discussion on this item began at 1:12 p.m. p.m.

At 1:12 and 3:16 p.m. Chairperson Museitif announced that the Committee was convening in closed session to discuss agenda item 3 under Texas Government Code §551.071 Consultation with Attorney.

At 2:52 p.m. and 3:40 p.m. , respectively, the Committee returned to open session.

4. Confirm the next Budget and Finance Committee meeting date, time, and location.

Manager Valadez moved that the Committee adjourn.

Manager Brinson seconded the motion.

Chairperson Museitif	For
Manager Kitchen	For
Manager Martin	Absent
Manager Motwani	Absent
Manager Brinson	For
Manager Bell	For
Manager Valadez	For

The meeting was adjourned at 3:42 p.m.

ATTESTED TO BY:

____
Maram Museitif, Chairperson
Central Health Budget and Finance Committee

____
Cynthia Valadez, Secretary
Central Health Board of Managers

CENTRAL
HEALTH

BUDGET & FINANCE COMMITTEE MEETING

May 24, 2023

AGENDA ITEM 2

Receive and take appropriate action to approve an interlocal agreement to join the TX Share cooperative purchasing agreement. (*Action Item*)

CENTRAL HEALTH

AGENDA ITEM SUBMISSION FORM

This form is to provide a general overview of the agenda item in advance of posting for the Board meeting. Proposed motion language is a recommendation only and not final until the meeting and may be changed by the Board Manager making the motion. All information in this form is subject to the Public Information Act.

Agenda Item Meeting Date	May 24, 2023
Who will present the agenda item? (Name, Title)	Lisa Owens, Deputy CFO, Central Health
General Item Description	Review and approve an interlocal agreement with the North Central Texas Council of Governments to join its cooperative purchasing program TXShare.
Is this an informational or action item?	Action Item
Fiscal Impact	N/A
Recommended Motion (if needed – action item)	Move that the Budget and Finance Committee recommend the Board of Managers authorize the President and CEO to execute an interlocal agreement with the North Central Texas Council of Governments for cooperative purchasing.

Key takeaways about agenda item, and/or feedback sought from the Board of Managers:

1) Central Health policy supports cooperative purchasing organization memberships in order to promote best value purchases for the organization.
2) Cooperative purchasing organizations allow Central Health to access existing contracts that have already been solicited and negotiated.
3) Central Health staff requests the Board of Managers authorize the President and CEO to execute the interlocal agreement attached.

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.)	TXShare Master Interlocal Purchasing Agreement
Estimated time needed for presentation & questions?	Available for Questions if needed.
Is closed session recommended? (Consult with attorneys.)	No
Form Prepared By/Date Submitted:	Lisa Owens, Deputy CFO 5/18/2023

FOR NCTCOG Use Only

ILA No: ____________

MASTER INTERLOCAL PURCHASING AGREEMENT

THIS MASTER INTERLOCAL AGREEMENT ("ILA"). made and entered into pursuant to the Texas Interlocal Cooperation Act, Chapter 791, Texas Government Code (the "Act"), by and between the North Central Texas Council of Governments, hereinafter referred to as "NCTCOG," having its principal place of business at 616 Six Flags Drive, Arlington, TX 76011, and ____, a local government, a state agency, or a non-profit corporation created and operated to provide one or more governmental functions and services, hereinafter referred to as "Participant," having its principal place of business at ____.

WHEREAS, NCTCOG is a regional planning commission and political subdivision of the State of Texas operating under Chapter 391, Texas Local Government Code; and

WHEREAS, pursuant to the Act, NCTCOG is authorized to contract with eligible entities to perform governmental functions and services, including the purchase of goods and services; and

WHEREAS, in reliance on such authority, NCTCOG has instituted a cooperative purchasing program under which it contracts with eligible entities under the Act; and

WHEREAS, Participant has represented that it is an eligible entity under the Act, that is authorized to enter into this Agreement on _____________________________ (Date), and that it desires to contract with NCTCOG on the terms set forth below;

NOW, THEREFORE, NCTCOG and the Participant do hereby agree as follows:

ARTICLE 1: LEGAL AUTHORITY

The Participant represents and warrants to NCTCOG that (1) it is eligible to contract with NCTCOG under the Act for the purposes recited herein because it is one of the following: a local government, as defined in the Act (a county, a municipality, a special district, or other political subdivision of the State of Texas or any other state), or a combination of two or more of those entities, a state agency (an agency that the State of Texas as defined in Section 771.002 of the Texas Government Code, or a similar agency of another state), or a non-profit corporation created and operated to provide one or more governmental functions and services, and (2) it possesses adequate legal authority to enter into this Agreement.

ARTICLE 2: SCOPE OF SERVICES

The Participant appoints NCTCOG its true and lawful purchasing agent for the purpose of certain products and services ("Products" or "Services") through the **TXShare** Program. Participants will access the Program through **www.TXShare.org**. All purchases under this Agreement shall comply with applicable Texas competitive bidding statutes as well as the specifications, contract terms and pricing applicable to such purchases. NCTCOG may also serve as a coordinating agent to administer the use of eligible Participant contracts to other participants of TXShare. The eligibility of such contracts will be determined by incorporation of coordinating agent authorization in Participant's solicitation documents. Title to all products purchased under the TXShare Program shall be held by Participant unless otherwise agreed. Nothing in this Agreement shall preclude the Participant for purchasing Products and/or Services offered in the TXShare Program directly from the vendor/supplier.

FOR NCTCOG Use Only
ILA No: ____________

ARTICLE 3: PAYMENTS
Upon delivery of goods or services purchased and presentation of property documented invoice, the Participant shall promptly, and in any case within thirty (30) days, pay the contracted provider the full amount of the invoice. All payments for goods or services will be made from current revenues available to the paying party. In no event shall NCTCOG have any financial liability in the Participant for any goods or services Participant purchase through the TXShare Program.

ARTICLE 4: PERFORMANCE PERIOD
This Agreement shall be effective when signed by the last party whose signing mages the Agreement fully executed and will remain in full force and effect for one (1) year. This Agreement shall automatically renew for successive one-year terms unless sooner terminated in accordance with Article 6 below. Any modifications of this Agreement must comply with the requirements of Article 5 below.

ARTICLE 5: CHANGES AND AMENDMENTS
This Agreement may be amended only by a written amendment executed by both parties, except that any alterations, additions, or deletions to the terms of this Agreement which are required by changes in Federal and State law or regulations are automatically incorporated into this Agreement without written amendment hereto and shall become effective on the date designated by such law or regulation. NCTCOG reserves the right from time to time to make changes in the scope of products and services offered through the TShare Program.

ARTICLE 6: TERMINATION PROCEDURES
NCTCOG or the Participant may cancel this Agreement for any reason and at any time upon thirty (30) days written notice by certified mail to the other party to this Agreement. The obligation of the Participant to pay for any Service and/or Products purchased under this Agreement, shall survive cancellation, as well as any other Participant costs incurred prior to the effective date of cancellation.

ARTICLE 7: APPLICABLE LAWS
NCTCOG and the Participant agree to conduct all activities under this Agreement in accordance with al applicable rules, regulations, and ordinances and laws in effect or promulgated during the term of this Agreement.

ARTICLE 8: DISPUTE RESOLUTION
The parties to this Agreement agree to the extent possible and not in contravention of any applicable state or federal law or procedure established for dispute resolution, to attempt to resolve any dispute between them regarding this Agreement informally through voluntary mediation, arbitration, or any other local dispute mediation process before resorting to litigation.

ARTICLE 9: MISCELLANEOUS

a. This Agreement has been made under and shall be governed by the laws of the State of Texas. Venue and jurisdiction of any suit or cause of action arising under, or in connection with, this Agreement shall lie exclusively in Tarrant County, Texas.

b. The persons executing this Agreement hereby represent that they have authorization to sign on behalf of their respective entities.

c. This Agreement and the rights and obligations contained herein may not be assigned by either party without the prior written approval of the other party to this Agreement.

FOR NCTCOG Use Only

ILA No: ____________

d. All parties agree that should any provision of this Agreement be determined to be invalid or unenforceable, such determination shall not affect any other term of this Agreement, which shall continue in full force and effect.

e. To the extent that either party to this Agreement shall be wholly or partially prevented from the performance within the term specified of any obligation or duty placed on such party by reason of or through strikes, stoppage of labor, riot, fire, flood, acts of war, insurrection, accident, order of any court, act of God, or specific cause reasonably beyond the party's control and not attributable to its neglect or nonfeasance. In such event, the time for performance of such obligation or duty shall be suspended until such disability to perform is removed; provided, however, force majeure shall not excuse an obligation to solely pay funds.

f. This Agreement and any attachments/addendums, as provided herein, constitute the complete agreement between the parties hereto, and supersede any and all oral and written agreements between the parties relating to matters herein.

THIS INSTRUMENT HAS BEEN EXECUTED IN TWO ORIGINALS BY THE PARTIES HERETO AS FOLLOWS:

North Central Texas Council of Governments
TXShare
616 Six Flags Drive, Arlington, TX 76011

____
NCTCOG Executive Director or Designee

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Signature of Executive Director or Designee

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Date

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Name of Participating Agency

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Mailing Address

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City State Zip

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Name and Title of Authorized Official or Designee

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Signature

____
Date

BUDGET & FINANCE COMMITTEE MEETING

May 24, 2023

AGENDA ITEM 3

Receive updates on the preliminary March 2023 financial statements, including capital projects, for Central Health and the Community Care Collaborative. (*Informational Item*)

Central Health

Financial Statement Presentation

FY 2023 – as of March 31, 2023 (Preliminary)

Central Health Board of Managers

May 24, 2023

Lisa Owens, Deputy CFO

Patti Bethke, Controller

DRAFT

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Slide 10 HCD - Primary Care

Slide 11 HCD - Specialty Care

Note: HCD = Health Care Delivery

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- Year-to-date through March collected net property tax revenue is $278 million compared to $259 million as of March 2022 representing 96.9% of the adjusted tax levy compared to 97.8% as of March 2022.

- Healthcare Delivery is $90 million for the year as of 3/31/2023.

- GAAP reporting Net Assets increased $135 million year-over-year.

- TCHD LPPF total restricted balance of LPPF as of 3/31/2023 is $1 million.

- Governmental Accounting Standards Board statement 87, Leases (GASB87) the new lease accounting standard requires entities to report future long term lease obligations, previously reported as operating activity, on the balance sheet to convey control of the right to use the non-financial asset. This will significantly increase long term governmental balance sheets as a result of this requirement. The new rules require lessees to recognize a lease liability and an intangible asset while lessors are required to recognize lease receivables and a deferred inflow of resources on their financial statements.

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.

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Assets	Preliminary as of 3/31/2023	as of 3/31/2022
Current Assets		
Cash and cash equivalents	4,091,099	1,193,117
Short-term investments	568,314,331	466,064,014
Ad valorem taxes receivable	7,700,385	6,092,472
Other receivables	5,536,102	5,048,472
Prepaid expenses	1,189,561	849,148
Total Current Assets	586,831,477	479,247,225
Restricted Cash and Investments or Noncurrent		
Restricted for capital acquisition	110,558,891	93,507,052
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	1,217,970	1,231,161
Total Restricted Cash and Investments or Noncurrent	223,859,862	206,821,213
Lease Receivables		
Lease Receivables Short-Term*	10,417,308	-
Lease Receivables Long-Term *	240,726,693	-
Total Lease Receivables	251,144,001	0
Capital Assets		
Land	26,913,280	26,372,222
Buildings and improvements	62,009,062	56,594,949
Equipment and furniture	17,961,372	17,770,066
Capital Projects in progress	14,876,269	12,275,453
Leased Assets*	42,921,307	0
Less accumulated depreciation	(33,684,954)	(27,454,036)
Total Capital Assets	130,996,336	85,558,653
Total Assets	1,192,831,675	771,627,091

*** New GASB87 reporting requirement for leases.**

Liabilities	Preliminary as of 3/31/2023	as of 3/31/2022
Current Liabilities		
Accounts payable	11,303,144	7,803,350
Salaries and benefits payable	4,058,394	1,735,703
Other Payables	242,318	1,053,908
Debt service payable, short-term	4,615,353	4,522,989
Deferred tax revenue	6,040,116	4,905,694
Other deferred revenue	-	-
Total Current Liabilities	26,259,325	20,021,644
Restricted or Noncurrent Liabilities		
Funds held for TCHD LPPF	1,217,969	1,231,161
Debt service payable, long-term	71,310,464	75,864,892
Total Restricted of Noncurrent Liabilities	72,528,433	77,096,053
Noncurrent Liabilities Leases*		
Lease Payable Long Term *	42,841,107	0
Deferred Revenue Long Term*	241,901,982	0
Total Noncurrent Liabilities Leases*	284,743,089	-
Total Liabilities	383,530,846	97,117,698
Net Assets		
Unrestricted	654,156,059	558,291,196
Restricted	53,921,230	56,055,994
Investment in Capital Assets	101,223,540	60,162,204
Total Net Assets	809,300,829	674,509,393
Liabilities and Net Assets	1,192,831,675	771,627,091

*** New GASB87 reporting requirement for leases.**

Sources / Uses	MAR 2023	FY23 YTD	FY23 Budget	Percent of Budget Used	FY22 YTD
Sources					
Property Tax Revenue	1,627,954	278,063,192	281,605,053	99%	259,319,620
Lease Revenue	1,562,220	9,686,267	13,145,328	74%	6,924,682
Other Revenue	1,914,586	7,791,543	1,500,000	519%	735,669
Tobacco Settlement Revenue	-	-	4,500,000	0%	-
Total Sources	**5,104,760**	**295,541,002**	**300,750,381**	**98%**	**266,979,971**
Uses of Funds					
Healthcare Delivery	**12,446,370**	**89,896,215**	**283,208,878**	**32%**	**52,122,558**
Administrative Program					
Salaries and benefits	731,435	3,450,086	9,131,752	38%	2,792,768
Consulting Fees	5,460	23,465	1,626,520	1%	278,968
Legal Fees	106,013	834,668	2,756,636	30%	254,477
Other Purchase Goods and Services	243,023	1,256,651	4,486,802	28%	762,714
FY 2023 Self Insured Emp Health	-	2,000,000	2,000,000	100%	0
Total Administrative Program	**1,085,931**	**7,564,870**	**20,001,710**	**38%**	**4,088,927**
Tax Collection Expenses	**111,308**	**1,560,533**	**2,147,650**	**73%**	**1,377,662**
Total Uses	**13,643,609**	**99,021,618**	**305,358,238**	**32%**	**57,589,147**
Excess Sources / (Uses)	**(8,538,849)**	**196,519,384**	**(4,607,857)**		**209,390,824**

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Healthcare Delivery Summary	MAR 2023	FY23 YTD	FY23 Budget	Percent of Budget Used	FY22 YTD
Purchased Healthcare Services					
Primary Care - (see detail on Slide 10)	4,129,246	27,071,222	66,236,822	41%	23,250,406
Specialty Care, incld Dental - (see detail on Slide 11)	1,013,244	5,961,527	27,163,000	22%	3,838,138
Specialty Behavioral Health and Substance Use	1,541,291	2,727,553	12,040,000	23%	358,200
Pharmacy	916,680	5,199,380	17,000,000	31%	5,401,016
Post Acute Care	510,476	1,824,317	5,650,000	32%	22,317
Community Healthcare Initiatives Fund	-	66,107	1,750,000	4%	-
Subtotal Purchased Healthcare Services	8,110,937	42,850,106	129,839,822	33%	32,870,077
Direct Healthcare Services	53,497	144,930	5,673,261	3%	32,134
Map Eligibility - Increase in period	-	-	2,000,000	0%	-
Subtotal Healthcare Services	**8,164,434**	**42,995,036**	**137,513,083**	**31%**	**32,902,211**
ACA Premium Assist, Education, Enrollment	**1,153,353**	**6,671,073**	**15,236,261**	**44%**	**6,477,740**
Healthcare Facilities and Campus Redevelopment	**248,126**	**1,331,026**	**4,721,027**	**28%**	**1,866,480**
Healthcare Delivery Operating Costs	**2,755,749**	**15,112,650**	**48,241,763**	**31%**	**10,010,566**
SubTotal	**12,321,662**	**66,109,785**	**205,712,134**	**32%**	**51,256,997**
Debt, Reserves and Transfers	**124,708**	**23,786,430**	**55,496,744**	**43%**	**865,561**
UT Affiliation Agreement	**-**	**-**	**22,000,000**	**0%**	**-**
Total Healthcare Delivery	**12,446,370**	**89,896,215**	**283,208,878**	**32%**	**52,122,558**

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Details for Health Care Delivery on the following slides.

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Healthcare Delivery Detail	MAR 2023	FY23 YTD	FY23 Budget	Percent of Budget Used	FY22 YTD
Healthcare Operations and Support					
ACA and Premium Assistance Programs					
ACA Healthcare Premium Assistance Programs	1,153,353	6,598,397	14,648,261	45%	5,962,989
ACA Education and Enrollment Services	-	72,676	588,000	12%	514,751
Subtotal ACA & Premium Assist Program	**1,153,353**	**6,671,073**	**15,236,261**	**44%**	**6,477,740**
Real Estate and Campus Redevelopment					
Salaries and benefits	43,419	300,658	892,250	34%	168,216
Consulting Services	6,379	19,486	200,000	10%	5,096
Legal Fees	-	30,796	175,000	18%	26,583
Other Goods & Svc incl. UT Ground Lease	198,328	980,086	3,453,777	28%	1,666,585
Subtotal Healthcare Facilities and Campus	**248,126**	**1,331,026**	**4,721,027**	28%	**1,866,480**
Healthcare Delivery Operating Costs					
Salaries and benefits	1,776,940	9,819,707	25,545,451	38%	6,961,181
Consulting Services	34,009	51,533	1,740,000	3%	277,815
Legal Fees	-	7,391	433,000	2%	16,564
Other Services and Purchased Goods	944,800	5,234,019	20,523,312	26%	2,755,006
Subtotal HCD Operating Cost	**2,755,749**	**15,112,650**	**48,241,763**	**31%**	**10,010,566**
Debt Service, Reserves and Transfers					
Debt Service	124,708	786,430	5,996,744	13%	865,561
Healthcare Capital Line of Credit	-	-	500,000		
FY2022 Capital reserve	-	23,000,000	49,000,000	47%	-
Subtotal Debt, Reserves and Transfers	**124,708**	**23,786,430**	**55,496,744**	**43%**	**865,561**
UT Affiliation Agreement	-	-	22,000,000		
Total Healthcare Delivery	**12,446,370**	**89,896,215**	**283,208,878**	**32%**	**52,122,558**

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Healthcare Delivery - Primary Care	MAR 2023	FY23 YTD	FY23 Budget	Percent of Budget Used	FY22 YTD
Primary Care					
CommUnity Care	3,492,059	22,505,137	49,835,000	45%	19,391,750
Lone Star Circle of Care	402,563	2,572,592	6,955,000	37%	2,774,094
People's Community Clinic	161,474	1,231,057	3,100,000	40%	1,002,165
Other Primary Care	73,150	762,436	6,346,822	12%	82,397
Subtotal Primary Care Services	**4,129,246**	**27,071,222**	**66,236,822**	**41%**	**23,250,406**

(continued on next page)

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Healthcare Delivery - Specialty Care	MAR 2023	FY23 YTD	FY23 Budget	Percent of Budget Used	FY22 YTD	YOY Percent Change	Comments*
Specialty Care							
Ancillary Services & DME	63,434	265,298	2,408,000	11%	88,604	199%	Includes additional services: Anesthesia, Lab, DME
Cardiology	20,083	169,356	1,215,000	14%	140,075	21%	
Dental Specialty	118,354	514,961	1,500,000	34%	485,650	6%	
Dermatology	72,536	363,694	1,125,000	32%	382,226	-5%	
Dialysis	5,950	485,457	2,600,000	19%	0	0%	New Service late FY22
Ear, Nose & Throat ENT	339	67,130	500,000	13%	80,613	-17%	Provider Vacancy
Endocrinology	60,925	286,217	925,000	31%	379,050	-24%	
Gastroenterology	4,643	554,783	2,100,000	26%	592,067	-6%	Service Expansion
General Surgery	42,489	144,091	200,000	72%	28,347	408%	
Gynecology	38,673	371,654	1,050,000	35%	0	0%	Transition from CCC
Musculoskeletal	239,473	1,002,092	1,700,000	59%	0	0%	Transition from CCC
Nephrology	6,825	30,929	350,000	9%	17,550	76%	
Neurology	40	17,915	300,000	6%	0	0%	New CUC Service
Oncology	69,476	224,219	1,800,000	12%	151,528	48%	
Ophthalmology	104,114	600,587	3,300,000	18%	521,706	15%	
Pain Management	0	0	350,000	0%	0	0%	New Service FY23
Project Access	0	0	330,000	0%	0	0%	Future transition from CCC
Podiatry	113,714	362,915	1,350,000	27%	389,332	-7%	
Pulmonology	8,342	167,592	475,000	35%	165,750	1%	
Referral Services	5,890	89,060	875,000	10%	150,000	-41%	
Reproductive and Sexual Health	11,294	139,469	2,110,000	7%	205,036	-32%	
Rheumatology	26,650	104,108	350,000	30%	60,604	72%	
Urology	0	0	250,000	0%	0	0%	
Total Specialty Care	**1,013,244**	**5,961,527**	**27,163,000**	**22%**	**3,838,138**	**55%**	

* Changes greater than $90,000 and + / - 33%

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Questions ? Comments ?

Major Capital Project Summary

Project Name	Approval Date	Debt Financed	Approved Budget*	Project Expenses Through 03/31/2023 (including prior years)*	Available Funding*
Hornbsy Bend Health and Wellness Center	FY21	Yes	$9.054	$5.880	$3.174
Del Valle Health and Wellness Center	FY21	Yes	$15.133	$4.487	$10.646
Rosewood Zaragosa Specialty Clinic	FY22	Planned	$9.012	$0.585	$8.427
Colony Park Health and Wellness Center	FY21	No	$16.144	$0.662	$15.482
Hancock Clinical Services and Headquarters Consolidation	FY22	Yes	$62.590	$19.987	$42.603
Cameron Center	FY23	Planned	$90.575	$0.150	$90.425
Total Estimated Project Cost (in Millions)			**$202.507**	**$31.751**	**$170.757**
Certificate of Obligation Funds (including planned issue in FY23)					$147.050
Cash Reserve Funds					$23.707
Available Funding					**$170.757**

In Millions

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March 2023 Preliminary Monthly Financial Statements (unaudited)

Balance Sheet (Assets) – Slide 4

Current Assets

Cash and Cash Equivalents – $4.1M compared to $1.2M March 2022

Short-term Investments – Short-term investments were $568M at month-end, net of restricted investments totaling $111M.

Ad Valorem Taxes Receivable – $7.7M balance is composed of:

Gross Tax Receivables	$ 13.5M
Taxable Assessed Valuation Adjustment	(3)M
Est. Allowance for Doubtful collections	(2.8)M
Total Taxes Receivable	$ 7.7M

Other Receivables – Other receivables total $5.5M and includes intercompany balances:

- Miscellaneous Receivables – $1.2M for CEC Alternate Utility Project
- CUC - $1.8M
- Accrued Interest - $1.3M
- Sendero - $1.1M
- AR Enterprise Health Claims (self-funding) - $140K
- Community Care Collaborative - $8K

Prepaid Expenses – $1.2M balance composed of:

- Software - $367K
- Travis Central Appraisal District – $307K
- JTT Equipment - $136K
- Tax Collection Fees - $8K
- Deposits - $179K
- Memberships/Subscriptions - $14K
- Insurance - $178K

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Total Current Assets – $587M

Restricted Cash & Investments or Noncurrent

Investments Restricted for Capital Acquisition – $111M in securities and reserves 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 - $1.2M

Lease Receivables GASB87* - $251M

- Lease Receivable Short-Term $10M
- Lease Receivable Long-Term $241M

Capital Assets – $131M, net of accumulated depreciation

Total Assets – $1.2B

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Current Liabilities – Slide 5

Accounts Payable – Major components of the $11.3M balance are:

- $9.3M estimated IBNR for healthcare services.
- $1M invoices payable.
- $1M lease interest

Salaries and Benefits Payable – $4.1M balance is comprised of the accrued liability for salary costs unpaid at month-end, the value of accrued personal time off.

Other Payables – $242K Contract Liability.

Debt Service Payable, Short-Term – $4.6M in Certificates of Obligation and Interest Payable for Series 2020 and 2021 Taxable and non-Taxable debt.

Deferred Tax Revenue - $6M

Total Current Liabilities – $26M

Restricted or Noncurrent Liabilities

Funds held for TCHD LPPF - $1.2M receipts from participants in the LPPF.

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Debt Service Payable, Long-Term – $71.3M balance (changed):

	Series 2020	Series 2021	
	General Obligation Bonds	Certificates of Obligation Bonds	
Non-tax LT	2.5 M	12.2 M	
Taxable LT		54.6 M	
Premium		2.0 M	
Totals	**2.5 M**	**68.8 M**	**71.3 M**

$7.285M was originally issued in 2011 for the North Central clinic and refunded May 2020. $72.9M was issued in 2021 for two clinics and an administration building. Annual payments are due on 3/1 for all Series.

Total Restricted of Noncurrent Liabilities – $72.5M

Lease Payable Long-Term GASB87* - $43M

Deferred Revenue Long-Term GASB87* - $242M

Total Noncurrent Liabilities Leases* – $285M

Total Liabilities – $384M

Net Assets

Unrestricted Net Assets – $654M

Restricted Net Assets – $54M

Investment in Capital Assets – $101M

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Total Net Assets – $809M

Total Liabilities and Net Assets – $1.2B

*Governmental Accounting Standards Board statement 87, Leases (GASB87) the new lease accounting standard requires entities to report future long term lease obligations, previously reported as operating activity, on the balance sheet to convey control of the right to use the non-financial asset. This will significantly increase long term governmental balance sheets as a result of this requirement. The new rules require lessees to recognize a lease liability and an intangible asset while lessors are required to recognize lease receivables and a deferred inflow of resources on their financial statements.

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Sources and Uses Report – Slide 6

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

Sources – Total $5.1M for the month

Property Tax Revenue – Net property tax revenue for the month was $1.6M. Net revenue includes $1.8M current month's collections; $213K Penalties and Interest; and $(356)K in adjustments for prior year delinquent taxes.

Lease Revenue – $1.6M for Downtown Campus, Hancock Clinic, and land leases

Other Revenue/Expense – $1.9M which includes:
- Monthly investment income – $1.9M

Uses of Funds – Total $13.6M for the month

Total Healthcare Delivery Program – Total healthcare delivery expenses were $12M for the month and $90M YTD compared to $52M FY22 YTD.

Administration Program – $1.1M in expense for the month, which includes:
- Personnel costs – $731K
- Consulting fees - $5K
- Legal fees – $106K
- Other general and administrative – $243K

Tax Collection Expenses – $111K for the month.

Excess Sources/(Uses) – $(8.5)M in March. Current YTD is $197M compared to $209M FY22 YTD.

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Healthcare Delivery Expense – Slide 7

Healthcare Delivery Expense – Total $12M current month; $90M YTD compared to $52M FY22 YTD.

Purchased Healthcare Services – Healthcare delivery providers' expense for March totaled $8.1M, which includes:
- Primary care – $4.1M
- Specialty Care including Dental – $1.0M
- Specialty Care - Behavioral Health – $1.5M
- Pharmacy - $917K
- All Other - $510K

Direct Healthcare Services – $53K

ACA Premium Assist, Education, Enrollment – $1.2M in expenses for the month; $6.7M YTD compared to $6.5M FY22 YTD

Healthcare Facilities and Campus Redevelopment - $248K in expense for the month and $1.3M YTD.

Healthcare Delivery Operating Cost – $2.8M in expenses for the month and includes:
- Personnel costs – $1.8M
- Consulting Services – $34K
- Legal Fees - $0
- Other services and purchased goods – $945K

Debt, Reserves and Transfer – $125K in Debt Service

Total Healthcare Delivery - for the month of March was $12M.

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Community Care Collaborative

Financial Statement Presentation

FY 2023 – as of March 31, 2023 (Preliminary)

Central Health Board of Managers
Board of Managers Meeting
May 24, 2023

Lisa Owens, Deputy Chief Financial Officer

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Preliminary

Highlights

Community Care Collaborative
March 31, 2023

* Cash is at $12.8M compared to $16.9M last year.

* Total Liabilities are at $9.3M at the end of March.

* Net Assets at the end of March are $3.6M.

Preliminary

Balance Sheet

Community Care Collaborative
March 31, 2023

	3/31/2023	3/31/2022
Assets		
Cash and Cash Equivalents	12,807,928	16,903,289
Other Receivables	44	46,533
Prepaid and Other	36,503	55,573
Total Assets	12,844,475	17,005,394
Liabilities		
AP and Accrued Liabilities	230,653	6,940,980
Deferred Revenue	9,045,686	7,455,418
Other Liabilities	0	101,898
Accrued Payroll	0	620
Total Liabilities	9,276,339	14,498,916
Net Assets	3,568,136	2,506,478
Liabilities and Net Assets	12,844,475	17,005,394

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Sources and Uses Report

Community Care Collaborative

Fiscal Year-to-Date through March 31, 2023

Sources of Funds	Budget*	YTD Actual	YTD % of Budget	Prior YTD Actual
DSRIP Revenue	61,168,472	0	0%	0
Operations Contingency Carryforward	5,362,495	3,938,408	73%	9,123,145
Other Sources	100,000	174,523	175%	5,452
Total Sources of Funds	**66,630,967**	**4,112,931**	**6%**	**9,128,597**
Uses - Programs				
Healthcare Delivery	19,630,967	544,795	3%	5,978,815
UT Affiliation Agreement	35,000,000	0	0%	0
DSRIP Project Costs	12,000,000	0	0%	5,643,303
Total Uses	**66,630,967**	**544,795**	**1%**	**11,622,119**
Net Sources (Uses)	**-**	**3,568,136**		**(2,493,522)**
Net Assets		**3,568,136**		**(2,493,522)**

* Operating under FY20 approved budget.

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Preliminary

Healthcare Delivery Costs

	Budget*	YTD Actual	YTD % of Budget	Prior YTD Actual
Healthcare Delivery				
Primary Care & Emergency Transport	921,822	0	0%	432,168
Specialty Care	3,908,000	82,500	2%	1,124,834
Specialty Behavioral Health	8,000,000	0	0%	2,730,331
Post-Acute Care	2,675,000	0	0%	824,995
Urgent and Convenient Care	475,000	0	0%	36,415
Healthcare Delivery - Operations	2,849,742	462,295	16%	830,071
Operations Contingency Reserve	801,403	0	0%	0
Total Healthcare Delivery	19,630,967	544,795	3%	5,978,815

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Thank You

www.ccc-ids.org

a partnership of Central Health and Seton Healthcare Family

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Preliminary

March 2023 FYTD Financial Statements (unaudited)

Balance Sheet

Current Assets
Cash and Cash Equivalents – $12.8M
Prepaid and Other – $37K – Atrium security deposit

Total Assets – $12.8M

Liabilities
Accounts Payable and Accrued Liabilities – $231K, which includes:
- $222K estimated IBNR (Incurred But Not Received) for healthcare provider services
- $8K due to Central Health

Deferred Revenue – $9.0M deferred revenue related to DSRIP projects

Total Liabilities – $9.3M

Net Assets
Unrestricted Net Assets – $3.6M

Total Net Assets – $3.6M

Total Liabilities and Net Assets – $12.8M

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March 2023 FYTD Financial Statements (unaudited)

Sources and Uses Report

March financials > 6 months > 50% of fiscal year

Sources of Funds, FYTD - $4.1M

Operations Contingency - $3.9M from FY2022
Other Sources – $175K interest income

Uses of Funds, FYTD

Healthcare Delivery (Excludes DSRIP) – $545K

Net Sources(Uses) - $3.6M

	Budget*	YTD Actual	YTD % of Budget	Prior YTD Actual
Healthcare Delivery				
Primary Care & Emergency Transport	921,822	0	0%	432,168
Specialty Care	3,908,000	82,500	2%	1,124,834
Specialty Behavioral Health	8,000,000	0	0%	2,730,331
Post-Acute Care	2,675,000	0	0%	824,995
Urgent and Convenient Care	475,000	0	0%	36,415
Healthcare Delivery - Operations	2,849,742	462,295	16%	830,071
Operations Contingency Reserve	801,403	0	0%	0
Total Healthcare Delivery	19,630,967	544,795	3%	5,978,815

UT Affiliation Agreement – $0
DSRIP Project Costs – $0

BUDGET & FINANCE COMMITTEE MEETING

May 24, 2023

AGENDA ITEM 4

Receive and discuss the quarterly financial and operational reports for CommUnityCare Health Centers and Sendero Health Plans. (*Informational Item*)

Board Reporting Content Outline - Quarterly Reports for Sendero and CommUnityCare (CUC)
Sendero and CUC Proposed Revisions*

(*Original Central Health Board proposed items in regular font. Additional Sendero proposed revisions in *green italics*. CUC comments are in *blue italics*.)

- CUC & Sendero Cover Memo – including high-level narrative update about initiatives and activities as needed
- CUC & Sendero Boards - Include names and composition of their respective Boards
  - *Including demographics – race, ethnicity, gender*
  - *Including professional background/bio*
- CUC & Sendero Unique Patient &/or Insured Member Counts and Visits w/ geo codes (See ***Service Levels*** section, below)
  - *Annual enrollment by plan and geography*
- CUC & Sendero Detailed Financial & Service Information (per CEO conversation with Board):
  - Basic Financials YTD & Budgeted/Projected, and note variances or emerging issues via brief narrative
    - *Will share public financial info in report*
    - *Emerging issues will need to be shared in closed session*
  - Service Levels disaggregated by demographic(s)
    - *Annual utilization by specialist/by program*
    - *NCQA Report – Rates/1000 in various categories including Acute/Total bed days/30 day readmits/ED visits /break out by PC*
    - *NCQA Population Assessment – annually – in closed session*
    - *Wait times*
      - *Call Center*
      - *3rd First Available by service line and by region (North – South)*
    - *Healthcare for the Homeless demographic and ZIP Codes (if possible divide unsheltered vs transitional housing)*
    - *Service Levels (per UDS?):*
      - *Annual unique patient count*
      - *Race*
      - *Under 18*
      - *18-64*
      - *65*
      - *Travis Co. Residency*
        - *Top 5 languages*
  - Major Operations & Activities brief summaries driven by significance, profile, etc.
  - (New) Alignment Commentary quantitative or qualitative discussion on how work and resources are aligned with Central Health's mission and Health Equity Plan. Note upcoming resource challenges and any actions that would have future impact on Central Health resources.
    - *Closed session narrative update presentation if needed and where legally permitted to preserve attorney-client consultation or sensitive financial information*
      - *Initiatives and activities*
      - *Alignment with Central Health*
      - *Challenges impacting Central Health activities*

SUMMARY OF OPERATIONAL PRIORITIES AND INITIATIVES

Aligned with our Board approved strategic priorities as shown below, CommUnityCare efforts through the first two quarters of fiscal year 2022 – 2023 (October 1, 2022 to March 31, 2023) have:

(1) Worked to increase access to care with almost 2,000 more patients served compared to the same period last year. Access expansion has also included mental health/substance services. Additionally, increased on-demand same day services for pediatrics using existing capacity during the Fall in direct response to the overwhelming cases of respiratory syncytial virus, influenza and COVID-19 which stressed local emergency rooms.

(2) Enhanced equity inclusive of launching FindHelp within our Epic Electronic Health Records System to support bi-directional social determinants of health referrals and connections. Additionally, established a medico-legal partnership that will bring on-site legal services on-site to support patient legal needs such as benefit applications, domestic issues, and immigration concerns.

(3) Successfully implemented Epic gold standard workflows for internal medicine and pediatrics and to continued refinement of Epic in support of our resourcefulness strategic priority.

(4) Provided thirty-one community and on-site COVID-19 vaccine events and had a monthly patient portal activation (i.e., My Chart) rate of approximately fifty percent served in the month.

(5) Worked very deliberately on recruitment and retainment of staff noting that we have hired approximately 1.4 times more staff than left our employment. Executed merit increases based on performance evaluations with some high priority positions receiving market adjustments consistent with CommUnityCare's Board approved Compensation Plan and Philosophy. That stated, the Central Texas employment market, and in particular, healthcare remains extremely competitive with our greatest need consistently, dental hygienists, dental assistants, nurses, and medical assistants. Regarding the latter, we recently executed an agreement with a federal program that will allow our health centers to serve as an apprenticeship organization.

In addition to the above progress, CommUnityCare deliberately worked over the first half of the fiscal year to strengthen its "Enabling Services." Enabling services, as defined by the Health Resources and Services Administration (HRSA- the federal agency that administrators the Health Center Program), are non-clinical services that aim to increase access to healthcare and improve health outcomes for health center populations. These services include eligibility assistance/financial counseling, case management, referral management for health needs, referrals for social needs, transportation, and interpretation services. While these services have always been part of the community health center model and CommUnityCare services for years, our team has worked to ensure such services are readily available across CommUnityCare's network of Federally Qualified Health Center sites. Initiatives that occurred during the first half of the current fiscal year include:

(1) Executing partnership with Lyft to provide transportation services to medical appointments, in addition to existing bus and taxi vouchers.
(2) Implementation of FindHelp.org embedded in the electronic medical record, providing visibility to outcomes of social referrals.
(3) Online eligibility assistance application via Red Cap.
(4) Evaluation and strategic alignment of interpretation services for clinic and telehealth visits with CommUnityCare seeking to hirer more direct medically certified interpreters.
(5) Increased investment in care management inclusive of additional team members that are focused on improved chronic disease outcome and preventive services follow-up.
(6) Efforts to inform current Medicaid patients continued eligibility will end as a result of the termination of the federal COVID-19 Public Health Emergency, that patients need to update their information with the State to ensure successful redetermination, and for those that will no longer be eligible for Medicaid, such as women receiving Medicaid who are postpartum greater than 60 days, supporting enrollment in other programs like the State Family Planning Program CommUnityCare and Central Health indigent care programs (i.e., MAP and MAP Basic).

Other initiatives that increased access to care:

(1) Added Saturday clinic hours at the North Central Health Center for women's health appointments.
(2) Initiated free pregnancy tests across all health centers.
(3) Assessed and changed appointment scheduling and call center strategies that are already impacting call center wait times although patient access is always dependent on provider availability.
(4) Established services care at the Black Men's Health Clinic and ramped up services at Akins Early College High School, the Central Health enterprise's first federally funded school-based services site.

Financial Performance From October 1st, 2022 to March 31st, 2023

REVENUES	Actual	Budget	Variance	Variance %	Last Year Actual
Sliding Fee Scale/ Self Pay Patients	2,193,125	1,693,982	499,143	29.47%	1,658,436
Commercial	2,231,645	1,944,288	287,357	14.78%	1,844,645
Medicare	1,502,709	1,483,923	18,786	1.27%	1,431,774
Medicaid	22,473,906	25,779,724	(3,305,818)	-12.82%	21,215,575
Chip	2,520,287	2,616,809	(96,522)	-3.69%	2,095,570
Family Planning	712,773	482,355	230,418	47.77%	467,906
Central Health Primary Care/Specialty Care Fee-For-Sevice	17,766,034	19,481,406	(1,715,372)	-8.81%	16,210,782
Total Patient Services Revenue	49,400,479	53,482,487	(4,082,008)	-7.63%	44,924,688
Other Pat Service Revenue	832,148	389,818	442,330	113.47%	489,054
Bad Debt	(2,988,777)	(1,536,855)	(1,451,922)	94.47%	(942,530)
Third Party Revenue	47,243,850	52,335,450	(5,091,600)	-9.73%	44,471,212
Pharmacy Revenue	24,744,128	22,453,645	2,290,483	10.20%	21,584,239
Net Patient Revenue	71,987,978	74,789,095	(2,801,117)	-3.75%	66,055,451
Total Grant Revenue	12,131,184	15,090,720	(2,959,536)	-19.61%	10,122,837
Delivery System Reform Payments Earned	-	-	-	0.00%	1,787,501
Central Health Non-Contract Revenue	8,226,833	9,265,465	(1,038,632)	-11.21%	8,437,728
TOTAL OPERATING REVENUE	**92,345,995**	**99,145,280**	**(6,799,285)**	**-6.86%**	**86,403,517**
EXPENSES	**Actual**	**Budget**	**Variance**	**Variance %**	**Last Year Actual**
Wages	45,928,704	50,306,978	(4,378,274)	-8.70%	40,683,223
Benefits	11,711,927	12,780,107	(1,068,180)	-8.36%	10,736,157
Total Wages And Benefits	57,640,631	63,087,085	(5,446,454)	-8.63%	51,419,380
Contract Labor	4,449,118	3,337,192	1,111,926	33.32%	2,923,225
Direct Care Expenses	20,745,341	19,629,160	1,116,181	5.69%	16,737,186
Total Indirect Expense	5,643,593	6,387,777	(744,184)	-11.65%	6,556,017
Total Occupancy Expense	4,442,637	4,509,553	(66,916)	-1.48%	4,161,330
Depreciation Expense	157,910	156,851	1,059	0.68%	150,093
Total Expenses	93,079,230	97,107,618	(4,028,388)	-4.15%	81,947,231
Total Non-Operating Revenue/Expense	409,806	(39,174)	448,980	-1146.12%	64,556
Net Surplus/(Deficit)	(323,429)	1,998,488	(2,321,917)	-116.18%	4,520,842

Note: CommUnityCare is showing a deficit of $323,429 through the first two quarters of FY 2022-23. This deficit is due to lower than budgeted patient revenue, resulting from higher than budgeted provider vacancies. The higher provider vacancies resulted in lower than budgeted encounters, resulting in lower patient revenue of ($4,082,008). Also contributing to lower patient revenue was the 2 ½ day closure in January and February 2023 due to Winter Storm Mara. Most of the lower than projected revenue was offset by lower than budgeted expenses, primarily in Wages and Benefits. Overall expenses are under budget by $4,028,388 for the first two quarters.

KEY OPERATIONAL INDICATORS AND SERVICE DELIVERY METRICS

Overall Service Delivery	10/01/2022 - 12/31/2022	10/01/2022 - 03/31/2023
Unduplicated Patients Served	62,991	92,462
Face-to-Face Provider HRSA Countable Visits	109,109	218,161
Call Center Hold Time and Call Volume	**10/01/2022 - 12/31/2022**	**10/01/2022 - 03/31/2023**
Call Center: Avg Hold Time in Seconds	293	216
Call Center: Avg Monthly Call Volume	43,957	45,032
Patient Appointment Access Measures	**10/01/2022 - 12/31/2022**	**10/01/2022 - 03/31/2023**
Average 3rd Next Available - Behavioral Health in Days	0.49	0.46
Average 3rd Next Available - Dental in Days	8.79	5.40
Average 3rd Next Available - Family Medicine in Days	0.48	0.45
Average 3rd Next Available - Internal Medicine in Days	0.44	0.43
Average 3rd Next Available - OB/GYN in Days	4.84	3.58
Average 3rd Next Available - Pediatrics in Days	0.22	0.19
Average 3rd Next Available - Specialty in Days	13.75	13.00
Average Lead - Pediatrics - New Patients in Days	17.38	17.73
Average Lead - Pediatrics - Established Patients in Days	23.72	23.48
Average Lead - Family Medicine - New Patients in Days	62.56	68.58
Average Lead - Family Medicine - Established Patients in Days	48.04	49.08
Average Lead - Internal Medicine - New Patients in Days	15.70	15.56
Average Lead - Internal Medicine - Established Patients in Days	31.02	31.28
Average Lead - OB/GYN - New Patients in Days	42.54	39.58
Average Lead - OB/GYN - Established Patients in Days	48.21	44.24
Average Lead - Dental - New Patients in Days	32.13	33.43
Average Lead - Dental - Established Patients in Days	57.54	59.33
Average Lead - Specialty - New Patients in Days	56.80	66.44
Average Lead - Specialty - Established Patients in Days	65.58	67.16
Average Lead -Mental Health- New Patients in Days	6.34	7.39
Average Lead - Mental Health - Established Patients in Days	15.32	14.75

Unduplicated Patients Served by Race + Ethnicity Number of Patients Served and % of Total Patients	10/01/2022 - 12/31/2022		10/01/2022 - 03/31/2023	
Black / African American including Latinos/Hispanics	5,378	8.5%	7,964	8.6%
Asian / Pacific Islander including Latinos/Hispanics	1,720	2.7%	2,488	2.7%
More than One Race including Latinos/Hispanics	400	0.6%	578	0.6%
Native American including Latinos/Hispanics	151	0.2%	211	0.2%
White, Hispanic / Latino	40,831	64.8%	59,039	63.9%
White, Non-Hispanic / Non-Latino	6,439	10.2%	9,793	10.6%
Unreported Race	8,072	12.8%	12,389	13.4%

Unduplicated Patients Served by Ethnicity + Race Number of Patients Served and % of Total Patients	10/01/2022 - 12/31/2022		10/01/2022 - 03/31/2023	
Hispanic / Latino, All Races	45,537	72.3%	66,049	71.4%
Hispanic / Latino, Non-White	588	0.9%	865	0.9%
Hispanic / Latino, White Only	40,831	64.8%	59,039	63.9%
Hispanic / Latino, Unreported Race	4,118	6.5%	6,145	6.6%
Non-Hispanic / Non-Latino, Non-White	7,061	11.2%	10,376	11.2%
Non-Hispanic / Non-Latino, White Only	6,439	10.2%	9,793	10.6%
Non-Hispanic / Non-Latino, Unreported Race	904	1.4%	1,379	1.5%
Unreported Ethnicity	3,050	4.8%	4,865	5.3%
Unduplicated Patients Served by Sex Assigned at Birth and % of Total Patients	**10/01/2022 - 12/31/2022**		**10/01/2022 - 03/31/2023**	
Female	35,950	57.1%	52,030	56.3%
Male	27,041	42.9%	40,432	43.7%
Female: Travis County Resident	29,651	47.1%	42,827	46.3%
Male: Travis County Resident	22,328	35.4%	33,319	36.0%
Unduplicated Patients Served by Age Group and % of Total Patients	**10/01/2022 - 12/31/2022**		**10/01/2022 - 03/31/2023**	
Under 18 Years Old	22,744	39.3%	36,129	39.1%
18 to 64 Years of Age	34,159	54.2%	50,153	54.2%
65 and Older	4,088	6.5%	6,180	6.7%
Under 18 Years Old: Travis County Resident	19,584	31.1%	28,599	30.9%
18 to 64 Years of Age: Travis County Resident	28,844	45.8%	42,208	45.6%
65 and Older: Travis County Resident	3,551	5.6%	5,339	5.8%
Unduplicated Patients Served by Insurance Status and % of Total Patients	**10/01/2022 - 12/31/2022**		**10/01/2022 - 03/31/2023**	
Uninsured	30,353	48.2%	44,243	47.8%
Uninsured: Travis County Resident (Includes MAP/MAP Basic)	25,977	41.2%	37,826	40.9%
MAP / MAP Basic	22,226	35.3%	32,640	35.3%
Medicare including Dual Eligibles	3,141	5.0%	4,501	4.9%
Medicaid	24,960	39.6%	36,332	39.3%
Private Insurance	4,537	7.2%	7,386	8.0%
Unduplicated Patients Served by Income Level and % of Total Patients	**10/01/2022 - 12/31/2022**		**10/01/2022 - 03/31/2023**	
Below 200% of Federal Poverty	46,071	73.1%	66,925	72.4%
Above 200% of Federal Poverty	1,182	1.9%	1,740	1.9%
Income Level Not Reported / Unknown	15,738	25.0%	23,797	25.7%

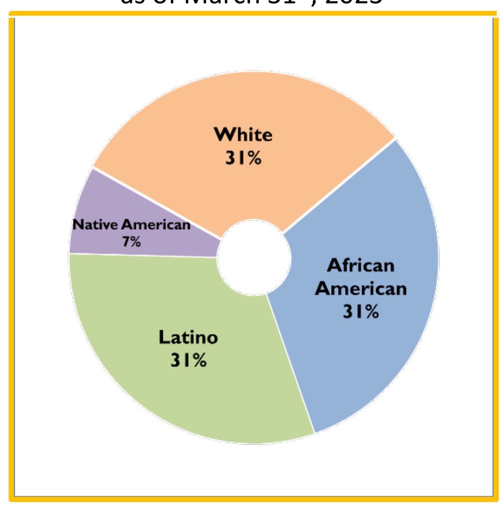
Unduplicated Patients Served by Language Best Served In and % of Total Patients	10/01/2022 - 12/31/2022		10/01/2022 - 03/31/2023	
Best Served in Language Other than English	38,753	61.5%	56,477	61.1%
Spanish Language Preferred	36,785	58.4%	53,550	57.9%
English Language Preferred	24,265	38.5%	36,011	38.9%
Arabic Language Preferred	344	0.5%	488	0.4%
Burmese Language Preferred	229	0.4%	262	0.3%
Pushto Language Preferred	184	0.3%	359	0.4%
Unduplicated Homeless Patients by Housing Status and % of Total Patients	**10/01/2022 - 12/31/2022**		**10/01/2022 - 03/31/2023**	
Patients Reporting as Homeless	1,279	2.0%	2,085	2.3%
Patients Reporting as: Living in a Shelter	205	0.3%	322	0.3%
Patients Reporting as Homeless: Living on Street of Other	1,074	1.7%	1,763	1.9%
Face-to-Face HRSA Countable Visits - Homeless	2,085	3.3%	6241	6.7%

CommUnityCare Board of Directors Composition as of March 31, 2023

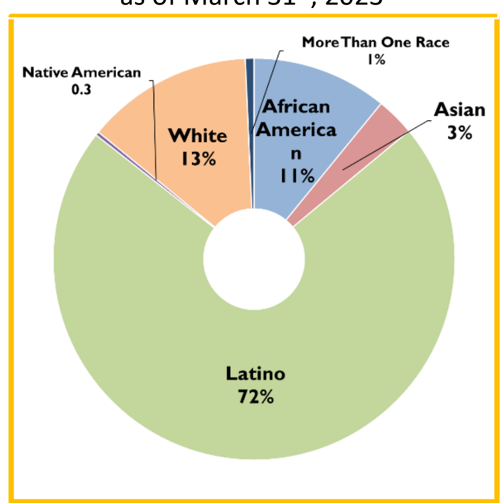
Race / Ethnicity	# of Members	# of Patient Members	# of Non- Patient Members	Female	Male
African American	4	3	1	4	0
Asian	0	0	0	0	0
Latino	4	2	2	1	3
Native American	1	0	0	0	0
Native Hawaiian	0	0	0	0	0
White	4	2	2	0	4

Notes: (1) Proportion of the Members who are consumers (i.e., patients) of the Health Center = 61.54%; (2) Proportion of the Members who are not consumers (i.e., not patients) of the Health Center = 38.46%. Of these members, none currently derive more than 10% of their income from health care related activities. (3) Central Health can appointment 2 Members to CommUnityCare's Board.

Racial / Ethnic Composition of Board as of March 31st, 2023



Racial / Ethnic Composition of Board as of March 31st, 2023



Central Texas Community Health Center dba CommUnityCare Board of Directors as of March 31, 2023										
Name	Consumer	Race and/or Ethnicity	Gender	Occupation & or Experience	TCHD Appointee	Special Population Represented	Position Held	Live in Service Area	Work in Service Area	Home Zip Code
Barbara Brooks-Shirley	Yes	African American	Female	Minister/Mentor	No	Homeless	Member	Yes	Yes	78758
Thomas Coopwood	Yes	White	Male	General Surgey Administration	Yes	N/A	Chair	Yes	Yes	78731
Steven Garrett	No	White	Male	Attorney	No	N/A	Member	Yes	Yes	78704
Carlos Gomez	Yes	Latino	Male	Executive Director	No	N/A	Member	Yes	Yes	78728
Sedora Jefferson	No	African American	Female	Attorney	Yes	N/A	Member	No	Yes	78613
Kimberly Johnson	Yes	African American	Female	Retired	No	N/A	Secretary	Yes	Yes	78723
Debra Locklear	Yes	Native American	Female	Massage Therapy.	No	N/A	Member	Yes	Yes	78723
Bradley Price	No	White	Male	Women's Health	No	N/A	Member	Yes	Yes	78705
Christopher Rios	No	Latino	Male	VP - Banking	No	N/A	Treasurer	Yes	Yes	78753
Isaac Sanchez	Yes	Latino	Male	Retired - Hotel Mgmt.	No	N/A	Member	Yes	Yes	78741
Karen Siles	No	Latino	Female	IT	No	N/A	Member	Yes	Yes	78729
Guy Swenson	Yes	White	Male	Retired	No	HIV/AIDS	Vice-Chair	Yes	Yes	78758
Claudia Williams	Yes	African American	Female	Sub. Teacher	No	N/A	Member	Yes	Yes	78767

Quarter 1 Report
January 1 – March 31, 2023

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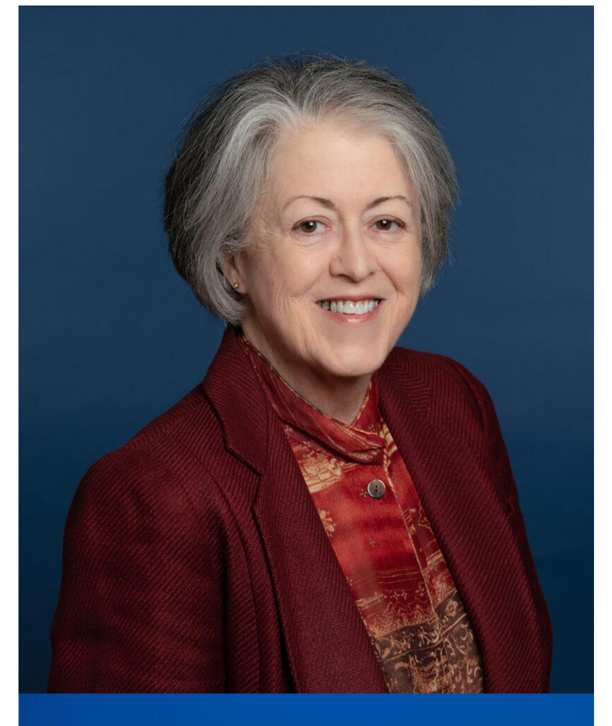
Sendero Board of Directors



Betty DeLargy, Board Chair

Betty DeLargy is an attorney with the law firm Mitchell Williams, P.L.L.C. Her insurance experience includes commercial life and health insurance, including the Affordable Care Act and alternative products, Medicare and Medicaid and self-funded employee benefit plans of ERISA employers and political subdivisions.
She represents insurers and plans on a diversity of regulatory issues, including financial transactions and disciplinary issues. She was the general counsel of the Texas Health Insurance Pool, the Texas alternative coverage for medically uninsurable individuals, from the Pool's beginning in 1998 until the Pool terminated in 2014.

Ms. DeLargy received her undergraduate and law degrees from Vanderbilt University.

Amit Motwani, Vice Chair

Amit Motwani's executive leadership spans the arenas of strategy, operations, technology, and analytics. He came to Austin 25 years ago to attend The University of Texas at Austin and later joined the software startup team of CTK (now Social Solutions Global), where he served as chief technology officer. Motwani led the launch of CTK's United Kingdom branch in London and later returned to Austin, where he began his journey in nonprofit direct services with an early focus on adult literacy. In Austin, he launched a 15-year professional trajectory bridging a hands-on understanding of human service programming with a commercially data-driven executive mindset.

Amit currently serves as chief executive officer for the Rupani Foundation, an organization improving children's school readiness and empowering marginalized communities in South Asia, Central Asia, and the United States. Prior to this role, Amit was the chief operating officer at El Buen Samaritano, an outreach ministry of the Episcopal Diocese of Texas. Earlier in his career, he was the chief information officer at United Way for Greater Austin, where he helped transform the organization's approach to data and analytics. There, he also led the creation of Austin's "2-Gen" Coalition, uniting public and private funders and service providers around the same table to improve economic and social mobility. Motwani served as lead adviser to the United Way and Dr. Chris King's Policy Research Project cohort on related anti-poverty strategies at the Lyndon B. Johnson School of Public Affairs.

Motwani is passionate about civil rights and universal, equitable access to basic needs for all, and his commitment is reflected in his extensive service on nonprofit, commercial, and municipal boards and commissions.

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Sendero Board of Directors

Jerold McDonald, Director

Jerold McDonald is an executive with transformational leadership experience in many of America's preeminent health systems, consulting & healthcare technology. His expertise spans operations, strategy, process improvement, product, change management, and scaling impact.

Jerold currently serves as the Co-Founder + CEO of Omaiven Health, an intelligent automation company that supports clinics overwhelmed by staffing, burnout, and access challenges.
His deep connection with Austin and passion for the community started 20 years ago, as a student at The University of Texas at Austin, where he earned bachelor's degrees. He later received a master's degree from Trinity University's Health Care Administration program.

Jerold is an active speaker and community member serving as a Board Director for corporations & community organizations advancing maternal health and the pursuit of a world without HIV/AIDS, where he brings a passion and skill set focused on driving humanity and greater access for all.

Molly Hahn, Director

Molly Hahn is a Senior Project Manager with Public Consulting Group (PCG), where she works with Medicaid agencies and other public health care providers across the country on cost allocation and federal claiming efforts. In addition to earning a Six Sigma Green Belt in operations management, she is a certified Project Management Professional (PMP). Prior to PCG, Molly managed corporate volunteer engagements at United Way for Greater Austin, including coordinating city-wide Days of Service for thousands of volunteers annually and leading service-learning programs for youth volunteers.

Ms. Hahn was a member of Central Health's Community Health Champions Class of 2020 as well as Leadership Austin's Emerge class of 2019. Ms. Hahn received her Bachelor of Science in Accounting from DePaul University and her Master of Public Affairs from the LBJ School of Public Affairs at University of Texas at Austin. Molly is a former foster parent and long-time volunteer with the Girls Scouts Beyond Bars program who is passionate about improving the well-being of children in her community.

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Sendero Board of Directors

Jeff Knodel, Director
Jeff Knodel originally came to Central Health as the Regional Healthcare Partnership Director, directing Central Health's role as the anchor entity for Regional Health Partnership 7 of the 1115 Medicaid Waiver in Texas.

Previously, Mr. Knodel was Deputy Chief Financial Officer for the City of Austin, where he held various positions over 25 years, including serving as the Deputy Controller and Controller for the City. Among other projects, he headed the wind-down of operations at the then city-owned and operated Brackenridge Hospital, prior to its transition to Central Health in 2004.

Jeff graduated from Southwest Texas State with a Bachelor's Degree in Management and has been a Certified Public Accountant for more than 22 years.

Juan Garza, Director
Mr. Garza has served on the Sendero Board of Directors since January 2014. He served as the Vice President of Finance and Development for Central Health and is currently serving as Director of Finance in which capacity he is leading the master planning project for the reuse/redevelopment of the Central Health Brackenridge Campus.

Mr. Garza was formerly the president of Advance Technology Initiatives for NRG Energy, where he supported NRG Energy's Advanced and Alternative Power projects in Texas. Prior to this position, Mr. Garza was general manager of Pedernales Electric Cooperative, Inc., general manager of Austin Energy, and city manager for the City of Corpus Christi.

Additionally, Juan completed a tour of duty in Vietnam and has earned a B.S. in Mathematics and an MBA from Loyola University. Mr. Garza calls Cotulla, Texas his hometown, but was raised in several parts of the Midwest and the Southwest.

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Sendero Board of Directors

McKenzie Frazier, Director
McKenzie Frazier, M.H.S.A., M.L.S., CFE, CPCO is Central Health's Vice President of Compliance & Compliance Officer.

Prior to joining Central Health, McKenzie served as the Director of Compliance & Privacy Officer for People's Community Clinic, and prior to that, as the Vice President of Corporate Compliance and Quality & Privacy Officer for a national peer recovery support services provider. On prior, McKenzie served as the Director of Compliance for ValueOptions of California, the largest privately held behavioral health company, and as the Director of Compliance & Program Integrity and the National Director of Corporate Compliance for Beacon Health Options in which he oversaw the company's Medicaid and Commercial programs' compliance activities. McKenzie holds a Bachelor's degree in Business Administration with a specialization in Human Resources from the University of Southern Mississippi, a Master's degree in Health Services Administration from Mississippi College, and a Master's degree in Legal Studies in Healthcare Law from the University of Oklahoma's College of Law.

Additionally, McKenzie is a Certified Fraud Examiner (CFE) certified by the Association of Certified Fraud Examiners, and a member of the Association of Certified Fraud Examiners (ACFE). Also, he is a Certified Professional Compliance Officer (CPCO) certified by the AAPC, and a member of the AAPC.

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Sendero Board of Directors

Charles Bell, Ex Officio Member
Charles E. Bell, M.D, M.S. is currently semi-retired and works part-time with a number of clients on medical and health policy issues.

He served as the President of the Diabetes Health and Wellness Institute in Dallas, Texas from January 2013 to March 2016. He served as Deputy Executive Commissioner at Texas Health and Human Services Commission from March 2003 to August 2011. During his career in state service he has served as the Interim Commissioner of the Department of State Health Services in 2006 and as the Interim Commissioner of the Texas Department of Health in 2001. He has also held the following positions: Executive Deputy Commissioner of the Texas Department of Health (TDH); Regional Medical Director of TDH Public Health Region 1 in Lubbock, Texas; Chief of the Bureau of HIV and Sexually Transmitted Disease Prevention; and Medical Director of the Sexually Transmitted Disease Clinic at the San Antonio Metropolitan Health District.

Dr. Bell received his undergraduate degree for the University of Dallas in Irving, Texas, his medical degree from UT Southwestern Medical School in Dallas, completed a one-year residency in Internal Medicine at St. Francis Hospital in Hartford, Connecticut, and received his master's degree in healthcare administration from Trinity University in San Antonio, Texas. Dr. Bell is a native Texan born in Port Arthur, Texas.

Mike Geeslin, Ex Officio Member
Motivated by his commitment to community and public service, Mike Geeslin began his appointment as the President and CEO of Central Health, the Travis County Healthcare District, in May 2017. A skilled leader in strategic planning and organizational alignment, Mike's experience includes more than 20 years of legislative, executive branch and association leadership roles. He has a strong background in building collaborative stakeholder relationships and creating effective outreach campaigns to build community partnership. Throughout his career, he has developed a deep understanding of fiscal management and budgeting, with the ability to control costs and invest in strategic initiatives for the good of the organization.

Prior to his appointment at Central Health, Mike served as Executive Director for the Texas Dental Association in Austin, Texas from 2014. There he provided management and administrative services for affiliated for-profit and charity subsidiaries, each governed by a separate board of directors. From 2005 – 2011, Mike served as the Commissioner of Insurance, Texas Department of Insurance. During his tenure, the Department implemented the early provisions of the Federal Affordable Care Act in Texas and new regulatory initiatives. Mike helped in the creation of Healthy Texas, a small employer health program helping the uninsured. After serving as the Commissioner of Insurance, Mike served on the board of Sendero Health Plans, in partnership with Central Health. His roles demonstrate his knowledge and ability to provide strong business outcomes, effective communications with public stakeholders and provide greater access to care.

Mike holds a Bachelor of Arts in speech communications from Texas A&M University in College Station, Texas. He lives in Austin with his family.

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Unique Member Enrollment Counts

Top Three Travis Performing Plans

- 71837TX0010001-06 (Silver 94% AV On/E) = 1006
- 71837TX0010003-01 (Bronze On/E) = 794
- 71837TX0010006-00 (Platinum Off/E)= 761

Member Enrollment by County

County	Count
⊞ BASTROP	371
⊞ BURNET	70
⊞ CALDWELL	126
⊞ FAYETTE	30
⊞ HAYS	543
⊞ LEE	23
⊞ TRAVIS	4620
⊞ WILLIAMSON	881
Grand Total	6664

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Basic Financials YTD & Budgeted/Projected

SENDERO HEALTH PLANS 2022-23 APPROVED BUDGET UPDATE

	2023 BUDGET thru DECEMBER 2023 (September 30, 2022)	2023 BUDGET thru March 2023 March, 31, 2023	2023 ACTUALS thru March 2023 March, 31, 2023	Variance
Total Revenue	$74,712,568	$18,678,142	$11,896,854	64%
Risk Adjustment	$42,475,099	$10,618,775	$6,649,058	63%
Total Revenue After Risk Adjustment	$117,187,667	$29,296,917	$18,545,912	63%
Total Medical Expenses	$91,791,609	$22,947,902	$14,368,901	63%
Contribution to Overhead	$25,396,058	$6,349,015	$4,177,011	66%
Total Administrative Expenses	$23,555,630	$5,888,908	$3,933,639	67%
Net Income (loss)	$1,840,428	$460,107	$243,372	53%
Check Total				
Average Membership	**10,800**	**10,800**	**6,842**	63%
Member Months	**129,600**	**32,400**	**20,342**	63%
Admin as % of Revenues After Risk A	**20%**	**20%**	**21%**	**106%**
Premium PMPM	**$904.23**	**$904.23**	**$911.71**	101%
Claims PMPM	**$708.27**	**$708.27**	**$706.37**	100%
Admin PMPM	**$181.76**	**$181.76**	**$193.38**	106%
Net Income/Loss PMPM	**$14.20**	**$14.20**	**$11.96**	84%

- Variance due to decrease in actual enrollment

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Service Levels disaggregated by demographic(s)

- See Attached Memo on Demographics
- Refer to 2021 Annual Population Assessment for National Committee on Quality Assurance (NCQA, i.e. the national ACA quality accreditation entity)
  - Illustrative reporting items include standard health plan utilization metrics, including: rates of acute care admissions, acute care bed days, 30-day readmissions, and emergency department utilization, segmented by sub-population; Use of specialists, segmented by sub-population

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Major Operations & Activities

Member Call Center:

- Q1 2023 Total Calls = 13,770
- Q1 2023 Service Level = 92.12% (calls answered in under 30 seconds)

Credentialing of Providers:

Central Health's Credentialing Numbers	
January (Initials)	17
February (Initials)	13
March (Initials)	10
Total	40
Sendero Health Plans' Credentialing Numbers	
January (Initials)	28
Ferbuary (Initials)	44
March (Initials)	18
Total	90

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Major Operations & Activities

- Sendero Operations collaborated with Central Health, HAAM and Foundation Communities to successfully prioritize 1,922 enrollments for the PAP program.

  HAAM-768 policies / 838 individuals
  HAAM & SIMS- 302 policies / 328 individuals
  SIMS- 2 policies / 2 individuals
  CHAP- 143 policies / 193 individuals
  SFS-12 policies / 18 individuals
  Silver Exp- 4 policies / 6 individuals
  CHAP Exp- 764 policies / 764 individuals

- Open Enrollment Debrief - Business Development led a series meetings across the plan (that included Executive leadership, Operations, Business Development/Marketing, Finance, Health Services, and Compliance) to discuss lessons learned during 2023 Open Enrollment for actionable improvement strategies and alignment with Sendero Board priorities. This discussion focused on:
  - vendor performance and support
  - internal coordination
  - member communications
  - 2024 plan design
  - Marketing and competitive analysis

Q2 – *In progress*

Captive agent licensing for Business Development Staff

Plan design and marketing strategy advancement

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Quality Initiatives

- Diabetic member education
  - Physical mail, email, and Text messages will be sent to members reminding them to get their diabetic medical eye exams as well as educate them on the importance of checking and maintaining a good A1c, getting their kidney function tested, a neuropathy screening, and foot checks.
- Cancer screening mailers
  - Breast Cancer
  - Colorectal Cancer
  - Cervical Cancer
- Passport to Health
  - General recommended health screenings and vaccinations based on member age and sex
- Golden Ticket Sweepstakes Campaign
  - Breast Cancer
  - Colorectal Cancer
  - Cervical Cancer
  - Diabetic Medical Eye Exam

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2022 Population Assessment

(based on 2021 data)

January 30th, 2023

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Executive Summary of Actionable Recommendations from 2021 Population Health Assessment		
Focus Area	**Opportunities**	**2022 Year-End Status**
Community Resources / SDoH *Continue to evaluate available community resources as often as needed or at least annually and make appropriate changes.*	• Consider solidifying a partnership, e.g., with IntegralCare, the local LIDDA, to leverage grant monies to provide cell phones to members without one.	
	• Ensure that transportation vendor(s) can support members with very complex medical needs (i.e., limited mobility, disabilities)	*Complete / Ongoing*
	• Consider exploring a new or stronger partnership with local community organizations that support housing needs.	
	• Consider exploring a new or stronger partnership with local community organizations, such as HEB, that support food security and distribution.	
	• Ensure member materials make it easy for members to access other programs that support SDoH.	
	• Ensure that staff are trained to recognize and intervene in the various social determinants of health.	
	• Develop a method for an ongoing study of geographic patterns of access to primary care clinics, especially those with limited access to transportation.	
	• Sendero may also want to explore grant funding, e.g. in partnership with UT Health Austin School of Pharmacy, to examine the health IT needs of the CHAP Expansion population.	
Compliance	• Redevelop and enhance the tools used for case and authorization audits.	*Complete*
	• Allocate budget funds to support the completion of UM and CM audits to gain objective data to help the confidence level about NCQA compliance	*Complete*
Data *Continue use of population assessment to guide the overall medical management strategy.*	Data Analytics	
	• Work with the Data Analytics team to have PCP utilization reports either added to the ARC-COPE tool or built out internally.	
	• Assemble race, ethnicity, and other demographic and SDoH data from the various sources into a single datamart available to be incorporated into internal analysis and reporting.	
	Member Services	
	• Determine whether there are opportunities available to better collect or validate race and ethnicity data through established contact with Members	
	• Work with Member Services to better capture preferred spoken language on annual member surveys.	
	Next Year's Population Assessment	
	• Remove/condense specialties of Radiology, pathology, Clinical Pathology, etc., to provide more insight into office specialty utilization.	
	• Segment cancer burden by race, ethnicity and other selected, relevant characteristics to look for patterns that might be addressed with tailored intervention	
	• Add data on the actual utilization of PCP by members (to accompany the existing data on PCP assignment).	
	• For Admissions/Readmissions/ED Utilization – consider segmenting this, or other related reporting, into new CHAP Expansion members vs. existing CHAP Expansion members to see if longer tenure influences rates.	
	Network Department	
	• Discuss a cross-departmental initiative with the Network team, to review and improve how specialty providers are coded in the provider data and network documents, to support more informative reporting	
	Finance Department	
	• Review comparative cost data to decide if the pharmacy benefit provides lower cost (for members and plan).	
Demographic/ Cultural/Race/ Ethnicity Support *Continue to make readily available language interpreter services and recruiting staff that are bilingual in English and Spanish.*	• Regularly review staff language competencies and cultural diversity; ensure these factors are taken into account in new staff hiring decisions; and offer cultural training as needed.	
	• Ensure that member materials appeal to and consider the health beliefs and cultural needs of multiple backgrounds, races and ethnicities.	

Executive Summary of Actionable Recommendations from 2021 Population Health Assessment		
Focus Area	**Opportunities**	**2022 Year-End Status**
Disease / Condition Management *Continue SW co-rounding with CMs and CHWs for BH support. Review for opportunities to increase integration of medical and BH case management.*	**DIABETES** • Consider further developing the diabetes disease management strategy, including through community partnerships, standardizing of case management materials, vendor offerings, formalizing in the case management program description materials, and in member and provider support materials and efforts. Develop information targeted both to the prevention and support of end-stage complications. • Consider partnering with ophthalmology provider groups to incentivize increased rates of diabetes eye exams. • Have the CMO/Medical Director team and rotating Preventive Medicine residents provide support for building out diabetes, ESRD, and immunology disease/condition management	*Partially Complete*
	ESRD • Develop a methodology for ongoing review of ESRD member support options and programs since this is an area of high utilization and spend. Include the appropriate partners (e.g., Central Health, as a key partner in the CHAP Expansion program, which implements a dialysis 'track' for CHAP Expansion members).	
	IMMUNOLOGIC CONDITIONS • Have the Medical Director team provide support for building medical criteria forms for immunologic drug UM.	*Complete*
	HYPERTENSION • Consider developing a formal hypertension disease management strategy.	
	CANCER • Pursue an oncology vendor partner to ensure that best-practice care is delivered to Sendero members and to provide enhanced support for reviews of oncology authorization requests.	*Complete*
	DEPRESSION • Evaluate options for enhancing the depression medication adherence initiative by involving/increasing BH social work support or other care management offerings.	
	DISEASE-BASED TRAINING • Explore feasible options, e.g., partnership with CommUnityCare's clinician education program, to enhance continuing education for the CM team to ensure they are up to date on the ever-changing treatments in healthcare. (Hypertension, CKD, COVID-19, common comorbidities with diabetes including auto-immune conditions, cancer, infections, and HIV. Detection and prevention of diabetes complications.) • Consider selecting a vendor partner to provide best-practice, standardized, continuously updated disease management content for care management. • Consider Bed Days rates when refining case-finding criteria. Target proactive case-finding for members with diabetes and those in the highest quintile of risk scores (beyond the CHAP Expansion program). • Implement a segmentation approach to tailor behavior change 'social marketing' materials to promote colorectal cancer screening among population segments that are lagging the overall population.	
Discharge Planning	• Perform a systematic review of Sendero's involvement in discharge planning, associated roles, and processes to identify new opportunities to avoid unplanned admissions and readmissions. • Plan for re-establishing CHW home and facility visits to match pre-pandemic processes. Focus on helping members understand how to manage their clinical conditions. Explore re-establishing SW home / facility / community visits for behavioral and mental health needs. Calculate staffing increases needed to support increased integration of care management staff in facilities for closer collaboration on discharge planning. • Identify ways to strengthen the clinical team's relationships with facility discharge planners – to improve chances of effectively planning for post-discharge SDoH and in-scope medical needs. • Consider appointing or hiring a designated discharge planner role. • Evaluate how to gain/increase access to and meaningful use of HIE data to help refine the discharge planning approach. • Explore how to gain access to EMRs of network providers to support admissions monitoring and discharge planning.	

Executive Summary of Actionable Recommendations from 2021 Population Health Assessment		
Focus Area	**Opportunities**	**2022 Year-End Status**
PHM Resources *Continue Sendero's relationship with IntegralCare and use of an embedded Social Worker.*	• Add two RN Case Managers to meet current and expected future membership needs.	*Complete*
	• Add three additional Community Health Workers to meet current and expected future membership needs.	*Complete*
	• Fill the vacant Health Services Director position	*Complete*
	• Develop a staffing calculator that considers volume, complexity, and other population characteristics. Implement use for budget planning purposes.	*Complete*
	• Add one RN FTE to the UM Clinical Reviewer team to better support vacation/sick coverage and TX UM turnaround times.	*Complete*
	• Add a part-time/ad-hoc Medical Director with expertise in immunology.	*Complete*
Preventive Care	• Review needs and re-establish home and hospital visits by CHWs and SWs where indicated.	
	• For CHW home visits, build out the content for check-in and review of preventive health practices/visits.	
	• Use a combination of claims and demographic data to devise selected metrics, i.e., colorectal cancer screening, communication, and strategies refined for ethnic and cultural characteristics to promote increased screenings.	
	• Examine and revise the breast cancer screening promotion strategy since rates have decreased.	
Provider Strategies *Continue to maintain a robust network of general and specialty physicians and providers.*	**NETWORK**	
	• Network department to continue efforts to fill gaps in the network identified by adequacy reporting.	
	• During the subsequent network adequacy evaluation, discuss adding additional adolescent and child behavioral health support, if available, including Telemedicine/telehealth.	
	• Work with the Contracting team to see if additional mental/behavioral health providers can be added to the network.	
Continue efforts to strengthen relationships with CUC leadership and Providers.	• Obtain the raw claims data for the INN/OON utilization summary table and perform further drill down in collaboration with the Network team to 1) Understand the nuances of INN/OON group credentialing dates; 2) Ensure that provider data mapping is as accurate as possible; and 3) Identify any opportunities to enhance credentialing or configuration procedures for these large groups.	
	QUALITY REPORTING	
Maintain a good working relationship with the Lone Star clinic system that serves CHAP Expansion members.	• Consider a year-over-year analysis through 2019 of pharyngitis management HEDIS metrics to ensure high performance among providers on this common condition (even among our lowest-risk members).	
	• Work with Sendero leadership and the Contracting team to explore a value-based contract with CUC.	
	USE OF SPECIALISTS	
	• Perform an in-depth review of ophthalmology claims to understand better the diagnoses driving ophthalmology visits for both CHAP Expansion and non-CHAP members	
Support of clinically appropriate settings *Continue efforts to reduce health plan spending to help lower member premiums.* *Continue cross-disciplinary efforts to prevent unplanned inpatient admissions.* *Optimize enrollment and re-enrollment efforts for CHAP.*	• Develop and use tools to monitor UM trends more regularly (i.e., monthly, to identify both response to and need for evolving medical management strategies.)	
	• Consider reviewing site-of-care data, provider prescribing patterns, and outreach to providers and members to identify potential opportunities to shift toward cost-savings and more member-directed care (i.e., to enable members to choose to self-administer appropriate medications at home).	
	• Target education about the appropriate use of the ED and the availability of alternatives, especially to Members identifying as Hispanic (following the data).	*In Process*
	• Consider a vendor RFP for increased Member access to telemedicine and telehealth options, especially for adults and child/adolescent behavioral health; then reassign CHWs to other focus areas, such as home visits.	*In Process*
	• CM staff should continue to check that members know who their PCP is and offer to support finding a new PCP if the member is not actively utilizing care with the assigned PCP.	
	• Consider additional options for a targeted campaign to engage members lacking evidence of using a PCP	

Background

Sendero Health Plans (SHP) is a community-based non-profit health plan focused on quality and affordable healthcare. We are based in Travis County, a metropolitan and peri-urban area in Central Texas. Travis County has seen remarkable population growth, projected at a compound of 1.6% over the next five years, compared to an overall US compound growth rate of 0.6%.

As the population grows, housing and cost of living have increased, and the population of Central Texans in need of support to afford and access health care has expanded. As a result, our parent entity, Travis County Health Authority, or Central Health, has been steadily increasing its budget to support increases in membership of the Central Health Premium Assistance Program (CHAP) Expansion program since its inception in 2019. Members are eligible to join the program based on medical complexity, a high estimated risk score during the year before enrollment, and membership in the local Medical Assistance Program (MAP), a sliding-scale, fee-based safety net administered by Central Health.

A sizeable proportion of Sendero's care management programs and staff serve the needs of this complex and high-needs population. In 2019, 223 members enrolled in the new CHAP Expansion program. In the subsequent year, 155 renewed, and 383 new members joined, for a total of 538 (counted as 535 in official numbers). In 2021, we enrolled 672 members into this program, comprising 276 new members and 396 re-enrollments from the previous year. However, most of SHP's population remains ACA Marketplace members who purchase their health insurance on the Exchange. Our overall membership for 2021 was 7,358 as of December 31, 2021.

Methods for this Assessment

Most of the data used in this 2021 assessment draw from Sendero's Data Warehouse. Sendero refined its' methods and introduced a new assessment and report template this year to better integrate the process of data extraction and cleaning into the routine workflows of our in-house Data Analytics team. Some additional publicly available data is also included.

Data to describe specific characteristics of our member population are sometimes not collected, for various regulatory and feasibility reasons, upon enrollment or in other interactions with Sendero. Therefore, where member-level data are unavailable, we have used population-level data from County, State, and Federal data sources, as indicated throughout this Assessment in each relevant table.

Sendero annually assesses the characteristics and needs of its member population and studies the various health disparities that can adversely affect groups of people who may systematically experience more significant obstacles to health based on their racial or ethnic group; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

The incidence or occurrence of many adverse health conditions does not occur randomly in the population. Still, it is linked to race/ethnicity, gender, geographic area, age category, and other demographic characteristics. Across the Nation, health disparities primarily affect Blacks, Hispanics, those in geographically underserved regions, and low-income individuals and families. The same observation holds across Texas and our service areas in Central Texas. Recognizing and identifying health disparities allows Sendero to refine or develop population-level interventions to address some of the root causes of those disparities to reduce or eliminate their effects on member health.

I. Demographics and Social Determinants of Health

Geographic Distribution Most Common Geographic Distribution Counties for Sendero Membership Home/Enrollment Address, 2021 Membership									
Age Distribution			Sex				County		
Age	#	% of Total	#	% Male	#	% Female	County	#	% of Total
0-1 Year	85	0.91%	51	60.00%	34	40.00%	Travis	6,065	64.85%
2-5 Years	210	2.25%	107	50.95%	103	49.05%	Williamson	1,723	18.42%
6-11 Years	400	4.28%	202	50.50%	198	49.50%	Hays	745	7.97%
12-<18 Years	383	4.10%	186	48.56%	197	51.44%	Bastrop	520	5.56%
18-<65 Years	7883	84.29%	3928	49.83%	3955	50.17%	Caldwell	192	2.05%
65 years and older	391	4.18%	164	41.94%	227	58.06%	All Other Counties	107	1.14%
Total	9352	100%	4638	49.59%	4714	50.41%	**Total Membership**	9,352	100%

Observations:

Less than 1% of the population is newborn or infant. Children comprise 11% of the population. In addition, 4% of the population is over age 65. Sendero primarily supports an adult population (84%).

Most of Sendero's population lives in the Austin Metro area counties (Travis, Williamson, Hays). This is in keeping with our nature as a community-based plan and has not changed substantially from previous years.

Conclusions:

- Sendero's Social Work team has some experience with pediatrics and good experience with the elderly and adult population.
- There is a need for more Behavioral Health (BH) facility-based programs and support for adolescent BH needs.
- Past plan experience with CHIP and STAR populations provided the experience to the Care Management (CM) team with pediatric and geriatric. However, some ongoing education about these populations will help support Case Management and Community Health Worker (CHW) teams.
- The current CM assignment is based on complexity, not geography, which is satisfactory at this time.

Recommendations:

- Sendero's population health programs should ensure relevance to Travis County members and pediatric and geriatric age groups.
- In consultation with the Network team and network adequacy evaluations, seeking any additional available adolescent BH support will be discussed.

Race and Ethnicity of Sendero Members, 2021 Membership

	Sendero Data		Census Data*	
Race	**#Members**	**% Total**	**Travis County**	**Texas**
White	4,793	51.3%	78.9%	77.9%
Black or African American	390	4.2%	9.1%	13.2%
Asian *(i.e., Asian, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Hmong, Laotian)*	565	6.0%	7.9%	5.5%
Native Hawaiian or Other Pacific Islander *(i.e., Guamanian or Chamorro, Native Hawaiian, Other Pacific Islander, Samoan)*	8	0.1%	0.1%	0.2%
American Indian or Alaska Native (AI/AN)	38	0.4%	1.2%	1.1%
Latin American *(i.e. Cuban, Mexican, Mexican American, Chicano/a, Puerto Rican, Guatemalan, Salvadorean)*	483	5.2%	--	--
Some other Race	100	1.1%	--	--
More than one Race Group	1,300	13.9%	2.8%	2.2%
Missing	1,675	17.9%	--	--
Total	N/A[1]	100%		
Hispanic Ethnicity				
Hispanic, Latino/a/x or Spanish Origin	2,203	23.6%	33.4%	40.2%
Non-Hispanic, Latino/a/x, or Spanish Origin	6,221	66.5%		
Missing *(neither race nor ethnicity data provided by member)*	928	9.9%	--	--
Total	9,352	100%		

1 – Categories include double counts as members could select multiple categories; thus, the total for race is not presented.
*Data Source: Census Data for Travis County, Texas, and for the State of Texas (V2021, Population Estimates July 1, 2021). https://www.census.gov/quickfacts/traviscountytexas. Accessed September 01, 2022.

Observations:

Just over half of Sendero's membership reported white race. Other notable minority groups represented include those reporting Asian, Latin American, and Black/African American race.

Notably, race data was not reported by one out of every 5 to 6 members (18%). If non-reporting was non-random, this proportion of missing data might obscure differences in the racial/ethnic make-up of Sendero's population compared to the surrounding source population.

Sendero's membership reported Hispanic origin at ten percentage points below Census data for Travis County; however, Hispanic ethnicity data is also missing for 10% of our membership.

All Sendero staff members receive annual diversity and inclusion training.
All assessments are culturally inclusive.

Conclusion:

- CM resources and processes are currently adequate to support the Sendero population's diversity.

Recommendations:

- Sendero's population health programs should ensure materials appeal to and consider the health beliefs and cultural needs of multiple racial and ethnic backgrounds.
- There is an opportunity for Sendero to collect more complete and accurate race/ethnicity data. However, the challenge remains that health plans cannot require this data from members.

Language Spoken at Home by Sendero Members, 2021 Membership

Language	Sendero Data				Census Data*	
	2019	2020	2021	% Total	Travis County	Texas
English Only	214	444	499	5.34%		
Spanish	270	446	611	6.53%		
Other Indo-European Languages	7	12	13	0.14%		
Asian and Pacific Islander Languages	16	23	27	0.29%		
Other Languages	4	4	4	0.04%		
Language other than English spoken at home			--	--	30%	35%
Missing	15,617	15,721	8,198	87.66%		
Total Membership			9,352	100%		

*Data Source: Census Data for Travis County, Texas, and for the State of Texas (V2021, Population Estimates July 1, 2021). https://www.census.gov/quickfacts/traviscountytexas. Accessed September 01, 2022.

A recent assessment[1] of the local safety net, commissioned by Sendero's parent entity and Hospital District, Central Health, reports a wide range of limited English proficiency by region within Travis County, ranging from 2.4% in Downtown/West-Central Austin up to 26% in Rundberg. Across the County, 11.5% of individuals report limited English proficiency.

1 - Central Health. Safety-Net Community Health Needs Assessment Report. February 10, 2022. Available at https://www.centralhealth.net/wp-content/uploads/2022/02/20220209_CH_Safety-Net-Community-Needs-Health-Assessment_FINAL.pdf. Accessed September 01, 2022.

Observations or conclusions:
Most of our members did not report language preference. However, Spanish was more commonly reported than English. In addition, census data show that 30% of local households report speaking a language other than English at home.

Conclusions: Sendero strives to have most of our CHW cadre proficient or bi-lingual in English/Spanish. We also make a point to hire/retain bilingual SW and RNCMs, and of course, we continue to make a language line available for all languages. Member materials are all routinely available in both English and Spanish. Sendero can translate materials into other languages as needed.

Recommendations:

- Sendero should continue to retain and recruit bilingual staff in Spanish and English. In addition, Sendero should continue to offer language translation options in line with standards and regulations.

- There is an opportunity for Sendero to explore opportunities to better capture preferred spoken language, i.e., in one of the annual member surveys implemented by Member Services, to ensure our programs are tailored and responsive to member needs and accessible no matter a member's native language.

Household Income Categories of Sendero Members, 2021 Membership

Sendero Membership			Representative Source Population		
Income Category	# Members	% of Total Membership	Income Category	Travis County	Texas
≤150% FPL*	2,084	22.0%	≤150% FPL**	33.7%	50.5%
>150% FPL to <400% or <500%	4,725	49.8%	>150% FPL to <400%	47.2%	40.1%
Other/Unknown/Not Requesting Financial Assistance (NFA)	2,672	28.2%	Other / Unknown (above 500% FPL)	19.1%	9.4%
Total Membership	9,481*	100%		N/A	N/A

Household Income Categories of Sendero Members, 2020 Membership

Sendero Membership			Representative Source Population		
Income /Income Category	# Sendero Members	% of Total Membership	Income Category	Travis County	Texas
≤100% FPL* cutoff	3,145	19.0%	≤150% FPL**	-%	-%
>100% FPL to <400%	8,212	49.6%	>150% FPL to <400%	80.6%	90.4%
Other/Unknown/Not Requesting Financial Assistance (NFA)	5,198	31.4%	Other / Unknown (above 500% FPL)	19.4%	9.6%
Total Membership	16,555*	100%		N/A	N/A

Household Income Categories of Sendero Members, 2019 Membership

Sendero Membership*			Representative Source Population		
Income /Income Category	# Sendero Members	% of Total Membership	Income Category	Travis County	Texas
≤100% FPL* cutoff	-	-	≤150% FPL**	--	--
>100% FPL to <400%	11,588	72.5%	>150% FPL to <400%	80.5%	90.1%
Other/Unknown/Not Requesting Financial Assistance (NFA)	4,393	27.5%	Other / Unknown (above 500% FPL)	19.5%	9.9%
Total Membership	15,981*	100%		N/A	N/A

In addition to these administrative data Sendero has available in its data warehouse, a recent assessment[1] of the local safety net, commissioned by Sendero's parent entity and Hospital District, Central Health, and released in February 2022, provides further insight into the poverty and unemployment rates in some of our most prominent service areas.
Across Travis County, unemployment during 2021 was at 3.7%, ranging from 2.6% (South Central Austin) to 5.8% (in the Colony Park community in East Travis County). The report also showed that 25,287 families were living below 200% of the federal poverty level. Many of these families are served by Central Health, and the population of CHAP Expansion membership that Sendero cares for and serves does derive from this proportion of the population.

* - All members, including part-year members, were included in these calculations. Depending on the metric and source report, official year-end numbers were around 7,300-7,500.
**FPL - *Federal Poverty Level – Estimates based on premium payments (member contribution and APTC) and guidelines for expected member contribution cap based on income/FPL. At Income levels between 100% to 400% FPL, a person qualifies for premium tax credits to lower monthly Marketplace health insurance plan premiums. I 150% FPL, if a person is not eligible for Medicaid or CHIP, they may qualify for a Marketplace special enrollment period.*
****Underestimation – some member contributions>$0 but would have likely not been paid if chosen 2nd lowest silver premium in the market*
Sources: CMS, KFF, Healthcare.gov (for FPL thresholds for 2021) https://www.healthcare.gov/glossary/federal-poverty-level-fpl/

[1] Central Health. Safety-Net Community Health Needs Assessment Report. February 10, 2022. Available at https://www.centralhealth.net/wp-content/uploads/2022/02/20220209_CH_Safety-Net-Community-Needs-Health-Assessment_FINAL.pdf. Accessed September 01, 2022.

Observations:
Over the past three years, the proportion of Sendero's members reporting a household income below 150% of the Federal Poverty Level (FPL) has trended upward. This trend has mirrored a slow, steady increase in the size of the CHAP Expansion population and is also reflective of the lower membership on Exchange plans we saw from 2020 to 2021, as numerous other plans entered the local market.

Sendero collects income-based eligibility data only for participants of our income-based, subsidized membership programs. Income information is optional in enrollment forms for individuals purchasing insurance on the Exchange.

Conclusions:

- A large proportion of high-risk members are also low-income, emphasizing the need for Social Work (SW) support on the CM Team. For 2021, SW support was 3.5-4 SWs, which was adequate to support social determinants of health needs for our members and programs. However, with additional programs to address social determinants of health or with a new initiative to send social workers into the community to conduct home visits, e.g., for members experiencing limited access to transportation or with another need best served with an in-person assessment, more FTEs would be needed.
- A sizeable proportion of Sendero's membership lived on a monthly income of less than about $1,600 (for a one-person household) in 2021. Living at or near the federal poverty level places a person, and their family, in an economically vulnerable situation.

Recommendations:

- Sendero should continue maintaining a trained team of social workers and community health workers to help members address socially determined barriers to accessing health services and being healthy.
- Sendero should also ensure that staff training and membership materials make it easy for members to access other programs to identify and address challenges with other social determinants of health.

Adverse Social Determinants / Non-Medical Drivers of Health

	Sendero Health Plan Data						Community Data
	2019		2020		2021		2021
Social Determinant	# Members	% Membership	# Members	% Membership	# Members	% Membership	% Population
Members experiencing income inequality or lack of funds	--	--	At least 3,145	At least 19%	At least 2,084	At least 22%	
Members experiencing housing insecurity or homelessness	--	--	--	--	"some" (~21 in a given month)	--	
Members experiencing limited access to reliable transportation***	109	0.68%	27	<1% documented	290	3.1%	
Members experiencing food insecurity and/or hunger	--	--	--	--	"many" (~58 in each month)	--	
Members experiencing a digital divide from community participation	--	--	--	--	"some" (~10 in each month)	--	5 to 10% (census)
Members experiencing a racial or ethnic disparity	--	--	--	--	("many", but variable depending on outcome)	--	
Total Membership			9,352				

Conclusion: The CM team regularly encounters members needing housing support and would benefit from having more formal community partnerships added to the resources to address this and other social determinant needs. The staffing resources for CM are adequate.

Recommendation:

- It could be beneficial for Sendero to partner with a community group, such as the *Housing Authority of Austin*, the *Housing First Community,* or *Mobile Loaves and Fishes,* to better support member needs for housing. These partnerships would also help Sendero's priority of growing and developing our community partnerships.
- Sendero CM should also explore community partnerships to better support food insecurity, for example, *Central Texas Food Bank* or pursue a relationship conversation with *HEB personalized nutritionist support programs.* To support digital connectivity gaps experienced by our members, Sendero should explore cross-departmental opportunities and initiatives for helping Members sign up for email addresses and gain access to printers.

Observations or conclusions:

Income Inequality – Important segments of our population are defined by low income, including the CHAP Expansion and portions of the non-CHAP population (who receive premium support through various programs).

Housing Security - Administrative data estimates suggest a small but notable number of Sendero members experience insecure housing.

Transportation Security - Sendero offers transportation assistance to members who need help getting to their medical appointments. The members who utilize this service are medically complex and have more needs than a typical member on an ACA plan. Transportation issues are expected for parts of our population who are fully subsidized by the local hospital district.

Food Security - Administrative data estimates suggest a notable proportion of our membership experiences this determinant, and in combination with the number of members diabetes is a real need.

Digital Divide – Administrative data estimates suggest this is a small but very real determinant experienced by our population, experienced concretely as a lack of email addresses and printing capabilities throughout the community.

Racial and Ethnic Disparity – Racial and ethnic disparities are certainly present among our population, but their measurement requires selecting of a specific outcome(s). Internal program improvement analyses show that Sendero cares for a substantially sized population of members with cancer (576 members spanning plan years 2020 and 2021 had a cancer diagnosis). Additional, preliminary internal analyses suggest different rates of colorectal cancer screening by race and ethnicity during the past three years, with rates returning toward baseline for all groups except for Hispanic/Latino and Asian/Pacific Islanders – and a slower pace of return to baseline for blacks compared to whites.

Population Assessment Data

Healthy People 2030[1] lays out five domains of the Social Determinants of Health. Within this framework, Sendero recognizes several indicators that might be impacted by a health plan and that are particularly prevalent in and around our Central Texas community.
Sendero's approach to social determinants of health focuses on a model comprising six constructs:

Six Constructs of Sendero's Approach to Social Determinants of Health

Income inequality or of lack of funds

Housing security

Transportation security

Food security

Digital divide

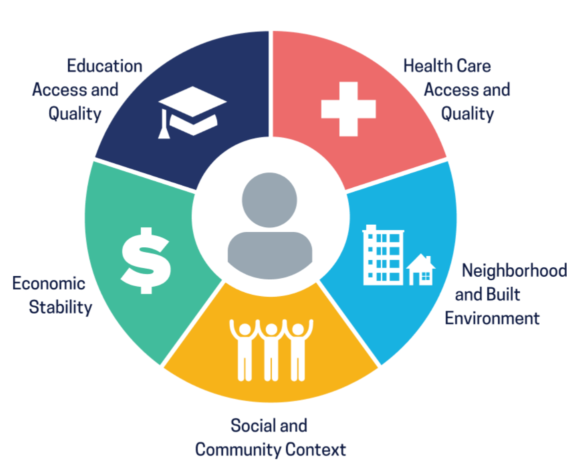
Racial and ethnic disparity

To describe the social determinants experienced by our members and their communities, Sendero has also drawn data from a recent Community Needs Health Assessment[2], commissioned by our parent agency, Central Health, to describe the strengths and gaps in the local safety net health system.

Income Inequality falls under the Healthy People 2030 (HP2030) "Economic Stability" domain", comprising targets for adolescent education and household employment rates. Related to this is a "health insurance" category of metrics, under the HP2030 "Health Care Access and Quality" domain. cany of our Exchange members are self-employed or otherwise financially stable or well-off, but all the members in our CHAP Expansion program, as well as those who qualify for a subsidy to support purchase of a Sendero offering on the Exchange, by definition of their program eligibility, experience some degree of financial hardship. Texas had the country's largest proportion of uninsured people in 2021, approximately 20% of the State's population, and through our intensive community-facing enrollment and re-enrollment efforts for the CHAP Expansion program partnership with Central Health, and through our offerings of local, affordable, high-quality plans on the ACA Exchange, Sendero strives to offer the community affordable and feasible options to increase the number of people with health insurance and to decrease the number of people who are under-insured.

Housing Security falls under the Healthy People 2030 domain of "Neighborhood and Built Environment," comprising targets for reducing the proportion of family income spent on housing, as well as initiatives to reduce exposure to lead and other toxicants and pollutants in the home environment, to ensure exposure to fluoride in the drinking water, and other safe and healthy living targets. Sendero's data warehouse has not yet comprehensively captured data on members experiencing homelessness or housing insecurity, but administrative data reports suggest that this is an important gap experienced by our members (see table above for counts). The 2021 Travis County count of unhoused individuals enumerated over 2,500 individuals in tents, cars, or otherwise unhoused overnight. 2020 Census data[3] shows that, in 2021, there are more renters in Travis County compared to the rest of Texas (approximately nine percentage points higher), and average monthly rent is almost $200-300 higher than on average across Texas, or across the Country as a whole. In 2021, local voters passed a "camping ban" that criminalized sleeping in a tent in a public space. Austin has introduced a new pilot to provide funds to families who are at risk of becoming homeless, but overall, this remains a crisis issue in the community. The supports available shelter beds and programs to get families and individuals into sustainable housing situations fall far short of the need, with some shelters having more than a 30-day waitlist for a spot or a bed. Sendero staff support our members with housing insecurity in numerous ways, including coordinating closely with facility discharge planners, member support networks, and local shelters and housing programs, such as Housing Authority City of Austin (HACA) and Foundation Communities, to ensure members coming out of an acute care situation have safe plans for re-establishing themselves in the community. Our CHWs and social workers are trained in motivational interviewing. They have a deep familiarity with the local housing resources. Our operations and customer support staff work closely with our health services staff to ensure that we take as flexible an approach as possible, to ensure members have an uninterrupted supply of maintenance medications and that they are offered participation in our transportation program, among other offerings.

Transportation Security falls under the Healthy People 2030 domains of “Neighborhood and Built Environment” and “Health Care Access and Quality”. In 2020 and 2021, Travis County voters supported investments to expand public transit, and Sendero’s sister Federally Qualified Health Center organization, CommUnityCare (CUC), began plans to build new clinics in underserved neighborhoods. However, limited access to transportation remains one of the more severely limiting social determinants of health for many of Sendero’s members. It compounds healthcare access problems for those with housing instability. In and around Travis County, the substantial proportion of the population with limited English proficiency experiences additional barriers to understanding and utilizing public transportation. According to a 2017 Community Health Assessment, as much as 4% of the low-income population in Travis County relies upon public transportation for essential everyday functions. Many low-income populations identify lack of transportation as a barrier to accessing nutritional food. Sendero enumerates its members experiencing limited access to reliable transportation as those members who have requested/are receiving services through our transportation program. Members who report a lack of access to reliable transportation and related difficulty attending medical appointments are eligible for this program. In 2019 Sendero initiated a partnership with Lyft™ to address this need. In 2020 Sendero added a local medical transportation vendor to the program. During 2021, member demand began to outpace the capacity of this provider. In 2021 Sendero conducted an assessment of alternative local vendor options and started conversations with a new provider (SafeRide), with the goals of 1) to better serve members with disabilities and special assistance needs; 2) to better automate the member experience in requesting transportation support; and 3) to provide enhanced access (longer hours, more vehicle availability, even more support for members with special medical conditions such as morbid obesity, paraplegia, etc.).



Food Security falls under the Health People 2030 domains of “Economic Stability”. Travis County’s 33 “food deserts”, or low-income neighborhoods where few people have access to reliable transportation, and there is no grocery store within a certain distance of a given proportion of homes, have existed for decades, and are linked to historic “redlining” practices that, despite more modern efforts to combat their effect, have resulted in persistently unequal distribution of goods and services to neighborhoods based on racial or socioeconomic makeup of a given community. Central Health’s needs assessment[2] showed that 45% of Travis County residents live in an area that meets the “food desert” definition, with much greater numbers in East Travis County and underserved areas that comprise some of the priority service areas for Central Health, and by extension, for Sendero (see “Table 19” below, excerpted from this report). Given the important role that a healthy diet plays in a vast number of chronic diseases, and the large burden of chronic diseases (i.e., diabetes, hypertension, cancer, etc.) that are prevalent in Sendero’s population, these reports paint a worrisome picture. Our social workers and community health workers do on an individual basis refer a member to the Central Texas Food Bank and AGE of Central Texas (for elderly members); both of these organizations offer a weekly food box delivery through Amazon delivery service, if a member meets eligibility criteria (i.e. elderly for AGE; SNAP for Food Bank), is able to obtain transportation to food distribution locations, and is able to navigate the sign-up process. Our social workers are aware of a new HEB program, that offers nutrition counseling to members based on specific disease states, but the option for HEB to be invited to come in-network for these services has not been officially recommended nor explored.

The **Digital Divide** falls under the Healthy People 2030 domain of “Neighborhood and Built Environment”, comprising targets for increasing access to broadband internet. 2020 Census data[3] shows that, in 2021, 96.4% of Travis County households had a computer, and 90.6% had a broadband internet subscription; these numbers are 4-5 percentage points higher than across the rest of Texas. However, our case management records and administrative data show that many of our most vulnerable members certainly experience limited connectivity and show a preference for communications via text; a significant proportion of our membership lacks an email address, which is a barrier to enrolling in programs that can mitigate the negative impact of this and other social factors on health. This is compounded by a noted difficulty in access to printers – which can pose a similar barrier, particularly for enrollment in various social services programs. Traditionally more available community resources to enable greater connectivity are critically lacking in the aftermath of COVID. The needs assessment recently conducted by Central Health[2] reported that regions in the I-35 Corridor and in East Travis County are more likely to have limited access to computers and the internet compared to the County overall, reporting a lack of access in one in four to one in five households in some of the most underserved regions of the County. (See “Table 19” below, excerpted from this report). During 2021, Sendero’s long-standing partner, Integral Care (the LIDDA[‡] in Travis County), received grant funding to provide a cell phone, with minutes, to community members needing a phone to access mental health or substance use related services. Sendero members were able to be considered for this program, in part because of the embedded staff model we share with Integral Care. At the end of 2021, Sendero began to consider the need to expand our telehealth options to ensure landline or phone call use if members do not have video streaming capability, and our staff have begun to lay out an approach to returning to home visits, when members request in-person support from their CHW advocate or other Sendero care management team member.

To identify **Racial and Ethnic Disparities**, a health plan must first collect valid and reliable race and ethnicity data – neither of which are mandated data fields on Exchange enrollment forms. At the end of 2020, Sendero made the decision to dedicate significant resources to optimize and improve its collection of this data upon enrollment, and this decision was put to implementation during 2021. Our data analytics, operations, and health services teams stood up a comprehensive effort to transfer this data from various sources including enrollment vendors, our Third Party Administrator, and program funding partners (i.e. Central Health), into our data warehouse, and then to map the raw data into a standardized demographic classification based on official governmental definitions (i.e. Census and Office of Management and Budget guidelines), and to begin the efforts to build out tables in a modernized “datamart”. In 2022 and beyond, these efforts are anticipated to culminate in a more member-centric data warehouse, with a data retrieval system that will allow race and ethnicity data to be populated into routine reports, audits, and program performance metrics, and to be made available to guide culturally appropriate outreach and member services. This effort is anticipated to be a multi-year project and will extend into 2022.

Table 19. Social Determinants of Health: Physical Environment Factors

Planning and Assessment Region	Households with No Computer[1], %	Households with No or Slow Internet[1], %	Households with Broadband Access[2], %	Population Living in Food Deserts[3], %	Low Income Population with Low Food Access[3], %
I-35 Corridor					
Rundberg	9.8%	19.4%	100.0%	12.1%	1.6%
Garrison Park/South Congress	3.4%	10.8%	99.9%	48.3%	3.8%
East Central Austin	10.9%	20.7%	100.0%	24.1%	4.4%
Dove Springs	8.6%	15.6%	100.0%	55.3%	7.7%
Wells Branch/Tech Ridge	4.3%	10.4%	99.1%	57.5%	7.2%
Downtown/West Central Austin	2.1%	8.2%	99.8%	13.7%	0.7%
Riverside/Montopolis	7.1%	25.8%	100.0%	21.4%	2.3%
South Central Austin	4.0%	12.4%	100.0%	0.0%	0.7%
East Travis County					
Pflugerville	1.6%	6.0%	99.4%	87.9%	12.2%
Colony Park/Hornsby Bend	6.5%	16.5%	100.0%	81.4%	25.0%
Del Valle	11.1%	17.6%	99.9%	20.6%	15.0%
Manor	3.5%	7.0%	100.0%	0.0%	0.0%
West Travis County					
Jonestown/Anderson Mill	2.7%	5.9%	99.2%	68.6%	5.1%
Oak Hill/Hudson Bend	2.2%	4.5%	99.2%	63.9%	3.6%
Travis County	**4.9%**	**11.8%**	**99.7%**	**44.1%**	**5.3%**
Texas	**9.0%**	**18.1%**	**96.4%**	**76.5%**	**23.5%**
United States	**9.7%**	**17.3%**	**96.3%**	**48.1%**	**19.4%**

Higher than the Travis County Average	

Source 1: US Census Bureau, American Community Survey. 2015-19

Source 2: National Broadband Map. June 2020

Source 3: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019

Race and ethnicity often compound other social determinants. For example, Black residents of Travis County are over-represented in the local population of people experiencing homelessness: more than one in three unhoused persons are black, while only 8% of the overall county population is black[2].

Sendero has long been committed to promoting preventive medicine and preventive health care, and in recent years, we have placed special emphasis on cancer prevention. CDC data show that breast cancer and colorectal cancer are the second and fourth leading causes of cancer-related death in the US[4], and blacks have a higher incidence, and mortality, especially from colorectal cancer, compared to whites. American Indian and Alaska Native populations, although they are small minorities across much of Central Texas, have the second-highest rates of incidence and mortality nationally[4]. In 2021, Sendero undertook an internal project to better assess its cancer burden. A cancer diagnosis often leads to an elevated HCC risk score, making cancer diagnoses particularly common among our CHAP Expansion population, where eligibility is determined by estimated risk score. Administrative and programmatic records showed that Sendero cared for a substantial population of members with cancer, with 576 members carrying a cancer diagnosis between the membership of 2020 and 2021; 207 of these members were in the CHAP Expansion program. In mid-2021, Sendero undertook a preliminary analysis of cancer screening behaviors, examining utilization by race and ethnicity category reported upon enrollment. That data required substantial cleaning and standardization, and plans are under consideration for Sendero to better standardize and make available its race and ethnicity data (as described elsewhere in this report). However, preliminary analyses suggested different rates of colorectal cancer screening by race and ethnicity, over the years 2019, 2020, and 2021. Rates dipped during COVID, then returned toward baseline for all groups except for Hispanic/Latino, and for Asian/Pacific Islanders, and rates for blacks and whites were the same at the end of the analysis period, but this represented a slower rate of return to a pre-COVID baseline for blacks, compared to whites.

[1] Healthy People 2030. https://health.gov/healthypeople/priority-areas/social-determinants-health. Accessed September 01, 2022.

[2] Central Health. Safety-Net Community Health Needs Assessment Report. February 10, 2022. Available at https://www.centralhealth.net/wp-content/uploads/2022/02/20220209_CH_Safety-Net-Community-Needs-Health-Assessment_FINAL.pdf. Accessed September 01, 2022.

[3] Data Source: Census Data for Travis County, Texas, and for the State of Texas (V2021, Population Estimates July 1, 2021). https://www.census.gov/quickfacts/traviscountytexas. Accessed September 01, 2022.

[4] CDC. Update on Cancer Deaths in the US. 2021. https://www.cdc.gov/cancer/dcpc/research/update-on-cancer-deaths/index.htm . Accessed September 01, 2022.

*** Transportation data collected from Sendero's Administrative data from the transportation support services and programs that we run, and include data on utilization of services, obtained from Sendero's transportation vendors. As described above in this section, Sendero's transportation vendors have evolved over time from 2019-2021, as have related reporting capabilities. The data for 2021 represents both a true increase in utilization, as we grew and optimized our program, as well as an increase in data completeness and reporting capacity.

ǂ LIDDA, Local Intellectual and Developmental Disability Authority

Conclusions:

- Sendero has seen an increase of members experiencing increased food insecurity and housing during the COVID epidemic. The CM team makes referrals to the SW within the CM team to assist the members with obtaining resources to assist them with their needs. Our SW have a strong knowledge base for the local resources to assist the members. The number and skillset of our Social Workers, having added an FTE last year, continues to be adequate to meet the SDoH needs of Sendero members.
- Should Sendero re-institute home visits and facility visit by SW's, an additional FTE will be needed.
- Sendero will continue to explore relationships with new partners to meet members' needs. Sendero will continue to build on existing relationships with partners to meet the members' needs.

Recommendations:

- **Income Inequality** – The data suggests Sendero should continue to optimize enrollment and re-enrollment efforts for CHAP Expansion; and continue cross-cutting efforts to reduce spending, to allow continued lowering of premiums for Exchange plans. Our commitment of staff to help increase health literacy, and to support navigation of the health system, should continue. Sendero might also consider tools to increase the total time that our customer service and health services staff are available to interface with members, i.e., automated dialing systems.

- **Housing Security** –There is an opportunity for Sendero to consider exploring a new, or a stronger, partnership with local community organizations focused on keeping vulnerable families from losing their housing.

- **Transportation Security** -
  A concretely quantified, very notable proportion of Sendero members experience insecure transportation. The data present a compelling case for Sendero to continue to optimize its transportation program, and to continue examining the business case to contract with a transportation vendor that offers greater flexibility in terms of hours, special medical needs, and member usability. There is an opportunity to work to secure another transportation vendor that will provide both NEMT and Lyft/Uber.

- **Food Security** – There is an opportunity for Sendero's data systems to better quantify the proportion of members experiencing food insecurity. The data also suggest an opportunity for Sendero to explore a local partnership with a community-based organization focused on food distribution, or on nutrition services for those with limited financial and health literacy. Sendero's Network and Health Services team should explore options for partnering with H-E-B. Sendero's Care Management leadership should explore a more formal partnership with a food distribution organization.

- **Digital Divide** – There is an opportunity for better quantifying the proportion of members experiencing limited connectivity to their community and essential health services. Sendero should consider opportunities to solidify its partnership with Integral Care, to leverage grant monies to provide cell phones to members without one. Integrate into case management - information about state programs to support cell phone and broadband access for low-income members. Furthermore, there is a clear opportunity for Sendero to research vendor options that may increase member access to telemedicine, potentially with a vendor RFP. Sendero may also want to explore grant funding in partnership with UT Health Austin School of Pharmacy to examine the health IT needs of the CHAP Expansion population.

- **Racial and Ethnic Disparity** – Sendero should complete the build-out of race and ethnicity data into a "datamart", and maintain that data in an up-to-date manner, so that routine reports, audits, and performance metrics can readily query for the presence of racial and ethnic disparities in access, health outcomes, or other metrics of interest.
  The findings of Sendero's preliminary internal analysis – on the role of race and ethnicity in the rate of return to baseline of colorectal cancer screenings for a given population segment – suggest an opportunity for a) further validation of this finding and b) potential case for segmentation of tailored behavior change marketing materials to promote colorectal cancer screening among population segments that are lagging the overall population.

- **Overall** – Sendero would be well-served to develop a method of documenting, and enumerating, additional social determinants of health, beyond those with limited transportation. Those with limited access to healthy foods might be a good next determinant to address.

II. Sub-Populations

Sendero has segmented its member population into the following sub-populations based on programmatic importance; NCQA guidance; local racial, ethnic, and language demographics (i.e. the important proportion of people of Hispanic descent and/or with limited English proficiency who reside in Central Texas); the prevalence of diabetes in our population; the historic and continuing importance of limited access to transportation as a social determinant of health in our service area; and our programmatic and overall reliance upon risk scores to guide our resource allocation and program planning.

CHAP Expansion (Central Health Access Program). Sendero enrolls individuals to its CHAP Expansion program based on income, estimated risk score, and individual opt-in to the program. In quarter 3 of the preceding year, Sendero's parent Hospital District, Central Health, estimates risk scores based on utilization and clinical records for members of the Medical Access Program (MAP) safety net program. Per agreement with Central Health, Sendero invites current eligible members to re-enroll, and conducts intensive outreach to optimize re-enrollment rates. Central Health also sends invitation letters to newly eligible members; those members who express interest are transferred to Sendero's Member Services department for enrollment, with a warm handoff whenever possible. According to internal analysis of enrollment numbers, In 2019, approximately 223 members were enrolled in the CHAP Expansion program; in 2020, the program expanded to enroll approximately 535, and in 2021, 673. These represented 7%, 16%, and 21% of Sendero's overall membership, respective to each year. The CHAP Expansion population is selected and invited based in part on high-risk scores. The breakdown of the population's risk scores is presented below, drawn from Sendero administrative records and documents.

End-of-Year Risk Score	**2019 (n=15,975)**				**2020 (n=16,486)**				**2021 (n=9,263)**			
	Mean	Median	Min	Max	Mean	Median	Min	Max	Mean	Median	Min	Max
CHAP Expansion	19.3	12.8	0.2	184.9	13.8	7.5	0.1	138.1	16.0	8.5	0.1	139.0
Non-CHAP												
PAP	2.2	0.3	0.03	104.9	1.4	0.2	0.04	178.8	1.4	0.2	0.05	114.0
IdealCare	1.2	0.3	0.0	110.4	1.0	0.2	0.0	240.0	1.3	0.2	0.0	84.8
Total Population	1.5	0.3	0.0	184.9	1.4	0.2	0.0	240.0	2.4	0.2	0.0	139.0

Non-CHAP. All other IdealCare members, and PAP (Premium Assistance Program, referring to plans where members are subsidized with premium assistance through Central Health; members pay copay and deductible; PAP includes HAAM members).
Children and Adolescents. See Appendix I for criteria used to define the population.
Members with disabilities. See Appendix I for criteria used to define the population.
Members with Severe and Persistent Mental Illness (SPMI). See Appendix I for criteria used to define the population.
Members who identify as Hispanic, as described above in the Demographics section I.
Members who identify as non-Hispanic, as described above in the Demographics section I.
Members with limited English proficiency, as described above in the Demographics section I.

Sendero has selected 4 "other" sub-populations:
Members with a clinical diagnosis of diabetes, defined as specified in Appendix I include unique members with two or more claims containing a primary diagnosis of diabetes.

Members experiencing limited access to transportation (a Social Determinant of Health-based definition), enumerated by transportation service utilization rosters, as described above in the SDOH section I.

Members in the: **a) highest quintile of risk scores** and **b) lowest quintile of risk scores.** Both sub-populations are defined by the risk score calculated by Sendero actuaries, based upon clinical and claims records for each member. These risk scores are calculated 5 times a year, using a validated method that closely approximates CMS HCC-based risk scoring methods. We have defined these sub-populations, for the purpose of informing our strategy, by the final calculation, performed in quarter 4 of the calendar year 2021.

Enumeration of Selected Sub-Populations as a % of Total Membership

	2019		2020		2021	
	n	% tot	N	% tot	n	% tot
All population	16,128	100%	16,649	100%	9,352	100%
CHAP Expansion	223	1%	535	3%	673	7%
Non-CHAP	15,906	99%	16,118	97%	8,681	93%
Children & Adolescents	2,353	15%	2,434	15%	1,078	12%
Members with disabilities	18	0.1%	22	0.13%	40	0.43%
Members with SPMI	40	0.3%	44	0.26%	36	0.38%
Members who identify as Hispanic	3,412	21%	3,375	20.%	2,184	23%
Members who identify as non-Hispanic	10,822	67%	11,363	68%	6,147	66%
Members with limited English proficiency	297	2%	485	3%	655	7%
Other sub-population: Members with diabetes (clinical)	992*	6%	1,079*	6%	868*	9%
Other sub-population: Members experiencing limited access to transportation (SDOH)	109	0.7%	263	2%	290	3%
Other sub-population: Members in the highest quintile of actuary-calculated risk scores (top 20%, using the latest score calculated each CY)	3,224	20%	3,318	20%	1,870	20%
Other sub-population: Members in the lowest quintile of actuary-calculated risk scores (bottom 20%, using the latest score calculated each CY)	3,225	20.%	3,319	20%	1,871	20%

*Diabetes volume source: ARC-COPE Tool

Observations:

The non-CHAP portion of our membership significantly decreased in 2021, while the CHAP Expansion membership increased. This has placed significant demands on the Care Management teams.

As the total membership volume dropped, the percentage of members with diabetes increased by ~50% in 2021. The relative percentages of the other subpopulations remained more stable.

After a review of the data, we observed gaps in the Outpatient CM team to fully meet member needs in 2021. Average risk scores in the CHAP Expansion population have varied between 10.9 to 12.3 but remained high since the program's inception in 2019. This may reflect the success of the intensive CM and health system navigation services provided to the CHAP Expansion population, which has been stable longitudinally.

Conclusion:

Upon review of the data, Sendero's Outpatient CM team did not have adequate staffing to meet our members' needs.

Recommendations:

- Although the PAP and IdealCare populations have much lower risk scores on average than the high-risk CHAP Expansion population, individuals in those segments do have high-risk scores. It is important that Sendero maintain sufficient care management staff to serve these high-risk members from the non-CHAP population, in addition to the staffing we maintain for the CHAP population.
- To keep up with projected increases in the CHAP Expansion population and to allow expansion of the services we provide to the overall membership, Sendero should consider increasing staffing for the CM team, potentially including a new RNCM management position, and the addition of 2 RNCM, and 3 CHWs.

III. Utilization

Acute Care Facility Admissions/1000 Members/Year[1]

	2019	2020	2021	YoY
All population	68.7	79.2	140.4	+77%
CHAP Expansion	1,493.3	1,046.7	1,190.2	+14%
Non-CHAP	49.0	47.1	59.0	+25%
Children & Adolescents	23.8	25.9	14.8	-43%
Members with disabilities	8,000	3,954.6	6,300.0	+59%
Members with SPMI	3,575	4,545.5	3,305.6	-27%
Members who identify as Hispanic	98.8	148.2	278.8	+88%
Members who identify as non-Hispanic	60.4	66.3	101.7	+53%
Members with limited English proficiency	69.7	67.1	461.1	+587%
Other sub-population: Members with diabetes (clinical)	524.4	513.55	706.2	+38%
Other sub-population: Members experiencing limited access to transportation (SDOH)	2,119.3	1,387.8	1,206.9	+-13%
Other sub-population: Members in the highest quintile of actuary-calculated risk scores (top 20%, using the latest score calculated each CY)	317	382.2	678.6	+78%
Other sub-population: Members in the lowest quintile of actuary-calculated risk scores (bottom 20%, using the latest score calculated each CY)	5.0	2.7	2.7	0%

1 - Facilities included in this metric comprise those with a CPT code for a claim that was submitted for an acute care hospital, inpatient rehabilitation facility, or long-term acute care facility (LTAC). The metric excludes skilled nursing facility and residential facilities. Acute care is defined to include all inpatient admissions as well as observation stays.

Acute Care Bed Days (Total Admitted) Days /1000 Members/Year[1]

	2019 Rate	2020 Rate	2021 Rate	# 2021 Members	2021 Days
All population	156	176	318	9,352	2,972
CHAP Expansion	3,143	4,731	2,475	673	1,666
Non-CHAP	115	113	150	8,681	1,306
Children & Adolescents	46	56	32	1,078	34
Members with disabilities	16,556	9,167	14,050	40	562
Members with SPMI	5,775	6,175	6,028	36	217
Members who identify as Hispanic	206	275	568	2,184	1,241
Members who identify as non-Hispanic	148	164	254	6,147	1,562
Members with limited English proficiency	156	694	1,035	655	678
Other sub-population: Members with diabetes (clinical)	1,279	1,330	743	868	1,079
Other sub-population: Members experiencing limited access to transportation (SDOH)	5,706	5,642	2,652	290	769
Other sub-population: Members in the highest quintile of actuary-calculated risk scores (top 5%tile, using the latest score calculated each calendar year)	733	844	1,517	1,870	2837
Other sub-population: Members in the lowest quintile of actuary-calculated risk scores (bottom 5%tile, using the latest score calculated each calendar year)	13	5	10	1,871	18

1 - The acute care bed days metric includes admitted bed days for acute care, long-term acute care (LTAC), and inpatient rehabilitation facilities. Bed days for skilled nursing and residential treatment facilities are excluded from this metric. Acute care is defined to include all inpatient admissions as well as observation stays.

Observations:

The overall population experienced a fifteen percent increase in acute inpatient care facility admission rates from 2019 to 2020 and another 77% increase in 2021. This is an overall trend validated by internal health services administrative reports. The COVID-19 pandemic likely impacted this rate. The overall increase (71 rate points) appears to have been driven in part by an increase in facility use rates among members who identify as Hispanic (180 rate points, members with limited English proficiency (391 rate points), members in the highest quintile of risk scores (361 rate points), and members with diabetes (182 rate points). Notable for relatively steady rates were the child and adolescent population (albeit a very small population for Sendero). Also notable is CHAP Expansion population admission rate - while up fourteen percent 2020-21, was twenty percent lower than in 2019. Data defining members with limited English proficiency are limited in nature, so this data must be interpreted with caution.

Notable is that the COVID-19 pandemic began in March 2020 and peaked in 2021 and thus had a major impact on the admission rate. Local facilities struggled with discharge planning and had higher-than-normal readmission rates also, which contributes to the overall admission rate.

The decrease in admissions for children and adolescents was also driven by the pandemic quarantines and the reduction in elective admissions. We anticipate in 2022 that these rates will normalize closer to the 2019-2020 rates.

The rates of bed days are skewed for very small populations. Notable is the rate of bed days for members with limited English proficiency where data available to identify this membership is inconsistent over the three-year period.

Conclusions: The admissions data above must be interpreted in the setting of the COVID pandemic, which is recognized as a clear driver of hospital admissions and clinical care utilization. Sendero should consider adding CM and CHW FTEs to help increase the amount of available support for post-admission discharge care coordination, especially for those members needing chronic condition management and experiencing adverse social drivers of health (as enumerated above).
Sendero should take these bed days into account when refining case-finding criteria.

(Methods: See 'Facility Admissions' Dashboard here (\\health.local\fileshare\S-Drive\Finance\Public\Analytics\Finance_Health Services UM\UM Tableau\20220713 UM - Admissions (DM ONLY))

Recommendations for Admissions and Bed Days:

- An increasing rate of admissions is associated with an increasing need for resources to manage discharge planning, especially given that the increase seems to have been driven by some of our particularly vulnerable population segments. As the CM team is able to implement recommendations to add additional FTE, Sendero should drill down into the existing discharge planning processes and also plan for re-establishing CHW home and facility visits, to pre-COVID practices.
- The data suggest an opportunity for Sendero to consider how to extract more robust and actionable data from local or State Health Information Exchanges (HIE), to increase opportunities to engage in discharge planning and post-discharge care management. Sendero undertook to assess opportunities for strengthening this exchange of information in 2021, but learned that Central Health, CUC, and other large in-network clinical partners are not yet ready to increase their financial investments to improve the local HIE. There is an opportunity for Sendero to continue to voice its support for better using the local/State HIE in community partner forums.
- The data also suggest an opportunity for Sendero to pursue opportunities to integrate with the electronic medical records of its clinical partners. During 2021, CUC indicated a willingness to pursue read-only access to its new EPIC system for Sendero's Care Management team. Sendero should pursue this access in 2022. Pursuing a similar arrangement with the hospital partners could greatly enhance the efficiency of our team's monitoring admission progress, and preparations for discharge planning.
- Sendero will need to monitor this trend: if admission rates continue to increase over time, it may need to hire additional utilization management (UM) staff to handle an increasing volume of concurrent reviews, or, with significant volume increases, additional CM (case management) staff to handle discharge follow-up.
- There may be a case for Sendero to examine its increasing admission rates in further detail – what proportion might be considered preventable? Is there a large proportion that might be preventable with a new, or more formal/robust disease management program? Its leadership will need to consider these questions as they monitor the data in future reports.
- The data may also suggest a need for Sendero to increase the number of hospitals in the network. However, all the available options of acute care hospitals and hospital groups in our service area are already in-network. In this context, Sendero should proactively work to retain its current hospitals in network.
- Sendero should target proactive case-finding for members with diabetes and those in the highest quintile of risk scores.

30-Day Acute Care Readmissions/1000 Members/Year[1]

	2019	2020	2021	YoY (2021-2020)
All population	14.9	19.4	37.2	+92%
CHAP Expansion	605.4	373.8	386.3	+3%
Non-CHAP	6.7	7.6	10.1	33%
Children & Adolescents	0.0	5.8	1.9	-67%
Members with disabilities	3555.6	1181.8	2,500.0	+112%
Members with SPMI	1225	1568.2	1,083.3	-31%
Members who identify as Hispanic	32.0	42.4	87.0	+105%
Members who identify as non-Hispanic	10.7	15.3	23.8	+56%
Members with limited English proficiency	16.2	15.4	166.4	+981%
Other sub-population: Members with diabetes (clinical)	168.5	151.5	207.7	+37%
Other sub-population: Members experiencing limited access to transportation (SDOH)	889.9	524.7	406.9	-22%
Other sub-population: Members in the highest quintile of actuary-calculated risk scores (top 5%tile, using the latest score calculated each calendar year)	74.1	97.1	186.1	+92%
Other sub-population: Members in the lowest quintile of actuary-calculated risk scores (bottom 5%tile, using the latest score calculated each calendar year)	0.00	0.00	0.00	n/a

1 - Readmissions are defined for HEDIS Measurement Year 2022 as any acute readmission for any diagnosis, to an acute care hospital, inpatient rehabilitation facility, or long-term acute care facility (LTAC). The metric excludes skilled nursing facility and residential facilities. Acute care is defined to include all inpatient admissions as well as observation stays.

Observations:

The overall population 30-day acute care readmission rate increased YoY, approximately 5 rate-points in 2020 and then almost doubled in 2021. Of note, the medically and socially complex CHAP Expansion membership (as discussed in previous sections) increased only slightly in 2021 and is much lower than in 2019. This may be a reflection of the strong case management team focus on discharge planning and follow-up for this population. Similar to the admission rates (above), the populations driving the 30-day readmission increase are members with limited English proficiency, members with disabilities, and members identifying as Hispanic. Notably – the non-CHAP population experienced a 33% increase in 30-day readmissions in 2021, although the starting 30-day readmission rate was very low. Data defining members with limited English proficiency are limited in nature, so this data must be interpreted with caution.

The 30-day readmission rate for the highest risk score quintile group also increased notably from 2020 to 2021; this group overlaps considerably with the CHAP Expansion population. The readmission rate increases over the 3-year period are not necessarily representative of typical years, as hospitals and post-acute facilities struggled considerably with adequate discharge planning during the COVID-19 pandemic.

The 30-day re-admission rate decreased YoY for children and adolescents; improved in both YoY measurements for those with limited access to transportation, increased modestly for those with diabetes; and remained too low to measure in the lowest-risk quintile segment.

The 30-day readmission rate for members with SPMI dropped dramatically; this may track with administrative reports, and national trends of lower utilization of needed mental and behavioral health care.

Conclusions: Trends in 30-day readmissions is heavily influenced and likely skewed by the COVID-pandemic occurring during this timeframe. However, despite devoting most of our care management resources to the highest risk population, there is a need for close monitoring of return to lower readmission rates in 2022, which can be achieved in part with additional CM and CHW FTE to best manage the post-discharge processes. There is also an opportunity to review 2021 processes for opportunities to optimize the discharge and post-discharge support processes and programs.

Recommendations: Sendero takes a cross-disciplinary approach to preventing readmissions. Discharge planning starts at admission and a member of Sendero's team is assigned to each member at elevated risk of readmission to coordinate the post-discharge care needs. Our care team follows up with the member until those needs are addressed and the member stabilizes (or declines services).

Population Health program optimization activities for this section include:

- With the increasing re-admission rates in some of its more vulnerable/high-needs population segments, Sendero should continue to prioritize a cross-disciplinary, all-team approach to identifying risk for re-admission and working to decrease that risk and explore opportunities to further strengthen it.
- Sendero's discharge planning approach should also shore up and further strengthen the team's relationships with facility discharge planners, as notable segments driving increasing rates of admissions have high social and medical needs.
- To address the increase in readmission rates in some elevated-risk population segments, Sendero should continue to review and trend the data and consider hiring a designated discharge planner, especially if admission rates, re-admission rates, and overall facility use volume continue to increase over time.
- As COVID transitions to a more endemic disease pattern, Sendero should continue to increase its in-person navigator/CHW offerings, which can be instrumental in ensuring members, especially those with limited English proficiency, understand how to manage their clinical conditions, avoiding potentially preventable facility use and re-admission.
- The surprising decrease in 30-day readmissions for the SPMI segment speaks to a potential network opportunity to increase mental/behavioral health providers – perhaps these members simply could not get in to seek the care they needed. Sendero should consider including these specialties in its telehealth offerings, as it explores more robust capabilities for telehealth in the future.
- Sendero should continue to hire bilingual CHW employees who have a heavy focus on post-discharge follow-up.

Population Data

Emergency Department (ED) Visits /1000 Members/Year[1]

	2019	2020	2021	YoY
All population	730	740	1,047	+41%
CHAP Expansion	9448	7,899	6,061	-23%
Non-CHAP	608	503	659	+31%
Children & Adolescents	401	353	442	+25%
Members with disabilities	11,000	9955	12,875	+29%
Members with SPMI	8,475	13,227	15,000	+13%
Members who identify as Hispanic	10,75	1278	1,710	+34%
Members who identify as non-Hispanic	640	633	850	+34%
Members with limited English proficiency	692	602	2,218	+268%
Other sub-population: Members with diabetes (clinical)	3,280	3377	4,295	+27%
Other sub-population: Members experiencing limited access to transportation (SDOH)	12,899	10,532	7,914	-25%
Other sub-population: Members in the highest quintile of actuary-calculated risk scores (top 5%tile, using the latest score calculated each calendar year)	2406	2,639	3,555	+35%
Other sub-population: Members in the lowest quintile of actuary-calculated risk scores (bottom 5%tile, using the latest score calculated each calendar year)	291	284	359	+26%

1 - ED visit data comprises "treat and release" visits – this metric excludes ED visits that resulted in an inpatient admission.

Recommendations: The apparent positive impact of the HEDIS-metric-based antidepressant medication initiative lends support for Sendero to consider additional opportunities to support our SPMI segment.

- This data provides further support for Sendero's plans to pursue an expanded telehealth offering in 2022; such an offering should aim to expand access to behavioral/mental health providers, especially for adult populations.
- Sendero continues to partner with the LIDDA in Travis County, Integral Care, as part of our network, and to have their social work staff embedded/"seconded" into our care management team. There is strong support to continue this practice, perhaps for its expansion.
- If the Hispanic/non-Hispanic differential ED use rate increases over time or is otherwise validated, there may be an opportunity for targeted education to members who identify as Hispanic, encouraging and enabling those members to use alternate sources of care other than the ED.
- It may be important for Sendero to sub-segment a program evaluation, or trend outcomes, of/for CHAP Expansion by new and re-enrollment status.
- Consider reviewing monthly data to see if the ER visit rate trends down as each year progresses, to reflect the impact of care management interventions, as well as the impact of formerly uninsured members becoming newly insured on new CHAP Expansion health access patterns.
- Sendero should monitor its ER utilization data and ensure CM staffing is adequate to respond to emerging trends, especially as utilization stabilizes as the COVID public health emergency begins to wind down.

Observations:
The overall ED utilization rate increased forty one percent from 2019 to 2021, despite a slight decrease in 2020. COVID-related utilization likely impacted these numbers.

CHAP Expansion rates notably decreased over time, while non-CHAP followed the overall population trend. However, in above admit/readmit tables, CHAP Expansion showed an increase in admissions and readmissions; thus, if an increasing number of CHAP Expansion ED visits resulted in admissions, that may explain the ED utilization downtrend.

Of note, we have not segmented the CHAP Expansion population by new versus re-enrollees. There could be a differential ED versus PCP utilization across these sub-segments, reflecting perhaps an increasing health system literacy, or an increasing connectedness and engagement with the primary care system, over time.

The rate for children and adolescents, members with disabilities, and members in the lowest risk quintile followed the trend in the overall population.

The rate in the SPMI population has steadily increased from 2019 to 2021, but at a slower pace than that of the overall population. This is perhaps reflective of pandemic quarantine practices.

There was also no difference in ED visit rates between members identifying as Hispanic, compared to those identifying as non-Hispanic and the rate increase was lower than that of the overall population. This does not align with public data showing disproportionate rates of COVID-19 in the Austin-area Hispanic population.

For members with diabetes, rates increased slightly in 2020, the first year of the pandemic, then increased 27% during 2021. This is not reflective of change in pattern of ED use though, because admissions increased 38%, most likely through the ED.

Those with limited access to reliable transportation showed an improvement (decrease) in the rate of ED use year over year, again possible due to pandemic quarantine practices.

The highest-risk quintile which significantly overlaps with the CHAP Expansion population discussed above interestingly had a year over year increase like the overall population, unlike the decreased ED visit rate seen for CHAP Expansion, possibly indicating that these members were much less likely to be admitted through the ED and instead discharged to home.

Conclusions:
During 2021, Sendero care management staff scaled up a 2020 active intervention to outreach members with a gap in antidepressant medication initiation/continuity. The data suggests this active intervention should continue. This intervention was possible because of the modified care management program and staff activity, which discontinued SW home and facility visits in the setting of COVID yet kept all staff on hand. Thus, Sendero was able to redeploy SW telephone time to this initiative. Should Sendero re-implement pre-COVID levels of home and facility visits, more SW resources will be needed, to be able to continue this successful initiative.

IV. Health Access Patterns

Number and Proportion with a Primary Care Provider (PCP) /1000 Members/Year

	2019	2020	2021
	%	%	%
All population	99.84%	98.64%	99.26%
CHAP Expansion	100.00%	100.00%	99.41%
Non-CHAP	99.84%	98.59%	99.25%
Children & Adolescents	99.49%	97.25%	97.40%
Members with disabilities	100.00%	100.00%	97.50%
Members with SPMI	100.00%	100.00%	100.00%
Members who identify as Hispanic	99.85%	99.11%	99.40%
Members who identify as non-Hispanic	99.93%	98.79%	99.51%
Members with limited English proficiency	99.79%	97.81%	99.85%
Other sub-population: Members with diabetes (clinical)	100.00%	99.88%	100.00%
Other sub-population: Members experiencing limited access to transportation (SDOH)	100.00%	100.00%	100.00%
Other sub-population: Members in the highest quintile of actuary-calculated risk scores (top 5%tile, using the latest score calculated each calendar year)	99.75%	100.00%	99.30%
Other sub-population: Members in the lowest quintile of actuary-calculated risk scores (bottom 5%tile, using the latest score calculated each calendar year)	99.97%	98.70%	99.36%

Observation:

For Sendero's Exchange plans, members are invited to select a PCP upon enrollment; those without a selection are automatically assigned a PCP. This automation explains the very high rates of PCP assignment. However, the decrease over time to a 97% rate among the members with disabilities and those with SPMI invite investigation, and potential trending over time, to ensure the system is not inadvertently creating an inequitable assignment.

Conclusion:

Most members are assigned to a PCP. CM staff should continue to check that members know who their PCP is, and offer to support finding a new PCP if the member is not actively utilizing care with the assigned PCP.

Recommendations:

- Plan for next year's assessment to report on actual PCP utilization, rather than simply assignment, would shed further light on PCP access.
- The findings for the segments of members with SPMI and disabilities merit further investigation.

Population Data

PCP Member Volumes by Provider Group or Provider System****

	2019			2020			2021		
	Provider Group or System	*Mbrs*	% of Total*	Provider Group or System	*Mbrs*	% of Total*	Provider Group or System	*Mbrs*	% of Total*
ALL MEMBERS	COMMUNITYCARE	10,066	62.41%	COMMUNITYCARE	11,412	68.54%	COMMUNITYCARE	5427	58.03%
	AUSTIN REGIONAL CLINIC	5,330	33.05%	AUSTIN REGIONAL CLINIC	4,599	27.62%	AUSTIN REGIONAL CLINIC	2845	30.42%
	SETON	784	4.86%	SETON	647	3.89%	SETON	412	4.41%
CHAP Expansion	COMMUNITYCARE	221	99.10%	COMMUNITYCARE	473	88.41%	COMMUNITYCARE	549	81.58%
	AUSTIN REGIONAL CLINIC	40	17.94%	AUSTIN REGIONAL CLINIC	62	11.59%	AUSTIN REGIONAL CLINIC	84	12.48%
	PEOPLE'S COMMUNITY CLINIC, INC	6	2.69%	LONE STAR CIRCLE OF CARE	19	3.55%	LONE STAR CIRCLE OF CARE	21	3.12%
NON-CHAP	COMMUNITYCARE	9,846	61.90%	COMMUNITYCARE	10,942	67.89%	COMMUNITYCARE	4879	56.20%
	AUSTIN REGIONAL CLINIC	5,291	33.26%	AUSTIN REGIONAL CLINIC	4,538	28.15%	AUSTIN REGIONAL CLINIC	2762	31.82%
	SETON	780	4.90%	SETON	632	3.92%	SETON	399	4.60%
CHILDREN & ADOLESC	COMMUNITYCARE	1,359	57.76%	COMMUNITYCARE	1,527	62.74%	COMMUNITYCARE	531	49.26%
	AUSTIN REGIONAL CLINIC	884	37.57%	AUSTIN REGIONAL CLINIC	764	31.39%	AUSTIN REGIONAL CLINIC	375	34.79%
	LONE STAR CIRCLE OF CARE	72	3.06%	AUSTIN DIAGNOSTIC CLINIC	78	3.20%	AUSTIN DIAGNOSTIC CLINIC	50	4.64%
DISABILITIES	COMMUNITYCARE	15	83.33%	COMMUNITYCARE	18	81.82%	COMMUNITYCARE	30	72.00%
	AUSTIN REGIONAL CLINIC	2	11.11%	AUSTIN REGIONAL CLINIC	4	18.18%	AUSTIN REGIONAL CLINIC	5	12.50%
	DR JACQUE ANGERSTEIN FAMILY MEDICINE CLINIC	1	5.56%	SETON	2	9.09%	SETON	2	5.00%
SPMI	COMMUNITYCARE	29	72.50%	COMMUNITYCARE	32	72.73%	COMMUNITYCARE	23	63.89%
	AUSTIN REGIONAL CLINIC	9	22.50%	AUSTIN REGIONAL CLINIC	11	25.00%	AUSTIN REGIONAL CLINIC	13	36.11%
	HILL FAMILY MED & SKIN CR	2	5.00%	SOUTH AUSTIN MEDICAL CLINIC	4	9.09%	SETON	4	11.11%
HISPANIC	COMMUNITYCARE	2,313	67.79%	COMMUNITYCARE	2,432	72.06%	COMMUNITYCARE	1421	65.06%
	AUSTIN REGIONAL CLINIC	991	29.04%	AUSTIN REGIONAL CLINIC	886	26.25%	AUSTIN REGIONAL CLINIC	546	25.00%
	SETON	133	3.90%	SETON	111	3.29%	SETON	79	3.62%
Non-HISPANIC	COMMUNITYCARE	6,513	60.18%	COMMUNITYCARE	7,614	67.01%	COMMUNITYCARE	3394	55.21%
	AUSTIN REGIONAL CLINIC	3,761	34.75%	AUSTIN REGIONAL CLINIC	3,282	28.88%	AUSTIN REGIONAL CLINIC	2026	32.96%
	SETON	547	5.05%	SETON	476	4.19%	SETON	294	4.78%
LIMITED ENGLISH	COMMUNITYCARE	7,680	63.99%	COMMUNITYCARE	7,462	72.54%	COMMUNITYCARE	473	72.21%
	AUSTIN REGIONAL CLINIC	3,776	31.46%	AUSTIN REGIONAL CLINIC	2,473	24.04%	AUSTIN REGIONAL CLINIC	123	18.78%
	SETON	546	4.55%	SETON	351	3.41%	LONE STAR CIRCLE OF CARE	23	3.51%
DIABETES	COMMUNITYCARE	444	60.33%	COMMUNITYCARE	524	64.53%	COMMUNITYCARE	407	60.39%
	AUSTIN REGIONAL CLINIC	224	30.43%	AUSTIN REGIONAL CLINIC	243	29.93%	AUSTIN REGIONAL CLINIC	180	26.71%
	SETON	51	6.93%	SETON	44	5.42%	LONE STAR CIRCLE OF CARE	26	3.86%
TRANS-PORTA-TION	COMMUNITYCARE	101	92.66%	COMMUNITYCARE	220	83.65%	COMMUNITYCARE	223	76.90%
	AUSTIN REGIONAL CLINIC	23	21.10%	AUSTIN REGIONAL CLINIC	37	14.07%	AUSTIN REGIONAL CLINIC	48	16.55%
	SETON	5	4.59%	PEOPLE'S COMMUNITY CLINIC	11	4.18%	LONE STAR CIRCLE OF CARE	11	3.79%
HIGHEST RISK **	COMMUNITYCARE	1,836	56.95%	COMMUNITYCARE	2,044	61.60%	COMMUNITYCARE	1101	58.88%
	AUSTIN REGIONAL CLINIC	1,187	36.82%	AUSTIN REGIONAL CLINIC	1,071	32.28%	AUSTIN REGIONAL CLINIC	540	28.88%
	SETON	229	7.10%	SETON	179	5.39%	SETON	97	5.19%
LOWEST RISK ***	COMMUNITYCARE	2,054	63.69%	COMMUNITYCARE	2,309	69.57%	COMMUNITYCARE	1089	58.20%
	AUSTIN REGIONAL CLINIC	1,118	34.67%	AUSTIN REGIONAL CLINIC	978	29.47%	AUSTIN REGIONAL CLINIC	590	31.53%
	SETON	94	2.91%	SETON	103	3.10%	AUSTIN DIAGNOSTIC CLINIC	58	3.10%

* % of all Sendero Members that have a PCP

** Other sub-population: Members in the highest quintile of actuary-calculated risk scores (top 5%tile, using the latest score calculated each calendar year)

*** Other sub-population: Members in the lowest quintile of actuary-calculated risk scores (bottom 5%tile, using the latest score calculated each calendar year.

**** Above groupings may apper to be more or less than 100% because members without a PCP are not included and some members had more than one PCP during the year.

Observations: For 2019-2021 as expected, the top 3 PCP groups were CommUnityCare, ARC, and Seton Clinics. This was consistent for the overall population; for the large, non-CHAP segment; and for the diabetes segment. We saw variation only in the third-place PCP group, with variety from year to year for the SPMI segment,

CUC continued to serve most members with **disabilities**. Hispanic and non-Hispanic members remained fairly evenly distributed across CUC, ARC, and Seton, from year to year. Members with **diabetes** are almost all seen by two groups (ARC and CUC).

However, in 2021 Lone Star overtook Seton as the third-most-common PCP group for those with limited English proficiency; and overtook Peoples for those with limited access to reliable transportation. CUC is the largest PCP group for those with limited transportation access.
Lone Star sites may be closer to some members experiencing limited transportation access, or this may reflect increasing access and wait time challenges that the local CUC FQHC network has struggled to overcome.

From 2019-2021, CUC and ARC saw the largest proportion of Sendero's highest-risk members with Seton coming in at a distant third (just over 5% of our highest risk in 2021). Seton did not make the list of the top 3 primary care provider groups for CHAP Expansion in any of the 3 years examined. Notably, Lone Star was in third place for CHAP Expansion in 2020 and 2021 (overtaking People's).

Conclusions: The PCP allocation across the overall population aligns with where we understand the bulk of our membership to be assigned since all three clinics cover a very wide geographic area.

Most members are assigned to a PCP. CM staff should continue to check that members know who their PCP is and offer to support finding a new PCP if the member is not actively utilizing care with the assigned PCP. Efforts to maintain and further develop CM team relationships with CUC and ARC will be well-placed.

Recommendations: There is a strong case for maintaining efforts to strengthen relationships with the CUC and ARC providers and leadership. Sendero has a value-based contract in place for many preventive and quality-of-care measures for ARC, but despite often approaching CUC for a similar partnership, has yet to put a similar contract in place. There is an opportunity for Sendero to double down on making this invitation to CUC's leadership, perhaps with a fresh message, using different data than has been presented in the past – or perhaps by leveraging several new and pending leadership appointments and hires across the clinical and quality leadership of both organizations. Sendero should ensure CUC providers are informed of its transportation program.

Maintaining a relationship with the Lone Star clinic system is important to serve a small but important proportion of the CHAP Expansion members, as well as those reporting limited English proficiency and those with limited access to reliable transportation.

Sendero would be well-served to regularly map out and study geographic patterns of access to primary care clinics, especially for those members who experience limited access to reliable transportation.

Use of Specialists – All Members

2019			2020			2021		
Specialty	# Using	% of All Members	Specialty	# Members Using	% of All Members	Specialty	# Members Using	% of All Members
RADIOLOGY	3,076	19.07%	RADIOLOGY	2,753	16.54%	RADIOLOGY	2,239	23.94%
OB/GYN	1,884	11.68%	OB/GYN	1,755	10.54%	PATHOLOGY	1,248	13.34%
PATHOLOGY	1,775	11.01%	PATHOLOGY	1,536	9.23%	EMERGENCY MEDICINE	1,242	13.28%
EMERGENCY MEDICINE	1,599	9.91%	EMERGENCY MEDICINE	1,478	8.88%	OB/GYN	1,096	11.72%
DERMATOLOGY	1,036	6.42%	DERMATOLOGY	863	5.18%	DERMATOLOGY	728	7.78%
CARDIOVASCULAR DISEASES	809	5.02%	CARDIOVASCULAR DISEASES	704	4.23%	CARDIOVASCULAR DISEASES	617	6.60%
DIAGNOSTIC RADIOLOGY	741	4.59%	SURGERY, ORTHOPEDIC	611	3.67%	GASTROENTEROLOGY	532	5.69%
SURGERY, ORTHOPEDIC	695	4.31%	DIAGNOSTIC RADIOLOGY	606	3.64%	CLINICAL PATHOLOGY	510	5.45%
GASTROENTEROLOGY	616	3.82%	GASTROENTEROLOGY	533	3.20%	SURGERY, ORTHOPEDIC	505	5.40%
OPHTHALMOLOGY	565	3.50%	OPHTHALMOLOGY	485	2.91%	OPHTHALMOLOGY	456	4.88%

Sendero's data warehouse categorizes several medical practice categories into the "specialist" field (family practice, internal medicine or internal medicine specialist, nurse practitioner, physician assistant, general pediatrics, family practice specialist)

Observations:

A high proportion (82%) of the full Sendero population had one or more visits with a generalist provider (Family Practice, Internal Medicine, Pediatrics) during 2021. An additional 11% visited an OB/GYN provider, which qualifies as a PCP visit. In addition, 30% had a visit with a nurse practitioner or physician assistant, but it is not possible to tell from the data if these are generalists or specialists. There is an opportunity to promote the selection and use of a PCP to the 10-20% of members who have not selected and not visited a PCP.

Aligning with the high-cost drug trends, gastroenterology is present in the top specialties.

The CHAP Expansion population had a higher proportion of visits to a generalist than the general population and this aligns with this more medically complex population. It also suggests the effectiveness of the targeted personal outreach by the Sendero CHWs to each CHAP Expansion member throughout the year. A higher proportion of CHAP Expansion members also are seeing physician extenders (NP, PA), reflecting possibly that these members are well-established with an extended multidisciplinary care team.

Conclusion:

There is an opportunity for the CM team to explore obtaining better access to the EMRs of its largest network partners, to improve the ability of our CHWs to help members navigate the health system to follow up on new referrals.

Recommendations:

- Sendero should consider creating an open enrollment campaign targeted to members without evidence of having a relationship with a PCP.
- Internally, for data optimization, there is an opportunity for Sendero to better standardize how its specialty providers are coded in its data warehouse, to improve reporting on this topic.

Use of Specialists – CHAP Expansion

2019			2020			2021		
Rank	# Using	% of All Members	Specialty	# Using	% of All Members	Specialty	# Using	% of All Members
RADIOLOGY	175	78.48%	RADIOLOGY	356	66.54%	RADIOLOGY	482	71.62%
PATHOLOGY	128	57.40%	PATHOLOGY	275	51.40%	EMERGENCY MEDICINE	329	48.89%
EMERGENCY MEDICINE	122	54.71%	EMERGENCY MEDICINE	269	50.28%	PATHOLOGY	324	48.14%
CARDIOVASCULAR DISEASES	64	28.70%	CLINICAL PATHOLOGY	163	30.47%	CLINICAL PATHOLOGY	276	41.01%
OPHTHALMOLOGY	56	25.11%	CARDIOVASCULAR DISEASES	112	20.93%	CARDIOVASCULAR DISEASES	161	23.92%
CLINICAL PATHOLOGY	53	23.77%	OPHTHALMOLOGY	94	17.57%	OPHTHALMOLOGY	159	23.63%
GASTROENTEROLOGY	49	21.97%	GASTROENTEROLOGY	86	16.07%	GASTROENTEROLOGY	114	16.94%
OB/GYN	34	15.25%	RHEUMATOLOGY	75	14.02%	RHEUMATOLOGY	109	16.20%
NEUROLOGY	34	15.25%	OB/GYN	73	13.64%	NEPHROLOGY	94	13.97%
GENERAL SURGERY	32	14.35%	GENERAL SURGERY	72	13.46%	GENERAL SURGERY	92	13.67%

Observations:
Emergency Medicine remains in the top 3 of specialist use and the utilization was similar year over year. In reviewing the data, it is surprising that oncology and endocrinology are not listed. Use of cardiovascular disease specialists was consistent year over year. It is also somewhat surprising that nephrology is not listed in 2020.

Conclusion:
The OP CM team has a good knowledge base to provide education and a robust network to meet member needs.

Recommendations:
- Continue to maintain a robust network to meet the members needs and add additional providers as gaps are identified.
- Drill down on ophthalmology claims to better understand the diagnoses driving these visits, since adult eye exams are not a covered benefit.

Use of Specialists – Non-CHAP

2019			2020			2021		
Rank	# Using	% of All Members	Specialty	# Members Using	% of All Members	Specialty	# Member s Using	% of All Member s
RADIOLOGY	2,902	18.24%	RADIOLOGY	2,399	14.88%	RADIOLOGY	1,759	20.26%
OB/GYN	1,850	11.63%	OB/GYN	1,682	10.44%	OB/GYN	1,018	11.73%
PATHOLOGY	1,648	10.36%	PATHOLOGY	1,262	7.83%	PATHOLOGY	924	10.64%
EMERGENCY MEDICINE	1,478	9.29%	EMERGENCY MEDICINE	1,210	7.51%	EMERGENCY MEDICINE	914	10.53%
DERMATOLOGY	1,016	6.39%	DERMATOLOGY	822	5.10%	DERMATOLOGY	674	7.76%
CARDIOVASCULAR DISEASES	746	4.69%	CARDIOVASCULAR DISEASES	593	3.68%	CARDIOVASCULAR DISEASES	456	5.25%
DIAGNOSTIC RADIOLOGY	717	4.51%	DIAGNOSTIC RADIOLOGY	566	3.51%	SURGERY, ORTHOPEDIC	440	5.07%
SURGERY, ORTHOPEDIC	669	4.21%	SURGERY, ORTHOPEDIC	566	3.51%	GASTROENTEROLOGY	418	4.82%
GASTROENTEROLOGY	568	3.57%	GASTROENTEROLOGY	448	2.78%	DIAGNOSTIC RADIOLOGY	372	4.29%
OPHTHALMOLOGY	509	3.20%	OTOLARYNGOLOGY	393	2.44%	OPHTHALMOLOGY	297	3.42%

Observations:
OB/GYN utilization is very consistent year over year, with little change. Cardiovascular specialist use was ranked as 6th year over year with little change in percentage. Dermatology remained number 5 year over year. It is also surprising that ophthalmology is ranked.

Conclusion:
The OP CM team has a good knowledge base to provide education and a robust network to meet the members' needs.

Recommendations:
- Continue to maintain a robust network to meet the members needs and add additional providers as gaps are identified. Encourage Continuing education for the OP CM team as needed to ensure that they up to date on the ever-changing treatments in healthcare.
- Drill down on ophthalmology claims to better understand the diagnoses driving these visits since adult eye exams are not a covered benefit.

Population Data

Use of Specialists – Children & Adolescents

2019			2020			2021		
Rank	# Using	% of All Members	Specialty	# Members Using	% of All Members	Specialty	# Members Using	% of All Members
EMERGENCY MEDICINE	197	8.37%	RADIOLOGY	137	5.63%	EMERGENCY MEDICINE	87	8.07%
RADIOLOGY	165	7.01%	EMERGENCY MEDICINE	134	5.51%	RADIOLOGY	76	7.05%
PATHOLOGY	92	3.91%	PATHOLOGY	86	3.53%	PATHOLOGY	39	3.62%
NEONATAL-PERINATAL MEDICINE	88	3.74%	NEONATAL-PERINATAL MEDICINE	74	3.04%	CLINICAL PATHOLOGY	32	2.97%
CLINICAL PATHOLOGY	80	3.40%	CLINICAL PATHOLOGY	56	2.30%	DERMATOLOGY	28	2.60%
OTOLARYNGOLOGY	68	2.89%	OTOLARYNGOLOGY	51	2.10%	OTOLARYNGOLOGY	24	2.23%
DERMATOLOGY	51	2.17%	DERMATOLOGY	49	2.01%	PEDIATRIC OPHTHALMOLOGY	21	1.95%
SURGERY, ORTHOPEDIC	50	2.12%	SURGERY, ORTHOPEDIC	38	1.56%	NEONATAL-PERINATAL MEDICINE	21	1.95%
URGENT CARE	37	1.57%	OB/GYN	33	1.36%	PSYCHIATRY	21	1.95%
OB/GYN	37	1.57%	PSYCHIATRY	26	1.07%	SURGERY, ORTHOPEDIC	20	1.86%

Use of Specialists – Members with Disabilities

2019			2020			2021		
Rank	# Using	% of All Members	Specialty	# Members Using	% of All Members	Specialty	# Members Using	% of All Members
RADIOLOGY	14	77.78%	PATHOLOGY	19	86.36%	RADIOLOGY	37	92.50%
PATHOLOGY	14	77.78%	RADIOLOGY	17	77.27%	EMERGENCY MEDICINE	34	85.00%
NEPHROLOGY	13	72.22%	EMERGENCY MEDICINE	16	72.73%	PATHOLOGY	33	82.50%
CARDIOVASCULAR DISEASES	12	66.67%	NEPHROLOGY	10	45.45%	NEPHROLOGY	27	67.50%
EMERGENCY MEDICINE	12	66.67%	GENERAL SURGERY	10	45.45%	CARDIOVASCULAR DISEASES	21	52.50%
VASCULAR SURGERY	7	38.89%	PHYSICAL MEDICINE and REHAB	9	40.91%	CLINICAL PATHOLOGY	18	45.00%
GERIATRICS	7	38.89%	CLINICAL PATHOLOGY	9	40.91%	GENERAL SURGERY	15	37.50%
GENERAL SURGERY	7	38.89%	NEUROLOGY	8	36.36%	VASCULAR SURGERY	14	35.00%
NEUROLOGY	6	33.33%	CARDIOVASCULAR DISEASES	7	31.82%	NEUROLOGY	11	27.50%
INFECTIOUS DISEASES	5	27.78%	INFECTIOUS DISEASES	7	31.82%	GASTROENTEROLOGY	11	27.50%

Observations:
The pediatric population and the members with disabilities population are both very small, posing difficulty in deriving meaningful interpretation of the use of specialists. ABA utilization may be driving the apparent high volumes of visits assigned to psychiatry. In 2021, there was a strong national and state emphasis on child mental health relative to coping the COVID-19 pandemic. There was also a population-level increase in domestic abuse, which, at the population level, drove more behavioral health visits. This may well be reflected in our data.

Conclusion: Sendero’s care management FTEs are sufficient to manage this segment’s needs.

Recommendations:
Drill down on ophthalmology claims to better understand the diagnoses driving these visits, since adult eye exams are not a covered benefit.

Population Data

Use of Specialists – Members with SPMI

2019			2020			2021		
Rank	# Using	% of All Members	Specialty	# Members Using	% of All Members	Specialty	# Members Using	% of All Members
EMERGENCY MEDICINE	33	82.50%	PSYCHIATRY	39	88.64%	PSYCHIATRY	30	83.33%
PSYCHIATRY	29	72.50%	EMERGENCY MEDICINE	37	84.09%	EMERGENCY MEDICINE	30	83.33%
PATHOLOGY	19	47.50%	PATHOLOGY	26	59.09%	PATHOLOGY	21	58.33%
RADIOLOGY	18	45.00%	RADIOLOGY	22	50.00%	RADIOLOGY	16	44.44%
CLINICAL PATHOLOGY	14	35.00%	CLINICAL PATHOLOGY	12	27.27%	CLINICAL PATHOLOGY	11	30.56%
CARDIOVASCULAR DISEASES	6	15.00%	GENERAL SURGERY	9	20.45%	CARDIOVASCULAR DISEASES	7	19.44%
NEUROLOGY	6	15.00%	CARDIOVASCULAR DISEASES	8	18.18%	OB/GYN	5	13.89%
NEPHROLOGY	5	12.50%	PHYSICAL MEDICINE and REHAB	7	15.91%	GASTROENTEROLOGY	5	13.89%
PULMONARY DISEASES-ADULT	4	10.00%	PAIN MANAGEMENT-PROF SVCS	6	13.64%	DIAGNOSTIC RADIOLOGY	4	11.11%
GENERAL SURGERY	4	10.00%	OB/GYN	5	11.36%	PULMONARY DISEASES-ADULT	3	8.33%

Observations:

It is appropriate that psychiatry tops the list for this segment; It is also good to see more than 80% of members with SPMI seeing psychiatrists. Use of the ED during the COVID-19 pandemic and limited access to care for mental health likely drove use of the ED for mental health reasons.

Conclusions:

- Sendero's care management FTEs are sufficient to manage these needs.
- Sendero should continue its relationship with the LIDDA (Integral Care), where one of their SW staff is embedded in our CM team; and should consider increasing staffing through that route if this population grows in the future, to offer a system-integrated approach to these members.

Recommendations:

- Continue to maintain a robust network to meet the members' needs and add additional providers as gaps are identified.
- Encourage continuing education for the OP CM team as needed to ensure they are at they up to date on the ever-changing treatments in healthcare.

Use of Specialists – Members Who Identify as Hispanic

2019			2020			2021		
Rank	# Using	% of All Members	Specialty	# Members Using	% of All Members	Specialty	# Members Using	% of All Members
RADIOLOGY	691	20.25%	RADIOLOGY	669	19.82%	RADIOLOGY	662	30.31%
EMERGENCY MEDICINE	416	12.19%	EMERGENCY MEDICINE	416	12.33%	EMERGENCY MEDICINE	421	19.28%
PATHOLOGY	374	10.96%	PATHOLOGY	392	11.61%	PATHOLOGY	377	17.26%
OB/GYN	356	10.43%	OB/GYN	369	10.93%	OB/GYN	243	11.13%
DIAGNOSTIC RADIOLOGY	207	6.07%	CARDIOVASCULAR DISEASES	175	5.19%	CLINICAL PATHOLOGY	242	11.08%
OPHTHALMOLOGY	152	4.45%	CLINICAL PATHOLOGY	165	4.89%	OPHTHALMOLOGY	170	7.78%
CARDIOVASCULAR DISEASES	150	4.40%	DIAGNOSTIC RADIOLOGY	160	4.74%	CARDIOVASCULAR DISEASES	166	7.60%
GASTROENTEROLOGY	131	3.84%	OPHTHALMOLOGY	134	3.97%	GASTROENTEROLOGY	133	6.09%
DERMATOLOGY	116	3.40%	GASTROENTEROLOGY	119	3.53%	GENERAL SURGERY	123	5.63%
CLINICAL PATHOLOGY	111	3.25%	SURGERY, ORTHOPEDIC	116	3.44%	DIAGNOSTIC RADIOLOGY	116	5.31%

Observations:

It appears that the use of specialists by Hispanic and non-Hispanic is very similar. No significant deference's noted.

Conclusions:

- The OP team consists of a majority of team members that are bilingual in English and
- Spanish, as well as a translation line. Materials/letters that are sent out to members are in English and Spanish. Materials/letters can also be translated into other languages.

Recommendations:

Sendero should continue to prioritize recruiting and retaining team members that are bilingual in English and Spanish.

Use of Specialists – Members Who Identify as Non-Hispanic

2019			2020			2021		
Rank	# Using	% of All Members	Specialty	# Using	% of All Members	Specialty	# Using	% of All Members
RADIOLOGY	2,051	18.95%	RADIOLOGY	1,796	15.81%	RADIOLOGY	1369	22.27%
OB/GYN	1,324	12.23%	OB/GYN	1,196	10.53%	OB/GYN	751	12.22%
PATHOLOGY	1,193	11.02%	PATHOLOGY	980	8.62%	PATHOLOGY	740	12.04%
EMERGENCY MEDICINE	1,015	9.38%	EMERGENCY MEDICINE	929	8.18%	EMERGENCY MEDICINE	706	11.49%
DERMATOLOGY	805	7.44%	DERMATOLOGY	659	5.80%	DERMATOLOGY	576	9.37%
CARDIOVASCULAR DISEASES	563	5.20%	CARDIOVASCULAR DISEASES	458	4.03%	CARDIOVASCULAR DISEASES	395	6.43%
SURGERY, ORTHOPEDIC	514	4.75%	SURGERY, ORTHOPEDIC	421	3.71%	GASTROENTEROLOGY	355	5.78%
DIAGNOSTIC RADIOLOGY	465	4.30%	DIAGNOSTIC RADIOLOGY	396	3.48%	SURGERY, ORTHOPEDIC	351	5.71%
GASTROENTEROLOGY	429	3.96%	GASTROENTEROLOGY	366	3.22%	DIAGNOSTIC RADIOLOGY	280	4.56%
OPHTHALMOLOGY	352	3.25%	OPHTHALMOLOGY	307	2.70%	OPHTHALMOLOGY	251	4.08%

Observations:
It appears that the use specialists by Hispanics and non-Hispanics is very similar. No significant differences are noted.

Conclusions:
- The OP team consists of a majority of team members that are bilingual in English and Spanish, as well as a translation line.
- Materials/letters that are sent out to members are in English and Spanish. Materials/letters can also be translated into other languages.

Recommendations:
Sendero should continue to prioritize recruiting and retaining team members that are bilingual in English and Spanish.

Use of Specialists – Members with Limited English Proficiency

2019			2020			2021		
Rank	# Using	% of All Members	Specialty	# Using	% of All Members	Specialty	# Using	% of All Members
RADIOLOGY	2,084	17.37%	RADIOLOGY	1,399	13.60%	RADIOLOGY	291	44.43%
OB/GYN	1,296	10.80%	OB/GYN	942	9.16%	PATHOLOGY	179	27.33%
PATHOLOGY	1,175	9.79%	PATHOLOGY	753	7.32%	EMERGENCY MEDICINE	160	24.43%
EMERGENCY MEDICINE	1,111	9.26%	EMERGENCY MEDICINE	747	7.26%	CLINICAL PATHOLOGY	132	20.15%
DERMATOLOGY	682	5.68%	DERMATOLOGY	385	3.74%	OPHTHALMOLOGY	89	13.59%
CARDIOVASCULAR DISEASES	551	4.59%	CARDIOVASCULAR DISEASES	327	3.18%	GENERAL SURGERY	63	9.62%
DIAGNOSTIC RADIOLOGY	503	4.19%	DIAGNOSTIC RADIOLOGY	308	2.99%	GASTROENTEROLOGY	63	9.62%
SURGERY, ORTHOPEDIC	453	3.77%	SURGERY, ORTHOPEDIC	293	2.85%	OB/GYN	60	9.16%
GASTROENTEROLOGY	401	3.34%	GASTROENTEROLOGY	232	2.26%	DIAGNOSTIC RADIOLOGY	53	8.09%
OPHTHALMOLOGY	366	3.05%	CLINICAL PATHOLOGY	230	2.24%	RHEUMATOLOGY	51	7.79%

Observations:
It appears that the use of specialists for members with limited English proficiency is very similar to the rest of the population. No significant differences are noted.

Conclusions:
- The OP team consists of a majority of team members that are bilingual in English and Spanish, as well as a translation line.
- Materials/letters that are sent out to members are in English and Spanish. Materials/letters can also be translated into other languages.

Recommendations:
Sendero should continue to prioritize recruiting and retaining team members that are bilingual in English and Spanish.

Use of Specialists – Members with Diabetes

2019			2020			2021		
Rank	# Using	% of All Members	Specialty	# Members Using	% of All Members	Specialty	# Members Using	% of All Members
RADIOLOGY	328	44.57%	RADIOLOGY	325	40.02%	RADIOLOGY	353	52.37%
EMERGENCY MEDICINE	209	28.40%	PATHOLOGY	229	28.20%	EMERGENCY MEDICINE	242	35.91%
PATHOLOGY	207	28.13%	EMERGENCY MEDICINE	221	27.22%	PATHOLOGY	228	33.83%
OPHTHALMOLOGY	184	25.00%	OPHTHALMOLOGY	174	21.43%	OPHTHALMOLOGY	165	24.48%
CARDIOVASCULAR DISEASES	151	20.52%	CARDIOVASCULAR DISEASES	154	18.97%	CARDIOVASCULAR DISEASES	146	21.66%
DIAGNOSTIC RADIOLOGY	89	12.09%	GASTROENTEROLOGY	89	10.96%	CLINICAL PATHOLOGY	119	17.66%
GASTROENTEROLOGY	74	10.05%	DIAGNOSTIC RADIOLOGY	88	10.84%	GASTROENTEROLOGY	95	14.09%
OBSTETRICS and GYNECOLOGY	72	9.78%	ENDOCRINOLOGY	86	10.59%	ENDOCRINOLOGY	75	11.13%
ENDOCRINOLOGY	72	9.78%	OBSTETRICS and GYNECOLOGY	83	10.22%	DIAGNOSTIC RADIOLOGY	73	10.83%
SURGERY, ORTHOPEDIC	64	8.70%	CLINICAL PATHOLOGY	79	9.73%	NEPHROLOGY	72	10.68%

Use of Specialists – Members with Limited Access to Transportation (SDoH)

2019			2020			2021		
Rank	# Using	% of All Members	Specialty	# Members Using	% of All Members	Specialty	# Members Using	% of All Members
RADIOLOGY	92	84.40%	RADIOLOGY	190	72.24%	RADIOLOGY	217	74.83%
PATHOLOGY	69	63.30%	EMERGENCY MEDICINE	151	57.41%	EMERGENCY MEDICINE	160	55.17%
EMERGENCY MEDICINE	68	62.39%	PATHOLOGY	151	57.41%	PATHOLOGY	154	53.10%
CARDIOVASCULAR DISEASES	37	33.94%	CLINICAL PATHOLOGY	89	33.84%	CLINICAL PATHOLOGY	119	41.03%
OPHTHALMOLOGY	31	28.44%	CARDIOVASCULAR DISEASES	76	28.90%	CARDIOVASCULAR DISEASES	87	30.00%
CLINICAL PATHOLOGY	30	27.52%	GASTROENTEROLOGY	50	19.01%	OPHTHALMOLOGY	80	27.59%
GASTROENTEROLOGY	24	22.02%	OPHTHALMOLOGY	48	18.25%	GENERAL SURGERY	55	18.97%
SURGERY, ORTHOPEDIC	22	20.18%	GENERAL SURGERY	45	17.11%	GASTROENTEROLOGY	51	17.59%
PULMONARY DISEASES-ADULT	22	20.18%	SURGERY, ORTHOPEDIC	39	14.83%	NEPHROLOGY	47	16.21%
NEUROLOGY	20	18.35%	NEUROLOGY	36	13.69%	RHEUMATOLOGY	43	14.83%

Recommendation:

Sendero should explore additional transportation vendors in 2022, to enhance and improve the transportation services our members and allow staff to shift that time to support other member needs rather than the manual process of scheduling rides.

Observations:

Patterns are as expected since the diabetes segment is seeing nephrology, podiatry, cardiovascular, and ophthalmology. A slight YoY uptick in % members in segment with ophthalmology use is in the setting of a 4-pronged intervention to increase diabetic eye exams among diabetics.

Conclusion:

Sendero's care management FTEs are sufficient to manage these needs and a robust network to meet the members 'needs.

Recommendations:

Continue to maintain a robust network to meet the members needs and add additional providers as gaps are identified.

Encourage Continuing education for the OP CM team as needed to ensure that they up to date on the ever-changing treatments in healthcare re: diabetes.

Observations:

There is no meaningful difference in the use of specialists with members with limited access to transportation and other members within IdealCare.

Conclusions:

- Sendero recognizes that their transportation, particularly public, barriers within the Austin service area. There is limited public transportation options.
- Sendero should continue to address this barrier and consider shifting the consistent workload to a vendor or outside party, to allow staff members to shift their focus to other member needs rather than scheduling rides.

Recommendation:

- On next year's population assessment, filter out the specialties of radiology and pathology.

Use of Specialists – Highest Risk Members

2019			2020			2021		
Rank	# Using	% of All Members	Specialty	# Members Using	% of All Members	Specialty	# Members Using	% of All Members
RADIOLOGY	1,385	42.96%	RADIOLOGY	1,365	41.14%	RADIOLOGY	1074	57.43%
PATHOLOGY	979	30.37%	PATHOLOGY	965	29.08%	PATHOLOGY	721	38.56%
EMERGENCY MEDICINE	831	25.78%	EMERGENCY MEDICINE	809	24.38%	EMERGENCY MEDICINE	664	35.51%
OB/GYN	582	18.05%	OB/GYN	544	16.40%	CLINICAL PATHOLOGY	412	22.03%
CARDIOVASCULAR DISEASES	527	16.35%	CARDIOVASCULAR DISEASES	488	14.71%	CARDIOVASCULAR DISEASES	410	21.93%
DERMATOLOGY	368	11.41%	CLINICAL PATHOLOGY	351	10.58%	OB/GYN	286	15.29%
GASTROENTEROLOGY	350	10.86%	DIAGNOSTIC RADIOLOGY	319	9.61%	GASTROENTEROLOGY	284	15.19%
OPHTHALMOLOGY	345	10.70%	GASTROENTEROLOGY	313	9.43%	OPHTHALMOLOGY	266	14.22%
DIAGNOSTIC RADIOLOGY	331	10.27%	OPHTHALMOLOGY	312	9.40%	NEUROLOGY	214	11.44%
CLINICAL PATHOLOGY	324	10.05%	DERMATOLOGY	305	9.19%	DERMATOLOGY	213	11.39%

Observations:
The highest risk members' use of specialists is higher than the lowest risk members which is not surprising.

Conclusion:
Sendero's care management FTEs are sufficient to manage these needs and a robust network to meet the members 'needs.

Recommendations:
- Continue to maintain a robust network to meet the members' needs and add additional providers as gaps are identified.
- Encourage continuing education for the OP CM team as needed to ensure that they are up to date on the ever-changing treatments in healthcare.

Use of Specialists – Lowest Risk Members

2019			2020			2021		
Rank	# Using	% of All Members	Specialty	# Members Using	% of All Members	Specialty	# Members Using	% of All Members
RADIOLOGY	199	6.17%	EMERGENCY MEDICINE	173	5.21%	EMERGENCY MEDICINE	133	7.11%
EMERGENCY MEDICINE	196	6.08%	RADIOLOGY	157	4.73%	RADIOLOGY	121	6.47%
DERMATOLOGY	111	3.44%	OB/GYN	127	3.83%	OB/GYN	68	3.63%
OB/GYN	97	3.01%	DERMATOLOGY	85	2.56%	DERMATOLOGY	65	3.47%
PATHOLOGY	82	2.54%	PATHOLOGY	67	2.02%	SURGERY, ORTHOPEDIC	63	3.37%
SURGERY, ORTHOPEDIC	79	2.45%	OTOLARYNGOLOGY	59	1.78%	PATHOLOGY	55	2.94%
OTOLARYNGOLOGY	59	1.83%	SURGERY, ORTHOPEDIC	58	1.75%	OTOLARYNGOLOGY	33	1.76%
URGENT CARE	59	1.83%	URGENT CARE	48	1.45%	URGENT CARE	26	1.39%
PSYCHIATRY	31	0.96%	PSYCHIATRY	32	0.96%	GASTROENTEROLOGY	25	1.34%
UROLOGY-ADULT	27	0.84%	DIAGNOSTIC RADIOLOGY	32	0.96%	CARDIOVASCULAR DISEASES	20	1.07%

Observations:
The highest risk members use of specialists is higher than the lowest risk members which is not surprising.

Conclusion:
Sendero's care management FTEs are sufficient to manage these needs and a robust network to meet the members 'needs.

Recommendations:
- Continue to maintain a robust network to meet the members needs and add additional providers as gaps are identified.
- Encourage Continuing education for the OP CM team as needed to ensure that they are up to date on the ever-changing treatments in healthcare.

Use of Out-of-Network (OON) Providers – All Members

2021

Top 5 Specialties	# Member Visits	# Unique Members	Top 5 OON Group / Practices	Visits	# Unique Members
INTERNAL MEDICINE	19,610	2,340	COMMUNITYCARE	6,883	1,061
NURSE PRACTITIONER	18,688	2,896	SETON	6,567	1,150
PHYSICIAN ASSISTANT	14,272	2,623	SINGLETON ASSOCIATES PA	4,950	1,257
RADIOLOGY	12,747	1,885	AUSTIN DIAGNOSTIC CLINIC, PA	4,290	691
FAMILY PRACTICE	12,527	2,043	CLINICAL PATHOLOGY ASSOCIATES	4,099	1,052

2020

Top 5 Specialties	# Member Visits	# Unique Members	Top 5 OON Group / Practices	Visits	# Unique Members
NURSE PRACTITIONER	24,428	4,312	CLINICAL PATHOLOGY ASSOCIATES	10,613	1,192
PHYSICIAN ASSISTANT	15,542	3,220	SETON	7,982	1,504
INTERNAL MEDICINE SPECIALIST	14,461	1,695	COMMUNITYCARE	6,007	1,137
RADIOLOGY	12,691	2,275	SINGLETON ASSOCIATES PA	5,897	1,351
PATHOLOGY	11,730	1,458	AUSTIN DIAGNOSTIC CLINIC, PA	4,782	925

2019

Top 5 Specialties	# Member Visits	# Unique Members	Top 5 OON Group / Practices	Visits	# Unique Members
NURSE PRACTITIONER	18,354	3,157	CLINICAL PATHOLOGY ASSOCIATES	15,062	1,280
PATHOLOGY	16,631	1,575	SETON	6,685	1,584
INTERNAL MEDICINE SPECIALIST	14,516	1,869	COMMUNITYCARE	5,250	1,080
GENERAL INT MED-HOSP PRACTICE	10,280	1,743	TEXAS ONCOLOGY, PA	5,093	297
FAMILY PRACTICE	9,742	2,164	AUSTIN RADIOLOGICAL ASSOCIATION	3,159	1.270

Observations:

Primary care providers, and radiologists, are the most common out of network providers of care. It may be difficult to improve OON rates for radiology, based on practice patterns. However, there may be an opportunity, if other reports validate this finding, to increase primary care providers in the network.

Four of the top five OON groups/practices shown in this report are not expected – these groups are in-network for Sendero.

Conclusion:

Some of the OON groups/practices may appear out of network due to medical residents within the group seeing members and not being part of the Sendero network, and then billing under their NPI and not the actual Sendero network providers NPI. These provider groups may also not be updating Sendero promptly when their new providers need to be credentialed.

Recommendations:

- The Network department team should continue its efforts to fill any validated gaps identified in CMS and other adequacy reporting, for primary care groups, and in radiology.

- Obtain the raw claims data for this table and perform further drilldown in collaboration with the Network team to:
  - Understand the nuances of INN/OON credentialing dates.
  - Ensure that provider data mapping is as accurate as possible.
  - Identify any opportunities to enhance credentialing or configuration procedures for these large groups.

VI. Clinical Characteristics

Top Diagnoses by Cost and Number of Members – All Members

By Cost

2019				2020				2021			
	Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs
A41.9	Sepsis, unspec organism	$910,987	69	A41.9	Sepsis, unspec organism	$ 1,329,217	73	A41.9	Sepsis, unspec organism	$1,487,641	87
Z51.11	Encounter for antineoplastic chemotherapy	$823,215	58	F84.0	Autistic disorder	$ 1,151,365	32	U07.1	COVID-19	$896,334	347
Z38.01	Single liveborn infant, delivered by cesarean	$610,410	41	Z38.00	Single liveborn infant, delivered vaginally	$904,495	49	A41.89	Other specified sepsis	$541,433	16
F84.0	Autistic disorder	$570,653	17	U07.1	COVID-19	$782,297	191	N17.9	Acute kidney failure, unspec	$435,810	79
Z38.00	Single liveborn infant, delivered vaginally	$504,385	65	Z51.11	Encounter for antineoplastic chemotherapy	$620,655	51	F84.0	Autistic disorder	$424,077	21

By Volume of Members With the Condition

2019				2020				2021			
	Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs
Z00.00	Encounter for general adult medical exam w/o abnormal findings	$342,247	2,380	Z00.00	Encounter for general adult medical exam w/o abnormal findings	$289,002	2,042	Z00.00	Encounter for general adult medical exam w/o abnormal findings	$ 239,839	1,617
Z23	Encounter for immunization	$91,737	1,505	Z23	Encounter for immunization	$100,498	1,772	Z23	Encounter for immunization	$ 157,183	1,588
Z01.419	Encounter for gyn exam (general) (routine) w/o abnormal findings	$219,895	1,382	Z20.828	Contact with and (suspected) exposure to other viral communicable diseases	$235,376	1,302	Z20.822	Contact with and (suspected) exposure to COVID-19	$ 241,920	1,200
Z12.31	Encounter for screening mammogram for malignant neoplasm of breast	$221,300	1,123	Z01.419	Encounter for gyn exam (general) (routine) w/o abnormal findings	$196,739	1,197	I10	Essential (primary) hypertension	$ 124,554	813
I10	Essential (primary) HTN	$109,276	1,020	I10	Essential (primary) HTN	$122,337	1,004	Z01.419	Encounter for gyn exam, (general) (routine) w/o abnl findings	$ 129,984	777

Observations:

Sepsis and **COVID**-related conditions drove the majority of medical spending for 2021. Sendero's CHAP Expansion program specifically serves members with **end-stage renal disease**, but acute kidney failure (which may often be associated with chronic kidney failure and need for dialysis/transplant) was a substantial cost diagnosis for the overall population.

We also paid a substantial amount of claims for **autism** for a relatively small number of members, although this number decreased in 2021 (with greater attention to the quality of this care from the UM department and network team.)

Sendero continued to have a large proportion of members with a **hypertension** diagnosis under management, and we see a lot of volume for preventive services.

Notably, the volume of mammography dropped off the list after 2019; this may reflect shifting member demographics or COVID-19 pandemic shutdowns but bears further study and trending of mammography utilization over time to identify a potential decrease among eligible members.

In 2021 chemotherapy was no longer among the top 5 spending categories; this likely represents crowding out by COVID-related spending rather than a true decrease in cancer care.

Conclusions:

- Relative to CM resources and programs in place, the skillset and number of CM FTE in place are adequate for the top diagnoses shown here.
- Sendero could consider including CEU offerings for the OP CM team in selected top areas, to ensure that they are up to date on the ever-changing treatments in healthcare.
- These data suggest a case for a more formal **hypertension management program**, given the relatively large member volume experiencing this diagnosis.

Recommendations:

- These data also suggest an opportunity for Sendero to even more closely manage and trend utilization for its Autism benefit and continue to ensure that providers are adhering to the latest and highest quality standards of clinical practice, as this has represented a large spend for a small number of members over the past 3 years.
- Sendero should also examine its mammography numbers, to ensure its' quality metric dashboards do not show a dip in preventive care

Top Diagnoses by Cost and Number of Members - CHAP Expansion

By Cost

2019				2020				2021			
	Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs
J96.22	Acute and chronic respiratory failure with hypercapnia	$420,985	3	A41.9	Sepsis, unspec organism	$794,391	30	A41.9	Sepsis, unspec organism	$914,369	56
A41.9	Sepsis, unspec organism	$308,939	18	41.59	Other Gram-negative sepsis	$205,300	2	U07.1	COVID-19	$415,133	50
I13.0	Hypertensive heart and CKD w/ht failure and stage 1-4 or unspec CKD	$181,316	5	90.00	Multiple myeloma not having achieved remission	$198,810	5	N17.9	Acute kidney failure, unspec	$301,249	52
F10.20	Alcohol dependence, uncomplicated	$152,588	7	U07.1	COVID-19	$198,501	33	K72.00	Acute and subacute hepatic failure w/o coma	$263,508	2
E87.5	Hyperkalemia	$148,893	8	I21.4	Non-ST elevation myocardial infarction	$196,002	9	C20	Malignant neoplasm of rectum	$240,369	13

By Volume of Members With the Condition

2019				2020				2021			
	Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs
I10	Essential (primary) hypertension	$13,562	64	I10	Essential (primary) hypertension	$24,797	129	Z23	Encounter for immunization	$10,449	220
Z00.00	Encounter f/general adult medical exam w/o abnormal findings	$6,981	48	E11.65	Type 2 diabetes mellitus with hyperglycemia	$36,535	95	I10	Essential (primary) hypertension	$34,028	179
E11.9	Type 2 diabetes mellitus w/o complications	$8,786	47	E11.9	Type 2 diabetes mellitus w/o complications	$18,631	91	E11.9	Type 2 diabetes mellitus w/o complications	$17,782	126
Z23	Encounter for immunization	$2,581	35	Z23	Encounter for immunization	$2,261	74	Z00.00	Encounter f/general adult medical exam w/o abnormal findings	$13,521	120
E11.65	Type 2 diabetes mellitus with hyperglycemia	$54,571	35	Z00.00	Encounter f/general adult medical exam w/o abnormal findings	$8,673	71	R07.9	Chest pain, unspec	$46,376	114

Observations:

The CHAP Expansion population experienced a similar group of medical conditions to the overall population, although rectal cancer and liver failure had a more substantial burden in this population than in the overall membership.

The CHAP Expansion population appears to account for the majority of sepsis and kidney failure diagnoses from the overall population.

Conclusion:

Relative to CM resources and programs in place, the skillset and number of CM FTE in place are adequate for the top diagnoses shown here.

Recommendations:

- The data suggest that, at least to serve its CHAP Expansion segment, Sendero might consider a more formalized diabetes disease management program. Sendero might also explore community partnerships aimed at better-managing spending for diabetes.
- Sendero might also do well to consider a more robust cancer program or vendor solution, to better manage cancer care and treatment course with providers.
- And of course, it should continue to assure the quality and cost-effectiveness of its dialysis programs, which serve relatively more CHAP Expansion members than other segments.

Top Diagnoses by Cost and Number of Members - Non-Chap

By Cost

2019				2020				2021			
	Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs
Z51.11	Encounter for antineoplastic chemotherapy	$801,351	45	F84.0	Autistic disorder	$ 1,151,365	32	A41.9	Sepsis, unspec organism	$573,271	31
Z38.01	Single liveborn infant, delivered by cesarean	$610,410	41	Z38.00	Single liveborn infant, delivered vaginally	$904,495	49	U07.1	COVID-19	$481,200	297
A41.9	Sepsis, unspec organism	$602,048	51	J96.01	Acute respiratory failure with hypoxia	$592,591	14	F84.0	Autistic disorder	$424,077	21
F84.0	Autistic disorder	$570,653	17	U07.1	COVID-19	$583,796.	158	A41.89	Other specified sepsis	$400,655	10
Z38.00	Single liveborn infant, delivered vaginally	$504,385	65	A41.9	Sepsis, unspec organism	$534,827	43	C71.9	Malignant neoplasm of brain, unspec	$252,803	4

By Volume of Members With the Condition

2019				2020				2021			
	Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs
Z00.00	Encounter for general adult medical exam w/o abnormal findings	$ 335,267	2,332	Z00.00	Encounter for general adult medical exam w/o abnormal findings	$ 280,341	1,972	Z00.00	Encounter for general adult medical exam w/o abnormal findings	$226,318	1,497
Z23	Encounter for immunization	$89,225	1,471	Z23	Encounter for immunization	$98,307	1,699	Z23	Encounter for immunization	$ 46,848	1,370
Z01.419	Encounter for gyn exam(general) (routine) w/o abnormal findings	$218,084	1,368	Z20.828	Contact with and (suspected) exposure to other viral communicable diseases	$ 226,467	1,258	Z20.822	Contact with and (suspected) exposure to COVID-19	$230,894	1,137
Z12.31	Encounter for screening mammogram for malignant neoplasm of breast	$217,659	1,100	Z01.419	Encounter for gyn exam (general) (routine) w/o abnormal findings	$ 192,417	1,171	Z01.419	Encounter for gyn exam (general) (routine) w/o abnormal findings	$126,050	747
Z00.129	Encounter for routine child health examination without abnormal findings	$194,677	$971	Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out	$ 147,003	884	I10	Essential (primary) hypertension	$90,526	634

Observations:
Other than the observation that brain cancer spending replaces kidney failure spending when the CHAP Expansion population is removed from analysis, the non-CHAP segment mirrors the overall population.

We are pleased to see encounters for immunization in the top diagnoses by cost and by volume, also encounters for well-woman exams. These are reflective of successful preventive health initiatives.

Conclusion: Relative to CM resources and programs in place, the skillset and number of CM FTE in place are adequate for the top diagnoses shown here.

Recommendations:

- Closely managing the dialysis program for CHAP Expansion would have a significant impact on overall spending. Autism is not driven by the CHAP Expansion population (as is known).
- When the CHW team is able to re-implement in-person visits, Sendero should carefully transition preventive efforts to be equally well handled in-person as well as by telephone.

Top Diagnoses by Cost and Number of Members – Children & Adolescents

By Cost

2019				2020				2021			
	Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs
Z38.01	Single liveborn infant, delivered by cesarean	$610,406	40	F84.0	Autistic disorder	$1,151,36	32	F84.0	Autistic disorder	$424,077	21
F84.0	Autistic disorder	$570,506	15	Z38.00	Single liveborn infant, delivered vaginally	$904,495	49	Z38.01	Single liveborn infant, delivered by cesarean	$184,473	9
Z38.00	Single liveborn infant, delivered vaginally	$499,447	62	Z38.01	Single liveborn infant, delivered by cesarean	$532,204	30	Z38.00	Single liveborn infant, delivered vaginally	$162,201	17
Z00.129	Encounter for routine child health exam w/o abnormal findings	$193,552	961	C74.90	Malignant neoplasm of unspec part of unspec adrenal gland	$237,202	1	F33.2	Major depressive disorder, recurrent severe w/o psychotic features	$122,642	6
C62.90	Malignant neoplasm of unspec testis, unspec whether descended or undescended	$134,194	1	Z51.11	Encounter for antineoplastic chemotherapy	$223,434	3	Z00.129	Encounter for routine child health exam w/o abnormal findings	$83,482	453

By Volume of Members With the Condition

2019				2020				2021			
	Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs
Z00.129	Encounter for routine child health exam w/o abnormal findings	$ 193,552	961	Z00.129	Encounter for routine child health exam w/o abnormal findings	$ 156,218	824	Z00.129	Encounter for routine child health exam w/o abnormal findings	$83,482	453
Z23	Encounter for immunization	$19,952	437	Z23	Encounter for immunization	$19,275	487	Z20.822	Contact with and (suspected) exposure to COVID-19	$47,0167	180
J02.9	Acute pharyngitis, unspec	$15,014	239	Z20.828	Contact with and (suspected) exposure to other viral communicable diseases	$26,345	139	Z23	Encounter for immunization	$16,970	169
J06.9	Acute upper respiratory infection, unspec	$11,917	208	Z00.121	Encounter for routine child health exam with abnormal findings	$16,336	135	J02.9	Acute pharyngitis, unspec	$4,338	74
R50.9	Fever, unspec	$9,345	193	J02.9	Acute pharyngitis, unspec	$3,745	128	J06.9	Acute upper respiratory infection, unspec	$5,968	70

Observations:

The data present a signal for increasing **Autism** spending, which did, however, decrease in 2021. This is in the context of UM program attention to and remedy for this cost driver. Child and adolescent **depression** also seems to have overtaken childhood cancer in the top spending categories for 2021.

Respiratory infections and immunization encounters continue to drive the volume of points of care for children and adolescents.

Conclusion:

Relative to CM resources and programs in place, the skillset and number of CM FTE in place are adequate for the top diagnoses shown here.

Recommendations:

- There is an opportunity to review behavioral health network adequacy, not for autism, but for depression and other mental and behavioral health needs, for children.
- Telehealth may be an option to expand these options that Sendero should consider.

Population Data

Top Diagnoses by Cost and Number of Members – Members with Disabilities

By Cost

2019				2020				2021			
	Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs
J96.22	Acute and chronic respiratory failure with hypercapnia	$364,721	1	I25.10	Atherosclerotic heart disease of native coronary artery w/o angina pectoris	$131,670	2	A41.9	Sepsis, unspec organism	$270,706	10
T84.51XA	Infection and inflammatory reaction due to internal right hip prosthesis, initial encounter	$280,046	1	C71.1	Malignant neoplasm of frontal lobe	$121,006	3	E87.70	Fluid overload, unspec	$228,148	8
E87.5	Hyperkalemia	$148,624	3	C71.9	Malignant neoplasm of brain, unspec	$115,395	4	J96.10	Chronic respiratory failure, unspec whether w/hypoxia or hypercapnia	$192,416	2
E10.22	Type 1 diabetes mellitus with diabetes CKD	$114,731	2	N18.6	W/o ESRD	$113,434	8	N17.9	Acute kidney failure, unspec	$185,531	19
N17.9	Acute kidney failure, unspec	$87,977	8	A41.9	Sepsis, unspec organism	$103,412	3	E87.5	Hyperkalemia	$184,970	6

By Volume of Members With the Condition

2019				2020				2021			
	Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs
N18.6	W/o ESRD	$39,321	15	I10	Essential (primary) hypertension	$1,344.76	9	N18.6	W/o ESRD	$88,682	24
I12.0	Hypertensive CKD with stage 5 CKD or ESRD	$75,821	10	N18.6	W/o ESRD	$ 113,434	8	N17.9	Acute kidney failure, unspec	$ 185,531	19
R06.02	Shortness of breath	$3,263	8	E11.22	Type 2 diabetes mellitus with diabetes CKD	$10,372	7	I10	Essential (primary) hypertension	$3,713	17
I10	Essential (primary) hypertension	$5,364	8	N17.9	Acute kidney failure, unspec	$6,230	7	I12.0	Hypertensive CKD w/ stage 5 CKD or w/o ESRD	$76,155	16
N17.9	Acute kidney failure, unspec	$958	8	I12.0	Hypertensive CKD with stage 5 CKD or w/o ESRD	$45,809	5	Z20.822	Contact with and (suspected) exposure to COVID-19	$1,559	15

Observations:

As Sendero defines the population of members with disabilities to include those with congestive heart failure (CHF) and kidney failure, the top cost-driven diagnoses in this segment are largely attributable to the category definition itself (fluid overload, respiratory failure, hyperkalemia); kidney failure, respectively.

Conclusion:

- **CHF and kidney failure are associated with much of the disability experienced across Sendero's membership.**
- Relative to CM resources and programs in place, the skillset and number of CM FTE in place are adequate for the top diagnoses shown here.

Recommendations:

- Attention to the performance of these initiatives, and a search for opportunities to optimize utilization and member experience, and quality of care, would be well-supported by the data in this segment.
- Shoring up our transportation services and ensuring a member-friendly vendor with enhanced capacity to serve members with disabilities may help to guarantee access to dialysis services, which may help control outlying expenditures for kidney disease.

Top Diagnoses by Cost and Number of Members – Members with SPMI

By Cost

2019				2020				2021			
	Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs
J96.22	Acute and chronic respiratory failure with hypercapnia	$364,721	1	M51.16	Intervertebral disc disorders with radiculopathy, lumbar region	$142,381	1	C56.9	Malignant neoplasm of unspec ovary	$207,257	1
T84.51XA	Infection and inflammatory reaction due to internal right hip prosthesis, initial encounter	$280,046	1	F10.20	Alcohol dependence, uncomplicated	$131,833	8	F33.2	Major depressive disorder, recurrent severe w/o psychotic features	$141,178	12
N17.9	Acute kidney failure, unspec	$87,216	3	L89.154	Pressure ulcer of sacral region, stg 4	$93,038	1	G04.81	Other encephalitis & encephalomyelitis	$132,600	1
F11.20	Opioid dependence, uncomplicated	$72,138	1	K43.0	Incisional hernia with obstruction, w/o gangrene	$65,218	1	A41.9	Sepsis, unspec organism	$90,163	4
M43.12	Spondylolisthesis, cervical region	$68,423	1	T59.91XA	Toxic effect of unspec gases, fumes, and vapors, accidental (unintentional), initial encounter	$59,828	1	G93.40	Encephalopathy, unspec	$74,280	2

By Volume of Members With the Condition

2019				2020				2021			
	Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs
F33.2	Major depressive disorder, recurrent severe w/o psychotic features	$32,055	22	F33.2	Major depressive disorder, recurrent severe w/o psychotic features	$21,515	10	F33.2	Major depressive disorder, recurrent severe w/o psychotic features	$ 141,178	12
R45.851	Suicidal ideations	$3,084	12	F31.9	Bipolar disorder, unspec	$7,421	10	F32.9	Major depressive disorder, single episode, unspec	$3,5434	9
F33.1	Major depressive disorder, recurrent, moderate	$3,330	11	R45.851	Suicidal ideations	$4,336	9	R07.89	Other chest pain	$3,490	7
F32.9	Major depressive disorder, single episode, unspec	$6,633	10	F32.9	Major depressive disorder, single episode, unspec	$25,527	9	R07.9	Chest pain, unspec	$2,943	7
R79.9	Abnormal finding of blood chemistry, unspec	$1,829	10	I10	Essential (primary) hypertension	$4,378	8	R50.9	Fever, unspec	$169	6

Observations:

Although our case management team manages substantial numbers of members with substance use and misuse, substances do not figure into the top spending categories for 2021 (despite doing so for 2019 and 2020).

It is well-established in the medical literature that depression tracks with cancer and functional limitation (explaining the presence of ovarian cancer diagnosis and spinal disorders among individuals over 2021 and 2020).

Conclusion: Relative to CM resources and programs in place, the skillset and number of CM FTE in place are adequate for the top diagnoses shown here.

Recommendations:

- Depression figures heavily for the SPMI segment. Sendero does run an active intervention to support members in initiating and continuing antidepressant medications. There may be an opportunity to enhance this intervention, perhaps by involving behavioral health social work support or other care management offerings.

- Sendero will consider partnering with an Oncology specialty vendor to help ensure that best-practice care is delivered to Sendero members.

Top Diagnoses by Cost and Number of Members – Members who Identify as Hispanic

By Cost

2019				2020				2021			
	Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs
T84.51XA	Infection and inflammatory reaction due to internal right hip prosthesis, initial encounter	$280,046	1	A41.9	Sepsis, unspec organism	$737,796	28	U07.1	COVID-19	$751,154	124
A41.9	Sepsis, unspec organism	$ 263,079	18	U07.1	COVID-19	$ 517,481	73	A41.9	Sepsis, unspec organism	$669,536	43
I13.0	Hypertensive heart and CKD with heart failure and stage 1 through stage 4 CKD, or unspec CKD	$166,213	4	Z51.11	Encounter for antineoplastic chemotherapy	$ 386,964	26	K72.00	Acute and subacute hepatic failure w/o coma	$263,508	2
E87.5	Hyperkalemia	$148,651	7	C90.00	Multiple myeloma not having achieved remission	$ 284,888	5	N17.9	Acute kidney failure, unspec	$252,452	48
C62.90	Malignant neoplasm of unspec testis, unspec whether descended or undescended	$134,926	3	Z38.00	Single liveborn infant, delivered vaginally	$ 258,673	6	C20	Malignant neoplasm of rectum	$240,059	11

By Volume of Members With the Condition

2019				2020				2021			
	Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs
Z00.00	Encounter for general adult medical exam w/o abnormal findings	$59,337	446	Z23	Encounter for immunization	$17,996	401	Z23	Encounter for immunization	$37,405	474
Z23	Encounter for immunization	$16,540	318	Z00.00	Encounter for general adult medical exam w/o abnormal findings	$49,641	374	Z00.00	Encounter for general adult medical exam w/o abnormal findings	$43,869	321
I10	Essential (primary) hypertension	$29,638	270	20.828	Contact with and (suspected) exposure to other viral communicable diseases	$53,546	273	I10	Essential (primary) hypertension	$37,154	261
Z01.419	Encounter for gyn exam (general) (routine) w/o abnormal findings	$39,860	256	I10	Essential (primary) hypertension	$32,694	271	Z20.822	Contact with and (suspected) exposure to COVID-19	$47,941	240
Z12.31	Encounter f/screening mammogram for malignant neoplasm of breast	$47,266	236	Z01.419	Encounter for gyn exam (general) (routine) w/o abnl findings	$35,501	228	E11.9	Type 2 diabetes mellitus w/o complications	$28,023	182

Observations:
The cost-driven and volume-driven diagnoses for Hispanic members do not differ notably from those of the overall population, although diabetes was a first-time entrant onto the 2021 list by volume.

Conclusion: Relative to CM resources and programs in place, the skillset and number of CM FTE in place are adequate for the top diagnoses shown here.

Recommendations:

- The Hispanic population seems to bear the same disease burden as the overall population of members, so disease programs should be offered in culturally and linguistically appropriate manners.
- Sendero should strive to maintain a high proportion of bilingual staff in its member-facing teams. Diabetes prevention and management programs may be particularly important for this segment.

Top Diagnoses by Cost and Number of Members – Members who identify as Non-Hispanic

By Cost

2019				2020				2021			
	Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs
Z51.11	Encounter for antineoplastic chemotherapy	$718,177	35	J96.01	Acute respiratory failure with hypoxia	592,330	13	A41.9	Sepsis, unspec organism	$736,839	38
A41.9	Sepsis, unspec organism	$519,277	43	A41.9	Sepsis, unspec organism	547,769	42	A41.89	Other specified sepsis	$328,534	8
J96.22	Acute and chronic respiratory failure with hypercapnia	$420,159.	2	G12.9	Spinal muscular atrophy, unspec	290,654	1	C71.9	Malignant neoplasm of brain, unspec	$252,916	5
G12.9	Spinal muscular atrophy, unspec	$408,439	1	F10.20	Alcohol dependence, uncomplicated	267,995	34	I48.91	Unspec atrial fibrillation	$233,589	32
K70.31	Alcoholic cirrhosis of liver with ascites	$367,735	7	F84.0	Autistic disorder	254,424	13	Z51.11	Encounter for antineoplastic chemotherapy	$217,151	16

By Volume of Members With the Condition

2019				2020				2021			
	Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs
Z00.00	Encounter for general adult medical exam w/o abnormal findings	$249,647	1,700	Z00.00	Encounter for general adult medical exam w/o abnormal findings	$210,518	1,465	Z00.00	Encounter for general adult medical exam w/o abnormal findings	$171,877	1,145
Z23	Encounter for immunization	$64,965	1,030	Z23	Encounter for immunization	$69,639	1,176	Z23	Encounter for immunization	$104,798	966
Z01.419	Encounter for gyn exam (general) (routine) w/o abnormal findings	$159,190	1,001	Z20.828	Contact with and (suspected) exposure to other viral communicable diseases	$156,318	894	20.822	Contact with and (suspected) exposure to COVID-19	$165,878	840
Z12.31	Encounter for screening mammogram for malignant neoplasm of breast	$152,377	776	Z01.419	Encounter for gyn exam (general) (routine) w/o abnormal findings	$141,418	853	01.419	Encounter for gyn exam (general) (routine) w/o abnormal findings	$90,629	536
Z00.129	Encounter for routine child health exam w/o abnormal findings	$131,586	638	Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out	$105,943	654	I10	Essential (primary) hypertension	$75,424	476

Observations:
The burden of autism seems to be in the non-Hispanic population, although cancer-related spending along with sepsis rose to the top of the list in 2021 compared to 2020.

Hypertension and general medical exams drove volume in this segment.

Brain cancer was figured in the non-Hispanic group, while **rectal cancer** was figured in the Hispanic group.

Conclusion: Relative to CM resources and programs in place, the skillset and number of CM FTE in place are adequate for the top diagnoses shown here.

Recommendations:

- **There may be differences across the Sendero membership in cancer burden by race and ethnicity**. There is a case for Sendero to segment its cancer data, down to the specific diagnosis, by race and ethnicity, to look for patterns that might be addressed with tailored interventions.
- Sendero will consider partnering with an Oncology specialty vendor to help ensure that best-practice care is delivered to Sendero members.

Top Diagnoses by Cost and Number of Members – Members with Limited English Proficiency

By Cost

2019				2020				2021			
	Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs
C62.90	Malignant neoplasm of unspec testis, unspecified whether descended or undescended	$134,194	52	C90.00	Multiple myeloma not having achieved remission	$196,914	2	A41.9	Sepsis, unspecified organism	$470,857	20
E11.69	Type 2 diabetes mellitus with other specified complication	$91,645	33	U07.1	COVID-19	$191,424	24	U07.1	COVID-19	$355,344	39
N20.2	Calculus of kidney with calculus of ureter	$80,835	56	Z51.11	Encounter for antineoplastic chemotherapy	$120,621	10	N17.9	Acute kidney failure, unspecified	$229,186	21
T87.44	Infection of amputation stump, left lower extremity	$62,874	3	N18.6	End stage renal disease	$88,364	4	I13.0	Hypertensive heart and CKD with heart failure and stage 1 through stage 4 CKD, or unspec CKD	$211,644	4
A41.9	Sepsis, unspecified organism	$60,139	38	K70.31	Alcoholic cirrhosis of liver with ascites	$87,173	2	K72.00	Acute and subacute hepatic failure w/o coma	$205,949	1

By Volume of Members With the Condition

2019				2020				2021			
	Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs
I10	Essential (primary) hypertension	$5,248	59	I10	Essential (primary) hypertension	$9,474.84	86	Z23	Encounter for immunization	$10,353	178
Z00.00	Encounter for general adult medical examination without abnormal findings	$7,647	58	Z00.00	Encounter for general adult medical examination without abnormal findings	$8,731.62	70	I10	Essential (primary) hypertension	$17,526	132
E11.9	Type 2 diabetes mellitus without complications	$6,348	40	Z23	Encounter for immunization	$3,985.60	69	Z00.00	Encounter for general adult medical exam w/o abnormal findings	$13,119	117
Z12.31	Encounter for screening mammogram for malignant neoplasm of breast	$7,295	38	E11.9	Type 2 diabetes mellitus without complications	$7,437.51	65	E11.9	Type 2 diabetes mellitus w/o complications	$8,868	82
Z23	Encounter for immunization	$1,530	32	E11.65	Type 2 diabetes mellitus with hyperglycemia	$19,494.53	53	E11.65	Type 2 diabetes mellitus with hyperglycemia	$12,239	62

Observations:
This non-English-proficient segment is a small group but is notable for consistently high spending on **diabetes** and comorbidities of **kidney disease** and **hypertension**. **Cancer** being prominent in 2019 and 2020 was superseded by COVID and sepsis in 2021.

The volume of visits for diabetes without complications increased in 2021.

This likely speaks to the overlap between this population and CHAP Expansion; and to the incompleteness of race and ethnicity data, and especially the incompleteness of language data, in our data warehouse.

Conclusion: Relative to CM resources and programs in place, the skillset and number of CM FTE in place are adequate for the top diagnoses shown here.

Recommendations:

- Any materials on diabetes, hypertension, kidney failure, and liver failure should be considered for translation into non-English languages.
- Staff likewise who support these programs or diseases will be well-served to speak languages other than English;
- Sendero should ensure that translation services are widely and clearly on-offer. Sendero should continue to ensure that its preventive materials are translated into Spanish, and consider other languages, should improve enrollment data collection practices (currently under consideration / part of this report's recommendations to show other languages emerging as important minorities among its members.
- Sendero will consider partnering with an Oncology specialty vendor to help ensure that best-practice care is delivered to Sendero members.

Top Diagnoses by Cost and Number of Members – Members with Diabetes

By Cost

2019				2020				2021			
	Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs
J96.22	Acute and chronic respiratory failure with hypercapnia	$420,159	2	A41.9	Sepsis, unspec organism	$563,416	12	A41.9	Sepsis, unspec organism	$713,344	34
A41.9	Sepsis, unspec organism	$336,956	15	U07.1	COVID-19	$487,551	2	A41.89	Other specified sepsis	$273,602	7
K70.31	Alcoholic cirrhosis of liver with ascites	$290,536	1	I63.9	Cerebral Infarction, Unspecified	$200,463	1	I13.0	Hypertensive heart and CKD with heart failure and stage 1 through stage 4 CKD, or unspec CKD	$267,534	8
E87.5	Hyperkalemia	$148,658	4	I13.0	Hypertensive heart and CKD with heart failure and stage 1 through stage 4 CKD, or unspec CKD	$190,990	2	U07.1	COVID-19	$258,125	51
N17.9	Hepatic failure, unspec w/o coma	$147,228	1	I21.4	NSTEMI Myocardial infarction	$164,755	4	N17.9	Acute kidney failure, unspec	$221,802	45

By Volume of Members With the Condition

2019				2020				2021			
	Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs
E11.9	Type 2 diabetes mellitus without complications	$54,561	469	E11.9	Type 2 diabetes mellitus without complications	$58,246	495	E11.9	[E11.9] Type 2 diabetes mellitus without complications	$60,336	382
E11.65	Type 2 diabetes mellitus with hyperglycemia	$102,108	214	E11.65	Type 2 diabetes mellitus with hyperglycemia	$78,953	253	Z23	[Z23] Encounter for immunization	$17,478	236
I10	Essential (primary) hypertension	$ 22,768	172	I10	Essential (primary) hypertension	$29,887	199	E11.65	[E11.65] Type 2 diabetes mellitus with hyperglycemia	$61,024	215
Z00.00	Encounter for general adult medical examination without abnormal findings	$ 17,394	136	Z23	Encounter for immunization	$9,599	145	I10	[I10] Essential (primary) hypertension	$40,655	198
E78.5	[E78.5] Hyperlipidemia, unspecified	$ 9,531	125	Z00.00	Encounter for general adult medical examination without abnormal findings	$15,749	131	Z00.00	[Z00.00] Encounter for general adult medical examination without abnormal findings	$16,572	125

Observations:

The diagnoses for the diabetes segment are not limited to diabetes, but also includes comorbidities kidney failure (related, of course, to diabetes) and sepsis (perhaps reflecting the immunocompromised state that is diabetes, and the COVID-19 pandemic), hyperlipidemia, and hypertensive heart disease.

Hypertension remained an important comorbidity throughout the 3 years examined.

Conclusions:

- Relative to CM personnel resources in place, the skillset and number of CM FTE in place are adequate for the top diagnoses shown here.
- There is **need to develop/obtain more standardized content for diabetes disease management education**. Content should be sure to include “down-stream” comorbidities that present late in the disease course of diabetes, as the data show a substantial burden of this end-stage disease. More “upstream” preventive efforts among members newly diagnosed members with diabetes or pre-diabetes would certainly serve the population; but with member churn and limited resources, trade-offs must be considered carefully before making such a staffing and program investment (other experience shows us that many of our members first become members at an already-advanced disease stage). A provider collaboration, or MAP collaboration, might be an option to consider for more “upstream” prevention.

Recommendations:

- The data suggest that Sendero’s diabetes materials for patients, and for case managers, should be sure to include a focus on end-stage diabetes – how to manage those common complications, but also how to prevent them.
- Additionally, Sendero will review all current content and consider whether it needs revision, further development, or possibly purchased content – to support the CM team in delivering consistent diabetes and other condition education.

Top Diagnoses by Cost and Number of Members - Highest-Risk Members *

By Cost

2019				2020				2021			
	Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs
A41.9	Sepsis, unspec organism	$910,987	68	A41.9	Sepsis, unspec organism	$ 1,329,217	70	A41.9	Sepsis, unspec organism	$ 1,487,625	85
Z51.11	Encounter for antineoplastic chemotherapy	$823,215	58	F84.0	Autistic disorder	$ 1,151,105	31	U07.1	COVID-19	$855,697	129
F84.0	Autistic disorder	$570,653	17	Z38.00	Single liveborn infant, delivered vaginally	$904,495	48	A41.89	Other specified sepsis	$541,432	16
Z38.01	Single liveborn infant, delivered by cesarean	$483,922	33	U07.1	COVID-19	$712,592	92	N17.9	Acute kidney failure, unspec	$435,810	79
Z38.00	Single liveborn infant, delivered vaginally	$442,197	56	Z51.11	Encounter for antineoplastic chemotherapy	$620,655	51	F84.0	Autistic disorder	$424,077	21

By Volume of Members With the Condition

2019				2020				2021			
	Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs		Top Dx	Cost	# Mbrs
Z00.00	Encounter for general adult medical exam w/o abnormal findings	$87,572	614	I10	Essential (primary) hypertension	$77,266	528	Z23	Encounter for immunization	$37,909	479
I10	Essential (primary) hypertension	$64,604	457	Z00.00	Encounter for general adult medical exam w/o abnormal findings	$68,534	523	Z00.00	Encounter for general adult medical exam w/o abnormal findings	$53,628	383
Z23	Encounter for immunization	$32,221	455	Z23	Encounter for immunization	$35,590	518	I10	Essential (primary) hypertension	$69,679	358
E11.9	Type 2 diabetes mellitus w/o complications	$51,367	423	E11.9	Type 2 diabetes mellitus w/o complications	$57,283	470	Z20.822	Contact with and (suspected) exposure to COVID-19	$44,242	241
Z12.31	Encounter for screening mammogram for malignant neoplasm of breast	$71,705	366	Z20.828	Contact with and (suspected) exposure to other viral communicable diseases	$67,569	347	E11.9	Type 2 diabetes mellitus w/o complications	$39,388	216

** Other sub-population: Members in the highest quintile of actuary-calculated risk scores (top 5%tile, using the latest score calculated each calendar year)*

Observations:

Sepsis has led spending for Sendero's sickest and most vulnerable population segment, every year for the past 3 years and was influenced by the COVID-19 pandemic. Other diagnoses in this group largely reflect high-risk conditions that contribute to HCC-based risk scores (many cancer diagnoses, kidney failure, COVID…).

But volume for this segment is mostly driven by preventive / routine care – immunizations, medical exams. However, hypertension and diabetes do have a notable burden in the segment.

Notably, mammography has dropped off the top volume-based codes for 2020 and again in 2021, although it was present in 2019. This may have been caused by COVID-19 pandemic shutdowns for outpatient services.

Conclusion: Relative to CM personnel resources in place, the skillset and number of CM FTE in place are adequate for the top diagnoses shown here.

Recommendation:

The data for this segment further add to the case for Sendero to take a closer, year-over-year look at its mammography screening rates.

Population Data

Top Diagnoses by Cost and Number of Members - Lowest-Risk Members *

By Cost

2019				2020				2021			
	Top Dx	**Cost**	**# Mbrs**		**Top Dx**	**Cost**	**# Mbrs**		**Top Dx**	**Cost**	**# Mbrs**
Z00.129	Encounter for routine child health exam w/o abnormal findings	$94,377.	630	Z00.129	Encounter for routine child health exam w/o abnormal findings	$87,375	579	Z20.822	Contact with and (suspected) exposure to COVID-19	$61,350	285
Z00.00	Encounter for general adult medical exam w/o abnormal findings	$36,329	267	S36.503A	Unspec injury of sigmoid colon, initial encounter	$72,354	1	Z00.129	Encounter for routine child health exam w/o abnormal findings	$42,553	287
Z23	Encounter for immunization	$17,107	388	I35.1	Nonrheumatic aortic (valve) insufficiency	$56,109	1	Z00.00	Encounter for general adult medical exam w/o abnormal findings	$28,316	199
J02.9	Acute pharyngitis, unspec	$14,845	240	Z20.828	Contact with and (suspected) exposure to other viral communicable diseases	$53,239	261	Z23	Encounter for immunization	$24,937	248
Z00.121	Encounter for routine child health exam with abnormal findings	$12,414	115	Z00.00	Encounter for general adult medical exam w/o abnormal findings	$28,094	195	Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out	$18,236	103

By Volume of Members With the Condition

2019				2020				2021			
	Top Dx	**Cost**	**# Mbrs**		**Top Dx**	**Cost**	**# Mbrs**		**Top Dx**	**Cost**	**# Mbrs**
Z00.129	Encounter for routine child health exam w/o abnormal findings	$94,376	630	Z00.12 9	Encounter for routine child health exam w/o abnormal findings	$87,374	579	Z00.129	Encounter for routine child health exam w/o abnormal findings	$42,553	287
Z23	Encounter for immunization	$17,107	388	Z23	Encounter for immunization	$15,135	446	Z20.822	Contact with and (suspected) exposure to COVID-19	$ 61,350	285
Z00.00	Encounter for general adult medical exam w/o abnormal findings	$36,328	267	Z20.82 8	Contact with and (suspected) exposure to other viral communicable diseases	$53,239	261	Z23	Encounter for immunization	$ 24,937	248
J02.9	Acute pharyngitis, unspec	$14,845	240	Z00.00	Encounter for general adult medical exam w/o abnormal findings	$28,094	195	Z00.00	Encounter for general adult medical exam w/o abnormal findings	$ 28,316	199
J06.9	Acute upper respiratory infection, unspec	$10,578	166	Z03.81 8	Encounter for observation for suspected exposure to other biological agents ruled out	$27,133	156	Z20.828	Contact with and (suspected) exposure to other viral communicable diseases	$13,134	106

** Other sub-population: Members in the lowest quintile of actuary-calculated risk scores (bottom 5%tile, using the latest score calculated each calendar year)*

Observations:
Spending and volume-based codes in this lowest-risk population were driven by **COVID**, but also, and in large part, by **preventive care** such as screenings.

Over the past three years, individual members experienced costly episodes associated with injury, cardiac disease, and infection, but these findings do not suggest an actionable pattern, other than giving support to Sendero continuing to trend related HEDIS metrics for the overall population (i.e., appropriate management of pharyngitis).

Conclusion: Relative to CM personnel resources in place, the skillset and number of CM FTE in place are adequate for the top diagnoses shown here.

Recommendation:
Sendero should consider a year-over-year analysis through 2019 of pharyngitis management HEDIS metrics, to ensure high performance among providers on this common condition (even among our lowest-risk members).

Top Drugs (by Cost) – All Members

2019

Pharmacy Benefit	Total Paid	# Members	Medical Benefit	Total Amount Paid	# Members
HUMIRA PEN	$ 1,553,325	34	Defer, data not available		
REVLIMID	$ 792,443	5	"		
BIKTARVY	$ 544,965	21	"		
COSENTYX SENSOREADY PEN	$ 50,930	11	"		
ONPATTRO	$ 493,877	1	"		

2020

Pharmacy Benefit	Total Paid	# Members	Medical Benefit	Total	# Members
HUMIRA PEN	$ 1,654,474	34	Defer, data not available		
BIKTARVY	$ 818,256	28	"		
COSENTYX SENSOREADY PEN	$ 662,702	13	"		
COAGADEX	$ 486,591	1	"		
TECFIDERA	$ 450,044	8	"		

2021

Pharmacy Benefit	Total Paid	# Members	Medical Benefit	Total	# Members
HUMIRA PEN	$ 1,605,231	39	Defer, data not available		
BIKTARVY	$ 705,808	26	"		
REVLIMID	$ 610,491	4	"		
COAGADEX	$ 536,656	1	"		
TALTZ	$ 432,095	12	"		

Recommendation:
Consider seeking an oncology vendor partner to help support delivery of best-practice, quality-driven protocols to members with cancer.

Observations:
2019: Top spend for drugs on the pharmacy benefit was for autoimmune conditions (Humira), followed by multiple myeloma (Revlimid), then HIV-1 (Biktarvy), then autoimmune musculoskeletal conditions (Cosentyx), and then neuropathy from hATTR amyloidosis (Onpattro).

2020: Top spend on drugs on the pharmacy benefit in 2020 was for autoimmune conditions (Humira), followed by multiple myeloma (Revlimid), then HIV-1 (Biktarvy), then hereditary Factor X deficiency (Coagadex), then multiple sclerosis (Tecfidera).

2021: Top spend on drugs on the pharmacy benefit in 2021 was for autoimmune conditions (Humira), followed by HIV-1 (Biktarvy), then multiple myeloma (Revlimid), then hereditary Factor X deficiency (Coagadex), then psoriasis and related conditions (Taltz, which replaced cosentyx on our PBM formulary).

Autoimmune conditions are consistently the top condition leading to drug spend on the pharmacy benefit, and the number of members has increased by 15%, in spite of a lower volume of members over the past 3 years. Sendero fully delegates pharmacy management to its PBM, but in 2021, did initiation conversations to push the PBM to ensure step therapy plans are in place for the injectable Humira, which has seen steady increases in price in the U.S. since at least 2017. An interchangeable biosimilar agent ('generic' formulation for a biologic drug, which a pharmacist can substitute for Humira without a change in prescription), available widely in Europe and other regions, is anticipated in 2022, and more interchangeable biologics are expected in 2023. There are few options, given regulations, for our line of business to take on this drug at this point.

Other than autoimmune conditions treatable with humira, the other conditions consistently causing the highest drug spend (MS, Cancer, HIV) are high-cost chronic and acute conditions with a pharmacy treatment profile that is not necessarily influenced by disease/condition management programs. These are also conditions that can be well-managed with just a medication regimen. Some savings might be expected through a quality-focused application of subject matter expertise, i.e., Sendero might consider identifying a cancer specialty partner who could support UM decisions by driving toward latest guidelines and quality of care for chemotherapeutic regimens.

Conclusion: CM Continuing Education on autoimmune conditions may be worthwhile. Staffing ratios are adequate.

Top Drugs (by Cost) – CHAP Expansion

2019					
Pharmacy Benefit	**Total Paid**	**# Members**	**MEDICAL BENEFIT**	**Total Billed or Allowed?**	**# Members**
SPRYCEL	$ 192,445	2	Defer, data not available		
TECFIDERA	$ 175,299	2	"		
HUMIRA PEN	$ 126,242	2	"		
CABOMETYX	$ 111,584	1	"		
LEVEMIR FLEXTOUCH	$ 84,707	39	"		

2020					
Pharmacy Benefit	**Total Paid**	**# Members**	**Medical Benefit**	**Total**	**# Members**
SPRYCEL	$ 344,468	3	Defer, data not available		
JAKAFI	$ 272,363	2	"		
LEVEMIR FLEXTOUCH	$ 268,114	89	"		
POMALYST	$ 236,870	1	"		
TECFIDERA	$ 201,645	3	"		

2021					
Pharmacy Benefit	**Total Paid**	**# Members**	**Medical Benefit**	**Total**	**# Members**
JAKAFI	$ 365,277	3	Defer, data not available		
REVLIMID	$ 326,010	3	"		
OPSUMIT	$ 316,136	3	"		
SPRYCEL	$ 310,713	2	"		
LEVEMIR FLEXTOUCH	$ 289,808	98	"		

Recommendations:

- Consider seeking an oncology vendor partner to help support delivery of best-practice, quality-driven protocols to members with cancer.
- Review the current health plan activities and disease management interventions for diabetes and identify where these can be enhanced to best support the affected members, as well as providers treating members with diabetes.

Observations:

2019: Top spend for drugs on the pharmacy benefit was for leukemia (Sprycel), MS (Tecfidera), autoimmune conditions (Humira), renal cell carcinoma (Cabometyx), and diabetes (Levemir).

2020: Top spend for drugs on the pharmacy benefit was for leukemia (Sprycel), polycythemia vera (Jakafi), diabetes (levemir), multiple myeloma (Pomalyst), and MS (Tecfidera).

2021: Top spend for drugs on the pharmacy benefit was for polycythemia vera (Jakafi), multiple myeloma (Revlimid), pulmonary arterial hypertension (Opsumit), leukemia (Sprycel), and diabetes (Levemir).

Conclusion:

Compared to the overall population which consistently has had autoimmune disease treatments driving the top drug costs, the CHAP Expansion population's drug costs are driven by high-cost cancers, diabetes, and a variety of more rare conditions. However, these high costs are incurred by a very small number of individuals. The Sendero internal team lacks strong experience with cancer care and medications. Among these high-cost drugs, there are a significant number of CHAP Expansion members with diabetes, indicating a potential need for developing current materials and approach into a more formal diabetes disease management program.

Conclusion: Continuing Education for the CM team on diabetes and cancer may be worthwhile. Staffing ratios are sufficient.

Top Drugs (by Cost) – Non-CHAP

2019					
Pharmacy Benefit	Total Paid	# Members	Medical Benefit	Total Paid	# Members
HUMIRA PEN	$ 1,427,08	32	Defer, data not available		
REVLIMID	$ 62,512	4	"		
BIKTARVY	$ 517,911	20	"		
COSENTYX SENSOREADY PEN	$ 500,930	11	"		
1/23-inquiry to ONPATTRO	$ 493,877	1	"		

2020					
Pharmacy Benefit	Total Paid	# Members	Medical Benefit	Total Paid	# Members
HUMIRA PEN	$ 1,550,984	32	Defer, data not available		
BIKTARVY	$ 764,632	24	"		
COSENTYX SENSOREADY PEN	$ 581,013	11	"		
COAGADEX	$ 486,591	1	"		
REVLIMID	$ 447,846	2	"		

2021					
Pharmacy Benefit	Total Paid	# Members	Medical Benefit	Total Paid	# Members
HUMIRA PEN	$ 1,410,691	33	Defer, data not available		
BIKTARVY	$ 619,812	22	"		
COAGADEX	$ 536,656	1	"		
CINRYZE	$ 422,320	1	"		
TALTZ	$ 384,415	11	"		

Observations:

2019: Top spend for drugs on the pharmacy benefit was for autoimmune conditions (Humira), followed by multiple myeloma (Revlimid), then HIV-1 (Biktarvy), then autoimmune musculoskeletal conditions (Cosentyx), and then neuropathy from hATTR amyloidosis (Onpattro).

2020: Top spend for drugs on the pharmacy benefit was for autoimmune conditions (Humira), HIV-1 (Biktarvy), autoimmune musculoskeletal conditions (Cosentyx), and multiple myeloma (Revlimid).

2021: Top spend for drugs on the pharmacy benefit was for autoimmune conditions (Humira), HIV-1 (Biktarvy), Factor X deficiency (Coagadex), hereditary angioedema (Cinryze), and psoriasis and related conditions (Taltz, which replaced Cosentyx on our PBM formulary).

Conclusion: Continuing Education for the CM team on pharmacologic management of autoimmune conditions and cancer may be worthwhile. Staffing ratios are sufficient.

Recommendation:
Consider seeking an oncology vendor partner to help support delivery of best-practice, quality-driven protocols to members with cancer.

Top Drugs (By Cost) – Children & Adolescents

2019					
Pharmacy Benefit	**Total Paid**	**# Members**	**Medical Benefit**	**Total Paid**	**# Members**
LUPRON DEPOT-PED (1-MONTH	$16,071	1	Defer, data not available		
BANZEL	$15,991	1	"		
DESMOPRESSIN ACETATE	$13,627	3	"		
FLOVENT HFA	$12,146	26	"		
NOVOLOG	$12,002.27	3	"		

2020					
Pharmacy Benefit	**Total Paid**	**# Members**	**Medical Benefit**	**Total Paid**	**# Members**
COAGADEX	$486,591	1	Defer, data not available		
BANZEL	$21,280	2	"		
VYVANSE	$11,901	11	"		
FLOVENT HFA	$10,651	27	"		
VIMPAT	$7,872	2	"		

2021					
Pharmacy Benefit	**Total Paid**	**# Members**	**Medical Benefit**	**Total Paid**	**# Members**
COAGADEX	$536,656	1	Defer, data not available		
HUMIRA	$68,191	1	"		
HUMIRA PEN	$30,655	1	"		
PFIZER-BIONTECH COVID-19	$16,257	219	"		
VYVANSE	$7,351	6	"		

Observations:

2019: Top spend for drugs on the pharmacy benefit was for central precocious puberty (Lupron depot-ped), Epilepsy (Banzel), nocturnal polyuria (desmopressin acetate), Asthma (Flovent HFA), and diabetes (Novolog).

2020: Top spend for drugs on the pharmacy benefit was for Factor X deficiency (Coagadex), Epilepsy (Banzel), ADHD (Vyvanse), asthma (Flovent) and seizures/epilepsy (Vimpat).

2021: Top spend for drugs on the pharmacy benefit was for Factor X deficiency (Coagadex), autoimmune conditions (Humira, Humira pen), COVID-19 vaccines, and ADHD (Vyvanse)

Conclusion:

In addition to diabetes and asthma medications, a few rare conditions dominate drug spending for this population segment; Sendero should consider offering training to its CM staff on conditions such as childhood cancer, childhood diabetes, and asthma. Staffing ratios are sufficient to manage these conditions.

Recommendation:

The top drug use patterns for adolescent and pediatric segments are largely driven by the associated conditions; these patterns do not suggest opportunities to optimize or strengthen our disease management or population health interventions.

Top Drugs (By Cost) – Members with Disabilities

2019					
Pharmacy Benefit	Total Paid	# Members	Medical Benefit	Total Paid	# Members
XIFAXAN	$16,896.19	2	Defer, data not available		
SEVELAMER CARBONATE	$7,435.91	6	"		
CREON	$5,836.52	1	"		
ELIQUIS	$5,281.62	2	"		
VIMPAT	$3,928.69	1	"		

2020					
Pharmacy Benefit	Total Paid	# Members	Medical Benefit	Total Paid	# Members
HUMULIN R U-500 KWIKPEN	$12,049.46	1	Defer, data not available		
AURYXIA	$9,519.06	3	"		
JANUVIA	$5,396.34	1	"		
VELPHORO	$5,354.25	1	"		
ELIQUIS	$4,694.12	3	"		

2021					
Pharmacy Benefit	Total Paid	# Members	Medical Benefit	Total Paid	# Members
TUKYSA	$39,197.72	1	Defer, data not available		
FORTEO	$35,846.49	1	"		
XIFAXAN	$35,500.53	1	"		
SEVELAMER HYDROCHLORIDE	$18,632.30	3	"		
RETACRIT	$17,379.63	1	"		

Observations:

2019: Top spend for drugs on the pharmacy benefit was for diarrhea (Xifaxan), kidney disease (sevelamer carbonate), exocrine pancreatic deficiency (Creon), stroke prevention for atrial fibrillation (Eliquis), and seizures (Vimpat).

2020: Top spend for drugs on the pharmacy benefit was for diabetes (Humulin R, Januvia), atrial fibrillation / stroke prevention (Eliquis), and kidney disease (Auryxia, Velphoro).

2021: Top spend for drugs on the pharmacy benefit was for breast cancer (Tukysa), osteoporosis (Forteo), irritable bowel syndrome (Xifaxan), kidney disease (Sevelamer HCL), and anemia (Retacrit).

Conclusion:

Kidney and pancreatic disease, anemia (possible side-effects of cancer treatment), and autoimmune conditions in this data. Sendero might consider CME for its CM team on chronic condition management in members with disabilities. Staff ratios are sufficient at current population size.

Recommendations:

- Many of the drugs in this category are influenced by the actual disability that caused the member to meet the definition for the segment. Kidney disease and cancer figure heavily in this segment. Sendero should consider seeking an oncology vendor partner to help support delivery of best-practice, quality-driven protocols to members with cancer.
- Sendero should review its dialysis programs for opportunities to expand, to ensure the network is well-able to serve its members with disabilities.

Population Data

Top Drugs (By Cost) – Members with SPMI

2019					
Pharmacy Benefit	**Total Paid**	**# Members**	**Medical Benefit**	**Total Paid**	**# Members**
BIKTARVY	$40,071	1	Defer, data not available		
LEDIPASVIR/ SOFOSBUVIR	$23,478	1	"		
LATUDA	$21,466	1	"		
VYVANSE	$7,887	4	"		
INVEGA SUSTENNA	$7,614	1	"		

2020					
Pharmacy Benefit	**Total Paid**	**# Members**	**Medical Benefit**	**Total Paid**	**# Members**
BIKTARVY	$37,531	1	Defer, data not available		
HUMULIN R U-500 KWIKPEN	$12,049	1	"		
LATUDA	$9,731	3	"		
LEVEMIR FLEXTOUCH	$8,462	2	"		
ADVAIR DISKUS	$4,893	3	"		

2021					
Pharmacy Benefit	**Total Paid**	**# Members**	**Medical Benefit**	**Total Paid**	**# Members**
HUMIRA PEN	$607,387	12	Defer, data not available		
COAGADEX	$536,656	1	"		
OPSUMIT	$386,467	3	"		
JAKAFI	$365,277	3	"		
REVLIMID	$326,010	3	"		

Recommendation:

The SPMI segment also has complicated medical needs. Social workers, who are often the primary point of contact for members with SPMI in care management, should continue to co-round with medical case managers. Sendero should review this data for opportunities to even better integrate social / behavioral health care management with medical case management.

Observations:

2019: Top spend for drugs on the pharmacy benefit was for HIV-1 (Biktarvy), Hepatitis C (Ledipasvir/Sofosbuvir), bipolar depression (Latuda), ADHD (Vyvanse), and schizophrenia (Invega sustenna).

2020: Top spend for drugs on the pharmacy benefit was HIV-1 (Biktarvy), diabetes (Humulin R, Levemir FlexTouch), bipolar depression (Latuda), and asthma (Advair diskus).

2021: Top spend for drugs on the pharmacy benefit was for HIV-1 (Biktarvy), diabetes (Humulin R, Levemir), bipolar depression (Latuda), and asthma (Advair).

Overall drug spend for SPMI conditions is very low, as are the number of enrolled members with SPMI.

Conclusions:

- CME for the CM team on management of chronic conditions among those members with SPMI may be worthwhile.
- Staffing ratios are sufficient; if population increases, or new labor-intense interventions are put in place, e.g., around outreach post-discharge from mental health or behavioral health facility, Sendero would need additional Social Worker FTE.

Top Drugs (By Cost) – Members Who Identify as Hispanic

2019					
Pharmacy Benefit	**Total Paid**	**# Members**	**Medical Benefit**	**Total Paid**	**# Members**
ONPATTRO	$493,877	1	Defer, data not available		
REVLIMID	$322,474	1	"		
TALTZ	$176,784	3	"		
CABOMETYX	$176,600	2	"		
HUMIRA PEN	$161,272	4	"		

2020					
Pharmacy Benefit	**Total Paid**	**# Members**	**Medical Benefit**	**Total Paid**	**# Members**
COAGADEX	$486,591	1	Defer, data not available		
ONPATTRO	$380,434	1	"		
JAKAFI	$272,364	2	"		
SPRYCEL	$266,245	2	"		
TASIGNA	$227,964	2	"		

2021					
Pharmacy Benefit	**Total Paid**	**# Members**	**Medical Benefit**	**Total Paid**	**# Members**
HUMIRA PEN	$607,387	12	Defer, data not available		
COAGADEX	$536,656	1	"		
OPSUMIT	$386,467	3	"		
JAKAFI	$365,277	3	"		
REVLIMID	$326,010	3	"		

Observations:

2019: Top spend for drugs on the pharmacy benefit was for neuropathy from hATTR amyloidosis (Onpattro), multiple myeloma (Revlimid), psoriasis (Taltz), cancer (Cabometyx), and autoimmune conditions (Humira).

2020: Top spend for drugs on the pharmacy benefit was for Factor X deficiency, neuropathy from hATTR amyloidosis (Onpattro), polycythemia vera (Jakafi), leukemia (Spryce, Tasigna).

2021: Top spend for drugs on the pharmacy benefit was for auto-immune conditions (humira), Factor X deficiency), pulmonary arterial hypertension (Opsumit), polycythemia vera (Jakai), and multiple myeloma (Revlimid).

Conclusion:

CM staffing ratios and language proficiencies are sufficient for the size of this population. If there are any culturally different approaches that the medical literature supports for working with a Hispanic population dealing with cancer or auto-immune disorders, this content should be included in other disease-specific CME under consideration (as highlighted in above sections).

Recommendation:

From drug spend/volume, cancer and autoimmune disorders seem as prevalent in the population identifying as Hispanic as in the non-Hispanic population. Sendero should regularly review staff language and cultural diversity, and offer training as needed.

Top Drugs (By Cost) – Members Who Identify as Non-Hispanic

2019

Pharmacy Benefit	Total Paid	# Members	Medical Benefit	Total Paid	# Members
HUMIRA PEN	1,094,756	24	Defer, data not available		
REVLIMID	$469,969	4	"		
BIKTARVY	$394,720	15	"		
TECFIDERA	$360,953	5	"		
COSENTYX SENSOREADY PEN	$349,467	8	"		

2020

Pharmacy Benefit	Total Paid	# Members	Medical Benefit	Total Paid	# Members
HUMIRA PEN	$1,209,610	24	Defer, data not available		
COSENTYX SENSOREADY PEN	$646,373	12	"		
BIKTARVY	$529,407	17	"		
REVLIMID	$447,846	2	"		
TECFIDERA	$377,342	7	"		

2021

Pharmacy Benefit	Total Paid	# Members	Medical Benefit	Total Paid	# Members
HUMIRA PEN	$913,204	24	Defer, data not available		
BIKTARVY	$485,291	16	"		
REVLIMID	$284,481	1	"		
TALTZ	$270,463	9	"		
ENBREL SURECLICK	$235,499	6	"		

Observations:

2019: Top spend for drugs on the pharmacy benefit was for autoimmune conditions (Humira, Cosentyx)), multiple myeloma (Revlimid), HIV-1 (Biktarvy), and MS (Tecfidera).

2020: Top spend for drugs on the pharmacy benefit was for autoimmune conditions (Humira, Cosentyx), HIV-1 (Biktarvy), multiple myeloma (Revlimid), and MS (Tecfidera).

2021: Top spend for drugs on the pharmacy benefit was for autoimmune conditions (Humira), HIV-1 (Biktarvy), psoriasis (Taltz), and rheumatoid arthritis (Enbrel).

Conclusion:

Staffing ratios are sufficient for this population segment. See above for CME for CM considerations (pharmacologic management of cancer, autoimmune conditions).

Recommendation:

These data do not suggest changes to the population health programs at Sendero at this time.

Top Drugs (By Cost) – Members with Limited English Proficiency

2019

Pharmacy Benefit	Total Paid	# Members	Medical Benefit	Total Paid	# Members
HUMIRA PEN	$533,901	15	Defer, data not available		
ONPATTRO	$493,877	1	"		
TRIUMEQ	$370,827	17	"		
REVLIMID	$322,474	1	"		
COSENTYX SENSOREADY PEN	$273,111	7	"		

2020

Pharmacy Benefit	Total Paid	# Members	Medical Benefit	Total Paid	# Members
SPRYCEL	$266,245	2	Defer, data not available		
TASIGNA	$211,736	2	"		
HUMIRA PEN	$126,715	3	"		
JAKAFI	$122,475	1	"		
BRAFTOVI	$98,182	1	"		

2021

Pharmacy Benefit	Total Paid	# Members	Medical Benefit	Total Paid	# Members
HUMIRA PEN	$364,627	6	Defer, data not available		
SPRYCEL	$310,714	2	"		
REVLIMID	$276,80	2	"		
TASIGNA	$184,888	2	"		
JAKAFI	$160,083	1	"		

Observations:

2019: Top spend for drugs on the pharmacy benefit was for autoimmune conditions (Humira, Cosentyx). Neuropathy from hATTR amyloidosis (Onpattro), HIV-1 (Triumeq), and multiple myeloma (Revlimid)

2020: Top spend for drugs on the pharmacy benefit was for autoimmune conditions (Humira), neuropathy from hATTR amyloidosis (Onpattro), leukemia (Sprycel, Tasigna), and HIV-1 (Biktarvy).

2021: Top spend for drugs on the pharmacy benefit was for autoimmune conditions (Humira), leukemia (Sprycel, Tasigna), multiple myeloma (Revlimid), and polycythemia vera (Jakafi).

Conclusion:

Staffing ratios are sufficient for this population segment. See above for CME for CM considerations (pharmacologic management of cancer, autoimmune conditions).

Recommendation:

The dialysis and cancer interventions Sendero is considering should be sure to offer non-English materials and care managers to eligible members.

Top Drugs (By Cost) – Members with Diabetes

2019

Pharmacy Benefit	Total Paid	# Members	Medical Benefit	Total Paid	# Members
HUMIRA PEN	$262,062	5	Defer, data not available		
LEVEMIR FLEXTOUCH	$207,370	80	"		
NOVOLOG FLEXPEN	$170,464	74	"		
TRULICITY	$147,759	44	"		
VICTOZA	$144,906	33	"		

2020

Pharmacy Benefit	Total Paid	# Members	Medical Benefit	Total Paid	# Members
LEVEMIR FLEXTOUCH	$ 341,362	121	Defer, data not available		
TRULICITY	$ 285,330	58	"		
HUMIRA PEN	$ 259,849	5	"		
POMALYST	$ 255,091	2	"		
VICTOZA	$ 204,724	35	"		

2021

Pharmacy Benefit	Total Paid	# Members	Medical Benefit	Total Paid	# Members
TRULICITY	$ 339,465	61	Defer, data not available		
LEVEMIR FLEXTOUCH	$ 335,817	116	"		
HUMIRA PEN	$ 262,286	5	"		
OPSUMIT	$ 243,953	2	"		
UPTRAVI	$ 232,690	1	"		

Recommendations:

- Our diabetes population is complicated. Sendero should consider the case for a more formal disease management program for diabetes.
- Sendero should also ensure that its diabetes education materials are tailored to address tertiary prevention of the common complications of near-end-stage diabetes.
- Case management staff should be trained on detection and prevention / mitigation of diabetes complications.
- There is evidence of macular degeneration – consider partnering with the provider groups who take care of the majority of our diabetes group (i.e., CUC) to incentivize / create value-added arrangements to increase rates of diabetes eye exam performance (a HEDIS metric).

Observations:

2019: Top spend for drugs on the pharmacy benefit for this segment was for autoimmune conditions (Humira), diabetes (Levemir, Novolog), HIV-1 (Prezista), and irritable bowel syndrome (Xifaxan).

2020: Top spend for drugs on the pharmacy benefit was for diabetes (Levemir, Trulicity, Novolog, Lantus), and multiple myeloma (Pomalyst).

2021: Top spend for drugs on the pharmacy benefit was for diabetes (Levimir, Trulicity, Jardiance, Victoza), and osteoporosis (Forteo)

Conclusions:

- Sendero's diabetes population experiences multiple comorbidities, including other auto-immune conditions, cancer, and HIV and other infections.
- Staffing ratios are sufficient for the diabetes population segment. Potential CME offering for CM team should cover optimal management of common comorbidities of diabetes – including cancer and infection, as well as effective strategies to prevent diabetes-related blindness.

Top Drugs (By Cost) – Members with Limited Access to Transportation

2019

Pharmacy Benefit	Total Paid	# Members	Medical Benefit	Total Paid	# Members
ONPATTRO	$493,877	1	Defer, data not available		
VOSEVI	$73,246	1	"		
HUMIRA PEN	$70,432	1	"		
GENVOYA	$65,767	1	"		
LEVEMIR FLEXTOUCH	$47,304	19	"		

2020

Pharmacy Benefit	Total Paid	# Members	Medical Benefit	Total Paid	# Members
ONPATTRO	$380,434	1	Defer, data not available		
POMALYST	$255,091	2	"		
LEVEMIR FLEXTOUCH	$156,924	48	"		
UPTRAVI	$154,382	1	"		
XIFAXAN	$129,176	5	"		

2021

Pharmacy Benefit	Total Paid	# Members	Medical Benefit	Total Paid	# Members
UPTRAVI	$232,690	1	Defer, data not available		
LEVEMIR FLEXTOUCH	$161,770	53	"		
JAKAFI	$160,083	1	"		
OPSUMIT	$142,982	1	"		
XIFAXAN	$112,796	4	"		

Recommendation:

Sendero should continue to review this data and ensure that its transportation vendor is able to accommodate members with very complex medical needs (i.e., limited mobility, disabilities).

Observations:

2019: Top spend for drugs on the pharmacy benefit was for neuropathy for hATTR amyloidosis (Onpattro), hepatitis C (Vosevi), autoimmune conditions (Humira), HIV (Genvoya), and diabetes (Levemir).

2020: Top spend for drugs on the pharmacy benefit was for neuropathy for hATTR amyloidosis (Onpattro), multiple myeloma (Pomalyst), diabetes (Levemir), pulmonary arterial hypertension (Uptravi), and irritable bowel syndrome (Xifaxan).

2021: Top spend for drugs on the pharmacy benefit was for pulmonary arterial hypertension (Uptravi), diabetes (Levemir), polycythemia vera (Jakafi), pulmonary arterial hypertension (Opsumit), and irritable bowel syndrome (Xifaxan).

Conclusions:

- Although staffing ratios are sufficient to support this segment experiencing limited access to reliable transportation, staffing records (not reported here) show that substantial effort and time are expended in manually scheduling rides with Lyft and the other vendor Sendero has to address this social determinant of health. A vendor solution to support task-shifting would be merited / increase efficiencies.

- Disease-specific CME offerings should address how CMs can mitigate the role of limited transportation in limiting access to care for chronic conditions such as cancer, autoimmune diseases, and infection.

Top Drugs (By Cost) – Highest-Risk Members *

2019					
Pharmacy Benefit	Total Paid	# Members	Medical Benefit	Total Paid	# Members
HUMIRA PEN	$ 1,553,325	34	Defer, data not available		
REVLIMID	$792,43	5	"		
BIKTARVY	$544,965	21	"		
COSENTYX SENSOREADY PEN	$500,930	11	"		
ONPATTRO	$493,87	1	"		

2020					
Pharmacy Benefit	Total Paid	# Members	Medical Benefit	Total Paid	# Members
HUMIRA PEN	$ 1,654,474	34	Defer, data not available		
BIKTARVY	$818,257	28	"		
COSENTYX SENSOREADY PEN	$662,702	13	"		
COAGADEX	$486,591	1	"		
TECFIDERA	$450,044	8	"		

2021					
Pharmacy Benefit	Total Paid	# Members	Medical Benefit	Total Paid	# Members
HUMIRA PEN	$ 1,570,495	37	Defer, data not available		
BIKTARVY	$705,808	26	"		
REVLIMID	$610,491	4	"		
COAGADEX	$536,656	1	"		
CINRYZE	$422,320	1	"		

** Other sub-population: Members in the highest quintile of actuary-calculated risk scores (top 5%tile, using the latest score calculated each calendar year)*

Observations:

2019: Top spend for drugs on the pharmacy benefit was for autoimmune conditions (Humira, Cosentyx), multiple myeloma (Revlimid), HIV-1 (Biktarvy), and neuropathy from hATTR amyloidosis.

2020: Top spend for drugs on the pharmacy benefit was for autoimmune conditions (Humira, Cosentyx), HIV-1 (Biktarvy), Factor X deficiency (Coagadex), and multiple sclerosis (Tecfidera)

2021: Top spend for drugs on the pharmacy benefit was for autoimmune conditions (Humira), HIV-1 (Biktarvy), multiple myeloma (Revlimid), Factor X deficiency (Coagadex, and hereditary angioedema (Cinryze).

Conclusion:

This segment overlaps with CHAP Expansion; Sendero CM is sufficiently staffed to serve the highest-risk population. CME offerings for the CM team do not need to differ for this highest-risk population, compared to insights already derived above.

Recommendations

Most of this drug spend pattern is driven by medical necessity. There does seem to be an opportunity for Sendero to consider seeking an oncology vendor partner to help support delivery of best-practice, quality-driven protocols to members with cancer.

Top Drugs (By Cost) – Lowest-Risk Members *

2019

Pharmacy Benefit	Total Paid	# Members	Medical Benefit	Total Paid	# Members
TRUVADA	$89,084	10	Defer, data not available		
XYREM	$10,084	1	"		
LATUDA	$6,14	5	"		
AMPHETAMINE/DEXTROAMPHETA	$6,039	42	"		
NUVARING	$5,806	4	"		

2020

Pharmacy Benefit	Total Paid	# Members	Medical Benefit	Total Paid	# Members
XYREM	$91,197	1	Defer, data not available		
DESCOVY	$14,465	1	"		
NUVARING	$7,434	5	"		
AMPHETAMINE/DEXTROAMPHETA	$7,012	39	"		
VYVANSE	$6,572	10	"		

2021

Pharmacy Benefit	Total Paid	# Members	Medical Benefit	Total Paid	# Members
HUMIRA PEN	$30,654	1	Defer, data not available		
PFIZER-BIONTECH COVID-19	$30,098	440	"		
DUPIXENT	$26,814	1	"		
OTEZLA	$16,128	1	"		
MODERNA COVID-19 VACCINE	$11,329	190	"		

** Other sub-population: Members in the lowest quintile of actuary-calculated risk scores (bottom 5%tile, using the latest score calculated each calendar year)*

Observations:

2019: Top spend for drugs on the pharmacy benefit was for HIV prevention (Truvada), daytime sleepiness (Xyrem), bipolar depression (Latuda), ADHD (amphetamine/dextroamphetamine), and contraception (Nuvaring).

2020: Top spend for drugs on the pharmacy benefit was for daytime sleepiness (Xyrem), HIV prevention (Descovy), contraception (nuvaring), and ADHD (amphetamine/ dextroamphetamine, Vyvanse)

2021: Top spend for drugs on the pharmacy benefit was for autoimmune conditions (Humira), COVID-19 prevention (Pfizer & Moderna vaccines), autoimmune conditions (Dupixent), and psoriasis (Otezla.

Conclusion:

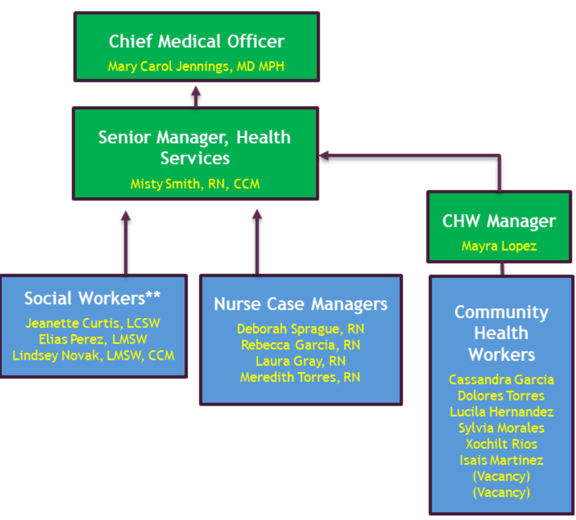
Sendero CM ratios are sufficient for this population. Contraceptive and other preventive messaging should not be delegated to the CM team, but pushed out in population-wide materials, as this healthy population is not usually engaged in CM programs.

Recommendations:

- Medications for medical conditions do appear in the lowest-risk segment; this observation does not suggest actionable improvements to our population health programs.
- Many of the other drug spend patterns are for preventive indications; again, this observation does not suggestion opportunities to improve our population health programs.

VII. PHM Resources

Observations: In 2021, Sendero had 3 full-time RN Case Managers, 6 full-time Community Health Workers, 4 Social Workers, 1 part-time and 3 contracted/consulting Medical Directors.



<u>CM Staffing review</u>: The RN Case Managers focused on complex case management primarily for the neediest (CHAP Expansion) members. Because the focus is almost all on the most complex cases, the team is very timely in that referrals are opened the same day, and initial assessments and plans of care are completed within the NCQA timeframes. Due to increasing risk scores and complexity, the RN:case ratio grew to 1:85, which posed increased challenges in meeting all of the members' needs. As well, there is a need to initiate routine audits of cases to assure ongoing compliance with complex case management NCQA standards. There is also a need to reach more members to focus on more non-complex/routine case management and care coordination. As to leadership over CM, the *Manager of Case Management* was also the acting *Director of Case Management*; as a result, daily operational needs took priority over the more strategic work needed for planning and program development.

Reflecting on the chronic conditions identified by this assessment, diabetes, oncology and autoimmune condition content is created ad hoc by each RN Case Manager. This poses risk of inconsistency in what is taught, since staff may have varying levels of skill in developing content. There is a need to develop some standardized content for staff to integrate into their plans of care.

<u>SW Staffing review</u>: 3 full-time Social workers support the Sendero membership for both medical and behavioral health needs. As well, the Social Workers perform a dual CM/UM role for BH case management. 0.5 FTE is subcontracted from the LIDDA to support behavioral health. The caseload and timeliness of Social Work support is deemed satisfactory, with prompt follow-up on referrals and satisfactory UM turnaround time.

<u>Community Health Worker (CHW) review</u>: 6 CHWs and 1 Manager of CHWs support the Sendero population. CHW-to-Member caseload is about 1:110. The CHW's focus heavily on the CHAP Expansion population, performing onboarding calls, ad hoc activities delegated from the RN CM and SW plans of care, and at least quarterly follow-ups. This role also arranges for medical transportation for members. The staffing is designed for home and some hospital visits, which were paused during the 2020-2021 COVID pandemic. Sendero chose to retain all positions throughout the pandemic, so as not to lose the expertise and institutional knowledge of this group of team members. As a result, staffing of CHW's is both adequate and able to absorb significant growth, should home visits not be reinstated or should the pandemic persist throughout 2022.
<u>UM Nurse review</u>: Sendero is supported by 3 RNs to perform utilization management. Such a small workgroup poses difficulties with vacation coverage, as well as incurring extra evening work to meet the tight State of Texas UM turnaround times of 3 calendar days for in-network authorizations.

<u>Medical Director review</u>: Sendero is supported by a full-time Chief Medical Officer, a part-time contracted Medical Director, and 3 additional contracted Medical Directors in various specialties. Medical Directors perform a role in case management, utilization management, and physician advisory groups, criteria review and development, and specialty topic input. Availability and support for all functions is adequate. However, the tight Texas UM turnaround times, as well as coordinating vacating coverage poses some complexity with scheduling, and some risk of missed turnaround times. Last, the UM approval rate is quite high for oncology drugs-on-the-medical-benefit requests. To help ensure application of best practices in oncology care, it could be helpful to partner with an oncology vendor for consultative UM support.

<u>Training review</u>: Training topics completed during 2021 included mandatory trainings only. There is additional need for training in the areas of immunology and oncology.

Conclusions:
The population needs for complex cases necessitate additional Case Manager staffing. Sendero would like to expand case-finding to be able to reach more members from the non-CHAP population. Sendero Health Services would also like to have an objective method for determining staffing needs for budget purposes. Additionally, there is a need to fill the vacant *Health Services Director* position.

Resources adequate for Social Work staffing.
Fill the vacant CHW positions to reduce caseloads and improve member outreach.
Increased consistency in Medical Director staffing is desired.

There is a need to reduce the complexity of UM coverage when one of the two UM nurses goes on vacation.

Additional support for criteria and content is needed for oncology and immunologic conditions.

Recommendations:
- Develop a staffing calculator that takes into account volume, complexity and other population characteristics. Implement use for budget planning purposes.
- Add 2 RN Case Manager FTE's
- Fill the vacant Health Services Director position.
- Redevelop /enhance the tools used for case and authorization audits.
- Allocate budget funds for completion of UM and CM audits to gain objective data to support the confidence level about NCQA compliance.
- Add one RN FTE to the UM Clinical Reviewer team to better support vacation coverage and TX UM turnaround times.
- Convert one part-time Medical Director to full-time status.
- Add a Medical Director with expertise in immunology.
- Review needs and re-establish home visits and hospital visits by CHWs and SW's where indicated.
- Have the Medical Director and Preventive Medicine residents provide support for building out diabetes and immunology disease/condition management content for use in case management, as well as medical criteria forms for immunologic drug UM.
- Arrange for training a variety of clinical topics to support the Health Services team members CM and UM for the member population.
- Seek an Oncology vendor partner to help support UM decision-making for oncology requests.

VIII. Community Resources and Programs

The table below outlines all the different community resources available to Sendero's members:

Integral Care	Home Care Services Skilled Nursing Visits Home Health Aid Homemaking	Chore Services
Transportation Assistance	Caregiver Support	Tobacco Cessation Programs
Home Delivered Meals	Family Home Visiting	Women's Infant and Children (WIC) Program
Transitional Services	Hospice and Palliative Care Programs	Meal Assistance Programs Supplemental Nutritional Assistance Program (SNAP)
Emergency Preparedness including alert services	Homeless Shelter and Emergency Housing	Adult Day Services

Observations:

Based on these resources, there are some barriers caused by the impact of COVID. The organization/agency were closed due to the state restrictions. The community resources were short in 2021 due to COVID, particularly in the areas of financial support and free meals. Throughout the above sections, we have discussed opportunities for greater community partnership with nutrition / food access.

Conclusions:

- Sendero maintain a list of available community resources and programs compiled manually.
- Current CM staffing resources are knowledgeable and adequate to make use of community resources during case management activities.

Recommendation:

Sendero will continue to evaluate its community resources as often as needed or at least annually and make appropriate changes.

Appendix I

Member Subpopulation Descriptors

Population	Parameters
Members with Diabetes	Based on HEDIS Definitions from Measurement Year 2022, Value Sets for "Comprehensive Diabetes Care" measure E10.10 -E10.9X (Type I) E11.00-E11.9X (Type 2)
SPMI	Members with any claim with a primary diagnosis of Schizophrenia (F20.XX-F29.XX) Major depression (F33.XX) (this limits to those with recurrent major depression. The F32.0-F32,9 codes are for single episodes of major depression, in case you'd like to include those.) Bipolar disorder (F31.XX) Borderline Personality disorder (F60.3)
Disability	<u>Conditions included in Disability:</u> F78.1 SYNGAP1-related intellectual disability F78.A9 - Other genetic related intellectual disability Z73.6 - Limitation of activities due to disability G82.5X - Quadriplegia R53.2 - Functional quadriplegia R54 Age-related physical debility G82.XX Paraplegia G04.1 Tropical spastic paraplegia G11.4 Hereditary spastic paraplegia Q05 Spina bifida G12.21 Amyotrophic lateral sclerosis A80.30 Acute paralytic poliomyelitis X 76.82 Awaiting Organ Transplant status Esophageal cancer C15.3-C15.9 Brain cancer C71.9X Small cell carcinoma H54.0 Blindness, both eyes H91.93 Unspec hearing loss, bilateral G20.XX Parkinson's disease G80-G83.xx Cerebral palsy G71.0-G71.09 Muscular dystrophy F33.XX Major depression Anyone with SSI information in enrollment file, such as primary or secondary payer.
Children and Adolescents	Segmented into age groups. 0-1 Year 2-5 years 6-11 years 12-<18 years

Memo

To: Sendero Board of Directors
From: Dr. Mary Carol Jennings, CMO
CC: Perla Cavazos, Interim President & CEO
Date: 5/3/2023
Re: Informational – Demographic Characteristics of Sendero 2022 Membership by Plan Type (latest data available)

Context: At its March 2023 meeting, Sendero's Board expressed an interest in breaking out these race and ethnicity variables by plan type – i.e. for CHAP-Expansion, Premium Assistance Program, and Regular IdealCare membership. During the months of March and April, Sendero's Quality Improvement and Population Health team worked with our analysts to pull, quality assure, and synthesize this data into the following tables. New data is presented for 2022 membership; the same data for the 2021 membership is also newly segmented and presented for each of the three plan types.

Status: Sendero invites members to share their race and ethnicity data upon enrollment – self-reporting in our online tool for members who receive premium assistance (aka "PAP" or "Regular CHAP") and Regular ("Regular IdealCare") plan enrollment, and reporting to the frontline Health Services team members who run enrollment for new CHAP-Expansion (those former MAP members who are invited to enroll in the fully subsidized in Sendero's Off-Exchange plan), using a home-grown database shared with Central Health.

Synthesis of Findings: As presented in detail in the following tables, in 2022, the CHAP-Expansion membership reported being of "White" race less frequently; reported being of "Black" or "African-American" race more frequently, and declined to report race more frequently, than members in other segments. CHAP-Expansion members reported being of "Hispanic" or "Latino" ethnicity much more frequently than members in other segments (60% of CHAP-Expansion members reporting ethnicity reported being of Hispanic or Latino ethnicity).

Race and Ethnicity by Plan Type for Sendero Membership, Plan Year 2022

Table 1a. Self-Reported Race Grouping for All Members, 2022 Membership, Sendero Health Plans

	Number	% Total
Asian	372	5.1%
Black or African-American	306	4.2%
Latin American‡	400	5.4%
Other¥	323	4.4%
Unreported	1160	15.8%
White	4798	65.2%
Total	**7359**	100.0%

Table 1b. Self-Reported Ethnicity for All Members, 2022 Membership, Sendero Health Plans

	Number	% Total
Hispanic	1890	25.7%
Non-Hispanic	4722	64.2%
Unreported	747	10.2%
Total	**7359**	100.0%

Table 2a. Self-Reported Race Grouping for CHAP-Expansion, 2022 Membership, Sendero Health Plans

	Number	% Total
Asian	7	0.9%
Black or African-American	62	8.0%
Latin American‡	0	0.0%
Other¥	40	5.2%
Unreported	276	35.8%
White	387	50.1%
Total	**772**	100.0%

Table 2b. Self-Reported Ethnicity for CHAP-Expansion, 2022 Membership, Sendero Health Plans

	Number	% Total
Hispanic	460	59.6%
Non-Hispanic	215	27.8%
Unreported	97	12.6%
Total	**772**	100.0%

Table 3a. Self-Reported Race Grouping for Premium Assistance Programs (HAAM, SIMS), 2022 Membership, Sendero Health Plans

	Number	% Total
Asian	76	5.6%
Black or African-American	69	5.1%
Latin American‡	67	5.0%
Other¥	84	6.2%
Unreported	159	11.8%
White	892	66.2%
Total	**1347**	100.0%

Table 3b. Self-Reported Ethnicity for Premium Assistance Programs (HAAM, SIMS), 2022 Membership, Sendero Health Plans

	Number	% Total
Hispanic	290	21.5%
Non-Hispanic	995	73.9%
Unreported	62	4.6%
Total	**1347**	100.0%

Table 4a. Self-Reported Race Grouping for Regular IdealCare, 2022 Membership, Sendero Health Plans

	Number	% Total
Asian	289	5.5%
Black or African-American	175	3.3%
Latin American‡	333	6.4%
Other¥	199	3.8%
Unreported	725	13.8%
White	3519	67.2%
Total	**5240**	100.0%

Table 4b. Self-Reported Ethnicity for Regular IdealCare, 2022 Membership, Sendero Health Plans

	Number	% Total
Hispanic	1140	21.8%
Non-Hispanic	3512	67.0%
Unreported	588	11.2%
Total	**5240**	100.0%

‡ Enrollment data fields capture the following racial/ethnic groups, which Sendero categorizes as "Latin American" in order to honor the right of our members to self-determine these attributes: Cuban, Mexican, Mexican American, Chicano/a, Puerto Rican, Guatemalan, Salvadorian

¥ "Other" includes the following responses: Native Hawaiian or Other Pacific Islander (i.e. Guamanian or Chamorro, Native Hawaiian, Other Pacific Islander, Samoan); American Indian or Alaska Native (AI/AN); Some other Race; More than one Race group

Additional Findings: The Population Assessment is an annual report that Sendero prepares for its federal quality accrediting body, the National Committee for Quality Assurance (NCQA). In 2022, Sendero's leadership brought its Population Assessment in-house, carving it out of a scope of work previously performed by an outside vendor. The 2022 report presents demographic information for the 2021 membership, including self-reported race and ethnicity. The below table was shared as an informational item with Sendero's Board of Directors at the Board's meeting in March 2023.

Synthesis of the following table for 2021 membership is as follows:

- Just over half of Sendero's membership reported white race.
- Other notable minority groups represented include those reporting Asian, Latin American, and Black/African American race.
- Notably, race data was not reported by one out of every 5 to 6 members (18%).
- If non-reporting was non-random, this proportion of missing data might obscure differences in the racial/ethnic make-up of Sendero's population compared to the surrounding source population.
- Sendero's membership reported Hispanic origin at ten percentage points below Census data for Travis County;
- However, Hispanic ethnicity data is also missing for 10% of our membership

Race and Ethnicity of Sendero Members, **2021 Membership**

	Sendero Data		Census Data*	
Race	**#Members**	**% Total**	**Travis County**	**Texas**
White	4,793	51.3%	78.9%	77.9%
Black or African American	390	4.2%	9.1%	13.2%
Asian *(i.e., Asian, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Hmong, Laotian)*	565	6.0%	7.9%	5.5%
Native Hawaiian or Other Pacific Islander *(i.e., Guamanian or Chamorro, Native Hawaiian, Other Pacific Islander, Samoan)*	8	0.1%	0.1%	0.2%
American Indian or Alaska Native (AI/AN)	38	0.4%	1.2%	1.1%
Latin American *(i.e. Cuban, Mexican, Mexican American, Chicano/a, Puerto Rican, Guatemalan, Salvadorean)*	483	5.2%	--	--
Some other Race	100	1.1%	--	--
More than one Race Group	1,300	13.9%	2.8%	2.2%
Missing	1,675	17.9%	--	--
Total	N/A[1]	100%		
Hispanic Ethnicity				
Hispanic, Latino/a/x or Spanish Origin	2,203	23.6%	33.4%	40.2%
Non-Hispanic, Latino/a/x, or Spanish Origin	6,221	66.5%		
Missing *(neither race nor ethnicity data provided by member)*	928	9.9%	--	--
Total	9,352	100%		

1 – Categories include double counts as members could select multiple categories; thus, the total for race is not presented.
*Data Source: Census Data for Travis County, Texas, and for the State of Texas (V2021, Population Estimates July 1, 2021). https://www.census.gov/quickfacts/traviscountytexas. Accessed September 01, 2022.

Table Source: Sendero 2022 Population Assessment (pg. 8). See March 2023 SHP BOD Board Packet for full report.

Next Steps: Sendero's Quality Improvement and Population Health leadership is heading up the next steps of this effort, and work is underway with our data analytics team to provide a similar table, for the overall 2022 membership, and also broken out by CHAP-Expansion, PAP, and Regular membership sub-groups. As of the time of this memo, that data is being quality assured, and will be shared with the Sendero Board of Directors as it is finalized.

Additional Future National Context: For 2023 reporting (i.e. data that will be collected and submitted in 2024), NCQA is implementing new requirements for health plans seeking reaccreditation to submit data on race and ethnicity to accompany selected clinical metrics. NCQA will be adding a new summary indicator, to collect data on plan practices in collecting and submitting race and ethnicity data, as well as language data when available. NCQA is also taking additional steps to reduce potential for gender bias in its own data collection methods and definitions. How the Centers for Medicare and Medicaid (CMS) will use this race and ethnicity data is evolving (e.g. for HEDIS Star calculations).

Sendero Preparedness: Regardless, because of the proactive steps that Sendero has taken over the past 2+ years, starting in 2020, across multiple departments and processes over the past 2 years – to clean, process, and develop coding logic so that race, ethnicity and language data is stored in a readable, reportable format in our data warehouse – Sendero anticipates being prepared to comply with these new requirements. We also continue messaging on the importance of this data with vendors who are involved in its collection and utilization.

BUDGET & FINANCE COMMITTEE MEETING

May 24, 2023

AGENDA ITEM 5

Discuss and take appropriate action regarding Sendero Health Plans, Inc. financials and proposed business strategies. [3] (*Action Item*)

CENTRAL HEALTH

AGENDA ITEM SUBMISSION FORM

This form is to provide a general overview of the agenda item in advance of posting for the Board meeting. Proposed motion language is a recommendation only and not final until the meeting and may be changed by the Board Manager making the motion. All information in this form is subject to the Public Information Act.

Agenda Item Meeting Date	May 24, 2023
Who will present the agenda item? (Name, Title)	Perla Cavazos, Sendero Interim President & CEO, Eli Barreneche, Sendero CFO, and Betty DeLargy, Sendero Board Chair
General Item Description	Receive and discuss an update regarding Sendero Health Plans, Inc., financials, and proposed business strategies.
Is this an informational or action item?	Informational
Fiscal Impact	N/A
Recommended Motion (if needed – action item)	N/A

Key takeaways about agenda item, and/or feedback sought from the Board of Managers:

1) Managers will receive an informational update on financial and regulatory matters and a brief overview of corresponding business strategies.
2)

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.)	Verbal update
Estimated time needed for presentation & questions?	20 minutes
Is closed session recommended? (Consult with attorneys.)	Yes
Form Prepared By/Date Submitted:	Perla Cavazos / May 15, 2023

BUDGET & FINANCE COMMITTEE MEETING

May 24, 2023

AGENDA ITEM 6

Confirm the next Budget and Finance Committee meeting date, time, and location. (*Informational Item*)