



CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

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

Our Values

Central Health will achieve excellence through:

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

Innovation - We create solutions to improve healthcare access.

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.

BOARD OF MANAGERS MEETING

Wednesday, May 25, 2022, 5:00 p.m.

Or immediately following the Executive Committee Meeting

Videoconference meeting¹

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

Austin Independent School District
4000 S I-35 Frontage Rd.
Austin, TX 78704

Members of the public may attend the meeting at the address above, or observe and participate in the meeting by connecting to the Ring Central meeting link listed below (copy and paste into your web browser):

<https://meetings.ringcentral.com/j/1483565078?pwd=bUhMYnJ6VXp5TDNFN1pkdHBmZWWhydz09>

Password: 426362

Members of the public may also listen and participate by telephone at:

Dial: (888) 501-0031

Meeting ID: 148 356 5078

Effective September 1, 2021, Governor Abbott rescinded emergency waivers allowing Open Meetings to be conducted virtually. To reduce the possibility of COVID-19 infection as a result of attendance at in-person meetings, the Board will meet via videoconference with a quorum present in person and allow public participation via videoconference and telephone as allowed under the Open Meetings Act. Although a quorum of the Central Health Board will be physically present at the location posted in the 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 each 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 each meeting notice. Resources related to COVID-19 can be found at the following link <https://www.austintexas.gov/covid19>.

A member of the public who wishes to make comments virtually during Public Communication for the Board of Managers meeting must properly register with Central Health **no later than 3:30 p.m. on May 25, 2022**. 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. Please leave a voice message with your full name and your request to comment via telephone at the meeting; with the name of the meeting at which you wish to speak; 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 Board and Committee meetings include setting a fixed amount of time per person to speak and limiting Board responses to public inquiries, if any, to statements of specific factual information or existing policy.

CONSENT AGENDA

All matters listed under the CONSENT AGENDA will be considered by the Board of Managers to be routine and will be enacted by one motion. There will be no separate discussion of these items unless members of the Board request specific items be moved from the CONSENT AGENDA to the REGULAR AGENDA for discussion prior to the vote on the motion to adopt the CONSENT AGENDA.

- C1. Approve the minutes of the Central Health Board of Managers April 27, 2022 meeting.
- C2. Receive the Quarterly Investment Report and ratify Central Health Investments for April 2022.

REGULAR AGENDA²

1. Discuss and take appropriate action on the proposed amended mandatory payment rate to be assessed on institutional healthcare providers during Fiscal Year (FY) 2022 under the local healthcare provider participation program (LPPF) in Travis County as required by Texas Health & Safety Code §298E.151. (*Action Item*)
2. Receive and discuss a presentation on Historically Underutilized Business (HUB) program work updates and the Central Health HUB disparity study. (*Informational Item*)
3. Receive the fiscal year-to-date healthcare service expenditures made by, and accept the preliminary March and April 2022 financial statements for, Central Health and the Community Care

Collaborative, and review historical average revenues and expenses for Central Health. *(Informational Item)*

4. Receive and discuss a presentation on the Fiscal Year (FY) 2023 Budget and the financial forecast for subsequent fiscal years, including information on possible property tax rates to be assessed. *(Informational item)*
5. Receive an update on Central Health Fiscal Year (FY) 2022 support operations as identified in the budget resolution. *(Informational item)*
6. Receive and discuss updates on the 1115 Medicaid Waiver, Delivery System Reform Incentive Payment (DSRIP) program and associated projects, the Community Care Collaborative, and other healthcare delivery partners, programs, projects, and arrangements, including agreements with Ascension Texas and the University of Texas at Austin.³ *(Informational Item)*
7. Consider and take appropriate action on a request from the Board of Sendero Health Plans, Inc. to submit a proposal in response to a Texas Health and Human Services Commission Request for Proposals related to the Medicaid program.⁴ *(Action Item)*
8. Confirm the next regular Board meeting date, time, and location. *(Informational Item)*

Notes:

- ¹ Although emergency orders allowing for fully virtual meetings have expired, the Travis County area continues to have some COVID-19 infections This meeting may include one or more members of the Board of Managers participating by videoconference. It is the intent of the presiding officer to be physically present and preside over the meeting at Austin Independent School District headquarters, 4000 S I-35 Frontage Rd, Austin, TX 78704. This meeting location will be open to the public during the open portions of the meeting, and any member participating by videoconference shall be both visible and audible to the public 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 Board of Managers may take items in an order that differs from the posted order and may consider any item posted on the agenda in a closed session if the item involves issues that require consideration in a closed session and the Board announces that the item will be considered during a closed session.
- ³ Possible closed session discussion under Texas Government Code §551.071 (Consultation with Attorney)
- ⁴ Possible closed session discussion under Texas Government Code §551.085 (Governing Board of Certain Providers of Health Care Services)

A recording of this meeting will be made available to the public through the Central Health website (www.centralhealth.net) as soon as possible after the meeting.

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

Cualquier persona con una discapacidad que planea 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.

Consecutive interpretation services from Spanish to English are available during Public Communication or when public comment is invited. Please notify the Board Governance Manager by telephone at (512) 978-8049 if services are needed.

Servicios de interpretación consecutiva del español al inglés están disponibles durante la Comunicación Pública o cuando se le invita al público a comentar. Notifique al Gerente de Gobierno de la Junta por teléfono al (512) 978-8049 si necesita servicios.

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?



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BOARD MEETING

May 25, 2022

AGENDA ITEM C1

Approve the minutes of the Central Health Board of Managers April 27, 2022 meeting.

MINUTES OF MEETING – APRIL 27, 2022
CENTRAL HEALTH
BOARD OF MANAGERS

On Wednesday, April 27, 2022, a meeting of the Central Health Board of Managers convened in open session at 5:37 p.m. remotely by toll-free videoconference and in person at the Austin Independent School District Central Office. Clerk for the meeting was Briana Yanes.

Board members present at Austin Independent School District: Chairperson Bell, Secretary Valadez, Manager Greenberg, Manager Jones, and Manager Motwani

Board members present via video and audio: Vice Chairperson Brinson and Manager Museitif (logged off meeting at 7:48)

Absent: Treasurer Zuniga and Manager Zamora

PUBLIC COMMUNICATION

Clerk’s Notes: Public Communication began at 5:38 p.m. Ivan Davila introduced 3 speakers for Public Communication.

Members of the Board heard from: Rachel Blair, Paul Scott, and Ted Burton

CONSENT AGENDA

- C1. Approve the minutes of the Central Health Ad Hoc Nominations Committee for November 17, 2021 and Board of Managers March 30, 2022 meetings.**
- C2. Receive the Quarterly Investment Report and ratify Central Health Investments for March 2022.**

Clerk’s Notes: Discussion on this item began at 5:49 p.m.

Manager Valadez moved that the Board approve Consent Agenda Items C1 and C2.

Manager Greenberg seconded the motion.

Chairperson Charles Bell	For
Vice Chairperson Cynthia Brinson	For
Treasurer Julie Zuniga	Absent
Secretary Cynthia Valadez	For
Manager Sherri Greenberg	For
Manager Shannon Jones	For
Manager Amit Motwani	For
Manager Maram Museitif	For
Manager Guadalupe Zamora	Absent

REGULAR AGENDA

At 5:53 p.m. Manager Montwani moved that the Board of Managers limit debate on all items on the agenda to three minutes per member per item.

Manager Greenberg seconded the motion.

Chairperson Charles Bell	For
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Vice Chairperson Cynthia Brinson	For
Treasurer Julie Zuniga	Absent
Secretary Cynthia Valadez	For
Manager Sherri Greenberg	For
Manager Shannon Jones	Abstain
Manager Amit Motwani	For
Manager Maram Museitif	For
Manager Guadalupe Zamora	Absent

- 1. Review and provide direction to staff on the prioritization and tentative scheduling of items for consideration at, and method of conducting, future Central Health Board and Committee meetings.**

Clerk's Notes: Discussion on this item began at 7:47p.m. Ms. Briana Yanes, Board Governance Manager, Chair Bell and Mr. Mike Geeslin, President & CEO presented on this item. Ms. Yanes briefly reviewed the tentative May and June agendas. Chair Bell and Mr. Geeslin answered questions about the scheduling of items.

- 2. Receive the fiscal year-to-date healthcare service expenditures made by, and accept the preliminary March 2022 financial statements for, Central Health and the Community Care Collaborative, and review historical average revenues and expenses for Central Health.**

Clerk's Notes: This item was postponed.

- 3. Receive an update on Central Health Fiscal Year 2022 support operations as identified in the budget resolution.**

Clerk's Notes: This item was postponed.

- 4. Receive and discuss updates on the 1115 Medicaid Waiver, Delivery System Reform Incentive Payment (DSRIP) program and associated projects, the Community Care Collaborative, and other healthcare delivery partners, programs, projects, and arrangements, including agreements with Ascension Texas.**

Clerk's Notes: This item was not discussed.

- 5. 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 5:55 p.m.

At 5:55 p.m. Chairperson Bell announced that the Board was convening in closed session to discuss agenda item 5 under Texas Government Code §551.071 Consultation with Attorney.

At 7:45 p.m. the Board returned to open session.

- 6. Discuss and take appropriate action to authorize the Central Health President and CEO to execute a contract with Scott Douglas McConnico for private counsel services.**

Clerk's Notes: Discussion on this item began at 5:55 p.m.

At 5:55 p.m. Chairperson Bell announced that the Board was convening in closed session to discuss agenda item 6 under Texas Government Code §551.071 Consultation with Attorney.

At 7:45 p.m. the Board returned to open session.

At 7:46 p.m. Manager Valadez moved that the Board approve an agreement between Central Health and Scott Douglas McConnico, in an amount not to exceed \$500,000 for the current fiscal year, and authorize Central Health's President and CEO to negotiate and enter into a contract.

Manager Motwani seconded the motion.

Chairperson Charles Bell	For
Vice Chairperson Cynthia Brinson	For
Treasurer Julie Zuniga	Absent
Secretary Cynthia Valadez	For
Manager Sherri Greenberg	For
Manager Shannon Jones	For
Manager Amit Motwani	For
Manager Maram Museitif	For
Manager Guadalupe Zamora	Absent

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

At 7:59 p.m. Manager Greenberg moved that meeting adjourn.

Manager Valadez seconded the motion.

Chairperson Charles Bell	For
Vice Chairperson Cynthia Brinson	For
Treasurer Julie Zuniga	Absent
Secretary Cynthia Valadez	For
Manager Sherri Greenberg	For
Manager Shannon Jones	For
Manager Amit Motwani	For
Manager Maram Museitif	Absent
Manager Guadalupe Zamora	Absent

The meeting was adjourned at 7:59 p.m

Charles Bell, Chairperson
Central Health Board of Managers

ATTESTED TO BY:

Cynthia Valadez, Secretary
Central Health Board of Managers



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BOARD MEETING

May 25, 2022

AGENDA ITEM C2

Receive the Quarterly Investment Report and ratify Central Health Investments for April 2022.

STATE OF TEXAS

COUNTY OF TRAVIS

CENTRAL HEALTH

Whereas, it appears to the Board of Managers of the Central Health, Travis County, Texas that there are sufficient funds on hand over and above those of immediate need for operating demand,

Now, Therefore, the Board of Managers hereby orders

- 1.) that the County Treasurer of Travis County, Texas, acting on behalf of Central Health, execute the investment of these funds in the total amount of \$23,913,210.36 in legally authorized securities as stipulated in the Travis County Healthcare District Investment and Collateral Policy for the periods as indicated in Attachment A, which consists of 19 pages.
- 2.) that the County Treasurer, acting on behalf of Central Health, take and hold in safekeeping all individual security investment instruments, relinquishing same only by order of the Board of Managers or for surrender at maturity.

Date: May 25, 2022

CHAIR, BOARD OF MANAGERS

VICE CHAIR, BOARD OF MANAGERS

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 4/1/2022

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexasDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	46,700.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	0.2655%
PRINCIPAL:	46,700.00	PURCHASED THRU:	TexasDaily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	46,700.00	CUSIP #:	N/A
TRADE DATE:	4/1/2022	SETTLEMENT DATE:	4/1/2022

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 4/1/2022

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexasDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	10,471.98	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.2655%
PRINCIPAL:	10,471.98	PURCHASED THRU:	TexasDaily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	10,471.98	CUSIP #:	N/A
TRADE DATE:	4/1/2022	SETTLEMENT DATE:	4/1/2022

AUTHORIZED BY:  

CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 4/4/2022

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexasPool	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	160,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	0.2702%
PRINCIPAL:	160,000.00	PURCHASED THRU:	TexasPool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	160,000.00	CUSIP #:	N/A
TRADE DATE:	4/4/2022	SETTLEMENT DATE:	4/4/2022

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

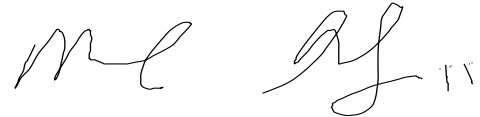
DATE: 4/5/2022

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	<u>TexStar</u>	FUND NAME:	<u>CENTRAL HEALTH</u>
PAR VALUE:	<u>51,000.00</u>	SAFEKEEPING NO:	<u>N/A</u>
CPN/DISC RATE:	<u>N/A</u>	PRICE:	<u>100%</u>
MATURITY DATE	<u>N/A</u>	BOND EQ. YIELD:	<u>0.2858%</u>
PRINCIPAL:	<u>51,000.00</u>	PURCHASED THRU:	<u>TexStar</u>
ACCRUED INT:	<u>N/A</u>	BROKER:	<u>N/A</u>
TOTAL DUE:	<u>51,000.00</u>	CUSIP #:	<u>N/A</u>
TRADE DATE:	<u>4/5/2022</u>	SETTLEMENT DATE:	<u>4/5/2022</u>

AUTHORIZED BY:



CASH/INVESTMENT MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 4/6/2022

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexSTAR	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	79,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.2918%
PRINCIPAL:	79,000.00	PURCHASED THRU:	TexSTAR
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	79,000.00	CUSIP #:	N/A
TRADE DATE:	4/6/2022	SETTLEMENT DATE:	4/6/2022

AUTHORIZED BY:

Deborah A. Lauder milk
 CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 4/7/2022

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexSTAR	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	75,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.2894%
PRINCIPAL:	75,000.00	PURCHASED THRU:	TexSTAR
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	75,000.00	CUSIP #:	N/A
TRADE DATE:	4/7/2022	SETTLEMENT DATE:	4/7/2022

AUTHORIZED BY:



CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 4/7/2022

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexPool	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	4,941,030.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	0.2838%
PRINCIPAL:	4,941,030.00	PURCHASED THRU:	TexPool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	4,941,030.00	CUSIP #:	N/A
TRADE DATE:	4/7/2022	SETTLEMENT DATE:	4/7/2022

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 4/5/2022

TIME: 2:00 PM

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	PORT AUTH NY & NJ TAX - REV	FUND NAME:	CENTRAL HEALTH OPERATING
PAR VALUE:	\$ 5,000,000.00	SAFEKEEPING NO:	P 31317
CUPON / DISCOUNT RATE	1.086%	PRICE:	98.5310000
MATURITY DATE:	7/01/2023 US TREASURY CONVENTION YLD		2.3000%
PRINCIPAL:	\$ 4,926,550.00	PURCHASED THROUGH:	WELLS FARGO
ACCRUED INT:	\$ 14,480.00	BROKER:	MIKE MINAHAN
TOTAL DUE:	\$ 4,941,030.00	CUSIP #:	73358W4V3
TRADE DATE:	4/5/2022	SETTLEMENT DATE:	4/7/2022

AUTHORIZED BY: *Deborah A. Laudermitk*

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 4/8/2022

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexSTAR	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	18,750.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	0.3088%
PRINCIPAL:	18,750.00	PURCHASED THRU:	TexSTAR
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	18,750.00	CUSIP #:	N/A
TRADE DATE:	4/8/2022	SETTLEMENT DATE:	4/8/2022

AUTHORIZED BY:

Deborah A. Lauder milk
CASH/INVESTMENT MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 4/13/2022

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexStar	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	14,500.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.3174%
PRINCIPAL:	14,500.00	PURCHASED THRU:	TexStar
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	14,500.00	CUSIP #:	N/A
TRADE DATE:	4/13/2022	SETTLEMENT DATE:	4/13/2022

AUTHORIZED BY:

Reagan Linn

 CASH/INVESTMENT MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 4/13/2022

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexStar	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	14,500.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	0.3174%
PRINCIPAL:	14,500.00	PURCHASED THRU:	TexStar
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	14,500.00	CUSIP #:	N/A
TRADE DATE:	4/13/2022	SETTLEMENT DATE:	4/13/2022

AUTHORIZED BY:


 CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 4/13/2022

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexStar	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	966,714.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	0.3174%
PRINCIPAL:	966,714.00	PURCHASED THRU:	TexStar
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	966,714.00	CUSIP #:	N/A
TRADE DATE:	4/13/2022	SETTLEMENT DATE:	4/13/2022

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 4/14/2022

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexStar	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	132,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	0.3173%
PRINCIPAL:	132,000.00	PURCHASED THRU:	TexStar
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	132,000.00	CUSIP #:	N/A
TRADE DATE:	4/14/2022	SETTLEMENT DATE:	4/14/2022

AUTHORIZED BY


 CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 4/14/2022

TIME: 9:00 AM

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TX A&M UNIV TAX - REV	FUND NAME:	CENTRAL HEALTH OPERATING
PAR VALUE:	\$ 1,740,000.00	SAFEKEEPING NO:	P 31317
CUPON / DISCOUNT RATE	2.686%	PRICE:	99.6560000
MATURITY DATE:	5/15/2025 US TREASURY CONVENTION YLD		2.8030%
PRINCIPAL:	\$ 1,734,014.40	PURCHASED THROUGH:	WELLS FARGO
ACCRUED INT:	\$ 19,992.79	BROKER:	MIKE MINAHAN
TOTAL DUE:	\$ 1,754,007.19	CUSIP #:	88213AKC8
TRADE DATE:	4/14/2022	SETTLEMENT DATE:	4/18/2022

AUTHORIZED BY: *Deborah A. Laudermitk*

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

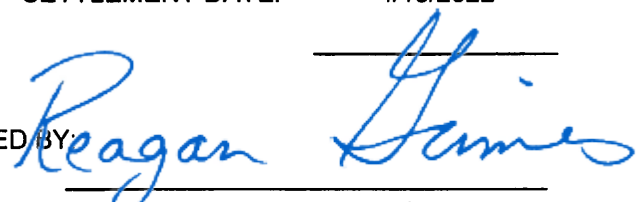
DATE: 4/18/2022

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	<u>TexPool</u>	FUND NAME:	<u>CENTRAL HEALTH</u>
PAR VALUE:	<u>1,754,007.19</u>	SAFEKEEPING NO:	<u>N/A</u>
CPN/DISC RATE:	<u>N/A</u>	PRICE:	<u>100%</u>
MATURITY DATE:	<u>N/A</u>	BOND EQ. YIELD:	<u>0.3151%</u>
PRINCIPAL:	<u>1,754,007.19</u>	PURCHASED THRU:	<u>TexPool</u>
ACCRUED INT:	<u>N/A</u>	BROKER:	<u>N/A</u>
TOTAL DUE:	<u>1,754,007.19</u>	CUSIP #:	<u>N/A</u>
TRADE DATE:	<u>4/18/2022</u>	SETTLEMENT DATE:	<u>4/18/2022</u>

AUTHORIZED BY:



CASH/INVESTMENT MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 4/18/2022

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexStar	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	21,500.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.3265%
PRINCIPAL:	21,500.00	PURCHASED THRU:	TexStar
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	21,500.00	CUSIP #:	N/A
TRADE DATE:	4/18/2022	SETTLEMENT DATE:	4/18/2022

AUTHORIZED BY:

Reagan Linn

CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 4/20/2022

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexStar	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	1,482,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	0.3373%
PRINCIPAL:	1,482,000.00	PURCHASED THRU:	TexStar
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	1,482,000.00	CUSIP #:	N/A
TRADE DATE:	4/20/2022	SETTLEMENT DATE:	4/20/2022

AUTHORIZED BY:

Deborah A. Lauder milk
CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 4/26/2022

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexStar	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	1,493,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.3519%
PRINCIPAL:	1,493,000.00	PURCHASED THRU:	TexStar
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	1,493,000.00	CUSIP #:	N/A
TRADE DATE:	4/26/2022	SETTLEMENT DATE:	4/26/2022

AUTHORIZED BY:


CASH INVESTMENT MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 4/29/2022

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	<u>TexStar</u>	FUND NAME:	<u>CENTRAL HEALTH</u>
PAR VALUE:	<u>5,958,000.00</u>	SAFEKEEPING NO:	<u>N/A</u>
CPN/DISC RATE:	<u>N/A</u>	PRICE:	<u>100%</u>
MATURITY DATE:	<u>N/A</u>	BOND EQ. YIELD:	<u>0.3541%</u>
PRINCIPAL:	<u>5,958,000.00</u>	PURCHASED THRU:	<u>TexStar</u>
ACCRUED INT:	<u>N/A</u>	BROKER:	<u>N/A</u>
TOTAL DUE:	<u>5,958,000.00</u>	CUSIP #:	<u>N/A</u>
TRADE DATE:	<u>4/29/2022</u>	SETTLEMENT DATE:	<u>4/29/2022</u>

AUTHORIZED BY:

Deborah A. Lauder milk
 CASH/INVESTMENT MANAGER

CENTRAL HEALTH MONTHLY INVESTMENT REPORT
 PORTFOLIO STATISTICS

DATE: April 30, 2022

By Fund Type

Operating	\$	487,973,176.70	81.69%
LPPF		53,299,593.97	8.92%
Bond Proceeds		56,089,624.46	9.39%
Other		-	0.00%
Total Portfolio	\$	<u>597,362,395.13</u>	<u>100.00%</u>

By Security Type

Operating-

TexasDAILY	\$	6,669,272.48	1.37%
TexPool	\$	163,778,796.13	33.56%
TexSTAR	\$	12,007,037.09	2.46%
TexasTERM CP		-	0.00%
Non-Int Bearing Bank Account		928,000.00	0.19%
Certificates of Deposit		-	0.00%
Treasury Securities		-	0.00%
Government Agencies		219,992,128.33	45.08%
Commercial Paper		9,974,654.17	2.04%
Municipal Bonds		74,623,288.50	15.29%
Total	\$	<u>487,973,176.70</u>	<u>100.00%</u>

LPPF-

TexPool		53,299,593.97	100.00%
Total	\$	<u>53,299,593.97</u>	<u>100.00%</u>

Bond Proceeds-

TexPool	\$	56,089,624.46	100.00%
Total	\$	<u>56,089,624.46</u>	<u>100.00%</u>

Compared to Policy Limits

		Actual %	Guidelines
TexasDAILY	6,669,272.48	1.12%	30.00%
TexPool	273,168,014.56	45.80%	50.00%
TexSTAR	12,007,037.09	2.01%	30.00%
TexasTERM CP	0.00	0.00%	30.00%
Total LGIPS	\$ 291,844,324.13	48.93%	70.00%
Certificates of Deposit	-	0.00%	50.00%
Treasury Securities	-	0.00%	100.00%
Government Agencies	219,992,128.33	36.88%	75.00%
Commercial Paper	9,974,654.17	1.67%	20.00%
Municipal Bonds	74,623,288.50	12.51%	20.00%
	\$ 596,434,395.13	100.00%	

Commercial Papter by Entity as a Percentage of Portfolio

ING CP 6/14/22	\$	4,992,987.50	0.84%	5.00%
ING CP 9/16/22	\$	4,981,666.67	0.84%	5.00%
	\$	<u>9,974,654.17</u>	<u>1.67%</u>	<u>20.00%</u>

Municipal Bonds by Entity as a Percentage of Portfolio

Alabama ST Pub Sch & Clg 2022	\$	1,000,000.00	0.20%	5.00%
Alpine UT Sch Dist	\$	3,864,844.80	0.79%	5.00%
Chippewa Valley School Go Bonds	\$	2,022,800.00	0.41%	5.00%
City of Dallas Waterworks	\$	5,154,300.00	1.06%	5.00%
City of Hampton VA - GO	\$	1,157,199.00	0.24%	5.00%
City of Lafayette LA Utility - Rev	\$	5,870,448.00	1.20%	5.00%
City of Yuma AZ - REV	\$	1,500,000.00	0.31%	5.00%
Clear Creek TX ISD 2/15/2025	\$	4,856,355.00	1.00%	5.00%
Commonwealth of Virginia - GO	\$	5,089,600.00	1.04%	5.00%
DFW Airport - REV	\$	3,616,168.05	0.74%	5.00%
Multnomah CNTY OR - GO	\$	5,415,174.00	1.11%	5.00%
NYC Tran Fin Tax - REV	\$	5,000,000.00	1.02%	5.00%
Pen State Univ REV	\$	1,253,057.20	0.26%	5.00%
Oklahoma County OK ISD	\$	4,662,698.00	0.96%	5.00%
San Diego CA Pub Facs - Rev	\$	1,067,164.80	0.22%	5.00%
State of Mississippi CP	\$	3,000,000.00	0.61%	5.00%
Shakopee MN ISD - GO	\$	1,000,000.00	0.20%	5.00%
Texas Tech Univ	\$	525,840.00	0.11%	5.00%
Univ Cincinnati OH Tax - Rev	\$	1,000,000.00	0.20%	5.00%
Upper Occoquan VA - Rev	\$	3,110,000.00	0.64%	5.00%
Port Auth NY & NJ TAX - Rev	\$	4,967,100.00	1.02%	5.00%
State of Hawaii - GO	\$	2,812,170.00	0.58%	5.00%
Texas A&M Univ - Rev	\$	1,734,014.40	0.36%	
WA DC INC Tax - Rev	\$	4,944,355.25	1.01%	5.00%
	\$	<u>74,623,288.50</u>	<u>15.29%</u>	<u>25.00%</u>

Investment Revenue & Accrued Interest

April-22

Fiscal YTD

Interest/Dividends-

TexasDAILY	\$	2,577.77	\$	7,402.91
TexPool		42,390.68	\$	84,503.16
TexSTAR		1,034.55	\$	1,274.39
TexasTERM CP		0.00	\$	29,652.06
Certificates of Deposit		0.00	\$	-
Treasury Securities		0.00	\$	-
Government Agencies		69,250.00	\$	407,075.00
Commercial Paper		0.00	\$	-
Municipal Bonds		57,172.00	\$	442,392.82
	\$	<u>172,425.00</u>	\$	<u>972,300.34</u>

Discounts, Premiums, & Accrued Interest

TexasTERM CP	\$	-	\$	1,273.97
-less previous accruals		0.00	\$	(18,558.91)
Certificates of Deposit		0.00	\$	-
-less previous accruals		0.00	\$	-
Treasury Securities		0.00	\$	-
-less previous accruals		0.00	\$	-
Government Agencies		134,518.97	\$	536,907.36
-less previous accruals		(58,416.32)	\$	(342,976.57)
Commercial Paper		3,416.67	\$	13,040.28
-less previous accruals		0.00	\$	(9,657.53)
Municipal Bonds		114,214.45	\$	497,316.79
-less previous accruals		(111,416.74)	\$	(701,698.67)
	\$	<u>82,317.03</u>	\$	<u>(24,353.28)</u>

Total Investment Revenue & Accrued Interest

\$	<u>254,742.03</u>	\$	<u>947,947.06</u>
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STATE OF TEXAS

COUNTY OF TRAVIS

CENTRAL HEALTH - LPPF

Whereas, it appears to the Board of Managers of the Central Health, Travis County, Texas that there are sufficient funds on hand over and above those of immediate need for LPPF demand,

Now, Therefore, the Board of Managers hereby orders

- 1.) that the County Treasurer of Travis County, Texas, acting on behalf of Central Health LPPF, execute the investment of these funds in the total amount of \$52,161,000.00 in legally authorized securities as stipulated in the Travis County Healthcare District Investment and Collateral Policy for the periods as indicated in Attachment A, which consists of 6 page(s).
- 2.) that the County Treasurer, acting on behalf of Central Health LPPF, take and hold in safekeeping all individual security investment instruments, relinquishing same only by order of the Board of Managers or for surrender at maturity.

Date: May 25, 2022

CHAIR, BOARD OF MANAGERS

VICE CHAIR, BOARD OF MANAGERS

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 4/5/2022

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexPool	FUND NAME:	CENTRAL HEALTH LPPF
PAR VALUE:	15,075,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.2762%
PRINCIPAL:	15,075,000.00	PURCHASED THRU:	TexPool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	15,075,000.00	CUSIP #:	N/A
TRADE DATE:	4/5/2022	SETTLEMENT DATE:	4/5/2022

AUTHORIZED BY:  
 CASH/INVESTMENT MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 4/5/2022

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexPool	FUND NAME:	CENTRAL HEALTH LPPF
PAR VALUE:	9,494,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.2762%
PRINCIPAL:	9,494,000.00	PURCHASED THRU:	TexPool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	9,494,000.00	CUSIP #:	N/A
TRADE DATE:	4/5/2022	SETTLEMENT DATE:	4/5/2022

AUTHORIZED BY:  

 CASH/INVESTMENT MANAGER



CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 4/12/2022

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexPool	FUND NAME:	CENTRAL HEALTH LPPF
PAR VALUE:	25,130,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	0.2908%
PRINCIPAL:	25,130,000.00	PURCHASED THRU:	TexPool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	25,130,000.00	CUSIP #:	N/A
TRADE DATE:	4/12/2022	SETTLEMENT DATE:	4/12/2022

AUTHORIZED BY:  

CASH/INVESTMENT MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM


DATE: 4/12/2022

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexPool	FUND NAME:	CENTRAL HEALTH LPPF
PAR VALUE:	1,705,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	0.2908%
PRINCIPAL:	1,705,000.00	PURCHASED THRU:	TexPool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	1,705,000.00	CUSIP #:	N/A
TRADE DATE:	4/12/2022	SETTLEMENT DATE:	4/12/2022

AUTHORIZED BY:



CASH/INVESTMENT MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 4/14/2022

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexPool	FUND NAME:	CENTRAL HEALTH LPPF
PAR VALUE:	245,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.2762%
PRINCIPAL:	245,000.00	PURCHASED THRU:	TexPool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	245,000.00	CUSIP #:	N/A
TRADE DATE:	4/14/2022	SETTLEMENT DATE:	4/14/2022

AUTHORIZED BY:


 CASH INVESTMENT MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

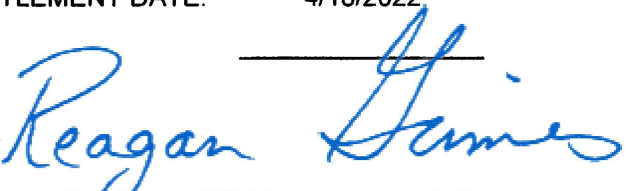
DATE: 4/18/2022

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexPool	FUND NAME:	CENTRAL HEALTH LPPF
PAR VALUE:	512,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	0.3151%
PRINCIPAL:	512,000.00	PURCHASED THRU:	TexPool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	512,000.00	CUSIP #:	N/A
TRADE DATE:	4/18/2022	SETTLEMENT DATE:	4/18/2022

AUTHORIZED BY:


 CASH/INVESTMENT MANAGER

CENTRAL HEALTH - LPPF INVESTMENT REPORT
 PORTFOLIO STATISTICS

DATE: April 30, 2022

By Fund Type	
LPPF	\$ 53,299,593.97
Total Portfolio	<u>\$ 53,299,593.97</u>

By Security Type	
LPPF-	
TexasDAILY	\$ -
TexPool	\$ 53,299,593.97
TexSTAR	\$ -
TexasTERM CP	\$ -
Non-Int Bearing Bank Account	\$ -
Certificates of Deposit	\$ -
Treasury Securities	\$ -
Government Agencies	\$ -
Commercial Paper	\$ -
Municipal Bonds	\$ -
Total	<u>\$ 53,299,593.97</u>

LPPF Investment Revenue & Accrued Interest	April-22
Interest/Dividends-	
TexasDAILY	0.00
TexPool	10,219.62
TexSTAR	0.00
TexasTERM CP	0.00
Certificates of Deposit	0.00
Treasury Securities	0.00
Government Agencies	0.00
Commercial Paper	0.00
Municipal Bonds	<u>0.00</u>
LPPF Total Investment Revenue & Accrued Interest	<u>\$ 10,219.62</u>

100.00%

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Fiscal YTD

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0.00

0.00

\$ 12,043.82



CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

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

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Innovation - We create solutions to improve healthcare access.

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BOARD MEETING

May 25, 2022

REGULAR AGENDA ITEM 1

Discuss and take appropriate action on the proposed amended mandatory payment rate to be assessed on institutional healthcare providers during Fiscal Year (FY) 2022 under the local healthcare provider participation program (LPPF) in Travis County as required by Texas Health & Safety Code §298E.151. (*Action Item*)



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 25, 2022

Who will present the agenda item? (Name, Title) Katie Coburn, RHP Director

General Item Description FY 22 LPPF Rate Amendment

Is this an informational or action item? Action Item

Fiscal Impact None

Recommended Motion (if needed – action item) Approve the FY 22 rate amendment as proposed by Central Health staff

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

- Due to volatility in timing of supplemental payment program approvals, the LPPF must be amended for an additional time this year to generate revenue needed to maximize funding in the Comprehensive Hospital Increased Reimbursement Program (CHIRP). A new IGT request is due in June.
- 1) Due to volatility in timing of supplemental payment program approvals, the LPPF must be amended for an additional time this year to generate revenue needed to maximize funding in the Comprehensive Hospital Increased Reimbursement Program (CHIRP). A new IGT request is due in June.
- 2) The amended rate may also include funds needed for the final DY 11 UC payment later this year.
- The current FY 22 LPPF payment rate is 2.36%. Unfortunately, given the unpredictable timing of IGT needs for recently approved programs, we are not able to share the rate in advance;
- 3) however, all other relevant information is presented in the enclosed slide deck.

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) PPT, memo

Estimated time needed for presentation & questions? 10 minutes (maybe less)

Is closed session recommended? (Consult with attorneys.) No

Form Prepared By/Date Submitted: Katie Coburn, May 18, 2022



CENTRAL HEALTH

1111 E. Cesar Chavez
St. Austin, Texas
78702
Phone: 512 978-8155
Fax: 512 978-8156
www.centralhealth.net

MEMORANDUM

To: Mike Geeslin, President & CEO
From: Katie Coburn
CC: Jeff Knodel
Date: May 25, 2022
Re: Agenda Item 1: Amending the Local Provider Participation Fund (LPPF) mandatory payment rate for FY 2022 – ACTION ITEM

Please find attached a draft presentation for Agenda Item 1, Amending the LPPF Payment Rate for FY 2022, for the Central Health Board of Managers meeting scheduled for May 25, 2022. This presentation is complete except for the specific amount of the payment rate staff will recommend.

Unfortunately, given the unpredictable timing of IGT needs for recently approved programs, we are not able to share the rate in advance. We will send out a revised presentation as soon as we have final information.



**CENTRAL
HEALTH**

Travis County LPPF: FY 22 Proposed Mandatory Payment Rate Amendment

MAY 25, 2022

Central Health Board of Managers Meeting

PRESENTER

Katie Coburn, RHP Director

Board Action Request

- **Amend the FY 22 Travis County Local Provider Participation Fund (LPPF) annual rate to 4.71% to fund Intergovernmental Transfer (IGT) requirements for:**
 - Comprehensive Hospital Increased Reimbursement Program (CHIRP) Year 2 Advance Payment
 - Uncompensated Care final payment for Demonstration Year (DY) 11



Local Provider Participation Fund (LPPF) Mandatory Payment Rate

- **Assessed as a uniform percentage of net patient revenue of Travis County inpatient hospitals**
- **Set by the Board of Managers**
- **Central Health, as LPPF Administrator, collects funds to be held in fiduciary capacity and completes intergovernmental transfers**
- **Use of funds**
 - Limited to legislatively defined purpose of leveraging federal supplemental payments; DSH and DSRIP are prohibited
 - Central Health collaborates with hospital representatives on uses of funds
- **FY 22 current annual rate: 2.36%**
- **Uncertainty in program approval and funding levels requires us to amend the FY 22 LPPF rate as needed to maximize federal funding to community**



FY 22 Rate History and Proposed Amendment #2

Date	Rate	Use	Annual Amount
January 2022	0.82%	Demonstration Year (DY) 11 Uncompensated Care (UC) Advance Payment	\$28.5 million
March 2022	2.36%	Comprehensive Hospital Increased Reimbursement Program (CHIRP) Year 1 Final Payment	\$53.6 million
<i>Proposed May 2022</i>	4.71%	<ul style="list-style-type: none"> Comprehensive Hospital Increased Reimbursement Program (CHIRP) Year 2 Advance Payment Uncompensated Care DY 11 Final Payment 	\$164 million

Staff may return to request another rate amendment if additional information is available from the Health and Human Services Commission (HHSC) and Center for Medicare and Medicaid Services (CMS) for subsequent supplemental payments.





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BOARD MEETING

May 25, 2022

REGULAR AGENDA ITEM 2

Receive and discuss a presentation on Historically Underutilized Business (HUB) program work updates and the Central Health HUB disparity study. (*Informational Item*)



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 5/25/2022

Who will present the agenda item? (Name, Title) Colette Holt, Colette Holt & Associates

General Item Description Central Health Disparity Study 2022

Is this an informational or action item? Informational

Fiscal Impact Funds budgeted in FY22 Procurement Department to support program implementation

Recommended Motion (if needed – action item) N/A

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

- 1) Receive a summary of the Central Health Disparity Study 2022 conducted by Colette Holt & Associates for select expenditures from Fiscal Years 2013-2019.
- 2) Understand the legal and constitutional requirements for minority and women owned business programs for public sector contracts
- 3) Understand the findings of the analysis conducted and the recommendations from CHA.

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) Central Health Disparity Study PowerPoint Presentation

Estimated time needed for presentation & questions? 30-45 minutes

Is closed session recommended? (Consult with attorneys.) No

Form Prepared By/Date Submitted: Lisa Owens 5/18/2022



MEMORANDUM

To: Central Health Board of Managers
From: Lisa Owens, Deputy Chief Financial Officer
Monica Montes, Disparity Study Manager
Balena Bunch, Procurement Manager
Cc: Jeff Knodel, Chief Financial Officer
Mike Geeslin, President and CEO
Date: May 18, 2022
Re: Central Health Disparity Study 2022

Overview:

Central Health engaged Colette Holt & Associates to conduct a disparity study for select expenditures from Fiscal Years 2013-2019. The report is attached and will be presented by CHA at our meeting on May 25th, 2022. Please review this report in detail in advance of our meeting and presentation from CHA next week. If you have advance questions, please submit them to Briana.Yanes@CentralHealth.net.

Synopsis:

A disparity study helps to ensure any race- or gender-based program for government procurement will withstand scrutiny in a court of law. The primary goal of the study is to determine whether minority and women-owned businesses have equal access to contracting opportunities as prime contractors and subcontractors. In the attached report, you will find a detailed analysis performed by CHA. The study analyzed prime and subcontractors in specific industries within categories of construction, professional services, non-professional services, and commodities for contracts with a spend of \$50,000 or higher during Fiscal Year 2013-2019.

CHA used quantitative and qualitative data sources to conduct their analysis and make recommendations based on their findings. CHA used information provided by Central Health, information from the contracted vendors, HUB directories, Hoovers/Dun & Bradstreet data set, business owners and Central Health interviews, along with other disparity studies within our service area.

The study gathered and analyzed multiple types of evidence. It examined Central Health's utilization of minority and woman owned businesses (M/WBEs) and the availability of M/WBEs in the market area. Secondly, CHA used anecdotal evidence from business owners and Central Health to determine if there are barriers to obtaining contracts with Central Health. Also, CHA examined if M/WBEs experience disparities throughout the Austin metropolitan area economy as a whole.

CHA Recommendations:

The findings of the study demonstrate that nearly 24% of Central Health expenditures during the period were with M/WBEs. When weighted against the availability of M/WBEs in our

market area Central Health exceeds the unweighted availability at 14%. CHA recommends that Central Health implement race and gender-neutral measures, adopt a minority and woman owned business enterprise program and develop performance standards and a sunset date. The Executive Summary contains the details of the study with the recommendations on pages 12-18. The full details of our Contract Data Analysis are found in Chapter III and full details of the recommendations are found in Chapter VI.

Management will be returning to the Board of Managers this summer to present proposed policy changes and program framework for review and discussion. The program will be developed based on our current practices of engaging Historically Underutilized Business and the recommendations from CHA. We will work in collaboration with other local government entities, such as the City of Austin and Travis County, and identify best practices that can be implemented in our program.

Fiscal Impact:

Funds budgeted in FY22 Procurement Department budget to support program implementation.

Action Requested:

Informational Item - No action requested.

Central Health Disparity Study 2022

Colette Holt & Associates

Disparity Study Objectives

- Provide a legal defense for a government program if the new programs are challenged
- Meet constitutional requirements
- Provide policy and program recommendations
- Educate policy makers and stakeholders about the legal and economic issues to build consensus

Disparity Study Data and Methods

- Quantitative data sources
 - CH contract and vendor records
 - Contract information from prime vendors
 - M/W/DBE, HUB Directories
 - Hoovers/Dun & Bradstreet
 - U.S. Census Bureau
 - Scholarly research
- Qualitative data sources
 - Business owner and stakeholder interviews
 - CH staff
 - Other Texas disparity studies

Disparity Study Elements

- Legal review and analysis
- Utilization, availability and disparity analyses
 - Determination of CH's geographic and industry markets
 - Determination of M/WBE utilization in these markets
 - Estimation of M/WBE availability in these markets
 - Calculation of disparity ratios
- Economy-wide disparity analysis
- Anecdotal data collection and analysis
- Recommendations

Disparity Study Findings: Utilization

- Study analyzed FY 2013-2019 contracts \$50,000 or greater
 - Final Contract Data File
 - 103 prime contracts totaling \$30,959,298
 - 79 subcontracts totaling \$14,550,222
- Geographic market
 - Travis and Williamson Counties captured 83.1% of Texas dollars
- Product market
 - 55 NAICS codes in Final Contract Data File

Disparity Study Findings: Utilization

- CH's utilization of M/WBEs
 - M/WBEs: 23.8%
 - Blacks: 1.3%
 - Hispanics: 5.5%
 - Asians: 1.0%
 - Native Americans: 0.0%
 - White women: 16.0%
 - Non-M/WBEs: 76.2%

Disparity Study Findings: Availability

- Weighted availability in CH's marketplace
 - M/WBEs: 13.7 %
 - Blacks: 1.2%
 - Hispanics: 3.4%
 - Asians: 1.1%
 - Native Americans: 0.2%
 - White women: 7.8 %
 - Non-M/WBEs: 86.3%

Disparity Study Findings: Disparity Ratios

- Disparity ratio = M/WBE utilization ÷ availability
 - M/WBEs: 173.7%*
 - Blacks: 109.1%
 - Hispanics: 165.5%
 - Asians: 92.8%
 - Native Americans: 0.0%‡
 - White Women: 206.0%
 - Non-M/WBEs: 88.3%**

** Indicates statistical significance at the 0.01 level

* Indicates statistical significance at the 0.05 level

‡ Indicates substantive significance

Disparity Study Findings: Comparison of Outcomes

- Examined NAICS codes whose weight was at least 6% of overall spend and M/WBE utilization exceeded 6% to focus on most important codes
 - NAICS code share of overall spending in these 6 codes was much more important to M/WBEs than non-M/WBEs
 - Reliance ranged from twice as important to almost 40 times as important
 - M/WBEs are much more concentrated in small subset of codes than non-M/WBEs

Disparity Study Findings: Economy-Wide Analysis

- Useful to evaluate the effectiveness of race-neutral measures
- American Community Survey
 - Minorities and White women earned less from their businesses and formed fewer businesses than White males
- Annual Business Survey
 - Very large disparities in firm sales receipts between M/WBE and non-M/WBE firms
- Credit discrimination barriers remain high
- Human capital constraints continue to impede success

Disparity Study Findings: Anecdotal Findings

- Interviewed 13 individuals
 - M/WBEs suffer from biased perceptions and negative stereotypes about qualifications and capabilities
 - Some women experience gender bias
 - Race was seen as a bigger barrier than gender by some minority women
 - Senior leadership's commitment is key
 - Obtaining information about solicitations can be difficult; more outreach is needed
 - Several participants had positive experiences with CH's efforts to utilize M/WBEs
- Texas disparity studies anecdotal data

Disparity Study Recommendations

- Implement race- and gender-neutral measures
 - Implement an electronic contracting data collection, monitoring and notification system
 - Create an office of business diversity
 - Increase vendor communication and outreach to M/WBEs and small firms
 - Consider partnering with other agencies and local organizations to provide bonding, financing and technical assistance programs

Disparity Study Recommendations

- Adopt a Minority- and Woman-Owned Business Enterprise Program
 - Use the study availability results to set annual and contract goals
 - Adopt narrowly tailored program eligibility standards
 - Employ rigorous compliance and monitoring policies and procedures
 - Provide training for CH staff and vendors on the new program
- Develop performance standards
- Establish a program sunset date



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www.mwbela.com • Twitter: [@mwbela](https://twitter.com/mwbela)



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BOARD MEETING

May 25, 2022

REGULAR AGENDA ITEM 3

Receive the fiscal year-to-date healthcare service expenditures made by, and accept the preliminary March and April 2022 financial statements for, Central Health and the Community Care Collaborative, and review historical average revenues and expenses for Central Health.
(Informational Item)



Central Health

Financial Statement Presentation

FY 2022 – as of April 30, 2022 (Preliminary)

Central Health Board of Managers

May 25, 2022

Lisa Owens, Deputy CFO

Patti Bethke, Controller

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

Note: HCD = Health Care Delivery

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- Year-to-date through April collected net property tax revenue is \$260 million compared to \$236 million as of April 2021 representing 98.0% of the adjusted tax levy compared to 97.9% as of April 2021 .
- Healthcare Delivery is \$79 million for the seven months ending 4/30/2022.
- GAAP reporting Net Assets increased \$134 million year-over-year.
- TCHD LPPF total restricted balance of LPPF as of 4/30/2022 is \$53 million, subsequently IGT totaling \$52 million was transferred 5/06/2022.

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 4/30/2022	as of 4/30/2021
Current Assets		
Cash and cash equivalents	1,146,633	849,079
Short-term investments	463,070,379	359,531,227
Ad valorem taxes receivable	4,581,578	4,919,542
Other receivables	4,305,476	2,960,437
Prepaid expenses	804,652	602,019
Total Current Assets	<u>473,908,719</u>	<u>368,862,304</u>
Restricted Cash and Investments or Noncurrent		
Restricted for capital acquisition	93,620,844	11,319,462
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	53,324,622	14,041,391
Total Restricted Cash and Investments or Noncurrent	<u>259,028,467</u>	<u>137,443,853</u>
Capital Assets		
Land	26,372,222	13,425,967
Buildings and improvements	56,485,516	57,151,299
Equipment and furniture	17,795,921	9,870,147
Capital Projects in progress	12,333,615	7,937,076
Less accumulated depreciation	(27,913,482)	(24,622,111)
Total Capital Assets	<u>85,073,792</u>	<u>63,762,377</u>
Total Assets	<u><u>818,010,977</u></u>	<u><u>570,068,534</u></u>

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Liabilities	Preliminary	
	as of 4/30/2022	as of 4/30/2021
Current Liabilities		
Accounts payable	6,103,317	6,793,650
Salaries and benefits payable	1,755,904	1,612,600
Other Payables	2,245,508	1,761,626
Debt service payable, short-term	4,664,453	1,202,821
Deferred tax revenue	3,877,987	3,906,012
Total Current Liabilities	18,647,169	15,276,709
Restricted or Noncurrent Liabilities		
Funds held for TCHD LPPF	53,324,622	14,041,391
Debt service payable, long-term	75,855,773	4,915,000
Total Restricted or Noncurrent Liabilities	129,180,395	18,956,391
Total Liabilities	147,827,564	34,233,100
Net Assets		
Unrestricted	554,450,076	478,180,457
Restricted	56,055,994	-
Investment in Capital Assets	59,677,343	57,654,977
Total Net Assets	670,183,413	535,835,434
Liabilities and Net Assets	818,010,977	570,068,534

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Sources / Uses	Apr 2022	FY22 YTD	FY22 Budget	Percent of Budget Used	FY21 YTD
Sources					
Property Tax Revenue	184,731	259,504,351	260,933,097	99%	236,377,064
Lease Revenue	888,519	7,813,200	13,422,399	58%	7,605,437
Other Revenue	269,326	1,004,995	3,000,000	33%	478,952
Tobacco Settlement Revenue	4,676,730	4,676,730	3,000,000	156%	3,872,274
Contingency Reserve (Carryforward)	-	235,884,286	226,521,399	104%	136,179,266
Total Sources	6,019,306	508,883,562	506,876,895	100%	384,512,993
Uses of Funds					
Healthcare Delivery	8,902,840	79,064,411	491,365,797	16%	59,330,400
Administrative Program					
Salaries and benefits	472,058	3,246,737	7,134,758	46%	2,786,959
Consulting Fees	6,562	285,529	1,341,120	21%	66,004
Legal Fees	241,371	495,848	1,456,636	34%	333,016
Other Purchase Goods and Services	166,494	947,297	3,287,732	29%	973,460
Total Administrative Program	886,485	4,975,411	13,220,246	38%	4,159,439
Tax Collection Expenses	96,516	1,474,178	2,170,853	68%	1,402,626
Total Uses	9,885,841	85,514,000	506,756,896	17%	64,892,465
Excess Sources / (Uses)	(3,866,535)	423,369,562			319,620,528

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Healthcare Delivery Summary	Apr 2022	FY22 YTD	FY22 Budget	Percent of Budget Used	FY21 YTD
Inter-Governmental Transfers (IGTs)	-	-	15,509,298	0%	-
Healthcare Services					
Primary Care - (see detail on Slide 10)	3,960,534	27,210,940	59,040,000	46%	24,264,090
Specialty Care, incld Dental - (see detail on Slide 11)	522,939	4,361,075	17,175,000	25%	2,995,485
Specialty Care, Behavioral Health	9,251	367,451	1,383,856	27%	268,597
Pharmacy	824,109	6,225,125	14,250,000	44%	5,538,186
Post Acute Care	22,660	44,978	2,125,000	2%	-
All Other Healthcare Services	57,253	400,770	6,737,035	6%	400,570
Community Healthcare Initiatives Fund	-	-	875,000	0%	-
Subtotal Healthcare Services	5,396,746	38,610,339	101,585,891	38%	33,466,928
ACA Premium Assist, Education, Enrollment	1,128,070	7,605,810	13,782,929	55%	6,919,417
Healthcare Facilities and Campus Redevelopment	502,919	2,369,400	6,284,795	38%	1,482,719
Healthcare Delivery Operating Costs	1,742,761	11,441,944	35,631,887	32%	9,730,269
SubTotal	8,770,496	60,027,493	157,285,502	38%	51,599,333
Debt, Reserves and Transfers	132,344	19,036,918	318,570,997	6%	7,731,067
Total Healthcare Delivery	8,902,840	79,064,411	491,365,797	16%	59,330,400

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Details for Health Care Delivery on the following slides.

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Healthcare Delivery Detail	Apr 2022	FY22 YTD	FY22 Budget	Percent of Budget Used	FY21 YTD
Healthcare Operations and Support					
ACA and Premium Assistance Programs					
High Risk Premium Programs	864,567	5,485,029	10,240,575	54%	4,841,097
CHAP Program	250,464	1,592,991	2,959,354	54%	1,561,533
ACA Enrollment and Education Services	13,039	527,790	583,000	91%	516,787
Subtotal ACA & Premium Assist Program	1,128,070	7,605,810	13,782,929	55%	6,919,417
Healthcare Facilities and Campus					
Salaries and benefits	26,937	195,153	395,914	49%	56,419
Consulting Services	-	5,096	1,512,000	0%	125,277
Legal Fees	-	26,583	370,000	7%	169,319
Other Goods & Svc incl. UT Ground Lease	475,982	2,142,568	4,006,881	53%	1,131,704
Subtotal Healthcare Facilities and Campus	502,919	2,369,400	6,284,795	38%	1,482,719
Healthcare Delivery Operating Costs					
Salaries and benefits	1,165,911	8,157,148	18,866,066	43%	6,858,076
Consulting Services	(2,570)	275,248	840,000	33%	22,114
Legal Fees	-	16,564	339,000	5%	76,234
Other Services and Purchased Goods	579,420	2,992,984	15,586,821	19%	2,773,845
Subtotal HCD Operating Cost	1,742,761	11,441,944	35,631,887	32%	9,730,269
Debt Service, Reserves and Transfers					
Debt Service	132,344	5,347,905	6,152,676	87%	1,231,067
Healthcare Capital Line of Credit	-	-	1,091,773		-
FY2022 Capital reserve	-	13,689,013	12,546,013	109%	6,500,000
FY2022 Contingency reserve appropriation	-	-	298,780,535		-
Subtotal Debt, Reserves and Transfers	132,344	19,036,918	318,570,997	6%	7,731,067
Total Healthcare Delivery	8,902,840	79,064,411	491,365,797	16%	59,330,400

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Healthcare Delivery - Primary Care	Apr 2022	FY22 YTD	FY22 Budget	Percent of Budget Used	FY21 YTD
Primary Care					
CommUnity Care	3,063,957	22,455,707	45,885,000	49%	20,110,106
Lone Star Circle of Care	609,345	3,383,439	6,755,000	50%	2,873,428
People's Community Clinic	274,356	1,276,521	2,600,000	49%	1,159,548
Other Primary Care	12,876	95,273	3,800,000	3%	121,008
Subtotal Primary Care Services	3,960,534	27,210,940	59,040,000	46%	24,264,090

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(continued on next page)



Healthcare Delivery - Specialty Care	Apr 2022	FY22 YTD	FY22 Budget	Percent of		YOY Percent	Comments*
				Budget Used	FY21 YTD	Change	
Specialty Care							
Ancillary Services & DME	16,572	45,660	735,000	6%	48,808	-6%	
Cardiology	14,243	154,318	265,000	58%	59,514	159%	Service Expansion
Referral Services	25,000	175,000	500,000	35%	175,000	0%	
Dental Specialty	154,951	640,601	1,300,000	49%	327,159	96%	Service Expansion
Dermatology	23,262	405,487	550,000	74%	216,571	87%	
Ear, Nose & Throat ENT	4,894	85,507	350,000	24%	146,480	-42%	
Endocrinology	35,012	414,062	575,000	72%	181,263	128%	Service Expansion
Gastroenterology	57,213	649,280	2,100,000	31%	441,869	47%	
General Surgery	13,889	42,236	300,000	14%	26,458	60%	
Gynecology Complex	0	0	100,000	0%	(2,200)	-100%	CCC Agreement
Nephrology	3,998	21,548	200,000	11%	9,156	135%	New service in FY21
Oncology	24,223	175,750	700,000	25%	147,226	19%	
Ophthalmology	119,550	641,277	1,650,000	39%	637,115	1%	
Prosthetics	3,165	62,525	200,000	31%	53,078	18%	
Podiatry	2,054	309,286	350,000	88%	101,920	203%	Service Expansion
Pulmonology	6,240	171,990	375,000	46%	108,346	59%	Service Expansion
Reproductive and Sexual Health	10	205,045	1,150,000	18%	204,676	0%	
Rheumatology	8,678	69,282	250,000	28%	77,521	-11%	
Neurology	0	0	100,000	0%	0	0%	New CUC Service
Wound Care	5,290	87,390	150,000	58%	35,525	146%	Service Expansion
Subtotal Specialty Care	518,244	4,356,244	11,900,000	37%	2,995,485	45%	
MAP Basic Expansion	0	0	1,975,000	0%	0	0	
Systems Planning Expansion	0	0	3,300,000	0%	0	0	
Total Specialty Care	518,244	4,356,244	17,175,000	25%	2,995,485	45%	

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



Questions ? Comments ?

DRAFT



April 2022 Preliminary Monthly Financial Statements (unaudited)

Page 1 of 6

Balance Sheet (Assets) – Slide 4

Current Assets

Cash and Cash Equivalents – \$1.1M compared to \$849K April 2021

Short-term Investments – Short-term investments were \$463M at month-end, net of restricted investments totaling \$93.6M.

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

Gross Tax Receivables	\$ 9.4M
Taxable Assessed Valuation Adjustment	(1.9)M
Est. Allowance for Doubtful collections	(2.9)M
Total Taxes Receivable	<u>\$ 4.6M</u>

Other Receivables – Other receivables total \$4.3M and includes intercompany balances:

- CommUnityCare - \$2.5M
- Sendero - \$705K
- Community Care Collaborative - \$154K
- Accrued Interest - \$658K
- Miscellaneous Receivables – \$283K



April 2022 Preliminary Monthly Financial Statements (unaudited)

Page 2 of 6

Balance Sheet (Assets) – Slide 4 (continued)

Prepaid Expenses – \$805K balance composed of:

- Prepaid Insurance - \$224K
- TCAD Appraisal Fees - \$188K
- ICC - \$115K
- Software - \$86K
- Deposits - \$82K
- Memberships - \$64K
- JTT Equipment - \$41K
- Prepaid Tax Collection Fees - \$4K

Total Current Assets – \$474M

Restricted Cash & Investments or Noncurrent

Investments Restricted for Capital Acquisition – \$93.6M 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 - \$53.3M

Capital Assets – \$85M, net of accumulated depreciation

Total Assets – \$818M



Current Liabilities – Slide 5

Accounts Payable – Major components of the \$6.1M balance are:

- \$5.0M estimated IBNR for healthcare services.
- \$1.1M vendor invoices due.

Salaries and Benefits Payable – \$1.8M balance is comprised of the accrued liability for salary costs unpaid at month-end, the value of accrued personal time off.

Other Payables – \$2.2M Contract Liability and Tobacco Settlement.

Debt Service Payable, Short-Term – \$4.7M in Certificates of Obligation and Interest Payable for Series 2020 and 2021 Taxable and non-Taxable debt.

Deferred Tax Revenue - \$4M pending collection

Total Current Liabilities – \$19M

Restricted or Noncurrent Liabilities

Funds held for TCHD LPPF - \$53M receipts from participants in the LPPF.

Balance Sheet (Liabilities) – Slide 5 (continued)

Debt Service Payable, Long-Term – \$75.9M balance (unchanged):

	Series 2020	Series 2021	
	General Obligation Bonds	Certificates of Obligation Bonds	
Non-tax LT	3.7 M	12.7 M	
Taxable LT		57.4 M	
Premium		2.1 M	
Totals	3.7 M	72.2 M	75.9 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 – \$129M
Total Liabilities – \$148M
Net Assets
Unrestricted Net Assets – \$554M

Restricted Net Assets – \$56M

Investment in Capital Assets – \$60M

Total Net Assets – \$670M
Total Liabilities and Net Assets – \$818M



Sources and Uses Report – Slide 6

April financials → seven months, 58% of the fiscal year.

Sources – Total \$6.0M for the month

Property Tax Revenue – Net property tax revenue for the month was \$185K. Net revenue includes \$515K current month's collections; \$111K Penalties and Interest; and (\$441K) in adjustments for prior year delinquent taxes.

Lease Revenue – \$889K recorded for Seton and Hancock Clinic

Other Revenue – \$269K in monthly investment income

Tobacco Settlement Revenue - \$4.7M, \$1.7M over budget

Uses of Funds – Total \$9.9M for the month

Total Healthcare Delivery Program – Total healthcare delivery expenses were \$8.9M for the month and \$79M YTD compared to \$59M FY21 YTD.

Healthcare Delivery Budget includes funds for service expansion in Post-Acute Care \$2.1M, Primary & Specialty Care \$6.7M, and Community Health Care Initiatives \$875K

Administration Program – \$886K in expense for the month, which includes:

- Personnel costs – \$472K
- Consulting services – \$7K
- Legal fees – \$241K
- Other general and administrative – \$166K

Tax Collection Expenses – \$97K for the month.



April 2022 Preliminary Monthly Financial Statements (unaudited)

Page 6 of 6

Excess Sources/(Uses) – \$(3.9)M in April. Current YTD is \$423M compared to \$320M FY21 YTD.

Healthcare Delivery Expense – Slide 7

Healthcare Delivery Expense – Total \$8.9M April; \$79M YTD compared to \$59M FY21 YTD.

Intergovernmental Transfers ("IGT's") – YTD \$0M for DSRIP IGT compared to \$0M YTD last year for DSRIP IGT.

Healthcare Services – Healthcare delivery providers' expense for April totaled \$5.4M, which includes:

- Primary care – \$4.0M
- Specialty Care - Dental – \$523K
- Specialty Care - Behavioral Health – \$9K
- Pharmacy - \$824k
- All Other - \$80K

ACA Premium Assist, Education, Enrollment – \$1.1M in expenses for the month; \$7.6M YTD compared to \$6.9M FY21 YTD

Healthcare Facilities and Campus Redevelopment - \$503K in expense for the month and \$2.4M YTD.

Healthcare Delivery Operating Cost – \$1.7M in expenses for the month and includes:

- Personnel costs – \$1.2M
- Consulting Services – (\$3)K
- Legal Fees - \$0K
- Other services and purchased goods – \$579K

Debt, Reserves and Transfer – \$132k in Debt Service

Total Healthcare Delivery - for the month of April was \$8.9M.

Community Care Collaborative

Financial Statement Presentation

FY 2022 – as of April 30, 2022 (Preliminary)

Central Health Board of Managers
Board of Managers Meeting
May 25, 2022

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



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Preliminary

Highlights Community Care Collaborative

April 30, 2022



- * Cash is at \$15.6M compared to \$8.8M last year.
- * Total Liabilities are at \$14.2M at the end of April.
- * Net Assets at the end of April are \$1.5M.

DRAFT

Preliminary

Balance Sheet Community Care Collaborative

April 30, 2022



Community Care Collaborative

	<u>4/30/2022</u>	<u>4/30/2021</u>
Assets		
Cash and Cash Equivalents	15,562,122	8,784,603
Other Receivables	70,117	92,351
Prepaid and Other	49,216	48,846
Total Assets	<u>15,681,455</u>	<u>8,925,800</u>
Liabilities		
AP and Accrued Liabilities	7,163,720	3,405,733
Deferred Revenue	6,954,527	3,479,719
Other Liabilities	93,771	182,962
Accrued Payroll	620	108,484
Total Liabilities	<u>14,212,637</u>	<u>7,176,898</u>
Net Assets	<u>1,468,818</u>	<u>1,748,902</u>
Liabilities and Net Assets	<u>15,681,455</u>	<u>8,925,800</u>

DRAFT

Preliminary



Sources and Uses Report, Budget vs Actual Fiscal Year-to-Date through April 30, 2022

Sources of Funds	Budget	YTD Actual	YTD % of Budget	Prior YTD Actual
DSRIP Revenue	61,168,472	500,891	1%	870,509
Operations Contingency Carryforward	5,362,495	9,123,145	170%	11,316,128
Other Sources	100,000	6,798	7%	10,847
Total Sources of Funds	66,630,967	9,630,835	14%	12,197,484
Uses - Programs				
Healthcare Delivery	19,630,967	7,036,439	36%	8,030,876
UT Services Agreement	35,000,000	0	0%	0
DSRIP Project Costs	12,000,000	6,125,578	51%	7,417,706
Total Uses	66,630,967	13,162,017	20%	15,448,581
Net Sources (Uses)	-	(3,531,182)		(3,251,098)
Net Assets		1,468,818		1,748,902

* Operating under FY20 approved budget.

Preliminary

DRAFT



Healthcare Delivery Costs - Summary

Fiscal Year-to-Date through April 30, 2022

	Budget	YTD Actual	YTD % of Budget	Prior YTD Actual
Healthcare Delivery				
Primary Care & Emergency Transport	921,822	504,892	55%	544,531
Specialty Care	3,908,000	1,282,269	33%	1,216,076
Specialty Behavioral Health	8,000,000	3,178,031	40%	3,996,650
Post-Acute Care	2,675,000	1,029,607	38%	990,066
Urgent and Convenient Care	475,000	45,140	10%	72,415
Healthcare Delivery - Operations	2,849,742	996,500	35%	1,211,138
Operations Contingency Reserve	801,403	0	0%	0
Total Healthcare Delivery	19,630,967	7,036,439	36%	8,030,876

* Operating under FY20 approved budget.

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Preliminary

Thank You

www.ccc-ids.org



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Preliminary

Balance Sheet

Current Assets

Cash and Cash Equivalents – \$15.6M

Other Receivables – \$70K – Atrium rent receivable, transportation assistance

Prepaid and Other – \$49K – Atrium security deposit and software license

Total Assets – \$15.7M

Liabilities

Accounts Payable and Accrued Liabilities – \$7.2M, which includes:

- \$6.8M estimated IBNR (Incurred But Not Received) for healthcare provider services
- \$110K due to Central Health

Deferred Revenue – \$7.0M deferred revenue related to DSRIP projects

Other Liabilities – \$93K includes leasehold improvement allowance liability of \$29K and deferred rent of \$65K

Payroll Liabilities – \$1K

Total Liabilities – \$14.2M

Net Assets

Unrestricted Net Assets – \$1.5M

Total Net Assets – \$1.5M

Total Liabilities and Net Assets – \$15.7M

Sources and Uses Report

April financials → 7 months, 58% of fiscal year

Sources of Funds, Year-to-Date - \$9.6M

DSRIP Revenue - \$501K

Operations Contingency - \$9.1M from FY2021, excluding emergency reserves of \$5M.

Other Sources – \$7K interest income

Uses of Funds, Year-to-Date

Operating Expenses

Healthcare Delivery (Excludes DSRIP) – \$7.0M



	Budget	YTD Actual	YTD % of Budget	Prior YTD Actual
Healthcare Delivery				
Primary Care & Emergency Transport	921,822	504,892	55%	544,531
Specialty Care	3,908,000	1,282,269	33%	1,216,076
Specialty Behavioral Health	8,000,000	3,178,031	40%	3,996,650
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Healthcare Delivery - Operations	2,849,742	996,500	35%	1,211,138
Operations Contingency Reserve	801,403	0	0%	0
Total Healthcare Delivery	19,630,967	7,036,439	36%	8,030,876

UT Services Agreement – \$0M



DSRIP Project Costs – \$6.1M, primarily made up of provider earnings of:

- CommUnity Care - \$5.2M
- Lone Star Circle of Care – \$784K
- Hospice Austin – \$87K
- DSRIP Operating Expenses - \$54K

DRAFT



CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

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

Our Values

Central Health will achieve excellence through:

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

Innovation - We create solutions to improve healthcare access.

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.

BOARD MEETING

May 25, 2022

REGULAR AGENDA ITEM 4

Receive and discuss a presentation on the Fiscal Year (FY) 2023 Budget and the financial forecast for subsequent fiscal years, including information on possible property tax rates to be assessed.
(Informational item)



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 05/25/2022

Who will present the agenda item? (Name, Title) Jeff Knodel, CFO, Lisa Owens, Deputy CFO, Kim Johnson, Budget Analyst

General Item Description Receive and discuss a presentation of the Central Health financial forecast over the next 5-7 year period beginning FY2023. presentation will include information on possible property tax rate scenarios and reserve levels.

Is this an informational or action item? Informational Item

Fiscal Impact Unknown

Recommended Motion (if needed – action item) N/A

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

- Understanding of the long-term sources and uses assumptions, including property tax rate scenarios, over the financial forecast period, as well as the impact to future financial reserves
- 1) and days of cash on hand.
- 2) Central Health Board of Managers input to FY23 draft budget to be to be presented in July 2022.

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) Backup to be provided next week. Due to timing or need to discuss real-time for context, the backup for this item will be provided next week. Because this is an information item, the Board will not be asked to make a decision or conclude deliberations except in the case of emergencies. Further, an item can be discussed at the following Executive Committee for additional agenda postings if needed.

Estimated time needed for presentation & questions? 15 minutes

Is closed session recommended? (Consult with attorneys.) No

Form Prepared By/Date Submitted: Lisa Owens 05/17/2022



CENTRAL HEALTH

CommUnityCare | Sendero

CENTRAL HEALTH FY2023 LONG TERM FINANCIAL FORECAST

CENTRAL HEALTH BOARD OF MANAGERS

May 25, 2022

Jeff Knodel, CFO

Lisa Owens, Deputy CFO

Kim Johnson, Budget and Financial Analyst



FINANCIAL FORECASTING

- Initial financial tool in the budget process
- Presents future financial estimates to help evaluate revenue and expenditure trends to develop policies, strategic objectives, revenues, and services
- Allows improved decision-making in maintaining fiscal discipline and delivering services



CENTRAL HEALTH FINANCIAL FORECAST

- Assists with financial planning of known and unknown risks or events to help mitigate financial volatility
- Evaluates reserves levels and financial metrics to meet future strategic objectives and maintain financial resources to meet system of care needs
- Financial Forecast period 8 years FY 2023 – 2030
- Establishes an initial property tax rate to prepare the FY 23 proposed budget



BOARD DEFINED OBJECTIVES



Develop and execute health care delivery strategy based on people and place



Implement patient-focused and coordinated health care system



Implement sustainable financial model for health care delivery strategies through FY2024



HEALTH CARE EQUITY PLAN

Goal: Develop an equitable system of care that is comprehensive and accountable, while optimizing the collective use of capabilities and resources to serve the safety-net population.

STRATEGIC IMPERATIVES



**ACCESS &
CAPACITY**



**CARE
COORDINATION**



**MEMBER ENROLLMENT
& ENGAGEMENT**



**SYSTEM OF CARE
INFRASTRUCTURE**



PROPOSED FY2023 STRATEGIC OBJECTIVES



Access and capacity

Priority: Continue eastern Travis County site expansions in Hornsby Bend, Del Valle and Colony Park
Priority: Development of multispecialty clinic at Rosewood-Zaragosa



Care coordination

Priority: Implementation of Epic electronic health record



Member enrollment and engagement

Priority: Implementation of MyChart patient portal



System of care infrastructure

Priority: Development of financial and operational implementation plans
Priority: Focus on affiliations with health care and community partners
Priority: Continue development of direct clinical practice infrastructure
Priority: Identify and support critical on-demand operational and administrative capacities



CENTRAL HEALTH FINANCIAL FORECAST

Significant Uses of Funds

- Completion of all planned facilities
- Completion of two additional clinical facilities and one Respite Care site
- All cash funding with exception of previously issued debt
- Implementation of Epic Electronic Medical Record system
- Significant increases to clinical staff providing direct Specialty Care and ancillary services
- Increased access to Primary Care services
- Transition to more direct payments for hospital services



FINANCIAL FORECAST RISK AREAS

Economic

- Economic downturn or recession
- Workforce competition
- Inflation

Regulatory

- Uncertainty of future supplemental program funding
- Local Provider Participation Fund (LPPF) status
- Degradation of 340B pharmacy program

Financial

- Significant changes to hospital reimbursement programs
- Insurance risk-based capital requirements
- Changes to FQHC PPS payment levels

*Risks not limited to list



FINANCIAL FORECAST ASSUMPTIONS

Property Tax Revenue:

- Future new construction estimates anticipated to be less than current year (\$6.145 Billion estimated)
- Taxable Assessed Values anticipated to grow at a slower rate than current year
- Steady, straight-line tax revenue to reduce revenue volatility

Other Revenue:

- Continued receipt of Tobacco Litigation payments
- Continued ground lease and Parking Garage lease payments
- CEC lease payments discontinued after 2024
- No additional Downtown Campus lease payments assumed
- Third-party clinical revenue not assumed



FINANCIAL FORECAST ASSUMPTIONS

Healthcare Services:

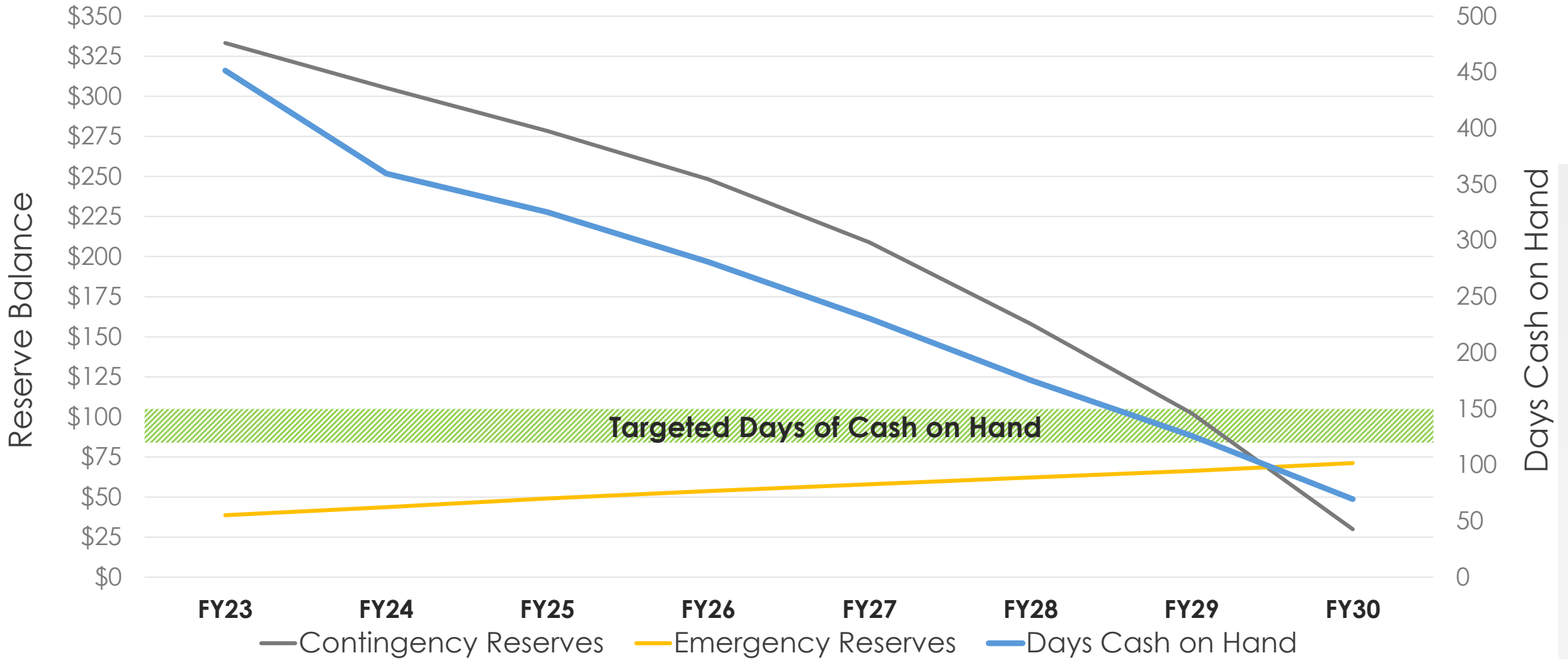
- Estimate 8-10% increase for medical inflation
- Increases in healthcare service delivery levels and additional facility capacity as well as new services provided directly by Central Health
- Increase infrastructure support for new clinical services
- Anticipate transition to a more direct hospital funding model
- Transition of Community Care Collaborative (CCC) costs beginning in FY23
- Continued enrollment and funding for CHAP and ACA High Risk Premium program

Salary and benefits:

- Accounted for salary increases and health insurance growth
- Accounted for rapidly changing market demands for staff
- Significant (>100) new staff to support direct Specialty Care services at future facilities



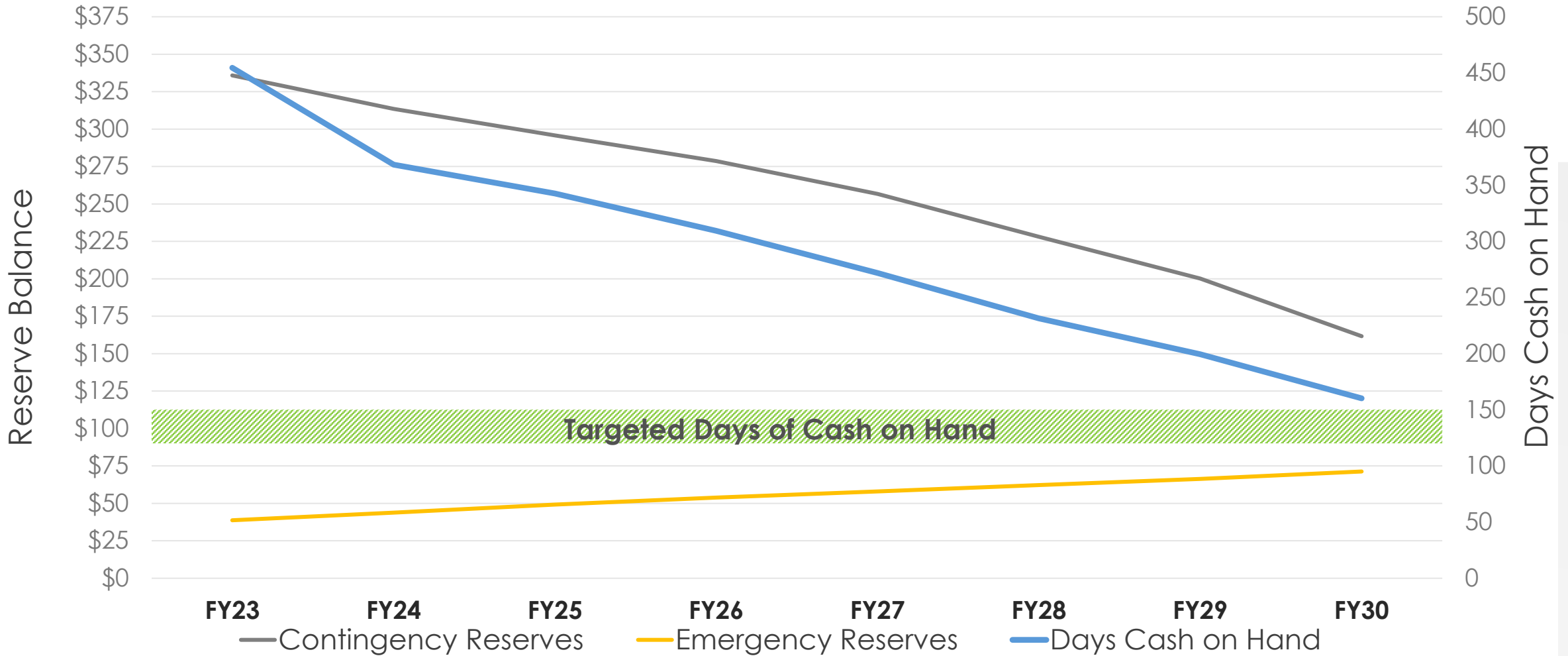
8-year Forecast: 5% YOY over M&O No New Revenue Rate



	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30
Contingency Reserves	333.2	305.2	278.4	248.3	208.9	158.0	102.3	30.0
Emergency Reserves	38.7	43.8	49.1	53.8	58.0	62.3	66.3	71.2
Days Cash on Hand	451.4	359.7	325.3	281.0	230.5	175.6	126.2	69.6



8-year Forecast: 6% YOY over M&O No New Revenue Rate



	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30
Contingency Reserves	335.9	313.5	295.8	278.6	256.6	228.1	200.1	161.7
Emergency Reserves	38.7	43.8	49.1	53.8	58.0	62.3	66.3	71.2
Days Cash on Hand	454.6	368.2	342.5 ¹¹³	309.3	271.7	231.4	199.4	160.2



FINANCIAL FORECAST TAKEAWAYS

- Reserve levels currently high, but will be required for future uses
 - Significant expansion of future clinical care and patient access
 - Significant infrastructure investments
 - Transition of CCC costs beginning FY 2023
 - Uncertainty of future federal funding programs levels
- Will need to monitor debt issuance opportunities for capital projects
- Long-term property tax revenue stability will provide the necessary financial resources to increase the likelihood of success in implementing and sustaining a high functioning system of care



FY23 Proposed Budget

- Staff plans to prepare the FY 2023 proposed budget at a property tax rate of 6% over the M&O no new revenue rate to achieve priorities approved by the Board of Managers in the Central Health Strategic Workplan and recent Equity Focused Service Delivery Strategic Plan



BUDGET CALENDAR

- ✓ May 11 Central Health Strategic Planning Committee Meeting
(FY 2023 Strategic Priorities)
- ✓ May 25 Central Health Board of Managers
(FY 2023 Central Health Long Term Forecast)
- June 15 Central Health Board of Managers Meeting
(FY 2023 Central Health Capital Planning and Property Tax Exemptions)
- June 9-23 Community Conversations
(Central Health Equity Focused Service Delivery Strategic Plan)
- July 27 Central Health Board of Managers Meeting
(FY2023 Central Health Proposed Budget)
- Aug 1-19 Community Conversations
(FY2023 Proposed Budget)



BUDGET CALENDAR

- Aug 24 Central Health Board of Managers Meeting
(FY2023 Central Health Proposed Budget and vote on maximum tax rate)
- Aug 30* Travis County Commissioners Court
(FY2023 Central Health Proposed Budget and tax rate)
- Sept. 7* Central Health Public Hearing
(FY2023 Central Health Proposed Budget and tax rate)
- Sept. 14* Central Health Board of Managers Meeting
(FY2023 Central Health Budget and Tax Rate Adopted; CCC Budget Approval)
- Sept. 22* Travis County Commissioners Court
(FY2023 Central Health Budget and Tax Rate Adopted)





CENTRAL HEALTH

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Innovation - We create solutions to improve healthcare access.

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

BOARD MEETING

May 25, 2022

REGULAR AGENDA ITEM 5

Receive an update on Central Health Fiscal Year (FY) 2022 support operations as identified in the budget resolution. (*Informational item*)



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 April 27, 2022

Who will present the agenda item? (Name, Title) Mike Geeslin

General Item Description FY22 Budget Resolution – Summary Updates on Support Operational Activities

Is this an informational or action item? Informational

Fiscal Impact NA

Recommended Motion (if needed – action item) NA

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

- 1) While not typically considered “board” work, an organization must allocate time and raise awareness of critical support operations that enable achievement of outward-facing objectives.
- 2) The FY 22 Budget Resolution highlighted several support operations. This agenda item provides awareness of some of the work activity for these support operations.
- 3) Additionally, the intent of the backup memo is to use the daily terminology and jargon to enhance the Board’s familiarity with the subject matter for future discussions.
- 4) Current and upcoming FY23 work will include more coordinated and sophisticated support capacities that enables the delivery of healthcare to those served by Central Health.

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) Yes, memo document

Estimated time needed for presentation & questions? 0 to 5 minutes; item can be noted as information available in the packet for review

Is closed session recommended? (Consult with attorneys.) No

Form Prepared By/Date Submitted: Mike Geeslin/Emily Farris (April 21, 2022)



MEMORANDUM

To: Central Health Board of Managers
From: Mike Geeslin, President & CEO
Date: April 21, 2022
Re: Update – Summary of Various Support Operations Activities per FY 2022 Budget Resolution
INFORMATIONAL

Overview & Context:

The FY 2022 Budget Resolution states the organizational objectives of the Board of Managers for the fiscal year in addition to adopting the proposed budget. Additionally, and for FY 2022, the resolution highlighted several areas of work that generally fall under the category of support operations. In one instance we included an update on a part of our cultural way of being, the HUB Disparity Study, as it was also listed in the Budget Resolution.

The subject areas below track the Budget Resolution and are the basis for this memo. The level of detail is designed to inform at a high level and provide awareness of the system names and departmental jargon used in the daily course of work.

Related, there have been exercises this fiscal year to better identify how to define our operational support needs and measure our capacities. Recall that one reason for highlighting a subset of support operations in the FY 2022 Budget Resolution was to raise the Board’s awareness of these increasingly important functions. Moreover, this year’s work is foundational to building out the needed operational capacities; in essence, we need to keep up with our abilities to support each other in the service of others.

I would like to acknowledge the staff – too numerous to name - who contributed to the content of this memo. Further, I am thankful to our colleagues who put an incredible level of effort into very detail-oriented work to ensure our ability to fulfil our mission.

Detail:

1. Finance Procurement Operational Excellence

- The finance and procurement teams have both been actively recruiting positions to support the ongoing growth and complexity of their work as Central Health changes; however, due to candidate availability, the timeline for hiring has been extended. Finance and procurement are also moving towards a larger software transition that better integrates budget, procurement, and accounting functions.

2. HUB Program Expansion

- Central Health will present its first HUB Vendor Disparity Study to the Board of Managers in May. Staff will subsequently develop and present policy and program recommendations to the Board, including the formation of a multi-disciplinary workgroup to provide feedback on the program development.

3. Administrative Department Expansion

- The Administrative Department added an additional Executive Assistant/Division Coordinator in March 2022. This addition rebalances workloads and enables optimum efficiency and support for Executives and their departments.

4. Human Resources Recruiting Expansion

- Added Connected Work Program (remote work opportunity) status to the candidate-facing recruiting and screening software to promote awareness of a position's remote work opportunity status. Related, Connected Work Program language was added to job description templates and terms of agreement are included in the employee on-boarding platform for new hires.
- Improved employee application processes by removing redundancies between the application form and the screening process. The requisite information from the application process has been combined with screening questions, including certification of answers as being true and correct.
- Created a unique, paid Indeed employer account for Central Health/Sendero to enable better promotion for hard-to-fill positions, which is in addition to the for-free posting on Indeed. This dual posting approach with enhanced promotion will help increase the overall number of applicants.
- Revamped iCIMS (recruiting and hiring software) by removing the outdated or unused candidate status descriptions in the system and refining others that are frequently used by hiring managers and recruiters. Training was provided to hiring managers on the revised descriptions. Human Resources also works with hiring managers to timely review candidates, advance through the recruiting workflow, and send communications.
 - As part of the streamlined candidate communication, recruiters and hiring managers can send approved, pre-drafted email messages to candidates with updated reasons for determinations. This approach also allows for efficient recruiting data collection.
- Standardized screening questions across iCIMS. This change enables standardized questions across CommUnityCare, Central Health, and Sendero to ensure consistency with the application process. Human Resources revised common (all jobs) screening questions for relevancy and to capture the applicable and necessary information from candidates.

5. Human Resources Employee Programs Expansion

- Created employee incentives to increase People Are Everything (online employee recognition program) across the Enterprise.
- Commenced implementation of MCN Healthcare (new learning management software) tailored to the healthcare delivery expansion, including training for clinical roles. Features include course reminders, manager compliance tracking, competencies, ability to create custom content, and a policy repository to maintain current policies and procedures. As part of the MCN implementation, all compliance courses were reviewed to ensure coverage of all required compliance topics.

6. Public Relations Services Development

- Following the hiring of a public relations specialist, work began on organizational media relations and assisting with the Eastern Travis County groundbreaking events in Hornsby Bend and Del Valle. The ongoing focus will be media relations, opening channels to local media, and driving interest in recent events and newsworthy issues, such as the Healthcare Equity Plan.

7. Technology Operations Expansion

- A recruiting firm has been retained to help fill two Applications Engineer positions. Once filled, these positions will be essential to optimizing the delivery and maintenance of applications in the user environments and maintaining the security of our applications.

8. Technology Project Management Office (PMO) Expansion

- The PMO has filled all new positions. The PMO is essential to the efficient planning and deployment of technology initiatives.

9. Technology Support Ticketing System

- The ServiceNow (user support request management) implementation began early phase implementation on April 11th. The implementation is currently on schedule with completion of technical installation, configuration, and the start of capturing process improvements and efficiencies. For instance, multiple Epic (electronic health record) forms may now be collapsed into smart option forms with dropdowns. Related, future integrations with other workflows and systems, risk areas, and need for additional asset management functionality are being evaluated.

10. Technology Applications Expansion

- Two trainer positions were added to the IT training team to fulfill training needs created when the Epic support team migrated to CommUnityCare. These trainers are currently working on creating training material for both their technical peers as well as end users for the applications used daily. By focusing on other critical applications, the expanded training staff has made significant progress.

11. Technology Development Expansion

- A revised Business Case will be submitted to change the Solutions Architect to a Technical Architect position to improve on candidate response and applicant pool.

12. Technology Security Expansion

- An external recruiting firm will be assisting in the search and recruitment of candidates for a Security Engineer for the current vacant positions. Currently, work continues on the security road mapping as a foundational activity for building and maintaining security.

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CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

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

Our Values

Central Health will achieve excellence through:

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

Innovation - We create solutions to improve healthcare access.

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.

BOARD MEETING

May 25, 2022

REGULAR AGENDA ITEM 6

Receive and discuss updates on the 1115 Medicaid Waiver, Delivery System Reform Incentive Payment (DSRIP) program and associated projects, the Community Care Collaborative, and other healthcare delivery partners, programs, projects, and arrangements, including agreements with Ascension Texas and the University of Texas at Austin.³ (*Informational Item*)



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 25, 2022

Who will present the agenda item? (Name, Title) Charles Bell, Monica Crowley, Bev Reeves, John Gasink

General Item Description Receive and discuss updates on the 1115 Medicaid Waiver, Delivery System Reform Incentive Payment (DSRIP) program and associated projects, the Community Care Collaborative, and other healthcare delivery partners, programs, projects, and arrangements, including agreements with Ascension Texas and UT Austin.

Is this an informational or action item? Informational

Fiscal Impact _____

Recommended Motion (if needed – action item) N/A

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

- 1) Consult with counsel related to UT Affiliation Agreement
- 2) Update on discussions with Ascension

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) Due to attorney-client nature of the agenda item, no back-up will be provided in advance.

Estimated time needed for presentation & questions? 25 minutes

Is closed session recommended? (Consult with attorneys.) Consult with attorneys

Form Prepared By/Date Submitted: Monica Crowley, May 17, 2022



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BOARD MEETING

May 25, 2022

REGULAR AGENDA ITEM 7

Consider and take appropriate action on a request from the Board of Sendero Health Plans, Inc. to submit a proposal in response to a Texas Health and Human Services Commission Request for Proposals related to the Medicaid program.⁴ (*Action Item*)



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 25th, 2022

Who will present the agenda item? (Name, Title) Wesley Durkalski, CEO, Sendero Health Plans

General Item Description Consider and take appropriate action on a request from the Board of Sendero Health Plans, Inc. to submit a proposal in response to a Texas Health and Human Services Commission Request for Proposals related to the Medicaid program.4 (Action Item)

Is this an informational or action item? Action

Fiscal Impact N/A

Recommended Motion (if needed – action item) Draft to come

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

- 1) Will review prospective business arrangement; details to be provided in executive session per non-disclosure agreement.
- 2) Possible Central Health Board action per reserve powers under the Sendero By-laws (approval of new business arrangement).
- 3) This initial review will be followed up by deliberations at future Board or Board Committee meetings.

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) Verbal update with materials to be shared if needed

Estimated time needed for presentation & questions? 15 minutes

Is closed session recommended? (Consult with attorneys.) Yes

Form Prepared By/Date Submitted: Wesley Durkalski May 20th 2021



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BOARD MEETING

May 25, 2022

REGULAR AGENDA ITEM 8

Confirm the next regular Board meeting date, time, and location. (*Informational Item*)