



**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:

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**BUDGET AND FINANCE COMMITTEE MEETING**

**Wednesday, August 21, 2024, 4:00 p.m.**

**Videoconference meeting<sup>1</sup>**

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

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

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

<https://us06web.zoom.us/j/88484745017?pwd=wIFKNjdpcNY0irW7bhbEEalRtRIWua.1>

Meeting ID: 884 8474 5017

Passcode: 944692

Links to livestream video are available at the URL below (copy and paste into your web browser):

<https://www.youtube.com/@tchealthdistrict/streams>

Or to participate by telephone only:

Dial: (346) 248 7799

Meeting ID: 884 8474 5017

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

and participate in public comment, if desired, through the virtual meeting link or telephone number listed on this meeting notice.

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

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

## **PUBLIC COMMUNICATION**

Public Communication rules for Central Health Board and Committee meetings include setting a fixed amount of time per person to speak and limiting Committee and Board responses to public inquiries, if any, to statements of specific factual information or existing policy. The Public Communication portion of the meeting will begin at 5:30 p.m., unless a member of the public wishes to comment on a specific item on this agenda.

## **COMMITTEE AGENDA<sup>2</sup>**

1. Approve the minutes of the August 7, 2024 Budget and Finance Committee meeting. (*Action Item*)
2. Receive and discuss a presentation on the proposed Central Health Fiscal Year (FY) 2025 tax rate and budget. (*Informational Item*)
3. Receive a presentation on the July 2024 financial statements for Central Health. (*Informational Item*)
4. Receive and discuss the quarterly financial and operational report for CommUnityCare Health Centers. (*Informational Item*)
5. Receive and discuss the quarterly financial and operational report for Sendero Health Plans.<sup>3</sup> (*Informational Item*)

6. Discuss and take appropriate action to modify surplus debentures, between Sendero and Central Health.<sup>3, 4</sup> (*Action Item*)
7. Confirm the next Budget and Finance Committee meeting date, time, and location. (*Informational Item*)

<sup>1</sup> This meeting may include one or more members of the Budget and Finance Committee participating by videoconference. It is the intent of the presiding officer to be physically present and preside over the meeting at Central Health Headquarters, 1111 Cesar Chavez, Austin, Texas 78702. This meeting location will be open to the public during the open portions of the meeting, and any member participating by videoconference shall be visible and audible to the public members in attendance whenever the member is speaking. **Members of the public are strongly encouraged to participate remotely through the toll-free videoconference link or telephone number provided.**

<sup>2</sup> The Budget and Finance Committee may take items in an order that differs from the posted order and may consider any item posted on the agenda in a closed session if the item involves issues that require consideration in a closed session and the Committee announces that the item will be considered during a closed session. A quorum of Central Health's Board of Managers may convene or participate via videoconference to discuss matters on the Committee agenda, and any Committee actions will be in conformance with the Central Health Bylaws.

<sup>3</sup> Possible closed session discussion under Texas Government Code §551.085 Governing Board Of Certain Providers Of Health Care Services.

<sup>4</sup> Possible closed session discussion under Texas Government Code §551.071 Consultation with Attorney.

Any individual with a disability who plans to attend or view this meeting and requires auxiliary aids or services should notify Central Health as far in advance of the meeting day as possible, but no less than two days in advance, so that appropriate arrangements can be made. Notice should be given to the Board Governance Manager by telephone at (512) 978-8049.

Cualquier persona con una discapacidad que 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.

**STAYS IN FILE**



4 pgs

202481087



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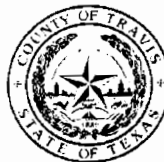
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Came to hand and posted on a Bulletin Board in the  
County Recording Office, Austin, Travis County, Texas on this the  
16 day of August 2024  
Dyana Limon-Mercado  
County Clerk, Travis County, Texas  
By E. Medina Deputy

**E. MEDINA**

**FILED AND RECORDED  
OFFICIAL PUBLIC RECORDS**



*Dyana Limon-Mercado*  
Dyana Limon-Mercado, County Clerk  
Travis County, Texas

**202481087**

Aug 16, 2024 12:51 PM  
Fee: \$0.00 MEDINAE

## **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.

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Board Manager Signature

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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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## **BUDGET & FINANCE COMMITTEE MEETING**

### **August 21, 2024**

## **AGENDA ITEM 1**

Approve the minutes of the August 7, 2024 Budget and Finance Committee meeting. (*Action Item*)

MINUTES OF MEETING – AUGUST 7, 2024  
CENTRAL HEALTH  
BUDGET AND FINANCE COMMITTEE

On Wednesday, August 7, 2024, a meeting of the Central Health Budget and Finance Committee convened in open session at 1:41 p.m. in person at the Central Health Administrative Offices and remotely by toll-free videoconference. Clerk for the meeting was Briana Yanes.

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**Committee members present in person:** Chair Museitif, Manager Martin, Manager Motwani, and Manager Valadez

**Board members present in person:** Manager Kitchen, Manager Jones and Manager Brinson

**Board members present via audio and video:** Manager May

**COMMITTEE AGENDA**

**1. Approve the minutes of the July 24, 2024 Budget and Finance Committee meeting.**

**Clerk’s Notes:** Discussion on this item began at 1:42 p.m.

Manager Museitif moved that the Committee approve the minutes of the July 24, 2024 Budget and Finance Committee meeting.

Manager Brinson seconded the motion.

Chairperson Museitif	For
Manager Martin	For
Manager Motwani	For
Manager Valadez	For

**2. Discuss and take appropriate action to approve setting the capital budget for the renovation of the Continuing Education Center (CEC) buildings.**

**Clerk’s Notes:** Discussion on this item began at 1:45 p.m. There was no presentation on this item as it was discussed at the Infrastructure Committee meeting immediately before this meeting.

Manager Valadez moved that the Committee recommend that the Board approve setting the capital budget for the renovation of the Continuing Education Center (CEC) buildings as recommended by staff.

Manager Brinson seconded the motion.

Chairperson Museitif	For
Manager Martin	For
Manager Motwani	For
Manager Valadez	For

**3. Receive and discuss a presentation on the proposed Central Health Fiscal Year (FY) 2025 tax rate and budget.**

**Clerk’s Notes:** Discussion on this item began at 1:47 p.m. Mr. Jeff Knodel, Chief Financial Officer, and Ms. Nicki Riley, Deputy Chief Financial Officer, presented the Central Health FY25 proposed budget and calculation of the proposed associated tax rate for Tax Year 2024 with certified tax roll. They noted changes made since the last Budget and Finance Committee meeting on July 24, 2024.

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

Manager Kitchen moved that the Committee adjourn.

Manager Valadez seconded the motion.

Chairperson Museitif	For
Manager Martin	For
Manager Motwani	For
Manager Valadez	For

The meeting was adjourned at 3:16 p.m.

ATTESTED TO BY:

---

Maram Museitif, Chairperson  
Central Health Budget and Finance Committee

---

Manuel Martin, Secretary  
Central Health Board of Managers



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## **BUDGET & FINANCE COMMITTEE MEETING**

### **August 21, 2024**

## **AGENDA ITEM 2**

Receive and discuss a presentation on the proposed Central Health Fiscal Year (FY) 2025 tax rate and budget. (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 August 21, 2024

Who will present the agenda item? (Name, Title) Jeff Knodel, Chief Finance Officer

General Item Description FY 2025 Proposed Budget and Tax Rate

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) Discussion of the Central Health FY25 Proposed Budget.
- 2) Calculation of the Central Health FY25 Proposed Tax Rate.
- 3) \_\_\_\_\_

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

Estimated time needed for presentation & questions? 20 minutes

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

Form Prepared By/Date Submitted: Jeff Knodel/August 15, 2024



# Final Proposed Budget & Property Tax Rate for FY 2025

Central Health Budget & Finance Committee Meeting

August 21, 2024

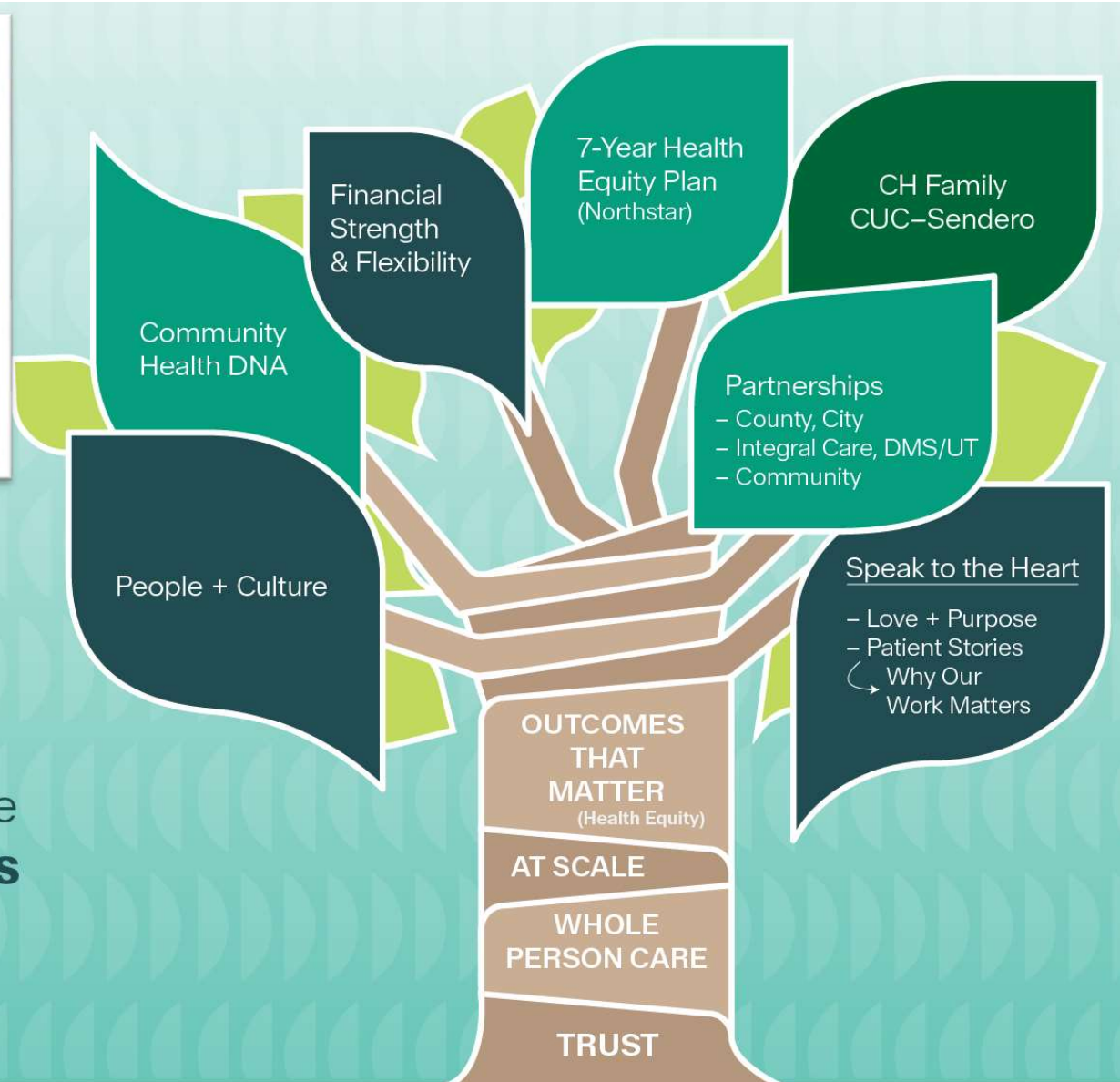
Jeff Knodel, CFO  
Jon Morgan, COO





Mural at renovated **Rosewood-Zaragosa** Specialty Care Clinic, which will see its first patients in early August.

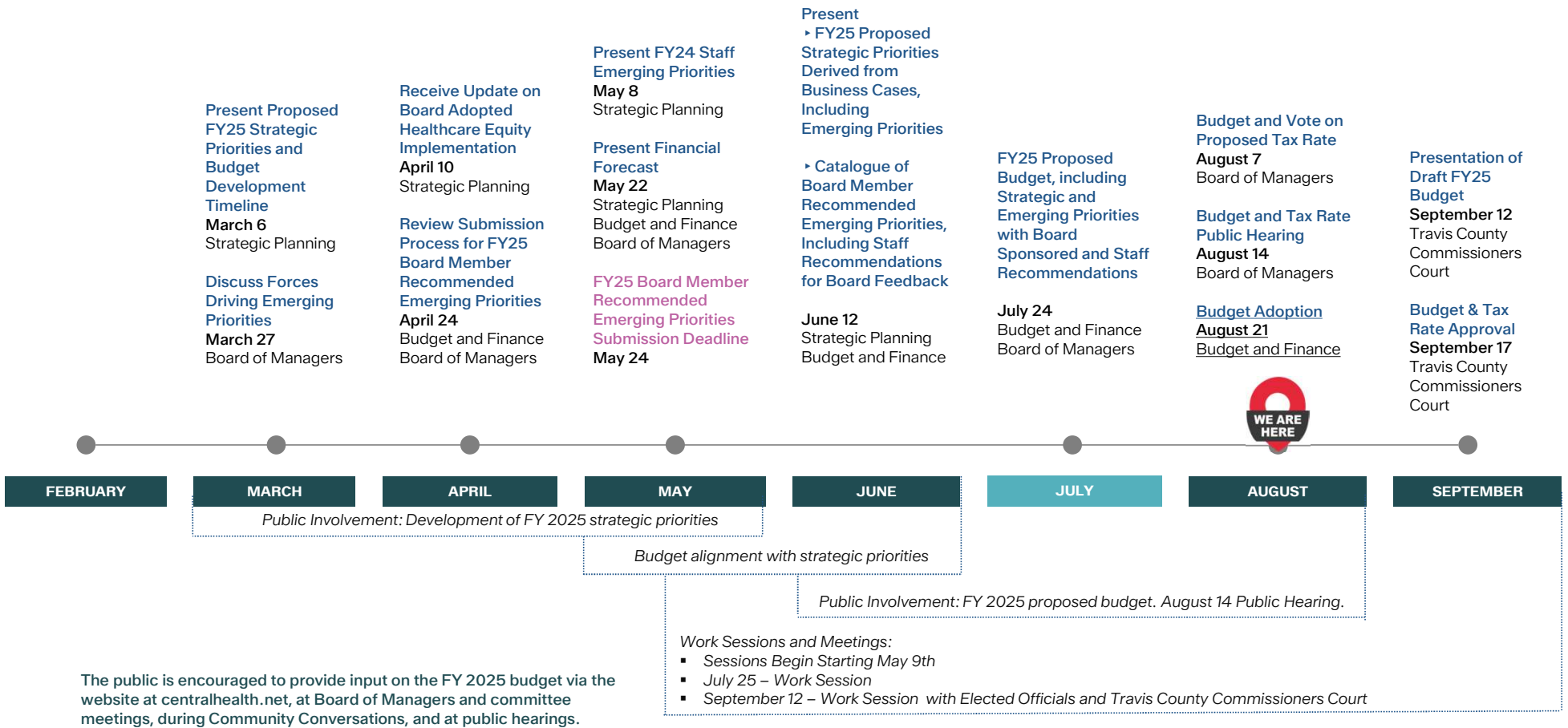
We are strongest when we are  
**One Trunk, Many Branches**



# FY 2025 Budget Summary

- FY25 Proposed Property Tax Rate is 6.5% above no new revenue rate
- An increase of \$58.2M in the Healthcare Delivery Budget
  - \$8.2M increase in Purchased Healthcare Services
  - \$30.8M increase in Direct Specialty Healthcare Services
  - \$20.2M increase in Healthcare Operations & Support
- An increase of \$9.9M in Administrative Services
- An increase of \$53.4M in Other Financing Uses
  - \$50M added for cash financing of Capital Projects
  - \$11.3M in additional Emergency Reserve funding, which is \$3.4M above the amount added in FY 2024
- Contingency Reserve Balance to decrease by \$98.3M

# FY 2025 Strategic Priorities and Budget Development Timeline



Present Proposed FY25 Strategic Priorities and Budget Development Timeline  
**March 6**  
 Strategic Planning

Discuss Forces Driving Emerging Priorities  
**March 27**  
 Board of Managers

Receive Update on Board Adopted Healthcare Equity Implementation  
**April 10**  
 Strategic Planning

Review Submission Process for FY25 Board Member Recommended Emerging Priorities  
**April 24**  
 Budget and Finance  
 Board of Managers

Present FY24 Staff Emerging Priorities  
**May 8**  
 Strategic Planning

Present Financial Forecast  
**May 22**  
 Strategic Planning  
 Budget and Finance  
 Board of Managers

**FY25 Board Member Recommended Emerging Priorities Submission Deadline**  
**May 24**

Present  
 > FY25 Proposed Strategic Priorities Derived from Business Cases, Including Emerging Priorities

> Catalogue of Board Member Recommended Emerging Priorities, Including Staff Recommendations for Board Feedback

**June 12**  
 Strategic Planning  
 Budget and Finance

FY25 Proposed Budget, including Strategic and Emerging Priorities with Board Sponsored and Staff Recommendations

**July 24**  
 Budget and Finance  
 Board of Managers

Budget and Vote on Proposed Tax Rate  
**August 7**  
 Board of Managers

Budget and Tax Rate Public Hearing  
**August 14**  
 Board of Managers

Budget Adoption  
**August 21**  
Budget and Finance

Presentation of Draft FY25 Budget  
**September 12**  
 Travis County Commissioners Court

Budget & Tax Rate Approval  
**September 17**  
 Travis County Commissioners Court



# Tax Rate Impact to Average Homestead

6.5% over *No-New-Revenue Rate*

AVERAGE HOMESTEAD	FY24 Approved	FY25 Proposed
Average Taxable Homestead Value	\$475,286	\$504,003
Tax Rate	10.0692	10.7969
Tax Bill	\$478.57	\$544.17
Average Taxable Homestead Property Tax will increase by \$66		
Homestead Exemption	65 & Older	Disability
20% (maximum allowable by state law)	\$154,000	\$154,000

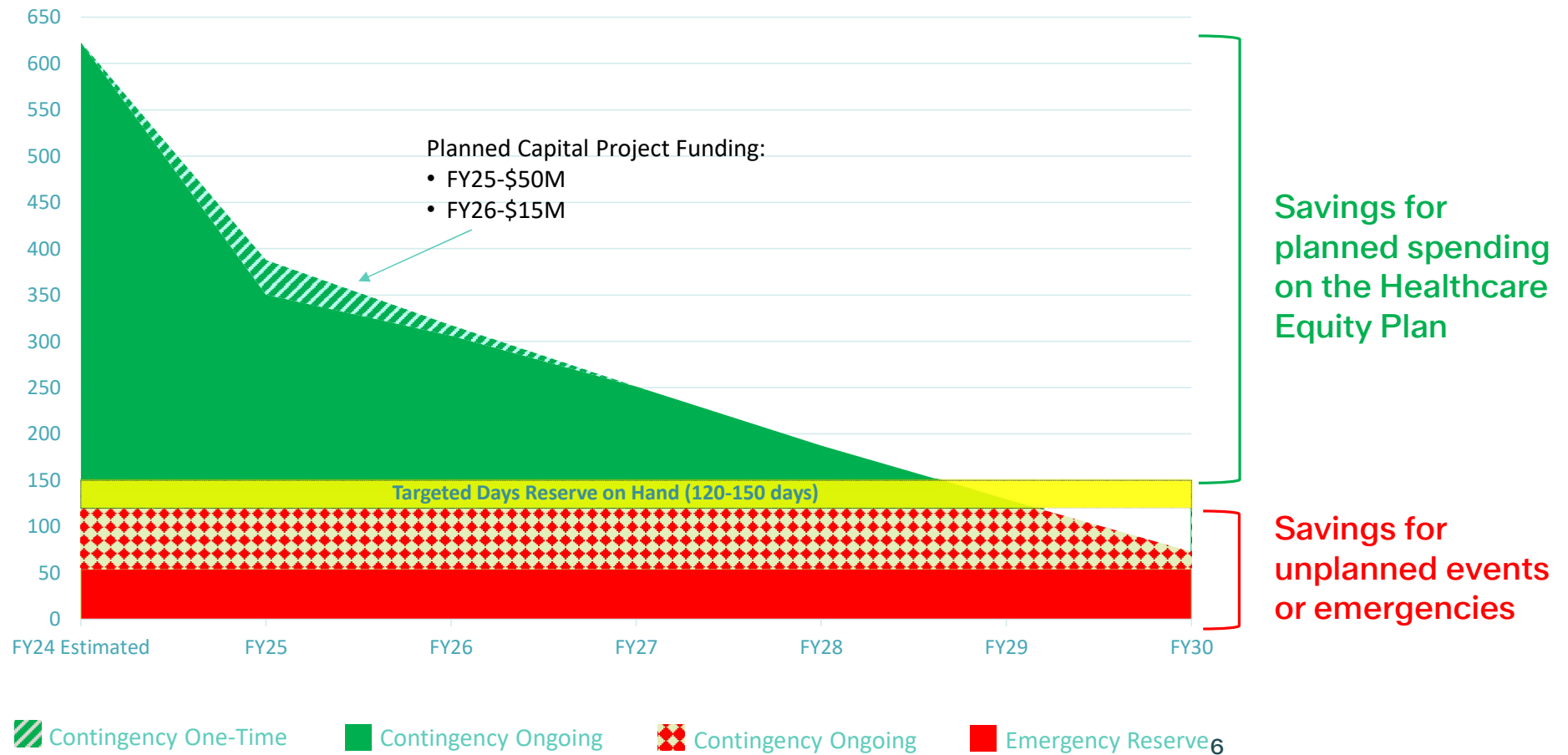
# Proposed Tax Rate

6.5% over *No-New-Revenue Rate*

<b>FY 2025 Proposed Tax Rate</b>	<b>Cents per \$100 valuation</b>
Maintenance & Operations Rate	10.3502
Debt Service Rate	0.4467
<b>Total Tax Rate</b>	<b>10.7969</b>

# Reserve Strategy

## Days of Reserve





# Attachment A

*All funds*

DESCRIPTION	FY 2025 PROPOSED BUDGET FINAL
<b>TAX RATE</b>	<b>0.107969</b>
FTEs	916.4
Beginning Balance (Contingency Reserve)	494,040,391
<b>UNRESTRICTED REVENUE</b>	
Property Taxes	346,638,452
Lease Revenue	9,361,825
Tobacco Litigation Settlement	5,000,000
Patient Revenue	300,000
Other	28,741,200
<b>TOTAL UNRESTRICTED REVENUE</b>	<b>390,041,477</b>
<b>RESTRICTED REVENUE</b>	
Opioid Litigation Settlement <sup>(1)</sup>	3,800,000
<b>ALL REVENUE TOTAL</b>	<b>393,841,477</b>
<b>Available Budgeted Resources</b>	<b>887,881,868</b>
<b>EXPENSES</b>	
Healthcare Delivery	353,461,994
Administration	38,505,948
UT Affiliation Agreement	35,000,000
Other Financing Uses	61,381,015
Opioid Abatement Expenses <sup>(1)</sup>	3,800,000
<b>Total Expenses</b>	<b>492,148,957</b>
<b>Increase/Decrease in Fund Balance</b>	
Ending Contingency Reserve Balance	395,732,910
<b>RESERVES</b>	
Emergency Reserves	58,120,090

1) In accordance with the settlement agreement and Senate Bill 1827, 87th Texas Legislature, uses are restricted to projects to remediate the opioid crisis.

# Attachment B – Healthcare Services

DESCRIPTION	FY 2025 PROPOSED BUDGET FINAL
<b>HEALTHCARE DELIVERY</b>	
<b>Purchased Healthcare Services</b>	
Primary Care: Medical, Dental, & Behavioral Health	73,957,000
Specialty Care: including Specialty Dental	31,153,000
Specialty Care: Behavioral Health	25,750,000
Post Acute Care	8,100,000
Pharmacy	19,000,000
Community Health Care Initiatives Fund	1,000,000
<b>Purchased Healthcare Services</b>	<b>158,960,000</b>
<b>Direct Healthcare Services</b>	
Therapy and Counseling	1,227,110
Psychiatry	1,674,311
Cardiology	2,437,279
Endocrinology	762,556
Gastroenterology	2,953,976
Nephrology	1,859,200
Neurology	2,019,556
Podiatry	2,192,929
Pulmonology	1,497,711
Rheumatology	656,943
Palliative Care	958,984
Pharmacy	1,849,580
Transitions of Care	10,388,044
Medical Respite	5,239,210
Diagnostics and Other services	4,395,034
Patient Navigation	6,105,265
Clinical Support	13,826,160
<b>Direct Healthcare Services Total</b>	<b>60,043,848</b>
<b>Total Healthcare Services</b>	<b>219,003,848</b>

# Attachment B – Healthcare Operations & Support

DESCRIPTION	FY 2025 PROPOSED BUDGET FINAL
<b>HEALTHCARE DELIVERY</b>	
<b>Healthcare Operations &amp; Support</b>	
Salary and Benefits	46,232,033
ACA Healthcare Premium Assistance Programs	19,300,000
Real Estate and Facilities	19,958,801
UT land lease for teaching hospital	1,165,441
Legal	58,000
Consulting	2,120,000
Other professional goods & services	4,721,700
Outreach and Education	3,190,250
Insurance and Risk Management	100,000
Information Technology	13,752,800
Travel, training and professional development	1,188,100
Other operating expenses	211,600
Debt service - principal retirement	8,035,000
Debt service - interest	6,424,421
Transfer to Sendero Risk-Based Capital	8,000,000
<b>Total Healthcare Operations &amp; Support</b>	<b>134,458,146</b>
<b>Total Healthcare Delivery</b>	<b>353,461,994</b>

# Attachment B – Administration & Other

DESCRIPTION	FY 2025 PROPOSED
	BUDGET FINAL
<b>ADMINISTRATION</b>	
Salary and Benefits	23,354,186
Legal	2,775,000
Consulting	2,593,623
Investment and Financial Services	200,000
Other professional goods & services	1,758,613
Marketing and Communications	779,080
Leases, Utilities, Security and Maintenance	1,491,500
Insurance and Risk Management	500,000
Phones, Computer Equipment and supplies	1,643,359
Travel, training and professional development	979,567
Other operating expenses	38,950
Appraisal District Svcs	1,249,512
Tax Collection Expense	1,142,559
<b>Total Administration</b>	<b>38,505,949</b>
UT Affiliation Agreement	35,000,000
<b>OTHER FINANCING USES</b>	
Transfer to capital projects	50,000,000
Transfer to emergency reserve	11,381,015
<b>RESTRICTED USES</b>	
Opioid Abatement Expenses <sup>(9)</sup>	3,800,000
<b>RESERVES</b>	
Contingency Reserves	395,732,910
<b>TOTAL EXPENSES</b>	<b>887,881,868</b>

# Attachment C

DESCRIPTION	FY 2025 PROPOSED BUDGET
<b>RESTRICTED<sup>(1)</sup> Revenue</b>	
Opioid Litigation Settlement	3,800,000
<b>RESTRICTED<sup>(1)</sup> Expense</b>	
Opioid Abatement Expenses	3,800,000
<b>Ending Balance</b>	-

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**Our Vision**

Central Texas is a model healthy community.

**Our Mission**

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

**Our Values**

Central Health will achieve excellence through:

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

*Innovation* - We create solutions to improve healthcare access.

*Right by All* - By being open, anti-racist, equity-minded, and respectful in discourse, we honor those around us and do right by all people.

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

## **BUDGET & FINANCE COMMITTEE MEETING**

### **August 21, 2024**

## **AGENDA ITEM 3**

Receive a presentation on the July 2024 financial statements for Central Health. (Informational Item)

## Balance Sheet

### Current Assets

Cash and Cash Equivalents – \$8.6M compared to \$5.8M same month prior year.

Short-term Investments – Short-term investments were \$627M at month-end.

Short-Term Lease Receivables GASB87\* - \$10.3M

Ad Valorem Taxes Receivable – \$4.8M balance is composed of:

Gross Tax Receivables	\$ 13.2M
Taxable Assessed Valuation Adjustment	(4.9)M
Est. Allowance for Doubtful collections	(3.5)M
Total Taxes Receivable	\$ 4.8M

Other Receivables – Other receivables total \$19.3M and includes intercompany balances:

- Sendero - \$10.8M, including risk payment
- Accrued Interest - \$3.9M
- CUC - \$3.3M
- Prepaid Expenses – \$747K
- Miscellaneous - \$336K
- CUC/SHP Health claim insurance - \$179K

Restricted TCHD LPPF Cash & Investments - \$5.0M

Restricted for Capital Acquisition - \$172M



July 2024 Preliminary Monthly Financial Statements (unaudited)

Page 2 of 6

**Total Current Assets – \$846M**

**Long Term Assets**

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Sendero Surplus Debenture – \$37.1M (unchanged)

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

Long-Term Lease Receivables GASB87\* - \$238M

Capital Assets – \$173M, net of accumulated depreciation.

**Total Assets – \$1.4B**

DRAFT



**Current Liabilities**

Accounts Payable – Major components of the \$16.3M balance are:

- \$14.3M estimated IBNR for healthcare services.
- \$2M invoices payable

UT Affiliation Agreement Payable – \$35M

Salaries and Benefits Payable – \$10.4M balance is comprised of the accrued liability for salary costs unpaid at month-end, the value of accrued personal time off.

Debt Service Payable, Short-Term – \$10.8M in Certificates of Obligation and Interest Payable for Series 2020, 2021 and 2023 Taxable and non-Taxable debt.

Deferred Tax Revenue - \$3.8M

**Total Current Liabilities – \$76M**

**Restricted or Noncurrent Liabilities**

Funds held for TCHD LPPF - \$5.0M receipts from participants in the LPPF.

Debt Service Payable and Premium, Long-Term – \$160.2M balance (unchanged):

	Series 2020	Series 2021	Series 2021	Series 2023	Series 2023	Totals
	(refunded)	Clinics: Hornsby Bend Del Valle Health	Admin: Hancock	Clinic: Rosewood Zaragosa	Clinics: Cameron Center Colony Park	
	General Obligation Bonds	Certificates of Obligation Bonds	Certificates of Obligation Bonds	Certificates of Obligation Bonds	Certificates of Obligation Bonds	
Non-tax LT		11.7 M		7.0 M		
Taxable LT	1.3 M		51.9 M		85.8 M	
Premium		1.4 M	0.5 M	0.7 M		
Totals	<b>1.3 M</b>	<b>13.1 M</b>	<b>52.4 M</b>	<b>7.7 M</b>	<b>85.7 M</b>	<b>160.2 M</b>

\$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. \$99.4M was issued in 2023 for two clinics. Annual payments are due on 3/1 for all Series.

Lease/SBITA Payable GASB87 and GASB96\* - \$56M

Deferred Revenue Long-Term GASB87\* - \$230M

**Total Restricted or Noncurrent Liabilities – \$451M**

**Total Liabilities – \$527M**

**Net Assets**

Restricted For Capital Assets - \$203M

CO Construction – \$126M

Investment in Capital Assets – \$77M

Emergency Reserve - \$47M

Unrestricted Net Assets – \$605M

**Total Net Assets – \$854M**

**Total Liabilities and Net Assets – \$1.4B**

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**Sources and Uses Report**

July financials → tenth month, 83% of the fiscal year.

**Sources – Total \$4.6M for the month**

Property Tax Revenue – Net property tax revenue for the month was \$51K. Net revenue includes \$166K current month's collections; \$137K Penalties and Interest; and (\$252K) in adjustment for prior year delinquent taxes.

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

Investment and Other Revenue/Expense – \$2.9M primarily for investment income

Tobacco Settlement Revenue - \$5.2M YTD to budget of \$4.5M

**Uses of Funds – Total \$56M for the month**

Total Healthcare Delivery Program – Total healthcare delivery expenses were \$18.6M for the month and \$184M YTD compared to \$126M Prior YTD.

Administration Program – \$2.6M in expense for the month and \$22M YTD compared to \$16M Prior YTD.

UT Affiliation Agreement - \$35M

Transfer to Emergency Reserve - \$8M YTD to budget of \$8M

**Excess Sources/(Uses)** – (\$52M) current month, current YTD is \$111M compared to \$129M Prior YTD.



**CENTRAL HEALTH**  
TRAVIS COUNTY HOSPITAL DISTRICT

# Central Health

## Financial Statement Presentation

FY 2024 – as of July 31, 2024 (Preliminary)

Central Health Board of Managers

Budget and Finance Committee

August 21, 2024

Jeff Knodel, CFO

Nicki Riley, Deputy CFO

Patti Bethke, Controller



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- July fiscal year-to-date collected net property tax revenue is \$312 million (97.2%), compared to \$278 million (97.2%) year-to-date July 2023 (as percent of adjusted tax levy).
- Healthcare Delivery is \$184 million for the year as of 07/31/2024, compared to \$127 million for prior year.
- TCHD LPPF total restricted balance as of 07/31/2024 is \$5.0 million.
- The University of Texas Affiliation Agreement payable is \$35 million as of 07/31/2024.
- Sendero High Risk Claims Advance receivable is \$10 million as of 07/31/2024.

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.

Financial Statement may include rounding differences



	Preliminary as of 7/31/2024	as of 7/31/2023
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
CASH AND CASH EQUIVALENTS	8,648,883	5,842,796
SHORT TERM INVESTMENTS	626,638,327	514,841,720
LEASE RECEIVABLE SHORT TERM*	10,339,234	11,997,523
ACCOUNTS RECEIVABLE TAX	4,779,425	3,362,444
OTHER RECEIVABLES	19,272,868	6,908,901
<b>TOTAL UNRESTRICTED CURRENT ASSETS</b>	<b>669,678,737</b>	<b>542,953,384</b>
<b>RESTRICTED CASH &amp; INVESTMENTS</b>		
RESTRICTED TCHD LPPF CASH & INVESTMENTS	5,016,760	18,591,732
RESTRICTED FOR CAPITAL ACQUISITION	171,647,137	105,158,967
<b>TOTAL RESTRICTED CASH &amp; INVESTMENTS</b>	<b>176,663,897</b>	<b>123,750,699</b>
<b>TOTAL CURRENT ASSETS</b>	<b>846,342,635</b>	<b>666,704,083</b>
<b>LONG TERM ASSETS</b>		
SENDERO PAID-IN CAPITAL	83,000,000	71,000,000
SENDERO SURPLUS DEBENTURE	37,083,000	37,083,000
ADVANCE RECEIVABLE	4,000,000	4,000,000
LEASE RECEIVABLE LONG TERM*	237,697,428	238,804,438
<b>TOTAL LONG TERM ASSETS</b>	<b>361,780,428</b>	<b>350,887,438</b>
<b>TOTAL CAPITAL ASSETS, NET of DEPRECIATION</b>	<b>173,013,837</b>	<b>151,716,894</b>
<b>TOTAL ASSETS</b>	<b>1,381,136,899</b>	<b>1,169,308,415</b>
<b>LIABILITIES</b>		
<b>CURRENT LIABILITIES</b>		
ACCOUNTS PAYABLE	16,260,494	11,863,477
UT AFFILIATION AGREEMENT PAYABLE	35,000,000	22,427,000
SALARIES & BENEFITS PAYABLE	10,397,836	6,971,880
DEBT SERVICE PAYABLE	10,806,652	4,578,827
DEFERRED TAX REVENUE	3,801,991	3,015,611
<b>TOTAL CURRENT LIABILITIES</b>	<b>76,266,973</b>	<b>48,856,796</b>
<b>RESTRICTED OR NONCURRENT LIABILITIES</b>		
FUNDS HELD FOR TCHD LPPF	5,016,760	18,591,732
DEBT SERVICE PAYABLE	160,227,882	71,845,823
LEASE & SUBSCRIPTION LIABILITIES*	55,997,621	47,685,113
DEFERRED REVENUE*	229,607,942	238,828,472
<b>TOTAL RESTRICTED OR NONCURRENT LIABILITES</b>	<b>450,850,206</b>	<b>376,951,141</b>
<b>TOTAL LIABILITIES</b>	<b>527,117,179</b>	<b>425,807,937</b>
<b>NET ASSETS</b>		
RESTRICTED FOR CAPITAL ASSETS	202,599,555	167,806,282
RESTRICTED	46,739,076	38,719,836
UNRESTRICTED	604,681,089	536,974,360
<b>TOTAL NET ASSETS</b>	<b>854,019,720</b>	<b>743,500,478</b>
<b>LIABILITIES AND NET ASSETS</b>	<b>1,381,136,899</b>	<b>1,169,308,415</b>

\* GASB87 & GASB96 reporting requirement for leases and Subscription-Based Information Technology Arrangements.



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Taxable LT	1.3 M		51.9 M		85.8 M	
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<b>Totals</b>	<b>1.3 M</b>	<b>13.1 M</b>	<b>52.4 M</b>	<b>7.7 M</b>	<b>85.7 M</b>	<b>160.2 M</b>

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<b>TOTAL ASSETS</b>	<b>1,381,136,899</b>	<b>1,169,308,415</b>
<b>LIABILITIES</b>		
CURRENT LIABILITIES		
ACCOUNTS PAYABLE	16,260,494	11,863,477
UT AFFILIATION AGREEMENT PAYABLE	35,000,000	22,427,000
SALARIES & BENEFITS PAYABLE	10,397,836	6,971,880
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<b>TOTAL CURRENT LIABILITIES</b>	<b>76,266,973</b>	<b>48,856,796</b>
RESTRICTED OR NONCURRENT LIABILITIES		
FUNDS HELD FOR TCHD LPPF	5,016,760	18,591,732
DEBT SERVICE PAYABLE	160,227,882	71,845,823
LEASE & SUBSCRIPTION LIABILITIES*	55,997,621	47,685,113
DEFERRED REVENUE*	229,607,942	238,828,472
<b>TOTAL RESTRICTED OR NONCURRENT LIABILITES</b>	<b>450,850,206</b>	<b>376,951,141</b>
<b>TOTAL LIABILITIES</b>	<b>527,117,179</b>	<b>425,807,937</b>
<b>NET ASSETS</b>		
RESTRICTED FOR CAPITAL ASSETS	202,599,555	167,806,282
RESTRICTED	46,739,076	38,719,836
UNRESTRICTED	604,681,089	536,974,360
<b>TOTAL NET ASSETS</b>	<b>854,019,720</b>	<b>743,500,478</b>
<b>LIABILITIES AND NET ASSETS</b>	<b>1,381,136,899</b>	<b>1,169,308,415</b>

\* GASB87 & GASB96 reporting requirement for leases and Subscription-Based Information Technology Arrangements.



<b>SOURCES / USES</b>	<b>JUL 2024</b>	<b>FY24 YTD</b>	<b>FY24 Budget</b>	<b>Percent of Budget Used</b>	<b>FY23 YTD</b>
<b>SOURCES</b>					
PROPERTY TAX REVENUE	50,850	312,159,538	312,456,814	100%	278,116,396
LEASE REVENUE	1,570,555	16,243,601	12,022,497	135%	15,980,308
INVESTMENT AND OTHER REVENUE	2,987,718	26,842,829	7,500,000	358%	17,498,704
TOBACCO SETTLEMENT REVENUE	0	5,194,413	4,500,000	115%	4,828,924
<b>TOTAL SOURCES</b>	<b>4,609,123</b>	<b>360,440,380</b>	<b>336,479,311</b>	<b>107%</b>	<b>316,424,331</b>
<b>USES OF FUNDS</b>					
HEALTHCARE DELIVERY PROGRAM	18,627,819	184,444,905	295,246,807	62%	126,351,210
ADMINISTRATIVE PROGRAM	2,561,040	21,642,968	30,944,445	70%	15,846,166
UT AFFILIATION AGREEMENT	35,000,000	35,000,000	35,000,000	100%	22,430,000
TRANSFER TO EMERGENCY RESERVES	0	8,019,240	8,019,240	100%	23,000,000
<b>TOTAL USES</b>	<b>56,188,859</b>	<b>249,107,112</b>	<b>369,210,492</b>	<b>67%</b>	<b>187,627,376</b>
<b>EXCESS SOURCES / (USES)</b>	<b>(51,579,736)</b>	<b>111,333,268</b>	<b>(32,731,181)</b>		<b>128,796,955</b>
<b>RESERVE BALANCES:</b>					
EMERGENCY RESERVE		46,739,076	46,739,076		38,719,836
CONTINGENCY RESERVE			377,296,303		441,168,057



<b>SOURCES / USES</b>	<b>JUL 2024</b>	<b>FY24 YTD</b>	<b>FY24 Budget</b>	<b>Percent of Budget Used</b>	<b>FY23 YTD</b>
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<b>EXCESS SOURCES / (USES)</b>	<b>(51,579,736)</b>	<b>111,333,268</b>	<b>(32,731,181)</b>		<b>128,796,955</b>
<b>RESERVE BALANCES:</b>					
EMERGENCY RESERVE		46,739,076	46,739,076		38,719,836
CONTINGENCY RESERVE			377,296,303		441,168,057



Details for Health Care Delivery on the following slides.

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<b>HEALTHCARE DELIVERY SUMMARY</b>	<b>JUL 2024</b>	<b>FY24 YTD</b>	<b>FY24 Budget</b>	<b>Percent of Budget Used</b>	<b>FY23 YTD</b>
<b>PURCHASED HEALTHCARE SERVICES</b>					
PRIMARY CARE	4,462,557	53,083,163	71,782,200	74%	48,975,268
SPECIALTY CARE, INCLD DENTAL	1,539,877	14,722,076	30,188,000	49%	11,615,030
SPECIALTY BEHAVIORAL HEALTH AND SUBSTANCE USE	704,423	15,292,591	20,675,000	74%	6,653,390
PHARMACY	857,207	8,871,025	18,000,000	49%	8,724,623
POST ACUTE CARE	426,221	3,620,216	7,250,000	50%	3,248,691
COMMUNITY HEALTHCARE INITIATIVES FUND	77,267	288,412	875,000	33%	135,107
ALL OTHER HEALTHCARE SERVICES	0	0	2,000,000	0%	0
<b>SUBTOTAL PURCHASED HEALTHCARE SERVICES</b>	<b>8,067,551</b>	<b>95,877,484</b>	<b>150,770,200</b>	<b>64%</b>	<b>79,352,110</b>
<b>DIRECT SERVICES</b>	<b>1,374,292</b>	<b>9,387,788</b>	<b>29,276,374</b>	<b>32%</b>	<b>433,557</b>
<b>MAP ELIGIBILITY - INCREASE IN PERIOD</b>	<b>0</b>	<b>0</b>	<b>1,000,000</b>	<b>0%</b>	<b>0</b>
<b>SUBTOTAL HEALTHCARE SERVICES</b>	<b>9,441,843</b>	<b>105,265,272</b>	<b>181,046,574</b>	<b>58%</b>	<b>79,785,667</b>
<b>ACA PREMIUM ASSIST</b>	<b>2,199,075</b>	<b>11,360,311</b>	<b>18,587,364</b>	<b>61%</b>	<b>11,038,901</b>
<b>HEALTHCARE FACILITIES AND CAMPUS REDEVELOPMENT</b>	<b>221,678</b>	<b>2,286,100</b>	<b>2,957,400</b>	<b>77%</b>	<b>2,698,527</b>
<b>HEALTHCARE OPERATIONS &amp; SUPPORT</b>	<b>6,228,796</b>	<b>40,617,042</b>	<b>71,689,007</b>	<b>57%</b>	<b>27,197,852</b>
<b>DEBT AND OTHER FINANCING USES</b>	<b>536,426</b>	<b>24,916,179</b>	<b>20,966,462</b>	<b>119%</b>	<b>5,630,263</b>
<b>TOTAL HEALTHCARE DELIVERY</b>	<b>18,627,819</b>	<b>184,444,905</b>	<b>295,246,807</b>	<b>62%</b>	<b>126,351,210</b>



<b>HEALTHCARE DELIVERY - SPECIALTY CARE</b>	<b>JUL 2024</b>	<b>FY24 YTD</b>	<b>FY24 BUDGET</b>	<b>Percent of Budget Used</b>	<b>FY23 YTD</b>	<b>Comments</b>
HCD-Ancillary Services	78,095	1,096,993	2,998,000	37%	483,656	Mammography, DME, Prosthetics, Transportation
HCD-Cardiology	56,939	635,351	1,215,000	52%	347,353	
HCD-Dental	142,673	1,742,518	1,500,000	116%	1,335,640	
HCD-Dermatology	86,026	819,484	915,000	90%	764,768	
HCD-Dialysis	69,829	882,131	3,000,000	29%	637,097	
HCD-Endocrinology	71,180	570,766	830,000	69%	541,132	
HCD-Ear, Nose & Throat ENT	17,577	377,798	900,000	42%	130,363	
HCD-Gastroenterology	112,503	1,063,086	2,030,000	52%	1,049,830	
HCD-General Surgery	25,534	253,881	600,000	42%	300,828	
HCD-Gynecology	159,191	1,632,170	1,550,000	105%	1,075,284	
HCD-Infectious Disease	7,768	14,097	100,000	14%	0	
HCD-Musculoskeletal	186,389	1,742,000	2,500,000	70%	1,430,181	
HCD-Nephrology	(10,725)	75,075	200,000	38%	92,584	
HCD-Neurology	7,057	52,557	100,000	53%	40,259	
HCD-Oncology	132,978	592,961	2,900,000	20%	516,269	
HCD-Ophthalmology	147,036	1,158,623	3,100,000	37%	1,088,400	
HCD-Podiatry	61,110	675,376	1,300,000	52%	694,680	
HCD-Project Access	0	0	330,000	0%	0	Agreement Inactive
HCD-Pulmonology	69,703	261,886	425,000	62%	325,609	
HCD-Referral Management	1,900	38,680	585,000	7%	142,090	
HCD-Rheumatology	16,072	255,868	300,000	85%	233,106	
HCD-Sexual & Reproductive Svc	100,453	776,682	2,210,000	35%	385,902	
HCD-Specialty Care Reserve	0	0	300,000	0%	0	
HCD-Urology	591	4,094	300,000	1%	0	
<b>Total Healthcare Delivery - Specialty Care</b>	<b>1,539,877</b>	<b>14,722,076</b>	<b>30,188,000</b>	<b>49%</b>	<b>11,615,030</b>	



HEALTHCARE DELIVERY - DIRECT SERVICES	JUL 2024	FY24 YTD	FY24 BUDGET	Percent of Budget Used	FY23 YTD	Comments
DIRECT SERVICES - Transitions of Care	242,070	1,560,589	4,074,868	38%	0	
DIRECT SERVICES - Behavioral Health	32,251	129,601	0	0%	0	
DIRECT SERVICES - Cardiology	25,920	234,911	2,079,895	11%	0	
DIRECT SERVICES - Gastroenterology	160,416	968,685	2,039,621	47%	5,906	
DIRECT SERVICES - Multidisciplinary	50,103	162,366	0	0%	0	
DIRECT SERVICES - Nephrology	41,245	255,321	1,129,700	23%	44,753	
DIRECT SERVICES - Neurology	23,340	192,975	1,264,294	15%	26,135	
DIRECT SERVICES - Palliative Care	38,805	216,843	0	0%	0	
DIRECT SERVICES - Podiatry	147,054	1,103,038	1,877,022	59%	132,657	
DIRECT SERVICES - Pulmonology	61,380	665,905	1,370,648	49%	0	
DIRECT SERVICES - Medical Respite	71,738	473,649	906,886	52%	0	
DIRECT SERVICES - Bridge Program	3,315	3,315	0	0%	0	
DIRECT SERVICES - Lab	(372)	199,227	250,000	80%	224,105	
DIRECT SERVICES - Diagnostics	32,272	249,497	669,136	37%	0	
DIRECT SERVICES - Pharmacy	30,753	80,203	0	0%	0	
DIRECT SERVICES - Specialty Care Clinic Admin	219,320	1,402,468	6,792,707	21%	0	Medical Assistants, Nurses, Clinic Management Team, Patient Access Representative team
DIRECT SERVICES - Specialty Care Clinical Support	194,682	1,489,195	6,821,596	22%	0	EPIC and Transportation
<b>Total Healthcare Delivery - Direct Services</b>	<b>1,374,292</b>	<b>9,387,788</b>	<b>29,276,374</b>	<b>32%</b>	<b>433,557</b>	





# Questions ? Comments ?

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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:

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*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.

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## **BUDGET & FINANCE COMMITTEE MEETING**

### **August 21, 2024**

## **AGENDA ITEM 4**

Receive and discuss the quarterly financial and operational report for CommUnityCare Health Centers. (Informational Item)



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## **BUDGET & FINANCE COMMITTEE MEETING**

### **August 21, 2024**

## **AGENDA ITEM 5**

Receive and discuss the quarterly financial and operational report for Sendero Health Plans.



### 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 August 21, 2024

Who will present the agenda item? (Name, Title) Sharon Alvis, Sendero CEO

General Item Description Receive and discuss the quarterly financial and operational report for Sendero.

Is this an informational or action item? Informational item

Fiscal Impact N/A

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

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

- 1) Receive a quarter two report from Sendero.
- 2) \_\_\_\_\_

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

Estimated time needed for presentation & questions? 15 minutes

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

Form Prepared By/Date Submitted: Briana Yanes/ August 12, 2024



## **CENTRAL HEALTH BOARD OF MANAGERS**

August 21, 2024

**Sendero Health Plans**

**Quarter 2 Report  
April 1 – June 30, 2024**

***Control Costs While Ensuring Quality***





## CENTRAL HEALTH BOARD OF MANAGERS AGENDA

- ❖ Sendero Health Plans Executive Update
- ❖ TPA Update

Sharon J. Alvis, CEO

Karen Ator, Chief Strategy Officer

*Control Costs While Ensuring Quality*





# Expanding Coverage For our Community

HAAM / SIMS Premium Assistance Program

More than **1,309** local musicians and their families covered

MAP Basic / Silver Program

New program allows income-qualified MAP Basic members to purchase coverage from Sendero and participate in the Premium Tax Credit – **652 members**

Central Health Assistance Program (CHAP) Expansion

**736 members** with complex medical needs and with conditions that may be beyond the scope of MAP

*Control Costs While Ensuring Quality*

## *The Value of Owning an HMO*

### Transplant Care Provided to Members

- ❖ 17 Transplant Procedures provided since 2019
- ❖ Liver, kidney, and bone marrow (stem cell),
- ❖ CAR T cell therapy
- ❖ 55 members on registry to date (2024)
- ❖ 12 members currently on transplant wait list

*Control Costs While Ensuring Quality*





# TPA Update

## Claim System Preparation

- Ongoing contracting with essential key vendors.

## Claims Team Staffing Status

- Claims Manager, Claims Adjudicators/Analysts (4), Claims Auditor, Claims Coordinator (Mail Room) Claims System Support Specialist (Configuration), Claims Appeal Specialist.

## Claims Team Staffing Status Pending

- Director of Claims Administration and Configuration – starts September
- Claims Adjudicator/Analyst (Pending 1 hire prior to Sendero transition)



# TPA Update

## CENTRAL HEALTH Transition

- Central Health scheduled go live October 1, 2024
- All claims, provider and benefit information will come to Sendero for processing by September 16.
- From September 16<sup>th</sup> – September 24<sup>th</sup> Curative will be processing all claims received through September 15<sup>th</sup> with a database backup provided to VBA Cloud on the evening of September 24<sup>th</sup>.
- Ongoing meetings with Central Health Teams (Finance, Data & Analytics Clinical, Providers, Claims & Enrollment) to coordinate transition.
- Provider Call Center transitioning to Sendero Health Plans on October 1<sup>st</sup>.
- Provider Portal transitioning to Sendero Health Plans on October 21<sup>st</sup>.



# TPA Update

## SENDERO Transition

- Sendero scheduled to go live between November 25<sup>th</sup> – December 9<sup>th</sup> (Final dates pending)
- Ongoing meetings with Sendero Teams (Finance, Data & Analytics, Clinical, Providers, Claims & Enrollment) to coordinate transition.
- Provider Call Center transitioning to Sendero between November 25<sup>th</sup> – December 9<sup>th</sup> (Final dates pending)
- Member Portal transitioning to Sendero as soon as possible.
- Provider Portal transitioning to Sendero between November 25<sup>th</sup> – December 9<sup>th</sup> (Final dates pending).

# Questions or Discussion

*Control Costs While Ensuring Quality*





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## **BUDGET & FINANCE COMMITTEE MEETING**

### **August 21, 2024**

## **AGENDA ITEM 6**

Discuss and take appropriate action to modify surplus debentures, between Sendero and Central Health.3, 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 August 21, 2024

Who will present the agenda item? (Name, Title) Sharon Alvis, Sendero CEO  
Jeff Knodel, CH CFO

General Item Description Discuss and take appropriate action to modify surplus Debentures, between Sendero and Central Health.

Is this an informational or action item? Action

Recommended Motion (if needed – action item) Approve modification of surplus Debentures, between Sendero and Central Health.

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

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) No backup. Closed session item.

Estimated time needed for presentation & questions? 10 minutes

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

Form Prepared By/Date Submitted: Jeff Knodel/August 15, 2024



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## **BUDGET & FINANCE COMMITTEE MEETING**

### **August 21, 2024**

## **AGENDA ITEM 7**

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