Independent Performance Review of
Travis County Healthcare District d/b/a Central Health

FINAL REPORT

Prepared for: Travis County

As of Date: August 22, 2024

mazars

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August 22, 2024

Members of the Travis County Commissioners Court
Travis County
700 Lavaca Stret, Suite 800
Austin, TX 78701

Dear Members of the Travis County Commissioners Court:

On behalf of Mazars USA, LLP ("Mazars", "Our", "We"), we are pleased to present you with this report that represents the results of our work conducted to address the Independent Performance Review objectives relative to the Travis County Healthcare District d/b/a Central Health (Central Health). Mazars' work was performed during the period of April 19, 2023, through June 27, 2024. Our results are as of June 27, 2024 with a report issuance date as of August 22, 2024.

Mazars conducted this performance review engagement in accordance with the AICPA Statement on Standards for Consulting Services (CS 100). Our performance review was conducted as an independent organization and our opinions, findings, conclusions, and recommendations are impartial, and should be reviewed as such, by reasonable and informed third parties. Incorporated into the report is an assessment of past, present, and future operations to provide information to assist with the performance improvement of Central Health.

Mazars understands that as a steward of public funds, Central Health must deliver cost effective and efficient healthcare to the communities it serves. The scope of our services was determined by Travis County and thus we did not perform preliminary work, such as a risk assessment, to determine the scope of services in connection with this independent performance review.

Central Health is a complex Hospital District with multiple delivery partners and thus this performance review was conducted by our independent multidisciplinary Healthcare Consulting team of experts with deep experience in healthcare delivery and financial management, as outlined below. This enabled us to provide appropriate and objective insight into the overall effectiveness of Central Health including Central Health's accountability of funds and equity in healthcare delivery.

Mazars Healthcare Industry Expertise:

- Our Healthcare Consulting Practice includes top ranking, seasoned professionals who have deep insight into the critical needs of the healthcare industry;
- Our diverse client base of both payors and providers gives us a good perspective on where the healthcare market is moving;
- Our Healthcare Practice has more than thirty years of experience servicing hospitals, hospital systems, providers, and payors.

Our report is not intended to express an expert opinion for use in any past or pending legal matters and should not be used as such. Our Central Health performance review report provides an independent and fair report to the Travis County Commissioners Court, to Central Health, and to the public. This report is intended to be made public and Mazars will present it at a public hearing.

This performance improvement review does not constitute an audit or review of financial statements or internal controls over financial reporting in accordance with the Government Auditing Standards. Mazars was engaged to render an independent performance assessment report, which included a performance review on a limited scope of services as outlined in our report.

Sincerely,

Steve Herbst
Principal
Mazars USA, LLP

I. Executive Summary

Background

Central Health, Travis County's Hospital District, was established in 2004, with the approval of the county voters, to address the healthcare needs of the medically indigent population. Its mission statement states, "**by caring for those who need it most, Central Health improves the health of the community**," which reflects its aim of offering high-quality health services to **residents with low incomes**. Central Health's 2022 Annual Report declares that it serves more than 150,000 residents by offering healthcare services through working with various providers and organizations. **Central Health is unique** among other healthcare and hospital districts because it uses **a partnership model** where it acts as a government payor and allocates funds to third-party healthcare providers and organizations, while the third-party providers provide the healthcare services.

Under this model of partnership, Central Health has many third-party contractual arrangements to administer the provision of care. Central Health has entered into an Omnibus Agreement with Ascension as a primary provider of hospital services (inpatient, outpatient, and emergency department) and specialty care clinics. A performance review of Ascension is out of scope of this performance review; however, in our report we focused on Central Health's responsibilities to administer the provision of care.

As part of the partnership model, Central Health and Seton Healthcare established the **Community Care Collaborative (CCC)** in 2013. Central Health owns 51% and Seton Healthcare owns 49%. A performance review of the CCC is out of scope of this performance review; however, in our report we focused on Central Health's role in the CCC.

In 2014, an Affiliation Agreement was made between Central Health, the CCC, and the University of Texas at Austin (UT). **The Affiliation Agreement approves $35 million of annual funding to support UT Dell Medical School**. The Joint Affiliation Committee (JAC) was formed, within the affiliation agreement, to ensure effective communication between the CCC, Central Health, and the DMS. According to the agreement, the funds may only be used by DMS to fund Permitted Investments. This includes the ongoing investment in programs, projects, operations, and providers that advances the mission of the CCC and Central Health, benefits DMS and complies with all laws that apply to each party. According to the Annual Financial Statements for Central Health's Fiscal Year 2022, "The **CCC paid DMS annual Permitted Investment Payments** in the amount of $35 Million each year from 2014-2022. Central Health guarantees these payments, to the extent it is permitted to do so by the Constitution and the Laws of the State of Texas. The initial term of the affiliation agreement is twenty-five years from the effective date, with an automatic renewal for a successive twenty-five-year term." In July of 2022, the CCC received a final payment from the DSRIP program; there was no additional funding provided to the CCC in the fifth and final year of the program. Central Health guarantees the $35 Million funding according to the Affiliation Agreement; thus, with the sunset of the DSRIP program and no other significant alternative funding sources within the CCC, the funding responsibility has been shifted to Central Health beginning in Fiscal Year 2023.

Central Health's partnership and funding model have been subject to scrutiny and performance reviews to ensure accountability and the effective use of public funds. Mazars, leveraging its extensive healthcare expertise, was engaged to conduct an independent performance assessment report. This report includes a performance review on a limited scope of services, providing a comprehensive, independent, and fair evaluation to the Travis County Commissioners Court, Central Health, and the public. The assessment aimed to improve the healthcare delivery system's effectiveness, efficiency, equity, and accountability, ensuring that Central Health fulfills its mission to the community.

II. Objectives, Scope of Services, and Methodology

Travis County retained Mazars to conduct a performance review of Central Health the following section outlines the objectives and scope of services requested by Travis County and the methodology used in this performance review.

Objectives

The objectives of this performance review were to assess the specific scope of services as written and requested by Travis County and report on the assessment as follows:

- Provide a written report of findings and make recommendations to correct any accounting, operational, compliance, managerial or other practices. It shall also indicate best practices. This report shall be made public and presented at a public hearing.

- Produce an audit letter to the Commissioners Court indicating any reportable conditions found. A reportable condition shall be defined as a significant deficiency in the design or operation of the internal control structures, which could adversely affect Central Health's ability to fulfill its statutory responsibilities or comply with the law.

- Report timely in writing any violations of law. These reports shall be public and reported to the Commissioners Court.

Scope of Services

Mazars was engaged to conduct a performance improvement review to assess the following**, as written in the original request for services prepared by Travis County**:

2.1. An assessment of how well Central Health and all its providers have served the healthcare needs of the medically indigent in Travis County, of how their performance compares to similar healthcare and hospital districts' healthcare services, and of Central Health's future plans to function as a provider to a greater extent.

2.2. An assessment of the effectiveness, efficiency, equity, and accountability of the efforts of Central Health, its nonprofit, affiliates, and partners to establish an integrated delivery health care system ("IDS") for the medically indigent.

2.3. An assessment of the quality of Central Health's health equity assessment and health equity plans, and whether they will effectively, efficiently, and equitably serve the needs of the medically indigent as compared to other health delivery approaches.

2.4. An assessment of Central Health's financial accountability procedures and controls related to the expenditures of Central Health funds by Central Health and its third-party providers, and whether these practices meet payor industry standards as well as standards for governmental funds.

2.5. An assessment of public transparency and the quality of the public dissemination of information by Central Health.

2.6. An analysis of the amount, and type, of all health care services (as defined in Texas Health and Safety Code, Sections 281.028 and 029) provided by DMS [Dell Medical School] from Central Health's annual $35 million payments to the medically indigent, including the number, and type, of aggregate patient encounters by universal diagnostic codes, universal treatment codes, costs, zip codes, and any other provider

accountability documentation the auditor seeks, in its discretion; as well as an analysis estimating, based on DMS accounting and other records, how much of these Central Health funds have been spent by functional expense classification categories on items other than direct health care for the indigent.

2.7. An assessment of the appropriateness of the records kept and maintained by DMS, as well as DMS's reporting to Central Health and the public, for purposes of ensuring financial accountability and statutory compliance related to Central Health's funds.

2.8. An assessment of the quality, relevance, and comprehensiveness of Central Health's performance metrics for itself and for its providers; and

2.9. Evaluate compliance with applicable city, state, and federal laws and identify improvements to existing systems to assure future compliance.

Methodology

Mazars conducted the performance review engagement of Central Health in accordance with the AICPA Statement on Standards for Consulting Services (CS 100). The review was performed by an independent multidisciplinary Healthcare Consulting team of experts with deep experience in healthcare delivery and financial management. This team provided objective insight into the overall effectiveness of Central Health, including the accountability of funds and equity in healthcare delivery.

The review did not constitute an audit or review of financial statements or internal controls over financial reporting in accordance with the Government Auditing Standards. Instead, it was an independent performance assessment report which included a performance review on a limited scope of services as outlined in the report. The scope of services was specifically determined by Travis County and **focused on the effectiveness, efficiency, equity, and accountability of Central Health's efforts to establish an integrated delivery health care system for the medically indigent.**

The review process incorporated a detailed examination of documents, financial records, and internal controls. It also included inquiries and interviews with Central Health Management and other stakeholders, Central Health's external auditors Maxwell Locke & Ritter, University of Texas at Austin Dell Medical School, as well as a community survey and stakeholder interviews to capture a wide range of perspectives. The aim was to provide a balanced view of Central Health's service delivery and financial practices, taking into account the feedback from the community served by Central Health.

The findings from each section of the report were synthesized to present a clear picture of Central Health's current state and to offer recommendations for future improvements. The report is intended for public disclosure, with Mazars prepared to present it at a public hearing, demonstrating a commitment to transparency and accountability to the Travis County Commissioners Court, Central Health, and the public.

This methodology facilitated an independent and fair report to the Travis County Commissioners Court, Central Health, and the public, aiming to improve the healthcare delivery system's effectiveness, efficiency, equity, and accountability.

III. Review Results

To best address the questions posed within the Scope of Services, Mazars presents its assessment observations grouped within subject matter categories focused on findings and opportunities for improvement. These categories include:

- **2.1 Healthcare Needs of the Medically Indigent:** Central Health is building a comprehensive healthcare system for low-income residents, with investments guided by the Healthcare Equity Plan. The review examined agreements Central Health entered to establish this system, categorized into Affiliation Agreements, Master Services Agreements, and Enterprise Agreements.

- **2.2 Establishment of Integrated Delivery System:** The review assessed the effectiveness, efficiency, equity, and accountability of Central Health's efforts to establish an integrated delivery health care system for the medically indigent.

- **2.3 Quality and Health Equity**: The quality of Central Health's health equity assessment and plans were evaluated to determine if they will effectively serve the needs of the medically indigent.

- **2.4 Fund Expenditure Financial Accountability Procedures and Controls:** The review looked at Central Health's financial accountability procedures and controls related to the expenditure of funds by Central Health and its third-party providers.

- **2.5 Public Transparency:** The assessment focused on public transparency and the quality of the public dissemination of information by Central Health.

- **2.6 Analysis of Health Care Services:** An analysis was conducted on the amount and type of all health care services provided by DMS from Central Health's annual $35 million payments to the medically indigent.

- **2.7 Record Retention:** The appropriateness of the records kept and maintained by DMS, as well as DMS's reporting to Central Health and the public, were assessed.

- **2.8 Quality Metrics:** The quality, relevance, and comprehensiveness of Central Health's performance metrics for itself and for its providers were evaluated.

- **2.9 Evaluation of Compliance:** Compliance with applicable city, state, and federal laws was evaluated, and improvements to existing systems to assure future compliance were identified.

Within each category, Mazars provides an overarching summary of the issues discovered, evidentiary examples of current practice with impacts when applicable, and recommendations for remediation.

IV. Highlights of Findings and Recommendations

Central Health is maturing as a Hospital District and adapting to evolving community needs as an entity that does not directly operate a hospital.

Mazars did not discover any violations of law or significant deficiencies per its review.

There are opportunities for improvement and adherence to best practices as explained in detail throughout this report. The table below shows **some of the main findings and recommendations**, but it is not comprehensive. A full summary of all findings and recommendations follows the table.

Section	Highlighted Findings	Highlighted Recommendations
2.1 Healthcare Needs of the Medically Indigent	Central Health's goal of building a high performing healthcare system is actively being realized in the identification and engagement of partners and affiliates to provide key services to Travis County's medically indigent population.	Central Health should continue to assess its scope of services offered and provided for both compliance to contractual provisions, including operational and quality reporting and for the adequacy of services to meet the healthcare needs of Travis County's low-income residents.
2.2 Establishment of Integrated Delivery System (IDS)	While Central Health has some of the key operational elements in place or secured, it appears the IDS is not currently active as the parties intended and accountability issues need to be addressed.	Central Health should establish and convene the appropriate oversight body to review the current state of IDS as well as establish ongoing leadership and accountability to address any gaps in services and operational components. An alternative to the current IDS should be contemplated. A framework of analytics and reporting will be key in identifying and addressing opportunities.
2.3 Quality and Health Equity	Central Health's health equity assessment and plans are commendable. However, there is a need for a more dynamic approach to adapt to the changing healthcare landscape.	Implement a flexible framework for health equity assessment that can quickly adapt to new health challenges and demographic changes.

Section	Highlighted Findings	Highlighted Recommendations
2.4 Fund Expenditure Financial Accountability Procedures and Controls [1]	Central Health lacks standard operating procedures for overseeing the expenditures of Central Health funds by itself and third-party providers.	Central Health should establish a robust financial monitoring system and standard policies and procedures for overseeing Central Health fund expenditures by itself and third-party providers. Implement independent Agreed-Upon Procedures for all high-risk third-party contracts.
	An in-depth internal control walkthrough was performed on the Affiliation Agreement between CH, the Community Care Collaborative (CCC), and UT Austin (DMS). The Agreed-Upon Procedures, prepared by an independent accounting firm, provides independent oversight of financial compliance with the Affiliation Agreement. The procedures are limited in scope and there was a 5-year frequency gap in the performance of the Agreed-Upon Procedures engagement.	Enforce the need for timely annual performance of the Agreed-Upon Procedures engagement.
	Central Health is now fully financially responsible for the $35 million Affiliation Agreement commitment to DMS. Central Health does not have direct oversight of how DMS is spending and reporting the use of funds.	Establish direct governance of the DMS $35 million payment and oversight within Central Health.

[1] The scope of our review did not include a performance review of the relationship between Central Health and Ascension Seton. Thus, our findings and recommendation do not address the important relationship between the organizations.

Section	Highlighted Findings	Highlighted Recommendations
2.5 Public Transparency	Central Health has made strides in public transparency but can further improve community engagement.	Enhance public communication strategies to provide more detailed and frequent updates on operations and services.
2.6 Analysis of Health Care Services	The analysis of health care services provided by DMS shows a comprehensive range of services. However, there is a lack of documentation on the specific amount and type of direct health care delivered for the funds received.	Central Health should require detailed reporting from DMS on the use of funds to ensure transparency and accountability. DMS should modify its Progress and Impact Community Report to reflect services directly provided to Central Health members versus its current blended tactic.
2.7 Record Retention	The records maintained by DMS are appropriate, but there is room for improvement in the documentation completeness related to expenditures and Central Health's third-party governance and oversight.	Strengthen documentation practices to ensure a complete and accurate record of financial transactions and update record retention policies and procedures to align with best practices.
2.8 Quality Metrics	Central Health's performance metrics are relevant and comprehensive. However, the development of performance metrics for the Joint Affiliation Committee (JAC) remains unanswered.	Develop and implement clear performance metrics for the JAC to ensure effective monitoring and continuous improvement.
2.9 Evaluation of Compliance	Central Health generally complies with applicable laws. However, there is a need for continuous monitoring and system improvements to ensure ongoing adherence to legal requirements.	Establish a regular compliance review process to identify and address any potential legal and regulatory issues promptly.

V. Detailed Results of Findings and Recommendations

2.1 Healthcare Needs of the Medically Indigent

Scope of Service Request

An assessment of how well Central Health and all its providers have served the healthcare needs of the medically indigent in Travis County, of how their performance compares to similar hospital districts' healthcare services, and of Central Health's future plans to function as a provider to a greater extent.

Assessment

Overview

Central Health, Travis County's hospital district, is building a comprehensive healthcare system for low-income residents. The district's Healthcare Equity Plan, adopted in early 2022, is guiding up to $700 million in investments to close the gaps that persist throughout the safety-net healthcare system – in primary care, specialty care, dental and behavioral health, hospital-based care, and post-acute transitions of care.

Central Health is seeking to make healthcare better through the direct practice of medicine, through partnerships and collaborations with other providers, and through building facilities where services can be provided that close the gaps in the system.

To understand how Central Health and its providers have served the healthcare needs of the medically indigent in Travis County Mazars reviewed the following information contained in documents supplied by Central Health:

1) Affiliation, Master Services and Enterprise Agreements
2) Key Health Indicators
3) Policies and Procedures
4) Patient Demographics
5) Provider Demographics

1. Affiliation, Master Services and Enterprise Agreements

Mazars examined agreements Central Health entered into with the intent to establish and build a healthcare system for low-income residents. These agreements were categorized into three buckets. Best efforts were made to reflect the most current terms in effect for all agreements, i.e., including amended terms and provisions.

A) **Affiliation Agreements (3):** Contracts that address the foundational elements of the healthcare system Central Health set out to build, including what residents will be served, what types of services are needed to address the health care needs of the residents, the initial core providers of those services and the establishment an integrated delivery system.

B) **Master Services Agreements (3):** Contracts that focus on the relationship between Central Health and UT Austin, including on behalf of Dell Medical School.

C) **Enterprise Agreements (43):** Contracts that further expand the provider network beyond the capabilities of Central Health and UT Austin. Also includes services and vendor agreements related to implementation of the health care and integrated delivery system.

Eff Date	(A) Agreements with Ascension
06/01/2013	Master Agreement
06/01/2013	Omnibus Healthcare Services Agreement

Table 1. Affiliation Agreements

Eff Date	(B) Agreements with UT Austin
07/14/2014	UT at Austin, Central Health and Community Care Collaborative Affiliation Agreement
12/01/2021	Master Professional Support Services Agreement
10/01/2022	Master Services Agreement for Clinical Care Services
09/01/2023	Master Professional Services Agreement

Table 2. Master Services Agreements

Eff Date	Category	Specialty/Serv	(C) Enterprise Agreements[2]
10/01/2022	Primary Care	Primary Care- FQHC	1. CommUnity Care
10/01/2023	Primary Care	Primary Care- FQHC	2. People's Community Clinic
10/01/2023	Primary Care	Primary Care- FQHC	3. Lone Star Circle of Care
10/01/2022	Primary Care	Primary Care-Other	4. UT Austin on behalf School of Nursing
10/01/2022	Primary Care	Primary Care-Other	5. Volunteer Healthcare Clinic
10/01/2017	Primary Care	Primary Care-Other	6. Planned Parenthood of Greater Texas
10/01/2019	Specialty Care	Dermatology	7. Austin Regional Clinic
10/01/2019	Specialty Care	ENT	8. Austin Regional Clinic
10/01/2019	Specialty Care	Ophthalmology	9. Eye Physicians of Austin
10/01/2019	Specialty Care	Retina	10. Austin Retina Associates
06/05/2024	Specialty Care	Gastroenterology	11. Rajeesh Mehta, MD
10/01/2019	Specialty Care	Gastroenterology	12. Sridhar Reddy, MD
04/01/2022	Specialty Care	Cardiology	13. Austin Cardiology (Huseng Vefali, MD)
01/01/2023	Specialty Care	Radiation Oncology	14. Texas Cancer Specialists
01/01/2023	Specialty Care	Radiation Oncology	15. Texas Integrated Medical Specialists
06/01/2021	Specialty Care	Oncology	16. Texas Oncology
05/01/2022	Specialty Care	Dialysis Physician Mgt	17. Austin Kidney Associates
10/01/2019	Specialty Care	Imaging Services	18. Austin Radiological Assoc, ARA/St. David's

[2] Does not include delegated credentialing agreements.

Eff Date	Category	Specialty/Serv	(C) Enterprise Agreements[2]
10/01/2023	Specialty Care	Imaging Services	19. Austin Radiological Association, PA
10/01/2022	Specialty Care	Behavioral Health IP	20. Integral Care (Inpatient Crisis Residential)
03/01/2023	Specialty Care	Opioid Treatment	21. Integral Care
10/01/2022	Specialty Care	Behavioral Health	22. Aeschbac & Associates
7/01/2022	Specialty Care	Opioid Treatment	23. Community Medical Services
10/01/2019	Facility/ASC	Ambulatory Surgery	24. Bailey Square ASC (St. David's)
10/01/2019	Facility/ASC	Ambulatory Surgery	25. N. Austin Surgery Center[3]
10/01/2022	Facility (UCC)	Urgent Care	26. NextCare Urgent Care (UCP Phys Cent TX)
10/01/2022	Facility	SNF & Rehab Center	27. Heritage Park Rehab & Skilled Nursing Ctr
10/01/2022	Facility	SNF & Rehab Center	28. Pflugerville Nursing & Rehab Center
10/01/2022	Facility	SNF & Rehab Center	29. Riverside Nursing & Rehab Center
10/01/2022	Facility	SNF	30. South Park Meadows SNF
09/01/2022	Ancillary	Home Dialysis	31. CVS-SHC Kidney Home Care Dialysis Austin
10/01/2022	Ancillary	Ground EMS	32. City of Austin EMS
03/01/2022	Ancillary	Respite Services	33. Anewentry, Inc.
10/01/2019	Ancillary	Prosthetics/Orthotics	34. Hanger Clinic
01/01/2022	Ancillary	Physical Therapy	35. Texas Physical Therapy Associates
10/01/2022	Other	Dental	36. Manos de Christo (Primary Care Dental)
12/15/2020	Other	Dental	37. DDS Dentures & Implant Solutions
10/01/2023	Vendor/Serv	Leased Imaging Storage	38. Austin Radiological Assoc, MSO, LLC
07/03/2017	Vendor/Serv	Pop Health Guidelines	39. MCG Health (Licensing)
10/01/2019	Vendor/Serv	Prov Network Services	40. MediView (third party administrator for claims)
10/01/2022	Vendor/Serv	Software Platform	41. Circulation/Motiv Care (ride/trip mgt)
10/01/2022	Vendor/Serv	Software Platform	42. Network Sciences (Financial Assist App)
04/01/2021	Vendor/Serv	Credentialing Services	43. Sendero Health Plans

Table 3. Enterprise Agreements

[3] For endoscopies and colonoscopies performed by Dr. Reddy see #12)

Overview of Agreements:

A) **Agreements with Ascension**:

The Affiliation Agreements are foundational documents that begin the process of implementing Central Health's vision by defining who will benefit, how the system would be created, including key stakeholders and providers of services and care.

1. **Master Agreement** between Travis County Hospital District D/B/A "Central Health" and Seton Healthcare Family ("Seton"), effective June 1, 2013

   The Master Agreement was entered into to update, modify and extend the existing legal relationship between Central Health and Ascension Seton. The major construct to come out of the 2013 Master Agreement was to continue Ascension's obligation to provide specialty and hospital care to MAP patients. In return, Ascension would own and operate the teaching hospital. Additionally, it identifies Federally Qualified Health Centers (FQHCs) as key to the overall effectiveness and efficiency of the primary care delivery system for which the IDS' success will be dependent. The FQHCs are as follows:

   - CommUnityCare (CUC)
   - Peoples Community Clinic (PCC)
   - Lone Star Circle of Care (LSCC)

2. **Omnibus Healthcare Services Agreement,** by and among Travis County Hospital District. (D/B/A) Central Health, Community Collaborative Care and Seton Family of Hospitals, also effective June 1, 2013.

   Incorporating Master Affiliation Agreement definitions (unless otherwise stated or defined), this agreement reaffirms Central Health's commitment and Ascension's obligations to provide broad healthcare services to Travis County residents. It further recognized that additional services were needed beyond those already committed to by Ascension as well as those anticipated to be provided by Community Care Collaborative (CCC) staff.

   In addition to Ascension's previously established obligation to provide specialty and hospital care to MAP patients, as defined in the 2013 Master Agreements, additional services are included in Section 2.6 of the Omnibus Agreement. Seton shall enter into "Fee-Based Contracts" with CCC for the provision of services "as contemplated:"

   - Agreement for Insure-A-Kid by and between CCC and Seton Family of Hospitals
   - Agreement for Internal Medicine services among CCC, Seton/UT Southwestern University Physicians Group, Inc Grp d/b/a Austin Medical Education Program & Seton Family of Hospitals
   - Agreement for Family Medicine Services by and between CCC and Seton/UT Southwestern University Physicians Group d/b/a Austin Medical Education
   - Agreement for Specialty Care Services between the Community Care Collaborative and Seton Family of Hospitals
   - Collaboration Agreement for Mammography Equipment by and between CCC and Seton Family of Hospitals.

As noted in Section 2.14, Seton agreed to provide the following periodic reports ("for the period covered thereby") to Central Health:

- Access to Care Report:
    - Number of Covered Beneficiaries treated by Seton pursuant to terms of Agreement,
    - Number and type of written complaints, if any, received by Seton from Covered Beneficiaries regarding access to services provided by Seton at sponsored facilities
    - Any written comments Seton receives from public regarding delivery of services
- Level of Services Report:
    - The level of Covered Healthcare Services that shall have been provided to Covered Beneficiaries by Seton in satisfaction of its obligation to provide the Covered Healthcare Service
- Clinical Quality and Patient Satisfaction Report
    - The extent to which Seton shall have achieved (or shall have failed to achieve) the **C**linical Quality and Patient Satisfaction Standards

This agreement also is where the definition of the safety net population, i.e., **Covered Beneficiaries**, includes both Medical Access Program Enrollees (MAP) and Charity Care Patients:

- **"Charity Care Patients**" shall mean such persons who shall be residents of Travis County, Texas, who shall be either "financially indigent" or "medically indigent", within the meanings assigned to such terms in the Seton Charity Care Policy, and who shall receive treatment by Seton or a Seton Provider at a Seton-Sponsored Facility pursuant to the provisions of this Agreement.
- **"MAP Enrollee"** shall mean any person who is enrolled in MAP and who is eligible to receive MAP Healthcare Services from Seton or any Seton Provider under this Agreement as a result of his or her enrollment therein.

Hospital District

B) **Agreements** with UT Austin:

1. **Affiliation Agreement**, effective July 10, 2014

   With references back to Master and Omnibus Agreements, this Affiliation Agreement sets out to implement Central Health's vision for Travis County and the IDS through the expansion of infrastructure in the region, improved access for patients and ongoing funding for the establishment & operation of UT Medical School. This multipronged goal would be achieved with construction of a new teaching hospital to replace UMCB. Recruiting faculty and residents would bring additional primary, specialty and subspecialty care to Travis County.

2. **Master Professional Support Services** Agreement between Travis County Hospital District D/B/A Central Health and University of Texas @ Austin effective December 1, 2021.

The first of the three Master Services Agreements to be executed, this agreement secures certain "Professional Support Services," including "Health Care Administrative Services" to support Central Health and its Medical Executive Board. UT Health would perform these services through an "Assigned Employee," identified as Jewel Mullen, MD. and **may include one or more** of a substantial list of services for which Central Health would reimburse UT a rate per quarter for eight hours per week. Dr. Mullen's "services specialty" is listed as "Health Equity/Quality" and Mazars observed this is consistent with one of Dr. Mullen's titles - "Associate Dean for Health Equity, Office of Health Equity, UT Austin Dell Medical School, which also notes Dr. Mullen [4] is a member of the Medical Executive Board at Central Health.

While Dr. Mullen's duties appear primarily to be oversight, leadership and/or collaborative in nature, the invoice for them does not require details on what specific services were provided, only the date range of services for each Assigned Employee, amount billed and total compensation due UT Austin. There is also a "Term Cap" during the Initial Term (12/01/2021 - 09/30/2022) or for any subsequent Renewal Term. The Agreement automatically renews for additional one (1) year periods - "Subject to and conditioned on any required approvals from the UT System Board of Regents. There were no amendments reviewed by Mazars, so the assumption is that this Agreement was still active through FY 2022 as payments for Dr. Mullen's services are documented through that period.

3. **Master Services Agreement for Clinical Care Services** between Travis County Hospital District D/B/A Central Health and University of Texas at Austin effective December 1, 2021.

   The second of the three Master Services Agreements to be executed, this agreement defines the types of services to be provided by, and at, Dell Medical School and UT Health Austin Ambulatory Surgery Center unless otherwise agreed upon by Parties in writing. They are:

   - Women's Health Services (Tubal Ligation Services* paid a bundled rate. Additional OB/GYN services must be medically necessary and require pre-authorized)
   - "Certain" Ancillary Procedures: Medically Necessary surgical procedures without prior auth that are unexpected and could not have been foreseen prior to surgery
   - Ophthalmology (Professional/Facility Based)
   - Podiatry (Facility Based)
   - Advanced Imaging (Austin Radiological Association "ARA" - Professional)
   - Post-COVID Clinic
   - Select Implant Devices (Ophthalmology and Podiatry)
   - Musculoskeletal

Section 6.37 establishes Board of Regents Approval for contractual value amounts as outlined in the Section.

[4] Jewel Mullen, M.D., MPH | Dell Medical School (utexas.edu)

4. **Master Professional Services Agreement** by and between Travis County Hospital District D/B/A Central Health and the University of Texas on behalf of Dell Medical School effective September 1, 2023.

   Referencing prior Affiliation and Master Services Agreements, this agreement sets out to define physician and other professional services" to be provided by UT Health Austin in Central Health facilities.

   Clinical Services include:

   - Gastroenterology @ CH Rosewood-Zaragosa Multi-specialty and Diagnostic Ctr
   - General Gastroenterologists
     - IBD Specialists
     - General Gastroenterologists – Liver Specialist
     - Asst Professor, Gastroenterology (Mohmmad Bashashati, MD)
       - Primary Sites of Service CH Rosewood-Zaragosa, CH East Austin Specialty Clinic, North Austin ASC, UT Health Austin ASC
   - Hospital Medicine (Skilled Nursing Facilities **within** Travis County):
   - Nephology CH Rosewood-Zaragosa Multi-specialty and Diagnostic Ctr)
   - Pulmonology (CH Rosewood- Zaragosa Multi-specialty and Diagnostic Ctr, CH East Austin Specialty Care Clinic)
   - Neurology (CH Rosewood- Zaragosa Multi-specialty and Diagnostic Ctr)

   "Sample Performance Measures for Future Consideration" are listed in Attachment D of the Agreement and include chart closures, document actions, patient satisfaction, throughput, and quality measures for each specialty area ("within 90 days following the Effective Date and subsequently thereafter".)

   Likewise, Mazars observed that Joint Affiliation and Joint Operating Committees separately appear as definitional terms (1.24, 1.25) but referencing Sect 5.35 and 5.36. However, Joint Operating Committee is further explained in Section 5.34. Joint Affiliation Committee is described, not in its own section, but rather as part of 5.35 "Board of Regents Approval Required".

C) Enterprise Agreements

Thirty-seven Central Health's Enterprise Agreements were reviewed (excluding associated delegated credentialing agreements) as well as six vendor/services agreements. The provider agreements have been categorized as follows (NOTE: the number of agreements are being referenced, not the number of locations).

- Primary Care (6) - Three considered core primary care providers, i.e., FQHCs
- Specialty Care (13)
- Specialty Care - Behavioral Health/SUD (4)
- Facilities – ASCs (2)
- Facilities – UCCs (1)
- Facilities – SNF &/or Rehabilitation (4)
- Ancillary (5)
- Other – Dental (2)
- Vendor/Services (6)

Primary Care: In an interview conducted with Central Health on March 21, 2024, Mazars observed that Travis County has multiple programs for residents who may be considered "indigent" and that these programs are not limited to MAP enrollees. Many of these residents begin their Central Health journey through one of the three FQHCs (~90%) and where once enrolled, may select a primary care provider system, i.e., one of the three FQHCs. While all three FQHCs provide adult/pediatric primary care and preventative services as well as behavioral health and some dental services, CommUnityCare is more multispecialty in nature providing specialization to address more chronic diseases.

Specialty Care/Ancillary/Other: While Ascension holds the primary responsibility to provide specialty services to the Central Health population, Central Health entered into additional agreements with healthcare providers either to expand the availability of care beyond what Ascension is obligated to provide and/or to fill in gaps created by what Ascension was unable to provide The remainder of these agreements are listed in the enterprise table 3 above, Mazars observed that based on the (low) numbers and types of providers, it would be a fair assumption that these providers and services are meant to supplant the services provided by UT Health in order to close gaps in care identified in demographic and other reporting done by Central Health.

Central Health's Vendor/services agreements listed on Table 3 above focus on elements critical to building not only a high functioning health system, but an integrated delivery system (IDS), which will be explored further in Section 2.2.

From a contracting perspective, Mazars observed that Central Health followed a consistent and effective process for obtaining and renewing the Enterprise Agreements, amending to accommodate changes in services, utilizations and/or rates due to limits on compensation and terms of agreements. This iterative process allowed both Central Health and its directly contracted providers to flex and grow, in what seems to be a fair and equitable manner to ensure patient access to needed services. What is not clear is how effectively these directly contracted providers narrowed or closed any access gaps as utilization of services provided by either UT Health/Dell Medical School or these providers was not available.

2. Key Health Indicators:

In a December 6, 2022, Quality Committee Meeting Report ("Quality Measures: Primary Care Metrics Review"), Mazars observed that Central Health has been collecting a defined set of primary care metrics associated with its three provider systems, i.e., CommunityUnityCare (CUC), Lone Star Circle of Care (LSCC) and People's Community Care (PCC), with CUC comprising 70% of the metrics denominator, LSCC, 20% and PCC, ~ 10%. These quality metrics form the basis for Central Health's Pay for Performance (P4P) and Pay for Reporting (P4P) programs which are "selected annually for contracting," and include other measures such as access, Quality of Life (QoL) readmissions and utilization. Mazars observed that since quality benchmarks do not exist specific to the hospital district or a medically indigent population, Central Health relies on industry standard sources for collection including Centers for Medicare and Medicaid (CMS), Uniform Data System (UDS) - US Department of Health and Human Services (HRSA) and Healthcare Effectiveness Data and Information Set (HEDIS) – National Committee for Quality Assurance (NCQA).

From a historical perspective (FY2019-FY2021), the committee report went on to say "important differences were identified in performance by provider system, as well as race and ethnicity, using data from one metric to illustrate these differences - Blood Pressure Control < 140/90 (DM)."

The report went on to highlight only Primary Care Metrics for which achievements were demonstrated for FY2022, although as noted not all data was disaggregated.

	CUC	LSCC	PCC	All	FY2021 UDS State Benchmark	FY2021 UDS National Benchmark
Breast Cancer Screening						
Numerator	1,910	2,956	1,340	6,206	38%	46%
Denominator	2,940	5,552	1,988	10,480		
%	65.0%	53.2%	67.4%	59.2%		
Prior Year Achievement	63.0%	56.0%	68.8%			
Cervical Cancer Screening						
Numerator	6,024	11,488	9,512	27,024	56%	53%
Denominator	8,559	16,204	11,776	36,539		
%	70.4%	70.9%	80.8%	74.0%		
Prior Year Achievement	67.0%	71.4%	67.9%			
Colorectal Cancer Screening						
Numerator	2,390	4,264	1,772	8,426	36%	42%
Denominator	6,285	9,800	3,196	19,281		
%	38.0%	43.5%	55.4%	43.7%		
Prior Year Achievement	40.0%	45.1%	52.7%			
Depression Screening & Follow-up Plan						
Numerator	12,716	23,548	11,088	47,352	74%	67%
Denominator	17,557	27,120	13,656	58,333		
%	72.4%	86.8%	81.2%	81.2%		
Prior Year Achievement	59.0%	92.0%	76.4%			
HIV Screening						
Numerator	14,042	22,592	13,108	49,742	43%	38%
Denominator	18,761	32,640	15,872	67,273		
%	74.8%	69.2%	82.6%	73.9%		
Prior Year Achievement	66.0%	58.3%	80.1%			
Controlling Hypertension						
Numerator	4,096	7,832	2,264	14,192	58%	60%
Denominator	5,730	9,888	2,464	18,082		
%	71.5%	79.2%	91.9%	78.5%		
Prior Year Achievement	62.0%	77.9%	83.4%			
***Diabetes HbA1C>9% (lower is better)**						
Numerator	1,342	2,808	912	5,062	35%	32%
Denominator	3,861	6,088	2,744	12,693		
%	34.8%	46.1%	33.2%	39.9%		
Prior Year Achievement	34.0%	45.8%	36.8%			

Table 4 Excerpt from the December 6, 2022, Quality Committee Meeting Report ("Quality Measures: Primary Care Metrics Review")

For FY 2023, Central Health identified the Measures of Clinical Quality for FY23 – which include the seven noted above (or related) as well as BMI Screening/Follow Up Plan, Statin Therapy, Ischemic Vascular Disease (ASA, Antiplatelet Use), Childhood Immunizations, Weight Assessment for Children and Adolescents and Dental Sealants for Children 6-9 years.

Additionally, for FY2023, Reporting and Improvement Requirements are noted as:

- All FQHCs submit data for all measures each month
    - Rolling 12 months
    - Received by 10th business day
    - Data and Analytics Department validate data
    - Central Health pays for reporting (P4R) each month
    - Subset selected (based on Central Health's & FQHS, priorities for P4P):

People's Community Care	Lone Star Circle of Care	CommUnityCare
Colorectal Cancer Screening	Colorectal Cancer Screening	"CUC has other items for P4P"
Cervical Cancer Screening	Cervical Cancer Screening	
Breast Cancer Screening	Breast Cancer Screening	
HbA1c Control (>9%)	Controlling Health Blood Pressure	
Controlling High Blood Pressure		

Table 5

3. Policies and Procedures related to Integrated Health Services

To better understand the delivery of healthcare services to the medically indigent population by Central Health, Mazars requested and received access to Central Health's policies and procedures. Under the category of "Integrated Health Services," there were a total of 182 policies and procedures that were reviewed to identify whether or not they pertained to the medically indigent population. During the initial review, it was noted that this population may be receiving care from Central Health as part of their MAP or MAP basic program. Upon further review, it was discovered that individuals that live in Travis County but are uninsured can access local doctors, specialists, and pharmacies through Central Health's Medical Access Program (MAP) or MAP Basic. Central Health's Medical Access Program (MAP) is a health coverage program for uninsured Travis County residents with low income. It allows individuals, or their eligible family members, to see a doctor, a dentist, and get medicine. Those not eligible for MAP may be eligible for MAP Basic, which provides access to a doctor, dentist, and medicines, but has a more limited level of services.[5] The policies and procedures were reviewed for references to caring for the medically indigent population which includes MAP, MAP basic, charity care populations, sliding fee scale populations, Medicaid, and cross over Medicare/Medicaid low-income populations.

[5] https://www.centralhealth.net/map/

Findings

The table below summarizes the results of the review of the policies and procedures, noting how many policies and procedures were identified as being directly or indirectly related to the medically indigent or MAP/MAP basic population. Given that the evaluation of Central Health's policies and procedures is one of the components that reflects the delivery of healthcare services to this population it was also noted where effective dates were available and what those effective dates are. What is unclear is what policies/procedures were in place prior to the effective dates that are listed in some of the policies/procedures. For example, were there prior versions of similar policies/procedures or were there "informal" policies/procedures that were practiced but not formally documented? Alternatively, it may be the case that prior performance review recommendations were taken into consideration and appropriate policies/procedures were drafted accordingly.

Summary of Findings	
Total number of policies/procedures under "Integrated Health Services" received and reviewed*	182
Total number of policies/procedures identified as being potentially related to the medically indigent population	37
Total number of policies/procedures identified as being *directly* related to medically indigent population	25
Total number of policies/procedures identified as being *indirectly* related to medically indigent population	12
Total number of policies/procedures that included an "Effective date"**	31
Percentage of policies/procedures that included an "Effective date"	17%
Total number of policies with an "Effective date" of 2023	10
Total number of policies with an "Effective date" of 2022	6

*49 of these were not actual policies/procedures

**The earliest effective date listed was from 2017

Detailed Findings

A total of 37 policies/procedures were found to be potentially related to the medically indigent/MAP population (please see Appendix A for details). Of these 25 appeared to directly reference healthcare services for this population.

- A set of 7 “Eligibility policies” for MAP were identified covering the following areas:
  - Travis County Residency – Residency eligibility for MAP members
  - Identification - Identification requirements for MAP eligibility
  - United States Residency – Citizenship or Permanent Resident screening for MAP eligibility
  - Determination of Family Size – For MAP eligibility
  - Income – For MAP eligibility
  - Similar Benefits – Notes that Central Health is the payer of last resort. Patients are screened for other coverage/benefits
  - Length of Issuance – For MAP members
- 3 policies/procedures were found that directly addressed the provision of care for MAP members. Note that P&Ps that address direct provision of care for MAP patients were under development at the time of this review
  - 1 SOP related to a specific medical procedure for MAP and MAP Basic members i.e. Podiatric Surgery
  - 1 policy addressed referrals (internal and externa), Labs, and Diagnostics for MAP members
  - 1 policy addressed after hours care and triage services for MAP members
- 3 policies were identified that addressed billing and payment for MAP members
  - Charges for Ancillary Services Policy: This policy notes that MAP and MAP Basic members will not be charged co-pays for Ancillary Services
  - Financial Assistance/Self-Pay Policy: This policy notes that individuals, as appropriate, will be offered financial screening to qualify for and enroll in MAP, MAP Basic, or other coverage. Those that do not qualify will be determined to be “self-pay”
  - Patient Assistance Program (PAP) Policy: Per the Policy, PAP helps people with no health insurance and those who are underinsured afford medications.
    - Note: This policy does not explicitly state that it applies to MAP and/or MAP Basic members
- 5 policies/procedures address case management services for MAP members
  - Case Management SOP: This document outlines both the policy and procedure for the provision of case management services to MAP members including eligibility checks
    - Note: Specific policy statement was missing; only template language was included
  - Respite Care Policy and SOP: This policy and SOP provide guidance to staff who provide case management for MAP enrollees who are experiencing homelessness so that they have a safe and clean place to recuperate from a medical illness.
  - Transition of Care Policy and SOP: This policy and SOP provide guidance for the transition of care of MAP enrollees
- 1 policy and 1 SOP was found related to the provision of loaner devices to MAP members to assist in case management
  - 1 SOP was also found pertaining to the provision of Durable Medical Equipment (DME) to MAP members which noted the process by which MAP eligibility is verified before DME is provided to a patient
- 1 policy and 1 SOP was found related to MAP enrollees that are part of Central Health’s Skilled Nursing Facility Direct Care Program
- 2 policies address the responsibilities of the Medical Executive Board to ensure medication availability for MAP members and the appropriate credentialing of Practitioners providing services to MAP members

Although the applicable policies and procedures have been reviewed to assess the provision of care to the medically indigent population, it is not possible to determine how these policies and procedures are operationalized and practiced in reality.

To serve the healthcare needs of the medically indigent population, it is recommended that Central Health continually refine the Integrated Health Services policies and procedures. A comprehensive review of the policies and procedures revealed that they covered eligibility criteria for MAP, care provision, billing, and case management. However, it is of note that not all policies and procedures had effective dates suggesting a need for better historical tracking and formalization of practices. To ensure these policies effectively translate into practice, Central Health should implement regular audits and feedback mechanisms. This will help validate that practices are aligned with policies and that any gaps are promptly addressed. Additionally, Central Health should update policies regularly to reflect current healthcare needs and ensure staff are adequately trained on these procedures. This will further support the delivery of high-quality care to the medically indigent populations as defined by industry best practices.

4. Patient Demographics

Mazars reviewed and analyzed patient demographics across three comprehensive reports provided by Central Health from 2017, 2020, and 2022, which allowed for the identification of both the strengths and opportunities for improvement in the healthcare services provided to individuals enrolled in Central Health's Medical Access Program (MAP), MAP BASIC, or local sliding fee scale (SFS) subsidy programs reimbursed by Central Health. The reports provided detailed examination of demographic trends, healthcare access, and chronic condition prevalence among low-income and uninsured populations. By comparing data over the five-year span, the goal was to uncover persistent challenges, emerging patterns, and the impact of external factors such as the COVID-19 pandemic. This analysis not only highlights the progress made by Central Health but also underscores the critical areas needing targeted interventions to enhance health equity and service delivery in the community.

Data collection

Across the three reports analyzed, Central Health's goal has been consistent - to address health equity and disparities in care. The reports correctly note that data is imperative to better understanding the population they serve, where they live and the specific issues they face, and that Central Health intends to utilize the reports to guide where resources and efforts should be directed. These reports also allow Central Health to measure changes and improvements over time. There has been a noticeable shift towards more granular data analysis over the years. The transition from ZIP code data in 2017 to census tract-level data in 2020 allowed for more precise identification of healthcare needs and resource allocation. It is of note that the 2017 report focused on 9 focus areas, the 2020 report looks at 12 focus areas and the 2022 reports divides the area into 9 (different areas) making an analysis across the three reports challenging.

To enhance Central Health's efforts in addressing health equity and disparities in care, it is recommended to standardize data analysis metrics across reports for better comparability over time. While the shift to more granular data, from ZIP code to census tract-level, has improved precision in identifying healthcare needs, consistent focus areas should be maintained to facilitate longitudinal analysis. Additionally, Central Health should continue leveraging these detailed reports to guide resource allocation and measure progress.

Enrollees and utilization of services

As each of the reports categorizes "patients" differently, a comparison across reports appeared to be challenging; however, the following observations were made:

- Per the 2017 report, Central Health funded care for more than 143,000 unduplicated patients; however, this included not only MAP members, but also local sliding fee scale subsidy programs

reimbursed by the Community Care Collaborative (CCC), CommUnityCare patients regardless of payer source (Medicaid, Medicare, insurance, etc.) and uncompensated care at local hospitals supported by Central Health.

- Per the 2020 report, in FY2019 over 121,000 people were enrolled in MAP, MAP BASIC, or Sliding Fee Scale (SFS) programs; however, it was additionally noted that 59.3% of those who were enrolled during FY 2019 utilized services.
- In the 2022 report, in addition to MAP, MAP BASIC and SFS, another category is included as well - Central Health Assistance Program (CHAP) [6] and the number of enrollees is 111,027 of which 56.5% actually utilized services which is down approximately 3% from the 2020 report. It is noteworthy that the number of enrollees decreased by 8.4%, which the report indicates is, due to the effects of COVID-19. It also purports that Central Health has continued to work to make the enrollment process easier by launching an online version of the MAP application, increasing phone application capabilities, and continuing engagement with community health advocates and outreach to residents.

Additionally, it is unclear if charity care is included in the statistics shared.

As mentioned previously, Central Health should aim to improve consistency and comparability across future reports by standardizing the categorization of patients and the metrics used for reporting. This will enable more accurate longitudinal analysis and better tracking of trends and outcomes. Enhancing the enrollment process and maintaining robust community engagement initiatives are commendable and should be continued to mitigate enrollment challenges and ensure service utilization. Finally, if numbers have not yet returned to pre-COVID levels, Central Health should dedicate staff and resources towards assisting eligible individuals to both enroll and actually utilize the available services.

[6] CHAP pays the monthly premiums for formerly enrolled MAP and MAP BASIC Members with high health needs as well as for uninsured Travis County musicians enrolled in the Health Alliance for Austin Musicians and or the SIMS Foundation.

Poverty

The table below summarizes the poverty levels in Travis County:

	2017 Report	2020 Report	2022 Report
Number of Families	275,722	291,881	303,070
Number of Families in Poverty	33,061	23,181	23,655
Percentage of Families living in Poverty	12%	7.9%	7.8%

Table 6 The poverty levels in Travis County

Central Health's goal is to provide the medically indigent of Travis County with access to quality healthcare. This report analyzed a series of demographic reports (2017, 2020, and 2022) that have detailed the evolving landscape of the populations served, highlighting critical aspects such as race and ethnicity, language, age, and gender.

- The 2017 Demographic Report highlighted the demographics of the patient population, showing a predominance of young adults aged 19-45, with 67% identifying as Hispanic/Latino and 49% primarily speaking Spanish.
- The 2020 Demographic Report the Latino population continued to dominate the patient demographic, comprising 70% of the enrolled population.
- In the 2022 Demographic Report, the demographic landscape continued to reflect significant health inequities, particularly among Black patients and residents of East Central Austin. The report projected a stable poverty rate and anticipated an increase in the number of families living below the poverty line in the coming years.

It is recommended that Central Health continues to leverage demographic data from these reports to address the healthcare needs of Travis County's diverse and vulnerable populations. Targeted healthcare services should be prioritized to ensure equitable access for all residents, with ongoing efforts and adjustments based on emerging demographic trends and challenges.

As the table below demonstrates, the demographic reports analyzed reveal that Hispanic/Latino residents are significantly represented in low-income areas of Travis County. This underscores the need for targeted healthcare services for Hispanic/Latino communities in these areas.

Race & Ethnicity Comparison		
2017 Report	**2020 Report**	**2022 Report**
Hispanic/Latino residents compromise 59 percent of the population within the nine focus areas identified but count toward 67 percent of CCC patient population.	Latino residents comprise 58 percent of the population within the twelve focus areas identified in this report and 70 percent of the Central Health patient population.	For areas of low-income in Travis County, the Hispanic/Latino population is the dominant ethnicity, representing 60.2 percent of high and moderate poverty census tracts. Comparatively, 34.2 percent of Travis County's overall population is Latino as of 2022.

Table 7 Race & Ethnicity Comparison via information obtained from the annual Travis County demographic reports

To address the age-related healthcare needs in Travis County's low-income areas, as shown in the table below, Central Health should prioritize pediatric services in regions with a higher proportion of children. Additionally, expanding outreach and tailored healthcare programs for adults aged 18-64, who form a significant portion of Central Health's enrolled population, is recommended.

Age Comparison		
2017 Report	**2020 Report**	**2022 Report**
64% between 19-45 The rate of children ages 0-17 is significantly higher in the areas of Travis County experiencing high and moderate levels of poverty. Combined, the percentage of children within the nine focus areas highlighted in this report represent 29.3 percent of the population—6	The age 18-64 demographic makes up 62 percent of the population in the focus areas but represents 79 percent of Central Health's enrolled population. The comparatively low numbers of adolescent and age 65+ patients may be a result of the provider options available to low-income	In areas of high and moderate levels of poverty, the proportion of children ages 0-17is 6.9 percent higher than the county rate. Those in the 18-44, 45-64, and 65+ age range make up a lower percentage of the combined focus area population than Travis County's

percent higher than the county's overall rate of 23.1 percent.	Medicaid/CHIP and Medicare recipients.	overall population.

Table 8 Age Comparison via information obtained from the annual Travis County demographic reports

As shown in the table below, the way gender is compared in each report varies; for example, the 2017 reports the percentage of males in the focus areas and compares it to the country while the 2020 report compares gender in the enrolled population. It is recommended that this metric be standardized across future reports and an analysis be done on enrollment and utilization of services based on gender. This will allow Central Health to target outreach more effectively. By ensuring equitable access to healthcare services for all genders, Central Health can better fulfill its mission of serving the diverse needs of the community.

Gender Comparison		
2017 Report	**2020 Report**	**2022 Report**
The percentage of males within the nine focus areas highlighted in this report (51.1 percent) is 0.8 percent higher than the countywide rate (50.3 percent).	Gender skews heavily female among Central Health's enrolled population (56 percent), despite 51 percent of focus area residents being male.	The percentage of males in low-income areas of Travis County is 0.7 percent higher than the countywide rate.

Table 9 Gender Comparison via information obtained from the annual Travis County demographic reports

Based on the chronic conditions data comparison across the 3 reports provided and summarized below, it is recommended that Central Health continues to prioritize preventive care and management strategies for prevalent chronic diseases, particularly focusing on hypertension, behavioral health issues, diabetes, renal failure, heart failure, and COPD. To address the notable increases in behavioral health and renal failure diagnoses, targeted interventions should be implemented, including enhanced access to mental health services and renal care programs.

Chronic Conditions Comparison		
2017 Report	**2020 Report**	**2022 Report**
32,188 patients served by Central Health received a diagnosis of one or more chronic conditions within the previous two years.	• 65,546 - total central health patients diagnosed with a chronic condition • The combined focus area prevalence rates for all eight chronic conditions analyzed in this report are similar to or less than Central Health's countywide prevalence rates. • Of the eight disease conditions analyzed in this report, hypertension, behavioral health, and diabetes have the greatest number of diagnosed patients.	• Nearly 40% of the Central Health population had a diagnosis of a chronic condition in the prior three years (38,467 of the 96,508 individuals, 39.9%). • Compared to FY19, the prevalence of most conditions was generally about the same in FY21 with some notable exceptions; Behavioral health diagnoses increased 9.8%, renal failure diagnoses increased 21.9%, heart failure diagnoses decreased 9%, and chronic obstructive pulmonary disease (COPD) decreased 6%.

Table 10 Chronic Conditions Comparison via information obtained from the annual Travis County demographic reports

Provider Demographics

A complete, thorough analysis of provider demographics was not possible as only 1 report was provided by Central Health. This report, from 2023, appeared to be an incomplete list as only 3 physicians were listed (see Appendix). Per Central Health's website, a number of medical and specialty services are provided (see screenshot below) for MAP members; however, associated provider names and/or demographic information was not provided.

To ensure transparency and accessibility of provider demographics, Central Health should enhance reporting mechanisms to provide comprehensive information on all medical and specialty service providers available to MAP members. This should include detailed demographic data such as names, specialties, and affiliations. Additionally, Central Health should regularly update and maintain this information to reflect any changes in provider demographics or available services accurately. By providing a complete and thorough analysis of provider demographics, Central Health can improve transparency and facilitate informed decision-making for MAP members seeking healthcare services.

Findings and Recommendations Summary

Agreements/Scope of Services

Mazars recommends Central Health continue to assess its scope of services offered and provided for both compliance to contractual provisions, including operational and quality reporting and for the adequacy of services to meet the healthcare needs of Travis County's low-income residents:

A) Re-establish the role of the Joint Operation Committee (JOC) for purposes of review of the required contractual elements with the intent to develop a plan that will capture utilization, operational, and quality data for each contracted entity throughout Central Health's healthcare system and report findings to Central Health Board of Managers in agreed upon format(s) and timing.

B) Develop an implementation plan for capturing and analyzing data based on type of agreement and execution timeframes.

C) Consider, in conjunction with the elements discussed in Section 2.2 (Establishment of an Integrated Delivery System) an Accountable Care Organization type model at the heart of the IDS, that includes an attribution methodology.

D) Consider developing a Central Health specific Geo-Access report to further evaluate adequacy of network as well as address any potential health equity elements, e.g., transportation.

E) Expand FQHC's reporting of quality metrics in relation to state and national benchmarks to include both opportunities as well as achievements.

Policies and Procedures Related to Integrated Health Services.

Based on Mazars review of the policies and procedures related to integrated health services we observed that Central Health covered some key elements including eligibility criteria for MAP, care provision, billing, and case management.

Mazars recommends that in order to serve the healthcare needs of the medically indigent population, Central Health continually refine the Integrated Health Services policies and procedures:

A) Include effective dates on all policies and procedures for better historical tracking and formalization of practices.

B) Implement regular audit and feedback mechanisms to ensure these policies effectively translate into practice, that practices are aligned with applicable policies and that any gaps are promptly addressed.

C) Update policies regularly to reflect current healthcare needs and

D) Ensure staff (employed/contracted) are adequately trained on all applicable procedures including timely communication of any changes, including updates to existing policies and procedures and new and deleted ones.

Patient Demographics/Data Collection

Based on Mazars' review and analysis of patient demographics across three comprehensive reports provided by Central Health from 2017, 2020, and 2022, both strengths and opportunities were identified for improvement in the healthcare services provided to individuals enrolled in Central Health's Medical Access Program (MAP), MAP BASIC, or local sliding fee scale (SFS) subsidy programs reimbursed by Central Health. While Central Health's focal points varied during the three time periods measures, the increasingly encompassing selection of data illustrated their growth of those they served and well as the need to identify challenges, patterns and impact of external factors, including the pandemic. It was

In order to enhance efforts in addressing health equity and disparities in care, Mazars recommends Central Health:

A) Standardize data analysis metrics across reports to improve consistency and comparability over time. While the shift to more granular data, from ZIP code to census tract-level, has improved precision in identifying healthcare needs, consistent focus areas should be maintained to facilitate longitudinal analysis.

B) Continue leveraging detailed reports to guide resource allocation and measure progress.

C) Prioritize targeted healthcare services to ensure equitable access for all residents, with ongoing efforts and adjustments based on emerging demographic trends and challenges.

D) Continue to prioritize preventive care and management of prevalent chronic diseases as identified in reports.

E) Continue commendable efforts to mitigate enrollment challenges:

   a. Enhance the enrollment process
   b. Maintain robust community engagement initiatives
   c. Evaluate post-Covid enrollment numbers and if needed, dedicate staff and resources to assisting eligible individuals to both enroll and appropriately utilize available services.

Provider Demographics

Given the limited amount of information supplied by Central Health on provider demographics, a complete analysis was not possible. However, Mazars recommends Central Health:

A) Enhance reporting mechanisms to provide comprehensive information of all medical and specialty services providers available to MAP enrollees and other Covered Beneficiaries. Include:
   a. Detailed demographic date (names, specialties, affiliations)

B) Develop a sound mechanism to allow for ease of transmitting and capturing provider demographic information not only for accuracy purposes but to maintain/enhance provider satisfaction.

C) Update and maintain provider information regularly to accurately reflect any changes in demographics and services.

D) Coordinate efforts with others aimed at implementing a provider directory in order to ensure transparency and accessibility.

2.2 Establishment of Integrated Delivery System

Scope of Service Request

An assessment of the effectiveness, efficiency, equity, and accountability of the efforts of Central Health, its nonprofit, affiliates, and partners to establish an integrated delivery health care system ("IDS") for the medically indigent.

Assessment

Overview of Integrated Delivery Health Care System (IDS)

The term *Integrated Delivery Health Care System* is a subjective phrase subject to interpretation within healthcare jargon and the provider and payer community. For the purposes of our review, Mazars relied upon the definition as described within the Master Agreement, between Travis County Hospital District D/B/A "Central Health" and Seton Healthcare Family (Seton), effective June 1, 2013. Definitionally, "IDS" means the following components which were to be "developed by the parties pursuant to this Agreement":

- Provider Network
- Clinical Management
- Operational Structure
- Data Analysis Structure
- Financial Management System
- Accountable Care Mechanisms

In addition, the creation of this IDS to better serve the Travis County safety net population, Community Care Collaborative (CCC) would be established to function as a "major component" of the IDS. The agreement goes on to define CCC as "a tax-exempt Texas non-profit corporation established by Central Health and Seton as a component of the IDS". As members of the CCC, Central Health and Seton would have certain "Reserved Powers" including determination of the Covered Population. (Section 2.8)

IDS Priority Objectives were defined as:

- Behavioral Health (Expansion of Inpatient and Outpatient Services)
- Outpatient Multispecialty Care noting "a significant lack of providers for specialty care referrals within Travis County resulting in unacceptable delays in treatment in many specialties including":
    - Cardiology
    - Dermatology
    - Otorhinolaryngology
    - Ophthalmology
    - Oncology
    - Podiatry
    - Neurology
    - Orthopedics
    - Urology
    - Nephrology
    - Rheumatology
    - Other specialty care gaps include multidisciplinary pain management, audiology, sleep studies, and PET studies
- Women's Services
- Health IT (Information Technology) to promote:
    - Patient Navigation

  - Provider Coordination
  - Data Analytics
  - Related services to support risk-based provider compensation, accountable care and population health management concepts and tracking of quality and efficiency metrics.
- Medical Education
- Expand the MAP benefit plan to a wider range of the safety net population, including the chronically ill, as resources allow." FQHCs: “Create more collaborative and coordinated FQHC operations in Travis County to increase primary and urgent care access and provide medical homes for the safety set (sic) population.”
- Dental
- Mental Health “The IDS will have as a priority objective the improvement of psychiatric care in Travis County. The plans for the new Teaching Hospital**, the development of the Medical School, the Medicaid 1115 Waiver Program and specific DSRIP Projects, and the CCC are already focused on expanding the delivery of behavioral health service and increasing provider capacity.”

During our March 21, 2024, conversation with Central Health, they pointed out some disputes concerning the obligations of the IDS, emphasizing issues related to underperformance and unmet foundational duties regarding PCP and hospital services. Given that these matters are subject to ongoing litigation, Mazars will refrain from further discussing IDS's performance. Instead, we will more broadly examine below the necessary elements for executing a population health strategy:

Provider Network: Mazars observed there are 3 key elements to what could be termed a “provider network” in that these physicians, services, facilities, etc. would be where the Covered Population would receive care. At the core of this “network” are Ascension/Seton and its associated providers and facilities and the three FQHCs or “provider systems” which are often the entry point for Travis County residents, and serve to refer and authorize additional services, including specialty care. The FQHCs are the focus of the Pay for Performance (P4P) program.

Mazars recognizes that the term “provider network” used in this report is not applicable to Central Health in the traditional health insurance parlance. Rather, it demonstrates as a hospital district, Central Health’s eligible population needs to have access to a roster of providers where they can receive care and services. And it is this connotation that we refer to your contracted entities as a “provider network”. This clarification would apply to other terms taken from the insurance industry only for the purposes of describing useful mechanisms that might prove helpful for descriptive and processes (e.g., adequacy, directory, ACO)

Finally, as mentioned, the “provider network” would need to be expanded to account for access gaps as well as begin to address the IDS Priority Objectives, most notably delays in specialty care, e.g., cardiology, ophthalmology, and oncology as well as expansion of behavioral health services. And it appears from at least a contractual perspective, some of these gaps have been addressed, but to what degree they represent adequacy is not known.

Clinical Management: While this component can be narrowly or broadly defined, in the terms of an IDS it usually refers to a coordination of patient care across a continuum of services for a defined population. Clinical management begins with the initial eligibility/enrollment of the patient and in the case of Central Health, the selection of an FQHC/Provider System. This initial step is critical to capturing both demographic elements and medical history that will trigger how this patient will be guided through the continuum Central Health has created. Mazars has observed that Central Health has processes and programs in place that begin to address clinical management, including their P4P program, a Navigation Center that includes extensive eligibility screening, nurse triage, care management, scheduling, referral management referral management and use of an EMR.

Operational Structure: The overarching operational structure will not be discussed here, given the open questions regarding the IDS. However, with respect to supporting the IDS with infrastructure, Mazars observed that there is an Enterprise Agreement in place (effective 10//1/2019) with Covenant Management Systems. L.P., d/b/a, MediView to provide a host of “Administrative Services including provider relations, utilization management services, data analytics, claims payment services for medical, dental and behavioral services, customer services, management

information services, software training service, account management services, eligibility intake services, provider setup services, IT services and “Additional Services” that are outside the scope of the Administrative Services that are agreed to in a duly-authorized Task Order or that constitute a Special Project. A sample of tasks associated with a Special Project include creating new or ad hoc reporting, requiring legal or actuarial research, changing any web portals at Central, programming/ testing to accept/load medical authorizations from external medical management software systems and auditing voluminous claims as requested by Central Health.

Data Analysis Structure: While Mazars has observed that Central Health has an Analytics and Reporting department as well as Operations – Network Services Department, both of which produced the Quality Committee report that was discussed earlier, this report was relative only to the FQHCs. The Analytics and Reporting Departments support all of Central Health’s contracted services. While primary and preventive care, including chronic disease management are critical to an IDS, Central Health should also implement more methodology and mechanisms for monitoring the delivery of care provided to the Central Health population across the continuum and capturing utilization, appropriateness and cost are critical for the IDS in becoming a high-performing healthcare system.

Financial Management System: Not reviewed as part of this section. .

Accountable Care Mechanisms: Central Health has the beginnings of Accountable Care mechanisms, either in place (primary care P4P and P4R) or as part of contractual requirements documented in Affiliation and Enterprise Agreements. What is not clear is to what extent these mechanisms have been operationalized and their intersection with the IDS.

Findings and Recommendations Summary

While the components and priority objectives of the IDS were defined in the Master Agreement (effective June 1, 2013) between Central Health and Seton, Mazars observed there is disagreement about the scope of the IDS, roles and responsibilities and additional issues connected to the IDS, e.g., hospital services and specialty care. Central Health’s “IDS” includes the role of Community Care Collaborative (CCC). This lack of clarity and dispute over the obligations of the IDS and how they are being met, was confirmed in Mazars’ interview with Central Health staff on March 21, 2024. . nNonetheless, Central Health, through its contracts, network and operations are delivering and paying for aspects of an IDS within the Travis County community.

The need for clarity aside, Mazars believes Central Health has some elements that can help to support the formation of a functioning and successful IDS. They include:

A) Three provider systems, FQHCs, that serve as entry points for Covered beneficiaries and where the bulk of adult and pediatric primary and preventive care are delivered or coordinated.

B) A defined “provider network” that includes primarily specialty and ancillary care and services outside of what the FQHCs,Dell Medical School and Ascension can provide.

C) Clinical Management that includes a Navigation Center which conducts extensive eligibility screening, nurse triage, care management, scheduling, referral management and the use of an Electronic Medical Record (EMR).

D) Data collection and reporting mechanisms which will need to become more defined and robust in order to evaluate the effectiveness of the IDS and supply strategic direction, including continuance and growth of Central Health’s Pay for Performance (P4P), which is usually the first step an ACO takes in a payment approach that supports value – appropriate utilization, cost and quality care to the residents of Travis County.

The above points not only are building blocks for an IDS but are also needed for an Accountable Care Organization (ACO) model. These two concepts do not have to be mutually exclusive and in fact, can complement each other. It is fair to say that Central Health has elements of both and should consider, once the overarching questions regarding the IDS are resolved, to expand/develop elements that will support an ACO model.

2.3 Quality and Health Equity

Scope of Service Request

An assessment of the quality of Central Health's health equity assessment and health equity plans, and whether they will effectively, efficiently, and equitably serve the needs of the medically indigent as compared to other health delivery approaches.

Assessment

Research shows that addressing quality of care through an equity lens leads to changes in how health services are delivered and a reduction in health inequities often seen in underprivileged populations that improves overall health outcomes. Equitable health services mean that healthcare does not vary in quality because of age, sex, gender, race, ethnicity, geographical location, religion, socioeconomic status, disability, language, sexual orientation, political affiliation, or other factors. Delivery of equitable quality care requires an understanding of the complex factors influencing an individual's health and their experience of healthcare services. The Centers for Medicare and Medicaid Services (CMS) has recently published a national framework for health equity based on five health equity priorities to reduce health disparities[7]. Those priorities are:

1. Expand the collection, reporting, and analysis of standardized data;
2. Assess causes of disparities within CMS programs and address inequities in policies and operations to close gaps;
3. Build capacity of healthcare organizations and the workforce to reduce health and healthcare disparities;
4. Advance language access, health literacy, and the provision of culturally tailored services; and
5. Increase all forms of accessibility to healthcare services and coverage.

Mazars assessed the quality of Central Health's health equity assessment and health equity plans, and whether they will effectively, efficiently, and equitably serve the needs of the medically indigent compared to other health delivery approaches. To ensure a thorough assessment, Mazars set out to perform the following tasks: review Central Health's equity-based policies, procedures, program descriptions, quality improvement plans, provider directories, related reports provided, and evidence of practices to determine if industry best practices are implemented and community standards met; determine the availability and ease of culture and linguistic supports for patients; analyze provider directories to patient/population served demographics to determine if the access needs of patients with limited English proficiency needs are adequately met; review any patient satisfaction results against industry best practices to identify perceptions related to provider demographics and equity practices; and analyze key healthcare indicators for impacts related to equity, such as HEDIS and other state and national indicators.

Through the course of review, Mazars determined federal guidance from CMS regarding the availability of culturally and linguistically appropriate materials and a provider directory did not formerly apply to Central Health. However, because Central Health is preparing to initiate services under Medicaid and/or Medicare funding the observations

[7] https://www.cms.gov/priorities/health-equity/minority-health/equity-programs/framework

and recommendations regarding culturally, and linguistically appropriate materials and the presence of a provider directory are described herein as best practice recommendations to align with future state goals of the organization to comply with 42 CFR 438.10 Information Requirements, once entering the Medicare and/or Medicaid markets. The following describes Mazars' observations and recommendations in detail.

Culture and Linguistic Supports

Mazars requested to review Central Health's Language Assistance Program Description, any policies or procedures used to determine threshold languages and/or provide translation/interpretation services, language trending reports or analyses, as well as any cultural and language sensitivity training offered to providers and/or Central Health staff members. In the absence of a documented Language Assistance Program, Central Health provided Mazars the results of a culture and language access assessment conducted by a third party in August of 2023, the Patient with Communication Barrier Policy, and culture training from the Central Health Learning Management System (LMS), Relias. Review of the Patient with Communication Barrier policy determined the policy is basic; though the policy states Central Health utilizes contracted interpreters for individuals with limited English proficiency and/or hearing or visual impairments it does not describe the process staff must follow to provide a patient with appropriate interpretation/translation services. During interviews, Central Health staff indicated there were no alternatives for blind patients, although it is something staff members stated that they were working on. The Relias culture training covers basic culture competence information by describing culture and cultural competence, explaining the importance of cultural competence, and describing ways to work effectively in culturally diverse environments. While Central Health has an adequate cultural competency training model, Mazars was not able to validate the extent of the program implementation as there was no evidence of staff completion of cultural competency training.

In addition to document review, Mazars held interviews with Central Health leadership to ascertain internal practices related to language services provided by Central Health. During the interviews, Central Health stated they utilize staff and vendors for translation. The vendor is responsible for translating written materials, and certified staff are used to provide interpretation in clinic settings. While Central Health stated they utilize certified staff to translate/interpret, it was unclear how Central Health determined competency for "certification." Central Health staff indicated the process and methodology of assessing staff competency is currently under development by Central Health Human Resources. Central Health also stated while the language competency assessment is under development, staff are prohibited from providing translation/interpretation for medical services but may provide translation/interpretation for administrative purposes. The policy provided for review does not support these statements made by Central Health regarding the prohibition of non-certified staff providing translation/interpretation. It is clear Central Health's Language Assistance Program is in its infancy, and Central Health is encouraged to continue to grow their Language Assistance Program.

Mazars recommends Central Health continue to develop and implement their Language Assistance Program by adopting the following:

A) Establish and document a methodology for identifying the prevalent non-English languages spoken by individuals and potential enrollees throughout the Central Health service area.

B) Make oral interpretation available in all languages and written translation available in each prevalent non-English language. Written materials that are critical to obtaining medical services must include taglines in the prevalent non-English languages, explaining the availability of written translations or oral interpretation to understand the information provided, information on how to request auxiliary aids and services, and the toll-free telephone number of the entity providing such services as required by 42 CFR § 438.71(a). Taglines for written materials critical to obtaining services must be printed in a conspicuously visible font size.

C) Provide written materials that are critical to obtaining medical services, including, at a minimum, provider directories, enrollee handbooks, appeal and grievance notices, and denial and termination notices, available

in the prevalent non-English languages in the service area. Written materials that are critical to obtaining medical services must also be made available in alternative formats upon request at no cost, include taglines in the prevalent non-English languages in a conspicuously visible font size explaining the availability of written translation or oral interpretation to understand the information provided, information on how to request auxiliary aids and services, and include the toll-free and TTY/TDY telephone number Central Health's member/customer service unit. Auxiliary aids and services must also be made available upon request at no cost.

D) Provide interpretation services free of charge in a timely manner upon request. This includes oral interpretation and the use of auxiliary aids such as TTY/TDY and American/Spanish Sign Language. Oral interpretation requirements apply to all non-English languages, not just those identified as prevalent.

E) Provide notification to enrollees that oral interpretation is available for any language and written translation is available in prevalent languages; that auxiliary aids and services are available upon request and at no cost for individuals with disabilities; and how to access the services.

F) All written materials for potential enrollees and enrollees consistent with the following: use easily understood language and format; use a font size no smaller than a 12 point; be available in alternative formats and through the provision of auxiliary aids and services in an appropriate manner that takes into consideration the special needs of individuals with disabilities or limited English proficiency.

G) Document within a policy the process staff must follow to provide patients with appropriate interpretation/translation services. Policy must state staff are prohibited from providing interpretation for medical services unless certified by Central Health.

Establish and monitor the Language Assistance Programs of providers and delegates to ensure each program is consistent with Central Health's Language Assistance Program standards.

Provider Directory

Mazars requested Central Health's Provider Directory, reports regarding provider demographics, access and availability policies and procedures, and any network adequacy reports. While Central Health was able to provide Mazars with a Provider Directory, and a provider demographic report, the information received was basic and not usable for any type of network adequacy analysis. Mazars held an interview with Central Health leadership to clarify the methodology used to gather the data provided and gain understanding of how the organization utilizes the data. When asked how Central Health analyzes its provider network to ensure adequate access for all members within the service area, Central Health was unable to directly respond as to how they analyzed its network. Central Health shared they were aware of significant gaps within their network specifically with specialty care, and that they were taking action to address those gaps by contracting with universities and building out their own specialty network. Central Health was asked to describe what key indicators were used to identify potential gaps in adequate access and availability as there are no objective network standards for hospital districts, staff reported they monitor the time of referral to treatment, and provider waitlists as a way of identifying potential gaps in access and availability. While monitoring appointment wait time, and provider wait lists may be appropriate key indicators to assist with identifying potential gaps in access and availability, Mazars was not presented with evidence of such access and availability monitoring. Central Health also stated in interviews that the provider directory was available on their website, however Mazars was unable to locate a provider directory on Central Health's website that matched the data provided to Mazars for review of Central Health's network.

To enhance the existing Provider Directory and more accurately ascertain network adequacy in the future, Mazars recommends Central Health adopt the following best practice recommendations in accordance with 42 CFR 438.10:

A) Central Health should make available in paper form upon request and electronic form, the following information about its network providers:
    - The provider's name as well as group affiliation;
    - Street address(es);
    - Telephone number(s);
    - Website URL as available;
    - Specialty as appropriate;
    - Whether the provider is accepting new patients;
    - The provider's cultural and linguistic capabilities, including languages (including American/Spanish Sign Language) offered by the provider or a skilled medical interpreter at the provider's office; and
    - Whether the provider's office/facility has accommodations for people with physical disabilities, including offices, exam room(s) and equipment.

B) The Provider Directory should include all pertinent demographic information for each of the following provider types:
    - Physicians (including specialists and Physician Assistants/Nurse Practitioners);
    - Hospitals;
    - Pharmacy;
    - Behavioral health providers;
    - Long-term supportive service providers, as appropriate.

C) Central Health must establish a process for ensuring information in the printed Provider Directory is updated on a monthly basis.

D) Central Health must consider making the Provider Directory publicly available on their website.

Quality and Health Equity

Mazars assessed Central Health's quality and equity assessment and health equity plans, and whether they effectively, efficiently, and equitably serve the needs of the medically indigent as compared to other health delivery approaches. To ensure a thorough review, Mazars requested Central Health's most current equity-based policies, procedures, program descriptions, quality improvement plans, provider directories, reports and practices used to determine health disparities in the community served, identify needed programs, build on infrastructure, and minimize avoidable differences in health outcomes experienced by the medically indigent population.

To meet this document request, Central Health provided Mazars the results of a safety-net community health needs assessment and a capabilities and gap assessment conducted by a third party in February of 2022, and Central

Health's Healthcare Equity Implementation Plan - Operational and Financial Sustainability Planning presentation. The Healthcare Equity Implementation Plan described that Central Health identified and created over 150 projects to be implemented over a seven-year period, which was adopted by the Board in August 2023. As of June 2024, Central Health has not provided sufficient and transparent evidence to demonstrate full implementation of any of the 150 projects, progress tracking, policies and procedures development to support required implementation or the Board of Directors' oversight of the programs. Conversely, Central Health provided evidence of beginning to track select HEDIS measures, as well as social determinants of health (SDOH), as specified in Section 2.8 of this report.

Health equity is essential to the provision of quality healthcare. While Central Health does not have to comply with CMS health equity standards, Mazars recommends Central Health adopt the CMS health equity framework industry standard to achieve health equity for the medically indigent. CMS' framework for providing equitable healthcare, as stated in the CMS.gov website, involves the collection and use of comprehensive, interoperable, standardized demographic and SDOH data, to include race, ethnicity, language spoken, language written, gender identity, sex, sexual orientation, disability status, and SDOH. The best practice is to take a whole person view to assess the causes of disparities within the communities served and address inequities in policies and operations to close the gaps. Central Health must identify unintended consequences and make concrete, actionable decisions in investments and resource allocations. Resource allocations may include building workforce capacity and diversifying tools in clinics, provider offices, and ancillary services, as well as allocating resources to enable Central Health to meet the needs of the communities served. To address healthcare quality, patient safety and experience, and impact health outcomes and enrollment, Central Health must consider, advancing language access, health literacy, and the provision of tailored services to meet the cultural needs of the communities served, and increase all forms of accessibility to healthcare services and coverage to be responsive to patient needs and preferences, including people with disabilities.

In the absence of sufficient and transparent evidence provided by Central Health to demonstrate consistent evaluation of health equity disparities, stratifying measures using SDOH, and operationalizing performance measures, to enhance quality and health equity, Mazars recommends Central health adopt the following in accordance with CMS Framework for Health Equity 2022-2032 (CMS Office of Minority Health, 2022) .

A) Expand the collection, reporting and analysis of standardized data to drive quality improvement and improve health outcomes. This involves collection and use of comprehensive, interoperable, standardized demographic and SDOH data, to include race, ethnicity, language spoken, language written, gender identity, sex, sexual orientation, disability status, and SDOH.

B) Utilizing the whole person care perspective, assess the causes of disparities within the communities served and address inequities in policies and operations to close the gaps. Identify unintended consequences and make concrete, actionable decisions in investments and resource allocations.

C) Build workforce capacity and diversify tools in clinics, provider offices, ancillary services, and allocate resources to enable Central Health to meet the needs of the communities served.

D) Advance language access, health literacy, and the provision of tailored services to meet the cultural needs of the communities served, to address healthcare quality, patient safety and experience, and impact health outcomes and enrollment.

E) Increase all forms of accessibility to healthcare services and coverage to be responsive to patient needs and preferences, including people with disabilities.

2.4 Fund Expenditure Financial Accountability Procedures and Controls

Scope of Service Request

An assessment of Central Health's financial accountability procedures and controls related to the expenditures of Central health funds by Central Health and its third-party providers, and whether these practices meet payor industry standards as well as standards for governmental funds.

Assessment

Internal Control Framework Review

In addition to the third-party provider agreements provided by Central Health (as outlined in Section 2.1 above), Mazars reviewed over 60 documents, including policies, procedures, internal control walkthroughs, and financial statements **to evaluate the design of internal controls** related to third party expenditures, governance and oversight of third parties, and accounts payable.[8]

Mazars' scope of services was limited to **assessing the design effectiveness of Central Health's financial accountability procedures and controls related to the expenditures** of Central Health funds by Central Health and its third-party providers. Mazars was **not engaged to conduct an audit or tests of internal controls or express an opinion on the operating effectiveness of the internal controls** identified in relevant documentation such as available policies and procedures, the Independent Accountants' Report ("Agreed Upon Procedures") and the Affiliation Agreement between DMS, Central Health, and the CCC. A performance review of the CCC was outside the scope of this engagement.

On January 31, 2024, Mazars had a meeting with Central Health's Chief Financial Officer, Deputy Chief Financial Officer, Healthcare Finance Policy Director, Chief Strategy Officer, Controller, and its external auditors Maxwell Locke & Ritter, to discuss Central Health's internal control framework, expense cycle internal controls, and governance and oversight of third parties. As stated in Central Health's fiscal year 2023 financial statements, the external auditors did not identify any deficiencies in internal control over compliance; however, as noted in the independent auditors' report on internal control over compliance, the audit is not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance.

On April 5, 2024, Mazars had another meeting with Central Health's Chief Financial Officer, Chief Operating Officer, Healthcare Finance Policy Director, and Chief Strategy Officer, to follow up on the topics mentioned above and any unanswered questions about the documentation that was provided.

Central Health has many third-party provider agreements. As outlined in Section 2.1 and Appendix 1, Central Health provided us with numerous third-party provider agreements related to the provision of care. Central Health does not have a standard process or comprehensive policy and procedure to oversee expenditures of Central Health funds by Central Health and its third-party providers; thus, for section 2.4, **we selected the affiliation agreement between Central Health, the CCC, and the University of Texas at Austin (UT) to perform an in-depth internal control**

[8] Please refer to Appendix 3, for a full list of documents reviewed by Mazars (in addition to the third-party provider contracts outlined in Section 2.1).

walkthrough. The findings below are specific to this arrangement. Our review was limited to the scope that was prepared by Travis County and the scope did not include a performance review of the relationship between Central Health and Ascension Seton. Thus, our findings and recommendations below do not address the important relationship between the organizations.

Background on the CCC, JAC, and Affiliation Agreement

The following background was delineated from footnote one in Central Health's fiscal year 2023 financial statements:

> Central Health delivers healthcare services to the safety net population of Travis County mainly via its network that includes hospitals, specialty and primary care, as well as post-acute providers. This network comprises Central Health Texas Community Health Centers, Inc., also known as "CommUnityCare", its partnership with Ascension Texas (Seton), and to a smaller degree through the Community Care Collaborative (CCC). The CCC, established on October 4, 2012, as a 501(c)(3) District according to the Master Agreement between Central Health and Seton, is where Central Health, alongside Seton, jointly oversees a segment of outpatient healthcare services aimed at serving the indigent population. Although the CCC operates as an independent entity and the Central Health Board nominates most of its board members, there are certain decisions requiring material and reserved approvals. Due to specific authorities that Seton retains as per the Master Agreement, Central Health does not have full control over the CCC. The CCC does not meet any of the GASB criteria for blended reporting and, therefore, is presented as a discrete component unit in Central Health's financial statements.[9]

The Joint Affiliation Committee (JAC) was formed, within the University of Texas at Austin (UT), Central Health, and Community Care Collaborative (CCC) Affiliation Agreement (Affiliation Agreement), "to coordinate the relationship of the Parties and serve as a vehicle of communication as it relates to provisions of [the Affiliation Agreement].[10]" The JAC was designed to have six members, to serve as a forum for the Parties' relationship, and to discuss the efforts on how they can best improve healthcare for the residents of Travis County.

Mazars reviewed the **Agreed Upon Procedures**, with respect to the Affiliation Agreement between Central Health, DMS and the CCC. The Agreed Upon Procedures are performed by an independent audit firm, Atchley & Associates[11], and are designed to assist the CCC, on a limited basis, in providing third-party oversight over the Affiliation Agreement between Central Health, UT, and the CCC.

Mazars assessed the design of the procedures performed in the report and **noted they provided oversight over the following as it relates to the funding provided to DMS:**

- Financial statements and reporting systems & processes
- Audit committee letters
- Financial records, journals, and general ledger
- Allocation formulas
- Permitted Investments (personnel and non-personnel costs)

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[9] Travis County Healthcare District dba Central Health Financial Statements and Supplemental Information as of and for the Year Ended September 30, 2023 and Independent Auditors' Report.
[10] The University of Texas at Austin, Central Health, and Community Care Collaborative Affiliation Agreement July 10, 2014
[11] External auditor, as hired by Travis County

- Segregation of accounting records
- Unexpended funds

Furthermore, the Affiliation Agreement **clearly defined the duties and obligations of the CCC, DMS, and the JAC.** According to the agreement, the JAC shall meet at least quarterly to communicate and coordinate the obligations, mission, and goals of all parties to the agreement, Central Health, UT, and the CCC.

Mazars **used industry best practices** for assessing Central Health's financial accountability procedures and controls related to the expenditures of Central Health and its third-party providers.

As noted above, Mazars **did not identify a comprehensive third-party policy or procedure** as Central Health confirmed in a meeting that it does not have a standard operating procedure for third-party contracts. However, the Chief Operating Officer stated there is a robust process in place to oversee third-party contracts. He noted there are individualized processes for each contract and multiple departments that oversee them, depending on the third parties' service areas. In addition, the legal department oversees contract terms.

Results of Testing

This section of the performance review report analyzes Central Health's **internal controls framework for expenditures**, based on **inquiries, documents, and supporting information provided by Central Health**. Our focus was to assess the design of internal expenditure controls across various aspects of the organization. Our review is divided into three main sub-sections:

- **Governance and Control Activities:** This section examines the tone at the top, risk management processes, and the overall control environment.

- **Policies and Procedures:** This section evaluates the written policies and procedures that direct various activities within the organization. We assessed whether the policies are clear, concise, easily accessible and address key operational risks.

- **Analysis of a selected third-party provider contract:** As noted above, we selected to review the Affiliation Agreement between Central Health, DMS and the CCC to perform an in-depth internal control assessment. This section evaluates the controls related to the review and oversight of Central Health's third-party agreement with DMS and the CCC. We assessed whether this agreement is reviewed for potential risks and if it aligns with Central Health's organizational objectives.

The risk rating system for observations/recommendations is defined as follows:

Rating	Description
 Low	Does not represent a significant issue or could be a best practice recommendation, but it should be addressed by management when possible (for example, **within ninety days**). There is either a remote chance that a negative event will occur, or that if the event does occur, the result of the event will not have a significant negative impact on Central Health.
 Medium	Represents an issue that should be addressed **within sixty days or earlier**. There is some potential for a negative event to occur. If the event does occur, there may be some mitigating controls to protect Central Health. However, there is a possibility that a negative event could cause some, although not substantial, negative impact to Central Health.

Critical	Represents an issue that **requires immediate action.** There is either an increased potential for a negative event to occur in the immediate future, or there is likelihood that a negative event, even if it does not occur immediately, could have a substantial negative impact on Central Health.

Note: Negative events can include, but are not limited to, those associated with operational, reputational, and fraud risks.

Governance and Control Activities

In this section, Mazars **reviewed the Governance and Oversight of Central Health**, which included the following:

- Roles and responsibilities between Central Health, DMS and the CCC
- Board policies & procedures (Conflict of Interest, board reporting, etc.)
- Joint Affiliation Committee organizational structure

Mazars also examined Central Health's **Internal Control Framework.**

Findings

Strength in the Governance and Oversight of Central Health

We noted that Central Health **has a dedicated Controller position overseeing financial processes**. Internal control reviews are conducted regularly, utilizing **established audit templates to ensure thoroughness**. Further reinforcing this structure, the 2023 Entity Level Control Report confirms that "Management has established internal controls, including controls necessary for outsourcing to a third party," **demonstrating a commitment to comprehensive risk mitigation.**

We received the Central Health **board meeting minutes, strategic objectives, and healthcare equity implementation plan performance tracking presentation to the strategic planning committee**, which provide transparency for **tracking initiatives**, **budgets**, and ensuring **public accountability**. The Central Health executives and board have the ultimate responsibility for the governance and oversight of Central Health. The board of Central Health relies on a budget resolution that gets adopted yearly along with the budget. The budget resolution lists out the strategic objectives and expected deadlines. The yearly strategic objectives are often translated into KPIs that are tracked on a periodic basis within a tracking spreadsheet.

Strength in the Governance and Oversight of the Selected Third-Party Provider Agreement:

The Affiliation Agreement **clearly defines the roles and responsibilities** between Central Health, DMS and the CCC. The contractual terms between the three parties **improve efficiency** and **enhance accountability**. Central Health does not currently have direct governance and oversight responsibilities for the Affiliation Agreement, the CCC does.

Moreover, the establishment of a committee, JAC, was formed to facilitate the relationship and communication between the three parties. The JAC was also designed to advise and assist the CCC and Central Health in the development of performance metrics to measure the achievement of its mission and goals. We also noted that the JAC is operational as Central Health provided four meeting agendas from 2023.
We observed that CH has adopted a Conflict-of-Interest policy, which requires its Board members and employees **to review and sign the policy annually.**

Identified weaknesses in the Governance and Oversight of Central Health		
Id.	**Summary of findings**	**Risk level**
G.1	**Joint Affiliation Committee** Through the inquiry with Central Health, it appears that the **JAC relies on tracking documents** to follow-up on the activities of Central Health, the CCC and DMS. Mazars was provided the **agendas of the quarterly meetings** but **did not receive any metric tracking documents specific to the JAC,** although it is stated in the Affiliation Agreement that "The **JAC shall advise and assist CCC and Central Health in the development of performance metrics** to measure the achievement of IDS mission and goals and the identification of contributions made by the Permitted Investments." Also, Central Health stakeholders noted **there were no meeting minutes** from any of the JAC's quarterly meetings. In the Independent Accountants' review performed in 2024 on the Agreed Upon Procedure, **the activities of the JAC have not been reviewed or monitored.** Regarding this last point, Central Health stated that the Independent Accountant's review of the Agreed Upon Procedures **is a voluntary third-party review**, thus the **monitoring of the JAC's activities within the report is not mandatory.**	 **Medium**
G.2	**Internal Control Framework** Our review of Central Health's internal control framework identified a **potential need for more frequent and detailed periodic reviews**. Currently, the review schedule and the level of detail documented within those reviews are unclear. Additionally, Mazars was unable to assess if the periodic reviews performed by Controllers **are detailed enough to assess the design and operating effectiveness** of controls. Also, through the documentation provided, Mazars did not find evidence of **recommendations** being sent to management after the internal control reviews.	 **Medium**

Policies and Procedures

Mazars reviewed policies and procedures provided by Central Health and identified weaknesses in the **completeness of documentation related to expenditures, third-party oversight, accounting, and reporting**. Mazars also noted that some policies and procedures **provided were outdated.**

Strength in the Policies and Procedures of Central Health
Mazars reviewed **policies and procedures related to Accounts Payable, Auditing, Budgeting, Financial Statements Compilation, Bank Reconciliation and Purchasing,** which note **Central Health's commitment to strengthening their overall internal control framework.** Written policies provide clear guidelines for employees, promoting consistency and **reducing the risk of errors or intentional misconduct**. This transparency allows for **easier monitoring** and helps ensure activities are aligned with organizational goals and risk management strategies.

Identified weaknesses in the Policies and Procedures		
Id.	**Summary of findings**	**Risk level**

P&P.1	**Exhaustivity of policies and procedures**
	
	We noticed that the **following policies and procedures were incomplete** and needed to be more detailed (with roles and responsibilities, first-level controls, and management controls):
	• **Interim financial statements compilation**
	• **Bank Account Reconciliation**
	• **Balance Sheet Reconciliation**
	
	We also noticed that complete procedures, including a detailed description of tasks and controls to perform, and roles and responsibilities **are missing on the following topics:**
	
	• **Expenditure procedure, including:**
	  ○ List of "Allowable expenses"
	  ○ Detailed segregation of duties when making a purchase
	  ○ Vendor payment
	  ○ Invoice reconciliation
	  ○ Securing an audit trail for all purchases
	
	• **Contracting with third parties and securing third-party oversight, including:**
	  ○ Establishing requirements for third parties for progress reports
	  ○ Adhering to State and Federal Compliance requirements
	
	• **Oversight of third-party and third-party expenses, including:**
	  ○ Administrative monitoring of third parties
	  ○ Financial monitoring of third parties
		
		Medium

	Through inquiry with Central Health's management, Mazars noted that a **robust structure exists for onboarding and managing Central Health's third-party contracts**. Also, the contract team and legal team play a major role in **actively overseeing the contracted services**. Central Health explained their contracting approach is **customized for each provider**, be it a small nonprofit or a large group. They view **each unique contract as an established policy.** However, Mazars expressed concern about the **absence of written guidelines for third-party contracting**. A documented policy could **strengthen contract security** and **ensure consistent procedures across all vendors.**	
P&P.2	**Procedures and policies update** The procedures provided for our internal control review (Audit procedure, Budget procedure, Accounts Payable procedure, etc.), seem to be outdated. For example, **some have not been updated since 2009. This raises concerns about their accuracy in reflecting current operational practices.**	 **Medium**

Analysis of the Selected Third-Party Agreement: *The Affiliation Agreement between Central Health, UT, and the CCC*

Despite Central Health having various third-party contracts, Mazars solely examined the Affiliation Agreement between Central Health, the CCC and DMS, **which clearly outlined the responsibilities of the CCC and DMS**. However, Mazars noted weaknesses related to the **Agreed Upon Procedures** and the **frequency** of when they are performed.

Strength in the Selected Third-Party Affiliation Agreement with the University of Texas at Austin and the Community Care Collaborative
The Affiliation Agreement **details the duties and obligations** of the CCC, Central Health at UT. The Agreed Upon Procedures detail all the procedures and controls that were performed by an independent third party. These procedures reviewed **external audits results, expenditures, permitted investments, and unexpended funds.** These controls are an efficient way to **secure the contractual obligations of DMS** towards Central Health. Through discussion with Central Health Management, Mazars noted that Central Health **contracted with Travis County's external audit firm to perform the independent review of the Agreed Upon Procedures, on a voluntary basis.** This is a proactive and effective way to **decrease the risk of conflict of interest while increasing transparency** to the public that the Affiliation Agreement between CCC, Central Health and UT is being followed. Mazars also noted that **leadership at Central Health and DMS meet on a recurring basis** to discuss Affiliation Agreement service levels in resident clinics. This reflects Central Health's involvement in how DMS uses the $35 million of annual funding. We identified design flaws with the Agreed Upon Procedures, thus, we encourage Central Health to consider our recommendations to improve the design and operational effectiveness of this process (refer to our recommendations section below).

Identified weaknesses in the Selected Third-Party Affiliation Agreement with the University of Texas at Austin and the Community Care Collaborative		
Id.	**Summary of findings**	**Risk level**
AA.1	**Agreed Upon Procedures** We found evidence that some controls and procedures are **documented in the Agreed Upon Procedures written between Central Health and DMS.** These procedures and controls are meant to assist in **third-party oversight of Central Health's expenditures** (specifically oversight of DMS). We did not find evidence that the Agreed Upon Procedures were included, or referenced, in the Affiliation Agreement between Central Health, UT, and the CCC. Central Health noted that the Agreed Upon Procedures were put in place as an added step to assist all parties with the oversight of the Affiliation Agreement. We did not receive evidence of the existence of other Agreed Upon Procedures **for other contracts with third parties** that Central Health currently has. From what we noted, the procedures and controls listed in the Agreed Upon Procedures between Central Health and the DMS are **not properly described in any policy or procedure in Central Health's internal control framework.**	 Medium
AA.2	**Frequency of review of compliance with the Agreed Upon Procedures** Our review indicates that the Independent Accountant's Report (on the agreed upon procedures) **was last performed on January 4, 2024,** for the years 2019-2022. Additionally, a review of Central Health's **documented procedures did not identify any defined frequency for performing this procedure.** Central Health stated that the Independent Accountant's report is performed **on a voluntary basis**; **there is no mandatory deadline for performing the Audit**. During COVID-19 the Independent Accountant's report has been going through numerous delays because of unavailability of resources.	 Critical
AA.3	**Contractualization of Central Health's Mission and Engagement** In the Affiliation Agreement, there is no statement about the mission of Central Health, and how Central Health, by allocating funds to DMS, is planning to achieve its objectives. According to the Affiliation Agreement, Central Health **does not have full control over how funds allocated to its partner institutions are used**. Through inquiry with Central Health Management, Mazars ascertained that **Central Health leadership meets with DMS on an ongoing basis** to discuss how the allocated funds are used by DMS. **See Appendix 7**.	 Medium

AA.4	**Contract Term for the Affiliation Agreement** The term limit of the Affiliation Agreement is **25 years** with a plan for automatic renewal unless either party provides to the other party notice of non-renewal no less than one year prior to the expiration of the initial term or any additional term. While there are termination clauses, a 25-year contract term is extensive and leaves little room for Central Health to reevaluate the contractual terms until the 25-year term concludes.	 Medium
AA.5	**Community Care Collaborative** Historically, the CCC paid DMS the annual funding of 35 million dollars as agreed upon in the Affiliation Agreement from 2014-2022. In 2023, the CCC paid 12 million dollars of the funding and CH paid the remaining 23 million dollars. The CCC **has not been allocated a budget for the past two years** (the budget has not been approved by Central Health's board nor by Seton's board). Since Seton and Central Health could not reach an agreement regarding the CCC budget, the **CCC has been only relying on the Federal Medicaid funding for the past two years received via the DSRIP program, the CCC did not receive any funding from this program for fiscal year 2022 and there are no future plans for the CCC to continue to receive DSRIP funding as the program ended.** Per the Affiliation Agreement, in the event that the CCC ceases to exist or operate, Central Health shall be responsible for the annual Permitted Investment payments from Central Health Tax revenues. **Central Health began transitioning all necessary healthcare services agreements, in addition to the annual Affiliation Agreement payment, partially in fiscal year 2023 and fully in fiscal year 2024** as the remaining CCC funds are no longer able to cover the 35 million dollar payment to DMS. It is anticipated that Central Health will be responsible for covering the 35 million dollar funding in accordance with the Affiliation Agreement going forward; however, as noted above, the Affiliation Agreement does not afford Central Health sole governance privileges. This situation makes the purpose of the CCC unclear as the CCC is no longer generating its own funding. Central Health noted the CCC currently serves as a platform for ongoing collaboration and governance discussions between CH and Ascension; however, what is the purpose of keeping a communication and governance platform within an entity that is outside of Central Health when all the affiliation agreement funding will now come directly from Central Health?	 Critical

Recommendations

Mazars was responsible for evaluating the **design** of Central Health's **financial accountability procedures** and **controls** related to the **expenditures** of Central Health funds **by Central Health** and its **third-party providers**, and whether **these practices meet payor standards** as well as the **standards for governmental funds**.

As part of our review, Mazars identified a **few areas of enhancements** for future considerations based on industry best practice, which are outlined below. Recommendations are **based on the findings and weaknesses identified in the design of internal controls**.

Mazars recommends using the recent hire of a new CEO, Dr. Patrick Lee, and the rest of the Central Health executive leadership team and board to set the standard of a **strong risk management culture at Central Health**. The updated control environment can include **renewed policies and procedures**, enabling the highest standards for governance and increasing transparency of the allocation of funds.

Id	Risk level	Recommendations
Recommendations regarding Central Health's Governance and Oversight		
G.1	 Medium	**Joint Affiliation Committee** The JAC stakeholders should **document discussions and issues raised during the quarterly JAC meetings through meeting minutes**. We also recommend that stakeholders track the progress toward established objectives **through implementing and following metrics similar to the Central Health board operations.** We recommend that Central Health considers **assessing the effectiveness of the JAC's activities within the Agreed Upon Procedure Independent Audit report.** This review should encompass the reporting of the meeting's minutes and an **evaluation of progress made towards established goals and objectives**.
G.2	 Medium	**Internal Control Framework** Central Health's internal control framework should incorporate a formal program for **the periodic review of first-level controls**, which are the essential controls directly embedded within daily operations. This periodic review should happen at least once a year. Furthermore, we recommend that this periodic review includes extensive **testing (on design and effectiveness)** of first-level controls. It is important to note, however, that implementing a framework is only possible when **well-documented policies and procedures exist**. These documented procedures should clearly outline the specific actions and steps that comprise these first-level controls. Without this foundation, the framework will lack the necessary details to ensure the effectiveness of the most fundamental controls within Central Health's organization.

Recommendations regarding Central Health's Policies and Procedures		

P&P.1	 Medium	**Comprehensive policies and procedures**
		
		Central Health should detail the following policies and procedures. The policies should include the **tasks to complete**, the **first-level controls**, and the person **responsible** for completing each step. The policies and procedures should also clearly note an oversight function for managing third-party contracts/expenditures.
		
		• **Expenditure procedure, including:**
		  ○ List of "Allowable expenses"
		  ○ Detailed segregation of duties when making a purchase
		  ○ Vendor payment
		  ○ Invoice reconciliation
		  ○ Securing an audit trail for all purchases
		
		• **Contracting with third parties and securing third-party oversight, including:**
		  ○ Establishing requirements for third parties for progress reports
		  ○ Adhering to State and Federal Compliance requirements
		
		• **Oversight of third-party and third-party expenses, including:**
		  ○ Administrative monitoring of third parties
		  ○ Financial monitoring of third parties
		
		We also recommend **adding more detail** to the following policies and procedures:
		• **Interim financial statements compilation**
		• **Bank Account Reconciliation**
		• **Balance Sheet Reconciliation**

P&P.2	 Medium	**Policies and procedures update** To ensure continued effectiveness, policies and procedures should be **reviewed** and **updated annually**. This yearly cycle allows management to assess their relevance in the face of evolving regulations, industry best practices, and internal needs. Following the review, **management sign-off** reinforces the importance of these policies and demonstrates their commitment. Maintaining a **readily accessible archive**, perhaps a centralized electronic folder, ensures everyone has easy access to the latest versions. Additionally, providing operational teams with a **quick annual training session** on any updates or significant changes keeps everyone informed and promotes consistent adherence to the most current guidelines.

Recommendations regarding Central Health's Third-Party Affiliation Agreement with the University of Texas at Austin and the Community Care Collaborative		
AA.1	 Medium	**Agreed Upon Procedures** Conduct a comprehensive review and gap analysis of the affiliation agreement and consider the risks associated with all other existing contracts that Central Health executes with its third parties to determine if any other third party contracts should have agreed upon procedures similar to the affiliation agreement between CH, UT, and the CCC. Incorporate the Agreed Upon Procedures (AUPs) into the contract language of the Affiliation Agreement to increase transparency and accountability of all parties involved, and to predefine the roles and responsibilities for the independent review. In the absence of a pre-defined AUPs section within the Affiliation Agreement, Central Health should develop an internal standard operating procedure that **clearly outlines the steps Central Health must follow for ensuring and overseeing the proper use of funds, including the process of procuring and executing the AUPs.**
AA.2	 Critical	**Frequency of review of compliance with the Agreed Upon Procedures** To strengthen accountability of third parties, ensure care to the community, and safeguard Central Health funds, we recommend Central Health **establish an internal policy on executing Agreed Upon Procedures for all third-party contracts that are deemed to be higher risk**, not just the selected affiliation agreement. **This policy should outline clear guidelines for:** • **Developing Effective Agreed Upon Procedures:** The policy should provide a framework for crafting robust Agreed Upon Procedures that specifically address Central Health's risk areas and ensure the proper use of funds. • **Yearly Independent Reviews:** To promote ongoing effectiveness, the policy should **mandate annual reviews of Agreed Upon Procedures** adherence by third-party recipients. Ideally, these reviews would be conducted by independent parties to provide an objective assessment.
AA.3	 Medium	**Contractualization of Central Health's Mission and Engagement** To ensure **alignment with Central Health's core mission of serving the underserved**, we recommend implementing a **clear and concise statement within affiliation agreement** that outlines the utilization of funds in accordance with Central Health's core mission. The contract should explicitly tie the use of funds to **measurable progress** made in **providing medical care to underserved populations.** DMS **should be required to include in its annual report the progress achieved** towards this objective through metrics that **demonstrate a direct impact on the underserved community**. This

		transparency will not only safeguard Central Health's resources but also ensure their impactful use in fulfilling the organization's mission.
AA.4	 Medium	**Contract Term for the Affiliation Agreement** Central Health **s**hould **annually review the terms and conditions of the Affiliation Agreement** with approval by Legal and the Chief Financial Officer (CFO) to **ensure the contract is still commensurate with business objectives.** The review should be based on **quantitative and qualitative metrics** that should demonstrate how the funds provided by Central Health achieve Central Health's mission to provide medical care to the medically indigent.
AA.5	 Critical	**Community Care Collaborative and the Governance and Oversight of DMS** Given that the CCC is no longer receiving funding, DMS and Central Health should reassess its purpose. **For the sake of transparency, governance, and oversight, we recommend dissolving the CCC if it remains unfunded.** Continuing to operate without financial support could be perceived as circumventing public transparency. It is important to note that our review did not cover the governance, oversight, and internal control framework of the CCC, which limited our ability to fully evaluate key elements of the governance and oversight of the Affiliation Agreement. Additionally, according to the Affiliation Agreement Central Health **does not have full control over how funds allocated to its partner institutions are used**. This is a fundamental flaw of the Affiliation Agreement given Central Health will now be responsible for funding the 35 million dollar payment to DMS fully beginning Fiscal Year 2024 and for the foreseeable future. This is a critical issue that needs to be addressed as soon as possible, Central Health should take immediate action to work collaboratively with DMS to come to a new governance resolution. This issue was not relevant when CCC was covering the funding because the CCC was responsible for governing and overseeing the Affiliation Agreement, it should now be the responsibility of Central Health since they are now funding the Affiliation Agreement. While this is a critical issue, it is not considered an internal control significant deficiency on behalf of Central Health, it is a deficiency of the language in the Affiliation Agreement. The Agreed Upon Procedures are not an adequate internal control given the lack of consistent frequency of review and the design flaws in the scope which **does not include a review of the staffing salaries allocated to the $35 Million versus the separate professional services agreements that Central Health has with DMS.** This should be added as an agreed upon procedure to verify if there is any overlap in funding provided to DMS.
AA.6	 Critical	**Oversight of DMS and the Affiliation Agreement and DMS' Allocation of Funding** Through our discussions with DMS as outlined in section 2.7 below, we concluded DMS does not have a clear and comprehensive policy regarding the distribution of the Affiliation Agreement funds for provider staff salaries. The following quote is from correspondence received from DMS on May 22nd, 2024, "We [DMS] allocate staff salaries up until we meet or slightly exceed the department allocation. There is no predetermined process as to who is allocated and who is not." This could lead to

		complications if there is an overlap with Central Health's provider service agreements that might also be allocating finances for those same salaries within the $35 Million funding. It is important to note that our performance improvement review did not encompass a check of DMS' internal control system. **We recommend that DMS, in conjunction with Central Health, establish a comprehensive policy and procedure handbook for reconciling expenses charged against the $35 Million funding, as well as implement safeguards to prevent duplication of payment for staff salaries through separate provider services agreements with Central Health.**

Findings and Recommendations Summary

Mazars was responsible for evaluating the **design** of Central Health's **financial accountability procedures** and **controls** related to the **expenditures** of Central Health funds **by Central Health** and its **third-party providers**, and whether **these practices meet payor standards** as well as the **standards for governmental funds**.

Mazars assessed the design of internal controls related to **third-party oversight and expenditures** by reviewing relevant documents such as **third-party contracts, policies, procedures, and financial statements.**

Mazars identified that a **governance system exists at Central Health** in which roles and responsibilities are defined, the Conflict-of-Interest policy is implemented and signed off annually by all board members, and detailed minutes for the board meetings are available. Central Health provided in-depth strategic objectives and metrics that the board is regularly tracking.

We noted that Central Health **has a dedicated Controller position overseeing financial processes**. Internal control reviews are conducted regularly, utilizing **established audit templates to ensure thoroughness**. Further reinforcing this structure, the 2023 Entity Level Control Report confirms that "Management has established internal controls, including controls necessary for outsourcing to a third party," **demonstrating a commitment to comprehensive risk mitigation.** Mazars noted **weaknesses related to Central Health's Internal Control Framework,** some recurring second-level controls are performed, but Mazars was unable to assess the design effectiveness of these second-level controls.

Mazars reviewed **policies and procedures related to Accounts Payable, Auditing, Budgeting, Financial Statements Compilation, Bank Reconciliation and Purchasing,** which note **Central Health's commitment to strengthening their overall internal control framework.** Written policies provide clear guidelines for employees, promoting consistency and **reducing the risk of errors or intentional misconduct**. This transparency allows for **easier monitoring** and helps ensure activities are aligned with organizational goals and risk management strategies.

Central Health has many third-party provider agreements. As outlined in Section 2.1 and Appendix 1, Central Health provided us with numerous third-party provider agreements related to the provision of care. Our review was limited to the scope that was prepared by Travis County and the scope did not include a performance review of the relationship between Central Health and Ascension Seton. Thus, our findings and recommendations below do not address the important relationship between the organizations. Central Health does not have a standard process or comprehensive policy and procedure to oversee expenditures of Central Health funds by Central Health and its third-party providers; thus, for section 2.4, **we selected the affiliation agreement between Central Health, the CCC, and the University of Texas at Austin (UT) to perform an in-depth internal control walkthrough**. The findings and recommendations below are specific to this arrangement.

Mazars examined the **Affiliation Agreement between Central Health, UT and the CCC**. The agreement **clearly outlined the responsibilities of the CCC and DMS**. However, Mazars noted weaknesses related to the Agreed

Upon Procedures and the frequency of when they are performed. Mazars also noted **some weaknesses in the contract between Central Health**, the CCC and DMS. **The Affiliation agreement does not identify Central Health as a sole governmental authority which will be a critical barrier to implementing proper governance and oversight internal controls** as the CCC no longer has the funding to cover the $35 Million paid to DMS via the Affiliation Agreement. Going forward and in accordance with the Affiliation Agreement, Central Health will be remitting the $35 Million funding to DMS annually, and thus **Central Health should be afforded sole governmental authority in the Affiliation Agreement to properly oversee the use of funds.** Mazars assessed that there seems to be an informal **monitoring process is in place**, as Central Health and DMS meet on a regular basis to discuss strategic topics and there is an Agreed Upon Procedure process; however, we recommend the process be fixed and formalized collaboratively with DMS.

Central Health **lacked proper procedures for board reporting for the Joint Affiliation Committee (JAC).** While Mazars identified a **control design for Central Health's oversight committee** (JAC) as outlined in the Affiliation Agreement, and some meeting agendas for the past year, Mazars **did not receive any tracking document that could help the JAC follow-up on the activities** of Central Health, the CCC and DMS. Plus, the activities of the JAC **have not been monitored within the Independent Accountant's report on the Agreed Upon Procedure**. However, as noted in our assessment, we cannot conclude on the internal controls of the CCC as it was out of the scope of our review and the purpose of the JAC should be re-evaluated moving forward now that it is no longer fulfilling the funding requirements of the Affiliation Agreement. In terms of policies and procedures, Mazars **identified missing documentation** related to expenditures, third-party oversight, accounting, and reporting. Additionally, Mazars noted that **the provided policies and procedures were not kept up to date.**

Further, given that the CCC is no longer receiving funding, DMS and Central Health should reassess its purpose. **For the sake of transparency, governance, and oversight, we recommend dissolving the CCC if it remains unfunded.** Continuing to operate without financial support could be perceived as circumventing public transparency. It is important to note that our review did not cover the governance, oversight, and internal control framework of the CCC, which limited our ability to fully evaluate key elements of the governance and oversight of the Affiliation Agreement.

Finally, based on our interviews with Central Health stakeholders, **Mazars has concluded Central Health remains committed to developing a robust internal control framework to meet industry standards; however, there are critical barriers that prevent Central Health from implementing such internal controls with how the current affiliation agreement is written and the involvement of the CCC.**

2.5 Public Transparency

Scope of Service Request

An assessment of the public transparency and the quality of the public dissemination of information by Central Health.

Assessment

Central Health has a comprehensive communication strategy that appears well organized. For this review, Mazars assessed the transparency and quality of Central Health's public dissemination of information. To conduct the most thorough review possible, Mazars assessed the types of information Central Health disseminates to both the public and key stakeholders, as well as how that information is made available, in comparison to legal requirements and industry best practices. To perform this assessment, Mazars requested and reviewed policies, procedures, communication strategies, external communications, meeting minutes, the public-facing website (https://www.centralhealth.net), social media accounts, publicly posted Board meeting agendas and packets, and other documents. Mazars interviewed key stakeholders and a selection of public representatives to gain clarity on the documents reviewed and to ascertain perceptions regarding Central Health's sharing of information and transparency. Additionally, Mazars conducted an anonymous SurveyMonkey survey using both email lists and public postings to the Travis County and Central Health Facebook sites to gather perceptions of transparency.

Initially, Central Health leadership informed Mazars that the Texas Open Meetings Act (Government Code Ch. 551) and Texas Health and Safety Code Ch. 281 did not apply to their organization even though the Central Health Board of Managers bylaws state otherwise:

"The Travis County Hospital District d/b/a Central Health ("District") Board of Managers hereby adopts these Amended and Restated Bylaws to provide a framework for self-government of the District. This framework permits the District to operate pursuant to the Constitution and governing statutes of the State of Texas, including Chapter 281 of the Texas Health and Safety Code. Portions of these governing laws are included in these Bylaws for the purpose of clarification."

"All regular, annual, special, and emergency meetings of the Board shall be held in accordance with the Texas Open Meetings Act, Chapter 551 of the Texas Government Code, and District policy."

During a subsequent interview Central Health's legal counsel confirmed the requirement and compliance with the Texas Open Meetings Act. Mazars compared Central Health's public transparency practices to the requirements stated within Ch. 281 of the Texas Health and Safety Code and Ch. 551 of the Texas Government Code. Overall, Central Health endeavors to share appropriate and timely information about its operations and Board meetings with the public in compliance with these governmental requirements but would benefit from better documentation of some of its practices. Within the remainder of this section, Mazars provides its observations and recommendations for enhancing Central Health's public transparency practices.

Mazars examined the minutes documents for Central Health's publicly held meetings both for transparency of content and accessibility to the public in alignment with governmental requirements. The Board of Managers, Budget and Finance, Executive Committee, Strategic Planning Committee, Successions Committee, and Appointments Committee, meeting minutes provided to Mazars demonstrate that Central Health consistently includes the subject of the meeting and indicates actions taken during the meeting. However, in assessing the public accessibility of the meeting minutes, Mazars initially found differences between the practice verbally described by Central Health External Affairs leadership during an interview and the results available on the Board of Managers web page within its website.

During an interview with Central Health External Affairs on February 15, 2024, leadership stated that the minutes of all publicly held meetings are posted on the Board of Managers web page within the "Meeting Archive" section.

However, upon examination of this section, Mazars did not find minutes for all prior publicly held meetings. In follow-up, the Central Health External Affairs leadership provided additional information clarifying that some posting delays of minutes and materials were related to the size of documents and time it took to upload the materials. Central Health External Affairs leadership indicated they would implement an enhanced process for posting meeting agendas and materials to the Central Health website. Central Health External Affairs leadership further clarified that the organization posts notes to the events within the "Meeting Archive" section stating that materials will be posted once released by the County Clerk's office, and in cases where meeting materials are over 50MB, even after compressing the files, Central Health will add a note stating the packet is available upon request.

Texas Government Code Ch 551 requires Central Health to publicly post notice of the date, hour, place, and subject of each meeting no less than 72 hours in advance of the meeting. Upon review of Central Health's website, Mazars was able to confirm Central Health posts regularly scheduled sessions in accordance with Ch. 551. However, Central Health did not always post meeting agendas at least 72 hours prior to the scheduled meetings as stated by External Affairs leadership during an interview with Mazars and as indicated on the Central Health website. In response to this observation, Central Health provided additional information stating that the meeting agendas must be released by the County Clerk's office prior to Central Health posting them to the website or other public facing forums, and that on occasion the pending release of the meeting agendas delays the public posting. Central Health also indicated they will implement a process enhancement to post a notification on their website when such a delay occurs.

These process enhancements will improve transparency related to potential delays resulting from either the necessary relationship with the County Clerk's office or limitations related to posting large files. Additionally, these process enhancements will improve Central Health's ability to keep the public informed about how and/or when to access publicly appropriate information regarding the budget, strategies, and operations. To avoid the perception of Central Health having less than transparent practices when determining what information is made publicly available, where, and when, following a public meeting, Mazars recommends Central Health document and prominently publish these enhanced processes on the Board of Managers web page to account for the necessity of, at times, posting statements about pending meetings materials or those materials that are only made available upon request due to their size.

Central Health External Affairs leadership also stated that the organization complies with Texas Government Code Ch. 551 notification rules by notifying the County Clerk's office of meetings no less than 72 hours prior to the meeting. However, Mazars was unable to confirm Central Health's compliance with the County Clerk office notifications as review of the Travis County Clerk Office website did not show any meeting notice records. It is possible that the absence of meeting notice records is due in part to the database maintained by the Travis County Clerk Office being incomplete.

To avoid the perception of Central Health having less than transparent communication practices, Mazars recommends Central Health document in a policy and procedure the timeframe and steps necessary to ensure meeting notices and agendas are posted timely to the Central Health website, including the provision of notice to the Travis County Clerk Office not less than 72 hours prior to the meeting. As a best practice, Mazars recommends Central Health develop and implement internal monitoring of notices made to the Travis County Clerk Office to avoid any future appearance of not having complied with Texas Government Code Ch. 551.

From staff interviews, Mazars confirmed that Central Health adopted a sign-up process to allow the public to address the Board before the meeting is called to order. Central Health implemented a time limit of three minutes per individual unless translation or other accommodation is required. Mazars verified the sign-up process is publicly available on the Central Health website and includes information regarding language and translation needs. The sign-up process adopted by Central Health to allow public comment appears to be fundamentally compliant with Texas Government Code Ch. 551. However, Mazars was unable to identify a documented policy or procedure which describes this sign-up process and the organization's intent to consistently use the process to comply with the public testimony requirements of Texas Government Code Ch. 551. Mazars recommends Central Health document a policy and procedure which describes the existing process for enabling public testimony at public meetings in accordance with the public testimony requirements of Texas Government Code Ch. 551.

Texas Government Code Ch. 551 also requires Central Health's online message board be prominently displayed on the organization's primary web page and be no more than one click away from that primary web page. Upon review of Central Health's website, Mazars located Central Health's online message board for communication among the Board members about public business or policy outside of regularly scheduled meetings. While the legally required information was posted and searchable, the online message board is not prominently displayed on Central Health's primary web page. Further, upon landing on the message board web page, users are required to register an account before viewing any messages. The location of the message board combined with the requirement for users to register an account and login to view the detailed information, results in Central Health's message board not meeting the requirement to be prominently displayed or one click away from the primary web page. Therefore, Mazars recommends Central Health revise its website layout to ensure the Board of Managers message board is prominently displayed on the primary web page, and no more than one click away from the primary web page in accordance with Texas Government Code Ch. 551.006.

Survey

In addition to conducting interviews with internal stakeholders, Mazars requested a list of external stakeholders to interview regarding Central Health's public transparency practices. Central Health provided a list of three external stakeholders; two individuals were interviewed by Mazars, the third individual did not respond to Mazars' request for an interview. Travis County provided a list of six external stakeholders; but only two individuals were interviewed by Mazars, the remaining four individuals did not respond to Mazars' three attempts to arrange an interview. Mazars held virtual interviews with external stakeholders between March 8 and June 27, 2024. Responses to questions regarding Central Health's public transparency practices varied from satisfied, to neutral, to dissatisfied. Nearly all the dissatisfied responses were related to perceptions of a lack of transparency regarding the details of how taxpayer dollars were being spent on patient care by Central Health. To increase understanding of the public's perceptions related to Central Health's transparency, Mazars issued an online public opinion survey, herein referred to as the survey, with the assistance of Central Health and Travis County.

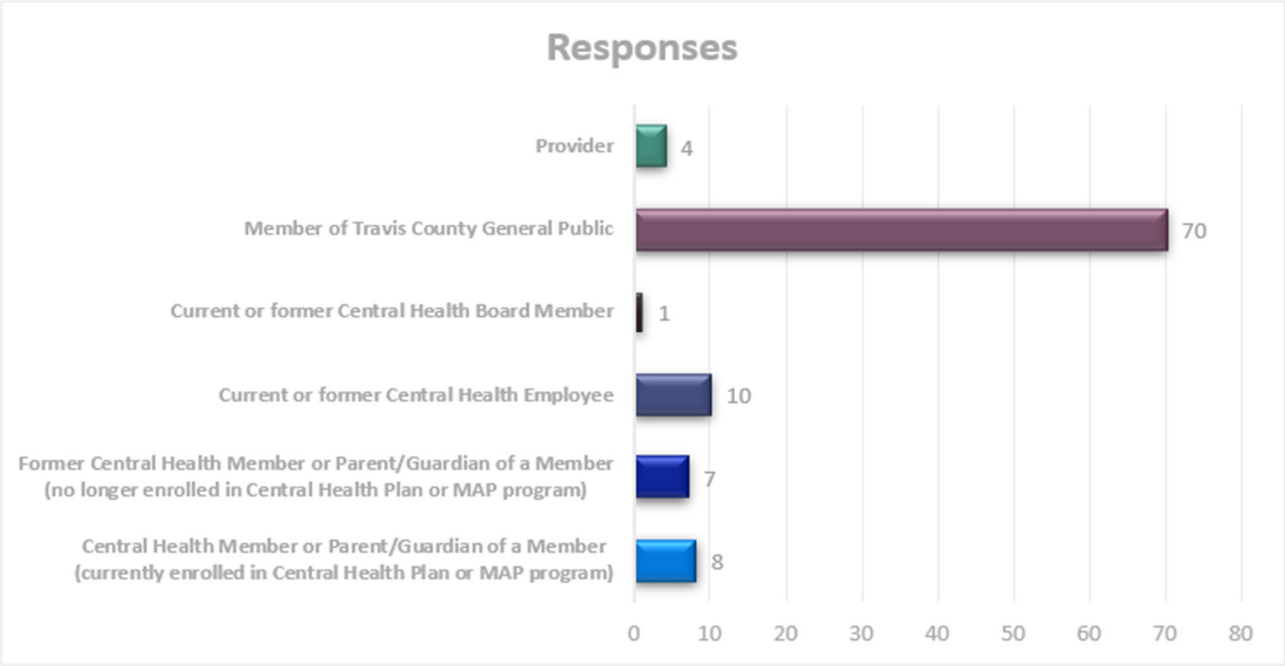
The survey aimed to gauge the public's perceptions regarding Central Health's transparency specific to the expenditure of local tax dollars for healthcare services. The survey was open from May 3 through May 20, 2024. The survey was emailed in English and Spanish to a list of 385 contacts provided by Central Health, as well as publicly posted to the Central Health and Travis County Facebook pages in both English and Spanish. There were five multiple choice demographic questions and three questions that rated satisfaction related to transparency of information, one question regarding how participants are aware of Central Health's activities, and one question allowing a written response. The survey questions were:

1. What is your relationship to Central Health?
2. How long have you been part of the Central Health community?
3. What is your age range?
4. Which gender do you identify as?
5. Which of the following ethnicities do you identify as?
6. I am pleased with the public information shared by Central Health on how they spend local tax dollars.
7. I can easily find information about how Central Health spends local tax dollars.
8. I trust what Central Health shares about how they spend local tax dollars.
9. Central Health is funded by local tax dollars. How have you been made aware of Central Health's activities funded by local tax dollars?
10. What else do you want to know regarding how Central Health spends local tax dollars?

Within the remainder of this section, Mazars provides an overview of the survey responses. The complete survey results can be found in Appendix I of this report.

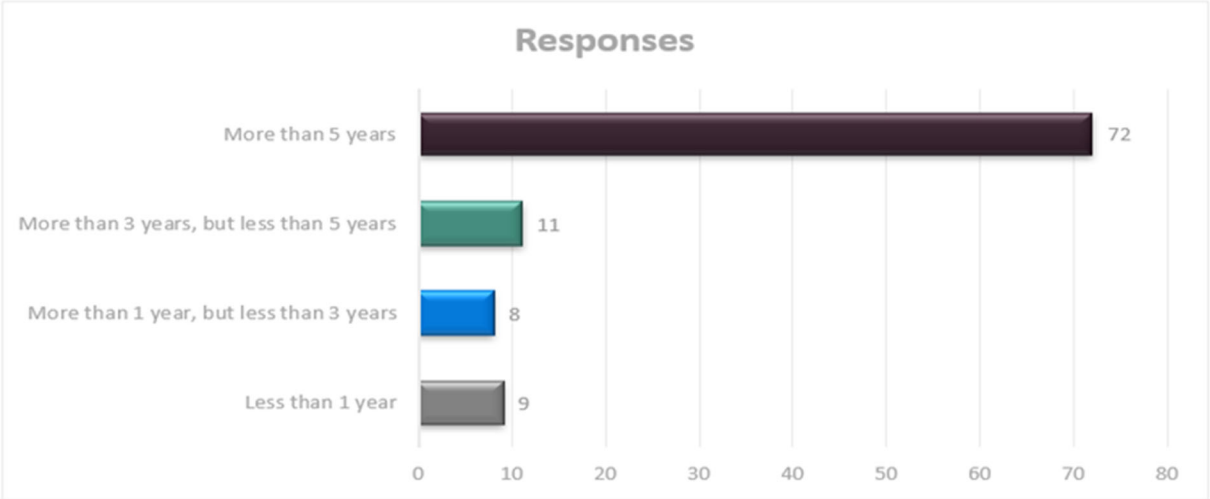
Mazars received a total of 100 responses; 93 responses were in English, and seven responses were in Spanish. Due to the anonymous nature of the survey, it is not possible to discern whether respondents accessed the survey as email recipients from the contact list provided by Central Health or directly through the survey postings on the Travis County and Central Health Facebook pages.

Q1: What is your relationship to Central Health?



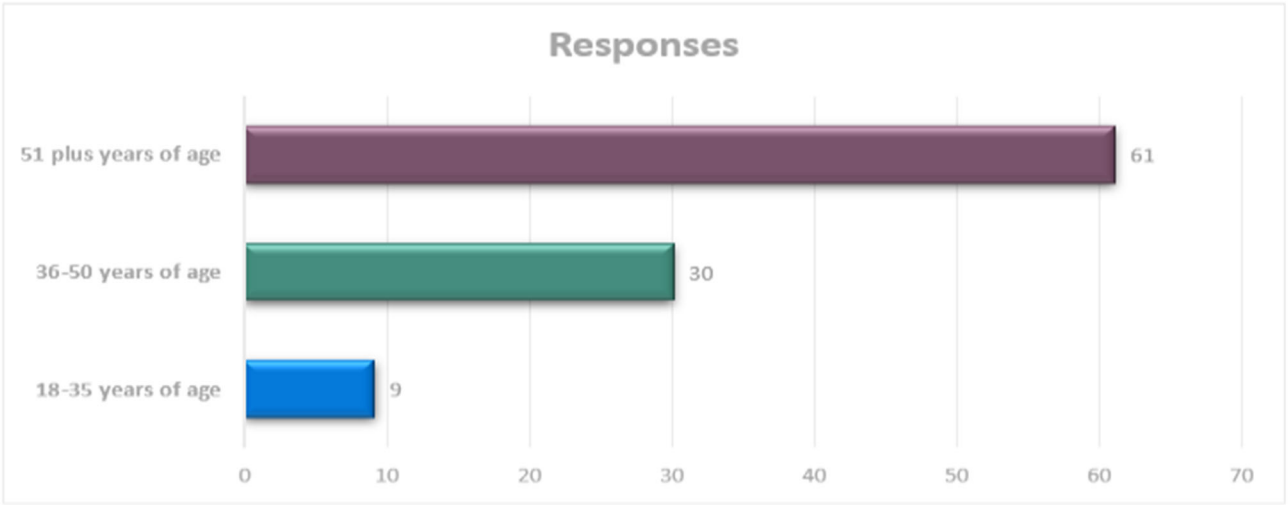
Results showed 70% of the survey responses were from the General Public with the next largest share, at 10%, being current or former Central Health employees. These results suggest that the survey targeted the appropriate audience for input.

Q2: How long have you been a part of the Central Health community?



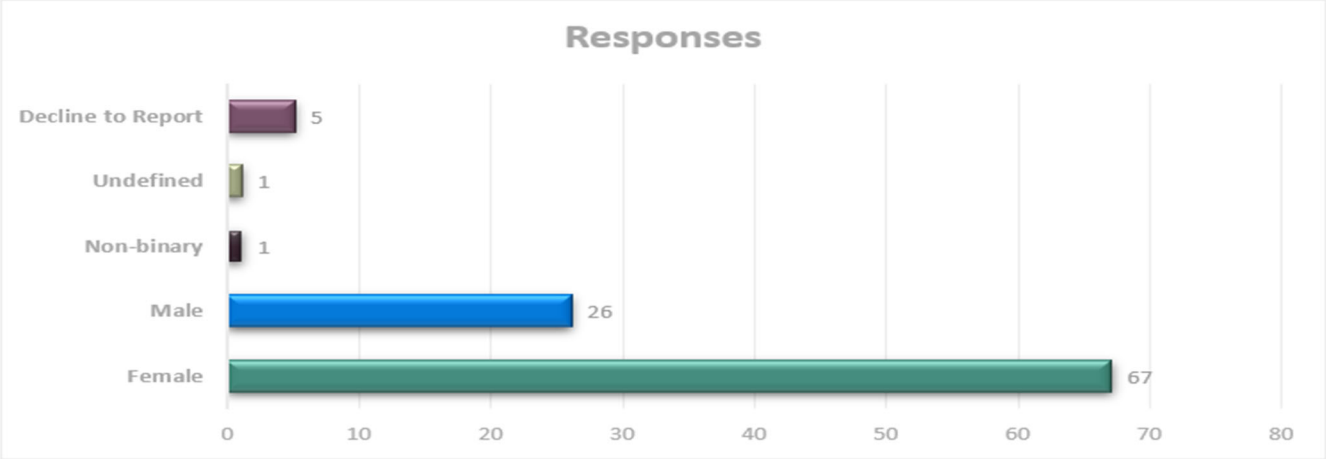
Responses indicate that the survey respondents had history with Travis County, in particular Central Health, with over 91% of responses indicating more than one year of history with Central Health. Of those responses, an overwhelming 72% indicated they had more than five years of history with Central Health. These results suggest most survey respondents were familiar with the Central Health community.

Q3: What is your age range?



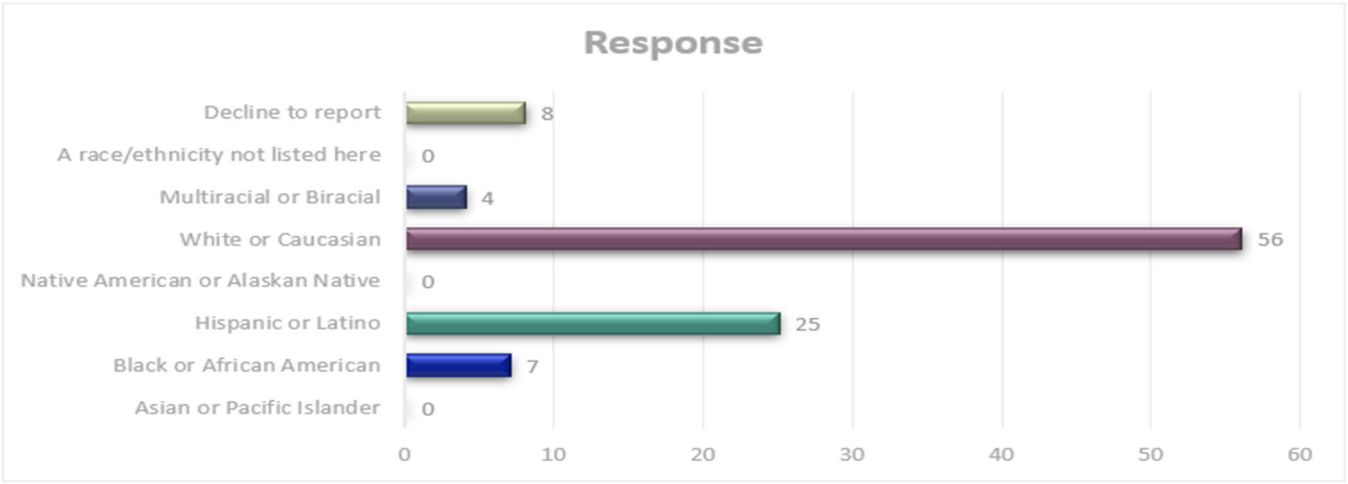
The survey targeted adults. More than half of the survey respondents (61%) were 51 years of age or older, and 39% of the survey respondents were between the ages of 18 years and 50 years old. These results suggest a mature response. The phrase “mature response” refers to a thoughtful, wise, and composed reaction to a situation. A mature response typically shows self-control, wisdom, and consideration of others.

Q4: Which gender do you identify as?



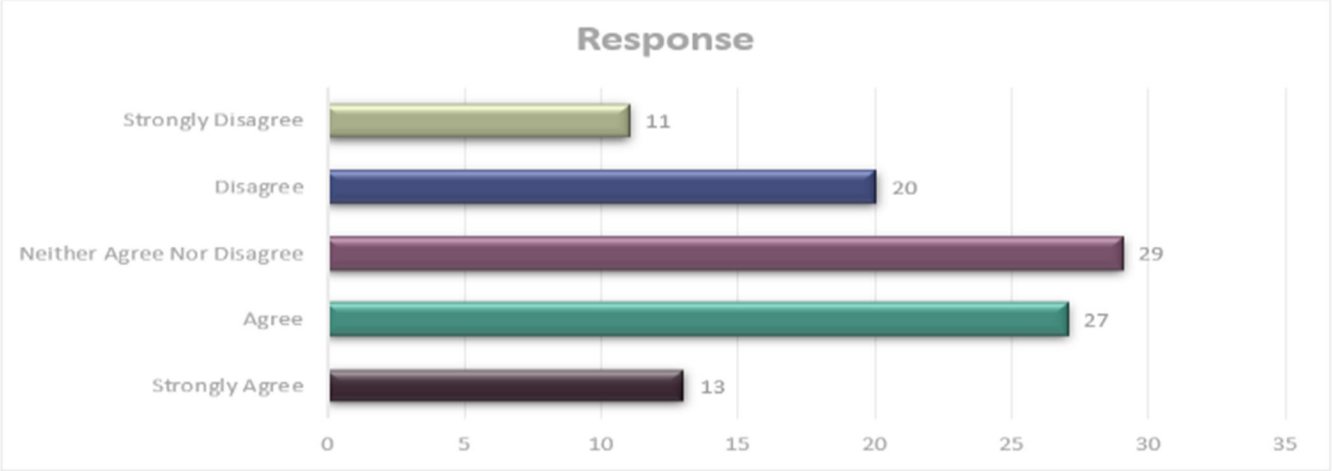
Based on the 94 responses regarding gender, 67% of the survey respondents identified themselves as female, 26% identified as male, 2 responders identified as non-binary or undefined, and 6 responders declined to report. As research shows that most health care decisions are made by the female head of household, these results continue to suggest that the survey targeted the appropriate audience for input.

Q5: Which of the following ethnicities do you identify as?



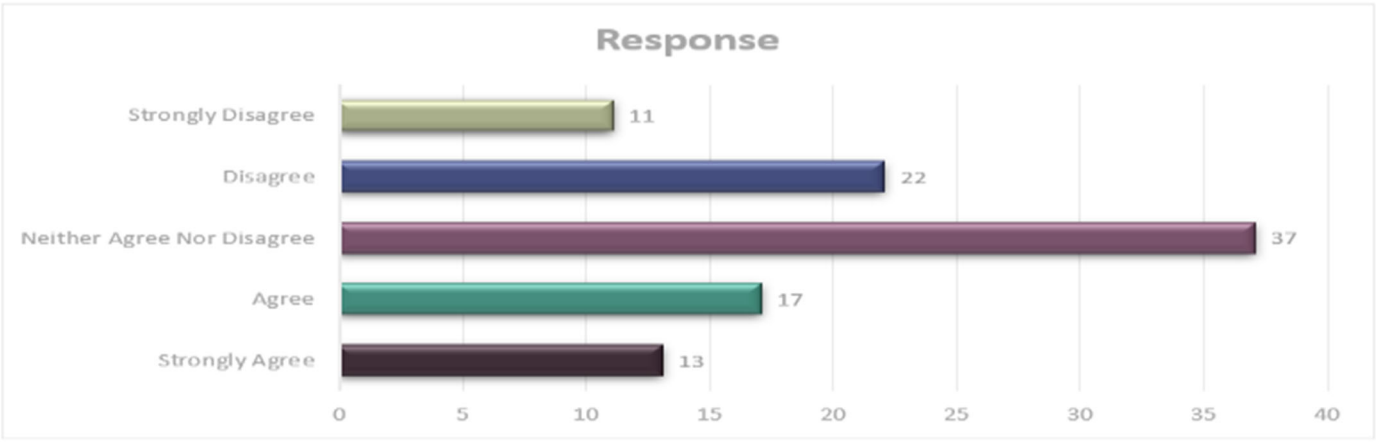
A small percentage of respondents (8%) declined to answer the ethnicities question. Most of the survey respondents identified themselves as White or Caucasian (56%) while 25% identified as Hispanic or Latino. Approximately 7% of the respondents identified as Black or African American. According to the most current census data available from the United States Census Bureau (2022), of the 1.29 million residents of Travis County, 55% identify as White or Caucasian and 33% identify as Hispanic or Latino, and 8% identify as Black or African American. The diversity of the respondents is generally representative of Travis County ethnicity.

Q6: I am pleased with the public information shared by Central Health on how they spend local tax dollars.



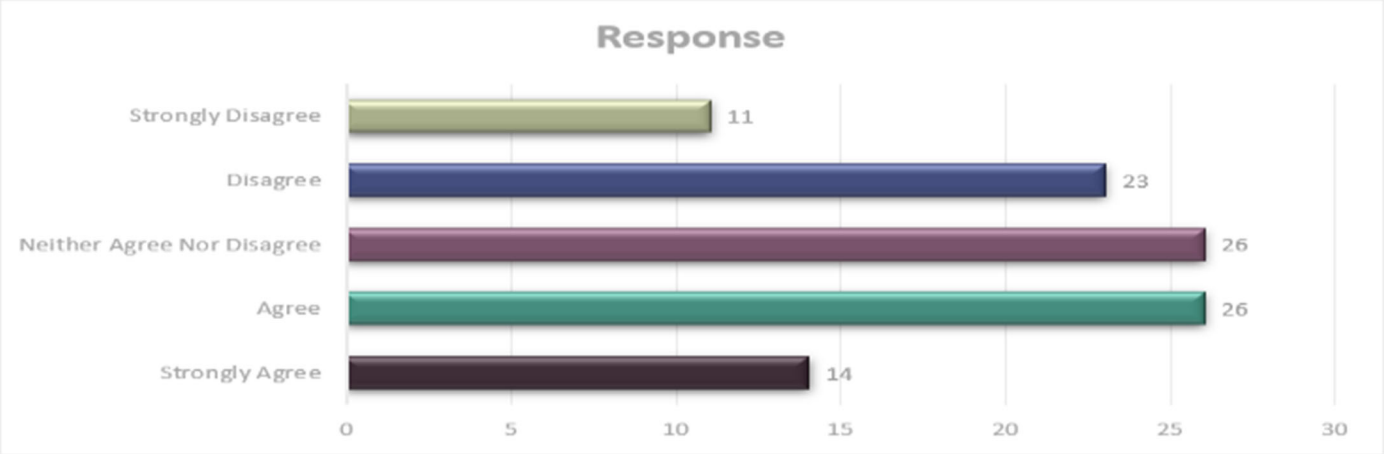
Nearly a third of the respondents (29%) were neither satisfied nor dissatisfied with the public information regarding how tax dollars are spent by Central Health. Similarly, 31% of respondents indicated they were not satisfied (strongly disagreed or disagreed) with the public information and 40% of respondents indicated they were satisfied (strongly agree or agree) with the public information. Based on responses, there is no strong perception one way or the other regarding satisfaction with the public information shared by Central Health on how they spend local tax dollars. However, there is an opportunity to further develop both the positive and negative perceptions through further focus group research.

Q7: I can easily find information about how Central Health spends local tax dollars.



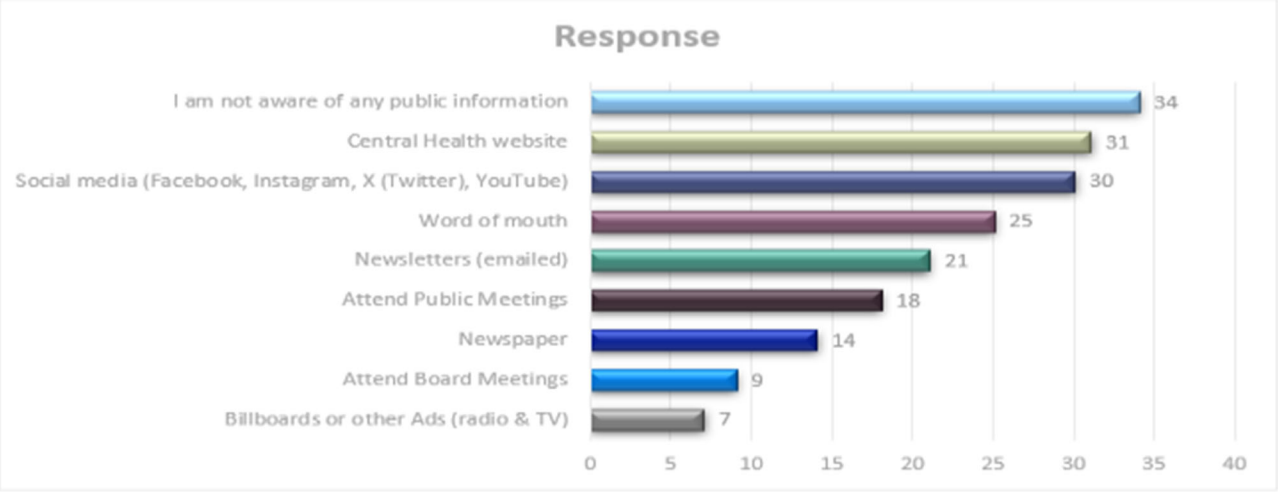
Similar to question 6, responses for question 7 were essentially equivalent for reporting the ease of finding information regarding Central Health's spend of local tax dollars. Slightly more than one-third of responders (37%) indicated they neither agreed nor disagreed with their ability to easily find information, while one-third (33%) disagreed or strongly disagreed and just less than one-third (30%) agreed or strongly agreed. Although the positive and negative responses related to the ease of finding information are essentially equal, there is an opportunity to do further research on why 37% of the responders were non-committal in their responses regarding the ease of finding information regarding Central Health's use of tax dollars.

Q8: I trust what Central Health shares about how they spend local tax dollars.



Like the previous two questions, without further research, the division of responses to question eight do not indicate a strong conclusion. A slight majority of responders (40%) indicated they trusted (agree or strongly agree) information shared by Central Health regarding the tax dollars spent on healthcare. Conversely, 34% of responders indicated they did not trust (disagree or strongly disagree) the information shared by Central Health, and 26% of responders were non-committal (neither agree nor disagree). While the number of respondents indicating non-committal may be indicative of a knowledge deficit regarding how local tax dollars are spent by Central Health, there is opportunity to do further research to clarify what the gap may be.

Q9: Central Health is funded by local tax dollars. How have you been made aware of Central Health's activities funded by local tax dollars? (selected all that apply)



Question 9 was a multiple option response question; however, more than one-third of responders (34%) indicated they were unaware of any public information regarding Central Health's activities funded by local tax dollars. The remaining responses (155) showed that responders most frequently gathered information on Central Health's activities through Central Health's website (20%), social media (19%), and word of mouth (16%). Central Health's website and social media platforms are well developed by Central Health's External Affairs Department and would be appropriate to use for further education of the public.

Finally, question 10 was an optional free response question where survey respondents were asked to enter in anything they would like to know regarding how Central Health spends local tax dollars. There were 45 separate responses to this question from 45 unique respondents. Of the 45 responses, 39 were from English speakers and 6 were from Spanish speakers. The general themes of responses were in four areas: public information availability, effective use of funds, improvement opportunities, and the amount of reserves. Below is a sample of the comments and the full comments are included in Appendix I of this report.

Responses representative of public information availability:

- "How is it decided where the money will be spent?"
- "Why [do] they keep stealing our tax dollars to fund fat cat execs and give our money to religious groups that won't provide all needed services."
- "Where is this information for public view?"
- "What is the financial relationship between Dell Medical School and Ascension Seton with regard to contracted services. What types of contracts are in place for commodities, specifically vaccines?"
- "What is Central Health, and why and how are taxpayers paying for it."
- "How the payment to UTHA for services works."

Responses representative of effective use of funds:

- "Are the funds used effective? Is there a measurable improvement from the use of the funds? Is there a public health improvement or just instances of individuals benefiting? How do you know what you know?"
- "I want to know how much, if any, funds go to the failed policy of "harm reduction" where free drug use supplies or kits are handed out instead of handing out info on where to obtain drug rehab."
- "How the money is being spent."
- "Central Health is wasting the funding they are given. More oversight should be done to prevent wasteful spending and elevated salaries for administrators. Salaries should be focused on direct care givers - nurses, aides, technicians instead of administrators and over paid directors."

Responses representative of improvement activities:

- "I want to know what y'all are doing about getting more providers. My boyfriend recently was approved for Map in May and has to wait till OCTOBER to get a first appointment for establishing primary care."
- "Central Health needs to be serving more people."
- "I want them to work more as a team with other entities like the City of Austin, non-profits, insurance companies and health promoters working in the community. I want them to offer support in the hospitals and clinics but also in the community. We know that health is not so much about the doctors as it is about what happens in people's lives. Having health homes in safe places, having access to healthy food, having quality public transportation, having work with fair wages, having education on health issues, having all of these makes for a healthy community and saves thousands of dollars, right? The conversation about what "health" does has to change and Central Health needs to be there, helping the community understand all of this."

Responses representative of the amount of reserves:

- "Why CH is holding so many tax dollars in reserves. And why they don't spend more on mental health."
- "Why do they have a five hundred-million-dollar surplus?? Why didn't they spend that money on poor people??"

Overall, the results of the survey showed the public perceives they have a knowledge deficit regarding how Central Health uses local tax dollars to improve healthcare delivery to the medically indigent population of Travis County. Mazars recommends Central Health consider increasing public transparency by sharing outcomes related to the use of local tax dollars for healthcare through multiple avenues easily available to the public. It will be imperative that such information is accurate, frequent, and timely, clearly indicating where Central Health's use of local tax dollars resulted in better healthcare outcomes, specifically to the medically indigent population of Travis County. In situations where Central Health enters a relationship with another entity for healthcare delivery to the medically indigent population, Central Health should monitor the improvements to healthcare delivery made by the entity and regularly make this performance data available to the public through multiple avenues.

In summary, Mazars recommends Central Health implement the following improvements to avoid the perception of less than transparent communication practices and to evidence compliance with Texas Government Code:

A) Document in a policy and procedure the meetings, materials, and minutes to be posted to Central Health's website and made publicly available in accordance with Texas Government Code Ch. 551.

B) Document in a policy and procedure the timeframe and steps necessary to ensure meeting notices and agendas are posted timely to the Central Health website, in addition to providing notice to the Travis County Clerk Office not less than 72 hours prior to the meeting.

C) As a best practice, Mazars recommends Central Health develop and implement internal tracking of notices made to the Travis County Clerk Office.

D) Document a policy and procedure which describes the existing process adopted by Central Health to allow for public testimony at public meetings, in accordance with Texas Government Code Ch. 551.

E) Revise Central Health website layout to ensure the Board of Managers message board is prominently displayed on the primary web page, and no more than one click away from the primary web page in accordance with Texas Government Code Ch. 551.006.

F) Consider an aggressive and frequent campaign to increase the public's perception of transparency by sharing outcomes related to the use of local taxpayer dollars for healthcare through multiple avenues easily available to the public. The campaign must clearly indicate where local tax dollars have resulted in better outcomes related to Central Health's healthcare delivery model, specific to the medically indigent population of Travis County.

2.6 Analysis of Health Care Services

Scope of Service Request

An analysis of the amount and type of all health care services (as defined in Texas Health and Safety Code, Sections 281.028 and 029) provided by DMS (Dell Medical School) from Central Health's annual $35 million payments to the medically indigent, including the number and type of aggregate patient encounters by universal diagnostic codes, universal treatment codes, costs, zip codes, and any other provider accountability documentation that the auditor seeks, in its discretion; as well as an analysis estimating, based on DMS accounting and other records, how much of these Central Health funds have been spent by functional expense classification categories on items other than direct health care for the indigent.

Background

In July of 2014 the University of Texas at Austin, Central Health and the Community Care Collaborative entered into an Affiliation Agreement which serves as the foundation for a recurring $35 Million payment to the University. The following is a review of the spending as provided by the University and Medical School.

Central to the analysis described below is reviewing and answering the question, as described above, as to "*amount and type of all health care services"* provided by DMS to Central Health members. Fundamentally, as shown below, DMS asserts that the available funds are not considered applicable for Clinical Services; however, they do include coverage for the salary and operating expenses of DMS clinicians.

In the view of Mazars, the Affiliation Agreement does go so far as to cover Clinical Services. However, there are two additional points of consideration: (1) DMS' usage of the Affiliation Agreement funds are in line with the terms of the agreement and (2) the application of Affiliation Agreement funds to pay for the salary expenses of individuals who provide clinical services to Central Health members could be interpreted as paying for Clinical Services.

Assessment

Dell Medical School's Fund Usage and Affiliation Agreement

Mazars sent a written request to Dell Medical School to disclose records that show how the funds were spent on Central Health members. On September 29, 2023, Dell Medical School responded to our request via email that the $35 Million fund was not applied to pay for billable patient services. Per letter from Dell Medical School:

> *Use of the funds as payment for billable patient services does not qualify as a "permitted investment" and was not the intended purpose of the funds under the Affiliation Agreement. Instead, the funds have been applied to support the development and operation of Dell Medical School and its administrative infrastructure; attracting, expanding, and retaining faculty, clinicians, researchers, administrators, and staff to provide services; and care coordination and management services.*

In reviewing the Affiliation Agreement, Mazars believes that patient services are a permitted investment.

The **Definitions** section of the Affiliation Agreement includes the following description of a *"Permitted Investment"*:

> "Permitted Investments" means the continuing investment in programs, projects, operations, and providers that furthers the missions of the CCC and Central Health, benefits UT, and complies with all Laws that apply

> to each Party, and shall include, but not be limited to, the enhancement of medical services for residents of Travis County; ***directly or indirectly increasing the health care resources available to provide services to Travis County residents***; the discovery and development of new procedures, treatments, drugs, and medical devices that will augment the medical options available to Travis County residents; and the development and operation of collaborative and integrated health care for Travis County residents. With respect to this Agreement, Permitted Investments include the provision of direct operating support to UT that will be used by UT in its discretion to facilitate and enhance the (i) development, accreditation, and on-going operation of the UT Austin Dell Medical School and its administrative infrastructure, (ii) recruitment, retention, and work of the UT Austin Dell Medical School Faculty, Residents, Medical Students, researchers, administrators, staff, and other clinicians, and ***(iii) other related activities and functions as described in the Recitals to this Agreement***.

Of note, sub-bullet iii (3) refers back to the Agreements **Recital's** section. Specifically, the Recitals include the following language:

> **WHEREAS**, the recruitment of Faculty and Residents by the UT Austin Dell Medical School will bring additional primary, specialty, and subspecialty medical care providers to serve the health care needs of Travis County residents consistent with the obligations of Central Health and the mission of the CCC;
>
> **WHEREAS**, the UT Austin Dell Medical School will enhance and improve the ability of Central Health and the CCC to provide and deliver essential health care services to Travis County residents;
>
> **WHEREAS**, the UT Austin Dell Medical School will partially provide the staff for the Teaching Hospital, Dell's Children's Hospital and the Community Clinics that provide substantial amounts of health care and directly serves the public purpose of Central Health and the mission of the CCC;
>
> **WHEREAS**, Seton is unable to perform certain ERD Restricted Services and Central Health must be able to assure that such ERD Restricted Services are available to Travis County residents;
>
> **WHEREAS**, the UT Austin Dell Medical School Faculty and Residents will assist Central Health in providing such ERD Restricted Services to Travis County residents that Seton will not be able to perform in order to assure Travis County residents that such ERD restrictions will not impede or restrict the delivery of health care services or limit the scope and content of UT Austin Dell Medical School training programs regarding women's health services;

Additionally, Section 4 of the Affiliation Agreement, **Duties and Obligations of UT**, includes multiple references to the provision of clinical/medical care to the members of Central Health. The following Affiliation Agreement articulate the delivery of clinical services to Central Health members:

- 4.3 UT Austin Dell Medical School Provisions of Clinical Services;
- 4.4 Women's Health;
- 4.5 Ethical and Religious Directives;
- 4.8 Medical Support; &
- 4.9 MAP and Charity Care Patient Access to Clinical Services.

For reference, Section 2.1 of this report reviewed contractual agreements between DMS and Central Health for the provision of Clinical Services. The fact that Central Health and DMS entered into direct patient care contracts could imply that the Affiliation Agreement was not intended to cover Clinical Services. However, while potentially contradictory in nature, the terms of Affiliation Agreements do allow for the provision of Clinical Services as a potential Permitted Investment. DMS application of the $35M, as shown below, is in line with the terms of the Affiliation Agreement.

Dell Medical Schools Fiscal Year 2022 Fund

Along with the letter that Mazars received in September 2023, Dell Medical School provided us with a data set detailing its use of the $35 million. This file contained aggregate level data of 'FY 22 Personnel Exp & Salary' for Fiscal Year 2022 (FY 22).

Through a consolidation of multiple data sets, provided by DMS we prepared the following analysis. For reference, the *FY 22 Personnel Exp & Salary*, Operational Budget outlined by the *Progress and Impact* report, and a DMS supplied domain mapping with transaction identifiers were used. We were not able to map the information provided to the publicly available University of Texas FY 2022 Operational Budget; however, we do believe this is possible and we recommend that DMS implement a process to report this type of reconciliation to the public for transparency purposes (refer to section 2.7 for additional recommendations).

Based on materials provided, we were able to align the proposed $35 Million payment with their internal budget for the Fiscal Year 2022. Per our analysis, the majority of the $35 Million (80.9%) for Fiscal Year 2022 was allocated to cover DMS' staff salaries.

The University of Texas published its FY 2022 Operational Budget and presents a *Progress and Impact Community Report* annually to Central Health in July and publishes it on the DMS website [12]. It keeps an archive of annual reports at the bottom of the webpage. The Progress and Impact Community presentation includes the FY 22 Internal DMS Budget, as shown in Table 6 below, this highlights line-item budget details by expenditure category. It is important to note that the categories listed in Table 6 do not correspond to those in the publicly available UT Austin Operational Budget, as this detailed information is intended for internal use only. While the Direct Medical Services' allocation of $35 million for clinical care is not broken-down item by item, a portion of these funds have been allocated and utilized for the salaries of medical staff delivering healthcare services. DMS provided an internal reconciliation of the use of funds.

[12] https://dellmed.utexas.edu/about/reports

After reconciling the FY 22 actual expenses and budget, we attempted to understand how dollars were allocated and for any reference policy or logic behind the allocation. Per DMS, "*we allocate staff salaries up until we meet or slightly exceed the department allocation. There is no predetermined process as to who is allocated and who is not.*"

Expenditure Category	FY 22 Internal DMS Budget	Actual Expenditure
Women's Health	$2,400,000	$2,943,035
Surgery	$3,700,000	$3,699,953
Internal Medicine	$3,800,000	$4,156,115
Population Health	$1,100,000	$1,338,790
Pediatrics	$1,900,000	$1,995,431
Clinical Practice Operations	$5,300,000	$6,459,866
Medical Education	$2,500,000	$2,515,217
Health Ecosystem	$500,000	$525,748
Health Equity	$500,000	$537,211
Value Institute	$200,000	$227,051
Design Institute	$200,000	$216,521
Overhead Allocation	$12,900,000	$14,129,951
Total	**$35,000,000**	**$38,744,890**

Table 11 Dell Medical School 'FY 22 Operational Budget on $35 Million Central Health Fund and FY 22 Actual Expenditures according to the supporting reconciliation spreadsheets provided by DMS.

To re-state under the affiliation agreement with Central Health, DMS is permitted to use its funds for various purposes related to its operations and personnel. Specifically, the funds could be spent on:

Providing direct operating support to UT Austin to be used at their discretion for:

- Development, accreditation, and ongoing operation of the UT Austin Dell Medical School and its administrative infrastructure.
- Recruitment, retention, and work of Dell Medical School faculty, residents, medical students, researchers, administrators, staff, and other clinicians.
- Other related activities and functions described in the agreement's recitals.

Dell Medical School budgeted these expenses in advance and spent the funds accordingly during the Fiscal Year 2022. In Table 6 of the report, the 'Actual Expenditure' column represents how Dell Medical School utilized the Central Health funding in FY 22, categorized using the same line items as their operational budget.

'Women's Health,' 'Surgery,' 'Internal Medicine,' 'Population Health,' and 'Pediatrics' combined expenses are roughly $14 million and represents approximately 40% of total funding**; this does not equate to spending $14 million directly on clinical care.** However, this implies that approximately $14 million went towards staff salaries for individuals that are ascribed to those expenses categories who may have provided clinical services to Central Health members. While the entirely of $35 million was not directly allocated for clinical care services, it enabled Dell Medical School to maintain and support the personnel and infrastructure necessary to provide medical education, conduct research, and facilitate the delivery of healthcare services through its affiliated clinicians and facilities.

Healthcare Services provided by Dell Medical School

Annually, DMS publishes a *Progress and Impact Community Report*. The report aims to reflect the progress and

impact made by DMS in accordance with the UT and Central Health affiliation agreement. However, the report presents unclear data regarding the actual services provided. For areas such as Musculoskeletal and Women's health, the report lists the number of unique patients served in both FY 21 and FY 22. Yet, it is challenging to discern the specific number of Central Health members served, as the figures are aggregated with those of Medicaid and Medicare recipients. This amalgamation makes it difficult to isolate and understand the exact services rendered to Central Health members.

DMS supplied claims utilization data, which includes information on Rendering Providers, Service Departments, Procedure Codes, and the total paid amount at an aggregate level. The context received with this data was that majority of services are paid at case rate with some services being fee-for-services. Dell Medical School has a contractual agreement, and they are paid separately outside of $35 million. This is the report Central Health receives monthly to pay for those services. Most of these services are compensated based on case rates and cannot be further dissected into individual procedure codes. The total amount paid is associated with Evaluation and Management (E&M) codes leaving surgical procedures and other codes at $0 payment. There are 10,488 codes billed, excluding drugs and DME. Please refer to Appendix 6 for more details.

Interestingly, from the claim's utilization data provided for what seemingly was done outside of the Affiliation Agreement, we ascertained that none of the Integrated Behavioral Services were paid separately. We were able to verify that all providers that provided integrated behavioral services were employed by Dell Medical School in FY22 and some of their salaries were paid via the $35 Million Affiliation Agreement funding.

Please see below for the breakdown of diverse types of integrated behavior health services provided. Based on this information, there are up to 217 Central Health members who have met with social workers. Also, there are up to 27 members who have received psych diagnosis evaluations. Since the same members can have psychotherapy and/or registered dietitian visit, it is hard to determine how many members would have utilized these services.

Provided Services	# Visits
Social Worker Meet and Greet	217
Psych Diagnostic Evaluation	27
Psychotherapy	85
Registered Dietitian Visit	155

Table 12. Integrated Behavior Health services provided at Dell Medical School

Based on the information described above, we can infer that the $35 million directly paid for the Integrated Behavioral Health Services.

Findings and Recommendations Summary

To summarize, DMS expenses and usage of the $35 million it receives from Central Health are in line with the terms of the Affiliation Agreement. While DMS may perceive its spending on salaries for clinical personnel as not directly describable as Clinical Services, we believe that (1) since those salaries are covering the care that Central Health members are receiving, we would comfortably define that as a benefit directly impacting patient care and (2) while subject to debate, the Affiliation Agreement itself does permit clinical services.

Though DMS is able to provide a full accounting of its expenditures attributable to the annual 35 million funding as described above, ascertaining a more nuanced and clear understanding of the characterization of DMS' expenses was not easily achievable. We recommend more nuanced and detailed supporting documentation for the use of expenditures.

From a best practice point of view, we recommend that DMS modify its Progress and Impact Community Report to reflect services directly provided to Central Health members versus its current blended tactic.

2.7 Record Retention

Scope of Service Request

An assessment of the appropriateness of the records kept and maintained by DMS [Dell Medical School], as well as DMS's reporting to Central Health and the public, for purposes of ensuring financial accountability and statutory compliance related to Central Health's funds.

Assessment

Background

Mazars was requested to perform an assessment of the appropriateness of the records kept and maintained by Dell Medical School (DMS), as well as DMS's reporting to Central Health and the public, for purposes of ensuring financial accountability and statutory compliance related to Central Health's funds. The scope of section 2.7 focuses primarily on the records kept and maintained by DMS as it relates to the $35 Million funding it receives via The University of Texas at Austin (DMS), Central Health, and Community Care Collaborative (CCC) Affiliation Agreement (the Affiliation Agreement). The following is a timeline of information requests and meetings conducted with DMS and additional supporting documentation from Central Health to fulfill this scoping request.

On June 30th, 2023, Mazars sent the following request for information to DMS to complete our assessment relative to the record retention scope of services request:

- DMS billing and collections transaction detail report for all patient encounters paid for by Central Health funding (segmented by payor type e.g., MAP, MAP Basic, indigent patients, or other). The report is required to be run for all patient encounters with service dates in 2021 & 2022 and include the following transaction detail: unique patient account/chart number, encounter/case number, service date, Current Procedural Terminology (CPT) code, units, provider name, facility, payment date, gross charge, adjustments, payments, accounts receivable, patient zip code. Additional supporting documentation for each transaction must be made available upon request.

- Dell Medical School's general ledger transaction detail for all funding derived from the use of $35M from Central Health funds. Additional supporting documentation for each transaction must be made available upon request.

- Provide key management contacts at Dell Medical School (DMS) to discuss record receipt and retention processes for the use of Central Health's funds.

- Provide copies of what DMS reported to Central Health for use of Central Health funds and reports made available to the public by DMS related to the use of Central Health's funds.

DMS provided a preliminary response to the information requests relative to this section with follow-up questions for clarification on the scope of our review and additional context to assist with the information we requested (see also section 2.6).

Mazars worked in conjunction with Travis County to compile responses to DMS' follow-up questions for clarification on the scope of our review and submitted responses to DMS on August 18th, 2023.

DMS provided correspondence and supporting reconciliation files for the expenditures relative to the $35 Million received via the affiliation agreement. As outlined in section 2.6 above, we noted that the Affiliation Agreement does not require the $35 Million funding to be spent on direct patient care for the indigent, thus we updated our requests to obtain the reconciliation of the expenditures allocated to the $35 Million funding.

The following excerpt was extracted from the correspondence received from DMS relative to the record retention requests below that provides additional context to the use of the $35 Million funding:

> *As a steward of public dollars, Dell Medical School uses the $35m in compliance with the Affiliation Agreement. Dell Medical School has recently uploaded data to UTBox [secure file transfer portal] accounting for the uses of the $35m. We have also uploaded report materials presented to Central Health's board concerning the use of the funds, including the use of the funds to support care for the community and safety net population. This information demonstrates Dell Medical School has honored its agreement with Central Health and is responsive to several of your requests.*
>
> *As the data demonstrates, the $35m was not applied to pay for billable patient services. Use of the funds as payment for billable patient services does not qualify as a "permitted investment" and was not the intended purpose of the funds under the Affiliation Agreement. Instead, the funds have been applied to support the development and operation of Dell Medical School and its administrative infrastructure; attracting, expanding, and retaining faculty, clinicians, researchers, administrators, and staff to provide services; and care coordination and management services. Use of the funds supports the ongoing operation of Dell Medical School, work to increase the availability of health care services and resources for the population of Travis County, research efforts to expand care and develop new treatments, and efforts to support health care integration. This work remains ongoing.*

On March 18th, 2024, Mazars met with DMS to discuss the procedures surrounding DMS' management of received records and retention regarding information exchanges with Central Health. During this meeting, insight into DMS' method for reconciling expenditures from the $35 Million received through the Affiliation Agreement was obtained. It was also observed that since a portion of the $35 Million funds salaries for providers caring for Central Health members, further clarity on the claim's records retained and shared with Central Health was sought. DMS consented to provide a sample monthly claims report that was sent to Central Health. DMS explained that in addition to the monthly claims submissions sent to Central Health, they also have a Joint Operating Committee (JOC) that meets monthly to discuss among many different topics, DMS' claims submissions in accordance with its provider service agreements. **See Appendix 7 for a memo from Central Health with a narrative overview of recurring meetings between Central Health and Dell Medical School Leadership.**

Further, discussion revolved around the comprehensive annual operating budget for the fiscal year 21-22 found on the University of Texas at Austin's website [13], with attention drawn to the specific expense accounts for DMS outlined from page 201. These accounts are labeled for various purposes, including "Health Disparities - Central Health Funding," "Medical Education - Central Health Funding," suggesting designated expense accounts for funding allocations. Nevertheless, using only these labeled accounts, which totaled $13.3 Million in budgeted funds, did not align with the $35 Million of funds intended, noting that these figures represented budgeting rather than actual spending. DMS explained that the University of Texas at Austin's budget is historically submitted in early April, while the spending plan is finalized in or around August of each year. As such, adjustments occur and DMS manages the

[13] aus-final-bud-07-13-2021.pdf (utsystem.edu)

funds in accordance with the spending plan that is outlined in the annual budget presented to Central Health [14]. DMS elaborated that reconciling and assigning the $35 million to tangible expenses is a detailed and manual task. When asked about the historical allocation methodology, DMS noted considerable turnover in DMS leadership and personnel since the beginning of the Affiliation Agreement, complicating the collective understanding of the agreement's history and methodology used for the historical allocation of funds. Although the interviewees could not specifically speak to the historical allocation methodology, the provided Excel spreadsheets for the historical $35 million reconciliation indicate thorough record-keeping of the calculations and imply full usage of the allocated funds by DMS (refer to section 2.6).

Central Health and DMS have acknowledged that an independent audit firm, Atchley & Associates, typically conducts Agreed Upon Procedures reviews of the $35 Million funding. Unfortunately, there was a hiatus of over four years in this process. It was not until February 16th, 2023, that the review for fiscal year 2018 took place— a significant gap since the prior review for fiscal year 2017 on November 6th, 2018. The latest report, issued on January 4th, 2024, covered fiscal years 2019-2022. Albeit the agreed upon procedures are not required by the Affiliation Agreement; however, they are considered best practice and are critical for transparency purposes between parties. Moving forward, the inconsistency noted will require attention— for recommendations concerning improvements to the agreed upon procedures process, please see Section 2.4.

DMS provided responses and additional data to address questions related to the $35 Million reconciliation and provided copies of the DMS HIPAA Manual and University of Texas at Austin's general record retention policy, but was not able to provide the following requested information: (1) a reconciliation of the publicly published 21-22 annual operating budgeted showing which expense accounts were ultimately allocated the $35 Million funding and how much funding went to each expense account, (2) an example monthly report of claims data reported to Central Health, or (3) record receipt and retention policies and procedures specific to the process of information sharing with Central Health and the public for Central Health Funds. DMS noted they were working to provide evidence of claims data reported to Central Health; however, as of the date of our report issuance we had not yet received the requested information. Additionally, based on our understanding of the reconciliation process DMS compiles for the $35 Million funding, it does seem possible that DMS should be able to reconcile the funding attributed to each operating budget category; however, they were not able to do so prior to our report issuance.

Summary of Best Practices for Record Retention in the Healthcare Sector

In the realm of healthcare payor organizations, regulations such as HIPAA dictate record retention requirements, mandating that certain documents be preserved for a minimum of 6 years from the creation date or up to the last effective date, whichever comes later [15].

For governmental funds, the standards for expenditures are guided by principles set forth by the Governmental Accounting Standards Board (GASB). These include maintaining proper accountability and ensuring that resources

[14] DMS meets with Central Health annually to present its progress and impact report for the budgeted use of the Affiliation Agreement Funds. We obtained from Central Health copies of DMS' progress and impact presentation slides from presentations held July 2022 and July 2023. The public can access copies of the presentation slides on the DMS website: **https://dellmed.utexas.edu/about/reports**

[15] **https://www.hipaajournal.com/hipaa-retention-requirements/**

are used in accordance with statutes, laws, regulations, and restrictions [16]. According to the Governmental Accounting Standards Board (GASB), governmental entities should retain records that support their compliance with finance-related laws, rules, and regulations. While GASB provides the framework for accounting and financial reporting, it does not set specific time frames for record retention. Instead, the retention period for expenditure supporting records is often determined by state laws, federal grant requirements, or other regulatory bodies.

The Health Resources and Services Administration (HRSA) is a federal agency within the U.S. Department of Health and Human Services. HRSA's mission is to improve health outcomes and address health disparities through access to quality services, a skilled health workforce, and innovative programs. In their May 2022 training document, HRSA provides guidelines for managing federal grants, focusing on record retention policies. The retention policy is applicable to records related to federal awards and must comply with the requirements of 45 CFR Part 751. This guidance ensures that grantees maintain proper documentation and retention of records to support the administration of federal awards and comply with federal regulations. Records must be retained for at least 3 years from the date of submission of the final expenditure report. This includes all financial and programmatic records, supporting documents, statistical records, and other relevant records. The guidance ensures that grantees maintain proper documentation to support the administration of federal awards and comply with federal regulations [17].

Moreover, patient record retention standards in Texas are under the jurisdiction of the Texas Health and Safety Code. Specifically, the code outlines the privacy of medical records and the conditions under which they must be retained and protected. The relevant chapters that address these standards include Chapter 181, Medical Records Privacy, and Chapter 611, Mental Health Records [18] [19]. These chapters provide the legal framework for the confidentiality, retention, and authorized disclosure of medical and mental health records in Texas. Additionally, rules relating to the retention of medical records are adopted by the Texas Department of Health and must be followed in accordance with other applicable federal and state laws [20]. In Texas, the requirements for the retention of patient records are as follows:

- For Adults: Medical records must be kept for at least 7 years from the date of the last treatment. This period includes any form of treatment, such as a phone call, a prescription refill, or other patient contact [21].
- For Hospitals: Hospitals are required to keep records for 10 years [21].
- For Minors: Records must be kept for at least seven years from the date of last treatment or until the child turns 21, whichever is longer [21].

[16] https://nces.ed.gov/pubs2015/fin_acct/chapter4_3.asp
[17] https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/may-2022-best-practices.pdf
[18] https://statutes.capitol.texas.gov/Docs/HS/htm/HS.181.htm
[19] https://statutes.capitol.texas.gov/docs/hs/htm/hs.611.htm
[20] https://texas.public.law/statutes/tex._health_and_safety_code_section_262.030
[21] https://texreg.sos.state.tx.us/public/readtac%24ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=22&pt=9&ch=165&rl=1

Findings and Recommendations Summary

Our assessment of DMS' record retention process has identified areas of strengths and weaknesses in the record management of the 35 million dollar funding DMS received via the Affiliation Agreement. The process for reconciling expenditures has been noted by DMS as labor-intensive and manual, with challenges exacerbated by leadership and staff turnover. Despite these challenges, DMS has demonstrated a commitment to maintaining thorough record-keeping and managing funds in accordance with the spending plan they present to Central Health annually in July.

DMS provided the University of Texas at Austin's record retention schedule that was approved by the State of Texas. According to this policy, in general, financial records are to be retained from three to seven years, depending on the record type. It was not clear which category the Affiliation Agreement expenditure supporting documentation would fall under; however, we recommended that DMS create a specific policy and procedure document for all of the Affiliation Agreement activities, including a record retention policy of 7 years for the Affiliation Agreement financial supporting records, which is in line with best practices in the healthcare sector.

Further, we confirmed that DMS' HIPAA Privacy Manual stated a document record retention period of at least six years for patient medical records which is in conformity with the HIPAA regulations. We recommend the DMS HIPPA privacy manual be updated to clearly state seven years to align with the records retention schedule for the University of Texas at Austin that was approved by the State of Texas. While the HIPAA Privacy Manual correctly refers out to UT Health Austin's medical record retention policies, it states no less than six years, thus it was not clearly defined as seven years in the HIPAA Privacy Manual and it may create confusion on the record retention requirements. Overall, DMS' patient record retention policies are in conformity with the Texas Health and Safety Code minimum medical record retention requirements (refer to the best practices section above for these requirements).

To streamline the reconciliation process, DMS should consider utilizing more Central Health Funding-designated expense accounts as exhibited in the public operating budget. This would reduce the manual labor required for reconciliation, mitigate the risk of errors, and increase transparency.

Additionally, the creation of robust and comprehensive DMS internal written policies and procedures on the allocation and reconciliation of Affiliation Agreement funds is advised. This will help mitigate the risk of loss of historical allocation methodology when there is staff turnover.

Central Health is encouraged to update its website to include the most recent progress and impact presentation slides from Dell Medical School, ensuring that the public has access to up-to-date information. As of the report date, the most recent DMS progress and impact report on Central Health's website is from 2020. DMS publishes the presentation on its website and the public can access the most recent presentation from July 2023; however, having it also on Central Health's website would provide the public additional ways to access the information.

In partnership with Central Health, DMS is urged to work collaboratively to establish well-defined policies and procedures concerning the preparation, maintenance, and retention of records associated with the 35 million dollar funding and the public and private dissemination of the information. This collaboration will solidify the foundation for strong record-keeping practices, provide clear transparency between the parties for information sharing, and support the administration of the Affiliation Agreement.

By embracing these recommendations, DMS will not only adhere to regulatory requirements but also demonstrate its ongoing dedication to enhancing the quality of healthcare services provided to Central Health's members. The commitment to continuous improvement and collaboration will undoubtedly contribute to the overall mission of improving health outcomes and addressing health disparities.

In conclusion, by adopting these recommendations, DMS will enhance its record retention process and demonstrate its ongoing commitment to transparency and accountability. This will support the administration of the Affiliation Agreement and contribute to the mission of improving health outcomes and addressing health disparities.

2.8 Quality Metrics

Scope of Service Request

An assessment of the quality, relevance, and comprehensiveness of Central health's performance metrics for itself and for its providers.

Assessment

As part of our review, Mazars assessed the quality, relevance, and comprehensiveness of Central Health's performance metrics of itself and of its contracted providers. There are no objective metrics specific to hospital districts, but because Central Health operates as a delegated model for care, the most appropriate objective metrics would mimic a Medicaid health plan. To ensure a thorough assessment, Mazars reviewed Central Health quality improvement metrics through the following activities: reviewed and assessed Central Health's annual quality improvement plan and related key metrics to demonstrate a year-over-year improvement and compared results to national and state benchmarks, to include an assessment of quality improvement techniques and ability to identify opportunities for improvement; and, reviewed and assessed Central Health processes that inform providers of quality gaps in performance metrics relative to industry best practices.

Mazars reviewed the following Central Health documents: HCD-MEB-010PL Quality Management and Improvement Program Plan against the Centers for Medicare and Medicaid Services (CMS) National Quality Strategy Key Performance Indicators, National Committee for Quality Assurance (NCQA), and Healthcare Effectiveness Data and Information Set (HEDIS) and The Texas Health and Human Services Commission (HHSC) measure sets, and determined in 2022 Central Health compiled data and metrics for clinical quality activities and through various methods such as:

- Uniform Data Sets (UDS) reports
- National Quality Forum (NQF) measures
- Primary Care Metric Set
- Medical case management outcomes
- Network adequacy metrics
- Eligibility/enrollment
- Means and rates of primary care provider visits, inpatient admissions, bed days, emergency department visits, urgent care visits, and total cost.

While Central Health collected some data in 2022 for the purposes of measuring and improving clinical quality outcomes, the data was not collected in a consistent manner from all providers and/or Central Health clinics. Furthermore, evidence was presented to Mazars which suggests that the data collected was not consistently used to assess the immediate and ongoing needs of the community. Central Health subsequently provided additional information regarding data loss during the 2022 electronic medical record transition from Nextgen to Epic as the root cause for the inconsistent collection of data.

Central Health operates as a delegated model for the delivery of care and most closely aligns with a health plan for quality metrics. An industry best practice is to use the UDS report data to determine the immediate and ongoing needs of the community and forecast what quality of care measures will need to be improved and monitored. Mazars thereby recommends Central Health use the existing UDS reports to capture metrics such as patient demographics, staffing and utilization, selected diagnoses and services rendered, quality of care indicators, health outcomes and

disparities, to determine how to improve existing low-performing measures.

The Primary Care Metric Performance Summary FY 2020-2022 demonstrated select key performance indicators for FY 2023 based on data from 2022 across three clinics: People's Community Clinic, Lone Star Circle of Care, and CommUnityCare. The measures collected across all three clinics included:

FY 2020-2022

- Cervical Cancer Screening
- Colorectal Cancer Screening
- Controlling High Blood Pressure (<140/90)
- Breast Cancer Screening
- Diabetes: Hemoglobin A1c Poor Control (>8.0%)
- HIV Screening

FY 2023

- Cervical Cancer Screening
- Colorectal Cancer Screening
- Controlling High Blood Pressure (<140/90)
- Diabetes: Hemoglobin A1C Poor Control (>9.0%)
- HIV Screening
- Childhood Immunization Status (added 10/1/2022)
- Statin Therapy for Prevention and Treatment of Cardiovascular Disease (added 10/1/2022)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (added 10/1/2022)
- Depression Screening and Follow-up Plan (added 10/1/2022)
- Dental Sealants for Children between 6-9 years of age (added 10/1/2022)
- Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet (added 10/1/2022).

Primary Care Measures Reported FY 2020 to FY 2023 for Common Measures

Evidence presented by Central Health showed improved performance was inconsistent and, in some cases, not sustained in the clinic. In the chart below, results for FY 2020 through FY 2023 on some common measures is displayed. The trend column indicates if performance trended up (green) or down (red) between the last two measurement years. Trending is not calculated if data was not reported for either FY 2022 or FY 2023.

People's Community Clinic

MeasureName	FY 2020 (%)	FY 2021 (%)	FY 2022 (%)	FY 2023 (%)	2022-2023 Trend
Cervical Cancer Screening	78.60	68.92	80.77	85.57	
Colorectal Cancer Screening	54.67	54.25	55.44	56.45	
Controlling High Blood Pressure (<140/90)	65.76	64.45	91.88	78.56	
Breast Cancer Screening	60.41	67.37	67.40	69.07	
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>8.0%) Ended 1/31/203	50.25	55.61	66.76	NR	
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) Added 2/1/2023	NA	NA	NA	23.68	
HIV Screening	74.9	79.57	82.59	86.77	

Lone Star Circle of Care

MeasureName	FY 2020 (%)	FY 2021 (%)	FY 2022 (%)	FY 2023 (%)	2022-2023 Trend
Cervical Cancer Screening	67.72	71.07	70.9	79.46	
Colorectal Cancer Screening	44.25	44.51	43.51	41.40	
Controlling High Blood Pressure (<140/90)	75.61	78.63	79.21	82.42	
Breast Cancer Screening	52.97	54.22	53.24	59.56	
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>8.0%) Ended 1/31/203	50.92	54.15	53.88	52.67	
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) Added 2/1/2023	NA	NA	NA	28.82	
HIV Screening	46.40	57.42	69.22	79.83	

CommUnityCare

MeasureName	FY 2020 (%)	FY 2021 (%)	FY 2022 (%)	FY 2023 (%)	2022-2023 Trend
Cervical Cancer Screening	71.91	74.17	NR	73.78	
Colorectal Cancer Screening	45.81	45.3	NR	31.90	
Controlling High Blood Pressure (<140/90)	64.86	59.25	NR	65.86	
Breast Cancer Screening	65.43	63.57	NR	67.97	
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>8.0%) Ended 1/31/203	47.5	46.76	NR	NR	
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) Added 2/1/2023	NA	NA	NA	32.53	
HIV Screening	30.19	28.57	NR	80.22	

Table 13 Primary Care Measures Reported FY 2020 to FY 2023 for Common Measures

** In the diabetes measure, the number of individuals with HbA1C's above 8.0% or 9.0% are counted and compared to all diabetics. Higher HbA1Cs indicate poor control of the disease, and therefore, for this measure a lower score is better and demonstrates improved disease management.*

It is noted that cervical cancer screening, colorectal cancer screening, controlling high blood pressure, diabetes Hemoglobin A1C, and HIV screening were key indicators of quality performance collected in primary care FY2020 through FY2023. However, there are gaps in reporting these measures consistently across the clinics in FY2022 suggesting some disruption or misunderstanding in the collection of these measures. It is likely there was not a

consistent understanding among the clinics regarding the start and stop date of some measures added and deleted in October 2022. As a result, less than half of the key performance indicator measures were collected for three consecutive measurement years from FY2020 to FY2022 in all three clinics. Incomplete measurements not only are a barrier to trending performance but also prevent accurate informing of practice for improvement in health outcomes.

Central Health collects data by clinic and does not offer a composite score. In reviewing the key performance measurement data for FY2020 through FY2023 performance, there are some evident best practices between the clinics that could be shared to improve outcomes in the clinics not performing as well. For example, when looking at breast cancer screening performance across the three clinics, while all three clinics have increased the rate of screenings, People's Community Clinic scored much higher than the other two clinics year over year.

There are other measures where consistent improvement is seen year over year, such as with cervical cancer screening at People's Community Clinic and Lone Star Circle of Care. There are also examples of improvement not being sustained, as seen in the controlling high blood pressure measure for People's Community Clinic. Performance in 2022 was 91.88%, a definite best practice. However, in FY 2023, performance dropped to 78.56% suggesting there was an effort to improve results in 2022 that may not have continued in 2023. For this reason, many measures are continually monitored for several years, to ensure that change has been adopted and are sustainable while implementing new measures in other focus areas for baseline performance. Mazars recommends continuing to monitor measures that have reached or exceeded the benchmark for at least two additional years to ensure sustainability of the practice.

It was also observed that results are not compared to any benchmark. A best practice would be to use comparable benchmarks for trending, year over year. In the absence of specific Texas based Hospital District benchmarks, and because Central Health operates as a delegated model of care, Mazars recommends Central Health use either Texas Health and Human Services External Quality Review (TX HHS EQR) of Texas Medicaid & CHIP Managed Care Annual Technical Report for State Fiscal Year 2023 (Institute of Child Health Policy, University of Florida, 2024) or NCQA's Medicaid HMO and Medicare HMO national averages for measurement year 2022 or to inform their internal benchmarks for performance improvement. The chart below identifies those benchmarks.

Quality Metric	TX HHS EQR Report	Medicaid HMO	Medicare HMO
Cervical Cancer Screening	55.7	55.9	*NA*
Colorectal Cancer Screening	25.7	*NA*	68.6
Breast Cancer Screening	45.4	52.4	70.4
Diabetes: Hemoglobin A1c Poor Control	48.4	40.3	21.9
Childhood Immunization Status (Combination 10)	25.7	31.9	*NA*
Statin Therapy for Prevention and Treatment of Cardiovascular Disease	*NR*	63.8	72.9
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	80.4	BMI 76.8 Nutrition 68.1 Physical Activity 64.8	*NA*
Depression Screening and Follow-up Plan	*NR*	**Quality metric new for measurement year 2023*	
HIV Screening	*NA*	*NA*	*NA*
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet.	*NR*	**Quality metric new for measurement year 2023*	

Table 14

Measures marked NR (not reported) mean that the benchmark has not yet been established because they are new measures being evaluated for baseline measurement. Measures marked NA (not applicable) means the benchmark has not been established, either because they are no longer a global measure, or the measure is not applicable for that line of business. For example, childhood immunization rates do not apply to Medicare because Medicare coverage is limited to individuals over the age of 18 years old.

Mazars also reviewed Central Health's Healthcare Equity Implementation Plan: Performance Tracking Update, dated April 10, 2024, demonstrating performance for two measures, uncontrolled diabetes and hypertension categorized by race/ethnicity, gender, and housing status from the 2nd quarter FY2023 to 1st quarter FY2024 for Central Health's Network Federally Qualified Health Centers. In the absence of consistent data collection for all measures across all clinics for measurement years from FY2020 to FY2023, it is difficult to ascertain whether Central Health demonstrated concerted efforts to address quality metrics, set benchmark levels, measure its performance against those levels, identify opportunities for improvement, and execute performance improvement strategies.

Mazars recognizes Central Health's efforts to measure the disparities in managing uncontrolled diabetes and hypertension based on race/ethnicity, gender, and housing status. To better demonstrate quality improvement for critical dimensions of care and services, Mazars recommends Central Health consider adoption of the following standardized quality metrics for all clinics, which are consistent with the CMS National Quality Strategy Key Performance Indicators, NCQA, HEDIS, and The Texas Health and Human Services Commission (HHSC):

- Asthma Medication Ratio
- Breast Cancer Screening
- Cervical Cancer Screening
- Childhood Immunization Status
- Colorectal Cancer Screening
- Controlling High Blood Pressure (general population)
- Glycemic Status Assessment for Patients with Diabetes [Hemoglobin A1c Control for Patients with Diabetes: HbA1c poor control (9.0%)]
- Blood Pressure Control for Patients with Diabetes
- Eye Exam for Patients with Diabetes
- Kidney Health Evaluation for Patients with Diabetes
- Immunizations for Adolescents
- Statin Therapy for Patients with Diabetes
- Statin Therapy for Patients with Cardiovascular Disease
- Oral Evaluation Dental Services
- Prenatal and Postpartum Care
- Screening for Depression and Follow-up Plan
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

- Social Need Screening and Intervention assesses food insecurity, housing instability, homelessness, housing inadequacy, and transportation insecurity.

To enhance quality metrics measured and enhanced by Central Health, Mazars recommends Central Health adopt the following recommendations:

A) Central Health must consistently and routinely collect clinical data from all available providers and Central Health clinics and use the data to assess the immediate and ongoing needs of the population served.

B) Utilize UDS reports to capture metrics such as: patient demographics, staffing and utilization, selected diagnoses and services rendered, quality of care indicators, health outcomes and disparities, to determine how to improve existing low-performing measures.

C) Central Health should adopt the following industry standard quality metrics for all clinics:

   - CMS National Quality Strategy Key Performance Indicators;
   - NCQA;
   - HEDIS; and
   - The Texas HHSC

Develop a formal Quality Improvement program to identify Central Health best practices that can be leveraged to improve the outcomes of providers with lower quality metric scores. This may include methodology to identify gaps in care with regular actionable reports to providers, care management strategies for chronic diseases, and immunization rate improvements in children.

2.9 Evaluation of Compliance

Scope of Service Request

Evaluate compliance with applicable city, state, and federal laws and identify improvements to existing systems to assure future compliance.

Assessment

As part of our review, Mazars evaluated Central Health's compliance with applicable city, state, and federal laws to identify opportunities to improve the existing Compliance and Privacy Programs as well as to identify future needs. While Mazars determined that state and federal Compliance Program Guidelines may not have been applicable to Central Health's operations in the past, as the organization intends to do business with Medicaid and/or Medicare in the future this will become an opportunity for Central Health. Therefore, Mazars evaluated Central Health's Compliance Program against the Department of Health and Human Services (DHHS) Office of Inspector General (OIG) General Compliance Program Guidance (GCPG), as the DHHS OIG GCPG provides nonbinding guidance to support healthcare industry stakeholders in their efforts to self-monitor compliance and is considered industry best practice. Central Health's Privacy Program was evaluated against the Health Insurance Portability and Accountability Act (HIPAA), Title 45 Code of Federal Regulations (CFR) Part 164.

To determine the effectiveness of the existing Compliance Program, Mazars compared it to the DHHS OIG's GCPG Seven Elements of a Successful Compliance Program. To do so, Mazars interviewed Central Health Compliance Leadership and obtained and reviewed existing operational and compliance policies and procedures.

DHHS OIG GCPG Seven Elements of a Successful Compliance Program are:

1) Written Policies and Procedures
2) Compliance Leadership Oversight
3) Training and Education
4) Effective Lines of Communication
5) Enforcing Standards
6) Risk Assessment, Auditing, and Monitoring
7) Responding to Detected Offenses and Developing Corrective Action Initiatives

Mazars' observations and recommendations for Central Health's Compliance Program are detailed and organized by each of the seven elements below.

Element 1 – Written Policies and Procedures

Generally, healthcare entities instruct their employees, contractors, vendors, volunteers, and Board members on certain duties and standards of behavior through a written Code of Conduct (CoC) and related policies and procedures. A CoC and related policies and procedures are critical to any Compliance Program as they incorporate a culture of compliance in day-to-day operations and set the "tone from the top" as prioritizing compliant operations. The CoC provided to Mazars for review is well written and in a format that is easy to read and comprehend, clearly describes Central Health's expectations that all employees conduct themselves in an ethical manner, states Central Health's commitment to complaint, lawful, and ethical conduct, and requires all employees, Board members, contractors, and vendors, to report compliance concerns and suspected or actual violations to the Central Health Office of Compliance.

Central Health's CoC is a satisfactory example; however, Central Health could strengthen the CoC by incorporating the following best practice elements from the DHHS OIG GCPG. In accordance with the DHHS OIG GCPG an organization's CoC should:

- Describe how issues of noncompliance and potential Fraud, Waste, and Abuse (FWA) are reported through appropriate mechanisms;
- Describe how reported issues will be addressed and corrected;
- Communicate to employees, Board members, contractors, and vendors that compliance is everyone's responsibility from the top to the bottom of the organization; and
- Be reviewed, updated, and approved by the Board at least annually.

The Central Health Compliance policies and procedures provided are detailed, specific, and describe the operation of the Compliance Program, anti-FWA training requirements, how potential compliance and FWA issues are investigated, addressed, and remediated, and include statements of non-retaliation for good faith participation in the Compliance Program. However, the Compliance Program does not describe the compliance reporting structure. As a best practice, Mazars recommends that Central Health enhance the existing Compliance Program policy and Compliance Investigations policy by adding statements which describe Central Health's compliance reporting structure in accordance with the DHHS OIG GCPG.

While the policies state that they apply to contractors and vendors, it is not evident within the documentation provided, or from the interview discussions, exactly how the Compliance Program policies and the CoC are distributed to contractors and vendors who do not have access to Central Health's internal platforms where this information is housed for employees. As a best practice, Central Health needs to ensure mechanisms are in place to evidence the distribution of compliance policies and procedures as well as the CoC to contractors and vendors.

In summary, Mazars recommends Central Health implement the following updates to its written policies and procedures to employ DHHS OIG GCPG best practices for Element 1 – Written Policies and Procedures:

A) Amend CoC to describe the mechanisms for reporting potential noncompliance and FWA.

B) Amend CoC to describe how reported issues will be addressed and corrected.

C) Amend CoC to clarify for employees, Board members, contractors, and vendors that compliance is everyone's responsibility from the top of the organization down.

D) Ensure Central Health Board reviews and approves the CoC no less than annually.

E) Amend Compliance Program policy to describe Central Health's compliance reporting structure.

F) Ensure mechanisms are in place to evidence the distribution of Central Health compliance policies and procedures as well as the CoC to contractors and vendors.

Element 2 – Compliance Leadership Oversight

To be effective, a Compliance Program must be supported by a Board and senior leadership team, to include a Compliance Committee, who understand its value and are committed to its success. Mazars found that Central Health's Compliance Officer is fully vested with the day-to-day operations of the Compliance Program and in that role, has express authority to provide unfiltered reports directly to the Central Health CEO and to define the

Compliance Program structure, educational requirements, communication mechanisms, response, and correction procedures, and compliance expectations of all personnel. However, it was unclear if the Compliance Officer regularly reports compliance-related metrics to the Central Health Board.

Mazars reviewed conflicting information about the Compliance Officer's reporting relationship with the Board. For example, organizational charts do not demonstrate a dotted line reporting relationship directly between the Compliance Officer and the Board, despite the Compliance Officer job description stating such a reporting relationship exists. This conflicting information regarding the reporting relationship combined with a lack of evidence within Board minutes of routine reporting by the Compliance Officer to the Central Health Board, make it difficult to identify whether the Central Health Board is operating in alignment with DHHS OIG GCPG best practices by:

- Exercising reasonable oversight of the Compliance Program;
- Receiving regular presentations of compliance issues; and
- Submitting further inquiries and taking appropriate action to ensure compliance issues are resolved.

In addition to a designated Compliance Officer and oversight by the Board, an effective Compliance Program must have the aid and support of a Compliance Committee. The DHHS OIG GCPG recommends that a Compliance Committee actively guide the Compliance Officer and the Compliance Program through essential primary duties. Through review of meeting minutes, Mazars ascertained that Central Health established a Compliance Committee which meets quarterly, is chaired by the Compliance Officer, and is comprised of relevant leaders of operational and supporting departments. However, the Compliance Committee's primary duties, as stated in the Compliance Committee Charter, give the appearance that the Compliance Committee does not have an active role in the Compliance Program.

In summary, Mazars recommends Central Health implement the following recommendations in accordance with the DHHS OIG GCPG best practices for Element 2 – Compliance Leadership and Oversight:

A) Ensure the Compliance Officer regularly reports compliance-related metrics to the Central Health Board.

B) Revise the current organizational charts to demonstrate a dotted line reporting relationship from the Compliance Officer directly to the Central Health Board.

C) Ensure the Central Health Board exercises reasonable oversight with respect to the implementation and effectiveness of the Compliance Program.

D) Ensure compliance issues are regularly presented to the Central Health Board.

E) Ensure Central Health Board meeting minutes demonstrate reasonable oversight and capture any inquiry into compliance matters.

F) Amend the primary duties of the Central Health Compliance Committee to be more actively involved in the Compliance Program. DHHS OIG GCPG recommended duties include, but are not limited to:

    - Analyzing the legal and regulatory requirements applicable to the entity;
    - Assessing, developing, and regularly reviewing policies and procedures;
    - Monitoring and recommending internal systems and controls;
    - Assessing education and training needs and effectiveness, and regularly reviewing required training;
    - Developing a disclosure program and promoting compliance reporting;

- Assessing effectiveness of the disclosure program and other reporting mechanisms;
- Conducting annual compliance risk assessments;
- Developing the compliance workplan;
- Evaluating the effectiveness of the compliance workplan and any action plans for risk remediation; and
- Evaluating the effectiveness of the Compliance Program.

Element 3 – Training and Education

Providing appropriate training and education is a vital component of an effective Compliance Program. As a best practice, the training and education program should at least include the following topics and be completed within 90 days of hire and at least annually thereafter:

- Review of the entire Compliance Program, to include the CoC, mechanisms for reporting suspected non-compliance of FWA, and non-retaliation policy;
- Information about the applicable federal, state, and local legal and regulatory standards and how the entity is committed to compliance;
- Review of the entity's board governance and oversight of the Compliance Program; and
- Dedicated deep dives into anti-FWA and privacy, preferably as applicable to roles and work functions.

Mazars reviewed Central Health's training and education materials and determined that the organization distributes general compliance, anti-FWA, and HIPAA training through a Learning Management System (LMS), Relias, within 90-days of hire and annually thereafter. While the training reviewed is satisfactory, Central Health would benefit from enhancing the generic materials offered through Relias to include information specific to its organization, such as: review of Central Health's compliance policies and procedures; review of Central Health's CoC; overview of Central Health monitoring practices; review of the special roles and responsibilities of supervisory positions in preventing FWA and maintaining adherence to all compliance and privacy policies; and review of relevant examples of the types of FWA that can occur in the settings in which employees work. In addition to providing more tailored and specific training, Central Health should consider including contractors and vendors in annual compliance training.

In summary, Mazars recommends that Central Health add the following training and education elements to align with DHHS OIG GCPG best practices for Element 3 – Training and Education:

A) Overview of Central Health's policies and procedures for general Relias compliance training.

B) Overview of Central Health's CoC to general Relias compliance training.

C) Overview of Central Health's monitoring practices.

D) Review of the specific roles and responsibilities of supervisory positions to prevent FWA and maintain adherence to the compliance and privacy policies.

E) Relevant examples of types of FWA that can occur in the settings in which employees work.

F) Include contractors and vendors in annual compliance training.

Element 4 – Effective Lines of Communication

An open line of communication between the Compliance Officer and personnel is critical to the successful implementation of a Compliance Program and the reduction of any potential FWA. The DHHS OIG GCPG recommends personnel should be informed about the ways they can reach the Compliance Officer directly and should be encouraged to bring compliance questions to the Compliance Officer. After reviewing the policies provided, and interviewing Central Health Compliance Leadership, Mazars determined Central Health has effective ways to communicate information from the Compliance Officer to others in place, such as a policy management system, emails, and in-person meetings. Central Health also established anonymous reporting mechanisms which are available 24 hours a day and the reporting mechanisms available are well publicized.

Mazars does not have any best practice recommendations for Central Health for the DHHS OIG GCPG Element 4 – Effective Lines of Communication.

Element 5 – Enforcing Standards

For a Compliance Program to be effective, an organization must establish appropriate consequences for instances of noncompliance, as well as incentives for compliance. Consequences may involve remediation, sanctions, or both, depending on the facts. Incentives may include inclusion of adherence to the Compliance Program within annual employee evaluations which may impact applicable salary negotiations or eligibility for promotion, or gift cards for performing well on a random inspection of a workstation or desk area for compliance with physical HIPAA security measures. Both incentives and consequences are important to support and enforce compliance.

Mazars determined that Central Health policies clearly articulate expectations for reporting compliance issues as well as obligations to identify and report noncompliance or unethical behavior. However, the policies reviewed did not provide for timely, consistent, and effective enforcement of the standards when noncompliance or unethical behavior is detected. Nor did the policies provide examples of noncompliant, unethical, or illegal behavior employees might encounter in their jobs. Mazars was also unable to find details within policy regarding Central Health's requirement for maintaining records of compliance investigations.

In summary, Mazars recommends that Central Health implement the following best practices in accordance with the DHHS OIG GCPG for Element 5 – Enforcing Standards:

A) Revise existing policies to include statements regarding timely, consistent, and effective enforcement of standards when noncompliance or unethical behavior is determined.

B) Add examples of noncompliant, unethical, or illegal behavior employees might encounter in their jobs to existing policies.

C) Revise existing policies to clearly state records must be maintained for a period of 10 years for all compliance violation disciplinary actions.

Element 6 – Risk Assessment, Auditing and Monitoring

Risk assessment, auditing, and monitoring each play a role in identifying and quantifying compliance risk. The DHHS OIG GCPG recommends periodic compliance risk assessments be a component of an entity's compliance program and that they be conducted at least annually. Through review of the documentation provided and interviews with Compliance Leadership, Mazars determined that the Central Health Compliance Program is still under development, and the internal risk assessment, auditing and monitoring functions are not yet established. During an interview, Central Health Compliance Leadership stated that the organization retained a third party to conduct an enterprise-wide risk assessment and that it is currently in progress. Once the enterprise-wide risk assessment is complete, as best practice, Central Health should use the compliance and privacy-related results to inform and prioritize the annual compliance workplan. According to the DHHS OIG GCPG, the compliance workplan should contain a schedule of

audits to be conducted, routine monitoring of ongoing risks, and monitor the effectiveness of controls and risk remediation.

Mazars recommends Central Health continue to establish a risk assessment, auditing, and monitoring function and consider incorporating the following best practices, in accordance with the DHHS OIG GCPG best practices for Element 6 – Risk Assessment, Auditing and Monitoring:

A) Perform effective monitoring to prevent and detect FWA.

B) Establish processes for conducting monthly DHHS OIG List of Excluded Individuals and Entities (LEIE) exclusion screenings for all employees, Board members, providers, vendors, and sub-contractors. The exclusion screening process must be well documented and include at least monthly reporting to the Compliance Officer as well as processes for handling the detection of an excluded individual.

C) Implement policies and procedures to conduct a formal baseline risk assessment of major compliance, privacy, and FWA risk areas.

D) Develop an annual compliance workplan that is informed by the compliance, privacy, and FWA risk assessment and details how Central Health will perform monitoring, auditing, and remediation.

E) Audit operational areas of any contractors or vendors as applicable.

F) Conduct ongoing monitoring of contractors or vendors as applicable.

G) The Compliance Officer must receive regular reports from staff who are conducting the audits and monitoring regarding the status, results, and effectiveness of any corrective actions taken.

H) The Compliance Officer must provide regular updates on monitoring and auditing results and effectiveness of corrective actions to the Compliance Committee, the CEO, and the Central Health Board. The Compliance Officer may want to consider the development of a template dashboard or scorecard type format to provide an overview of the status of all auditing and monitoring with a drill down into specific results or corrective actions as appropriate.

Element 7 – Responding to Detected Offenses and Developing Corrective Action Initiatives

As recommended by the DHHS OIG GCPG, compliance programs must include processes and resources to thoroughly investigate compliance concerns, take the steps necessary to remediate any detected legal or policy violations, to include reporting to any government agencies or law enforcement as appropriate, and analyze the root cause(s) of any identified issues to prevent recurrence. While Mazars was able to confirm Central Health has established and implemented procedures for promptly responding to compliance issues as they are raised, the policies provided lack descriptions of a root cause analysis process and timeframes for when FWA investigations must be completed and reported to government agencies, as appropriate. While a root cause analysis and government agency report may naturally occur through the investigation process, best practice would be to document these steps within a policy and procedure.

In summary, Mazars recommends that Central Health implement the following best practices in accordance with the DHHS OIG GCPG guidance for Element 7 – Responding to Detected Offenses and Developing Corrective Action Initiatives:

A) Establish a process for conducting a root cause analysis and identifying root issues to ensure appropriate corrections are implemented to prevent future recurrence.

B) Document within the Compliance Investigations policy that Central Health initiates a reasonable inquiry as quickly as possible, but not later than 2 weeks after the date the potential noncompliance or potential FWA incident was identified and detail how/when government agencies are notified, if appropriate.

Privacy Program

To determine the effectiveness of the existing Privacy Program, Mazars interviewed Central Health Compliance Leadership and obtained and reviewed Central Health's existing operational and compliance policies and procedures in comparison to the Administrative Requirements, Individual Rights, and Business Associate Requirements under HIPAA Title 45 CFR Part 164.

The designation of a Privacy Officer is a vital part of an effective Privacy Program. While Mazars was able to ascertain Central Health has a Privacy Officer who is a full-time employee of the organization and responsible for the Privacy Program, the designation of the Privacy Officer was not clearly identified within the documentation provided. Mazars recommends Central Health revise existing policies and organizational charts to clarify the designation of a Privacy Officer for the organization.

Training and education are fundamental elements of an effective Privacy Program. Central Health uses general HIPAA training supplied by the organization's LMS, Relias. While general HIPAA training introduces staff to HIPAA and defines protected health information (PHI), the training does not fully address all the required elements under Title 45 CFR 164.530(b). Mazars recommends Central Health tailor existing privacy training to include review of:

- Central Health privacy policies to include its Privacy Program;
- The administrative, physical, and technical safeguards Central Health employs;
- The non-retaliation policy for good faith participation in the Privacy Program;
- All reporting mechanisms in place (including anonymous);
- How to ask HIPAA and privacy-related questions; and
- Relevant examples of reportable HIPAA privacy issues employees might encounter.

Written policies and procedures are crucial to an effective Privacy Program. Mazars reviewed Central Health's privacy policies and procedures against the requirements under Title 45 CFR 164.530(i). While Central Health has policies and procedures with respect to PHI that are designed to comply with the federal standards, the policies reviewed did not include descriptions of an established process to change policies and procedures as necessary and appropriate to comply with changes in the law, including the standards, requirements, and implementation specifications. Mazars was unable to determine if Central Health ensures HIPAA policies and procedures are reviewed and approved by the Board or a committee at least annually.

Providing individuals with the right to access and obtain a copy of their health information empowers them to be more in control of decisions regarding their health and well-being. With limited exceptions, the HIPAA Privacy Rule provides individuals with a legal right to see and receive their medical records upon request. Mazars reviewed Central Health's Notice of Privacy Practices which describes individual right to access their medical records, in accordance with the HIPAA Privacy Rule. Mazars found Central Health's policies and procedures to be in compliance with the Access of Designate Record Set (45 CFR 160.524 & 501); Request Amendment of Designated Record Set (45 CFR 164.526); Accounting of Disclosures (45 CFR 164.528); Request Restrictions (45 CFR 164.522); Confidential Communications (45 CFR 164.522(b)02(h)); and Notice of Privacy Practices (45 CFR 164.520).

The HIPAA Breach Notification Rules requires covered entities and their Business Associates to provide notification following a breach of PHI. Central Health provided Mazars a policy which outlines the process for notifying affected

individuals of a breach (individual notice), the method to inform the affected individuals (letter or media if affecting more than 500 individuals), the timeframes for notification, and all requirements of the breach notification rule, such as notifications by a Business Associate and administrative requirements and burden of proof, in accordance with 45 CFR 164.400-414. Mazars finds Central Health's policies and procedures comply with the HIPAA Breach Notification Rule. Mazars was unable to ascertain the practical application of the policies in place as Central Health did not have any cases of reported breaches for Mazars to review.

The Privacy Rule requires that a covered entity obtain satisfactory assurances from its Business Associate that they will appropriately safeguard any PHI they receive or create on behalf of the covered entity. The satisfactory assurances must be in writing in the form of a Business Associate agreement (BAA). Mazars reviewed Central Health's BAA and determined the BAA establishes the permitted and required uses and disclosures of PHI, requires the Business Associate to report to Central Health any uses or disclosures, and requires the Business Associate to furnish books and records for inspection upon request. However, Mazars did not find terms or a termination clause which describes the terms for destroying or returning PHI upon the termination of the relationship with the Business Associate. Mazars recommends Central Health revise the current BAA to require the Business Associate to return or destroy all PHI received from or created or received by the Business Associate on behalf of Central Health, upon termination of the agreement, if feasible, in accordance with 45 CFR 164.502(e), 164.504(e), 164.532(d)-(e).

In summary, Mazars recommends Central Health implement the following requirements of a Privacy Program, in accordance with Title 45 CFR Part 164:

A) Revise existing policies and organizational charts to clarify the designation of a Privacy Officer for the organization. The Privacy Officer should be part of the senior or executive leadership and have expressed authority to define the organization Privacy Program, in accordance with 45 CFR 164.530(a).

B) Tailor existing privacy training in accordance with 45 CFR 164.530(b) to include:

- Central Health privacy policies to include its Privacy Program;
- The administrative, physical, and technical safeguards Central Health employs;
- The non-retaliation policy for good faith participation in the Privacy Program;
- All reporting mechanisms in place (including anonymous reporting);
- How to ask HIPAA and privacy-related questions; and
- Relevant examples of reportable HIPAA privacy issues employees might encounter.

C) Revise existing policies to include descriptions of an established process to change policies and procedures as necessary and appropriate to comply with changes in the law, including the standards, requirements, and implementation specifications in accordance with 45 CFR 164.530(i).

D) Ensure HIPAA policies and procedures are reviewed and approved by an internal Board or committee at least annually.

E) Revise the current BAA to describe at termination of the contract, if feasible, the requirement that the Business Associate must return or destroy all PHI received from or created or received by the Business Associate on behalf of Central Health, in accordance with 45 CFR 164.502(e), 164.504(e), 164.532(d)-(e).

mazars

Appendices

Appendix 1: Master Agreements Reviewed

	Name	Services	Location(s)	Comp	Effective Date	Renewed Through	Notes
1	A new entry, Inc.	Respite Services	Anewentry Assistive Supportive, Transitional Housing 1808 Webberville Rd. Austin, TX 789721	A) Reserved (#) Bed Rate[22] B) Daily Service Rate in excess of A C) Comp Cap Initial Term: $200K 1st Renewal Term: $400K Subsequent: $420K	3/1/22	9/30/24	Exclusions (services defined)
2	Aeschbac & Associates	Addiction & Psychotherapy (Methadone intake & maintenance treatment)	Addiction & Physiotherapy Services 2824 S. Congress Ave. Austin, TX 78704	Comp Cap: Initial Term: $400K Eligible Patient Cap: Per Month (redacted)[23] Rates by service and method of payment	10/1/22	01/30/24	1st Amendment (adding services) not executed.
3	Austin Kidney Associates	Dialysis Physician Management Services	Austin Access Care 8620 Burnet Rd #400 Austin, TX **78757**	Comp Cap: Initial Term: $100K Subsequent: $200K CPT codes % current	5/1/22	9/30/24	

[22]Section II COMPENSTION – "Contractor shall be required to reserve (redacted) beds per month for the exclusive use of Eligible enrollees …any increase of number of reserved beds shall be mutually agreed upon (amendment)"

[23] Attachment A: A6 "Eligible Patient Caps" "…Services shall be limited to no more than (redacted) Eligible Patients per month." This may be waived be waived by CH CMO or COO at their sole discretion without requiring an amendment.

	Name	Services	Location(s)	Comp	Effective Date	Renewed Through	Notes
			Satellite Healthcare: SH Mueller 1801 E. 51st St Austin, TX 78723 SH Metric 10000 Metric Blvd Austin, TX 78758 SH Southwood 1701 W. Ben White Blvd Austin TX 78704 SH of S. Austin 10001 S. IH-35 Bldg. 1 Austin, TX 78747 Wellbound of Austin 12176 N. Mopac Expressway Austin, TX 78758 Wellbound of S. Austin 9811 S. IH-35 Bldg. 4 Austin, TX 78744 SH Tech Ridge 1100 Center Ridge Dr. Bldg. 2 Austin, TX 78753				

	Name	Services	Location(s)	Comp	Effective Date	Renewed Through	Notes
4	Austin Radiological Association and ARA/St. David's Imaging	Initially Screening Mammography Services Others added later by amendments	Austin Radiological Assoc (13 locations) Prof & Tech – Initial agreement effective 10/1/19 ARA/St. David's Imaging (4 locations) Prof & Tech – amended to add 8/1/23	Comp Caps: Initial Term: $150K Subsequent: $200K <u>Services:</u> A) Screening Mammography Services (no auth) by CPT – specific rates B) Breast Diagnostic Services (no auth) by CPT at Redacted FS C) Pet Scan Imaging (no auth) at Redacted FS D) Other services (single patient auth req) at % of Redacted Schedule or % BC for those not listed E) UT Austin Imaging Services at Redacted FS F) Ultrasound and X-Ray (may req auth) Rate redacted	10/1/19	Auto Renew	
5	Austin Radiological Association, PA (ARA) (Professional Only)	Ultrasound X-Rays (not specified	CH Multi-Specialty Diagnostic Clinic @ Rosewood Zaragosa 2802 Webberville Rd. Austin, TX 78702 CH E. Austin Clinic	ARA (prof only): 100K Rates redacted	10/1/23	Auto Renew	

	Name	Services	Location(s)	Comp	Effective Date	Renewed Through	Notes
			211 Comal St. Austin TX 78702				
6	Austin Radiological Association, MSO, LLC	Leased Storage for Imagining Fuji Medical Systems PACS	For services provided at: Rosewood Zaragosa & E. Austin locations above	Rental, Digitizing of Films, Printing (rates redacted)	10/1/23	Auto Renew	This is a Services agreement
7	Austin Regional Clinic (ARC): Dermatology	Dermatology Procedures Ancillary: Radiology & Lab One four-hour session/month w/15-23 slots of ten-minute increments	ARC Far West Medical Tower 6811 Austin Ctr. Blvd Austin, TX 78731	Comp Cap: $100K Fix payment (E&M) for each session Other Services at % of Redacted Schedule or % BC for those not listed Rad & Lab (redacted)	10/1/19	9/30/24	Specific Primary Dermatologist (1) named & covering providers (2) Verify Location – initial site changed and then deleted by amendments
8	Austin Regional Clinic (ARC): ENT	ENT Sessions: One four-hour session: Tues AM: 2x/month Wed PM: 2x/month Fri:1x/month Ea. session:15-23 appts of10 min increments	ARC Far West Medical Tower 6811 Austin Ctr. Blvd 78731 Austin, TX 78731	Compensation Cap $250K per term (see Clinic Session (E&M): Fixed $ Amount (Excluded services apply) Attachment C	10/1/19		Specific Primary ENTs (2), PA (1) & audiologists (2) named. Covering language supplied
9	Austin Retina Assoc	Retina specialty services and office procedures	Office Proc: Austin Retina Assoc facilities in Travis & contiguous counties. (Amend)	Comp Cap Initial/1st/2nd Renewal Terms: $300K 3rd/Subsequent Terms: $600K	10/1/19	9/30/24	Current state – comp cap, additional locations and incl

	Name	Services	Location(s)	Comp	Effective Date	Renewed Through	Notes
			Initial Agreement lists 4 locations, presumably TC only Surgical Proc: Surgicare of S. Austin 4307 James Casey St. Austin, TX 78745	Excludes Pharma: of BC or % (redacted) FS No FS – default (redacted)			of pharma added via amendments
10	Bailey Square ASC (St. David's)	Cataract Complex Gyn Services General Surgery	Bailey Sq. Surg Ctr 1111 W 34th St Austin, TX 78705	Comp Cap: Initial/1st Renewal Terms: $400K 2nd Renewal Term: $500k 3rd Renewal Term: $600K Subsq Terms: $700K Current FS (% redacted) for certain procedures and specific rates for others (CPT codes) **	10/1/19	9/30/24	**Additional/revised codes and "Cornea Fees" added via amendments
11	CCC Agreements: MCG Health **This is a Services Agreement**	Licensing for Pop Health Guidelines	Web-based Solutions: -Inpatient & Surgical Guidelines -General Recovery -Ambulatory Care	Covered Lives (Paid on a Per Basis Per Year Basis) Growth Cap %	7/3/17	7/2/27	
12	(Austin) EMS	Ground EMS	Services w/i City corp limits & thru interlocal agreement with TC, in portions of TC outside City's corp limits	Total payment: $696,822 paid in quarterly installments of $174,205.50	10/1/22	**9/30/23**	Was this renewed – no amendment (required) noted.

	Name	Services	Location(s)	Comp	Effective Date	Renewed Through	Notes
13	Community Medical Services	Opioid Treatment Program	Austin on Ferguson 305 Ferguson Dr. Austin, TX 78753 Austin on William Cannon 1110 W Wm Cannon Dr. Austin, TX 78745 Cedar Park 1101 Arrow Pt Dr. Cedar Park, TX 78753-7739	Comp Cap: Initial Term: $100K 1st Renewal Term: $325K Subsequent Renewal Terms: $400K Methadone Weekly Bundle Rate (redacted) Buprenorphine Weekly Bundled Rate (redacted) (added) Eligible Patient Cap (redacted)	7/1/22	9/30/24	-Reporting required: -Total # patients served -Breakdown of eligible patients -Retention Rates -Follow up % at prescribed intervals
14	DDS Dentures & Implant Solutions	Dental Services (Denture and Implant related)	DDS Dentures, etc. 12700 Lexington St. Manor, TX 78653 DDS Dentures, etc. 5695 Kyle Pkwy Kyle, TX 78640 Are these the only two locations?	Comp Cap Initial Term: $200K 1st Renewal Term: $400K 2nd Renewal Term: $425K Any Subsequent Term: $450K FS for specific dental codes (redacted)	12/15/20	9/30/24	Referred from Primary Care Dental Provider @ any CommUnityCare, Lone Star Circle of Care, or People's Comm Clinic location.
15	Rajeesh Mehta, MD	Gastroenterology	5656 Bee Caves Rd. Austin, TX (eliminated?) Added: Ascension Seton SW Hospital 7900 FM Rd 1826 Austin, TX 9312 Brodie Lane, Austin, TX	Comp Cap Initial, 1st & 2nd Renewal Terms: $100K Subsequent Terms: $200K Office Based Services: % **Medicaid** FS (BC if no code – added)	6/5/20	9/30/24	Report to referring provider w/I 72 hrs required Endoscopy and Anesthesia added later

	Name	Services	Location(s)	Comp	Effective Date	Renewed Through	Notes
16	Sridhar Reddy, MD	Gastroenterology Primarily endoscopy and colonoscopy Additional services added by amendment	2911 Medical Arts Austin, TX (office) 78705 N. Austin Surg Ctr 12201 Renfert Way Austin, TX 78758 Dell Seton MC 1500 Red River St (added) Austin, TX 78701	Comp Cap Initial, 1st & 2nd Renewal Terms: $200K 3rd Renewal Term: $300K Subsequent Terms: $200K CPT Codes % of (redacted) rate or BC not listed	10/1/19	9/30/24	Referred from Lone Star Circle of Care & People's Community Clinic
17	Austin Cardiology Clinic (Huseng Vefali, MD)	Cardiology	Austin Cardiology Clinic, PLLC 2911 Medical Arts St Austin, TX 78705	Comp Cap $100K per term CPT Codes % of (redacted) rate or BC not listed	4/1/2022	9/30/24	
18	Eye Physicians of Austin	Ophthalmologic	Eye Phys of Austin 5011 Burnet Rd Austin, TX 78756 Bailey Sq ASC 1111 34th St Austin, TX 78705	Comp Cap: Initial Term: $300K 1st Renewal Term: $450K 2nd Renewal Term: $550K Subsequent Terms: $600K CPT Codes % of (redacted) rate Rates inc Anesthesia @ ASC	10/1/19	9/30/24	Footnoted rate schedule found at https://public.tmhp.com/feeschedules/default.aspx (Medicaid FS)
19	Hanger Clinic	Prosthetics & Orthotics	Austin (5) Cedar Park (1) Round Rock (1)	Comp Cap: Initial & 1st Renewal Term: $200K 2nd Renewal Term: $250K Subsequent Terms: $500K	10/1/19	9/30/24	Change in % rate 2nd amend

	Name	Services	Location(s)	Comp	Effective Date	Renewed Through	Notes
				Lesser of Contractor's (redacted) or prevailing (redacted) by CPT code			
20	Heritage Park Rehab & Skilled Nursing Center	Skilled Nursing	2806 Real St. Austin, TX 78722 (assume – no location address provided in contract)	Comp Cap: Initial Term: $1.2M Lesser of BC or FS (redacted) by Level of Care (6) & Rev Code	10/1/22	9/30/24	Included in rates: Chemo, Radiation, Dialysis, Specialized DME not listed in Levels Pharmacy Services must be thru UT Dell Seton OP Pharmacy Ad Hoc services added 3rd amend (psych, wound care, PICC line insertion, BLS and other transport)
21	Integral Care (Austin-TC MH & Mental Retardation Ctr.	Medicated-Assisted Treatment for Opioid Use Disorders	Integral Care Stonegate Clinic 2501 W. Wm Cannon Dr. Bldg. 4 Austin, TX 78745	Comp Cap: $400K Reimbursement: Initial Induction (per induction) Excludes MAP Basic & transfers Active Patient Monthly	3/1/23		Staffing Requirements Reimbursement Limitations: (1) Initial induction w/i 36 mos. (2) See others

	Name	Services	Location(s)	Comp	Effective Date	Renewed Through	Notes
							Reporting Requirements
22	Integral Care (Austin-TC MH & Mental Retardation Ctr.	BH Services: Inpatient Crisis Residential BH Crisis Services	40 Community locations in Travis County https://integralcare.org/en/locations/	"Maximum Funding" Overall Cap: Initial/Renewal Terms: $15.1M Additional Services Subcap: Initial/Renewal Terms: $7M Care Mgt (Subcap?) Comp for Reporting & Performance Outcomes (Subcap? Otherwise, per Episode of Care or by CPT Code	10/1/22	9/30/24	Specific Reporting Requirements
23	Manos de Christo	Primary Care Dental Services	Not specified	Comp Cap: $100K General Dentistry Periodontal Services Rates: Redacted Exclusions: Endodontics (inc root canals, crowns, or denture services	10/1/22	9/30/24	Appt/Proc reminder NLT 48 hrs prior
24	MediView	See Notes	Exhibit B – "CH Provider Network Summary")	Term Cap: $1M per fiscal yr, includes Term Subcap $100K			A. Provider Relations B. UM C. Data Analytics D. Claims Payment - Medical, Dental, BH

	Name	Services	Location(s)	Comp	Effective Date	Renewed Through	Notes
							E. Customer Services F. Mgt Information Services G. Software Training Serv H. Acct Mgt Services I. Eligibility Intake Services J. Provider Setup Services I. IT Services
	25. Circulation Platform Services	Software platform enabling on-demand and future ride booking and trip mgt focused on non-emergency transportation for eligible riders	N/A	Comp Cap: $150K per term (See 6.6 for additional language) SOW: Per ride booking fee IT Service fee Ride Cost Cancellation fees	10/1/22	Auto Renew	Might be interesting to see utilization and fulfillment locations
26	Network Sciences **This is a Vendor Agreement.**	Software License for "VeritySource" to be used with Online Financial Assistance Application (OLASoftware)	N/A	License Fees with annual increases each term (redacted) Optional Fees Not to exceed amounts: $53K per term	10/1/22	Auto Renew	Who are the primary CH users of this software?
27	NextCare Urgent Care	Urgent Medical Services	25 Locations	Comp Cap: $125K per term Global Case Rate	10/1/22	9/30/24	Any reporting requirements to back primary care location?

	Name	Services	Location(s)	Comp	Effective Date	Renewed Through	Notes
	(UCP Physicians of Central TX)	Incl Delegated Cred					
29	North Austin Surgery Center		North Austin Surgery Center 12201 Renfert Way Austin, TX 78758	Term Cap: Initial and 1st & 2nd Renewal Term: $100K Subsequent Renewal Terms: $300K Paid by procedure code (endoscopy, colonoscopy)	10/1/19	9/30/24	
30	Pflugerville Nursing & Rehabilitation Center (d/b/a) **Dewitt Medical District**	Skilled Nursing Care Facility Services Levels defined in Agreement*	Pflugerville Nsg. & Rehab Ctr 104 Rex Kerwin Court Pflugerville, TX 78660 (Confirm address of facility) UT Dell Seton OP Pharmacy 1500 Red River Street	Comp Cap: Initial & Subsequent Term: $800K Compensation based on Level Of Care* (Rev Codes 191- 196 (set rate?) Exclusions: Chemo, Radiation, Dialysis, DME not listed in levels Ad Hoc Services % CMS added: Psychiatric Services[24]	10/1/22	9/30/24	*Level 1: Short Term Observation Only Level 2: Sub-Acute Care Non-Therapy Level 3 – 6 Sub-Acute Care Pharmacy: UT Dell Seton OP Pharmacy

[24] Performed by a third-party board-certified psychiatrist

	Name	Services	Location(s)	Comp	Effective Date	Renewed Through	Notes
			Austin, TX 78701 (prescribed meds must be acquired here by Contractor and Contractor is responsible to pick up all refills.)	Wound Care Assessments[25] BLS and non-emergent ambulance transport also, PICC Line Insertion			
31	Planned Parenthood (of Greater Texas)	Certain Primary Care Services Pregnancy Planning Services	Downtown Austin Clinic 1823 E. 7th St. Austin, TX 78702 South Austin Clinic 201 East Ben White Blvd. Austin, TX 78704 North Austin Clinic 9041 Research Blvd. #250 Austin, TX 78758	NTE Amount: Year One: $1,081,800?? Initial Term: 2 thru 5 Year (end 9/30/22): $1.37M (2nd Amendment) Comp for services and visits redacted	10/1/17	9/30/23	Was there any gaps in renewals or NTE amounts?
32	Riverside Nursing and Rehabilitation Center (d/b/a)	Skilled Nursing Care Facility Services	Riverside Nursing and Rehabilitation Center 6801 E. Riverside Dr.	Comp Cap: Initial Term: $300K Subsq Terms: $200K	10/1/22	9/30/24	*Level 1: Short Term Observation Only

[25] Performed by a third-party physician or advance practice provider certified to assess and debride complex wounds.

	Name	Services	Location(s)	Comp	Effective Date	Renewed Through	Notes
	Hamilton County District		Austin, TX 78741 UT Dell Seton OP Pharmacy 1500 Red River Street Austin, TX 78701 (prescribed meds must be acquired here by Contractor and Contractor is responsible to pick up all refills.)	Compensation based on Level Of Care* (Rev Codes 191- 196 (set rate?) Exclusions: Chemo, Radiation, Dialysis, DME not listed in levels *Were ADHOCS added similar to other SNFs?*			Level 2: Sub-Acute Care Non-Therapy Level 3 – 6 Sub-Acute Care Pharmacy: UT Dell Seton OP Pharmacy
33	Satellite CVS-SHC Kidney Care Home Dialysis of Austin	Dialysis and Dialysis training services (inc all ancillary supplies& equipment, labs, Rx	CVS Kidney Care Dialysis Services (Satellite Healthcare): Mueller 1801 East 51st St. Austin TX 78723 Metric 10000 Metric Blvd Austin TX 78758 Southwood 1701 W. Ben White Blvd Austin, TX 78704 S. Austin 10001 S. IH-35 Austin, TX 78747 Wellbound/Austin	Term Caps Initial term: $400K Subsequent: $1.2M Medicare ESRD PPS payment rules Lesser of BC or % of redacted	9/1/22	9/3024	"Whereas such dialysis service cannot be made available to Eligible patients using CH staff or facilities" Attachment C: Eligible Providers Austin Kidney Associates

	Name	Services	Location(s)	Comp	Effective Date	Renewed Through	Notes
			12176 N. Mopac Expwy Austin, TX 78758 Wellbound/S. Austin 9811 S. IH-35 Austin, TX Round Rock 16010 Park Valley Drive Round Rock, TX 78681 Kyle 134 Elmhurst Dr Kyle, TX 78640 Cedar Park 1515 Medical Parkway Cedar Park, TX 78613 Tech Ridge 1100 Center Ridge Drive Austin, TX 78753				
34	Sendero Health Plans **This is a Services Agreement**	Credentialing Services on behalf of CH	N/A	Comp Cap $75K Quarterly Cred Services and Reporting Fee	4/1/21	Auto Renew	Includes cred services for all Facilities, Physician, Practitioners, Providers and Network

	Name	Services	Location(s)	Comp	Effective Date	Renewed Through	Notes
							Providers CH identifies for cred Specific reporting requirements & performance standards
35	Southpark Meadows SNF (d/b/a) **Smithville Hospital Authority**	Skilled Nursing Care Facilities	Southpark Meadows Nursing & Rehab Ctr. 9801 S. first St., Austin, TX 78748 (verify) UT Dell Seton OP Pharmacy 1500 Red River Street Austin, TX 78701 (prescribed meds must be acquired here by Contractor and Contractor is responsible to pick up all refills.)	Comp Cap: $100K Lesser of BC of fee schedule (per Level) Ad Hoc Services % CMS added: Psychiatric Services[26] Wound Care Assessments[27] BLS and non-emergent ambulance transport also, PICC Line Insertion	10/1/22	9/30/24	*Level 1: Short Term Observation Only Level 2: Sub-Acute Care Non-Therapy Level 3 – 6 Sub-Acute Care Pharmacy: UT Dell Seton OP Pharmacy

[26] Performed by a third-party board-certified psychiatrist
[27] Performed by a third-party physician or advance practice provider certified to assess and debride complex wounds.

	Name	Services	Location(s)	Comp	Effective Date	Renewed Through	Notes
36	Texas Cancer Specialists (d/b/a) Texas Cancer Institute	Radiation Oncology Services Office/Outpatient Visit Any lab codes (ex. 80000 series, incl 36415)	11111 Research Blvd Austin, TX 1180 Seton Parkway Kyle, TX 78640 3201 S. Austin Ave. Georgetown, TX 78626 16030 Park Valley Dr. Round Rock TX 78681	Comp Cap: Initial Term: $200K Subsq: $800K Lesser of BC or redacted	1/1/23	9/30/24	Non-payable Consultation Codes 99243 and 99245
37	Texas Integrated Medical Specialists, PLLC	Radiation Oncology Services Office/Outpatient Visit Any lab codes (ex. 80000 series, incl 36415)	2000 Scenic Drive Georgetown, TX 78626	Comp Cap: Initial & Subsq Terms: $500K Lesser of BC or redacted	1/1/23	9/30/24	Non-payable Consultation Codes 99243 and 99245
38	Texas Oncology	Professional Oncology Services Inc Del Cred Agreement	Texas Oncology-Austin Central 6204 Balcones Dr. Austin, TX 78731 Texas Oncology-Austin Midtown Radiation Oncology 805 W. 37th St. Austin, TX 78705	Comp Cap: Initial Term: $50K Subsq Terms: $400K Rates Redacted	6/10/21	9/30/24	Eligible Physicians Any Texas Oncology Physcians (See contract & 1st amend for inclusions & exclusions)

	Name	Services	Location(s)	Comp	Effective Date	Renewed Through	Notes
			Texas Oncology-Austin North Radiation Oncology 12221 Renfert Way, Suite 120 Austin, TX 78758 Texas Oncology-Round Rock 2410 Round Rock Ave., Suite 150, Medical Oaks Plaza Round Rock, TX 78681 Texas Oncology-Round Rock North 301 Seton Pkwy., Suite 104 Round Rock, TX 78665 Texas Oncology-San Marcos 1308 Wonder World Dr. San Marcos, TX 78666 Texas Oncology-South Austin 4101 James Casey St., Suite 100 Austin, TX 78745				
39	Texas Physical Therapy Associates			Comp Cap: Initial Term: $200K Subsq Terms: $500K Comp by PT CPT Codes: Redacted	1/1/22	9/30/24	Measure of Clinical Excellence Service Expectations and Called to Care

	Name	Services	Location(s)	Comp	Effective Date	Renewed Through	Notes
							Scores (Attachment C)
40	UT School Of Nursing	Medical, Ancillary or Incidental Services: Adult & Peds Primary & Preventive GYN Lab, Rad, DME BH, Family Planning	Children's Wellness Clinic 5301 Ross Road Del Valle, TX 78617 Family Wellness Clinic 2901 N IH-35 Austin, TX 78722	Comp Cap: $25K Lesser of BC and an all-inclusive rate	10/1/22	9/30/24	Measure of Access, Clinical Quality and Patient Experience (Attachment B)
41	UT Health Austin: Dr. Mullen	Professional Support Services (Health Care Adm) Health Equity/Quality	N/A	Term Caps: $100K per term Paid Quarterly: One employee assigned: Dr. Jewel Mullen 8 hrs/week	12/1/21	Auto Renew	See Attachment A for list and description of Health Care Adm Services. Amended! How are these monitored?
42	UT Health Austin MSA	Clinical Care Services[28] (See Notes)	Dell Medical School Health Transformation Bldg.	Services paid by listed services Amendment Term Caps:	10/1/22	Unknown	A. Del Cred B. Women's Health

[28] Check both contract & amendment for full list of services

	Name	Services	Location(s)	Comp	Effective Date	Renewed Through	Notes
			1601 Trinity St Austin, TX 78715 UT Health Austin ASC As Above	Initial Term: $1.85M Renewal Terms: $3M (See Amendment for additional language) Check both contract & amendment for full list of services			C. Ophthalmology a. Professional b. Facility Based D. Podiatry a. Facility Based E. Advanced Imaging F. Post-COVID Clinic G. Select Implant Devices H. Musculoskeletal
43	UT Health Austin MSA	Professional Services	Primary sites of service[29]:	Sample perf measures	9/1/23	9/30/24	A. Del Cred B. Services a. Prof/ Clinic

[29] Dependent on specialty

	Name	Services	Location(s)	Comp	Effective Date	Renewed Through	Notes
			CH Rosewood-Zaragosa Multi-specialty and Diagnostic Center CH E. Austin Specialty Care Clinic N. Austin ASC UT Health Austin ASC Skilled Nursing Facilities within TC				al Adm b. Prof Staffing & Scheduling C. Gastroenterology D. Hospital Med (Skilled Nursing) E. Nephrology F. Pulmonology G. Neurology
44	Volunteer Healthcare Clinic	Primary & Preventative Care BH, Lab, Rad, Rx and other services*	Volunteer Healthcare Clinic 4215 Medical Parkway Austin, TX 78756	Comp Cap: $250K Rates: a) Nurse/PA Visits b) Physician Visits	10/1/22	9/30/24	*Services can vary based on availability of medical staff volunteers and other volunteered services

	Name	Services	Location(s)	Comp	Effective Date	Renewed Through	Notes
45	People's Community Clinic (FQHC)	Adult primary & preventive care Pediatric primary & preventive care GYN services, incl family planning Lab services[30] DME (provided during OV) Behavioral Health Services Dental Services Periodontal Services Family Planning Services	Locations depend on services covered but include: People's Community Clinic locations: - 1101 Camino La Costa Austin, TX 78752 - 2909 N. IH-35 Austin, TX 78722 Bailey Square ASC 111 W. 34th St Austin, TX Outside of TC if Eligible Patient lives or works in an area closer to a non-TC clinic location	Comp Cap: $5M ea term[32] Other Caps (Redacted): A. Pay for Reporting B. Pay for Performance C. Pay for Performance Clinical Metrics D. GYN Services E. Dental Services F. Pharmacy G. Remote Patient Monitoring H. Integrative Pain Mgt Program I. EHR Implementation J. E-consults Separate from Caps Attachments C-I: Compensation for services listed above	10/1/23	9/30/24	Includes Yoga Services! (1.58). Attachment B Measure of Access, Clinical Quality and Patient Experience

[30]…ordered routinely by Contractor's Provider during office visit and those recommended prior to specialists' referrals as ordered by a Contractor's Provider and included w/i Contractor's scope of services. (Attachment A of Initial Agreement)
[32] 3.4 "the Initial Term Cap or any subsequent Renewal Term Cap shall necessarily include any other payment caps referenced in This Agreement."

	Name	Services	Location(s)	Comp	Effective Date	Renewed Through	Notes
		Pharmacy Services[31]					
46	CommUnityCare (FQHC) (Includes Delegated Credentialing & BA Agreements) EPIC MOA 10.1.22 Other MOUs & Agreements: • Derm Referral • Dr. Patel • Dr. Schalscha (FM) • COVID 19 Svcs • Dr. Jordan	General Services: 1. Adult primary & preventative care 2. Pediatric primary & preventative care 3. Gyn, including family planning services 4. Laboratory & Radiology 5. Behavioral Health 6. Dental Services 7. PMPM Services (Care Mgt. Clinical Supp/AttachC	Original Agreement: Start-up Service Locations: a) Del Valle – current temporary location (3518 FM 973)*; b) Del Valle – future location; c) Colony Park – future location; d) Austin's Colony/Hornsby Bend – current temporary location (14312 Hunter's Bend Road) *;	1. Maximum Initial Term Cap allocated to: A. Medical, Dental & BH ("MDBS) Services B. Community Benefit Services (CBS) sub-caps: • Pharmacy Services • Women's Health Services Cap • David Powell Clinic (DPC) • Sliding Fee Scale Walk-In Services • Contraception Counseling Cap • Doula Pilot Services Cap • Referral Mgt. Cap C. PMPM Services: • Care Mgt • Clinical Support D. Pay for Reporting	10/1/22	*Renewal Letter Pending*	Reporting: 1. Access Reporting (due NLT 10th BD of ea. Month: • 3rd next avail appt for service lines & Locations • % Eligible MAP Patients compared to all CUC on monthly basis • Avg time to appts for new PC pts at ea. PC health ctr location on monthly basis • Avg lead time to appts for

[31] MAP Formulary (or otherwise approved in writing) (See Attachment A of Initial Agreement)

	Name	Services	Location(s)	Comp	Effective Date	Renewed Through	Notes
	• Dr. Kalapach (Podiatry) • Dr. Nielson • Pharmacist (Guidance) • Dietician	8. Community Benefit Services 9. SME Services 10. Reporting Services 11. P4P 12. Alternative Visits & Services[33] <u>Specialty Services</u> 1.Cardiology 2. Dermatology 3. Endocrinology 4. Pulmonology 5.Gastroenterology (General) 6.Gastroenterology Services to treat Hepatitis C. 7. Periodontal 8. Rheumatology 9. Nephrology 10. Neurology	e) Austin's Colony/Hornsby Bend – future location; and f) Mobile/Street Medicine*. *Section (e) is not subject to the one-year reimbursement limitation. What are the current (final locations)	E. Pay for Performance sub-caps: • Vaccine Cost • Med Assisted Treatment Wraparound Services • Attributed Pop Measure F. Pay for Alternative Visits & Services Cap G. Specialty Care Cap sub-caps: • GI e-Consults • Endocrinology e-Consults • Cardiology e-Consults • Medication Assisted Treatment Services • Podiatry & Casting Supplies • Periodontal Cap • Substance Use Disorder e-Consult Services			all PC pts at ea. PC health ctr on monthly basis. 2. Primary Care Metric Set (ATT D-1, p. 44): • Clinical Quality • Pt. Experience 3. OHCA Data Set 4. Prescriber Reports

[33] "Alternate Visits and Services (nutritional, mammography, clinical pharmacy, respiratory therapy, radiology, BH telephonic visits, certified translator) that are not otherwise reimbursable under this Agreement (e.g., PMPM Services are not reimbursable Alternative Visits),"

	Name	Services	Location(s)	Comp	Effective Date	Renewed Through	Notes
		11. Podiatry Services. 12. Wound Care 13. Fecal Immunochemical Tests ("FIT" or "FITs"). 14. e-Consult Services. 15. Medication Assisted Treatment ("MAT") for opioid related substance use 16. Gynecology 17. Pediatric Sedated Dental Services (performed at ASC) DME & Supplies (Attachment G) Added by Amend: • *Partial Denture Services* • *Black Men's Health Clinic Services (!st Amend)*		• *Partial Dentures* • *Black Men's Health Clinic* Encounter Rates also apply Alternative Visit (AVS) -not reimbursed under PMPM, invoiced monthly: Clinical Pharmacy, Nutritionist, BH Phone, Resp Therapist, Radiology, Mammography, Translator/Interpreter, BH Group Visit			5. Operational & Financial Reporting 6. Collaborative Health Center Program Planning 7. Referral Mgt. Reports 8. Black Men's Health Clinic – Attachment L added by Amendment (1st)
47	Lone Star Circle of Care (FQHC)	Basic Services: 13. Adult primary & preventative care	*Pending*	1. Compensation Cap includes: • Pay for Reporting Cap • Pay for Performance (Clinical Metrics Cap) • Nurse/MA Visits Cap	10/1/22	9/30/24	PMPM Reporting (p. 29) • Includes a table

	Name	Services	Location(s)	Comp	Effective Date	Renewed Through	Notes
		14. Pediatric primary & preventative care 15. Gyn, including family planning services 16. Screening mammo 17. Laboratory service 18. DME supplies 19. Behavioral Health 20. Dental 21. Periodontal Services 22. Pharmacy Services		• Dental Services Cap • Pregnancy Planning Cap • Pharmacy Cap • E-consult Cap • PMPM Cap • EHR Sys Implementation Cap 2. Medical Services Rate: Encounters 3. Pharmacy Service Rate 4. Psychiatry Service Rate 5. BH Therapy Service Rate 6. Dental Encounter Rate 7. PMPM Services: • Care Mgt: • Ist/2nd Tier[34] Attach D: <u>Pay for Reporting</u>: • 3rd next avail for X per month • Measure of Quality for X per month			summarizing stratification or Attributed Population in format approved by CH: • Submit by Nov. 2023 for month of Sept 2023 • Submit by Nov. 2024 for month of Sept 2024 Primary Care Metrics Reporting (p. 30) (due NLT 10th BD of ea. Month: Measures of Access: 3rd next avail appt (specific Provider, appt

[34] "First Tier" – not diagnosed with HTN, DM or pre-DM; "Second Tier" – diagnosed with either HTN, DM or pre-DM

	Name	Services	Location(s)	Comp	Effective Date	Renewed Through	Notes
				• Measure of Clinical Quality for X per month • OHCA Data Set for X per month <u>Pay for Alternative Visits</u>: • Nurse/MA • Nurse Home • Clinical Pharmacy • Community Health Worker • Nutritionist/Reg. Dietitian • Screening Mammo • Flu Vaccines • Shingles Vaccine • HPV Vaccine • Prevnar 13 Vacc • Prevnar 20 Vacc • Pnemovax Vacc • Varicella Vaccine <u>P4P Clinical Metrics</u>: • HTN Control • Cervical Cancer Screening • CRC Screening • Breast Cancer Screening <u>P4P: Improvement in LSCC's Attributed Population Measure:</u> (Based on improvement %?) <u>Pregnancy Planning Services Compensation</u> (Attachment E, p. 37)			types & locations in measure calc mutually agreed upon.) Measure of Clinical Quality (p. 30): • HIV Screening • Controlling HTN • Cervical Ca Screening • CRC Screening • DM: HbA1c • BMI Screening & F/U Plan • Statin Therapy • IVD: Use of ASA, etc • HIV Linkage to Care • Depression Screening and F/U Plan • Childhood Immunization Status • Wt. Assess & Nutrition and Physical Activity for

	Name	Services	Location(s)	Comp	Effective Date	Renewed Through	Notes
				E-consults: Pd per consult (p. 42) DME: Terms and conditions for payment (p.44) EHR Adoption Program: Milestones, Incentive Cap and other terms & conditions (p.47)			Children/Adolescents • Dental Sealants for Children bet 6-9 yrs Measures of Patient Experience (p. 31): • Upon request, LSCC to submit info re survey process • Annually or upon request, LSCC shall submit survey data or results Alternative Visits Invoice & Reporting (see p. 34 for report details requirements) Attributed Population

	Name	Services	Location(s)	Comp	Effective Date	Renewed Through	Notes
							Improvement Measure (p, 35) E-consults Reporting

Appendix 2: Policies and Procedures related to medically indigent population

	Policies/procedures directly related to medically indigent population			
	Name	**Effective date**	**Amendment date**	**Notes**
1	**Policy 1 Travis County Residency.pdf**	5/23/2018	N/A	This is a manual, not a policy Persons are eligible for MAP/CAP if they maintain a residence in Travis County yet temporarily reside outside of Travis County with the intent to return to their residence. Notes MAP expansion eligibility check
2	**Policy 2 Identification.pdf**	1/18/2019	N/A	This policy identified identification requirements for MAP eligibility
3	**Policy 3 United States Residency.pdf**	9/24/2018	N/A	Purpose: To determine United States citizenship or Legal Permanent Resident (LPR) status for appropriate eligibility screening for MAP
4	**Policy 4 Determination of Family Size.pdf**	7/17/2019	N/A	Purpose: To appropriately determine family size for eligibility purposes for the Medical Access Program (MAP)
5	**Policy 5 Income.pdf**	1/31/2020	N/A	Purpose: To determine income for eligibility purposes for the Medical Access Program (MAP).
6	**Policy 6 Similar Benefits.pdf**	N/A	N/A	Purpose: To determine the appropriate eligibility funding source for the Medical Access Program when other alternatives exist. Central Health is the payer of last resort. Therefore, all clients are screened for other coverage/benefits.

	Policies/procedures directly related to medically indigent population			
7	**Policy 7 Length of Issuance.pdf**	8/2/2017	N/A	Purpose: To assist Program Representatives in determining the length of issuance for MAP/CAP.
8	**Referrals to Internal and External Healthcare Services, Labs, and Diagnostics Policy.pdf**	9/19/2023	Not listed	It shall be the policy of Central Health to create and promote Members' access to appropriate medical Services, laboratory Services, and diagnostic Services provided by either Central Health or Contracted Providers. Central Health is able to provide Services within Practice Scope internally or facilitate access to Services provided externally by Contracted Providers by receiving and processing a referral for Services provided either internally by Central Health or externally by a Contracted Provider. Central Health Referral Coordination staff will receive the referral and connect the Central Health Patient or Member to the appropriate Service. Criteria for eligibility and ability to receive Services from Central Health or a Contracted Provider are the following: • The individual must have active MAP or MAP Basic coverage at the time the Patient is referred to a Service, and when the Service is provided. • Referred from either a Central Health provider or a Contracted Provider that provides primary care, specialty care, acute, or post-acute Services. • The Service must be within Central Health's Practice Scope to be provided internally. If the Service is not provided directly by Central Health, it may be provided externally by a Contracted Provider.

	Policies/procedures directly related to medically indigent population			
9	**Charges for Ancillary Services Policy.pdf**	Not listed	Not listed	It is Central Health's policy to coordinate patient charges for Ancillary Services. MAP and MAP Basic patients will not be charged a copay for Ancillary Services. Patients with insurance or other governmental coverage will be billed in accordance with their insurance plan or program requirements. Self-Pay patients will be charged a fee for Ancillary Services pursuant to the Financial Assistance/Self-Pay policy.
10	**Financial Assistance-Self-Pay Policy.pdf**	Not listed	Not listed	If an individual without MAP, MAP Basic, or Other Coverage seeking care at a Central Health clinic or other Central Health clinical environment, that individual will be offered financial screening to qualify for and enroll in MAP, MAP Basic, or Other Coverage.
11	**Case Management SOP.pdf**	Not listed	Not listed	PURPOSE Provide high quality, integrated, client-centered Case Management (CM) services to MAP members with high psychosocial and medical needs. The Central Health(CH) CM Program serves as a bridge to connect the most vulnerable populations to the care they need at the most appropriate time and place. Using a multi-disciplinary collaborative process of visual assessment (not touching client), planning, facilitation, care coordination, evaluation, and advocacy of services to meet an individual's comprehensive health needs and promote high quality, cost-effective care. No "hands on Nursing"-skilled nursing assessment, re-enforced education regarding medication, disease process will be performed. If skilled nursing care is needed, then skilled nursing care will be contracted.

	Policies/procedures directly related to medically indigent population			
12	**Loaner Devices for MAP Members Policy.pdf**	Not listed	Not listed	The purpose of this document is to outline the policy established by Central Health for providing a Loaner Device to identified MAP members for case management services.
13	**Loaner Devices for MAP Members SOP.pdf**	Not listed	Not listed	The purpose of this document is to outline the process established by Central Health for providing a Loaner Device to identified MAP members for case management services
14	**Patient Assistance Program (PAP) Policy.pdf**	Not listed	Not listed	PURPOSE The purpose of this protocol is to clearly outline the process for assisting client's with obtaining their medications through the Patient Assistance Program. Certain medications that are very costly have patient assistance programs for low-income individuals. These applications have variable processing times with the drug companies (1-6 months). To streamline this process, the application must be started as soon as these medications will be needed or are prescribed.
15	**Podiatric Surgery Referral SOP.pdf**	Not listed	Not listed	The purpose of this standard operating procedure (SOP) is to outline the workflow of the scheduling process for Podiatric Surgical services for patients with active MAP and MAP Basic coverage.
16	**Protocols for After Hours Care SOP.pdf**	Not listed	Not listed	PURPOSE To establish guidelines and scheduling for after hour triage service for MAP/MAP Basic patients

	Policies/procedures directly related to medically indigent population			
17	**Provision of Durable Medical Equipment SOP.pdf**	Not listed	Not listed	PROCEDURE 1. MAP Verification: a. The MM staff member that is submitting the DME request will verify whether MAP enrollment is active or not active for their patient through Varity Source. b. If MAP enrollment has lapsed, the MM staff member will assign to a Health Management Liaison (HML) for re-enrollment assistance.
18	**Respite Care Policy.pdf**	Not listed	Not listed	The purpose of this policy is to create processes for staff who provide Respite Care to MAP enrollees. Respite Care is a program that provides individuals who are experiencing homelessness a safe and clean place to recuperate from a medical illness. While in the program, Central Health staff will provide case management, care coordination, and coordinated clinical care to Respite Care clients under the supervision, and as appropriate, delegation, of Central Health's Director of HighRisk Populations; which may include services such as referrals to community-based case management services and programs, housing navigation and referrals, medication reconciliation, and basic medical screenings and clinical care
19	**Respite Care SOP.pdf**	Not listed	Not listed	The purpose of this Standing Operating Procedure (SOP) is to create processes for staff who provide Respite Care to MAP enrollees. Respite Care is a program that provides individuals who are experiencing homelessness a safe and clean place to recuperate from a medical illness. While in the program, Central Health staff will provide case management, care coordination, and coordinated clinical care to Respite Care clients under the supervision, and as appropriate, delegation, of Central Health's Director of High-Risk Populations; which may include services such as referrals to community-based case management services and programs, housing

	Policies/procedures directly related to medically indigent population			
				navigation and referrals, medication reconciliation, and basic medical screenings and clinical care.
20	**Skilled Nursing Facility Direct Care Program Policy.pdf**	Not listed	Not listed	I. PURPOSE The purpose of this policy is to establish expectations for Central Health Medical Staff providing care as part of Central Health's Skilled Nursing Facility Direct Care Program. II. SCOPE This policy applies to all Central Health Medical Staff (including student learners, residents, fellows, contractors, volunteers, and temporary employees) providing care as part of Central Health's Skilled Nursing Facility Direct Care Program to MAP/MAP basic patients. VI. POLICY A. It is the policy of Central Health(CH) that during a MAP patient's stay in one of the Skilled Nursing Facilities listed in Addendum A the Central Health Medical Staff will be responsible for the medical management and oversight of the patient, including prescribing medications, ordering treatments, and performing education as needed. Addendum B is a list of other Skilled Nursing Facilities that our providers will not provide care at this time, however, will be used if necessary.
21	**Skilled Nursing Facility Direct Care Program SOP.pdf**	Not listed	Not listed	I.PURPOSE The purpose of this Standard Operating Procedure (SOP) is to create processes in the care of MAP enrollees in the Skilled Nursing Facility (SNF) Direct Care Program. The SNF Direct Care Program provides MAP enrollees residing inside Participating SNF Facilities with medical services from a

	Policies/procedures directly related to medically indigent population			
				Central Health team consisting of a physician(s) and advance practice providers.
22	**Transition of Care Policy.pdf**	Not listed	Not listed	POLICY It is the policy of Central Health to provide the best quality Transition of Care possible to MAP enrollees during hospitalization, skilled nursing care, and respite care. Coordination and management of Transition of Care will be performed by our Transition of Care staff. However, if an emergency arises in the home or respite care setting, 911 will be called and basic life support will be initiated as appropriate. In a skilled nursing facility setting, the facility's staff will be notified immediately. If a client requires skilled nursing care at home or in residential rooming, Medical Management Team will facilitate referral for home health. All actions will be notated in the Electronic Health Record. Staff will be knowledgeable of and adhere to the facility policy and procedures which include emergency management and infection control. If an employee exposure or injury occurs, the employee will notify their immediate Central Health supervisor, the employee health nurse, and to the extent appropriate, the facility supervisor.

	Policies/procedures directly related to medically indigent population			
23	**Transition of Care SOP.pdf**	Not listed	Not listed	PURPOSE Care transitions threaten the safety of MAP enrollees as they move through the health care system and increase the risk of losing important medical information including new diagnosis or medication. The Central Health transition of care team provides coordinated, efficient, cost effective, collaborative care transitions aligned with safety and quality measures and standardized practices to guide transitions between levels of care by identifying and partnering with community and other network resources. Coordinating care between the transitions increases the continuity of healthcare and decreases errors and duplication of services.

	Policies/procedures directly related to medically indigent population			
24	**Medical Executive Board Pharmacy and Therapeutics (P&T) Policy.pdf**	1/13/2021	1/18/2022. 1/17/2023	PURPOSE It is the policy of the Medical Executive Board (MEB) of the Travis County Hospital District (District) to establish and maintain criteria and procedures to ensure that pharmaceutical medications and medication associated products or devices are uniformly, consistently, and equitably available to Eligible Patients through the Pharmacy and Therapeutics Committee's ("P&T Committee") development and maintenance of the District Formulary. POLICY The District utilizes a formulary of approved pharmaceutical medications and medication associated products or devices to designate those made available to Eligible Patients through its Programs and its own medical practice governed by the MEB. The District also provides a network of contracted healthcare providers that includes comprehensive primary and preventative care medical services to Eligible Patients that prescribe for Eligible Patients. The MEB desires to assure the quality of care provided to Eligible Patients. Therefore, it is the policy of the MEB to provide formulary items that are uniformly, consistently and equitably made available to Eligible Patients in a sustainable and cost-effective manner. Through recommendations of its P&T Committee, the MEB shall establish the policy guidelines for developing and maintaining the District Formulary governing medications and medication associated products and devices available to Eligible Patients. These guidelines shall ensure that Practitioners will have appropriate access to formulary items for Eligible Patients that are consistent with similar indigent healthcare programs and with Central Health policies (the "P&T Policy").

	Policies/procedures directly related to medically indigent population			
				"Eligible Patient" or "Eligible Patients" shall mean(s) (an) enrollee(s) of the Medical Access Program ("MAP"), MAP Basic or certain low-income uninsured individuals of Travis County to whom the District provides pharmaceutical and therapeutics or other health care services.

	Policies/procedures directly related to medically indigent population			
25	**Medical Executive Board Practitioner Credentialing Policy.pdf**	10/21/2020	8/19/2021, 1/18/2022, 1/17/2023, 6/20/2023	PURPOSE It is the policy of Medical Executive Board (“MEB”) of the Travis County Hospital District (“District”) to set forth credentialing criteria and procedures applicable to Practitioners to ensure that they have verified credentials to provide medical services to eligible patients pursuant to this policy. This policy may be amended from time to time upon the recommendation of the MEB Credentialing Committee (“Credentialing Committee”) and approval of the MEB as delegated by the District’s Board of Managers. POLICY It is the policy of the MEB to assure that the credentials of health care Practitioners and Facilities providing services through its Programs are properly reviewed and verified. The MEB has established policy guidelines for appointment and reappointment of Practitioners engaged in direct patient care services (“District Practitioners”) and those providing contracted health care services within the Network (“Network Practitioners”). These guidelines are to ensure that Practitioners appointed to serve patients on behalf of the District will meet uniform standards of education, specific training and experience, current competence and ability to perform the privileges assigned to them as further described in this policy (the “Practitioner Credentialing Policy” or “Policy”). The MEB’s application of this Policy to Network Practitioners and District Practitioners, however, may differ according to its governance of the practice of medicine and its management of the District’s Network, as it deems appropriate.

	Policies/procedures directly related to medically indigent population			
				"Eligible Patient" or "Eligible Patients" shall mean(s) (an) enrollee(s) of the Medical Access Program ("MAP"), MAP Basic or certain low-income uninsured individuals of Travis County to whom the District provides services. For the purposes of this Policy, "Eligible Patients" may also include where appropriate, all patients who receive health care services on behalf of the District.

	Policies/procedures indirectly related to medically indigent population			
	Name	**Effective date**	**Amendment date**	**Notes**
1	**Central Health-Health and Well-Being Survey FORM.pdf**	N/A	N/A	Not a policy, just a form. Draft date listed 7/26/2023. Can be helpful in establishing a process for those with communication barriers; this may be an issue the medically indigent population faces
2	**Disclosure and Consent Telemedicine-Telehealth (Virtual Care Visit) FORM.pdf**	N/A	N/A	Not a policy, just a form. Can be helpful increasing access for the medically indigent population via telehealth.
3	**Intimate Partner Violence (IPV) and Patient Health Questionnaire (PHQ) FORM.pdf**	N/A	N/A	Not a policy, just a form. Can be helpful in gaining an increased understanding of some of the needs of the medically indigent population, for example, need for mental health services, community supports, specialized care, transportation, etc.
4	**Clients with Communication Barriers SOP.pdf**	Not listed	Not listed	Can be helpful in establishing a process for those with communication barriers; this may be an issue the medically indigent population faces
5	**Documentation of Patient Leaving Against Medical Advice (AMA) SOP.pdf**	Not listed	Not listed	Can be helpful in establishing a process for patients that refuse treatment and the medically indigent population may face this issue more than others due to financial reasons
6	**Intimate Partner Violence (IPV) and Human Trafficking SOP.pdf**	Not listed	Not listed	Can be helpful in gaining an increased understanding of some of the needs of the medically indigent population, for example, need for mental health services, community supports, specialized care, transportation, etc.

7	**Patient Termination Policy.pdf**	12/14/2021	4/1/2023	Central Health is committed to maintaining an effective relationship with patients that is built upon mutual trust and respect and consideration for a safe environment and consistent with the Patients' Rights and Responsibilities. It is the policy of Central Health that no patient will be subject to Abandonment. Central Health may not terminate a patient relationship without Reasonable Notice to the patient, unless the latter presents a serious and imminent threat to the safety of staff, other patients or to Central Health facilities. Central Health will facilitate transfer of care when appropriate
8	**Patient with Communication Barrier Policy.pdf**	Not listed	Not listed	Can be helpful in establishing a process for those with communication barriers; this may be an issue the medically indigent population faces
9	**Good Faith Estimate Policy.pdf**	Not listed	Not listed	It is the policy of Central Health to provide Eligible Recipients with a GFE, in accordance with applicable laws and regulations. The GFE shall include the Expected Charge for a scheduled or requested Primary Item or Service.
10	**Bag Technique SOP.pdf**	March 2023	Not listed	Can be helpful in establishing a process for home for the medically indigent population as this may increase access to care for them
11	**Medication Review and Reconciliation SOP.pdf**	Not listed	Not listed	May be applicable to the medically indigent population as this population may have low health literacy and consequently, may not be adherent to medications prescribed PURPOSE To generate the most accurate medication list available; reduce the risk of adverse medication events; and notify

				Central Health Providers of apparent medication noncompliance
12	**Patient Rights and Responsibilities Policy.pdf**	Not listed	Not listed	Can be considered applicable to the care of the medically indigent population because per this policy patients should not be discriminated against on the basis of their ability to pay for care

Appendix 3: Documentation Reviewed for Section 2.4

The table below summarizes the documentation referred to by Mazars in this review.

#	Documentation provided by Central Health
1	Packet_for_Bid_2301-004-BB.pdf
2	Travis-County-Healthcare-District-dba-Central-Health-Financial-Statements_9-30-2022.pdf
3	Sponsorship Policy.pdf
4	UT DMS – CH Recurring Meeting Overview.pdf
5	Agreed Upon Procedures Report.pdf
6	Electronic Funds Transfer Policies and Procedures.pdf
7	FIN2-003 Reconciliation of Service Payments to Community Care.pdf
8	FIN6-001 Audit.pdf
9	General Procurement.pdf
10	Payment Authorization Signature Policy.pdf
11	Accounts Payable Approval Payment Policy.pdf
12	Central-Health-Original-Petition - Lawsuit between CH and Ascension.Seton
13	Community-Care-Collaborative-Financial-Statements_9-30-2022-and-202.pdf
14	Dell Medical School Presentation 7.27.2022 to Central Health Board of Managers

#	Documentation provided by Central Health
15	DHHS OIG Texas DSRIP Program Audit August 2020 Report
16	FIN6-004P Budget Policy
17	FIN7-001 Central Health Community Health Centers (5.27.10)
18	HD Cash Receipts Procedures Update 2.15.07
19	Invoice -Purchase Order Discrepancies Policy
20	JTT Annual Purchase Order Tracking
21	Procurement Card Policy
22	Procurement Card Standard Operating Procedures
23	Reserve Policies.pdf
24	TCHD Investment and Collateral Policies and Procedures 2023
25	UT-Austin-CH-and-CCC-Affiliation-Agreement-Fully-Executed
26	Central Health Internal Control Documentation – Disbursements
27	Entity and Environmental Risk Assessment FY 23
28	Entity Level Controls FY 23
29	ITGC Walkthrough Documentation Requests 12.20.23 – Additional Requests
30	AP Data Entry Guidelines.pdf
31	AP Invoice Data Entry.pdf

#	Documentation provided by Central Health
32	AP Invoice Workflow Inquiry.pdf
33	AP Payment Process Post Check Run.pdf
34	AP Payment Processing.pdf
35	Business Expense Reimbursement Desktop Procedure with Attachment A.pdf
36	Expense Report FAQs.pdf
37	Expense Report Training.mp4
38	Filing Method for Matching Vouchers Invoices.pdf
39	How to Adjust Voucher Distribution on a Posted Vouchers.pdf
40	How to Amortize Prepaids.pdf
41	How to Create a Check Run.pdf
42	How to Run the Workflow Open Assignments Report.pdf
43	Pre-Voucher Upload through Ancora.pdf
44	Vendor set up in MV.pdf
45	01-Procedures – Fixed Assets.xlsx
46	1 – How to Process Payroll – Updated 06292023.pdf
47	Journal Entry – PAYROLL.pdf
48	Journal Entry – RETIREMENT.pdf

#	Documentation provided by Central Health
49	Payroll Cycle – Day 1 Friday.pdf
50	SOP Initial Out of State Employee set up.pdf
51	DIR Purchases Procedure.pdf
52	FORM Task Order Inquiry and Approval_3.30.22_CLEAN.pdf
53	SOP Annual Purchase Order Qualification.pdf
54	SOP Processing DIR_COOP Contracts.pdf
55	SOP Single Proposal Submissions.pdf
56	Central Health Performance Review Summary Findings.pdf
57	Central Health Performance Review FINAL_February-14-2018.pdf
58	Perf-review-management-response.pdf
59	Duality of Conflict of Interest.pdf
60	Duality and Conflict of Interest Procedure (SOP).pdf
61	01.10.23_SPC_FY23 Budget Resolution Report Out Tracker_V.Final.pdf
62	02.23.23_FINAL FY2023 CEO Evaluation.pdf
63	04.26.23 Posted Executive Committee agenda and Packet.pdf
64	06.14.23 Posted Executive Committee Agenda and Packet.pdf
65	Signed Budget Resolution (4).pdf

#	Documentation provided by Central Health
66	Five JAC Agendas from 2023 (April, June, July, August, November)
67	UT DMS – CH Recurring Meeting Overview.pdf

Appendix 4: Industry Best Practices for the Review and Acceptance of Grants through inquiry with Central Health leadership, Mazars noted that Central Health occasionally applies for grants and are awarded grant funds. However, there are no existing policies and procedures for applying for or managing the spending of these grant funds. The following are recommendations and best practices to include in future policies and procedures.

Benefits of having a grant management system include:

- **Compliance and Accountability**: Ensures the money is being used to fulfill the grant and reporting requirements
- **Risk Mitigation**: Identify risks early and implement corrective action quickly while also preventing overspending and the misuse of funds
- **Efficiency/Organization**

The table below summarizes industry best practices for applying for and managing grant funding as a public Hospital District:

#	Best Practices
Grant Planning and Research	
1	Develop a strategic plan for your Hospital District
2	Identify the needs of your community and align them with potential grants
3	Research funding opportunities applicable to Hospital Districts such as grants for local health coverage programs (e.g., grant funding for Central Health's Medical Access Program (MAP) and MAP Basic) and Texas health and human services grants.
4	Obtain Central Health management and Central Health board approval to apply for any grant opportunities identified.
5	Set a clear timeline for proposal development and submission, including tasks and assignments for other staff whose input and knowledge you will need.
Grant Writing	
1	Develop clear and measurable goals, objectives, and activities

2	Use the same format for follow-up reports that you used for the original application to help the funders understand and benchmark your progress and results.
3	If a template is provided for any part of the application, use it. Using the funders budget format is a common request.
4	Develop “boiler plate” narrative that can easily be modified for multiple proposals.
5	Involve the stakeholders by listening to their needs and incorporating them into the proposal.
6	Understand restrictions (character limits, file types, supported browsers, etc.) before you start working on the application.
7	Ensure that all elements of your grant application help tell the same story – from the cover letter to the budget.
Grant Budgeting	
1	Develop a detailed budget. Understand and plan how the grant funding will be allocated and used. Make your budget justifications as detailed as possible.
2	Maintain documentation of your organization’s institutional knowledge regarding funders and grants. Such as funder relationships, grant history, and upcoming deadlines should be maintained in a system.
Application Submission	
1	Compile the necessary application documents and submit your application at least 1 day prior to the application deadline.
2	If using an online submission portal, review all aspects of the system right away to ensure your browser and computer are compatible with the portal to avoid any last-minute technical glitches.
3	Take time to thank funders who spent time reviewing and evaluating your application, even if you did not receive funding
Post-Award Grant Management	

1	Create policies and procedures on how the funds are spent, maintaining proper documentation, and ensuring timely reporting of how the money is being allocated
2	Develop internal controls that combat risks such as fraud and financial mismanagement and establish clear systems of communications
3	Create/maintain a team that is responsible for overseeing how the funds from the grant are being managed. Administration, accounting, compliance, and reporting are crucial aspects of grant management.
4	Manage your budget, link to goals and outcomes, and fulfill post-award policies and reporting requirements
5	Ensure all guidelines that came with the grant are being followed
6	Establish separate financial accounts for the receipt and expenditures of grant funds
Resources	
1	Utilize resources like the Colorado's School of Public Health's Grants Management 101 Toolkit[35] and CDC Grants Policy guidelines[36] to enhance your grant writing skills and navigate the grant writing process

[35] Grants Management 101 Toolkit - Center for Public Health Practice
[36] CDC - Grant Writing Guidance and Tips - Budget, Grants, and Funding - STLT Gateway

Appendix 5: Public Opinion Survey Responses

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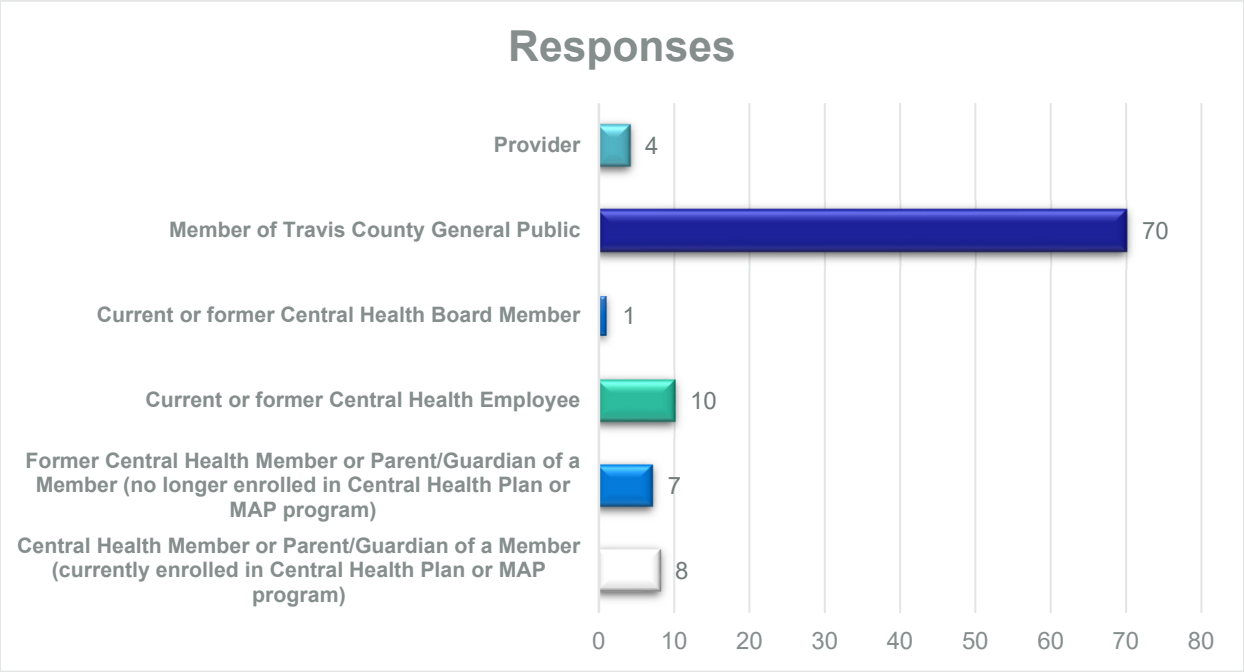
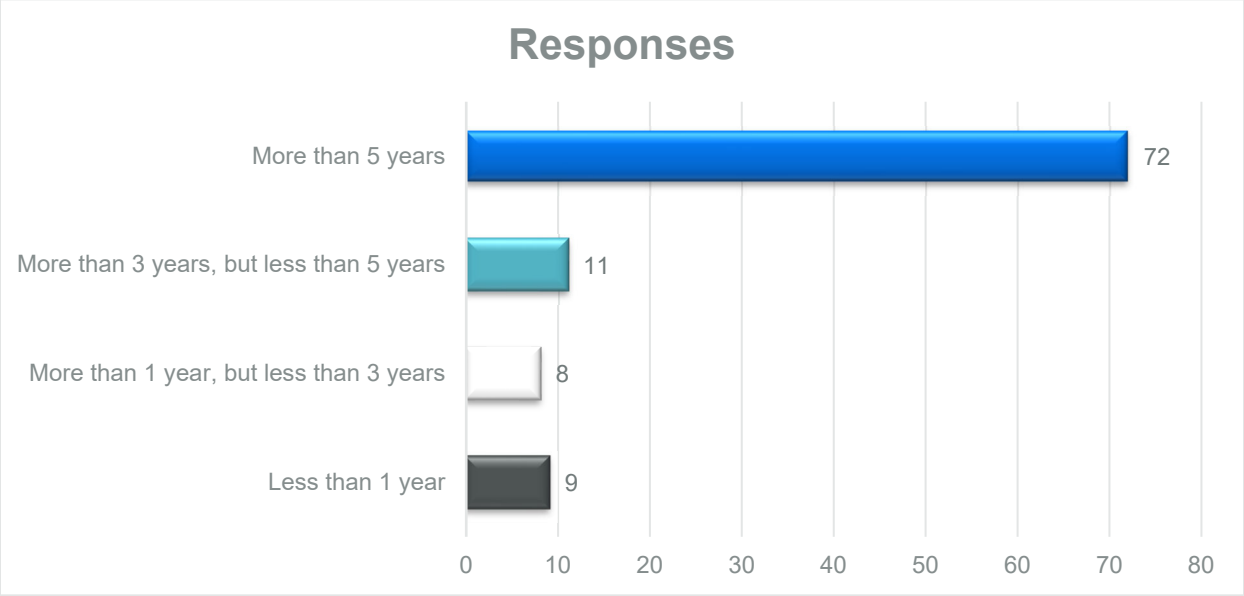
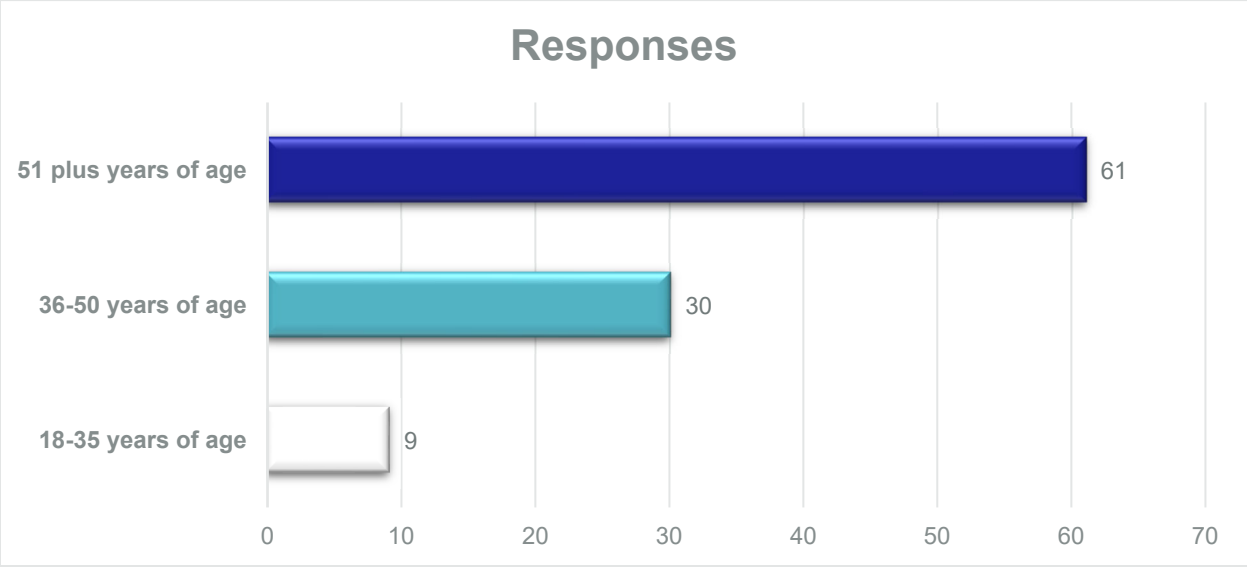
Q1: What is your relationship to Central Health?



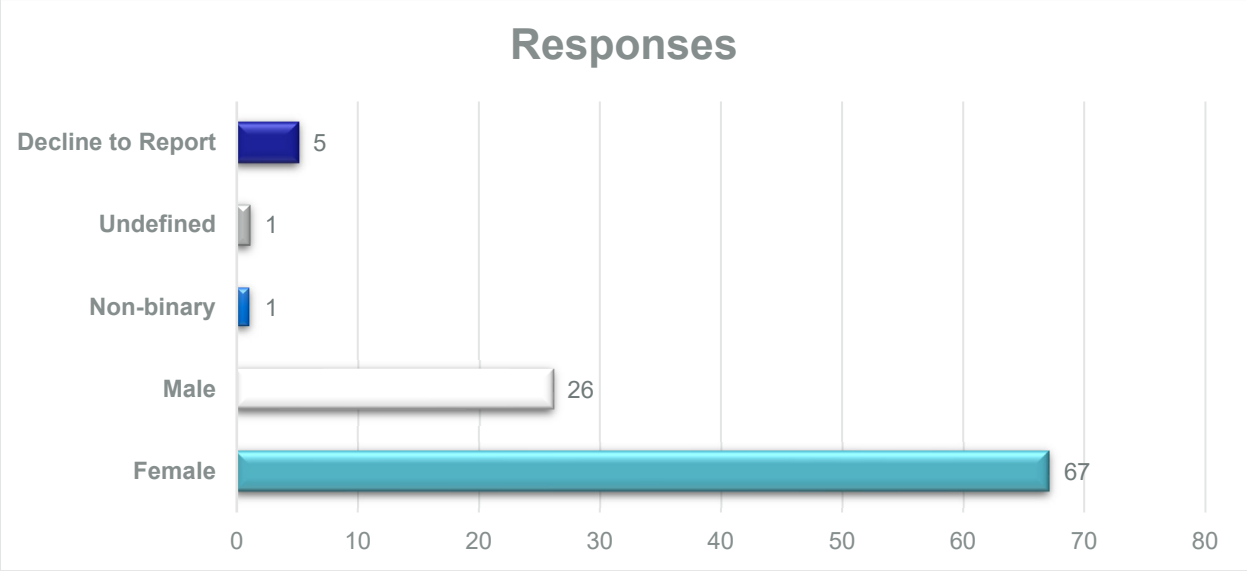
Q2: How long have you been a part of the Central Health community?



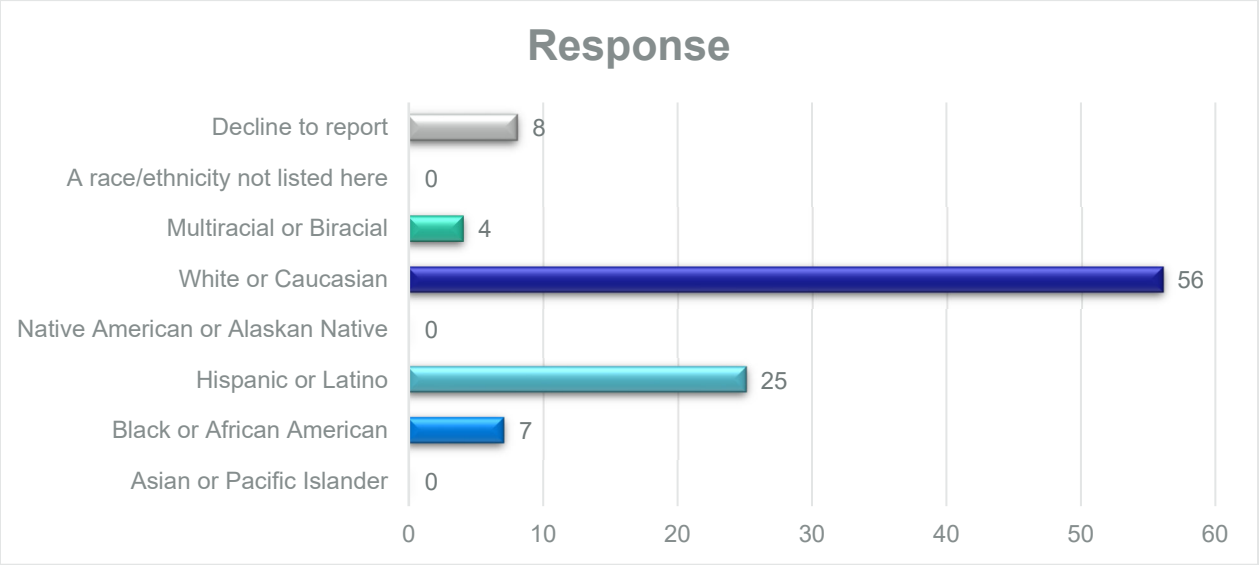
Q3: What is your age range?



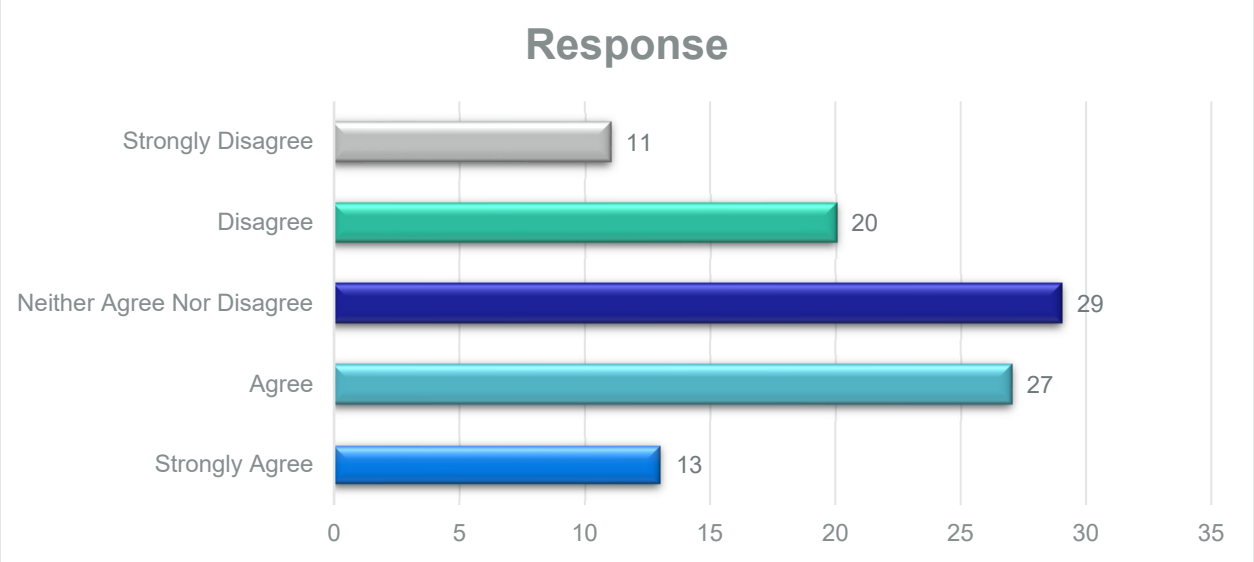
Q4: Which gender do you identify as?



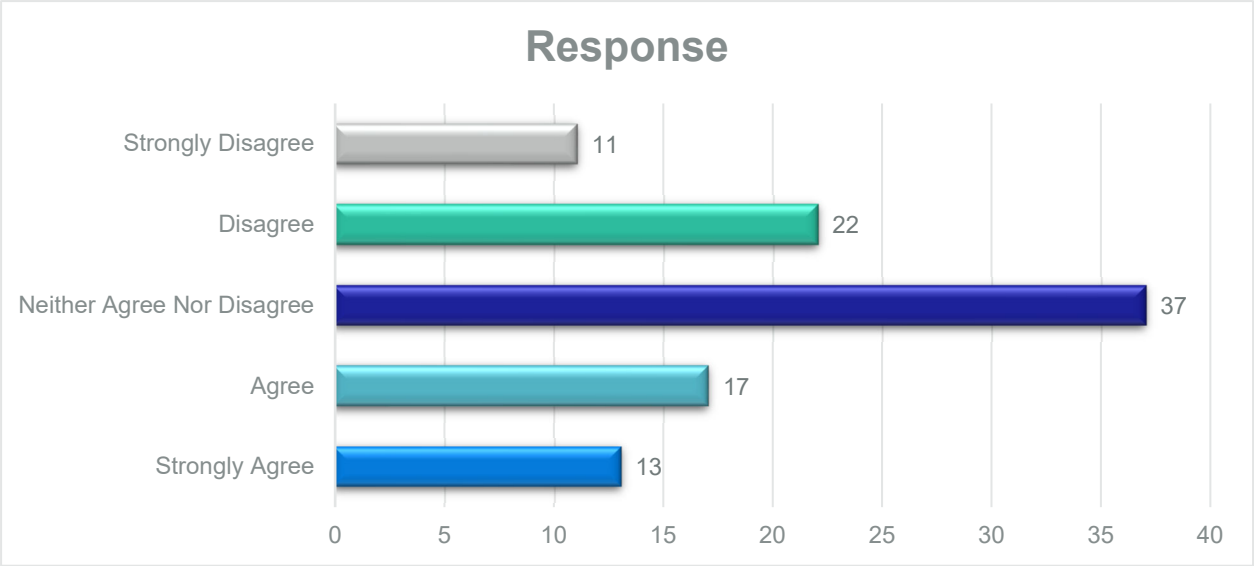
Q5: Which of the following ethnicities do you identify as?



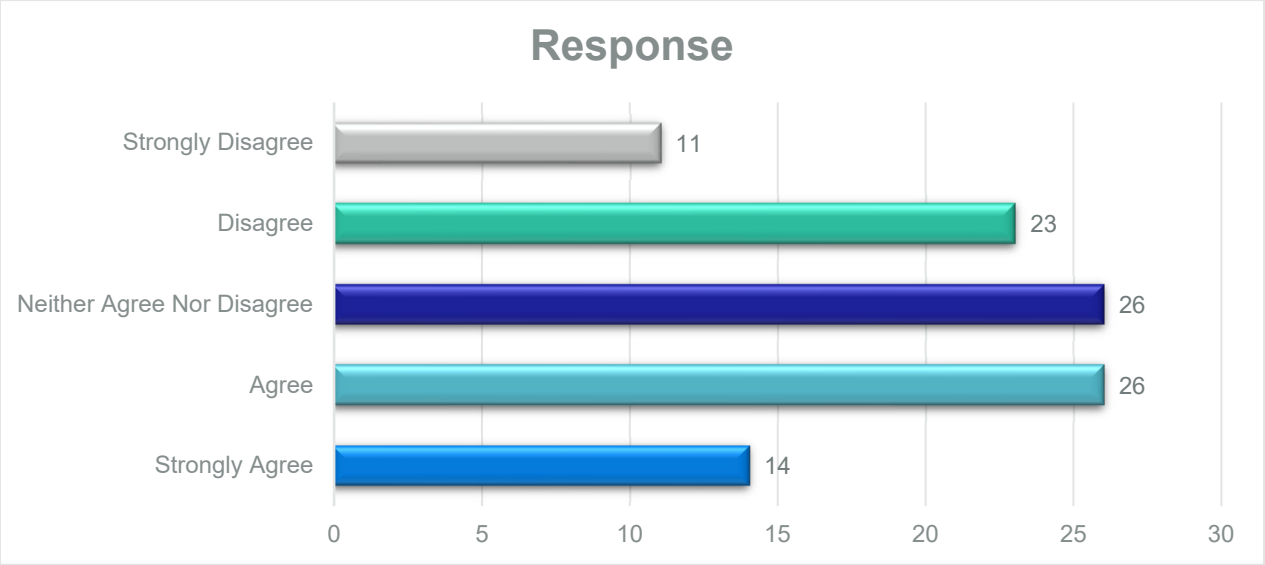
Q6: I am pleased with the public information shared by Central Health on how they spend local tax dollars.



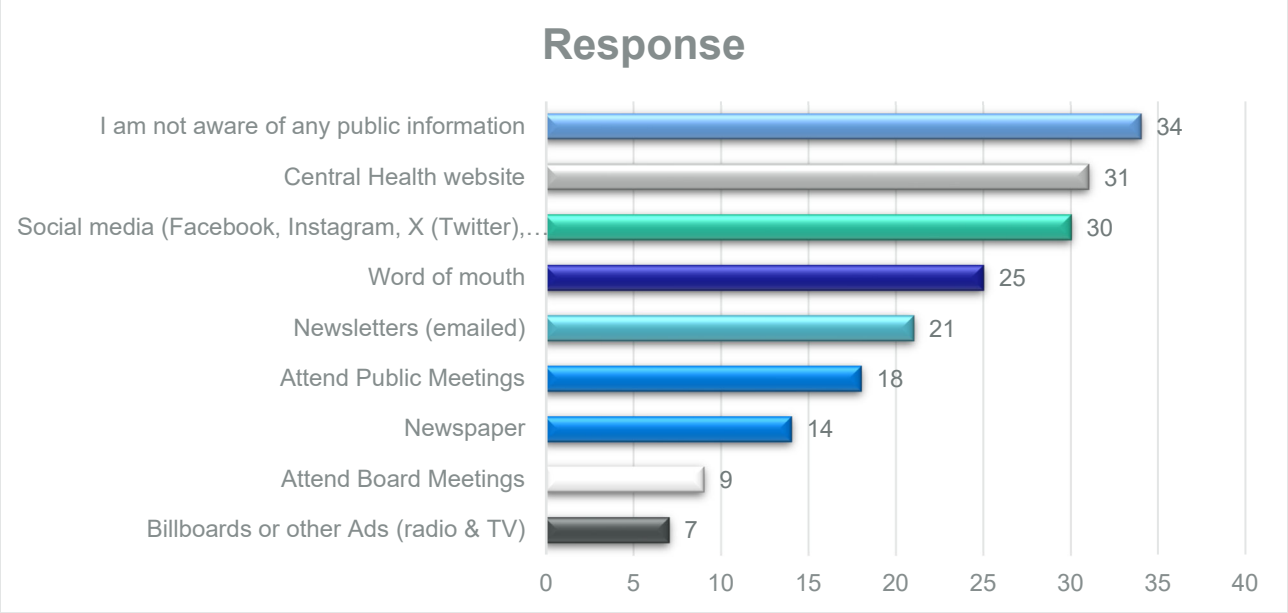
Q7: I can easily find information about how Central Health spends local tax dollars.



Q8: I trust what Central Health shares about how they spend local tax dollars.



Q9: Central Health is funded by local tax dollars. How have you been made aware of Central Health's activities funded by local tax dollars? (selected all that apply)



Q10: What else do you want to know regarding how Central Health spends local tax dollars?

45 Responses

#	English Responses
1	Nothing else.
2	Are the funds used effective? Is there a measurable improvement from the use of the funds? Is there a public health improvement or just instances of individuals benefiting? How do you know what you know?
3	Nothing
4	Why CH is holding so many tax dollars in reserves. And why they don't spend more on mental health.
5	I think Central Health is a boondoggle.
6	Stop wasting money on stuff. And UT Dell needs to fund itself

7	I want to know what y'all are doing about getting more providers. My boyfriend recently was approved for Map in May, and has to wait till OCTOBER to get a first appointment for establishing primary care
8	I want to know how much, if any, funds go to the failed policy of "harm reduction" where free drug use supplies or kits are handed out instead of handing out info on where to obtain drug rehab.
9	Everything
10	Employee salaries
11	you lost site of the original goals of your mission. now it has become its own entity spending $$$$ on new buildings and paying boards. This money was to support the indigent by paying for their health care period
12	How is it decided where the money will be spent?
13	Why they keep stealing our tax dollars to fund fat cat execs and give our money to religious groups that won't provide all needed services.
14	No questions
15	Where is this information for public view?
16	What is the financial relationship between Dell Medical School and Ascension Seton with regard to contracted services. What types of contracts are in place for commodities, specifically vaccines?
17	Just the facts.
18	How can I decline having my tax money sent to Central Health?
19	Periodically meet with local news stations to share achievements and transparency
20	N/A
21	Nothing
22	How the money is being spent

23	Nope. until this moment I have no knowledge of who, what, or what purpose they provide
24	I couldn't answer the first two questions as I have no idea who this organization is or what it does. However if it is like the other liberal junk in this city, I disagree with it completely. POORLY WORDED options. Thus an inaccurate survey.
25	What is Central Health, and why and how are taxpayers paying for it
26	I have no idea other than Covid. They were good on that. I have no information about anything else.
27	Nothing
28	Central Health is wasting the funding they are given. More oversight should be done to prevent wasteful spending and elevated salaries for administrators. Salaries should be focused on direct care givers - nurses, aides, technicians instead of administrators and over paid directors.
29	Na
30	It gives $35 million in taxpayer dollars to Ascension but has no accountability for the money and to my knowledge, Ascension admits under oath it does not nor has it ever spent a DIME OF THESE TAXPAYER DOLLARS ON ONE POOR SICK OR INJURED PERSON THE MONEY WAS COLLECTED TO SERVE!
31	Why do they have a five hundred-million-dollar surplus?? Why didn’t they spend that money on poor people??
32	The Legislature tied Central Health to Travis County. The Commissioners Court approves Central Health's tax rate and budget each year.
33	NA
34	Nothing.
35	Continue the great communication
36	Central Health has taken an innovative approach to healthcare and helped to close healthcare gaps by partnering to create Sendero and opening new clinics in under-served areas.
37	Salaries are too high for upper leadership

38	How the payment to UTHA for services works
39	Central Health needs to be serving more people

#	Spanish Responses
40	No tengo idea **English Translation:** I have no idea
41	Central health es excelente **English Translation:** Central Health is excellent
42	N/A **English Translation:** N/A
43	Gasto por código postal. **English Translation:** Spend by zip code
44	No, estoy firme en creer que los fondos estan siendo usados correctamente **English Translation:** No, I am adamant they are spending the funds correctly
45	Quiero que trabajen mas en equipo con otras entidades como la ciudad de Austin, non-profits, companias de aseguranza y promotoras de salud trabajando en la comunidad. Quiero que ofrezcan apoyo en los hospitales y clinicas pero tambien en la comunidad. Ya sabemos que la salud no tiene tanto que ver con los medicos sino con lo que pasa en la vida de la gente. Tener casas saludables en lugares seguros, tener aceso a la comida sana, tener transporte publico de calidad, tener trabajo con sueldos justos, tener educacion sobre temas de salud, tener todo esto le hace a una comunidad saludable y pues se ahorran miles de dolares, que no? La conversacion sobre lo que hace "la salud" tiene que cambiar y Central Health tiene que estar alli, ayudandole a la comunidad entender todo esto. **English Translation:** I want them to work more as a team with other entities like the City of Austin, non-profits, insurance companies and health promoters working in the community. I want

	them to offer support in the hospitals and clinics but also in the community. We know that health is not so much about the doctors as it is about what happens in people's lives. Having healthy homes in safe places, having access to healthy food, having quality public transportation, having work with fair wages, having education on health issues, having all of these makes for a healthy community and saves thousands of dollars, right? The conversation about what "health" does has to change and Central Health needs to be there, helping the community understand all of this.

Appendix 6: Dell Medical School Claims Utilization 'FY22

Dell Medical School supplied claims utilization report for 'FY22 that were paid separately outside of $35 million fund.

Musculoskeletal Services	# Visits
Evaluation & Management	2,456
Evaluation & Management (Phone E&M)	41
Procedures (including injections)	519
Post-OP Follow-up visit	473
Radiology (Mostly X-Ray)	154
Physical Therapy Evaluations	571
Physical Therapy Re-Evaluations	102
Therapy/Exercises	1,676
Women's Health Services	
Evaluation & Management	936
Evaluation & Management (Phone E&M)	30
Procedures & Treatment (including various test, measure, insertion)	781
Post-OP Follow-up visit	151
Physical Therapy Evaluations	107
Physical Therapy Re-Evaluations	2
Therapy/Exercises	353
Integrated Behavior Health Services	
Social Worker Meet and Greet	217
Psych Diagnostic Evaluation	27
Psychotherapy	85
Registered Dietitian Visit	155

Appendix 7: Central Health's narrative overview of recurring meetings between Central Health and UT Dell Medical School Leadership

Narrative overview of recurring meetings between Central Health and UT Dell Medical School Leadership

Submitted to Mazars team - 4/25/2024

Central Health is building its own direct care services to address long-standing specialty care gaps, which were not sufficiently ameliorated through various contracted care models. Guided by our long-term community needs assessment, gap analysis and strategic planning (eg. the Healthcare Equity Plan), we are working in tandem with DMS to design systems, recruit providers, and serve patients in a variety of settings. The significant increase in specialty care access in our community, especially at a time of high healthcare provider shortages nationwide, would not be possible without Dell Med's participation.

Meeting	Cadence	CH Attendees	UT Attendees	Topics
Joint Operating Committee	Monthly	COO CMO CFO CSO VP Ops Revenue Cycle	VP Health Enterprise CAO COO CFO Revenue Cycle	MSA and PSA operational tracking; Service levels and run rate; Potential research opportunities related to innovative models developed through UT/CH relationship such as the program for CH patients with renal disease
Strategy	Monthly	CSO CFO COO CMO	CAO ED Public Affairs & Chief of Staff COO	Updates; Planning for joint participation in programs/projects; Developing matrix and other reporting for CH boards and community; Discussing Affiliation Agreement service levels in resident clinics per Sec. 4.9
CEO and Dean	Monthly	CEO	Dean	General updates; High level strategy
Clin/Ops	Weekly	CMO COO	COO Executive Director of Planning & Business Development Assistant Director, Planning & Business Development Clinical practice leadership	Discussion related to active service delivery and co-recruitment of physicians and other areas of potential for projects groups to evolve models of care such as historically in MSK, gastroenterology and other specialties – including design of CH multispecialty clinical spaces and provider review/triage of specialty wait lists.

Continued

Narrative overview of recurring meetings between Central Health and UT Dell Medical School Leadership

Submitted to Mazars team - 4/25/2024

Ad Hoc Service Line/Program Specific Series				
Meeting	**Cadence**	**CH Attendees**	**UT Attendees**	**Topics**
Eg. PSH Healthcare	Weekly or more	CMO CSO other physicians, data analysts, finance team members, legal	Pop Health/Psych and BH Professors/Project Managers	Developing a healthcare service delivery model that will collaborate with social service/housing providers to ensure that indigent community members that move into permanent supportive housing are able to become healthy, engaged and remain housed.
Eg. Central Health Healthcare Equity Plan	Ad Hoc	Central Health Executive Team, clinical operations, planning and analytics staff, Guidehouse consultants	Chief Clinical Officer Associate Dean for Health Equity Other clinical leadership	Development of Central Health's Service Delivery Strategic Plan, Safety-net Focused Community Health Needs Assessment, Operational and Financial Sustainability Planning

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