



STAYS IN FILE



CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community

Our Mission

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

Our Values

Central Health will achieve excellence through

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

Innovation - We create solutions to improve healthcare access

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

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

BOARD OF MANAGERS

Meeting Agenda

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

Central Health Administrative Offices

1111 E. Cesar Chavez St.

Austin, Texas 78702

Board Room

CITIZENS' COMMUNICATION

CONSENT AGENDA

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

- C1 Approve the minutes of the December 18, 2019 meeting of the Central Health Board of Managers
- C2 Approve the minutes of the January 14, 2020 Public Hearing and Special Called meeting of the Central Health Board of Managers
- C3 Receive and ratify Central Health Investments for December 2019
- C4 Receive a report of the December 2019 financial statements for Central Health, as presented to the Budget and Finance Committee
- C5 Receive a report of the December 2019 financial statements for the Community Care Collaborative, as presented to the Budget and Finance Committee

REGULAR AGENDA*

- 1 Discuss and take appropriate action on a resolution honoring Abigail Aiken for her service on the Central Health Board *(Action Item)*
- 2 Receive, discuss, and take appropriate action on a presentation of the Central Health Fiscal Year 2019 financial audit *(Action Item)*
- 3 Discuss and take appropriate action on the Central Health Equity Policy Council's FY2020 initiative *(Action Item)*
- 4 Receive and discuss an update on an agreement with Social Finance, Inc , and its subsidiary PAATH, LLC, for permanent supportive housing and wraparound services to be provided to homeless Travis County residents ¹ *(Action Item)*
- 5 Discuss and approve execution of an agreement between Central Health and Ascension Seton to engage Anthony DiLeo as a mediator ¹ *(Action Item)*
- 6 Discuss and take appropriate action on health care service delivery expansion in Eastern Travis County, including project timelines ¹ *(Action Item)*
- 7 Discuss and take appropriate action on an Interlocal Cooperation Agreement between Central Health and the City of Austin for a feasibility study of potential facilities development on certain City land ¹ *(Action Item)*
- 8 Discuss and take appropriate action on Central Health owned or occupied real property, including possible delegation of certain authority related to such property to the President & CEO, and potential property for acquisition or lease ¹ *(Action Item)*
- 9 Receive and discuss a report from the President & CEO on Central Health current activities, operations, and workforce, including (a) the Fiscal Year 2020 strategic objectives and budget priorities, (b) organizational process changes, (c) routine personnel matters, such as new hires, promotions, reclassifications, and (d) workforce demographics ¹ *(Action Item)*
- 10 Receive advice from legal counsel on the applicability of the Complaint Resolution Policy for Employees who Report Directly to the President & CEO to any pending complaints, and status of any such complaints ¹ *(Informational Item)*
- 11 Confirm the next regular Board meeting date, time, and location *(Informational Item)*

*The Board of Managers may take items in an order that differs from the posted order

Note ¹, Possible closed session item

The Board of Managers may consider any item posted on the agenda in a closed session if the item involves issues that require consideration in a closed session and the Board announces that the item will be considered during a closed session

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

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

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

Came to hand and posted on a Bulletin Board in the Courthouse,
Austin, Travis County, Texas on this the 24th day of
January 20 20

Dana DeBeauvoir
County Clerk, Travis County, Texas

By: Samantha Lopez Deputy

SAMANTHA LOPEZ



202080132

FILED AND RECORDED
OFFICIAL PUBLIC RECORDS

Dana DeBeauvoir

Dana DeBeauvoir, County Clerk
Travis County, Texas

Jan 24, 2020 09:59 AM

Fee: \$0.00

LOPEZS



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BOARD MEETING

January 29, 2020

REGULAR AGENDA ITEM 1

Discuss and take appropriate action on a resolution honoring Abigail Aiken for her service on the Central Health Board.



**CENTRAL
HEALTH**

**A RESOLUTION EXPRESSING APPRECIATION TO
ABIGAIL R.A. AIKEN, MD, MPH, PHD
FOR HER SERVICE ON THE
BOARD OF MANAGERS OF CENTRAL HEALTH**

WHEREAS, Ms. Abigail Aiken is an advocate for reproductive health and access to health care for all;
and

WHEREAS, Ms. Aiken teaches reproductive health policy as an assistant professor at the LBJ School of Public Affairs at The University of Texas at Austin; and

WHEREAS, Ms. Aiken is also a faculty associate at The University of Texas at Austin’s Population Research Center, with her research areas focusing on access to reproductive health services; and

WHEREAS, Ms. Aiken started her career as a postdoctoral research associate and lecturer at Princeton University; and

WHEREAS, Ms. Aiken also previously worked for the Texas Legislature as a health policy analyst for the office of State Representative Carol Alvarado; and

WHEREAS, Ms. Aiken served on the Community Care Collaborative Women’s Health Workgroup, a board of health professionals charged with improving women’s health care service delivery for Central Health and Community Care in Travis County; and

WHEREAS, Ms. Aiken chaired the Central Health Ad-Hoc Women’s Health Committee and prioritized access to Long Acting Reversible Contraception and reduced barriers to all forms of contraception for women enrolled in MAP and MAP Basic; and

WHEREAS, Ms. Aiken helped define Central Health’s vision to transform the delivery of health care to Travis County residents and served as the Secretary for the Central Health board in 2018; and

WHEREAS, Ms. Aiken improved Central Health’s delivery of women’s health care services in Travis County; and

WHEREAS, Ms. Aiken brought unwavering dedication to the people of Travis County—especially for the people who need access to health care the most; and

WHEREAS, Ms. Aiken has brought steadfast commitment to her role as a board member; therefore

BE IT RESOLVED BY CENTRAL HEALTH that the Board expresses its sincere appreciation and gratitude to Mrs. Aiken for her dedicated service to Central Health as a member of the Board of Managers; and

BE IT FURTHER RESOLVED, that the Secretary of the Board prepare a copy of this Resolution for presentation to Ms. Aiken.

Sherri Greenberg, Chairperson,
Central Health Board of Managers

Date of Adoption



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BOARD MEETING

January 29, 2020

REGULAR AGENDA ITEM 2

Receive, discuss, and take appropriate action on a presentation of the Central Health Fiscal Year 2019 financial audit.



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BOARD MEETING

January 29, 2020

REGULAR AGENDA ITEM 3

Discuss and take appropriate action on the Central Health Equity Policy Council's FY2020 initiative.



MEMORANDUM

To: Central Health Board of Managers;
CC: Mike Geeslin, Central Health President and CEO
From: Megan Cermak, Manager of Community and Population Health Strategy
Date: January 22, 2020
Re: Agenda Item 3- Discuss and take appropriate action on the Central Health Equity Policy Council's FY2020 initiative. (*Action Item*)

Background:

The Central Health Equity Policy (CHEP) Council launched five years ago with the mission to identify and advance effective health equity and wellness policies for Travis County residents. Since then, the American Hospital Association, the American Medical Association and the Centers for Disease Control & Prevention have recognized that policy work is one of the most effective ways the healthcare system can address persistent and costly health inequities.

A 2016 initiative to regulate electronic cigarettes was successfully approved by Austin City Council in June 2017. For the 2017 policy initiative, two local school districts adopted recess policies while two additional school districts strengthened existing recess policies—a successful implementation of recommended childhood obesity prevention. The 2018 policy initiative of implementing routine HIV screening policies resulted in all Travis County FQHCs adopting this practice. An HIV screening pilot is also underway at St. David's South Austin Medical Center.

In 2019 the Central Health Board of Managers and executives requested the CHEP Council research existing policy recommendations through the Boards and Commissions to find synergy with community partners. In response, a committee of 12 CHEP Council members reviewed 45 commission and community reports and conducted 30 interviews to identify the most promising policies to bring forward to the full CHEP Council membership. The Central Health Board of Managers must approve any potential policy initiatives prior to the CHEP Council determining the final initiative. The three policy finalists under consideration and a list of CHEP Council members who worked on this process are attached.

Action Requested:

Board vote for approval of all three options. CHEP Council to choose the final policy.

Fiscal Impact:

No impact, programmatic efforts were approved in FY2020 budget.



Central Health Equity Policy Council 2020 Policy Options

I. COMPREHENSIVE DATA COLLECTION

The Central Health Equity Policy Council will support the Joint Inclusion Committee in their efforts to mandate all City of Austin departments capture and analyze comprehensive demographic data and transparently report outcomes. The Council will ask the Travis County Commissioner's Court to mirror these efforts through their social service contracts and advocate for similar adoption within all FQHC's and hospitals.

II. TOBACCO PREVENTION

Members of the Central Health Equity Policy Council will advocate for a city ordinance banning the sale of all flavored tobacco products, including menthol and mint e-cigarettes and cigarettes.

III. HEALTHCARE EQUALITY INDEX ACCREDITATION

The Central Health Equity Council will advocate for all FQHC's and hospitals to adopt clinical policies that support the Human Right's Campaign Healthcare Equality Index (HEI). The HEI is the national LGBTQ benchmarking tool that evaluates health care facilities' policies and practices related to equity and inclusion of their LGBTQ patients, visitors, and employees.



CENTRAL HEALTH



Central Health Equity Policy Council

2020 Policy Initiative



Past Initiatives and Successes

- 2016- City ordinance regulating the use of electronic cigarettes in public places
- 2017- Two low-income school districts adopted recess policies, resulting in over 20,000 students gaining daily access to 20 minutes of unstructured physical activity time
- 2018- All FQHC's and one emergency department adopted routine HIV screening policies or practices
 - Recognized by the Centers for Disease Control & Prevention
 - Cornerstone of the Fast Track Cities Initiative



A New Direction for 2020

- No longer bound to the four priority indicators
- Introduce clinical policy focus
- Find synergy through the Boards and Commissions and clinical partners



CENTRAL HEALTH



CommUnityCare



85
SENDERO
HEALTH PLANS



Community
Care
Collaborative

A Central Health and Seton partnership



@CentralHealthTX

Methodology: Commission Reports

- Arts Commission
- Asian American Quality of Life Advisory Commission
- Austin Travis County Food Policy Board
- Codes and Ordinances Joint Committee
- Commission for Women
- Commission on Seniors
- Community Development Commission
- Community Health Assessment
- Community Health Improvement Plan
- Community Tech and Telecomm Commission
- Comprehensive Plan Joint Committee
- Early Childhood Commission
- Economic Prosperity Commission
- Environmental Commission
- Human Rights Commission
- LGBTQ Quality of Life Advisory Commission
- Mayor's Committee for People with Disabilities
- Urban Transportation Commission
- Zero Waste Advisory Commission
- Housing Authority at the COA
- Independent Citizens Redistricting Commission
- Joint Cultural Commission
- Low Income Consumer Advisory Task Force
- African American Resource Advisory Commission
- Building and Standards Commission
- Board of Adjustment
- City of Austin-LCRA Partnership
- Commission on Veterans Affairs
- Commission on Immigrant Affairs
- Emma S. Barrientos Mexican American Cultural Center Advisory Board
- Joint Inclusion Committee
- Joint Sustainability Committee
- Public Safety Commission
- Austin Water Resource Planning Task Force
- Central Health Board of Managers
- College Student Commission
- Hispanic/Latino Quality of Life Resource Advisory Commission



Methodology: Community Reports

| | |
|--|--|
| Institute for Urban Policy Research & Analysis - The State of Black Lives in Texas | Center for Public Policy Priorities |
| Institutional Racism and Systemic Inequities | Integral Care Policy Priorities |
| American Diabetes Association Policy Priorities | National Institute of Mental Illness Policy Priorities |
| Livestrong Foundation Policy Priorities | Cancer Action Network Policy Priorities |



Methodology: Informational Interviews

- CPPP
- Seton
- Integral Care
- Texas Council of Community Centers
- NAMI
- BlueBonnet Trails
- City of Austin Office of Sustainability
- City of Austin Equity Office
- Central Texas Food Bank
- Judicial Commission on Mental Health
- Seton
- Dell Medical School
- St. David's
- Austin Independent School District
- Texas Medical Association
- Asian American QoL Commission
- Aging QoL Commission
- LGBTQ+ QoL Commission
- Hispanic QoL Commission
- Asian-American QoL Commission
- Austin Public Health
- CommUnity Care
- KIND clinic
- Baylor Scott & White
- Austin Regional Clinic
- Integral Care



Evaluation Criteria

- Political feasibility
- Financial feasibility
- Legal feasibility
- Community Engagement/Readiness
- Equity
- Impact on Health Outcomes
- Tracking and Evaluation



Results: Top 3 Policies

- City requirement to capture and analyze comprehensive demographic data and transparently report outcomes.
- Prohibit the sale of flavored tobacco products.
- Pursue the Human Right's Campaign Healthcare Equality Index Accreditation





The Central Health Equity Policy Council Research Committee reviewed 45 Commission and community reports and conducted 30 interviews to identify three potential policy options for the Policy Council's consideration. Members of these groups are listed below and we thank them for their time, hard work and expertise.

Ana Almaguel

Travis County Health & Human Services

Alex Gajewski

Student Volunteer

Ashley LeMaistre

Austin Public Health

Iliana Gilman

Health Management Associates Consulting

Jaime Barrett

American Heart Association

Kelsey Mumford

Student Volunteer

Kristin duBay Horton

Community Volunteer

Linnea Lemon

Community Volunteer

Marianna Espinoza

Dell Medical School

Raul Alvarez

Community Action Network

Shelby Massey

American Heart Association

Virginia Brown

Dell Medical School



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BOARD MEETING

January 29, 2020

REGULAR AGENDA ITEM 4

Receive and discuss an update on an agreement with Social Finance, Inc., and its subsidiary PAATH, LLC, for permanent supportive housing and wraparound services to be provided to homeless Travis County residents.¹



MEMORANDUM

To: Central Health Board of Managers
From: Holly Gummert, Assistant County Attorney
CC: Mike Geeslin, Central Health President and CEO
Date: January 23, 2019
Re: Item 4- Receive and discuss an update on an agreement with Social Finance, Inc. and its subsidiary, PAATH LLC, for permanent supportive housing and wraparound services to be provided to homeless Travis County residents. (Informational Item)

Overview

In December 2019, the Central Health Board received a memo and briefing on the inclusion of up to 24 pilot program participants in the first cohort of the Pay for Success project and on the impact such inclusion may have on Central Health's outcome payments. The board voiced reservations around the enrollment of pilot program participants and the method Social Finance proposed to calculate the outcomes achieved by these participants. While the board did not directly instruct the President & CEO to negotiate a particular calculation method, Mr. Geeslin requested I provide you with an update on this topic.

Proposed Calculation Method as of December (also known as the Blended Baseline Approach)

- Pilot Program Participants 18-month Baseline Period ("Baseline Period"): Average number of days and/or visits experienced by pilot program participants during the 18-month period prior to enrollment in the ImpACT PFS pilot program AND in the 18-month period prior to enrollment in the project.
Pilot Program Participants 18-month Post Period ("Post Period"): Number of days and/or visits experienced by pilot program participants in the 18-month period post launch of the project.
Pilot Program Participant Payment Calculation: Payments will be made based on the pilot program participants' actual outcomes using the following formula:
((Sum of all Pilot Participants "Baseline Period" - Sum of all Pilot Participants "Post Period") / Sum of all Pilot Participant "Baseline Period") * # of Pilot Participants * Price per outcome

New Proposed Calculation Method

On January 16th, Social Finance sent an email which indicated that "[w]hile the impact investors appreciated Central Health's concerns with imputing Cohort 1 outcomes on pilot [program]

1 Pilot Program Participants are homeless individuals who are currently receiving Modified ACT services through the "ImpACT" PFS pilot program.

2 As a reminder, participants will be divided into three (3) cohorts ("Cohorts") for the purposes of measuring outcomes. The first cohort will be comprised of up to 96 individuals and its measurement period will begin upon project inception and end 18 months thereafter.



participants, they expressed concern with the blended baseline approach because pilot [program] participants will have been in housing and receiving services for a portion of the [baseline] period.” To address the investor’s concern, Social Finance proposed a calculation method that would change the baseline period to be the number of inpatient days and/or emergency room visits experienced by pilot program participants in the 18-Month period prior to their enrollment in the pilot (i.e., prior to receiving ACT Services).

Recommendation

None at this time. However, if the board desires to limit the President & CEO’s ability to enter into an agreement with Social Finance, Inc. and its subsidiary, PAATH LLC, on the basis of pilot program participation, the board will need to rescind its previous vote to authorize execution of the agreement. Rescission will allow the board to add a new condition to its list of contract “musts” to address this topic.



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BOARD MEETING

January 29, 2020

REGULAR AGENDA ITEM 5

Discuss and approve execution of an agreement between Central Health and Ascension Seton to engage Anthony DiLeo as a mediator.¹



MEMORANDUM

To: Central Health Board of Managers
Cc: Mike Geeslin, President and CEO
From: Monica Crowley, Chief Strategy & Planning Officer; Jeff Knodel, Chief Financial Officer
Date: January 23, 2020
Re: Agenda Item 5- Discuss and approve execution of an agreement between Central Health and Ascension Seton to engage Anotholy DiLeo as a mediator.¹ (*Action Item*)

Overview:

Central Health and Ascension Texas have been in active discussions regarding amending foundational agreements between the organizations in order to foster increased transparency, improved health of the populations we collectively serve, reduced regulatory risk, and long-term financial sustainability since January of 2019. In order to facilitate resolution of issues related to achieving these goals and reaching agreement regarding appropriate amendment terms, Central Health and Ascension have chosen to jointly engage in a mediation of these issues.

Synopsis:

Central Health and Ascension went through a joint selection and interview process of four potential mediators before agreeing on the selection of Anthony DiLeo as mediator. Central Health prioritized significant health care and mediation experience as well as experience in negotiating terms between governmental and private organizations. Mr. DiLeo has 45 years of experience in healthcare law including negotiations and mediations at all levels of local, state and federal courts. Mr. DiLeo's healthcare resume is attached to this memo.

Fiscal Impact:

Central Health estimates a \$150,000 impact to the FY2020 Central Health budget. The agreement to engage Anthony DiLeo will split costs and expenses equally between Ascension and Central Health.

Recommendation:

Staff requests that the Board of Managers direct the Central Health President & CEO to engage Anthony DiLeo to mediate issues between Central Health and Ascension regarding these issues.

Anthony M. DiLeo

HEALTH CARE LAW PRACTICE, ARBITRATION AND MEDIATION RESUME

"Anthony DiLeo of Anthony M DiLeo, A Professional Corporation is widely recognized as one of the leading healthcare practitioners in Louisiana. Sources note that *"he has great analytical skills, he knows the minutiae of the law, and he has a great depth of knowledge and good judgment."* He has extensive experience in the field and has represented all kinds of healthcare professionals and institutions."

New Orleans-based Anthony DiLeo of Anthony M DiLeo, A Professional Corporation is "by far the best healthcare attorney in the city, if not the country," according to one impressed interviewee."

Chambers USA, 2014
America's Leading Lawyers for Business

"Sole practitioner Anthony DiLeo splits his time between alternative dispute resolution, transactions in the healthcare sector and general corporate and business law. Known and respected by commentators as a *"conscientious, intelligent and detail-oriented professional"* who has been a senior figure in the Louisiana legal community for decades, he is often called upon to proffer his sage advice on transactions of upwards of eight figures."

Chambers USA, 2007
America's Leading Lawyers for Business

"*"Astute"* Anthony DiLeo was recommended to researchers for his *"wealth of knowledge"* concerning the corporate and tax aspects of healthcare law. He has also secured a national reputation as a healthcare arbitrator."

Chambers USA, 2004
America's Leading Lawyers for Business

Professional History

- Attorney, Arbitrator, Mediator; Self-employed, 2005 – present.
- Member/Partner, Stone Pigman Walther Wittmann, LLC (and predecessor firm), 1975-2005; Associate, 1973-1975.
- Law Clerk, Judge John Minor Wisdom, U.S. Court of Appeals, Fifth Circuit, 1973.
- Law Clerk, Judge Alvin B. Rubin, U.S. District Court, Eastern District of Louisiana, 1971-72.
- Adjunct Professor of Law, Tulane Law School (taught Health Care Law Practice, 2000-2005; taught Advanced American Arbitration Law in 2009 and 2010).

General Experience

Over 40 years' experience in corporate, business, healthcare, employment, and tax law, including negotiations and dispute resolution, as a business attorney, arbitrator, and mediator. Practice has also included litigation in all levels of state and federal courts and in United States Tax Court as well as expert witness testimony in several cases including testimony as to fiduciary duty of a sole shareholder physician in a large medical practice to his employer corporation and to creditors.

Has arbitrated and mediated 450+ disputes with claims of over \$2B arising in some 20 states for local, national and international parties, including complex business, corporate and healthcare cases often involving large numbers of parties and attorneys. Has arbitrated contract disputes in the 7-, 8-, and 9-figure range, both as a sole arbitrator and as a chair/member of a three-member arbitration panel.

Areas of Concentration

Healthcare Law: Broad based experience includes representing a wide variety of health care providers on corporate, regulatory, administrative, tax and partnership issues related to the provision of health care services or payment for services, as well as advising clients regarding the legal, practical, institutional, professional, ethical and economic issues as to the delivery of health care services and the payment for health care services from various government and insurer sources.

Clients represented include hospital and physician providers, health insurers, patients, billing companies, management companies, IPAs, physician groups, diagnostic facilities, ancillary facilities, non-profit organizations, and physician employees on a broad range of issues including physician contracting issues, partnership issues, recruiting payments, compensation, formation of entities, buy-sell agreements, insurance contracts, over payments, claim denials, coverage, breach of contract, managed care contracting, taxation of non-profit entities, purchases and sales of ownership interests, EMTALA obligations, HIPAA obligations, compliance plans, federal and state fraud and abuse, Stark II, antitrust, Medicare and Medicaid reimbursement, Medicare audits, contracts for services, employment contracts, employee benefits, staff privileges, peer review, malpractice, exclusion from staff, and slander, among other things.

Includes experience in analyzing, negotiating and writing contracts involving the costs of and payment for services, including employment contracts and independent contractor agreements for services by professionals, methods of dividing income or profits, tax benefits of employer sponsored health insurance, as well as contracts between hospitals and professional groups (e.g., radiology and ER services), which involve allocation of economic risks, billing, coding, record keeping, insurance, and other significant business issues.

Knowledgeable of the highly specialized terminology in the healthcare field with an understanding of the unique business structures of how healthcare is delivered and how risk is shared, such as, among other things, representation of uninsured physicians in medical malpractice claims, drafting and implementing self insurance med mal plans for physician groups, representation of physician group in departure of partner-physician and claims for buy-out obligations, negotiation of physician employment contract termination, representation of numerous physicians in claims for payments under disability insurance policies, representation of hospital in TRO litigation where physician group threatened contract termination, representation

of health insurer against other health insurers as to dispute regarding allocation of responsibility of allocation of large hospital bill for patient services, representation of hospital in peer review dispute with physician, representation of physician in peer review dispute with hospital, representation of physician group in Medicare audit, and representation of HMO owner in negotiation over dissolution or division of company assets.

Corporate and Business Law: Includes experience in corporate, business and partnership entities and agreements, transactions and litigation, including tender offer, exchange offer, merger, and shareholder rights, placement of capital investments, and related matters. Experience includes analyzing and creating merger and acquisition documents, as well as negotiating issues of stockholder rights, private placement of securities, minority shareholder redemption, buy-out provisions, ownership valuation, audits, going business concern status, asset purchase agreements, book value, stock basis, surplus, dilution, tax benefit sharing, tax losses, reorganization, indemnification, choice of law, royalty claims, licensing agreements, marketing agreements, partnership withdrawal, liquidation of operating partnership, partnership obligations, manufacturing and exclusive distribution rights, construction, real estate transactions, banking and savings and loan restructuring and workouts for borrowers and lenders, investment banking fees, warrants, convertible securities, credit agreements, and complex transactions including mergers and acquisitions, asset purchases, contracts, commercial leases, securities and investment advisor issues; workouts, liquidations and divestitures; shareholder agreements and disputes, joint ventures, minority shareholders issues, strategic relationships including banks and other financial institutions.

Employment Law: Experience representing both employers and employees over several decades; negotiated and drafted numerous contracts for employment, such as compensation, term employee benefits, for cause termination, health and disability insurance, vacation, pension and profit sharing plan benefits, confidentiality agreements, non-competition, non-solicitation, fiduciary duties, stock options, executive compensation packages, recruiting, training, moving expenses, length of employment, employee manuals and drug testing provisions, and advising both employers and employees on disputes regarding claims of discrimination, ADA, statutory penalties for nonpayment of salary, and wrongful termination. Experience in employment law includes both representation of clients and serving as an arbitrator or mediator in cases involving employment agreements for senior officers, President, CEO, and CFO.

Taxation: Experience in tax planning including income, estate, gift tax and sales and property tax and in tax litigation including U.S. Tax Court and U.S. District Court.

Education

- Harvard Law School, LL.M., 1971.
- Tulane Law School, J.D., 1970 (Order of the Coif, Tulane Law Review, Morrison Law Review Prize).
- Tulane University, Bachelor of Arts, 1968.

Professional Licenses

- Admitted to the Bar: Louisiana, 1970; District of Columbia, 1972; U.S. Tax Court; U.S. Supreme Court.

Arbitration and Mediation Panels

- The American Arbitration Association's National Panel of Neutrals, serving on its Commercial Panel, Large Complex Case Panel, National Healthcare Panel, Healthcare Payor Provider Panel, and Panel of Mediators;
- The American Health Lawyers Association's Arbitration and Mediation panels;
- CPR Institute for Dispute Resolution;
- Financial Industry Regulatory Authority (FINRA) Mediation Panel;
- Mediator certified by the International Mediation Institute, The Hague, Netherlands;
- The London Court of International Arbitration (LCIA) Database of Neutrals;
- International Centre for Dispute Resolution for international disputes;
- Fellow, The College of Commercial Arbitrators.

"Health care specialist, Anthony DiLeo, won praise from peers for his resourcefulness: *"He is able to make the best out of any bad situation,"* noted one approvingly. Much of DiLeo's work is on compliance matters for groups of physicians and hospitals, and his national arbitration practice continues to be admired."

Chambers USA, 2005
America's Leading Lawyers for Business

Alternative Dispute Resolution Experience: Arbitration

Served as sole arbitrator, or chair/member of arbitration panel in over 250 cases nationally with claims of over \$2 billion. Arbitrated large complex cases and modest-sized cases that included healthcare issues (practice management, fraud and abuse, billing and coding, capitation, pharmacy benefits); business and corporate issues (stockholder rights, manufacturing and exclusive distribution contract rights, minority shareholder redemption and buy-out provisions including ownership, valuation and audit issues, going business concern status, asset purchase agreement, royalty claims on licensing agreements, marketing and sales alliance agreement, withdrawal from partnership, liquidation of an operating partnership, partnership obligations, allocation of tax benefits); employment issues (contract interpretation, compensation, breach of contract, constructive termination, recruiting, non-competition); insurance issues (property, health, excess insurer, reinsurance, self insurance trust); antitrust; fraud; federal tax credits; intellectual property; environmental issues; discrimination, and defamation.

Parties in healthcare arbitration disputes include hospitals, physician groups, health insurers, IPAs, HMOs, PPOs, diagnostic facilities, billing companies, management companies, employers; employees, non-profit organizations, among others.

Experienced in complex case management issues including settlement, discovery orders, rulings on privilege, evidence, evaluation of claims, and damage calculations, among others. Acted as the arbitrator in many contractual disputes throughout the U.S., from California to Florida to Illinois, between national healthcare providers and payor organizations, requiring interpretation of complex contractual terms and obligations for financing and payment for health care services as well as detailed analysis of the financial relationships between physicians, hospitals, insurers, patients, employers, independent physician associations, managed care organizations, and physician hospital organizations and in other disputes amongst healthcare delivery system providers which requires a knowledge of the highly specialized terminology in the field, as well

as an understanding of the unique business structures of how healthcare is delivered, paid for, and how risk is shared.

A Sample of Representative Healthcare Arbitrations

- 9-figure dispute between an HMO, an integrated health care network, and physician network alleging federal antitrust claims of price fixing, conspiracy, and injunctive relief;
- 9-figure breach of contract, fraud, securities, punitive damages, treble damages, and RICO claims between HMO and IPA;
- 9-figure dispute by health insurer asserting federal antitrust claims of price fixing, conspiracy, treble damages, and injunctive relief against a large system healthcare provider;
- 8-figure dispute between management services company, large physician group, and individual physicians asserting failure to pay contract amount;
- 8-figure dispute between an HMO, health care insurer and a large physician group practice, individual physicians and a management services organization where claims exceed \$59 million;
- 8-figure pharmacy pricing contract dispute;
- 8-figure dispute over royalty claims of two licensing agreements for intellectual property regarding medical devices;
- 8-figure dispute involving alleged breach of exclusive agreement for research, license, assignment of patented and trademarked products;
- 8-figure dispute over alleged breach of non-competition agreement;
- 7-figure dispute between university hospital system and health insurers over non-payment and miscalculation of claims;
- 7-figure dispute between hospital and recruited physician over hospital demand for repayment of recruiting advances;
- 7-figure dispute from claims by health insurer against hospital arising out of an 8-figure sale of assets of hospital, termination of agreement, and resulting claim of lack of going business concern status;
- 7-figure dispute over resignation of physician from group practice and claim for value of partnership interest, unpaid compensation, and minority owner buy-out;
- 7-figure dispute between law firms over legal fees arising from national pharma products liability class action, also involving disputes of medical issues of claims as well as legal and ethical duties to clients in the context of multi-district litigation;
- 7-figure dispute by health insurer against pharmacy benefits manager for damages, interpretation of pricing agreement, breach of contract, and fraud;
- 7-figure dispute by cardiology limited liability company with regard to claims by several former members (cardiologists) as to rights to buy out equity interest, collateral, line of credit, letter of credit and redemption of ownership interest;

- 6-figure dispute arising out of physician recruiting agreement termination and alleged HIPPA violation;
- 6-figure dispute between hospital and its attorneys over an asserted legal fee arising out of significant federal court antitrust health care litigation;
- 6-figure dispute between a physician group practice and billing company alleging losses resulting from erroneous billing and asserting breach of contract and negligence in billing and collection;
- 6-figure payment for services dispute between nationally-ranked teaching hospital and HMO;
- 6-figure dispute regarding conversion of physician practice from corporation into LLC, termination of physician owner, and legal effect of unsigned entity formation documents;
- 6-figure dispute between a management company and a hospital;
- 6-figure dispute over breach of practice management contract involving claims by physician of breach of Stark II and fraud and abuses statutes by management company;
- 6-figure billing and coding dispute arising out of overpayment by Medicare;
- 6-figure dispute over claim by operating diagnostic and treatment facility business against a co-owner to enforce non-competition, choice of law provision and declaratory judgment;
- 6-figure dispute between a physician group and a hospital alleging breach of an exclusive contract to provide anesthesia services;
- a dispute between corporate food supplier and hospital chain alleging failure to pay more than \$1 million;
- a dispute between a physician and a practice management company regarding billing, coding, practice management issues, and responsibility for \$250,000 overpayments due to the US Government;
- a dispute between a nursing home and a corporate provider of rehabilitation services;
- a dispute over an assertion of fraud in a home health care entity purchase;
- a dispute between several physicians and a hospital regarding medical director agreements and alleging defamation breach of contract;
- breach of contract dispute arising out of termination of exclusive anesthesiology contract by hospital together with termination of privileges;
- a dispute between county hospitals and HMO alleging failure to pay for services;
- a dispute between a hospital and a group practice for alleged breach of a physician recruiting agreement, a counterclaim by that physician for breach, and consolidation of a related arbitration between parties on related issues.

A Sample of Non-Healthcare Representative Arbitrations

- 9-figure dispute between a national bank and federal agencies arising out of a merger, acquisition, stock purchase agreement, tax allocation agreement, declaratory relief, stock

- basis, tax losses, reorganization and indemnification;
- 9-figure dispute over 10-figure transactions with multiple offshore entities;
 - 9-figure dispute over ownership of a life insurance policy;
 - 8-figure dispute over state and federal tax credits with \$50 million counterclaim;
 - 8-figure dispute over alleged breach of non-competition agreement, asset purchase agreement, and marketing and sales alliance agreement;
 - 8-figure dispute between the Board of Directors and its former CEO (General Counsel, a CPA, Senior Executive Vice President) arising out of employment agreement involving breach of contract, international factoring, loans, distributions, net earnings, profit sharing, partnership agreement, insurance and breach of fiduciary duty;
 - 8-figure business interruption and rent dispute between hotel purchaser and seller;
 - 8-figure claim involving international energy exploration company and assertion of indemnification for environmental damage arising from drilling operations.
 - 7-figure dispute between two public companies over asserted investment banking fee due for 8-figure financing and equity investment;
 - 7-figure dispute regarding tax allocation of tax benefits arising out of merger agreement;
 - 7-figure dispute involving asset purchase agreement and Employee Leasing Services Agreement;
 - 7-figure dispute between law firms over legal fees arising from national products liability class action, also involving disputes of legal and ethical duties to clients in the context of multi-district litigation;
 - 7-figure dispute over national exclusive manufacturing and distribution agreement;
 - 7-figure dispute between a public company and a former CEO as to employment contract, non-competition agreement, stock options, and allegations of self dealing;
 - 7-figure dispute involving breach by company to redeem shares and issues of warrants, dilution, convertible securities, earnings and profits, book value and surplus;
 - 7-figure dispute between lender and borrower as to default of incomplete construction of maritime facility and foreclosure and lender liability counterclaim;
 - 6-figure insurance marketing, underwriting, and re-insurance contract dispute;
 - 6-figure dispute over breach of exclusive sales and marketing contract;
 - liquidation of a limited liability company with seven figures in annual sales resulting from shareholders' dispute and involving assertion of breach of ethical duty to client.

Arbitration Philosophy

Of relevance is my experience as an arbitrator holding hearings with numerous parties, lawyers, and witnesses present in an objective, neutral, and impartial manner and developing a protocol for all parties to have opportunity to express their views, and arguments, and factual assertions.

Hearings in arbitration include balancing the interests of opposing parties to allow them to assert conflicting points of view, providing sufficient opportunity to make all positions known, determining the sequence and length of argument, and drafting conclusions, summaries of arguments, or positions presented.

Successful treatment of the attorneys and parties with fairness and balance is a key part of a process so that all parties perceive the fairness of the process itself. Both the perception of neutrality and the reality of neutrality are essential to success. This is an independent goal, separate from the actual substantive ruling itself.

Alternative Dispute Resolution Experience: Mediation

Has served as mediator for AAA, ICDR, and private parties in about 300 cases in several states, including mediation of multiparty mediations with up to five parties. Healthcare cases mediated have included issues of overpayments, claim denials, insurance coverage and limitations of coverage, breach of contract, contract renewal, contract interpretation, antitrust, employment contracts, withdrawals, valuation of partnership interest, exclusion from staff, and slander.

A Sample of Representative Healthcare Mediations

- 9-figure claim by former partner against hospital system arising out of breach of fiduciary duty, unfair trade practice, and antitrust claims;
- 9-figure multiparty dispute involving antitrust and breach of fiduciary claims against hospital by physician ancillary group seeking treble damages;
- 8-figure dispute over a software license and services agreement involving two international parties;
- 8-figure physician services payment dispute;
- 8-figure dispute between a national health insurance company and a large multi-specialty physician group;
- 7-figure dispute between a public company, pharmacy wholesaler, pharmacy benefits manager and pharmacy marketing company for commissions and fees;
- 7-figure dispute between rehabilitation hospital and provider of wound care and hyperbaric oxygen chamber services involving long-term contract;
- 7-figure dispute between a corporation and employee benefits planning advisor regarding ESOP;
- 7-figure dispute between a national insurance company, an excess insurer, and a hospital involving a disputed claim for health care services;
- 7-figure dispute between a regional group of hospitals and a management company;
- 7-figure dispute between a national hospital organization and a national health insurer;
- 7-figure dispute amongst a group of physicians for breach of contract involving the sale or liquidation of assets of several operating companies owned by physicians, valuation of practice, and exclusive hospital contracts;

- 6-figure dispute between an HMO and a hospital;
- 6-figure dispute involving a group practice in a physician employment contract dispute, practice valuation, and buy-out agreement;
- dispute amongst cardiovascular surgeons, anesthesiologists, and a hospital involving two pending lawsuits seeking damages and injunctive relief.

A Sample of Non-Healthcare Mediations

- 8-figure dispute involving management and investment issues between four members of a privately held family real estate development corporation;
- 8-figure dispute involving interpretation and modification of complex terms of several real estate partnerships;
- 8-figure class action claim against national bank with 17 state operations, arising out of charges to customers for various bank services and allegations of breach of contract, unfair trade practice, detrimental reliance, unconscionability, and similar claims;
- 7-figure multi-party dispute involving multiple broker claimants against multiple respondents, arising out of employment and agreement for equity transfer in compensation and spin off of specialized broker/dealer from parent company;
- 7-figure dispute involving a claim by class-action members against a bankrupt self-insurance trust and its directors, officers, and board members;
- 7-figure dispute between partners over withdrawal from several operational and equipment partnerships and values of partnerships interests;
- 7-figure dispute arising from bridge demolition project and environmental issues and reuse of large volume of recycled materials;
- 7-figure legal fee dispute between an attorney and a law firm;
- 7-figure dispute regarding termination for cause of evergreen employment contract of President of international energy company;
- 7-figure mediation involving a dispute between a chemical manufacturing and supply companies;
- 6-figure employment dispute between a president of a national educational conference and the conference organizers;
- 7-figure dispute involving division of community property including undeveloped real estate located in a foreign country and spousal support;
- a dispute between a senior partner of a law firm and the firm as to fee division in a contingency fee class action;
- over 100 hurricane-related disputes between property owners and insurance companies. (In this type of dispute, parties frequently exhibit visible symptoms of stress, and the mediation involves an emotional component, atypical to the business mediation, that must be addressed with focus and patience before the process can proceed and become more analytical.)

Mediation Philosophy

Parties arrive at mediation with a history of conflict, and often a lack of trust. Some of that perception can be due to communication styles, and some can be due to differences in substance. As the only neutral party, I must obtain trust of the parties by demonstrating objectivity and bringing effective and creative problem solving to a dispute.

My objective in mediation is to ensure a fair process with the primary goal of settlement. This objective requires an open discussion of the factual and legal issues beginning with face-to-face meetings between the parties in which they are permitted to explain their points of view as well as their interpretation of the issues in an environment of respect and inclusiveness.

I first encourage the parties to focus on the issues on which there is agreement, reflecting any positive steps, thus narrowing down the issues to be mediated. Throughout the mediation the emphasis is on listening and being heard, and on getting past emotion. This process often permits the parties to understand aspects of the issues, goals, and experiences of themselves and opponents not previously perceived. I also provide the opportunity, which I express in a private session if a party requests, for a party to obtain a neutral and independent weighing of the risks and benefits of a position; this information often allows the parties to reassess their engagement in conflict.

The best results are often achieved by separate discussions with each attorney and party prior to the mediation session itself to frame the conflict as to specific factual and legal issues and thereby accelerate the mediation process significantly by narrowing the issues. Often these pre-mediation discussions can provide positive rewards and allow an announcement at the beginning of mediation of certain issues having been resolved, which promotes an initial positive atmosphere and sets the stage for more difficult questions.

Self-determination is ultimately the essence of a mediated agreement. My goal as a mediator is for the parties to come to an agreement on which they all agree and one which they fully understand, so that the agreement endures without either party challenging its provisions or disagreeing as to what was agreed upon. I assist in the process by asking the parties to talk to each other about what they think a proposed agreement means to them in terms of their goals.

In special circumstances where disputes involve high stress and frustration, I find it helpful to take note and pay particular attention to the emotional component of the mediation which reinforces our need as mediators to be focused, calm, patient, and unemotional ourselves. This approach does not change the ultimate legal or analytical process of the mediation itself or the method of proceeding with detailed analysis of the issues and outcome; rather it sensitizes participants to the very specific environment in which all of the legal and factual issues are being presented. I find ineffective a mediator style that dominates the process by attempting to impose the mediator's personal opinion on the parties. In contrast, the resolution must be arrived at voluntarily and seen to be in both parties best interest in order for it to be enduring and bring closure to all levels of the conflict, whether business, financial, or emotional.

Alternative Dispute Resolution Training and Teaching

Faculty, ACI's Annual Advanced Forum on Managed Care Disputes and Litigation - Managed Care Litigation Mock Arbitration Session, 2015; Practical Negotiation and Mediation Training

by Master Negotiator and Mediator Eric Green, 2015; AAA Developments in Arbitration Law: Testing the Boundaries of Court Intervention, 2015; AAA Crossing the Line: New Developments in the Law of Arbitral Jurisdiction, 2015; College of Commercial Arbitrators Annual Meeting: Arbitration Compass Points: Collaborating on New Directions, Los Angeles, 2014; AAA Principled Deliberations: Decision-making Skills for Arbitrators, 2014; Presenter, What's Next for Healthcare Dispute Resolution, ABA Section of Dispute Resolution, Chicago, 2013; Trainer, 2-day Arbitration Training Program: Arbitrating a Health Law Case, American Health Lawyers Association and Hamline University School of Law, 2012; Healthcare Payor Provider Arbitration Rules, AAA, 2011; AAA Neutrals Conference, 2010; Faculty, AAA Dealing with Delay Tactics in Arbitration, 2010; AAA Electronic Discovery in Arbitration: What You Need to Know, 2010; AAA Current Issues in Employment Arbitration: The Arbitration Fairness Act of 2009 Legislation and Recent Court Decisions, 2009; AAA and International Centre for Dispute Resolution (ICDR) Neutrals Conference, 2009; ALI-ABA, The Art and Science of Serving as a Special Master in Federal and State Courts, 2007; AAA Neutrals Conference, 2006 and 2004; Large Complex Construction Mediation: The Dynamics of the Negotiation Team, 2009; Electronic Discovery in Arbitration, 2009; Mediator Ethics: Objective Standards and Subjective Practices, 2009; Arbitrator Update: Topical Issues and Case Law Arbitration, 2009; Faculty, AAA Chairing an Arbitration Panel: Managing Procedures, Process & Dynamics, 2005; AAA Arbitration Awards: Safeguarding, Deciding & Writing Awards, 2004; AAA Arbitrator Ethics and Disclosure, 2004; Arbitrator Update 2004, 2002; Faculty, AAA Ethics and Professionalism for Advocates in ADR, 2004; Faculty, AAA Ethics in Arbitration and Negotiation, 2003; AAA Commercial Arbitrator II: Advanced Case Management Issues, 2002; American Health Lawyers Association, Advanced Mediator Training Program, 2002; Faculty, AAA, The Non-Signor Cases: A Review of Jurisprudence in Which Parties Have Been Compelled to Arbitrate Even Though Not a Party to an Arbitration Agreement, 2002; AAA Commercial Arbitrator Training, 2000.

Professional Associations

- American Law Institute, Life Member (since 1985).
- Louisiana State Law Institute, Alternative Dispute Resolution Committee.
- Louisiana Bar Association: Ethics Advisory Service Committee; Section on Health Care Law, Chair, 2002-2004; Business, Corporate and Securities Law Section, Chair, 1983-1984; Council on Administrative Law; Examiner in Corporations, Securities, and Negotiable Instruments (a Louisiana Supreme Court appointment responsible for writing and grading State of Louisiana Bar Examination in Corporations, Securities, and Negotiable Instruments, 1982-1984).
- American Bar Association, Health Law Section: Healthcare Fraud and Compliance, Chair, 2003-2005; Business and Transactions Healthcare, Vice Chair, 2005-2009.

Awards and Recognitions

- Ranked by *Chambers USA America's Leading Business Lawyers in Corporate/M&A* since 2004; listed in categories of Corporate/Mergers and Acquisitions and Healthcare.
- Named *The Best Lawyers in America*® 2016 New Orleans Health Care Law "Lawyer of the Year."
- Listed in *Best Lawyers in America*® in the areas of Health Care Law, Corporate Law, and

- Employment Law (included in *Best Lawyers in America*® for 17 years).
- U.S. News - Best Lawyers® “Best Law Firms” (2011-2012).
- Recognized with CityBusiness 2005 Leadership in Law Award: New Orleans 50 Top Lawyers.
- Recipient of the Louisiana State Bar Association Pro Bono Publico Award, 2004.
- AV rating from Martindale-Hubbell (since 1981).

Publications and Speaking Engagements

SAMPLE PUBLICATIONS:

- “One on One with Louisiana Supreme Court Associate Justice John L. Weimer,” LOUISIANA BAR JOURNAL, August/September 2015.
- “Binding Arbitration Clause in Lawyer-Client Retainer Agreement,” LOUISIANA BAR JOURNAL, October/November 2014 by the Publications Subcommittee of the Louisiana State Bar Association’s Ethics Advisory Committee (Committee Member).
- “Drafting Noncompetition Agreements For Statutory Compliance: Exceptions that Prove the Rule,” LOUISIANA BAR JOURNAL, December 2011/January 2012.
- “Judge Alvin Rubin: Lessons in Ethics and Professionalism,” AROUND THE BAR, A PUBLICATION OF THE BATON ROUGE BAR ASSOCIATION, June 2011.
- “The Enforceability of Contractual Agreements to Arbitrate: A Survey of the Last Three Years of Jurisprudence,” LOUISIANA BAR JOURNAL, October/November 2008 (cited by La. Appellate Court).
- "Enforceability Of Arbitration Agreements By and Against Non-Signatories," JOURNAL OF AMERICAN ARBITRATION, June 2003.
- "Attorney-Client Privilege, Self Evaluative Privilege and Legal Issues Related to Internal Investigations," AMERICAN ACADEMY OF HEALTHCARE ATTORNEYS, 1996.
- "Ancillary Facilities for Physicians in the 1990's; Formation and Dissolution Issues," NATIONAL HEALTH LAWYERS ASSOCIATION, HEALTH LAW CD-ROM, Clark Boardman Callaghan, 1995.
- “Planning For the Payment of Federal Estate Tax After the Tax Reform Act of 1976,” published in the Louisiana Revised Statutes, 1978 Louisiana Code of Civil Procedure, pocket part (West Publishing Company).
- Anthony DiLeo and Judge Alvin B. Rubin, A LAW CLERK HANDBOOK: A HANDBOOK FOR FEDERAL DISTRICT AND APPELLATE COURT LAW CLERKS, Federal Judicial Center, 1977.

SAMPLE SPEAKING ENGAGEMENTS:

Lectured at numerous health law seminars for CLE and for CME and written extensively on the business, legal, and tax issues in health care law, including topics such as managed care contracting, physician-hospital contracting, medical ethics, health care antitrust, fraud and abuse, Stark II, and sports medicine as well as arbitration and mediation. Also, as Clinical Assistant Professor of Medicine at Tulane University Medical School (Department of Medicine) and Clinical Assistant Professor of Medicine at Louisiana State University Medical School (Health Law and Medical Ethics), taught numerous Grand Rounds Lectures, presented lectures for CME Credit to Physicians and presented lectures disseminated over the Internet by a Consortium of Medical Schools, including Tulane Medical School and others, for CME Credit to Physicians.

- ACI’s Annual Advanced Forum on Managed Care Disputes and Litigation - Managed Care Litigation Mock Arbitration Session, Chicago, May 2015;

- “How to Best Advocate for Your Client in Arbitration and Mediation,” New Orleans Bar Association, December 2014;
- “What’s Next for Healthcare Dispute Resolution?” ABA Section of Dispute Resolution, 15th Annual Spring Conference, Chicago, April 2013;
- Trainer, 2-day Arbitration Training: Arbitrating a Health Law Case, American Health Lawyers Association and Hamline University School of Law, Minneapolis, October 2012;
- “The Bridge Between Judicial Management of Cases and the ADR World,” 2012 Spring Judges' Conference of the Louisiana Judicial College;
- “The Arbitration Process,” The American College of Legal Medicine, New Orleans, 2012;
- “Practical Tools to Maximize Arbitration for your Client,” Louisiana Bar Association, 2012;
- “Best Practices to Effectively Represent Your Client in Arbitration (And in Drafting the Arbitration Agreement),” New Orleans Bar Association, 2011;
- “Judge Alvin B. Rubin: A Life of Ethics and Professionalism,” 18th Annual Judge Alvin B. Rubin Symposium, Federal Bar Association, New Orleans, 2010;
- “The 10 Most Important Issues in Professional Contracts,” LSU School of Dentistry, New Orleans, 2010;
- “Dealing with Delay Tactics in Arbitration,” American Arbitration Association, New Orleans, 2010;
- “The Enforceability of Contractual Agreements to Arbitrate: A Survey of the Last Three Years of Jurisprudence,” New Orleans Bar Association Procrastinators' Program, 2008;
- “Recent Developments in the Law of Arbitration,” LSU Law School Recent Developments in Legislation and Jurisprudence program, New Orleans, 2008;
- “Effective Arbitration of Health Care Disputes,” National Teleconference sponsored by the ABA Health Law Section and ABA Center for Continuing Legal Education, 2008;
- “Louisiana Health Care Fraud Laws and Recent Developments,” ABA 17th Annual National Institute on Health Care Fraud, New Orleans, 2007;
- “The Importance of Community Legal Preparedness Planning,” Summit on Public Health and the Law, Indianapolis, 2006;
- “Hurricane Katrina: Legal Responses and Lessons Learned,” ABA Emerging Issues in Healthcare Law 2006, Tucson, 2006;
- “Health Impacts of Katrina and Rita: The Lingering Aftermath,” National CLE TeleConference sponsored by the ABA Health Law Section and Section of Environment, Energy, and Resources, 2006;
- A.C.E. Presentation on "Chairing the Arbitration Panel," American Arbitration Association, New Orleans, 2005;
- “Professional Relations in Healthcare Enterprises: Structure of the Health Care Enterprise.” LSU School of Public Health, New Orleans, 2005;
- “Ethics for the Healthcare Lawyer.” National CLE TeleConference and Live Audio Webcast for ABA, 2004;
- “Professionalism in Healthcare Representation,” Louisiana Society of Hospital Attorneys, New Orleans, 2004;
- “Relationship of HIPAA to Privacy of Student Medical Records” and “Inter-relationship of HIPAA and LA Law Regarding Privacy of Medical Records,” Orleans Parish School System, Executives and Administrators, New Orleans, 2004;

- "Analysis of Key Provisions of Health Care Contracts," University of New Orleans, College of Business, New Orleans, 2004;
- "Tax, Limited Liability, and Management Issues in New Entity Formation: Comparison of LLCs, Partnerships, and Corporations," LSU Masters of Public Health Program, New Orleans, 2003;
- "The Science and Psychology of Professionalism," Louisiana Association of Criminal Defense Lawyers, New Orleans, 2003;
- "The Basics of Compliance, Fraud and Abuse," ABA Annual Meeting, San Francisco, 2003;
- "Ethical Duties of Lawyers and Arbitrators During Negotiations and Alternative Dispute Resolutions," Physician and Physician Organizations Law Institute, New Orleans, 2002;
- "Professionalism in Litigation and Advocacy," Academy of Trial Lawyers, New Orleans, 2002;
- "Professionalism: Effective Style and Tactics in Negotiations," New Orleans Bar Association, 2001;
- "Doing the eHealth Deal: A Primer for Best Practices for Drafting and Negotiating," ABA Conference on eHealth Law, Chicago, 2000;
- "Introduction to Stark II" and "The 10 Most Important Aspects of Physician Contracting," Internet CME for Consortium of Medical Schools, 2000;
- "Professional Relationships in Healthcare Enterprises," LSU Medical School, 2000;
- "Key Issues in Contracts Between Radiologists and Radiology Groups and Hospitals," Advances in Imaging Conference, Breckenridge, 2000;
- Stark II: Problem Solving from a Practitioner's Viewpoint," Tulane Law School Special Seminar on Health Law, 1999;
- "Hospital-Physician Contracts, Medical Staff Privileges and Group Practice Agreements," LSU Medical School MPH Program, 1999;
- "Significant Legal Issues in the negotiations of Hospital Radiology Contracts and Radiology Employment Contracts." Advances In Imaging Conference, Park City, Utah, 1999;
- "Federal and State Legislative Initiatives for the Physician," The Radiological Society of Louisiana, 1998;
- "Responses to Audits by HCFA, Medicare and Medicaid," 4th Annual Law and Medicine Conference on Significant Current Issues in the Legal Regulation of Medicine, Tulane Law School/Tulane Medical School, 1998;
- "Legal and Ethical Restrictions in Managed Care," 4th Annual Law and Medicine Conference on Significant Current Issues in the Legal Regulation of Medicine, Tulane Law School/Tulane Medical School, 1998;
- "Managed Care Contracting and Medical Ethics," Justice and Healthcare: Current Status of the Law and the Future of Medicine, Tulane Law School/Tulane Medical School, 1997;
- "Managed Care Contracting," Louisiana State University Law School, 1997;
- "Organization, Operation, Sale or Dissolution of Ancillary Facilities," National Health Lawyers Association, Atlanta, 1996;
- "Attorney-Client Privilege, Self Evaluative Privilege and Legal Issues Related to Internal Investigations," American Academy of Healthcare Attorneys, 1996;
- "Dealing with Liabilities of Professionals in the Context of Limited Liability Companies and Limited Liability Partnerships, City Club of Baton Rouge Seminar, 1992;

- “Executive Tax Planning,” Tax Executives Institute, New Orleans Chapter, 1986;
- Presented numerous professionalism lectures dealing with the science of positive and effective communications during negotiations;
- Taught numerous Grand Rounds and CME lectures at Tulane Medical School and at Louisiana State University Medical School as Adjunct Faculty member, including issues of hospital-physician contracts, group practice physician contracts, managed care contracts, Stark II, and medical ethics;
- Interviewed and quoted in national publications on subjects including arbitration, physician compensation, managed care, ERISA, fraud and abuse, and employment law.

For additional information, see www.TonyDiLeo.com.

“New Orleans-based Anthony DiLeo of Anthony M DiLeo, A Professional Corporation is *“by far the best healthcare attorney in the city, if not the country,”* according to one impressed interviewee.”

Chambers USA, 2015
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Anthony M. DiLeo received an LL.M. at Harvard Law School in 1971, after graduating from Tulane Law School in 1970, where he was an editor of the law review and elected to the Order of the Coif. He served as a Law Clerk to United States District Judge Alvin B. Rubin and then to United States Court of Appeals Judge John Minor Wisdom. He joined a New Orleans law firm in 1973 and was a member until 2005 when he began his independent practice.

Throughout his career, Mr. DiLeo has been an active speaker and author, and as an Adjunct Professor at Tulane Law School, he has taught both Advanced American Arbitration Law and Health Care Law Practice. Currently, he serves as Co-Reporter for the Louisiana State Law Institute ADR Committee (for revisions to Louisiana arbitration law).

Mr. DiLeo has arbitrated or mediated hundreds of cases arising from more than 30 states for international, national and local parties, both as a sole arbitrator and as a chair/member of a three-member arbitration panel. He has arbitrated a number of disputes in the 8-9 figure range, and he has mediated complex cases involving as many as five parties.



With over 45 years' experience in corporate, partnership, shareholder, tax, employment, and healthcare law (including negotiations and dispute resolution and litigation in all levels of state and federal courts and in United States Tax Court), his present practice is as a business attorney, an arbitrator and a mediator. He also provides expert witness testimony in several contexts, including attorneys' fees, limited liability company agreements, and professional corporations.

Since 2004, Chambers USA has selected Mr. DiLeo to be listed in America's Leading Lawyers for Business in the categories of Mediation, Healthcare, and Corporate/Mergers and Acquisitions. He is one of only 26 mediators nationally-named by Chambers USA. In 2005, he received the inaugural "CityBusiness Leadership in Law Award: New Orleans 50 Top Lawyers"; and he has been Martindale Hubbell AV Peer Review rated for over 30 years.

Mr. DiLeo is a Life Member of the American Law Institute.



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CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

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

Our Values

Central Health will achieve excellence through:

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

Innovation - We create solutions to improve healthcare access.

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

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

BOARD MEETING

January 29, 2020

REGULAR AGENDA ITEM 6

Discuss and take appropriate action on health care service delivery expansion in Eastern Travis County, including project timelines.¹



MEMORANDUM

To: Central Health Board of Managers
From: Stephanie Lee McDonald, VP of Enterprise Alignment & Coordination
Cc: Mike Geeslin, President & CEO
Date: January 22, 2020
Re: Agenda Item 6 - Discuss and take appropriate action on health care service delivery expansion in Eastern Travis County, including project timelines: Hornsby Bend and Austin's Colony. *(Informational Item)*

Overview:

Pursuant to the direction provided by the Board of Managers in both the Fiscal Years 2019 and 2020 Budget Resolutions, Central Health entered into a ground lease for land owned by Travis County Fire Rescue (TCFR) at Emergency Services District Four (ESD 4) to serve the health care needs of the Austin's Colony and Hornsby Bend communities. On December 10, 2019, a modular unit was delivered to the site. Due to unforeseen issues related to wastewater connection for the modular, substantial completion was delayed. Patient services will commence February 10, 2020. A subsequent grand opening event with the community is now slated for March and the Board of Managers will be notified when the date is confirmed.

Synopsis:

Updated key milestone dates:

| | |
|-------------------|--|
| January 28, 2020 | Construction Substantial Completion |
| February 7, 2020 | Equipment Set-up complete (<i>refrigerators holding vaccines must operate continuously for a week before holding vaccines</i>) |
| February 10, 2020 | First patient seen |

** Home visits will continue for established patients*

Through a collaborative working partnership with CommUnityCare, Central Health executed a ground lease with TCFR for the property owned by ESD4 at 14312 Hunter's Bend Road, 78723. The modular unit was ordered using capital funds from the \$1.5 Million dedicated to Eastern Travis County expansion in FY 2019. CommUnityCare received the necessary approvals from the federal Health Resource Services Administration (HRSA) and the current schedule has the first patients receiving care starting February 10, 2020.

In partnership with the Advisory Committee and community leaders, Central Health and CommUnityCare are working on a grand opening event scheduled for early March.

Financial Impact:

The modular, as well as ancillary site preparation and construction costs, are included in the Central Health Capital Budget. All of the funds are part of the \$1.5 Million dedicated for Eastern Travis County Expansion in the Capital Budget.

Action Requested:

This item is informational. No action is requested at this time.



MEMORANDUM

To: Central Health Board of Managers
From: Ted Burton, Vice President of Communications
CC: Mike Geeslin, President and CEO; Ivan Dávila, Director of Communications and Community Engagement
Date: January 29, 2020
RE: Agenda Item 6- Team Approach to Bringing Health Care and Health Resources to Colony Park (*Informational Item*)

Overview:

Bringing health care services close to where people live remains a priority for Central Health. Central Health has appointed a cross-functional team of 14 Enterprise staff members (Central Health and CommUnityCare) and two contracted state-certified Community Health Workers (CHWs) to coordinate service expansion projects in Colony Park – one of Central Health’s priority areas. The team is in charge of research, community engagement, outreach, real estate development planning and implementation, and evaluation. As you’ll see on Exhibit 1, the Colony Park service expansion team includes two external relations managers: Mike Geeslin, President & CEO, and Janna Allen, Communications & Community Engagement Program Manager.

As program manager, Janna coordinates activities for the Northeast Health & Wellness Center Advisory Committee. Her responsibilities include scheduling and facilitating meetings; attending events; working with our outreach team to raise awareness of meetings, events and services; service planning in collaboration with strategic planning staff; and creating communications materials in collaboration with content development staff.

In August 2019, Central Health began implementing a community engagement and outreach pilot using contract community outreach workers (who are state-certified CHWs) to perform activities emphasizing community building and empowerment focused initially in Creedmoor, Colony Park and Austin’s Colony/Hornsby Bend.

Following the recently adopted Central Health Enterprise logic model for consumer engagement and outreach, the work of our outreach workers included: 1) Patient education with a focus on new services in priority areas with low utilization/significant capacity; 2) Referrals to the Central Health Eligibility and Enrollment Department; 3) Health education workshops (“Way to Wellness Workshops”) as a way to build trust/community and promote clinical services which aren’t being fully utilized.

The pilot achieved four things: 1) Launched and hosted six Way to Wellness workshops in priority areas; 2) Increased the number of people reached by 657% when comparing October

2018 (201) to October 2019 (1,521) – targeting specific areas with low utilization; 3) Began tracking direct referrals to our Eligibility & Enrollment Department (referred 304 people); and 4) Implemented surveys to understand barriers accessing the mobile clinic in Creedmoor and Colony Park, exceeding target number of surveys on both location: 234 surveys collected in Colony Park (target was 150) and 59 surveys collected in Creedmoor (target was 50).

Additionally, our community outreach workers helped recruit community members to service expansion Community Advisory Committees and provided us with valuable community feedback, which we are using to refine our communication and outreach practices. For example, we learned most residents prefer communications via text since many people do not actively use email. Through their patient interviews, we also learned that word of mouth, both from peers and outreach workers, was the most trusted way to communicate new services and programs.

Central Health has recently posted a Program Manager position. The person in this position will help develop and manage a robust Northeast Health Resources Program. This includes working with the community to better identify needed services and build collaborative partnerships with organizations that provide these services. In addition to working to generate more programs to improve health and factors impacted by the social determinants of health, the Program Manager will learn more about the health needs of the Colony Park community. As Central Health plans on a permanent health care delivery site, the Program Manager will work with the community to build a site that best serves the needs of Colony Park and Northeast Travis County. The position is currently open to applicants. Candidates will embark on a multi-step hiring process, which includes a meet-the-candidates session with the Colony Park community. The goal is to make an offer to the finalist in February.

Action Requested:

No action is required at this time. This is an informational update for the committee.

Fiscal Impact:

No fiscal impact.

Attachments:

Placemat of Northeast Travis County Team

FY 2020 Health Services Planning Timeline for Northeast Travis County

Fiscal Year 2020 Health Services Planning Timeline for Northeast Travis County

Background and Current Status

Colony Park is a historically underserved area of Travis County with high levels of social needs putting residents at risk for preventable health conditions and early mortality. Central Health currently offers health coverage program enrollment and eligibility services in an AISD-owned facility on the Volma Overton Elementary/Turner Roberts Recreation Center shared campus. Central Health partnered with Travis County Health & Human Services and Austin Public Health to offer the following services in the Colony Park community: WIC, health screenings, diabetes prevention classes, basic needs application assistance and wellness workshops, and access to fresh fruits and vegetables through Farm Share. Conversations are underway with both Travis County Health & Human Services and Austin Public Health to evaluate services.

Central Health is planning an expansion of services as we conduct due diligence to relocate the resource center to the AISD Barbara Jordan Elementary campus. Below is a planning timeline as Central Health works with partners to provide the most effective and culturally competent services in partnership with Colony Park residents and community leaders.

February – April 2020: Phase 1 - Increase the engagement of the community in improving existing health and social services.

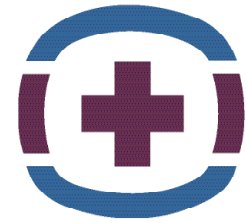
- Secure permission from AISD to relocate (*pending site use review*)* *Key Dependency*
- Engage with Austin Public Health and Travis County Health and Human Services in an evaluation of existing services and exploration of additional services. (*Meeting Scheduled February 10*)
- Solicit community feedback in the selection and onboarding of the new program manager (*Position currently posted*)
- Onboard new program manager
- Continue to offer and promote existing services, including enrollment/eligibility, mobile clinic and outreach events and activities
- Analyze existing data and health needs to identify potential services (*Central Health Strategy & Planning and Data Analytics teams current work*)
- Involve community members in the evaluation of existing services and determination of unmet health and social needs (*combining current health and population data, community vision, utilization levels of existing services, and client satisfaction*)
- Initiate relocation, structure acquisition, and site preparation

May – September 2020: Phase 2 - Refine and optimize services offered in Colony Park

- Based on evaluation and community feedback, identify and create new partnerships and services; finalize decisions on relocation and commence work
- Refine community awareness campaign to promote new and existing services
- Develop budget for FY 2021
- Tentative: Open House for relocated Resource Center (pending final occupancy certification)

August - October 2020: Phase 3 - Develop and implement a communications and outreach plan

- Work with advisory committee on communications and outreach
 - Leverage existing community events to promote new and existing services
- Finalize budget for FY 2021
- Deadline for opening of relocated health resource center



CENTRAL HEALTH

HEALTH CARE FOR ALL

Northeast Travis County Team

January 2020



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MEMORANDUM

To: Central Health Board of Managers
From: Stephanie Lee McDonald, Vice President, Enterprise Alignment & Coordination and Jon Morgan, COO Health Care Delivery Division
CC: Mike Geeslin, President and CEO
Date: January 23, 2020
Re: Agenda Item 6- The University of Texas at Austin School of Nursing Proposal for Southeast Travis County (*Action Item*)

Overview:

In November 2019, The University of Texas at Austin School of Nursing (UTSON) presented an opportunity to Central Health to partner with UTSON to establish a primary care site in the Travis County Fire and Rescue (TCFR) fire station at 8203 South US Highway 183. This opportunity includes a contribution by TCFR to finish out the space as a clinic with Central Health contributing other infrastructure costs. Central Health staff reviewed the proposal, addressed questions raised by the UTSON, and met with the UTSON as they evaluated the proposal. The following Central Health Staff recommendation provides a path forward for a partnership that is within Central Health's authority and complies with state and federal law.

Synopsis:

Over the past two fiscal years, Central Health has taken steps to improve access to primary care in four priority areas in Eastern Travis County. UTSON currently serves families at their clinic on Del Valle ISD property, but additional need, especially for adults, exists throughout the area. After negotiations with Central Health to fund construction of a new health care delivery site on TCFR property located on Kellam Road did not generate terms agreeable to all parties, TCFR and UTSON explored additional locations to collaborate on a health care delivery site. On November 22, 2019 UT School of Nursing and Travis County Fire Rescue agreed to a partnership to utilize space located at 8203 South US Highway 183 to establish a health care delivery site to meet the medical and non-medical needs of patients and families within the service area.

Financial Support Request from UTSON:

Please see a attached document labeled Appendix C for details of UTSON Financial Support Request.

UTSON requests \$600,000 of Central Health support to furnish and operate a health care delivery site on South US Highway 183. \$300,000 is to cover rent and utility costs for a six year period. The additional \$300,000 is to purchase furniture, equipment, and signage.



In addition to these capital and operating costs, UTSON and Central Health would expand their existing service contract to reimburse for the care provided at this health care delivery site. UTSON has requested reimbursement for both MAP and MAP Basic members.

Key terms:

Facility owned by Travis County Fire and Rescue

Facility operated by UTSON

Furniture, Fixtures, and Equipment purchased by Central Health

Projected MAP patient number in fives zip code area: 960 **enrolled and likely already established a primary care home*

Central Health staff recommends the following:

1. Expanding contract with UTSON for services rendered to MAP members at a new location on South US Highway 183.
2. Purchasing or reimbursing UTSON for Furniture, Fixture, and Equipment to be owned by Central Health and maintained by UTSON contingent upon UTSON providing care to MAP members in an amount not-to-exceed \$300,000.
3. Directing staff to negotiate a fair market lease for the space allocated for the clinic with TCFR.

State and Federal law prohibits Central Health from providing UTSON with a grant or lump sums of funding for infrastructure costs. As the UTSON does not operate under HRSA as a Federally Qualified Community Health Center, Central Health is not protected by safe harbor provisions. Any funds given to UTSON for infrastructure costs including rent and utilities would likely not meet the constitutional requirements required of Texas Hospital Districts.

Staff recommendation: Direct staff to negotiate a fair market value lease with TCFR should the Central Health Board of Managers want to provide infrastructure funding

Patients seen by providers at UTSON locations are not able to access additional services provided by other clinical operators thus severely limiting the patient care outside of basic primary care services. MAP Basic members would not be able to access pharmacy services under the 340B program nor would the member be eligible for certain services not provided by the UTSON (for example x-ray and certain lab services) unless the patient established care with another clinical operator. This could mean that patients would not benefit from the prescription co-pay assistance and other services provided by MAP Basic that are available to MAP Basic members at People's Community Clinic, Lone Star Circle of Care, or CommUnityCare.

Staff recommendation: Direct staff to negotiate services primarily targeted to MAP members



UTSON offers important primary care services in an area that needs more access to health care services in closer proximity to where patients live. However, as these clinical services are not provided under HRSA as an FQHC, UTSON cannot earn the enhanced reimbursement rate for health coverage provided by Medicaid or Medicare. This makes the financial model less sustainable than for an FQHC. UTSON may need philanthropic or institutional support in addition to a contract with Central Health to make this site sustainable.

Staff recommendation: Direct staff to negotiate that a contract be contingent upon a sustainable business model presented by the UTSON.

Financial impact:

Staff recommends a one-time reimbursement not-to-exceed \$300,000 for Furniture, Fixtures, and Equipment provided that the UTSON sees MAP members. In addition, Central Health would negotiate a separate contract for services provided to MAP members with the UTSON. Should the Board direct staff to negotiate a fair market lease for the space with TCFR, the lease and associated rent would come back to the Central Health Board of Managers.

Action Requested:

Direct the President & CEO to expand the services contract with UTSON for services rendered to MAP members at a new location on South US Highway 183 and enter into an agreement for the provision of furniture, fixtures, and equipment not-to-exceed \$300,000, as well as a space-use agreement that complies with all state and federal laws with UTSON. Further direct staff to negotiate an interlocal agreement with TCFR for a fair-market lease of the clinical space on their property at 8203 South US Highway 183.

Attachment:

School of Nursing's Southeast Travis County Healthcare Concept

SOUTHEAST TRAVIS COUNTY HEALTHCARE CONCEPT

INTRODUCTION

The UT School of Nursing (UTSON) and Travis County Fire Rescue (TCFR) recognize that a community's overall health is a byproduct of their social environment. The social inequities within southeast Travis County have created a negative effect on the health of the population. Further, we believe that these challenges can only be addressed through a coalition of partnerships, both public and private, whose coordinated effort can address the needs of the population.

BACKGROUND

The residents of southeast Travis County (~105,000) suffer from a host of challenges related to accessing healthcare services (~10% underserved) that are culturally competent, comprehensive and inclusive of the family unit. Many of these challenges are the product of unmet social needs (avg 14% live below the FPL) that require care and commitment beyond the traditional interaction with the health care system. The overall goal is to create a care team to address key social influences and improve access to healthcare services by creating a Community Healthcare Center to act as a hub for medical and non-medical programs/services.

OVERALL OBJECTIVE

On November 22, 2019 UT School of Nursing and Travis County Fire Rescue agreed to a partnership to utilize space located at 8203 South US Highway 183 to establish a comprehensive Community Healthcare Center (CHC) that will address both medical and non-medical needs of patients and families within the service area.

By leveraging the resources from UTSON and TCFR, the impact to cost ratio is improved. However, additional resources will be required to meet the need and coordinate action through appropriate resource utilization. Put another way, it is not the goal of this effort for UTSON and TCFR to become everything for everyone, but rather to create a "group of players" that step in to meet specific needs related to their talents as identified by the coalition.

Although the CHC will provide services to all individuals seeking care and social assistance, our initial efforts to measure the impact of our work (through data tracking) shall be confined to the five closest zip codes (78617, 78719, 78744, 78747, and 78610). See maps in Appendix A and B.

PROJECTED TIMELINE

- November 2019: Clinic Design Begins
- January 2020: Construction Begins
- February 2020: Onboard of a community advisory group & coalition group
- June 2020: Estimated clinic opening – subject to final design

BASELINE SERVICES / PROGRAMS (*Initial Services)

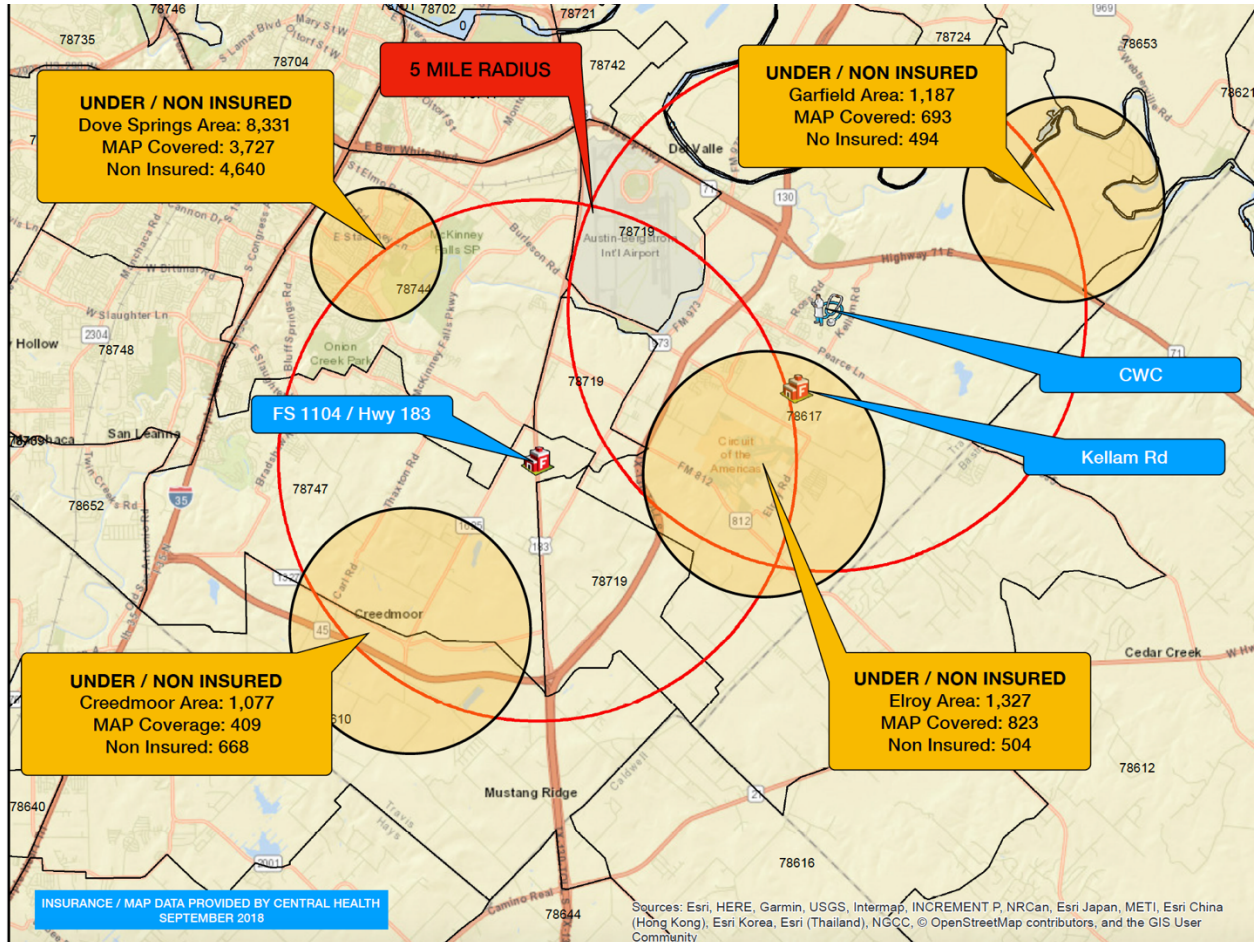
- Behavior/mental health (provided in partnership with Integral Care)
- Limited Pharmacy Services
- CLIA-waived Laboratory Services/Point of Care Testing*
- Primary Care for Adults *
 - Physical Exams/Preventative Care
 - Family Planning
 - Diagnostic and Treatment of acute illness
 - Diagnostic, Treatment and management of chronic conditions
 - Immunizations / Flu Vaccinations
- Pediatric Care*
- Woman's Health *
- Clinic Extension Services (in partnership with TCFR)
 - Refer and Treat non-emergent Care
 - Post-Hospital Discharge Care
 - Neighborhood Care and Coordination
- Social Support and Services*
- Eligibility/Enrollment Services*
- Reach out and Read*
- Community Education Programs
 - Diabetes Education and Care Management
 - Asthma Education and Care Management
- Community Outreach for medical and non-medical needs*
 - Community Health Worker
 - Public Health Nursing

FUNDING NEEDS

TCFR has committed \$300,000.00 to refurbish the second story of a fire station for the use as a community clinic. The approximate 2,600 square feet space will accommodate at least six patient rooms and space for the services listed above. The UTSON will operate the clinic and provide care to the residents of Southeast Travis county and the surrounding community. Those with MAP and MAP basic, in addition to other insured and non-insured individuals, will be able to access health care services, programs and other social support in this location. There is need for additional funding of this project totaling \$600,000 for furniture, equipment, signage and rent for the UTSON to occupy the space. Details are included in Appendix C.

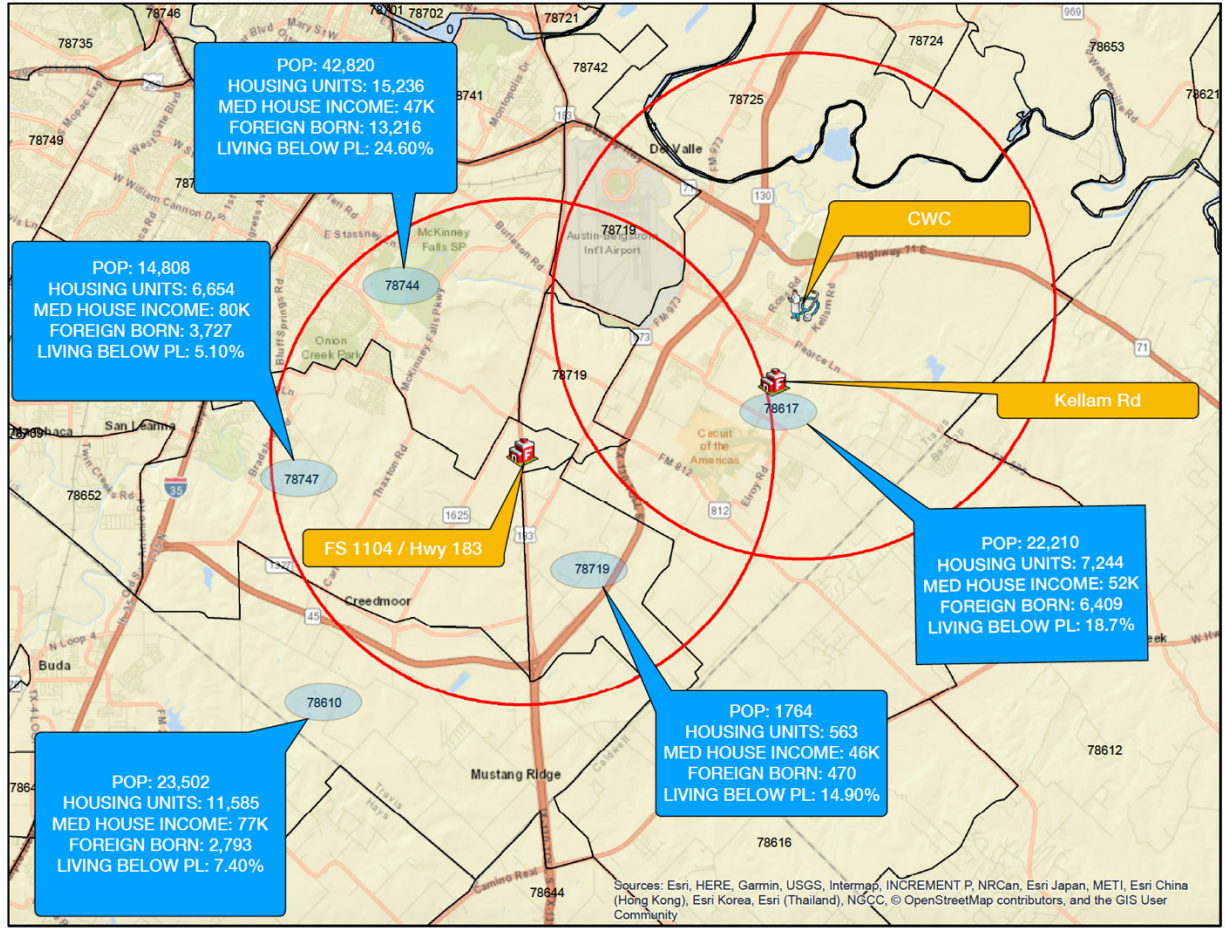
Appendix A

Under / Non-Insured Patients in 5 miles radius of
Highway 183 fire station and Children's Wellness Center



Appendix B

Demographic Data by the five service area zip codes



Appendix C

Details of Financial Support Request

- Rent and utilities (electricity, water, trash) for the SON to occupy the TCFR clinic space to see MAP patients (Total \$300,000).
 - Approx. 2600 sqft
 - Pays \$1.65 per sqft (\$51,400/yr.)
 - This will cover utilities for the clinic (electricity, water, trash)
 - Until total cost of building is paid off – approximately 6 years (\$300,000.)
 - If SON leaves or does not see MAP patient's, Central Health (CH) will not continue to pay rent/utilities
 - Ideal scenario: Entire amount of rent for the 6 years (\$300,000.) is given to the UTSON to hold and pay for rent/utilities as intended. UTSON will return balance if conditions are not met as indicated above. MOU will be established between UTSON and CH.
 - Optional scenario: CH provides an annual lump sum payment to cover UTSON lease payment.

- Purchase equipment, furniture and signage (Total \$300,000).
 - UTSON will provide preventative maintenance on equipment
 - Equipment and non-fixed items will depreciate over 6 years to a balance of zero
 - If SON leaves or does not provide care to MAP patients, CH can have all the equipment and furniture for use in other clinic locations serving MAP patients. An MOU will outline these terms.

Ultimate goal is for the SON to have an MOU with CH and a separate MOU to lease space between SON and TCFR.



CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

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

Our Values

Central Health will achieve excellence through:

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

Innovation - We create solutions to improve healthcare access.

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

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

BOARD MEETING

January 29, 2020

REGULAR AGENDA ITEM 7

Discuss and take appropriate action on an Interlocal Cooperation Agreement between Central Health and the City of Austin for a feasibility study of potential facilities development on certain City land.¹



MEMORANDUM

To: Central Health Board of Managers
From: Steven Lamp, Vice President – Real Estate & Facilities
CC: Mike Geeslin, President and CEO
Date: January 29, 2020
Re: Agenda Item 7- Discuss and take appropriate action on an Interlocal Cooperation Agreement between Central Health and the City of Austin for a feasibility study of potential facilities development on certain City land.¹ (*Action Item*)

Overview:

Central Health staff requests Central Health Board or Managers (Board) approval to enter into an Interlocal Cooperation Agreement (ILA) with the City of Austin (City) to complete economic, planning, engineering and real estate due diligence related to potential placement of a new health and wellness and/or other facility in the Colony Park locale. If Board approved, City Staff will present the ILA for City Council approval in early February. This ILA will advance Phase 2 of this collective effort, yielding more detailed and project specific information.

In 2018, Central Health and Community Care identified Colony Park as a high healthcare services need and priority area, justifying this endeavor. Central Health includes Colony Park in our East Travis County focus area.

Synopsis:

The City of Austin (City) and Central Health have cooperated on planning, feasibility and related pre-reatly development due diligence for the past 1.5+ years towards potentially locating a new health and wellness and/or other facility in the Colony Park locale. At Central Health’s request, the City adjusted a Request for Proposals (RFP) for a master developer, specifically allotting up to 5 acres of their planned development (208 acres total) for advance/separate utilization by Central Health. City funded, Phase 1 is complete. A Phase 2 – more detailed and site specific evaluation is now merited. The conceptual planning, utility assessments, cost estimation, land appraisal/s and similar due diligence effort are independently needed by Central Health. The cooperative effort yields benefit and economy for all entities.

The City leads this effort as they are in simultaneous negotiations with a potential master developer. However, scopes of work and task deliverables are adjusted per Central Health request. Scopes may further adjust through the analysis, synthesis and evaluation process. Phase 2 results will be conceptual; if merited and as subject to Board approval, Central Health will directly advance planning, design and similar effort.

In parallel, the Central Health Enterprise are re-evaluating and updating patient service metrics and projected demand within Colony Park. This information will influence potential facility siting and scale, and inform Phase 2 direction.

Action Requested:

Authorize the President and Chief Executive Officer or his designee to enter into an Interlocal Cooperation Agreement with the City of Austin to perform due diligence and feasibility study of placing a new Central Health facility on city-owned land.

Fiscal Impact:

\$40,000 - \$60,000. The ILA identifies a Not to Exceed (NTE) sum of \$40,000. However, the ILA allows flexibility to adjust the scope of work to better meet Central Health need. Initial study information and results may suggest alternate direction and/or merit more extensive analyses; thus final cost may vary.



CENTRAL HEALTH

Funds are included in the Fiscal Year 2020 Budget - Capital Projects Planning.



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BOARD MEETING

January 29, 2020

REGULAR AGENDA ITEM 8

Discuss and take appropriate action on Central Health owned or occupied real property, including possible delegation of certain authority related to such property to the President & CEO, and potential property for acquisition or lease.¹



MEMORANDUM

To: Central Health Board of Managers
From: Steven Lamp, Vice President – Real Estate & Facilities
CC: Mike Geeslin, President and CEO; Jeff Knodel – Chief Financial Officer
Date: January 29, 2020
Re: Agenda Item 8- Puett Lots – Short Term License Agreement (Action Item)

Overview:

Central Health intends to license a portion of Central Health’s owned Puett Lots to a multi-family real estate development company (Journeyman Group) constructing income accessible housing on adjacent land. Monthly license fees of \$500 will apply for an estimated 18-month term and potential revenue gain of \$9,000.

The license agreement allows for termination upon 60-days notification eliminating impediment to Central Health’s sale or other disposition of the property.

Synopsis:

The City of Austin granted to Central Health four (4) lots aggregated to approximately 1.25 acres on 01 March, 2009. This conveyance was part of the University Medical Center at Brackenridge transfer. The lots are located in Austin’s Georgian Acres locale, at an end of East Lola Drive, between Powell Lane and East Wonsley Drive (please see attached schematics). Central Health has not used and has no active plans to utilize the lots.

Central Health, the City of Austin Housing Authority (HACA) and the City of Austin discussed a potential sale of the lots to HACA to support the new housing community, but this transaction is uncertain. Central Health continues to promote and seek alternate disposition of the property.

Action Requested:

Staff requests that the board approve the license agreement with Journeyman Group, or delegate authority to the President & CEO to approve an agreement.

Fiscal Impact:

Estimated revenue for License Term \$9,000.

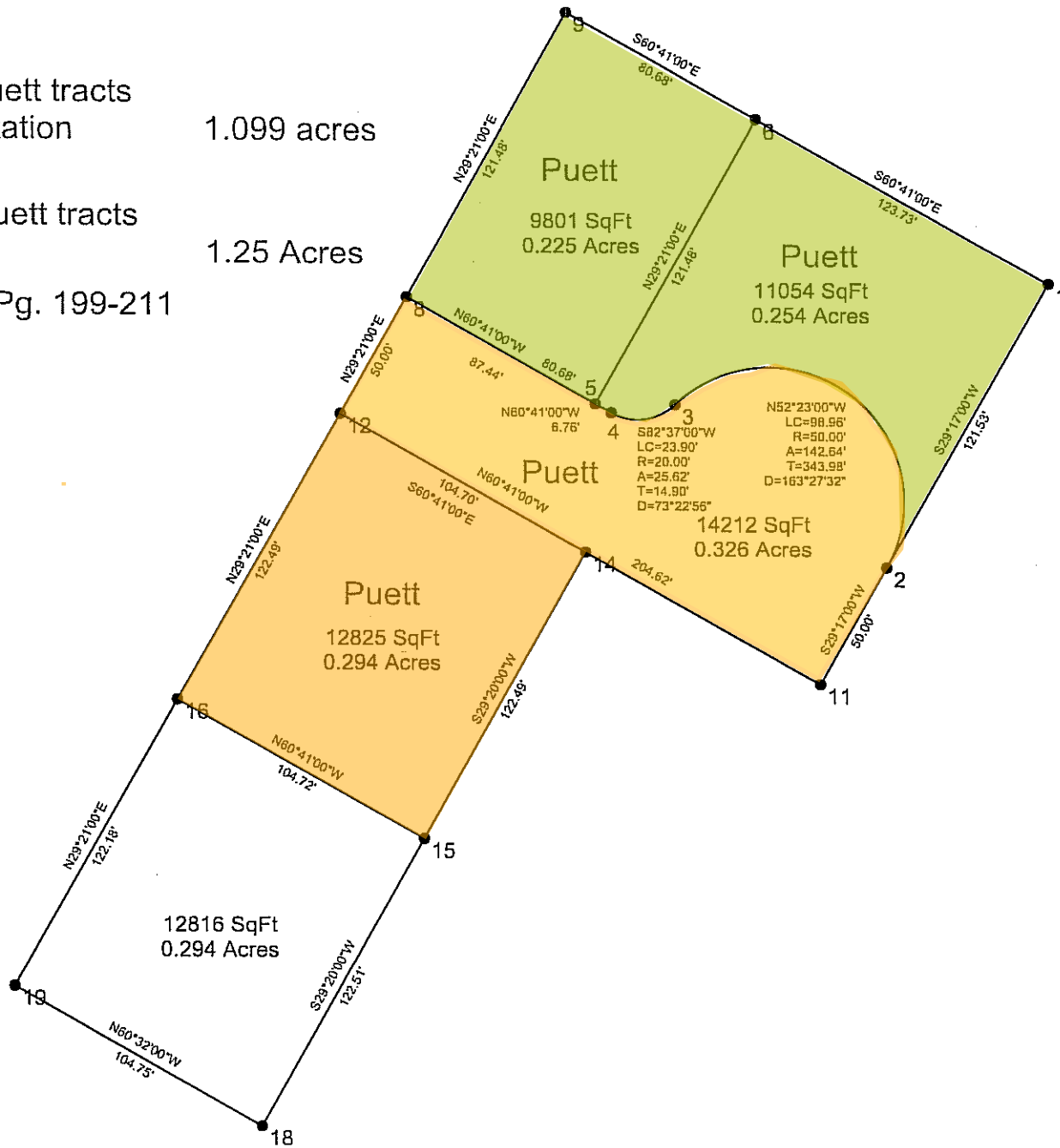
Attachments:

Georgian Acres map
Puett Tracts schematic

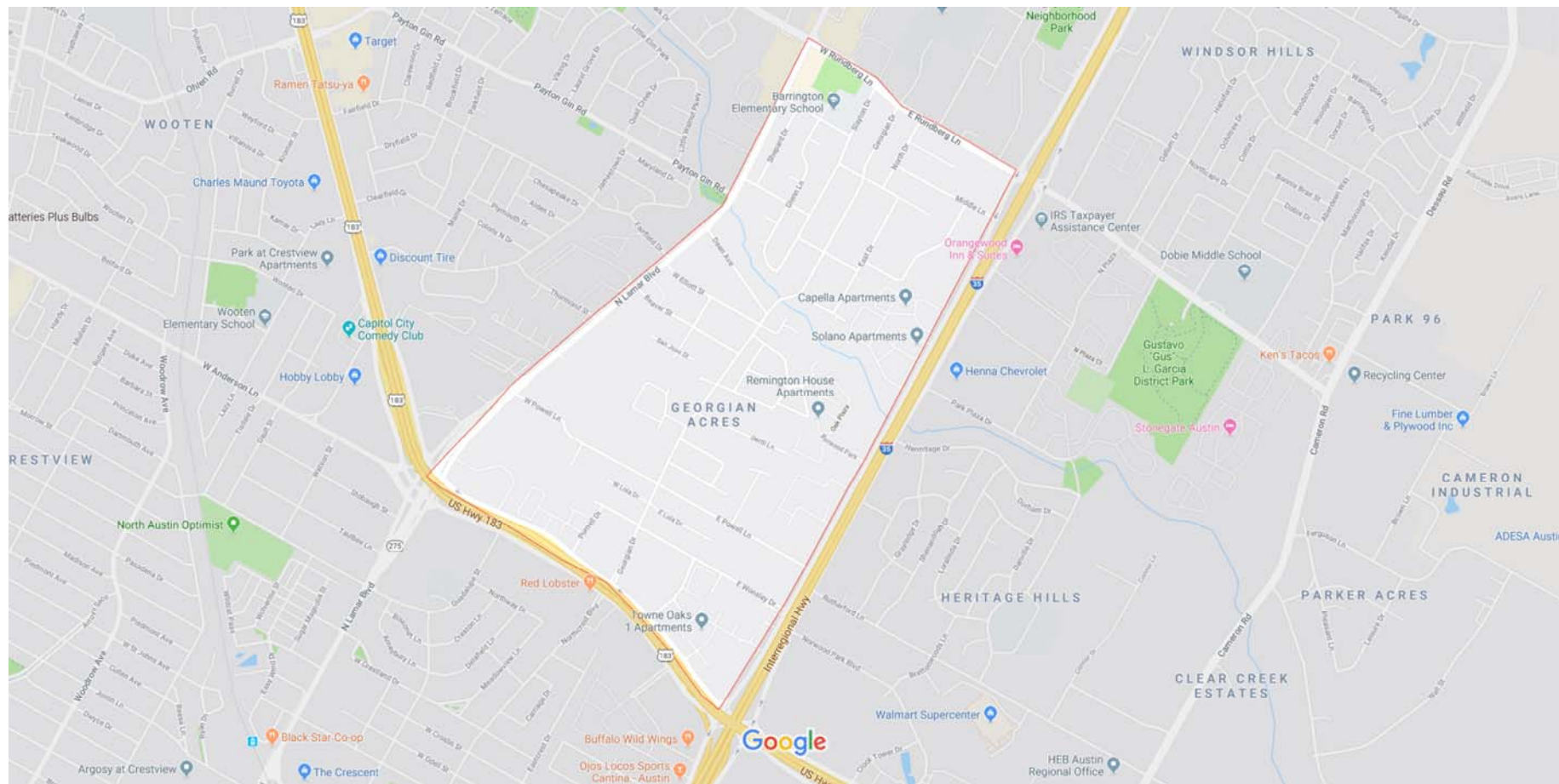
Area of Puett tracts
by computation 1.099 acres

Area of Puett tracts
by deeds 1.25 Acres

Vol. 2255 Pg. 199-211



Google Maps Georgian Acres



Map data ©2019 Google 1000 ft



MEMORANDUM

To: Central Health Board of Managers
From: Steven Lamp, Vice President – Real Estate & Facilities
CC: Mike Geeslin, President and CEO, Stephanie Lee McDonald, Vice President - EAC
Date: January 13, 2020
Re: Agenda Item 8- Rosewood-Zaragosa facility – Lease Termination (*Informational Item*)

Overview:

Central Health intends to return the Rosewood-Zaragosa facility to the City of Austin effective February 1, 2020. The asset has been offline since 2016 and CommUnityCare has no future need for the facility. Central Health estimates an approximate annual operational cost savings of \$32,000.

CommUnityCare continues to care for patients in close proximity at the Sandra Joy Anderson Health Center on the Huston-Tillotson University Campus and provides pediatric and maternal services at the East Austin Health Center.

Action by the board is not necessary. The President and CEO has the authority to return the facility to the City of Austin; however, staff wishes to notify the board of managers.

Synopsis:

The City of Austin transferred via lease grant, the Rosewood-Zaragosa Clinic to Central Health on March 1, 2009¹. Rosewood Zaragosa's transfer was part of the City's Community Health Care Services Department transfer to Central Health. The current lease term extends through February 2034.

CommUnityCare relocated the care team from Rosewood Zaragosa Health Center in December 2016, allowing for a planned renovation to start in 2017. CommUnityCare had intended to house the Blackstock Family Residency Program in the Rosewood Zaragosa facility given the need to relocate the program from the Brackenridge Campus. However, renovation project costs (approximately \$4.71 Million) significantly exceeded the building value. Given the facility is owned by the City of Austin, a renovation of this scope did not prove cost-effective or fiscally sound. Significant facility issues included building enclosure (roofing and exterior insulation), mechanical systems (air conditioning and heating) and structural deterioration.

Ultimately, the Blackstock Family Residency Program was incorporated in the Southeast Health and Wellness Center negating the need for the facility.

Action Requested:

None. Information only.

Fiscal Impact:

Approximate annual savings of \$32,000.

¹ Lease Grant execution date 01 October 2004; operational responsibility commenced March 2009 subject to Central Health's obtaining FQHC status.



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BOARD MEETING

January 29, 2020

REGULAR AGENDA ITEM 9

Receive and discuss a report from the President & CEO on Central Health current activities, operations, and workforce, including: (a) the Fiscal Year 2020 strategic objectives and budget priorities; (b) organizational process changes; (c) routine personnel matters, such as new hires, promotions, reclassifications; and (d) workforce demographics.¹



MEMORANDUM

To: Central Health Board of Managers
From: Mike Geeslin, President & CEO
Cc: Emily Farris, Senior Project Manager
Date: January 29, 2020
Re: Agenda Item 9- Receive and discuss a report from the President & CEO on Central Health current activities, operations, and workforce, including: (a) the Fiscal Year 2020 strategic objectives and budget priorities; (b) organizational process changes; (c) routine personnel matters, such as new hires, promotions, reclassifications; and (d) workforce demographics.¹ (*Informational Item*)

Quarterly Report Overview:

The discussion will highlight key projects and outcomes, organizational changes, and business processes. Additionally, the Board will receive a quarterly report on Central Health workforce demographics. The purpose is to provide the Board of Managers a general understanding of the “big picture” issues and enable alignment of organizational objectives, board governance, and management’s focus on the objectives established by the Board.

Synopsis:

Key Projects and Outcomes (* per Board of Managers Resolution, FY 2020 Budget)

- **Central Health Premium Assistance Program**, fund high-risk MAP patients’ conversion to Sendero Ideal Care*
- **Access to Care (A2C)**, including 12-month MAP eligibility periods and service capacity planning*
- **Central Health - Ascension Seton Payment Model**, by virtue of funds allocated for new hospital funding model in the FY 2020 Budget
- **Eastern Travis County Expansion** focused on the priority areas of Colony Park, Hornsby Bend, and South East Travis County*
- **Financial Reserves**, ensuring sufficient reserves and minimizing impact of unplanned expenditures*
- **Brackenridge Campus Redevelopment***
- **Electronic Health Record**, acquisition of new system for CommUnity Care*

The above project areas are in support of the three strategic objectives adopted by the Board in 2018:

- Develop health care based on people and place
- Implement patient-focused, coordinated health care
- Implement a sustainable financial model for health care delivery, including optimizing the Brackenridge Redevelopment

Organizational & Process Changes

- Overall, Central Health is allocating more time to internal improvements that enable transition from a smaller organization to a larger enterprise operating in an increasingly complex environment.
- These improvements include staff working groups to coordinate work, and task forces to address cultural issues such as internal communications and inclusivity and equity.
- Process changes involve a transition to a more structured decision workflow, which involves the development of business cases in accordance with the Board of Managers FY 2020 Budget Resolution.

Central Health Workforce Demographics

Please reference attached charts.

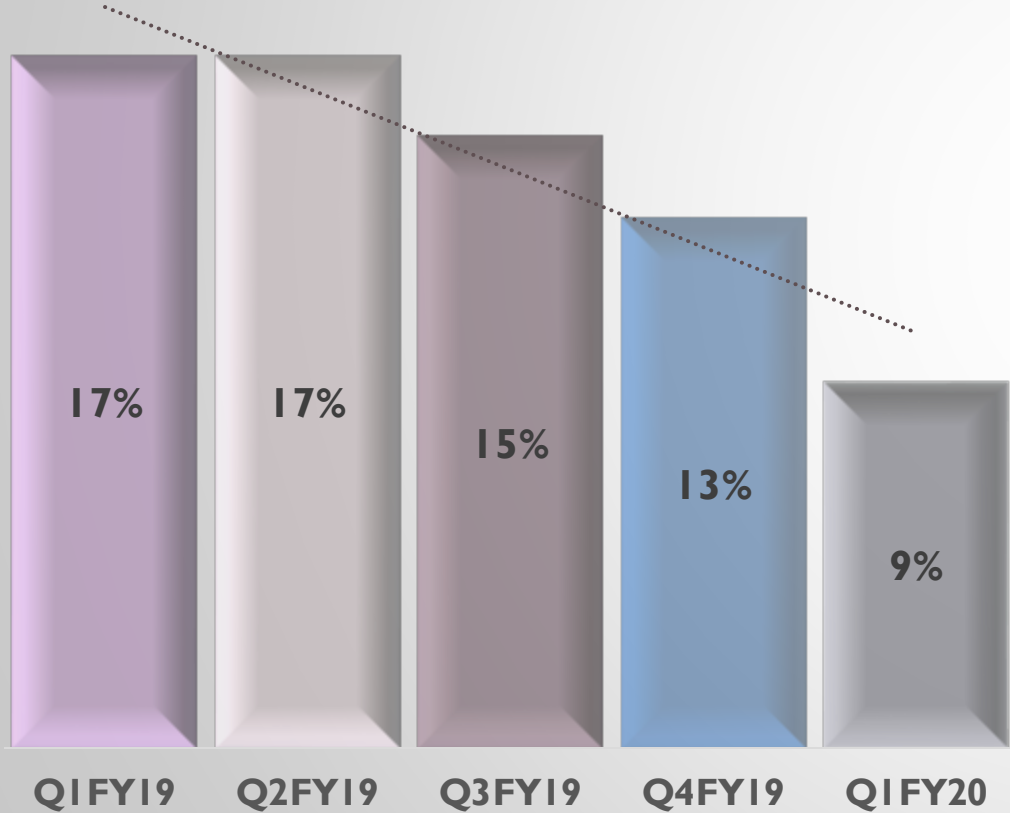
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CENTRAL HEALTH TURNOVER DATA ALL FY19 & Q1 FY20

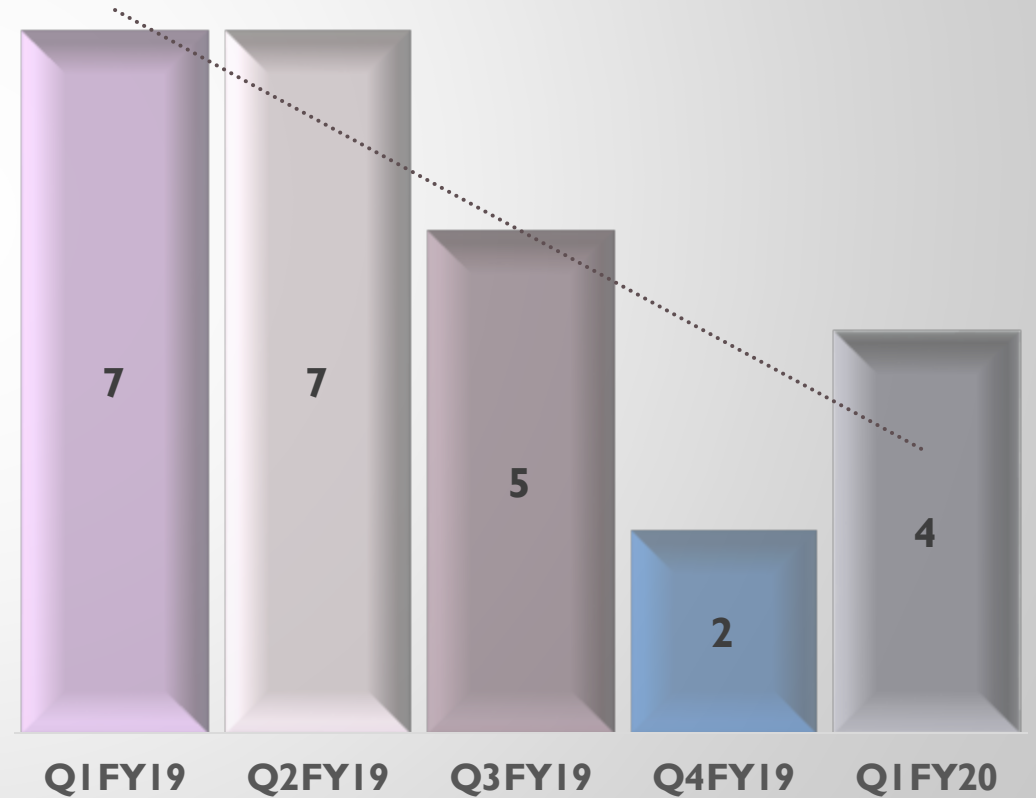
CENTRAL HEALTH VOLUNTARY TURNOVER DATA
BY QUARTER, GENDER, AND RACE/ETHNICITY

CENTRAL HEALTH TURNOVER DATA

TURNOVER BY QUARTER USING ANNUALIZED FIGURES

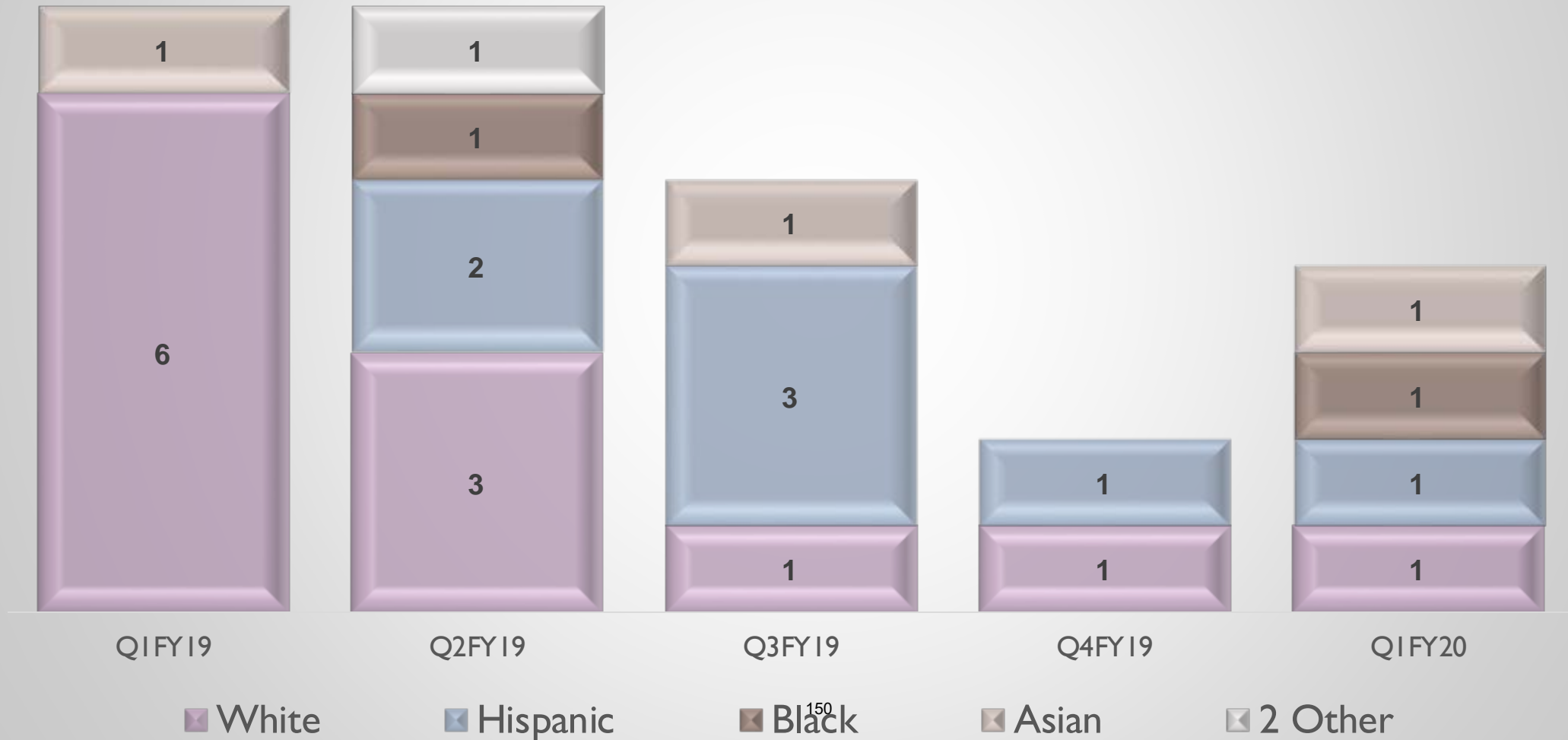


TURNOVER BY QUARTER USING ACTUAL NUMBERS



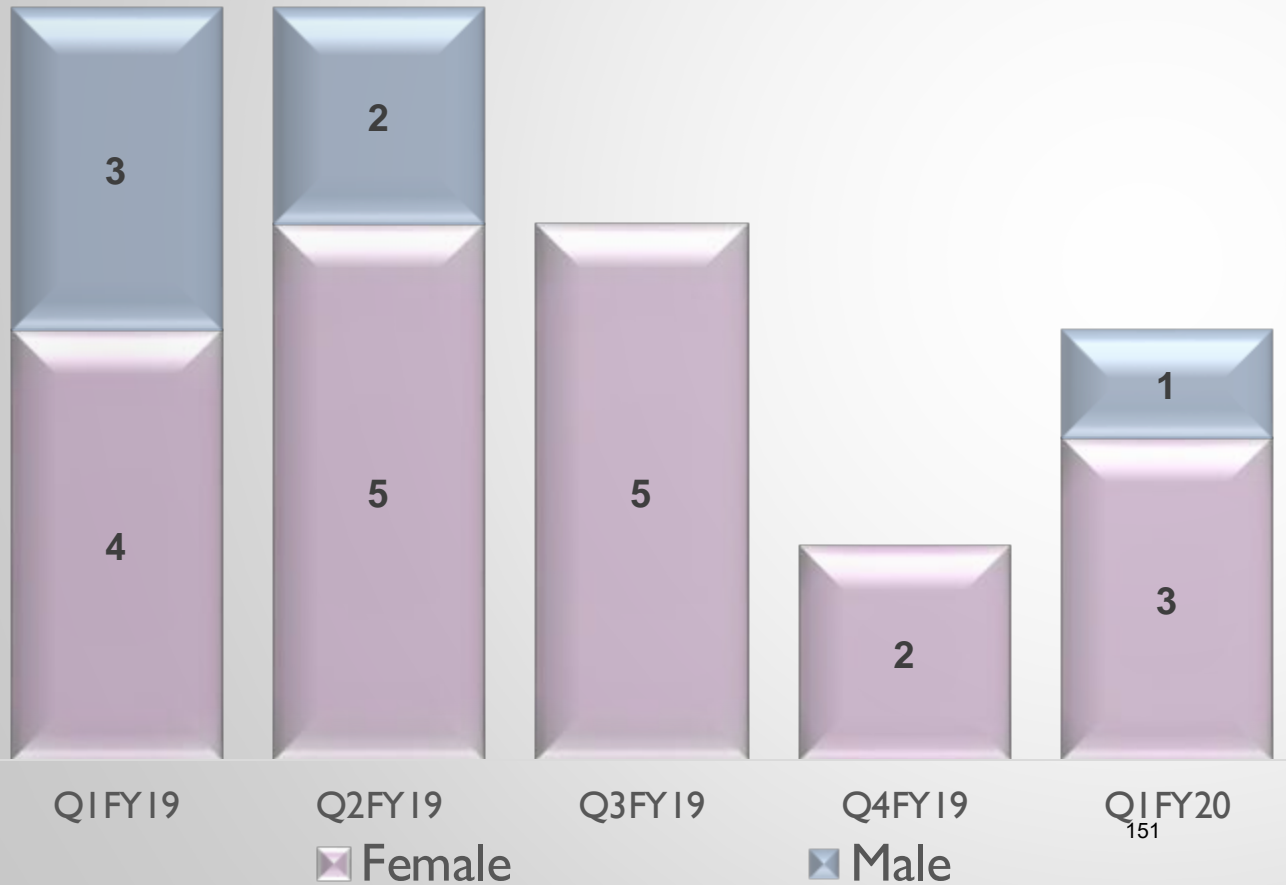
OVERALL CENTRAL HEALTH DEMOGRAPHIC DATA

TURNOVER DISTRIBUTION OF RACE/ETHNICITY DATA BY QUARTER

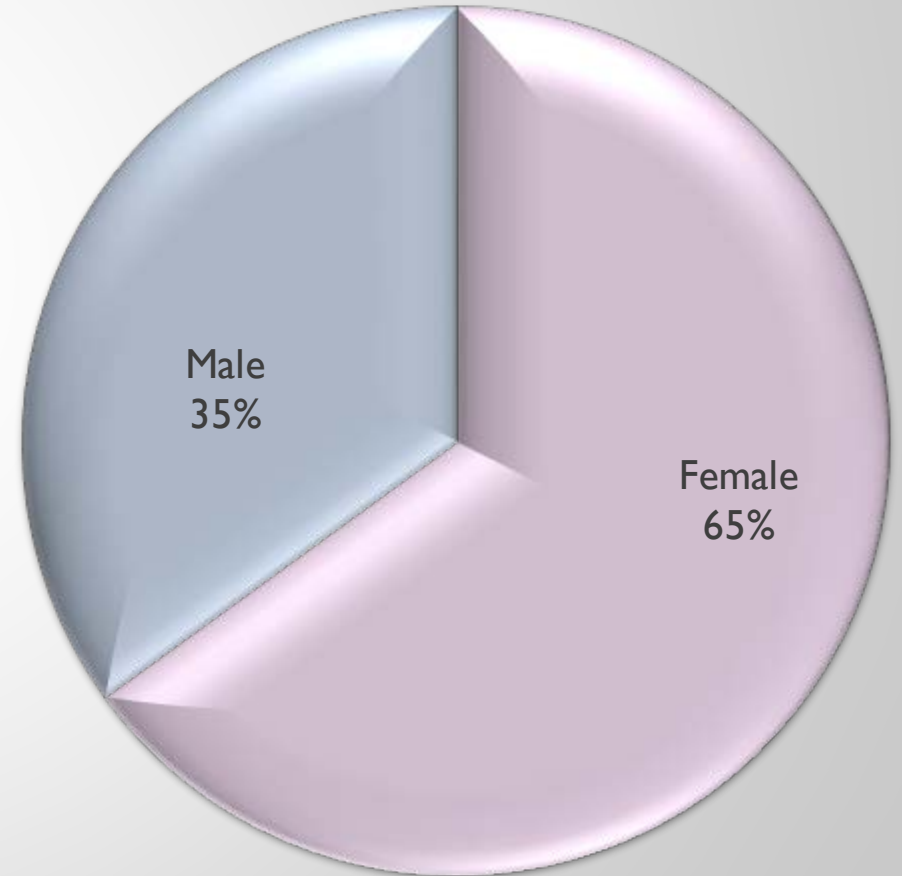


CENTRAL HEALTH TURNOVER DATA

TURNOVER DISTRIBUTION OF GENDER BY QUARTER

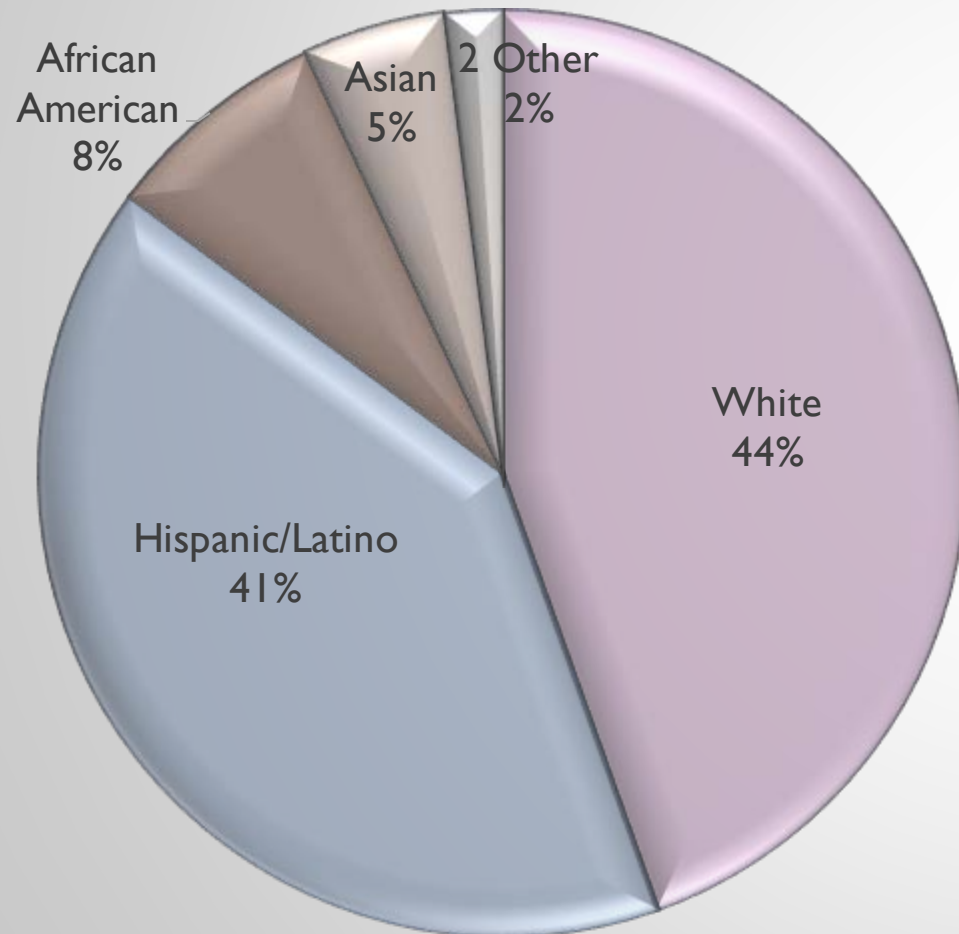


TOTAL EMPLOYEE GENDER DISTRIBUTION

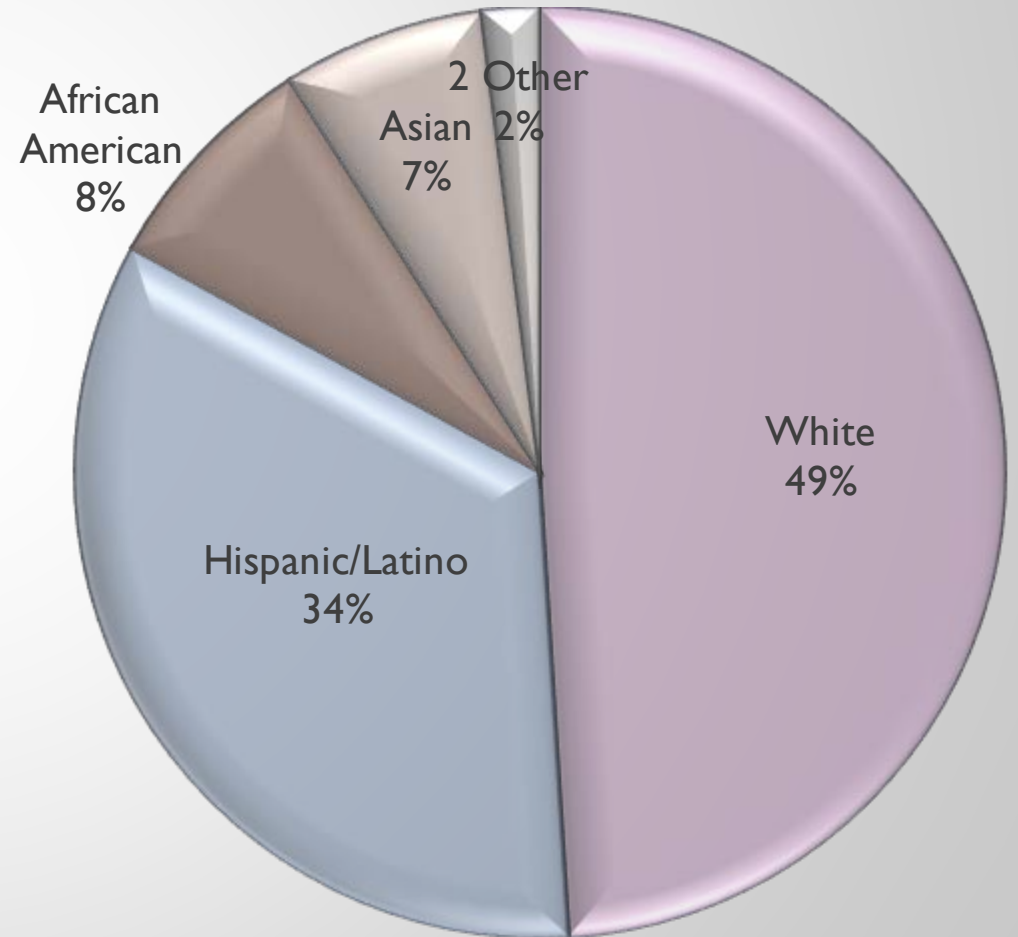


OVERALL CENTRAL HEALTH DEMOGRAPHIC DATA

EMPLOYEE RACE/ETHNICITY DISTRIBUTION, CENTRAL HEALTH ONLY



RACE/ETHNICITY DISTRIBUTION, CITY OF AUSTIN CENSUS DATA





CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

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

Our Values

Central Health will achieve excellence through:

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

Innovation - We create solutions to improve healthcare access.

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

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

BOARD MEETING

January 29, 2020

REGULAR AGENDA ITEM 10

Receive advice from legal counsel on the applicability of the Complaint Resolution Policy for Employees who Report Directly to the President & CEO to any pending complaints, and status of any such complaints.¹



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BOARD MEETING

January 29, 2020

REGULAR AGENDA ITEM 11

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