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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, November 28, 2018, 5:30 p.m.
(or to follow the Subcommittee for Board Officers meeting)

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 that specific items be moved from the CONSENT AGENDA to the REGULAR AGENDA for discussion prior to the time the Board of Managers votes on the motion to adopt the CONSENT AGENDA.

C1. Approve minutes of the following meetings of the Central Health Board of Managers:
   a. September 5, 2018; and
   b. September 12, 2018 Regular Meeting.

C2. Receive the October 2018 Investment Report and ratify Central Health Investments for October 2018.

REGULAR AGENDA*

1. Discuss and take appropriate action on the selection of a new Central Health Compliance Officer. *(Action Item)*

2. Discuss and take appropriate action on amendments to the Travis County Healthcare District Compliance Policies and Procedures. (*Action Item*)

3. Receive, discuss, and take appropriate action on candidate recommendations made by the Subcommittee on Board Officers for the following officer positions:
   a. Chairperson;
   b. Vice-Chairperson; and
   c. Treasurer. (*Action Item*)

4. Receive, discuss, and take appropriate action on candidate recommendations made by the Subcommittee on Board Officers regarding the appointment of a Board Secretary. (*Action Item*)

5. Discuss and take appropriate action on an agreement between Central Health and Deloitte Consulting, LLP for health care strategy, assessment, and service planning consulting services.[1] (*Action Item*)

6. Receive a report of the October 2018 financial statements for Central Health. (*Informational Item)*

7. Receive and discuss reports from the following Board committees: Budget and Finance Committee. (*Informational Item)*

8. Receive and discuss a report from the President & CEO on Central Health operations and current activities, including: (a) the Central Health Board of Mangers strategic plan and operational priorities; (b) an assessment of organizational work systems and processes; and (c) other personnel matters.[1] (*Informational Item)*

9. Discuss and take appropriate action on the 1115 Medicaid Waiver, Delivery System Reform Incentive Payment (DSRIP) projects, the Community Care Collaborative, including health care delivery arrangements, and other interrelated community partnerships.[1] (*Informational Item*)

10. Discuss and take appropriate action on an update regarding Sendero Health Plans, Inc., including the effect of federal legislative and regulatory actions.[1] (*Informational Item*)

11. Discuss and take appropriate action on Central Health owned property, including the Downtown Campus and adjacent properties.[1] (*Informational Item)*

12. 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 executive session item.

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

Members of the Board of Managers may participate in this meeting via videoconference in compliance with the Texas Open Meetings Act.

Consecutive interpretation services from Spanish to English are available during Citizens Communication or when public comment is invited. Please notify the front desk upon 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 público 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 20th day of
November 2018.
Dana DeBeauvoir
County Clerk, Travis County, Texas
By _____ Deputy
MARK ALONZO

SEAL OF COUNTY COURT ★ TRAVIS COUNTY, TEXAS ★

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Nov 20, 2018 04:31 PM 201881816
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Dana DeBeauvoir, County Clerk
Travis County TEXAS

CENTRAL HEALTH

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BOARD MEETING

November 28, 2018

CONSENT AGENDA ITEM 1

Approve minutes for the following meeting of the Central Health Board of Managers:

a. September 5, 2018; and
b. September 12, 2018.

MINUTES OF MEETING – SEPTEMBER 5, 2018
CENTRAL HEALTH
BOARD OF MANAGERS

On Wednesday, September 5, 2018, a meeting of the Central Health Board of Managers convened in open session at 5:31 p.m. in the Board Room of the Central Health Administrative Offices located at 1111 E. Cesar Chavez Street, Austin, Texas 78702. Clerk for the meeting was Ms. Emily Farris.

Board of Managers present: Chairperson Zamora, Vice Chairperson Greenberg, Treasurer Bell, Manager Daniel, Manager Jones, Manager Museitif, Manager Oliver, and Manager Valadez

PUBLIC HEARING

1. **Present an overview of the Central Health proposed Fiscal Year (FY) 2019 budget and its associated tax rate and receive public comment concerning the proposed budget and tax rate.**

Clerk's Notes: Discussion on this item began at 5:32 p.m. Mr. Jeff Knodel, Vice President of Financial Strategies for Central Health, presented the goals of the Fiscal Year 2019 proposed budget supporting the strategic work plan, the 6% proposed tax rate, and goals for the eastern Travis County expansion.

The Board heard from the following speakers:

Ms. Ellen Richards – Chief Strategy Officer, Integral Care
Ms. Holly Doyle - Planned Parenthood
Ms. Monica Layfield - Planned Parenthood
Ms. Jaynna Sims – Travis County Resident, Del Valle
Mr. Richard Franklin – Travis County Resident, Del Valle
Ms. Susanna Woody – Travis County Resident, Del Valle
Ms. Mary M. Elizabeth – Travis County Resident, Del Valle
Mr. Joey Gydsey – Travis County Resident, Del Valle

2. Announce the date, time, and place of the meeting at which Central Health will vote to adopt the Fiscal Year (FY) 2019 budget and the associated tax rate.

Clerk's Notes: Discussion on this item began at 6:00 p.m. Chairperson Zamora announced that the Central Health Board of Managers will meet to vote to adopt the Fiscal Year 2019 budget and its associated tax rate on Wednesday, September 12, 2018, at 5:30 p.m. and will be held at Central Health Administrative Offices, 1111 E. Cesar Chavez St., Austin, Texas 78702.

Manager Valadez moved to close the second public hearing on the proposed Fiscal Year 2019 budget and its associated tax rate. Vice Chairperson Greenberg seconded the motion.

Chairperson Guadalupe Zamora	For
Vice Chairperson Sherri Greenberg	For
Treasurer Charles Bell	For
Secretary Abigail Aiken	Absent
Manager Katrina Daniel	For
Manager Shannon Jones	For
Manager Maram Museitif	For
Manager Julie Oliver	For
Manager Cynthia Valadez	For

The Public Hearing was closed at 6:01 p.m.

CITIZENS' COMMUNICATION

Clerk's Notes: At 6:16 p.m., Chairperson Zamora convened the meeting of the Central Health Board of Managers. Chairperson Zamora introduced seven (7) speakers for Citizens' Communication.

The Board heard from the following speakers:

Mr. Charles Moody -Travis County Resident, Colony Park
Mr. Roy Jones –Travis County Resident, Colony Park
Mr. Richard Franklin - Travis County Resident, Del Valle
Ms. Margarita Veserdo -Travis County Resident, Colony Park
Mr. Melvin Wren -Travis County Resident, Colony Park
Mr. Mark Milligan - Travis County Resident
Ms. Barbara Scott -Travis County Resident, Colony Park

REGULAR AGENDA

1. Receive and discuss an update from CommUnityCare on Fiscal Year (FY) 2018.

Clerk's Notes: Discussion on this item began at 6:40 p.m. Mr. Jaeson Fournier, Chief Executive Officer of CommUnityCare, and Ms. Carolyn Konecny, Chief Financial Officer for CommUnityCare, presented the current fiscal performance report, which included a patient and encounter update, a clinical quality update, care model redesign information, new locations and services, and a financial update.

No action was taken on item 1.

2. Discuss and take appropriate action on future health care delivery locations and service delivery strategies for Eastern Travis County, including related business planning and decision making processes.[1]

Clerk's Notes: Discussion on this item began at 7:36 p.m. Mr. Mike Geeslin, President and Chief Executive Officer, Mr. Larry Wallace, Enterprise Chief Administrative Officer, and Mr. JP Eichmiller, Director of Strategic Communications, all representing Central Health, presented an update on the Eastern Travis County service expansion, which included a mapping of the areas of current and future locations, services being provided, and an overview of timelines and focus areas.

No action was taken on item 2.

Treasurer Bell and Manager Daniel left the meeting at 9:10 p.m.

4. Receive and discuss an update from Sendero Health Plans Inc., including an update on health plan and community benefits.

Clerk's Notes: This item was taken out of sequence and discussion began at 9:14 p.m. Mr. Wes Durkalski, CEO for Sendero, gave a brief overview of Sendero's purpose and goals moving forward.

No action was taken on item 4.

5. Discuss and take appropriate action on the 1115 Medicaid Waiver, Delivery System Reform Incentive Payment (DSRIP) projects, the Community Care Collaborative, including health care delivery arrangements, and other interrelated community partnerships.[1]

Clerk's Notes: Item 5 was not discussed.

6. Discuss and take appropriate action on an update regarding Sendero Health Plans, Inc., including the effect of federal legislative and regulatory actions.[1]

Clerk's Notes: Discussion on this item began at 9:24 p.m. Chairperson Zamora announced that the Board is convening in executive session to discuss agenda item 6 under Section 551.085 of the Texas Government Code, Deliberation of Governing Board of Certain Providers of Health Care Services and agenda item 7 under Section 551.072 of the Texas Government Code, Deliberation Regarding Real Property.

The Board reconvened in open session at 10:02 p.m.

No action was taken on item 6.

Manager Museitif left meeting at 10:02 p.m.

7. Discuss and take appropriate action on Central Health owned property, including the Downtown Campus and adjacent properties.[1]

Clerk's Notes: No action was taken on item 7.

3. Receive and discuss a presentation on the Fiscal Year (FY) 2019 budget for Central Health.

Clerk's Notes: This item was taken out of sequence and discussion began at 10:02 p.m. Mr. Knodel gave a brief update on the approval timeline for the Central Health Fiscal Year 2019 budget and tax rate.

No action was taken on item 3.

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

Clerk's Notes: Discussion on this item began at 10:07 p.m. Chairperson Zamora announced that the next Central Health Board of Managers meeting is scheduled for Wednesday, September 12, 2018 at 5:30 p.m. or immediately following the first public hearing, at Central Health Administrative Offices, 1111 E. Cesar Chavez Street, Austin, Texas 78702.

Vice Chairperson Greenberg moved that the meeting adjourn. Manager Valadez seconded the motion.

Chairperson Guadalupe Zamora	For
Vice Chairperson Sherri Greenberg	For
Treasurer Charles Bell	Absent
Secretary Abigail Aiken	Absent
Manager Katrina Daniel	Absent
Manager Shannon Jones	For
Manager Maram Museitif	For
Manager Julie Oliver	For
Manager Cynthia Valadez	For

The meeting was adjourned at 10:07 p.m.

_____

Guadalupe Zamora, Chairperson
Central Health Board of Managers

ATTESTED TO BY:

_____
Abigail Aiken, Secretary
Central Health Board of Managers

MINUTES OF MEETING – SEPTEMBER 12, 2018
CENTRAL HEALTH
BOARD OF MANAGERS

On Wednesday, September 12, 2018, a meeting of the Central Health Board of Managers convened in open session at 6:09 p.m. in the Board Room of the Central Health Administrative Offices located at 1111 E. Cesar Chavez Street, Austin, Texas 78702. Clerk for the meeting was Ms. Emily Farris.

Board of Managers present: Chairperson Zamora, Vice Chairperson Greenberg, Treasurer Bell, Manager Jones, Manager Museitif, Manager Oliver, and Manager Valadez

CITIZENS' COMMUNICATION

Clerk's Notes: At 6:09 p.m., Chairperson Zamora introduced two speakers for Citizens' Communication.

Members of the Board heard from:

Mr. Richard Franklin – Travis County Resident, Del Valle
Ms. Maram Museitif – Member, Central Health Board of Managers

CONSENT AGENDA

C1. Receive the August 2018 Investment Report and ratify Central Health Investments for August 2018.

Clerk's Notes: Discussion on this item began at 6:20 p.m.

Manager Valadez moved that the Board approve Consent Agenda item C1.

Vice Chairperson Greenberg seconded the motion.

Chairperson Guadalupe Zamora	For
Vice Chairperson Sherri Greenberg	For
Treasurer Charles Bell	For
Secretary Abigail Aiken	Absent
Manager Katrina Daniel	Absent
Manager Shannon Jones	For
Manager Maram Museitif	For
Manager Julie Oliver	For
Manager Cynthia Valadez	For

REGULAR AGENDA

1. Discuss and take appropriate action on an update regarding Sendero Health Plans, Inc., including the effect of federal legislative and regulatory actions.[1]

Clerk's Notes: Discussion on this item began at 6:22 p.m. Chairperson Zamora announced that the Board is convening in executive session to discuss agenda items 1 and 2 under Section 551.085 of the Texas Government Code, Deliberation of Governing Board of Certain Providers of Health Care Services.

No action was taken on item 1.

Manager Daniel joined the meeting at 6:36 p.m.

The Board reconvened in open session at 8:46 p.m.

2. Discuss and take appropriate action on the 1115 Medicaid Waiver, Delivery System Reform Incentive Payment (DSRIP) projects, the Community Care Collaborative, including health care delivery arrangements, and other interrelated community partnerships.[1]

Clerk's Notes: No action was taken on item 2.

3. Discuss and take appropriate action on the Fiscal Year (FY) 2019 budget for the Community Care Collaborative.

Clerk's Notes: Discussion on this item began at 8:49 p.m. Mr. Jonathan Morgan, Chief Operating Officer and Interim Executive Director, and Dr. Mark Hernandez, Chief Medical Officer, both with the Community Care Collaborative presented the proposed Fiscal Year 2019 budget. Mr. Morgan and Dr. Hernandez also presented information on the Community Care Collaborative Fiscal Year 2018-2020 Strategic Plan, Fiscal Year 2018 Highlights and Fiscal Year 2019 Initiatives.

Manager Valadez moved that the Board approve the CCC Fiscal Year 2019 budget relating to Integral Care and Project Access. Manager Museitif seconded the motion.

Chairperson Guadalupe Zamora	Abstain
Vice Chairperson Sherri Greenberg	For
Treasurer Charles Bell	For
Secretary Abigail Aiken	Absent
Manager Katrina Daniel	For
Manager Shannon Jones	For
Manager Maram Museitif	For
Manager Julie Oliver	For
Manager Cynthia Valadez	For

Manager Valadez moved that the Board approve the CCC Fiscal Year 2019 budget relating to People's Community Clinic. Vice Chairperson Greenberg seconded the motion.

Chairperson Guadalupe Zamora	For
Vice Chairperson Sherri Greenberg	For
Treasurer Charles Bell	Abstain
Secretary Abigail Aiken	Absent
Manager Katrina Daniel	For
Manager Shannon Jones	For
Manager Maram Museitif	For
Manager Julie Oliver	Abstain
Manager Cynthia Valadez	For

Vice Chairperson Greenberg moved that the Board approve the CCC Fiscal Year 2019 budget relating to Surgicare of South Austin and St. David's Healthcare Partnership on behalf of Bailey Square Surgery Center. Manager Valadez seconded the motion.

Chairperson Guadalupe Zamora	For
Vice Chairperson Sherri Greenberg	For
Treasurer Charles Bell	For
Secretary Abigail Aiken	Absent
Manager Katrina Daniel	For
Manager Shannon Jones	For

Manager Maram Museitif	For
Manager Julie Oliver	Abstain
Manager Cynthia Valadez	For

Manager Museitif moved that the Board approve the CCC Fiscal Year 2019 budget relating to The University of Texas. Treasurer Bell seconded the motion.

Chairperson Guadalupe Zamora	For
Vice Chairperson Sherri Greenberg	Abstain
Treasurer Charles Bell	For
Secretary Abigail Aiken	Absent
Manager Katrina Daniel	For
Manager Shannon Jones	For
Manager Maram Museitif	For
Manager Julie Oliver	Abstain
Manager Cynthia Valadez	For

Manager Valadez moved that the Board approve the CCC Fiscal Year 2019 budget for all items other than those relating to Integral Care, Project Access, People's Community Clinic, Surgicare of South Austin, St. David's Healthcare Partnership on behalf of Bailey Square Surgery Center, and The University of Texas. Manager Museitif seconded the motion.

Chairperson Guadalupe Zamora	For
Vice Chairperson Sherri Greenberg	For
Treasurer Charles Bell	For
Secretary Abigail Aiken	Absent
Manager Katrina Daniel	For
Manager Shannon Jones	For
Manager Maram Museitif	For
Manager Julie Oliver	For
Manager Cynthia Valadez	For

4. Discuss and take appropriate action on Central Health's proposed Fiscal Year (FY) 2019 budget.

Clerk's Notes: Discussion on this item began at 9:12 p.m. Mr. Jeff Knodel, Vice President of Finance and Ms. Melanie Miller, Budget and Financial Analyst, both with Central Health, presented the proposed Fiscal Year 2019 budget that included additional changes. Mr. Knodel reviewed the Fiscal Year 2019 proposed tax rate, budget and sources uses summary, and the operating/capital funds for Fiscal Year 2019 projects. Mr. Mike Geeslin, President and Chief Executive Officer for Central Health, read the Central Health budget resolution.

Manager Valadez moved that the Board approve the Central Health Fiscal Year 2019 budget and resolution relating to the Sendero Risk-Based Capital Reserve Fund and to amend the Sendero Premium Assistance under the ACA Education and Enrollment budget line by increasing the amount by $6,000,000. Manager Oliver seconded the motion.

Chairperson Guadalupe Zamora	For
Vice Chairperson Sherri Greenberg	Against
Treasurer Charles Bell	Abstain
Secretary Abigail Aiken	Absent
Manager Katrina Daniel	Against
Manager Shannon Jones	Against
Manager Maram Museitif	Against
Manager Julie Oliver	For
Manager Cynthia Valadez	For

(motion failed)

Manager Daniel moved that the Board approve the Central Health Fiscal Year 2019 budget and resolution related to the Sendero Risk-Based Capital Reserve Fund and to amend the Sendero Premium Assistance under the ACA Education and Enrollment budget line with an increase in the Sendero Risk-Based Capital Reserve of $4,000,000. Vice Chairperson Greenberg seconded the motion.

Chairperson Guadalupe Zamora	Against
Vice Chairperson Sherri Greenberg	For
Treasurer Charles Bell	Abstain
Secretary Abigail Aiken	Absent
Manager Katrina Daniel	For
Manager Shannon Jones	For
Manager Maram Museitif	For
Manager Julie Oliver	Against
Manager Cynthia Valadez	Against

(motion passed)

Treasurer Bell moved that the Board approve the Central Health Fiscal Year 2019 budget and resolution relating to Integral Care. Manager Museitif seconded the motion.

Chairperson Guadalupe Zamora	Abstain
Vice Chairperson Sherri Greenberg	For
Treasurer Charles Bell	For
Secretary Abigail Aiken	Absent
Manager Katrina Daniel	For
Manager Shannon Jones	For
Manager Maram Museitif	For
Manager Julie Oliver	For
Manager Cynthia Valadez	For

Treasurer Bell moved that the Board approve the Central Health Fiscal Year 2019 budget and resolution relating to Intergovernmental Transfers (IGT) relating to Private Uncompensated Care, Disproportionate Share (DSH), and St. David's Delivery System Reform Incentive Payment (DSRIP) projects. Manager Daniel seconded the motion.

Chairperson Guadalupe Zamora	For
Vice Chairperson Sherri Greenberg	For
Treasurer Charles Bell	For
Secretary Abigail Aiken	Absent
Manager Katrina Daniel	For
Manager Shannon Jones	For
Manager Maram Museitif	For
Manager Julie Oliver	Abstain
Manager Cynthia Valadez	For

Treasurer Bell moved that the Board approve the Central Health Fiscal Year 2019 budget and resolution for all items other than those relating to Sendero Health Plans, Inc., Integral Care, and Intergovernmental Transfers for Private Uncompensated Care, Disproportionate Share, and St. David's Delivery System Reform Incentive Payment (DSRIP) Projects. Manager Museitif seconded the motion.

Chairperson Guadalupe Zamora	For
Vice Chairperson Sherri Greenberg	For
Treasurer Charles Bell	For
Secretary Abigail Aiken	Absent

Manager Katrina Daniel	For
Manager Shannon Jones	For
Manager Maram Museitif	For
Manager Julie Oliver	For
Manager Cynthia Valadez	For

Vice Chairperson Greenberg moved to reconsider the vote. Treasurer Bell seconded the motion. Motion passed by unanimous consent.

Treasurer Bell moved that the Board approve the Central Health Fiscal Year 2019 budget and resolution for all items other than those relating to Sendero Health Plans, Inc., Integral Care, and Intergovernmental Transfers for Private Uncompensated Care, Disproportionate Share, and St. David's Delivery System Reform Incentive Payment (DSRIP) Projects. Manager Daniel seconded the motion.

Chairperson Guadalupe Zamora	For
Vice Chairperson Sherri Greenberg	For
Treasurer Charles Bell	For
Secretary Abigail Aiken	Absent
Manager Katrina Daniel	For
Manager Shannon Jones	For
Manager Maram Museitif	For
Manager Julie Oliver	For
Manager Cynthia Valadez	Against

5. Discuss and take appropriate action regarding Central Health's proposed 2019 tax rate.

- **a. Total Maintenance and Operations Tax Rate;**
- **b. Total Debt Service Tax Rate; and**
- **c. Total Ad Valorem Tax Rate.**

Clerk's Notes: Discussion on this item began at 10:20 p.m. Mr. Knodel presented the Fiscal Year 2019 proposed tax rate.

For the maintenance and operations tax rate, Vice Chairperson Greenberg moved that the property tax rate be increased by the adoption of a tax rate of $0.104495 for maintenance and operations, which is effectively a negative two percent (-2.0%) increase in the tax rate, and there is hereby levied for the current tax year an ad valorem tax rate of $0.104495 for each $100 valuation of all taxable property for general operating purposes. Manager Museitif seconded the motion.

Chairperson Guadalupe Zamora	For
Vice Chairperson Sherri Greenberg	For
Treasurer Charles Bell	For
Secretary Abigail Aiken	Absent
Manager Katrina Daniel	For
Manager Shannon Jones	For
Manager Maram Museitif	For
Manager Julie Oliver	For
Manager Cynthia Valadez	For

For the debt service tax rate, Vice Chairperson Greenberg moved that the property tax be increased by the adoption of a tax rate of $0.000726, which is effectively a negative nine and five tenths percent (-9.5%) increase in the tax rate. Treasurer Bell seconded the motion.

Chairperson Guadalupe Zamora	For
Vice Chairperson Sherri Greenberg	For
Treasurer Charles Bell	For
Secretary Abigail Aiken	Absent
Manager Katrina Daniel	For
Manager Shannon Jones	For
Manager Maram Museitif	For
Manager Julie Oliver	For
Manager Cynthia Valadez	For

For the total tax rate, which includes maintenance and operations and debt service tax rates, Vice Chairperson Greenberg moved that the property tax rate be increased by the adoption of a tax rate of $0.105221, which is effectively a negative two percent (-2.0%) increase in the tax rate. Manager Museitif seconded the motion.

Chairperson Guadalupe Zamora	For
Vice Chairperson Sherri Greenberg	For
Treasurer Charles Bell	For
Secretary Abigail Aiken	Absent
Manager Katrina Daniel	For
Manager Shannon Jones	For
Manager Maram Museitif	For
Manager Julie Oliver	For
Manager Cynthia Valadez	For

6. Discuss and take appropriate action on a ground lease agreement to be entered into between Central Health and Travis County Emergency Services District 11.[1]

Clerk's Notes: Discussion on this item began at 10:25 p.m. Mr. Geeslin presented information on ground lease terms and described the process leading up to the execution of a ground lease.

Manager Valadez moved that the Board approve, and authorize Central Health's President and CEO to execute, the Ground Lease Term Sheet between Central Health and Travis County Emergency Services District No. 11, and further moved that the Board authorize Central Health's President and CEO to negotiate and execute the Ground Lease on terms similar to those presented or on terms more favorable to Central Health. Manager Museitif seconded the motion.

Chairperson Guadalupe Zamora	For
Vice Chairperson Sherri Greenberg	For
Treasurer Charles Bell	For
Secretary Abigail Aiken	Absent
Manager Katrina Daniel	For
Manager Shannon Jones	For
Manager Maram Museitif	For
Manager Julie Oliver	For
Manager Cynthia Valadez	For

7. Discuss and take appropriate action on Central Health owned property, including the Downtown Campus and adjacent properties.[1]

Clerk's Notes: No action was taken on item 7.

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

Clerk's Notes: Discussion on this item began at 10:31 p.m. Chairperson Zamora announced that the next Central Health Board of Managers meeting is scheduled for Wednesday, October 24, 2018 at 5:30 p.m. at Central Health Administrative Offices, 1111 E. Cesar Chavez Street, Austin, Texas 78702.

Vice Chairperson Greenberg moved that the meeting adjourn. Tresurer Bell seconded the motion.

Chairperson Guadalupe Zamora	For
Vice Chairperson Sherri Greenberg	For
Treasurer Charles Bell	For
Secretary Abigail Aiken	Absent
Manager Katrina Daniel	For
Manager Shannon Jones	For
Manager Maram Museitif	For
Manager Julie Oliver	For
Manager Cynthia Valadez	For

The meeting was adjourned at 10:31 p.m.

_____
Guadalupe Zamora, Chairperson
Central Health Board of Managers

ATTESTED TO BY:

_____
Abigail Aiken, Secretary
Central Health Board of Managers

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BOARD MEETING

November 28, 2018

CONSENT AGENDA ITEM C2

Receive the October 2018 Investment Report and ratify Central Health Investments for October 2018.

AGENDA ITEM #_____

STATE OF TEXAS

COUNTY OF TRAVIS

CENTRAL HEALTH

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

Now, Therefore, the Board of Managers hereby orders

1.) that the County Treasurer of Travis County, Texas, acting on behalf of Central Health, execute the investment of these funds in the total amount of $17,497,165.30 in legally authorized securities as stipulated in the Travis County Healthcare District Investment and Collateral Policy for the periods as indicated in Attachment A, which consists of 7 pages.

2.) that the County Treasurer, acting on behalf of Central Health, take and hold in safekeeping all individual security investment instruments, relinquishing same only by order of the Board of Managers or for surrender at maturity.

Date: November 28, 2018

_____
CHAIR, BOARD OF MANAGERS

VICE CHAIR, BOARD OF MANAGERS	MANAGER
MANAGER	MANAGER
MANAGER	MANAGER
MANAGER	MANAGER

ATTACHMENT A

CENTRAL HEALTH

INVESTMENT DEPARTMENT

SECURITY TRANSACTION FORM

DATE: 10/31/2018

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Tex Star	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	$843,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DATE	N/A	YIELD	2.1888%
PRINCIPAL:	$843,000.00	PURCHASED THRU:	Tex Star
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	$843,000.00	CUSIP #:	N/A
TRADE DATE:	10/31/2018	SETTLEMENT DATE:	10/31/2018

AUTHORIZED BY: _____

CASH/INVESTMENT MANAGER

ATTACHMENT A

CENTRAL HEALTH

INVESTMENT DEPARTMENT

SECURITY TRANSACTION FORM

DATE: 10/30/2018

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Tex Star	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	$161,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DATE	N/A	YIELD	2.1891%
PRINCIPAL:	$161,000.00	PURCHASED THRU:	Tex Star
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	$161,000.00	CUSIP #:	N/A
TRADE DATE:	10/30/2018	SETTLEMENT DATE:	10/30/2018

AUTHORIZED BY: _____

CASH/INVESTMENT MANAGER

ATTACHMENT A

CENTRAL HEALTH

INVESTMENT DEPARTMENT

SECURITY TRANSACTION FORM

DATE: 10/26/2018

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexStar	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	$35,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	YIELD	2.1820%
PRINCIPAL:	$35,000.00	PURCHASED THRU:	TexStar
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	$35,000.00	CUSIP #:	N/A
TRADE DATE:	10/26/2018	SETTLEMENT DATE:	10/26/2018

AUTHORIZED BY: _____

CASH/INVESTMENT MANAGER

ATTACHMENT A

CENTRAL HEALTH

INVESTMENT DEPARTMENT

SECURITY TRANSACTION FORM

DATE: 10/26/2018

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION	TexasDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	5,073,698.63	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DAT	N/A	BOND EQ. YIELD:	2.1747%
PRINCIPAL:	5,073,698.63	PURCHASED THRU:	TexasDaily
ACCRUED INT	N/A	BROKER:	N/A
TOTAL DUE:	5,073,698.63	CUSIP #:	N/A
TRADE DATE:	10/26/2018	SETTLEMENT DATE:	10/26/2018

AUTHORIZED BY: _____

CASH/INVESTMENT MANAGER

ATTACHMENT A

CENTRAL HEALTH

INVESTMENT DEPARTMENT

SECURITY TRANSACTION FORM

DATE: 10/10/2018

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Tex Star	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	$521,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DATE	N/A	YIELD	2.1307%
PRINCIPAL:	$521,000.00	PURCHASED THRU:	Tex Star
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	$521,000.00	CUSIP #:	N/A
TRADE DATE:	10/10/2018	SETTLEMENT DATE:	10/10/2018

AUTHORIZED BY: _____

CASH/INVESTMENT MANAGER

ATTACHMENT A

CENTRAL HEALTH

INVESTMENT DEPARTMENT

SECURITY TRANSACTION FORM

DATE:	10/2/2018
TIME:	10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Tex Star	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	$10,103,466.67	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DATE	N/A	YIELD	2.1526%
PRINCIPAL:	$10,103,466.67	PURCHASED THRU:	Tex Star
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	$10,103,466.67	CUSIP #:	N/A
TRADE DATE:	10/2/2018	SETTLEMENT DATE:	10/2/2018

AUTHORIZED BY: _____

CASH/INVESTMENT MANAGER

ATTACHMENT A

CENTRAL HEALTH

INVESTMENT DEPARTMENT

SECURITY TRANSACTION FORM

DATE: 10/1/2018

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Tex Star	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	$760,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	YIELD	2.1735%
PRINCIPAL:	$760,000.00	PURCHASED THRU:	Tex Star
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	$760,000.00	CUSIP #:	N/A
TRADE DATE:	10/1/2018	SETTLEMENT DATE:	10/1/2018

AUTHORIZED BY:

CASH/INVESTMENT MANAGER

CENTRAL HEALTH MONTHLY INVESTMENT REPORT

PORTFOLIO STATISTICS

DATE: October 31, 2018

By Fund Type			
Operating	$	79,833,533.56	100.00%
Debt Service		-	0.00%
Bond Proceeds		-	0.00%
Other		-	0.00%
Total Portfolio	$	79,833,533.56	100.00%

By Security Type			
Operating-			
TexasDAILY	$	21,269,602.72	26.64%
TexPool	$	6,472,100.54	8.11%
TexSTAR	$	17,689,531.52	22.16%
TexasTERM CP		-	0.00%
Non-Int Bearing Bank Account		1,500,000.00	1.88%
Certificates of Deposit		-	0.00%
Treasury Securities		-	0.00%
Government Agencies		18,998,500.00	23.80%
Commercial Paper		2,963,498.33	3.71%
Municipal Bonds		10,940,300.45	13.70%
Total	$	79,833,533.56	100.00%
Debt Service-			
TexPool		0.00	#DIV/0!
Total	$	-	#DIV/0!
Bond Proceeds-			
TexPool	$	-	#DIV/0!
Total	$	-	#DIV/0!

Compared to Policy Limits			Actual %	Guidelines
TexasDAILY		21,269,602.72	27.15%	30.00%
TexPool		6,472,100.54	8.26%	50.00%
TexSTAR		17,689,531.52	22.58%	30.00%
TexasTERM CP		0.00	0.00%	30.00%
Total LGIPS	$	45,431,234.78	58.00%	60.00%
Certificates of Deposit		-	0.00%	50.00%
Treasury Securities		-	0.00%	100.00%
Government Agencies		18,998,500.00	24.25%	75.00%
Commercial Paper		2,963,498.33	3.78%	20.00%
Municipal Bonds		10,940,300.45	13.97%	20.00%
	$	78,333,533.56	100.00%	

Commercial Papter by Entity as a Percentage of Portfolio				
NATIXIS CP 11/21/18	$	2,963,498.33	3.71%	5.00%
	$	2,963,498.33	3.71%	20.00%

Municipal Bonds by Entity as a Percentage of Portfolio				
City of Cedar Park, TX	$	2,478,324.96	3.10%	5.00%
NYC GO Bonds	$	4,057,631.11	5.08%	5.00%
Georgia Power Muni Rev Bond	$	1,355,899.88	1.70%	5.00%
TX A&M Univ Rev Bond	$	3,048,444.50	3.82%	5.00%
	$	10,940,300.45	13.70%	20.00%

Investment Revenue & Accrued Interest		October-18		Fiscal YTD
Interest/Dividends-				
TexasDAILY	$	34,037.88	$	34,037.88
TexPool		14,408.84	$	14,408.84
TexSTAR		29,724.58	$	29,724.58
TexasTERM CP		73,698.63	$	73,698.63
Certificates of Deposit		0.00	$	-
Treasury Securities		0.00	$	-
Government Agencies		103,466.67	$	103,466.67
Commercial Paper		0.00	$	-
Municipal Bonds		0.00	$	-
	$	255,336.60	$	255,336.60
Discounts, Premiums, & Accrued Interest				
TexasTERM CP	$	-	$	-
-less previous accruals		(66,575.34)	$	(66,575.34)
Certificates of Deposit		0.00	$	-
-less previous accruals		0.00	$	-
Treasury Securities		0.00	$	-
-less previous accruals		0.00	$	-
Government Agencies		25,890.99	$	25,890.99
-less previous accruals		(102,388.89)	$	(102,388.89)
Commercial Paper		6,251.67	$	6,251.67
-less previous accruals		0.00	$	-
Municipal Bonds		19,941.69	$	19,941.69
-less previous accruals		(4,155.65)	$	(4,155.65)
	$	(121,035.53)	$	(121,035.53)
Total Investment Revenue & Accrued Interest	$	134,301.07	$	134,301.07

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

November 28, 2018

REGULAR AGENDA ITEM 1

Discuss and take appropriate action on the selection of a new Central Health Compliance Officer.

CENTRAL HEALTH

MEMORANDUM

To: Central Health Board of Managers

From: Mike Geeslin, President and CEO

Date: November 28, 2018

Re: Agenda Item 1: Discuss and take appropriate action on the selection of a new Central Health Compliance Officer. —***ACTION ITEM***

Overview:

Central Health implemented their Compliance Program on May 28, 2010. An effective Compliance Program protects the organization by detecting and preventing improper conduct and promoting adherence to the organization's legal and ethical obligations. As part of the Compliance Program, Central Health adopted policies and procedures, which address the elements of an effective Compliance Program, including the creation and appointment of a Compliance Officer. Pursuant to Central Health policy, the President and CEO nominates and the Board of Managers appoints an individual to serve as the Compliance Officer. Larry Wallace was appointed by the Board to serve in the function of Compliance Officer on August 19, 2015.

Synopsis:

Function and Responsibility of the Compliance Officer

The function of the Compliance Officer is to be responsible for oversight, monitoring and operation of the Compliance Program. Additionally, the Compliance Officer is responsible for providing reports on program progress and activities to the Board of Managers and the Central Health President and CEO, as necessary.

Additional responsibilities include, but are not limited to the following:

- Routine presentation of Central Health contracted vendors to the Board of Managers to facilitate informed disclosure regarding potential conflict or duality of interest;
- Maintenance of Central Health Compliance Policies and Procedures to ensure they are regularly reviewed for relevancy with Central Health business operations, accuracy with current regulations, and clarity in language;
- Conducts compliance and ethics training and education for employees and Board of Managers;
- Investigates, in coordination with Human Resources and Legal Counsel, when necessary, any reported compliance violations, reported either directly to the Compliance Officer, senior leadership, or via the Central Health anonymous Compliance and Ethics Help Line;
- Facilitates organizational compliance risk assessment to strategically identify potential risks and thereby inform the development of an auditing and monitoring work plan, as well as enhancement of organizational policies and procedures;

- Conducts auditing and monitoring activities to proactively identify and resolve identified violations; and
- Serves as a compliance resource for employees and Board of Managers to address any regulatory, policy, or other compliance and ethics questions and concerns.

Nomination and Appointment

Mike Geeslin, President and CEO of Central Health nominates Patti Miller to fulfill the function of Compliance Officer.

The continued enhancement and integration of the Compliance Program will require experience and expertise. Patti Miller joined Central Health in a newly created Compliance Manager role in August 2018. She has the professional background and experience to fulfill the responsibilities of the Compliance Officer further improve Central Health's Compliance Program. Her resume is attached for review.

Action Requested:

Approve the appointment of Patti Miller as Compliance Officer for Central Health to replace Larry Wallace, effective November 29, 2018.

Patti Miller, CHC

Austin, Texas
(330) 635-5241 – Patti.Miller89@gmail.com.

Certified healthcare compliance professional with experience in the medical device, life science and managed care industries. Experience implementing and managing effective compliance programs based upon the OIG guidance and Federal Sentencing Guidelines. Expertise includes developing practical policies and procedures, conducting enterprise risk and contract assessments, developing and facilitating compliance training and conducting compliance-related investigations. Recognized leader with strategic approach and vision for process improvement.

Experience

Compliance Manager (August 2018 – Present)

Travis County Healthcare District d/b/a Central Health – Austin, TX

- Responsible for the development and implementation of an effective compliance program.
- Implemented a third-party anonymous compliance and ethics helpline to improve lines of communication for employees.
- Conducting an analysis of organization policies and procedures to identify areas for opportunity in storage, format, applicability and enforcement.
- Facilitating an organizational risk assessment to support strategic initiatives and inform the development of an auditing and monitoring plan.

Compliance Director (May 2017 – August 2018)

Envolve PeopleCare, wholly owned subsidiary of Centene Corporation – Austin, TX

- Responsible for daily oversight of the organizational compliance program, including management of ten compliance professionals. Range of areas of focused included general compliance, privacy program, vendor oversight and the program integrity program.
- Established an annual State Medicaid contract assessment program.
- Directed regulatory compliance activities. Led focused regulatory work groups (i.e. MHPAEA, and ACA Section 1557). Regulatory compliance program was responsible for federal, state and local regulatory change intake, analysis and implementation tracking.
- Responsible for oversight of the Privacy Program.
- Oversaw program integrity activities, including; responding to OIG and MFCU inquiries and investigations, coordinating with Corporate SIU, and providing FWA training.

Compliance Manager (July 2015 – May 2017)

Envolve PeopleCare (formerly Cenpatico), wholly owned subsidiary of Centene Corporation – Austin, TX

- Facilitated bi-weekly new employee compliance training. Topics included HIPAA, HITECH, Fraud, Waste and Abuse, False Claims Act and other applicable ethics and compliance policies.
- Developed and implemented an organizational wide compliance risk assessment. Created an assessment tool and scoring methodology.
- Conducted risk assessments following suspected and known HIPAA unauthorized disclosures.
- Coordinated state regulatory inquiries, including: provider and Medicaid member escalated legislative complaints, State and EQRO driven audits, OCR investigations and other inquiries.

Compliance Assistant Manager (August 2014 – July 2015)
LDR Spine, Inc. – Austin, TX

- Reviewed and approved healthcare provider consulting service requests. Evaluated requests were compliant with industry best practices, fair market value compensation and company policies and procedures.
- Oversaw data collections as required by Federal and State transparency regulations (i.e. Vermont, Massachusetts, CMS Open Payments). Coordinated process improvements for the collection of data.
- Developed and implemented a tiered compliance training for new hires based upon employee's role. Risks considered were employee's location, interaction with healthcare providers and decision-making authority.

Compliance Business Partner (June 2013 – July 2014)
Biomet, Inc. – Warsaw, IN

- Facilitated new employee training. Topics addressed included CMS Open Payments, Stark Law, Anti-Kickback, FCPA and ethics and compliance policies.
- Created an invoice aging report to increase senior leadership visibility regarding timeliness and accuracy of HCP consultant payments.
- Led a process improvement to improve end-user functionality of required needs assessment documents.
- Compliance liaison for four internal review committees as required per organizations Corporate Integrity Agreement. Committees provided cross-functional evaluation of engagement of healthcare providers, with oversight by compliance.
- Oversaw the department student intern program.

Finance (Commissions) Clerk (April 2011 – June 2013)
Biomet, Inc. – Warsaw, IN

- Performed contract analysis to operationalize bi-monthly payment arrangements with entities third-party commission-based salesforce. Role required high-level of confidentiality and accuracy.
- Implemented various process improvements, including automated financial data extraction, elimination of "hand keying" entry methods, and improved cross-functional communication utilizing a SharePoint tool.
- Participated in a multi-department audit team to conduct on-site audit of inventory storage vendor.

Education

Bachelors in Science, Psychology and Criminal Justice **December 2010**
Grace College, Winona Lake, Indiana

Certifications

Certified in Healthcare Compliance (CHC)

CENTRAL HEALTH

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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

November 28, 2018

REGULAR AGENDA ITEM 2

Discuss and take appropriate action on amendments to the Travis County Healthcare District Compliance Policies and Procedures.

CENTRAL HEALTH

MEMORANDUM

To: Central Health Board of Managers

From: Patti Miller, Compliance Manager

CC: Mike Geeslin, President and CEO

Date: November 28, 2018

Re: Agenda Item 2: Discuss and take appropriate action on amendments to the Travis County Health Care District Compliance Policies and Procedures. ***ACTION ITEM***

Background:

Central Health adopted the Compliance Program on May 28, 2010. As part of the Compliance Program, Central Health adopted policies and procedures that address the elements of an effective Compliance Program. In an effort to maintain policies consistent with Central Health operations, it is a best practice to establish periodic review of the organizations policies and procedures, including those related to the Compliance Program.

Central Health's Compliance Manager conducted an initial assessment of Central Health's Compliance Program Policies and Procedures. Multiple updates were necessary to ensure standardization, alignment with current practices and to establish a framework for the Program as it continues to evolve.

Updates:

- All Compliance Program policies and procedures were updated to the new template per CMP-0011P – Policies and Standard Operating Procedure (SOP) Management. The new templates create uniformity, identify individuals responsible for maintenance and communication of the policy/SOP requirements and define whom the policy/SOP is applicable.
- Redundant or unnecessary policies and SOP's have been recommended for retirement.
- While minimal content changes have been made, some policies have been updated clarify terms and elements of an effective compliance program.

Action Requested:

Approve the following:

1. Amendments to CMP-001 Compliance Program;
2. New policy CMP-0011P – Policies and Standard Operating Procedure Management; and
3. Retirement of CMP-003 – Compliance Officer, CMP-004 - Contracting Compliance, CMP-005 -Compliance Education and Training, and CMP-007 - Compliance Monitoring and Committee.

CENTRAL HEALTH

2018 Compliance Policy and Procedure Review

Policy ID	Policy Name	Policy Owner	Executive Sponsor	Last Review Date	Summary of Changes
CMP-001	Compliance Program Description	Compliance Manager	CEO	April 6, 2017	• Minimal content changes or revisements. • Inclusive of content found in the policies to be retired.
CMP-0011P	Policies and Standard Operating Procedure Management	Compliance Manager	CEO	*NEW PROCEDURE*	• Applicable to all current/future Central Health Policies and SOPs. • Enforces standardization: policy and SOP templates, review schedule, approval workflows, and policy owners and Executive Sponsor responsibilities. • Developed a consistent scope methodology. • New Attachment A: Policy Template. • New Attachment B: Standard Operating Procedure Template.
Policies to be Retired					
CMP-003	Compliance Officer	N/A	N/A	April 6, 2017	• Recommendation to retire. • Content addressed in CMP-001.
CMP-004	Contracting Compliance	N/A	N/A	April 6, 2017	• Recommendation to retire. • Content included in HR2-002 regarding employment contracting due diligence. • Vendor content being transferred to a new purchasing policy.
CMP-005	Compliance Education and Training	N/A	N/A	April 6, 2017	• Recommendation to retire. • Content addressed in CMP-001.
CMP-007	Compliance Monitoring and Committee	N/A	N/A	April 6, 2017	• Recommendation to retire. • Content addressed in CMP-001.

CENTRAL HEALTH

Policy Title: Compliance Program Description
Policy #: CMP-001
Effective Date:
Revision Dates:
Board Last Approval Date: 4/6/2017
Policy Owner: Compliance Manager
Executive Sponsor: Chief Executive Officer
Attachments:

I. PURPOSE

The purpose of Central Health's Compliance Program is to establish and maintain the infrastructure and program components necessary to promote and better ensure compliance with applicable laws, regulations, ordinances, and policies and procedures, including the Central Health Code of Conduct and Ethics. The Compliance Program is intended to promote a culture of ethics and compliance across the organization, foster the identification and reporting of compliance violations and foster rapid response when issues have been identified. Additionally, as a steward of public funds, Central Health is obligated to act in accordance with the highest ethical standards. The Central Health Compliance Program was implemented following a resolution of the Central Health Board of Managers Establishing High Standards of Integrity dated May 27, 2010 ("Board Resolution").

II. SCOPE

This policy applies to all Central Health employees and operations. This includes Board of Managers, officers, consultants, contractors, interns, volunteers and temporary employees.

III. DEFINITIONS

None.

IV. POLICY

In partnership with the Central Health Code of Conduct, this policy provides a summary of the Compliance Program structure, responsibilities and core components.

The Compliance Program is established by Central Health's Board of Managers. Under the direction of the Chief Executive Officer (CEO), the Compliance Officer manages the day-to-day operations of the Compliance Program. This includes maintaining a current Compliance Work Plan that is relevant to Central Health operations and an annual Audit Plan that monitors controls in areas with corrective actions based on actual or potential findings from external reviews, internal routine or special reviews, or any other issues that deserve study for potential improvements. The scope of areas subject to routine and special reviews is vast and may include any department, line of service, or activity within the organization. Additionally, the Compliance Committee conducts an annual review of the Compliance Program Description and evaluates the effectiveness of the Compliance Program. These

work products are presented to the CEO and the Board with recommendations for improvement.

The Compliance Program Description and Work Plan will address the following:

1. Regularly scheduled review and **distribution of written standards of conduct**, compliance program documents and organizational policies and standard operating procedures (SOP). These materials should articulate Central Health's commitment to compliance with all applicable laws, regulations, standards, and contractual obligations. Documents should be written in language clearly understandable by impacted individuals and distributed in a consistent manner. CMP-0011 should be referenced for additional guidance regarding Policy and Standard Operating Procedure Management.

2. Identified personnel responsible for the implementation of the Compliance Program, including a **dedicated Compliance Officer and Compliance Committee**. Compliance Officer may at times designate responsibilities to other compliance personnel. This individual, or individuals, will be responsible for the daily operations and monitoring of the Compliance Program and have a clear line of reporting to the Chief Executive Officer to ensure timely escalation and response to identified risks and issues.

3. Development and implementation of **frequent and effective compliance education and training** for all employees, Board members, and when applicable consultants and contractors. Training topics should include, but not be limited to; the structure of Central Health's Compliance Program, methods for reporting suspected compliance violations, information regarding fraud, waste and abuse policies, HIPAA privacy and security, ethics and organization-specific policies and SOPs.
    a. Compliance training will occur for all newly hired employees. Training should be completed within ninety (90) days of an employee's start date. Training may be provided in person or electronically.
    b. Annual Compliance training will be provided to all employees, Board members, and when applicable, consultants and contractors. Training may be provided in person or electronically.
    c. Periodic training may be identified as necessary. Circumstance that may warrant a periodic training include: as an element of a corrective action addressing identified noncompliance, changes in individual or department job responsibilities, in response to identified trends, following the issuance of a new regulation or law, etc.

4. Central Health ensures there are clear and effective lines of communication that allow all employees, Board members, consultants, contractors, and the public a **method for reporting any suspected violation** or compliance concern to the Compliance Officer without fear of retaliation. This includes a dedicated Compliance and Ethics Help Line. The Compliance Officer is responsible for communicating the methods in which employees may report concerns and provide a path for investigating if there is suspected retaliation against an individual for an in good faith compliance report. HR1-005 can be referenced for further information regarding Central Health's Anti-

Harassment & Retaliation policy. Additionally, CMP-006 provides information related to the Compliance and Ethics Help Line.

5. Promotes the **publication of disciplinary standards and guidelines**, which ensure timely response and consistent enforcement of appropriate action following identification of a violation.

6. Oversight and implementation of **audits and monitoring techniques** to aid in the proactive identification, prompt investigation and reduction of compliance violations. A responsibility of the Compliance Program will be to ensure audit and monitoring activities align with identified risk areas.

7. Systematic method for **responding to suspected compliance violations**, improper or illegal activities. Investigations should incorporate the necessary management, including Legal Counsel, to promptly identify root cause, implement corrective and disciplinary actions, mitigate future violations and, if applicable, manage disclosure or report to necessary authorities. CMP-008 can be referenced for additional information regarding compliance investigations.

V. RELEVANT STATUTES, REGULUATIONS OR GUIDANCE

United Stated Federal Sentencing Guidelines

VI. RELATED POLICIES AND PROCEDURES

HR2-002, HR1-005, CMP-006, CMP-008, CMP-0011

VII. PROCESS

None

CENTRAL HEALTH

Standard Operating Procedure Title: Policies and Standard Operating Procedure Management
SOP #: CMP-0011P
Effective Date:
Revision Dates:
Executive Last Approval Date:
SOP Owner: Compliance Manager
Executive Sponsor: Chief Executive Officer
Attachments: Policy Template (A), Standard Operating Procedure Template (B)

I. PURPOSE

The purpose of this procedure is to outline the essential elements of a policy and standard operating procedure (SOP) program for Central Health that ensures the continuous development, approval, communication, monitoring and enforcement of published policies and SOPs.

II. SCOPE

This policy applies to all Central Health employees and operations. This includes Board of Managers, officers, consultants, contractors, interns, volunteers and temporary employees.

III. DEFINITIONS

Policy – Adopted statement document communicating Central Health's adherence to or commitment to a specific process.

Standard Operating Procedure – Detailed document that expands upon a Central Health policy to provide additional clarity on the implementation of a policy in daily operations. Also, referred to as a standard operating procedure (SOP).

Desktop Protocols – operational reference materials to further detail a Central Health Policy or SOP to aid employees in training.

IV. RELEVANT FEDERAL AND STATE STATUTES

United States Sentencing Guidelines

V. RELATED POLICIES AND SOPS

None.

VI. PROCEDURE

Central Health is committed to establishing a process for the development, approval, communication, monitoring and enforcement of consistent policies and SOPs.

The policy and SOP program includes, at a minimum, the following components:

1) Consistency

Policies and SOPs published by Central Health shall be standardized to ensure organizational expectations and requirements are communicated to employees in a concise and consistent manner. Every effort will be made to avoid processes, which are cumbersome and diminish employee's abilities to access or understand policies and SOPs. This includes use of a standard template, clarity in language and style, and easy to access storage location.

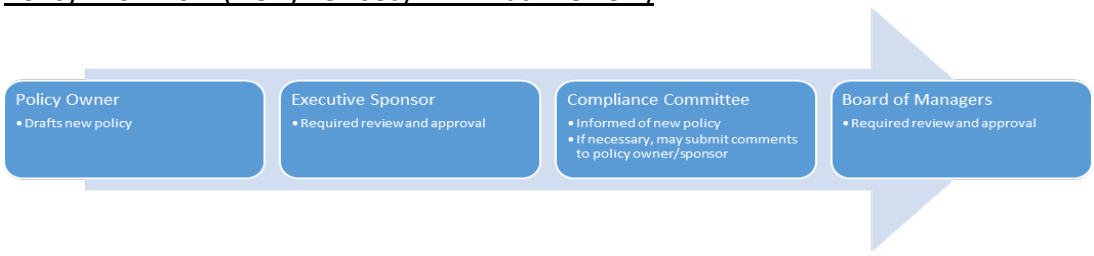
Style guidelines:

a. Best effort should be used to write policies and SOPs in clearly understanding language. Complex subject or industry terms should be avoided or if used, a definition provided.
b. Titles and headers will be in Calibri 12-point font. They may be bolded as well.
c. Paragraphs, lists and other text will be Calibri 11.5 font. This text should not be bolded.
d. Policies must be created using the Policy Template – Attachment A
e. Standard Operating Procedures must be created using the Standard Operating Procedure Template –Attachment B.
f. Relevant forms, agreements or documents referenced in a policy or SOP may be referenced and should be included as attachments.
g. Desktop protocols or guidance materials do not need to comply with this procedure. Employees and leadership are permitted to create additional training materials or reference documents to support daily operations beyond formal policies or SOPs.

2) Approval Authority and Workflow

Clearly identified levels of authority for policies and SOPs is essential for the maintenance of a policy program. By implementing a delineation of authority, business processes are not adversely impacted by an approval workflow.

<u>Policy Workflow (New/Revised/Bi-Annual Review)</u>:



<u>SOP Workflow (New/Revised/Bi-Annual Review)</u>:

The Central Health Board of Manager's may delegate operational policy approval to the Chief Executive Officer (CEO) per the Board By-Laws.

The Compliance Committee's role shall be to ensure that policies and SOP's will be understandable to the organizations employees. They are also responsible for understanding any policy or SOP idenified as impactful to their functional area in the policy/SOP scope. They may be asked to communicate the expectations of a new or revised policy and/or SOP to their employees.

3) Policy Ownership

All policies and SOPs require a Policy Owner, as well as an Executive Sponsor. The Policy Owner, under the oversight of the Executive Sponsor, will be responsible for ensuring the policy or SOP is relevant, accurate and current with review timeframes. The Policy Owner should be an individual knowledgeable of the content and processes related to the policy or SOP. They should also be aware of any relevant regulatory and statutory requirements the policy or SOP needs to address. The Executive Sponsor will be responsible for reviewing, confirming accuracy of the policy or SOP content and formally approving.

4) Timeframes for review/revision

To ensure the accuracy and relevance of Central Health policies with current business operations, as well as applicable laws and regulations, all policies and SOPs will be reviewed every two years. The date due will be viewed as the fiscal year quarter in which the policy or SOP was last approved. Policy Owners or Executive Sponsors may elect to deviate from this schedule, only in circumstances where a review or revision is conducted prior to the next scheduled review date. Examples of circumstances requiring an off schedule review include: changes in organizational structure or business processes, acquisition or creation of new entities, changes in regulations or laws affecting Central Health, etc. Compliance will be responsible for tracking the approval and review dates of Central Health policies and SOPs. To assist Policy/SOP Owners Compliance will send notices when policies and SOPs are due for their bi-annual review.

5) Publication and communication of policies and SOPs

Following the approval of a policy or SOP, impacted individuals must be informed. This applies for new policies and SOPs, as well revised policies and SOPs when the revision is deemed significant. If appropriate, formal training on the standards and requirements outlined in a policy or SOP may be required.

Specific Central Health policies may require an acknowledgement of receipt and understanding such as the Standards of Conduct (HR2-008) and Code of Conduct and Ethics (CMP-002).

All final policies and SOPs will be maintained in Central Health Policy Manual on the T Drive (T:\Governance\Policies and Procedures\CENTRAL HEALTH POLICIES). Any other physical or electronic version of a policy or SOP will be considered a copy. While not encouraged, if individuals choose to save copies in any location (physical or electronic) outside of the official policy manual the documents must be clearly identified as a copy.

6) Enforcement

Central Health will enforce compliance with policies and SOPs through various methods, to include, but are not limited to:

- Auditing and monitoring activities conducted by Compliance.
- Auditing and monitoring activities conducted by appropriate functional areas.
- Auditing and monitoring activities conduct by external entities or consultants.
- Employee performance review activities.
- Monitoring of Compliance Alert Line reports regarding violations of Central Health policies and SOPs.

CENTRAL HEALTH

Attachment A: Policy Template

Policy Title:
Policy #:
Effective Date:
Revision Dates:
Board Last Approval Date:
Policy Owner:
Executive Sponsor:
Attachments:

I. PURPOSE

Provide a short statement indicating the reason for the policy's existence and importance (i.e. why is this policy necessary). State what legal, regulatory, financial, operational, accreditation, technological and/or social requirements this policy addresses.

II. SCOPE

All categories of people, process and governance to which the policy applies.

III. DEFINITIONS

This section defines key terms used within the policy to ensure that all readers of the policy interpret its meaning using the same criteria. List key terms by alphabetic order.

IV. POLICY

Board approved statement that establishes the organization's position on a matter or prescribes how the organization intends to act in specific circumstances. The policy statement should not include background details on the policy nor should it contain procedural steps.

V. RELEVANT STATUTES, REGULATIONS OR GUIDANCE

This section includes references and/or hyperlinks to any related federal or state laws.

VI. RELATED POLICIES AND PROCEDURES

This section includes references and/or hyperlinks to any related policies.

VII. PROCESS

If applicable, this section provides Central Health Enterprise staff with a sequential, step-by-step guide of all actions required to comply with the policy. The procedures should be clear and concise.

DRAFT

CENTRAL HEALTH

Attachment B: Standard Operating Procedure Template

Standard Operating Procedure Title:
SOP #:
Effective Date:
Revision Dates:
Executive Approval Date:
SOP Owner:
Executive Sponsor:
Attachments:

I. PURPOSE

Provide a short statement indicating the reason for the policy's existence and importance (i.e. why is this policy necessary). State what legal, regulatory, financial, operational, accreditation, technological and/or social requirements this policy addresses.

II. SCOPE

All categories of people, process and governance to which the policy applies.

III. DEFINITIONS

This section defines key terms used within the policy to ensure that all readers of the policy interpret its meaning using the same criteria. List key terms by alphabetic order.

IV. RELEVANT STATUTES, REGULATIONS OR GUIDANCE

This section includes references and/or hyperlinks to any related federal or state laws.

V. RELATED POLICIES AND PROCEDURES

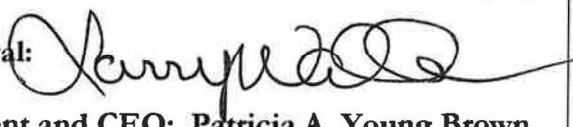
This section includes references and/or hyperlinks to any related policies.

VI. PROCEDURE

If applicable, this section provides Central Health Enterprise staff with a sequential, step-by-step guide of all actions required to comply with the policy. The procedures should be clear and concise.

DRAFT

CENTRAL HEALTH

Policy Name: Compliance Officer	Policy Number: CMP-003
Approval:  President and CEO: Patricia A. Young Brown	Date: 4/6/2017
Attachments:	
Effective Date:	Last Revision Date:

1. SCOPE

The Compliance Program applies to all of Central Health's operations.

2. PURPOSE

The purpose of this policy is to address the selection and duties of the Compliance Officer.

3. POLICY

(1) The CEO will nominate a Compliance Officer who must be approved by the Board of Managers. The Compliance Officer's primary responsibilities include:

(a) overseeing and monitoring the implementation and operation of the Compliance Program;

(b) reporting to the Board of Managers, CEO, and the appropriate committee on compliance matters, including assisting the Board, CEO, and committee in establishing methods to improve efficiency and quality of services and to reduce Central Health's vulnerability to fraud, abuse, and waste;

(c) periodically updating the program to address changes in Central Health's needs and in the law and policies and procedures of government health plans;

(d) developing, coordinating, and participating in an educational training program that focuses on the elements of the Compliance Program;

(e) ensuring that independent contractors and agents who furnish services under a contract with Central Health are aware of the applicable requirements of the Compliance Program, as appropriate;

(f) coordinating personnel issues with appropriate staff to ensure that employees and independent contractors are appropriately screened to detect previous criminal behavior or misconduct prior to employment or contract;

(g) assisting financial management in coordinating internal compliance review and monitoring activities;

(h) independently investigating and acting on matters related to compliance and any resulting corrective action with all Departments, agents and, if appropriate, independent contractors; and

(i) developing policies and programs that encourage Board members, supervisors, employees, agents and independent contractors to report suspected noncompliance without fear of retaliation.

(2) The Compliance Officer may also receive complaints of potential illegal or unethical conduct.

(3) Central Health may assign or designate staff to fulfill some or all of the Compliance Officer's functions or such responsibilities as may be contracted independently to provide compliance services for Central Health. Where functions may overlap, there will be coordination and collaboration to reduce duplication in oversight.

(4) The Compliance Officer has direct access to Central Health's Board of Managers and the CEO.

(5) The Compliance Officer has the authority to review all documents and other information relevant to compliance activities and the authority to seek and obtain the advice of Legal Counsel when appropriate.

4. DEFINITIONS

See Policy Number CMP-001

5. PROCEDURE

None

6. REFERENCES/RESOURCES

United States Sentencing Guidelines

7. HISTORY OF REVISIONS

Original approval date: As above (new policy)

Previous amendment dates (cumulative): None

Previous number/name (if applicable): None

CENTRAL HEALTH

Policy Name: Contracting Compliance	Policy Number: CMP-004
Approval: Patricia Wallace President and CEO: Patricia A. Young Brown	Date: 4/6/2017
Attachments:	
Effective Date:	Last Revision Date:

1. SCOPE

The Compliance Program applies to all of Central Health's operations.

2. PURPOSE

It is Central Health's policy to not knowingly contract with or associate with individuals who have engaged in illegal activities or have been sanctioned by any federal or state law enforcement, regulatory, or licensing agency.

3. POLICY

(1) Due care will be taken to avoid knowingly contracting with or retaining any person or entity that has been convicted of a criminal offense or listed by a federal agency as debarred, excluded, or otherwise ineligible for federal or state healthcare program participation.

(2) Agents and independent contractors will be informed of the Compliance Program and Code of Conduct and Ethics, as appropriate. The vendor/contractor will acknowledge and agree to meet all state and federal regulatory requirements during the contracting and renewal process.

(3) A contract with any individual or corporation convicted, debarred, excluded, or otherwise ineligible for participation in federal or state healthcare programs will be terminated in accordance with its terms.

(4) Each relevant contract with a vendor will state that the vendor has represented that it has never been excluded from any state or federal healthcare program. The vendor must also agree that if it ever becomes the target of any investigation for exclusion from state or federal healthcare programs or if it violates Central Health compliance policies or the Code

of Conduct and Ethics, it must report same to Central Health and agree that Central Health may terminate the agreement immediately, without penalty, after reviewing the allegations, conviction, or breach by the vendor.

(5) Upon receiving notice that a vendor or contractors is the subject of a criminal investigation or proposed debarment or exclusion from federally or state-funded healthcare program, action will be taken to remove the vendor or contractor from direct responsibility for or involvement in Central Health programs until resolution of such criminal charges or proposed debarment or exclusion.

4. DEFINITIONS

See Policy Number CMP-001

5. PROCEDURE

None

6. REFERENCES/RESOURCES

United States Sentencing Guidelines

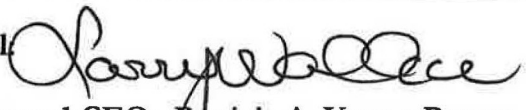
7. HISTORY OF REVISIONS

Original approval date: As above (new policy)

Previous amendment dates (cumulative): None

Previous number/name (if applicable): None

CENTRAL HEALTH

Policy Name: Compliance Education and Training	Policy Number: CMP-005
Approval:  President and CEO: Patricia A. Young Brown	Date: 4/6/2017
Attachments:	
Effective Date:	Last Revision Date:

1. SCOPE

The Compliance Program applies to all of Central Health's operations.

2. PURPOSE

It is Central Health's policy to provide proper education and training to Board members, officers, supervisors, and employees, and the ongoing training of current personnel at all levels.

3. POLICY

(1) Training programs will include highlights of Central Health's Compliance Program and a description of applicable federal and state laws and regulations. Central Health will take steps to communicate its standards and procedures effectively to all Board members, affected employees, independent contractors, and significant agents.

(2) Supervisors of specific Departments or groups may assist in identifying areas that require training and in carrying out such training. Training instructors may come from outside of Central Health.

(3) Newly-appointed Board members will receive compliance training as soon as feasible after their appointment. Their education and training should mirror that received by new employees as discussed in the following paragraph.

(4) New employees will be trained early in their employment. Employees will receive an initial orientation and introduction to Central Health's compliance policies and specialized training in identified risk areas for individuals performing high-risk functions, as appropriate. Education and training should consist of at least the following:

- Initial training on the compliance policies, including how to report suspected noncompliance and the consequences of failing to comply with Central Health's compliance policies and requirements and violation of applicable law;
- Ongoing training as appropriate; and
- Distribution of publications and written educational materials regarding the program and compliance subjects distributed from time-to-time as appropriate.

(5) Any formal training undertaken by Central Health as part of the Compliance Program must be documented and such documentation retained by the Compliance Officer.

(6) Adherence to the provisions of the Compliance Program, including training requirements, is a factor in the annual evaluation of all employees.

(7) Central Health will distribute the written compliance policies, including the Code of Conduct and Ethics for Employees, at the institution of this policy and as a part of new employee orientation. If changes are made to the compliance policies, impacted employees will receive updated training.

(8) All Board members upon appointment to the Board of Managers and employees upon hire must acknowledge in writing on that they have read and understood the Code of Conduct and Ethics for Employees and Board Members, the compliance policies, and their responsibilities thereunder.

(9) Central Health will retain proper records of its training of Board members and employees, including attendance logs and material distributed at the training sessions.

4. DEFINITIONS

See Policy Number CMP-001

5. PROCEDURE

None

6. REFERENCES/RESOURCES

United States Sentencing Guidelines

CENTRAL HEALTH

Policy Name: Compliance Monitoring and Compliance Committee	Policy Number: CMP-007
Approval: President and CEO: Patricia A. Young Brown	Date: 4/6/2017
Attachments:	
Effective Date:	Last Revision Date:

1. SCOPE

The Compliance Program applies to all of Central Health's operations.

2. PURPOSE

It is Central Health's policy to conduct ongoing monitoring of identified risk areas related to compliance, resolve identified issues and deficiencies discovered during monitoring and/or audits as appropriate, promote adherence to applicable federal and state laws and program requirements and to establish internal controls that promote compliance, and establish an internal compliance committee responsible for assisting Central Health's Compliance Officer in the operation and monitoring of the Compliance Program.

3. POLICY

(1) The Compliance Officer will make recommendations on monitoring and auditing for identified risk areas related to compliance with laws and regulations, as well as recommendations on organizational policies, procedures, and Central Health's Code of Conduct and Ethics for Employees and Board Members, as appropriate. The Compliance Officer will monitor to ensure that recommended monitoring and auditing activities are occurring. All significant audit findings and all deficiencies discovered by management during routine monitoring require a response, follow-up and resolution by the Functional Area or Department, as appropriate.

(2) The Compliance Officer will conduct a compliance risk assessment at least once every three years for the purposes of establishing, monitoring and updating compliance requirements and Central Health's Compliance Program, where appropriate, and evaluating the effectiveness of Central Health's Compliance Program. As appropriate, external auditors may review Central Health's compliance monitoring to evaluate its effectiveness. Findings from all annual Compliance Program audits will be reported to the CEO and the Central Health Board of Managers and/or the appropriate Board committee. A report on resolution

of deficiencies will be made by the Compliance Officer to the CEO and Board of Managers and/or an appropriate committee of the Board, as necessary.

(3) The Compliance Officer will be responsible for establishing and chairing an internal compliance committee. Members of the compliance committee will include representatives from key Functional Areas instrumental to the success of an effective Compliance Program. These members will be assigned to providing feedback and assistance to the Compliance Officer in implementing and operating the Compliance Program throughout the organization.

(4) Committee members will be responsible for:

- Analyzing the organization's industry environment and the legal requirements with which Central Health must comply in specific areas;
- Assessing existing policies and procedures that address legal requirements and specific risk areas for possible updates to the Compliance Program;
- Facilitating communication regarding the Compliance Program to appropriate entities and personnel;
- Recommending and monitoring, in conjunction with relevant Departments, the development of internal systems and controls to carry out Central Health's policies and procedures;
- Reviewing compliance reports and making continuous improvement suggestions;
- Identifying resources needed to implement compliance activities;
- Determining the appropriate strategy to promote compliance with the program and detection of any potential violations, such as through hotlines and other fraud-reporting mechanisms; and
- Developing a system to solicit, evaluate, and respond to complaints and problems.

(5) If any recommendations require action and/or approval by the Board of Managers, the Compliance Officer is responsible for obtaining that action and/or approval from the appropriate Board committee and/or the full Board of Managers, as appropriate.

4. DEFINITIONS

See Policy Number CMP-001

5. PROCEDURE

None

6. REFERENCES/RESOURCES

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

November 28, 2018

REGULAR AGENDA ITEM 3

Receive, discuss, and take appropriate action on candidate recommendations made by the Subcommittee on Board Officers for the following officer positions:

a. Chairperson;
b. Vice-Chairperson; and
c. Treasurer.

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BOARD MEETING

November 28, 2018

REGULAR AGENDA ITEM 4

Receive, discuss, and take appropriate action on recommendations made by the Subcommittee on Board Officers regarding the appointment of a Board Secretary.

CENTRAL HEALTH

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BOARD MEETING

November 28, 2018

REGULAR AGENDA ITEM 5

Discuss and take appropriate action on an agreement between Central Health and Deloitte Consulting, LLP for health care strategy, assessment, and service planning consulting services.[1]

CENTRAL HEALTH

MEMORANDUM

To: Central Health Board of Managers

From: Jeff Knodel, Chief Financial Officer
Monica Crowley, Chief Strategy & Planning Officer

Date: November 28, 2018

Re: Agenda Item 5: Discuss and take appropriate action on an agreement between Central Health and Deloitte Consulting, LLP for health care strategy, assessment, and service planning consulting services.

Overview:
Two key priorities captured in Central Health's Strategic Work Plan for FY 2019 – FY 2024 are Strategic Objective 2: Implement patient-focused and coordinated health care system and Strategic Objective 3: Implement sustainable financial model for health care delivery and system strategies through 2024. The continuing evolution of the partnership between Central Health and Seton Healthcare Family (Seton) is essential to achieving these strategic objectives.

Synopsis:
As part of ongoing discussions, with the goal of achieving a more transparent, accountable, and sustainable framework and operating model for this partnership, including the 501(c)(3) not-for-profit corporation, the Community Care Collaborative ("CCC"), Central Health sought proposals from two health care consulting firms to provide health care strategy, assessment, and service planning consulting services. Based upon the specialized qualifications and quality of proposals received, staff recommends engaging Deloitte Consulting, LLP (Deloitte) for this engagement.

If the agreement with Deloitte is approved, the consultants will assist the partners in achieving deeper strategic, financial and services alignment and integration between the partners and better healthcare outcomes for low income and uninsured patients.

Deloitte has proposed a three phased approach which includes:

- Strategic and economic alignment;
- Community services alignment; and
- Model redesign recommendations.

The timeline for this work is aggressive with a proposed completion date of mid-February 2019. By that time, Deloitte will deliver high level recommendations on key governance, health care delivery, funds flow model redesign, and provide recommendations on the next steps. They will

also provide a financial pro forma of proposed funds flow models and a tactical roadmap for major activities to be addressed, including prioritization.

Fiscal Impact:
Central Health and Seton will each pay half of the total fees assessed by Deloitte pursuant to this agreement in an amount not-to-exceed $300,000, plus reasonable out-of-pocket expenses that shall not exceed the U.S. General Service Administration Per Diem rates.

Action Requested:
Approve an agreement between Central Health, Seton Healthcare Family, and Deloitte Consulting, LLP for health care strategy, assessment, and service planning consulting services.

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BOARD MEETING

November 28, 2018

REGULAR AGENDA ITEM 6

Receive a report of the October 2018 financial statements for Central Health.

CENTRAL HEALTH

Central Health

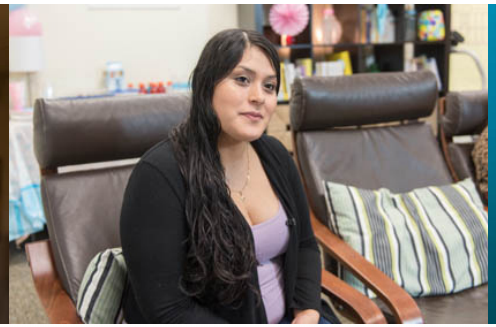
Financial Statement Presentation

FY 2019 – as of October 31, 2018 (Preliminary)

Central Health Budget and Finance Committee

November 28, 2018

Lisa Owens, VP of Financial Operations



October 2018 Financial Highlights

- Financial results are preliminary. Audited FY2018 financials will be presented when the audit is complete.

- Year-to-date, collected net property tax revenue is $1.8 million compared to $1.2 million in Oct 2017.

- The IGT for Oct 2018 was $6.8 compared to $11.1 million in Oct 2017.

Preliminary

Balance Sheet
As of October 31, 2018
(Page 1 of 2, Assets)

Assets	Preliminary as of 10/31/2018	as of 10/31/2017
Current Assets		
Cash and cash equivalents	1,761,864	1,649,968
Short-term investments	71,523,332	80,367,261
Ad valorem taxes receivable	199,111,902	183,257,739
Other receivables	4,735,616	2,726,042
Prepaid expenses	1,564,206	907,349
Total Current Assets	278,696,920	268,908,359
Noncurrent or restricted cash and investments		
Restricted for capital acquisition	6,328,247	6,876,812
Restricted for future Sendero paid in capital	0	4,000,000
Sendero paid-in-capital	71,000,000	35,000,000
Working capital advance to CommUnityCare	4,000,000	4,000,000
Sendero Surplus Debenture	17,083,000	17,083,000
Total Noncurrent or restricted cash and investments	98,411,247	66,959,812
Capital Assets		
Land	11,770,184	11,770,184
Buildings and improvements	134,241,485	132,381,882
Equipment and furniture	9,193,351	8,900,240
Construction in progress	734,286	2,150,430
Less accumulated depreciation	(40,945,708)	(36,293,242)
Total Capital Assets	114,993,598	118,909,494
Total Assets	492,101,766	454,777,665

Preliminary

Balance Sheet
As of October 31, 2018
(Page 2 of 2, Liabilities and Net Assets)

Liabilities	**Preliminary as of 10/31/2018**	**as of 10/31/2017**
Current Liabilities		
Accounts payable	1,559,521	1,443,087
Salaries and benefits payable	524,520	1,202,786
Other Payables	0	14,704,890
Debt service payable, short-term	1,089,866	1,064,399
Capital Lease Obligation, Short-Term	89,985	86,931
Deferred tax revenue	197,635,480	183,218,710
Other deferred revenue	0	1,339,687
Total Current Liabilities	200,899,372	203,060,490
Noncurrent Liabilities		
Debt service payable, long-term	8,350,000	9,380,000
Capital Lease Obligation, Long-Term	100,763	185,263
Total Noncurrent Liabilities	8,450,763	9,565,263
Total Liabilities	209,350,135	212,625,753
Net Assets		
Unrestricted	167,758,033	123,242,418
Investment in Capital Assets	114,993,598	118,909,494
Total Net Assets	282,751,631	242,151,912
Liabilities and Net Assets	492,101,766	454,777,665

Preliminary

Sources and Uses Report
Fiscal Year-to-Date through October 31, 2018
(Excludes Depreciation Expense)

	Preliminary This Month	Prelim - Fiscal Year to Date	Fiscal Year Budget	Percent of Budget Used	Prior Fiscal Year to Date
Sources					
Property Tax Revenue	1,784,542	1,784,542	196,861,527	0.9%	1,213,006
Lease Revenue	857,841	857,841	18,067,937	4.7%	930,000
Other Revenue	150,898	150,898	400,000	37.7%	114,144
Tobacco Settlement Revenue	-	-	2,000,000	0.0%	0
Contingency Reserve (Carryforward)	-	-	41,039,184	0.0%	51,560,311
Total Sources	**2,793,281**	**2,793,281**	**258,368,648**	**1.1%**	**53,817,461**
Uses of Funds					
Healthcare Delivery	**8,066,385**	**8,066,385**	**247,343,600**	**3.3%**	**12,222,118**
Administrative Program					
Salaries and benefits	312,934	312,934	4,690,997	6.7%	298,496
Legal Fees	4,867	4,867	1,198,320	0.4%	48,889
Consulting Fees	11,958	11,958	1,026,500	1.2%	111,517
Other Purchase Goods and Services	76,168	76,168	2,406,022	3.2%	133,046
Total Administrative Program	**405,927**	**405,927**	**9,321,839**	**4.4%**	**591,948**
Tax Collection Expenses	**9,505**	**9,505**	**1,703,210**	**0.6%**	**11,824**
Total Uses	**8,481,817**	**8,481,817**	**258,368,648**	**3.3%**	**12,825,890**
Excess Sources / (Uses)	**(5,688,536)**	**(5,688,536)**	**-**		**40,991,571**

Preliminary

Healthcare Delivery Expense
Fiscal Year-to-Date through October 31, 2018
(Excludes Depreciation Expense)

	Preliminary This Month	Prelim - Fiscal Year to Date	Fiscal Year Budget	Percent of Budget Used	Prior Fiscal Year to Date
Intergovernmental Transfers (IGTs) [1]	**6,835,056**	**6,835,056**	**139,130,000**	**4.9%**	**11,141,466**
Provider Costs					
Primary Care	68,262	68,262	790,344	8.6%	(59,448)
DSRIP Project Expense	-	-	-	0.0%	0
Charity Care	-	-	-	0.0%	354,311
Member Payment to CCC [2]	-	-	34,000,000	0.0%	0
Medical Administration	51,440	51,440	719,990	7.1%	154,319
Subtotal Provider Costs	**119,702**	**119,702**	**35,510,334**	**0.3%**	**449,182**
Service Expansion Funds	-	-	**4,480,000**	**0.0%**	**-**
Total IGTs and Provider Costs	**6,954,758**	**6,954,758**	**179,120,334**	**3.9%**	**11,590,648**
Healthcare Delivery Operating Costs					
Salaries and benefits	328,375	328,375	3,818,591	8.6%	289,093
Consulting Services	2,278	2,278	559,590	0.4%	10,105
Legal Fees	32,415	32,415	51,200	63.3%	1,228
Other Services and Purchased Goods	190,827	190,827	5,164,895	3.7%	59,045
Subtotal HCD Operating Costs	**553,895**	**553,895**	**9,594,276**	**5.8%**	**359,471**
Other Costs					
UMCB Campus Redevelopment	237,553	237,553	11,125,542	2.1%	52,941
ACA Enrollment and Subsidy	290,246	290,246	8,916,000	3.3%	186,858
Debt Service	29,933	29,933	342,818	8.7%	32,200
Subtotal Other Costs	**557,732**	**557,732**	**20,384,360**	**2.7%**	**271,999**
Reserves					
FY2019 Capital reserve			2,840,000		
FY2019 Emergency reserve			1,000,000		
FY2019 Sendero risk-based capital			20,000,000		
FY2019 Contingency reserve appropriation			13,374,630		
Debt Service - principal retirement			1,030,000		
Subtotal Reserves, Appropriated Uses and Transfers	**-**	**-**	**38,244,630**	**0.0%**	
Total Healthcare Delivery	**8,066,385**	**8,066,385**	**247,343,600**	**3.3%**	**12,222,118**

Preliminary

[1] Budget includes allocated portion of the contingency reserve appropriation, for IGT timing differences.

[2] Final contributions will be subject to provisions of the MSA, which requires the parties to collaborate to adequately fund the CCC, but leaves the amount of funding up to each parties' discretion. Each member contribution could be more or less than the budget, depending upon a variety of factors.

Recap of FY18 IGT Payments
Actuals Through October 31, 2018

$ in millions	This Month	Fiscal Year-To-Date	Fiscal Year Budget	Under (Over) Budget
Private UC	-	-	24.0	24.0
UMCB UC	-	-	24.5	24.5
DSH	6.8	6.8	35.0	28.2
DSRIP - CCC	-	-	27.5	27.5
DSRIP - UMCB, Dell Children's	-	-	27.5	27.5
DSRIP - St. David's	-	-	0.6	0.6
Total	6.8	6.8	139.1	132.3

Preliminary

Questions? Comments?

Balance Sheet (Assets) – Slide 3

Current Assets

Cash and Cash Equivalents – $1.8M compared to $1.6M Oct 2017

Short-term Investments – Short-term investments were $71.5M at month-end, which is net of restricted investments of $6.3M for capital acquisitions.

Ad Valorem Taxes Receivable – $199M balance is composed of:

Gross Tax Receivables	$201.4M
Taxable Assessed Valuation Adjustment	(.3)
Est. Allowance For Doubtful collections	(2.0)
Total Taxes Receivable	$199.1M

Other Receivables – Other receivables total $4.7M and consists of intercompany balances:

- CommUnityCare - $1,269K
- Sendero - $517K
- Community Care Collaborative - $2,662K
- and interest receivable of $185K

Prepaid Expenses – $1,564K balance composed of:

- Prepaid Travis County Tax Collection Fee - $692K
- Prepaid Travis County Tax Appraisal Fee - $217K
- Prepaid ICC dues - $103K
- Prepaid expenses - $588K

Total Current Assets – $279M

Noncurrent Assets

Investments Restricted for Capital Acquisition – $6.3M in short-term securities restricted for capital acquisition.

Sendero Paid-in Capital – $71M

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

Sendero Surplus Debenture – $17.1M (unchanged)

Capital Assets – $115M, net of accumulated depreciation

Total Assets – $492M

Balance Sheet (Liabilities and Net Assets) – Slide 4

Current Liabilities

Accounts Payable – Major components of the $1.6M balance are:

- $619K in vendor invoices at month-end, and
- $940K in estimated healthcare delivery costs for services incurred but not yet billed or paid.

Salaries and Benefits Payable – $525K balance is comprised of the accrued liability for salary costs unpaid at month-end, the value of accrued leave balances and various fringe benefit amounts withheld and not yet disbursed.

Other Payables – $0 compared to $14.7M for Oct 2017 which was Charity Care $4M & Seton $10M.

Debt Service Payable, Short-Term – $1.1M balance is comprised of $1M in Certificates of Obligation Payable.

Capital Lease Obligation, Short-Term – $90K related to medical equipment leased at Southeast Health and Wellness Center.

Total Current Liabilities – $201M

Noncurrent Liabilities

Debt Service Payable, Long-Term – $8.4M balance of the $16M in Series 2011 Certificates of Obligation, reduced by nine principal payments made to date. This debt was issued for the North Central clinic.

Capital Lease Obligation, Long-Term – $101K related to medical equipment leased at Southeast Health and Wellness Center.

Total Noncurrent Liabilities – $8.5M

Total Liabilities – $209M

Net Assets

Unrestricted Net Assets – $168M

Investment in Capital Assets – $115M

Total Net Assets – $283M

Total Liabilities and Net Assets – $492M

Sources and Uses Report – Slide 5

October Preliminary financials → One month, 8.3% of the fiscal year

Sources – Total $2.8

Property Tax Revenue – Net property tax revenue for the month was $1.8M. Net revenue includes $1.7M current month's collections, plus $55K in adjustments for prior year delinquent taxes.

Lease Revenue – $858K recorded for Seton lease payment and UT ground lease.

Other Revenue – $151K investment income compared to $114K last year.

Uses of Funds – Total 8.5

Total Healthcare Delivery Program – Total healthcare delivery expenses were $8M compared to $12M last year. The decrease is due to lower IGT in FY2019.

Administration Program – $406K in expense for the month, which includes:

- Personnel costs – $313K
- Legal fees – $5K
- Consulting services – $12K
- Other general and administrative – $76K

Tax Collection Expenses – $9.5K

Excess Sources / (Uses) – Decreased by $5.7M in October.

Healthcare Delivery Expense – Total $8.1M - Slide 6

Intergovernmental Transfer "IGT" – October totaled $6.8M compared to $11M in October 2017.

Provider Costs – Healthcare delivery providers' expense for October totaled $120M, which includes:

- Primary care – $68K
- Medical Administration – $52K

Healthcare Delivery Operating Cost – $554K in expenses for the month and includes:

- Personnel costs – $328K
- Consulting services – $2K
- Legal fees – $33K
- Other services and purchased goods – $191K

Other Costs – $558K in expense for the month, which includes:

- UMCB Campus Redevelopment – $238K
- ACA Enrollment and Subsidy – $290K
- Debt Service – $30K

Total Healthcare Delivery for the month of September was $8.1M.

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

November 28, 2018

REGULAR AGENDA ITEM 7

Receive and discuss reports from the following Board committees: Budget and Finance Committee.

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BOARD MEETING

November 28, 2018

REGULAR AGENDA ITEM 8

Receive and discuss a report from the President & CEO on Central Health operations and current activities, including: (a) the Central Health Board of Mangers strategic plan and operational priorities; (b) an assessment of organizational work systems and processes; and (c) other personnel matters.[1]

Strategy 1.1

Service Locations & Care Delivery: By data analysis, provider input, and community-based advisory groups, determine funding of business plans for future service delivery sites, and/or mobile services and/or technology solutions for delivering care to served population.

Lead Department/Team:

Central Health, Office of the Chief Administrative Officer, Larry Wallace

Fiscal Year 2019 Key Milestones

Q1

- Focus Areas Identified Sept. 5: Announce dates services will begin in four focus areas
- Community First!: Business plans and legal agreements with providers developed
- Colony Park Phase II: Pursue acquisition of property from City of Austin and develop business plans. Program plans completed Feb. 2018 for the RFP to inform the Master Developer
- Colony Park Phase I: Execute ground lease agreement with AISD or PARD. Develop business plans.
- Pflugerville: Pflugerville ISD business plans for CommUnityCare and Integral Care will be developed
- Pflugerville Level 1 development: Business plans will begin

Q2

- Update Eastern Travis County Collaborative
- Focus Areas: Finalize business plans, planning and procurement, facility completion, implementation of mobile clinic
- Community First!: Fundraising efforts
- Colony Park: Finalize procurement for modular pre-fab
- Pflugerville: Pflugerville ISD school based clinic operations will begin, projected to begin
- Pflugerville Level 1 development: Finalize business plans with partners and providers
- Provider level update(s) on optimum use of transportation and/or technology solutions

Q3

- Focus Areas: Implementation and service expansions, land procurement, facility construction/installation start
- Community First!: Fundraising efforts
- Colony Park: Facility planning and design
- Pflugerville new development (Level 1): Procurement of land

Q4

- Focus Areas: Land procurement, continuation of construction and operations planning
- Community First!: Final review of construction plans and suitability
- Colony Park: Implementation
- Pflugerville new development (Level 1): Facility planning and design

Fiscal and Budget Information

Budget:	Healthcare Services Expansion
Specific Allocated Amount or Absorbed in Current Operations:	$3.48 million
Current Total Expenditures:	$0

Next Scheduled Update: January 2019

Strategy 1.2

Population Health—Social Determinants of Health: Provide funding or reimbursement to provider partners for resources to establish population health goals and address specific social determinants affecting the population served.

Lead Department/Team

Central Health, Office of the Chief Strategy Officer, Monica Crowley

Contributing Department/Teams

CCC Strategy, CUC Strategy

Fiscal Year 2019 Key Milestones

Q2

- Frame Population Health priority conversation with Central Health Board of Managers

Q3

- Work with governmental, provider partners and other organizations to identify and address specific social determinants or to develop broader social determinant strategy
- Identify Central Health Population Health-SDOH priorities

Q4

- Work with provider partners and governmental and other organizations to establish population health goals and develop interventions including identifying potential funding for ready programs

Fiscal and Budget Information

Budget: Health Promotions
Specific Allocated Amount or Absorbed in Current Operations:
Current Total Expenditures: $0

Next Scheduled Update: December 2018

Strategy 1.3

Communications: Improve communication with consumers and the community about Central Health's pivotal role ensuring the delivery of care to the served population.

Sub-strategies

1.3.1: Focus communication efforts on the target patient population and the community at-large about Central Health's role in the delivery of care and programs to access health care.

1.3.2: Increase consumer awareness of available services, how to be a patient, key health concerns and conditions, and providing partners. Tailor messages to specific patient audiences using preferred languages and culturally relevant themes.

1.3.3: Increase awareness of Central Health-funded facilities, partners and providers.

Department/Team:

Central Health, Office of the VP of Communications, Ted Burton, Communications & Outreach Team

Contributing Department/Teams

CCC Strategy and Communications, CUC Strategy and Communications, CH Strategy

Fiscal Year 2019 Key Milestones

Q1

- Incorporate logic model for outreach and consumer/patient engagement into FY19 work plans for CH Enterprise Communications/Community Engagement. Develop appropriate evaluation baseline measures for outreach and the identification of consumer/patient engagement gaps and opportunities for improvements.
- Select vendor(s) for Phase 2 of the public education initiative (via Task Order with Central Health's communications vendor pool).

Q2

- Conduct review of CH Enterprise branding, Phase 1 of Enterprise co-branding initiative.
- Evolve the "Community Conversation" public engagement model by taking certain Community Conversations closer to where people live, incorporating new elements to increase participation, and explore creating a mobile version for smaller group meetings led by Community Health Champions.
- Begin Phase 2 of the public education initiative, including development of methodology and evaluation measures for improving target population's awareness of services available and how to use services.

Q3

- Develop and implement a co-branding strategy for CH Enterprise.
- Review co-branding opportunities with CH Enterprise Partners.
- Begin implementation of Phase 2 of the public education initiative.

Q4

- Develop and implement a co-branding strategy for Central Health-funded partners.

Fiscal and Budget Information

Budget:	Communications
Specific Allocated Amount or Absorbed in Current Operations:	$450,000
Current Total Expenditures:	$0

Next Scheduled Update: December 2018

Strategy 2.1

Patient Wait Times: Establish measures and fund projects to improve patient wait times and network adequacy for access to primary and specialty care services.

Sub-strategies

2.1.1: Specialty Care Shortage: Implement use of technology solutions to reduce specialty care wait times.
2.1.2: Specialty Care Shortage: Work with Dell Medical School, partner providers, and other educational organizations to develop programs to address specialty care shortage and enhanced primary care training.
2.1.3: Primary Care Access: Fill provider vacancies and prioritize condition-specific interventions.

Lead Department/Team:

Community Care Collaborative, Office of the Executive Director, Jon Morgan

Contributing Department/Teams:

CCC Operations, CH Strategy, CH Operations, CH Analytics, CCC Analytics

Fiscal Year 2019 Key Milestones

Q1

- Launch Digital Urgent Care, ARA network expansion for mammography and support FIT testing for colorectal cancer screening
- Identify priority specialty care service lines for PSOP negotiations

Q2

- Implement long-term transportation solution for MAP patients for medical appointments
- Launch expanded dental services for MAP through LSCC network
- Establish baseline service levels for PSOP specialties

Q3

- Negotiate PSOP terms and conditions between CCC, Central Health and Seton

Q4

- Implement e-Consult in priority specialties
- Launch GI IPU with Dell Med
- 80% reduction in Dermatology and Rheumatology wait lists
- Execute priority PSOPs for specialty care services

Fiscal and Budget Information

Budget: Urgent Care, Primary Care, Specialty Care, e-Consult

Specific Allocated Amount or Absorbed in Current Operations:
Current Total Expenditures:

Next Scheduled Update: February 2019

Strategy 2.2
Patient Reported Outcomes: Establish measures, including measures that address inequity, and improve patient reported health outcomes and experiences; develop quality-of-life and patient experience dashboards.
Lead Department/Team:
Community Care Collaborative, Office of the Executive Director, Jon Morgan
Contributing Department/Teams:
CH Strategy, CH Analytics, CCC Analytics, CUC Analytics
Fiscal Year 2019 Key Milestones
Q1 • Publish Quality of Life and Patient Experience Dashboards • Finalize DSRIP Metric Definition/Specs and baselines • Launch Equity Roadmap Work **Q2** • Achieve CY18 DSRIP outcomes **Q4** • Present Primary care PROMs measurement plan • Hospital Quality, readmissions & safety dashboard
Fiscal and Budget Information
Budget: DSRIP, Department Budgets **Specific Allocated Amount or Absorbed in Current Operations:** **Current Total Expenditures:**
Next Scheduled Update: February 2019

Strategy 2.3
Women's Health: Expand and improve women's reproductive health system through Dell Medical School and provider partners.
Lead Department/Team:
Central Health, Chief of Staff, Stephanie McDonald
Contributing Department/Teams:
CH Strategy, CUC, CCC
Fiscal Year 2019 Key Milestones
Q1 • Conduct environmental assessment of prenatal services for low-income women in Travis County **Q2** • Establish a baseline for contraceptive utilization rates based on FY18 data • Frame Centering Pregnancy business plan • Evaluate business plan from DMS for LARC procedures for CH patient population **Q3** • Establish a contraceptive Rx and counseling phone line through CUC and expanded Rx • Identify optimal sites for Centering Pregnancy and other women's reproductive health programs **Q4** • Report on FY19 contraception utilization rates • Enable launch of expanded Centering Pregnancy program
Fiscal and Budget Information
Budget: **Specific Allocated Amount or Absorbed in Current Operations:** **Current Total Expenditures:**
Next Scheduled Update: January 2019

Strategy 2.4
Technology & Data: Improve continuity of care through integrated technology, data, planning and information exchange.
Lead Department/Team:
Central Health, Office of Chief Information Officer, John Clark, Enterprise Joint Technology Team
Contributing Department/Teams:
CCC Analytics, CH Analytics, CCC Legal
Fiscal Year 2019 Key Milestones
Q1 • Acquisition of Data Loss Prevention tool and implementation of Endpoint Encryption Device to support secure integration of data **Q2** • CUC selection of EMR/EPM vendor and commencement of planning process for FY2020 implementation • Develop agreements, that could include an updated OHCA, and technology protocols to begin pushing data from the data warehouse to partner organizations **Q3** • Develop process to use data warehouse as single data source for operational reporting to support management (Phase II) of selected populations served by CH Enterprise partners **Q4** • Complete the migration of the shared files to cloud hosted environment • Report on preliminary data management and work flow activities with CUC to facilitate conversion to new EMR/EPM vendor
Fiscal and Budget Information
Budget: Shared Enterprise Allocation, Joint Tech Budget, CUC, CCC **Specific Allocated Amount or Absorbed in Current Operations:** **Current Total Expenditures:** $0
Next Scheduled Update: February 2019

Strategy 2.5
Brain Health: Determine the scope of Central Health's role in brain health programs.
Lead Department/Team:
Central Health, VP of Financial Operations, Lisa Owens
Contributing Department/Teams:
CH Strategy, CCC Strategy
Fiscal Year 2019 Key Milestones
Q2 • CCC update regarding behavioral health initiatives **Q3** • Receive updates from partners and stakeholders around community efforts **Q4** • Determine CH scope and participation – including determination of whether there are any identified fundable projects or planning initiatives for FY2020
Fiscal and Budget Information
Budget: **Specific Allocated Amount or Absorbed in Current Operations:** **Current Total Expenditures:** $0
Next Scheduled Update: February 2019

Strategy 2.6
Cancer Care: Determine the scope of Central Health's role in cancer care programs.
Lead Department/Team:
Central Health, Office of Chief Strategy Officer, Monica Crowley
Contributing Department/Teams:
CH Strategy, CCC Strategy
Fiscal Year 2019 Key Milestones
Q2 • CCC update regarding cancer care initiatives **Q3** • Receive updates from partners and stakeholders around community efforts **Q4** • Determine CH scope and participation – including determination of whether there are any identified fundable projects or planning initiatives for FY2020
Fiscal and Budget Information
Budget: **Specific Allocated Amount or Absorbed in Current Operations:** **Current Total Expenditures:** $0
Next Scheduled Update: February 2019

Strategy 3.1
Fiscal Model: Develop reasonable revenue and health care delivery cost fiscal models through 2024.
Lead Department/Team:
Central Health, Office of VP of Financial Strategy, Jeff Knodel
Contributing Department/Teams:
CH Strategy, CH Analytics, CCC Strategy, CCC Analytics, CUC Analytics
Fiscal Year 2019 Key Milestones
Q3 • Develop and present preliminary five-year forecast as part of tax rate and budget development process • Develop framework to convey awareness of drivers, factors, trends, and analysis that underlie the five-year forecast (including history, FMAP, trends, costs, etc.)
Fiscal and Budget Information
Budget: Central Health **Specific Allocated Amount or Absorbed in Current Operations:** **Current Total Expenditures:** $0
Next Scheduled Update: June 2019

Strategy 3.2
Reserves: Forecast and maintain adequate contingency and emergency reserves to manage adverse financial events and maintain adequate health care service levels.
Lead Department/Team:
Central Health, VP of Financial Operations, Lisa Owens, and VP of Financial Strategy, Jeff Knodel, Finance Team
Fiscal Year 2019 Key Milestones
Q2 • Incorporate working capital and days of cash on hand measure as key financial metrics to determine adequacy of reserve levels **Q3** • Continue to report reserves and estimates as part of tax rate and budget development process.
Fiscal and Budget Information
Budget: Central Health **Specific Allocated Amount or Absorbed in Current Operations:** **Current Total Expenditures:** $0
Next Scheduled Update: April 2019

Strategy 3.3
Budgeting: Include revenue and financing sources for new programs in future budget patterns.
Lead Department/Team:
Central Health, VP of Financial Operations, Lisa Owens, Finance Team
Fiscal Year 2019 Key Milestones
Q4 • Define and include revenue and financing sources for new programs for FY2020 for including in tax rate and budget.
Fiscal and Budget Information
Budget: Central Health **Specific Allocated Amount or Absorbed in Current Operations:** **Current Total Expenditures:** $0
Next Scheduled Update: August 2019

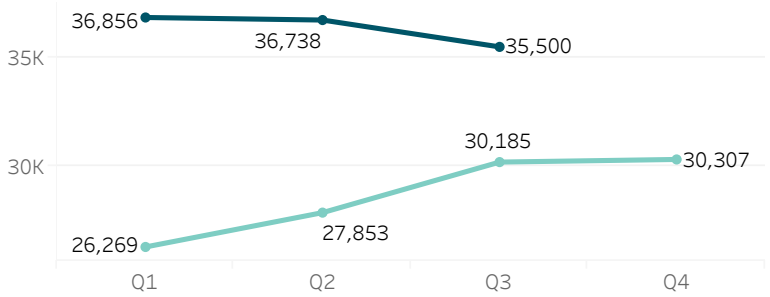
Strategy 3.4
Brackenridge: Implement sustainable financial model for health care delivery and system strategies through 2022.
Lead Department/Team:
Central Health, VP of Real Estate and Facilities, Steven Lamp
Contributing Department/Teams:
CH Operations, CH Finance
Fiscal Year 2019 Key Milestones
Q1 • Determine Tower election use for benefit of Enterprise • Determine development options and phases for remaining blocks **Q2** • Incorporate Brackenridge options into larger real estate utilization strategy • Demolition completed • POB vacated **Q3** • Achieve resolution for zoning and Red River Street realignment with City of Austin • Plan implementation of Q1 development options **Q4** • Implement Q1 development options
Fiscal and Budget Information
Budget: Central Health **Specific Allocated Amount or Absorbed in Current Operations:** TBD **Current Total Expenditures:** $0
Next Scheduled Update: January 2019

Strategy 3.5
Contracting and Payment: Implement value-based provider reimbursement models and reporting standards related to patient-reported outcomes, population or health condition outcomes, and positive patient experience measures.
Lead Department/Team:
Community Care Collaborative, Office of the Executive Director, Jon Morgan
Contributing Department/Teams:
CH Strategy, CCC Strategy, CCC Operations, CH Analytics, CCC Analytics, CUC Analytics
Fiscal Year 2019 Key Milestones
Q1 • Complete DSRIP contracting for CY19&20 **Q2** • Push hospital data to primary care providers **Q3** • Complete planning for FY20 Primary Care Value Based Payment Bundle Pilot(s) **Q4** • Set baselines for ED & hospital baselines for primary care providers' attributable population • In conjunction with Central Health, establish planning criteria to continue to achieve priority selected outcomes previously achieved under DSRIP 2.0
Fiscal and Budget Information
Budget: DSRIP, OHCA **Specific Allocated Amount or Absorbed in Current Operations:** **Current Total Expenditures:** $0
Next Scheduled Update: February 2019

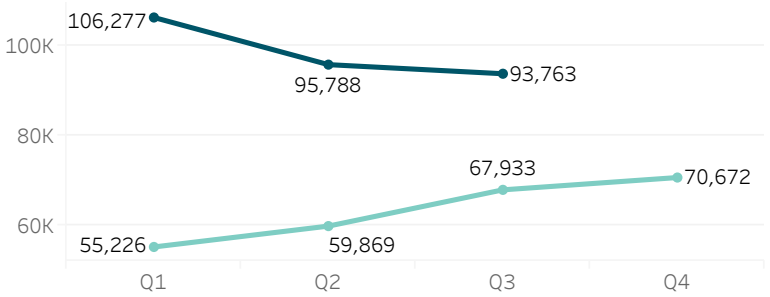
Strategy 3.6
Transparency: Establish partner reporting (Dell Medical School, St. David's, Seton, CommUnity Care, Integral Care and Sendero) to increase awareness of funds use, ensure stewardship, and assess the efficacy in achieving Central Health objectives.
Lead Department/Team:
Central Health, Office of Chief Strategy Officer, Monica Crowley
Contributing Department/Teams:
CH Strategy, CH Analytics, CCC Analytics, CUC Analytics
Fiscal Year 2019 Key Milestones
Q2 • Establish partner reporting process and formats (including necessary financial and service level reporting in order to support SWP strategies and sub-strategies) including reports from: Seton, Dell Medical School, St. David's, Sendero, Integral Care, CUC, and CCC • Present appropriate reporting formats for each strategy **Q4** • Board has received updates on all strategies including how partners support the work
Fiscal and Budget Information
Budget: Central Health **Specific Allocated Amount or Absorbed in Current Operations:** **Current Total Expenditures:** $0
Next Scheduled Update: March 2019

FY2018 CCC Preliminary Reporting

CCC Primary Care Patients



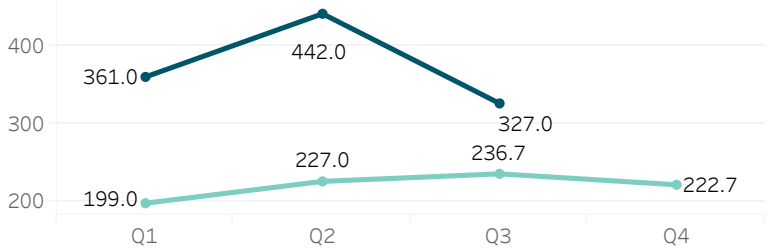
CCC Primary Care Encounters



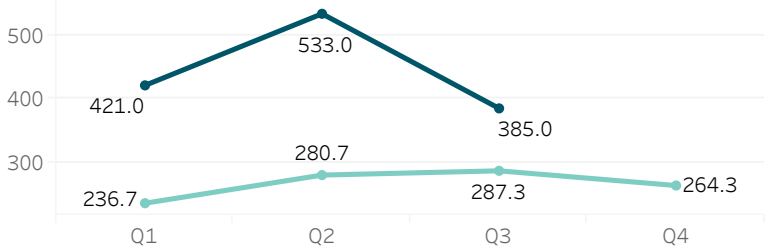
***Primary care summary:** The preliminary patient count for Q3, FY 2018, exceeded the three-year average by 5,315. Encounters for Q3, FY 2018 exceeded the three-year average by 28,830. The increased number of encounters in FY 2018 can be partially attributed to the implementation of new contracting to cover the costs of visits with nutritionists, clinical pharmacists, nurses and medical assistants. FY 2018, particularly the most recent quarter, represents an undercount due to potential billing cycle lags.

Legend
FY2015-2017 Average
FY2018

CCC Urgent Care Patients

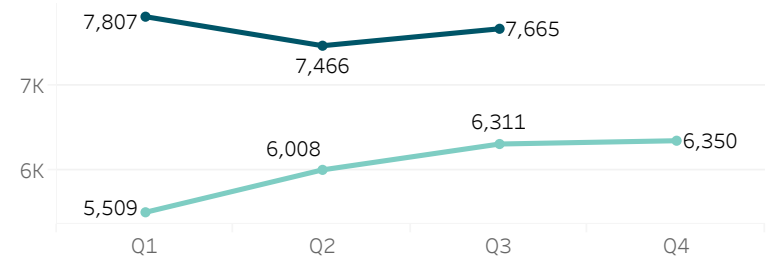


CCC Urgent Care Encounters

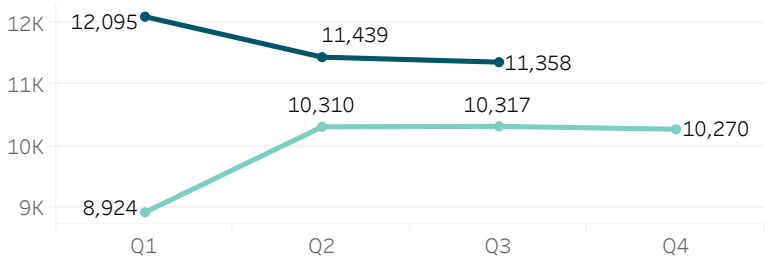


****Urgent care summary:** The preliminary patient count for Q3, FY 2018 exceeded the three-year average by 91. Encounters for Q2, FY 2018 exceeded the three-year average by 97.7. Q3, FY 2018 represents an undercount of urgent care patients and encounters due to a typical 95-day billing cycle lag.

CCC Primary Care Dental Patients



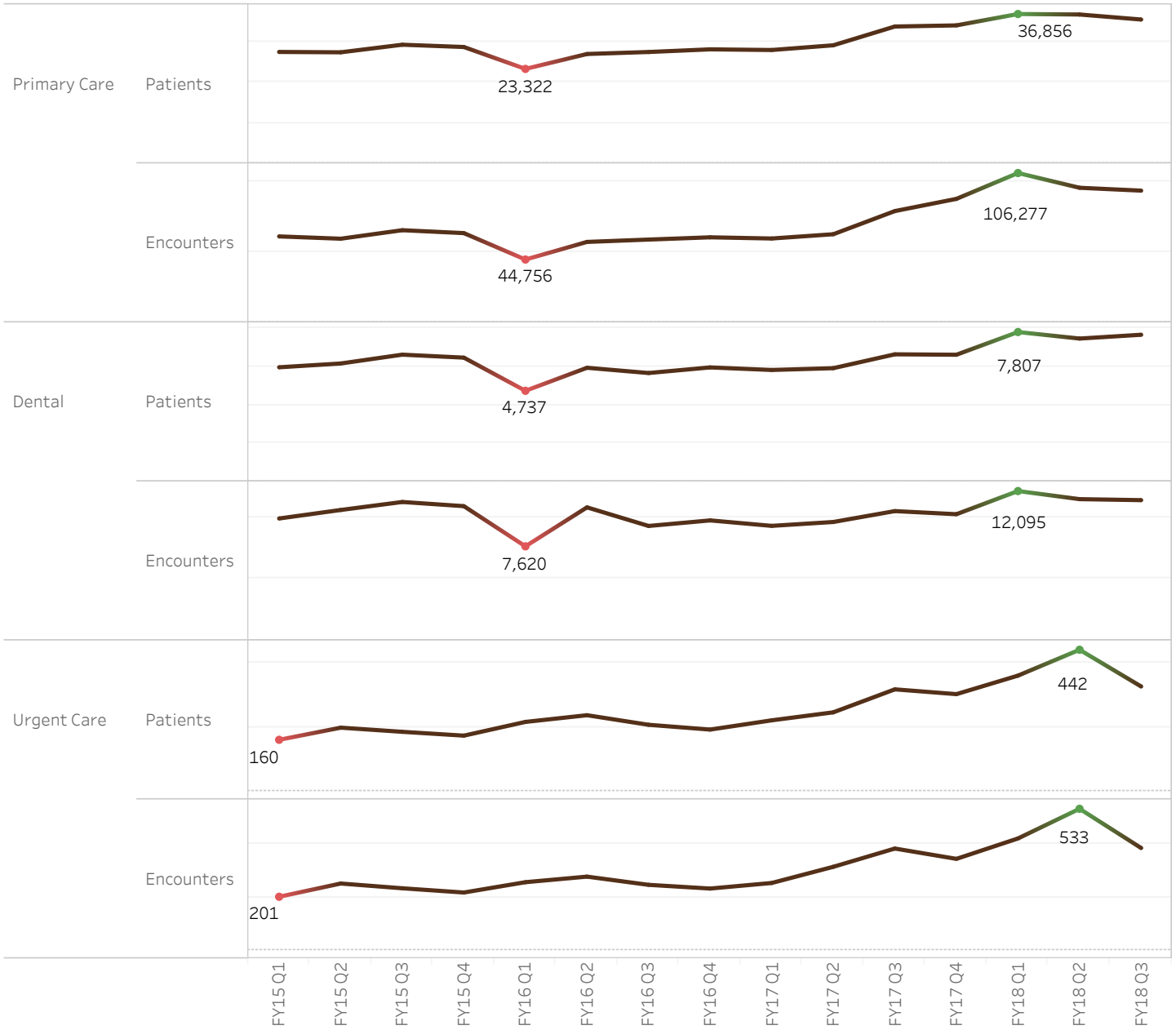
CCC Primary Care Dental Encounters



*****Primary care dental summary:** The preliminary patient count for Q3, FY 2018 exceeded the three-year average by 1,354. Encounters for Q3, FY 2018 exceeded the three-year average by 1,041. FY 2018, particularly the most recent quarter, represents an undercount due to potential billing cycle lags.

Community Care Collaborative, Longitudinal Trends

CCC Longitudinal Trends with Historical Highs and Lows



***Primary care notes:** When multiple services are provided on the same day, each service is counted separately. Additionally, due to a change in billing practice, labs and radiological services were reported as separate encounters starting in Q1 FY18.

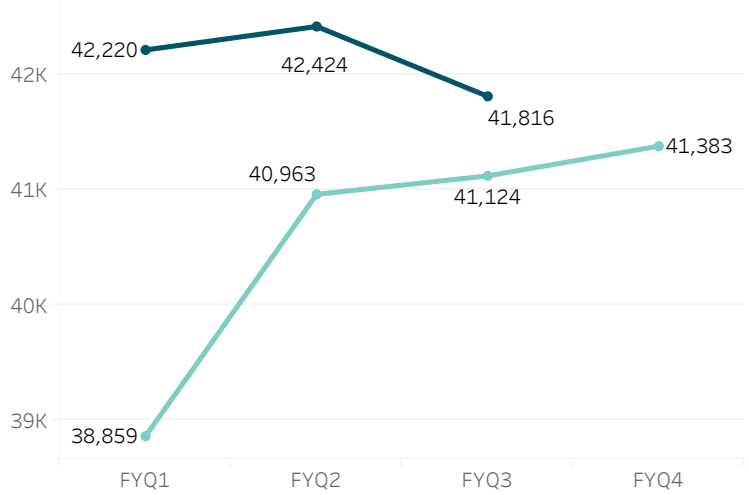
****Urgent care notes:** Includes the following providers: FastMed, Nextcare, RediClinic and Benchmark. Q3 FY18 represents an undercount of urgent care patients and encounters due to a typical 95-day billing cycle lag.

*****Primary care dental notes:** Dental encounters were identified by billing procedure codes that indicated a dental intervention or by place of service that indicated a dental office. Specialty dental is not included.

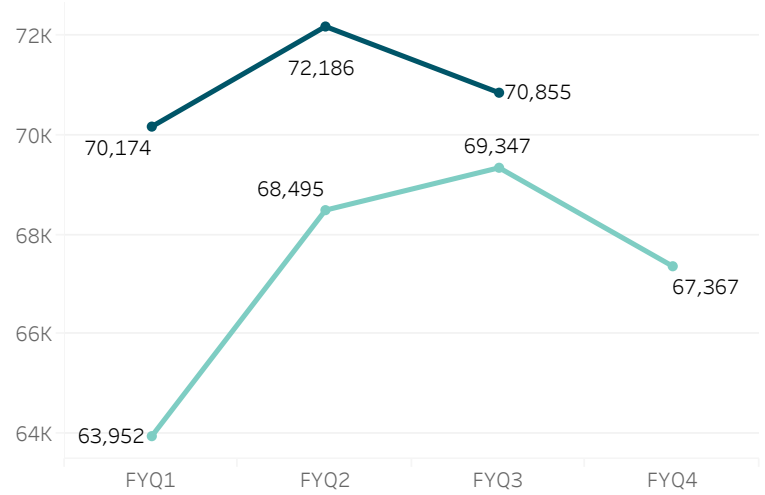
FY 2018, particularly the most recent quarter, represents an undercount due to potential billing cycle lags.

FY2018 CUC Preliminary Reporting - Medical and Behavioral Health Services

CUC Medical Patients

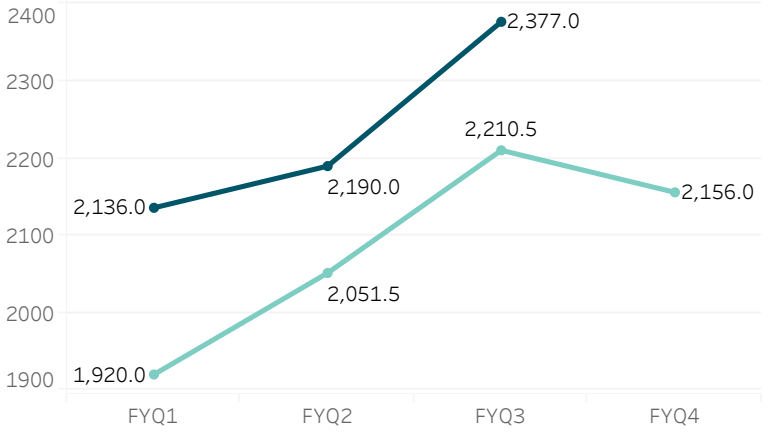


CUC Medical Encounters



***Medical care summary:** The preliminary patient count for Q3, 2018 exceeded the two-year average by 692. Encounters for Q3, 2018 exceeded the three-year average by 1,508. The increased number of encounters in 2018 can be partially attributed to the implementation of new contracting to cover the costs of visits with nutritionists, clinical pharmacists, nurses and medical assistants. FY 2018, particularly the most recent quarter, represents an undercount due to potential billing cycle lags.

CUC Behavioral Health Patients

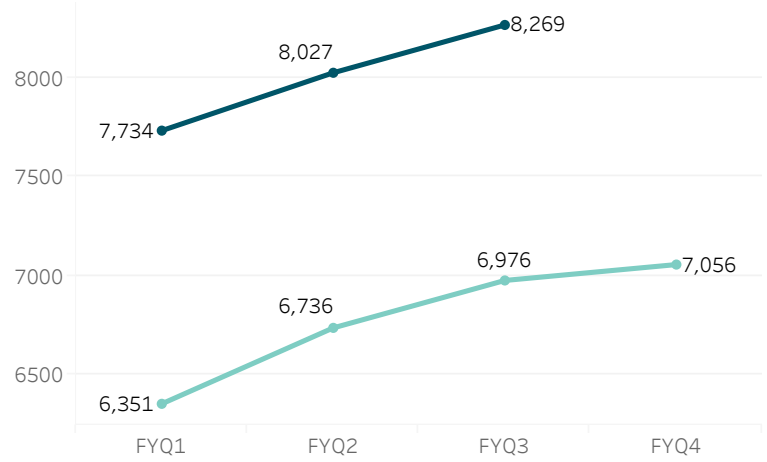


CUC Behavioral Health Encounters

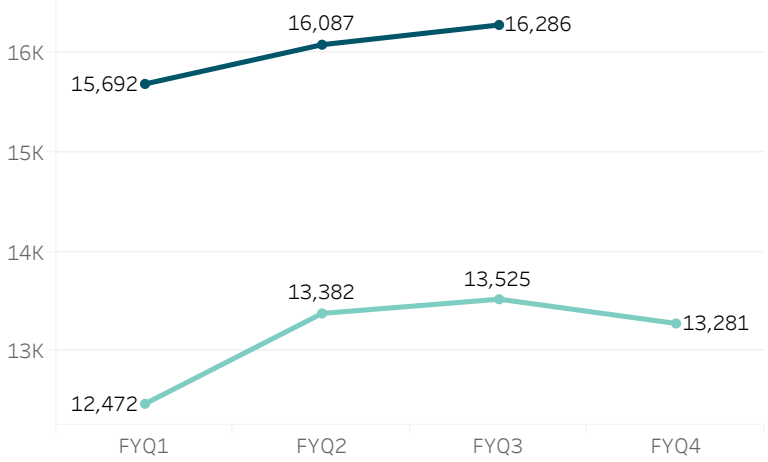
****Behavioral health care summary:** The preliminary patient count for Q3, 2018 exceeded the two-year average by 166.5. Encounters for 32, 2018 exceeded the three-year average by 156. FY 2018, particularly the most recent quarter, represents an undercount due to potential billing cycle lags.

FY2018 CUC Preliminary Reporting - Dental and Ancillary Services

CUC Dental Patients

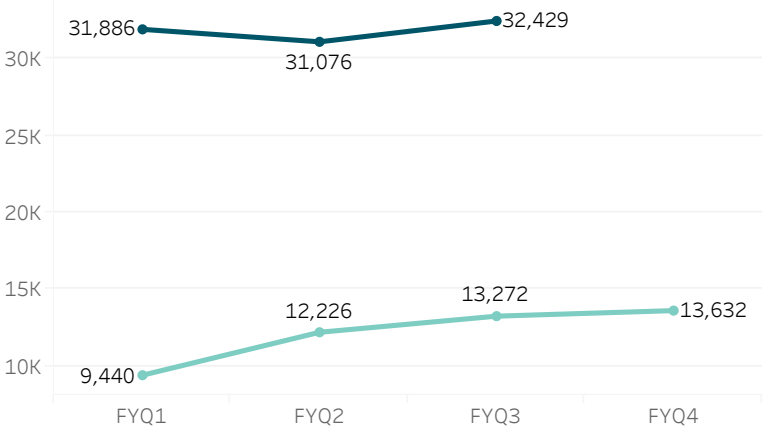


CUC Dental Encounters

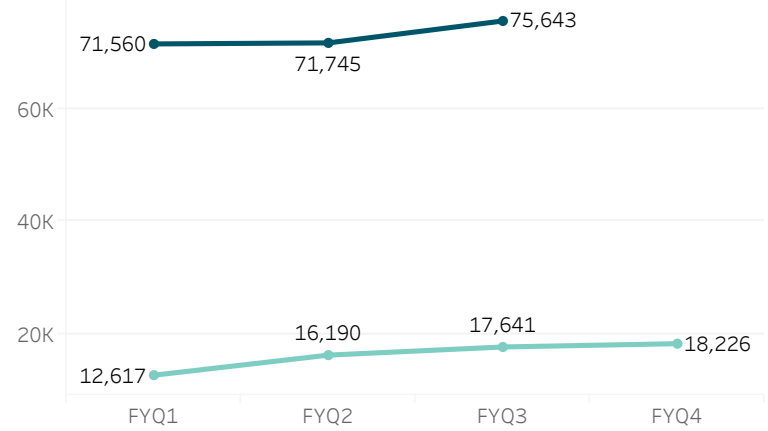


***Dental care summary:** The preliminary patient count for Q3, 2018 exceeded the two-year average by 1,293. Encounters for Q3, 2018 exceeded the three-year average by 2,761. FY 2018, particularly the most recent quarter, represents an undercount due to potential billing cycle lags.

CUC Ancillary Patients



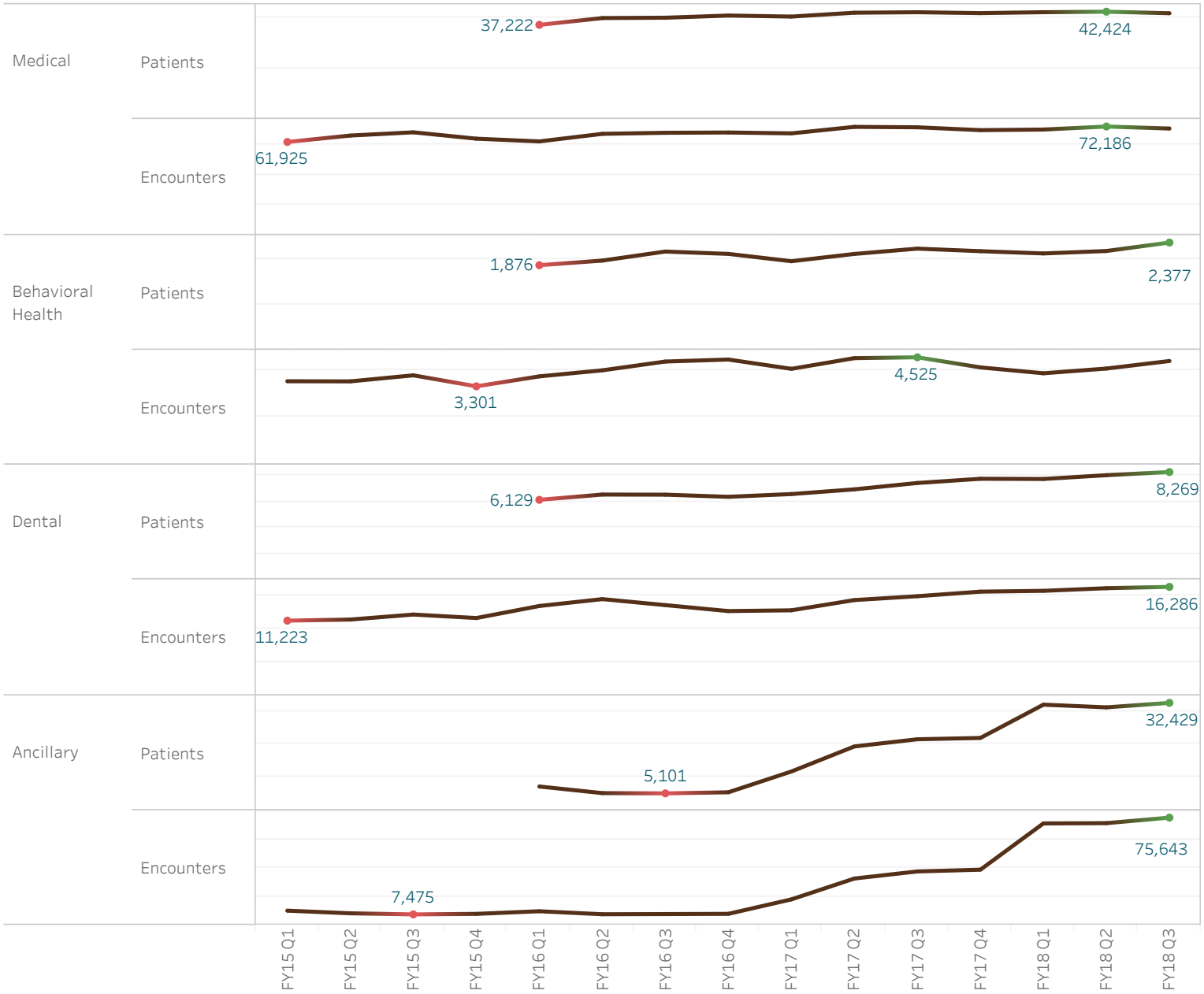
CUC Ancillary Encounters



***Ancillary care summary:** The preliminary patient count for Q3, FY 2018 exceeded the two-year average by 19,157. Encounters for Q3, 2018 exceeded the three-year average by 58,002. The increased number of patients and encounters in 2018 can be partially attributed to the implementation of new contracting to cover the costs of visits with nutritionists, clinical pharmacists, nurses and respiratory therapists. FY 2018, particularly the most recent quarter, represents an undercount due to potential billing cycle lags.

CommUnityCare Health Centers, Three-Year Trends

CUC Longitudinal Trends with Historical Highs and Lows



***Notes:**

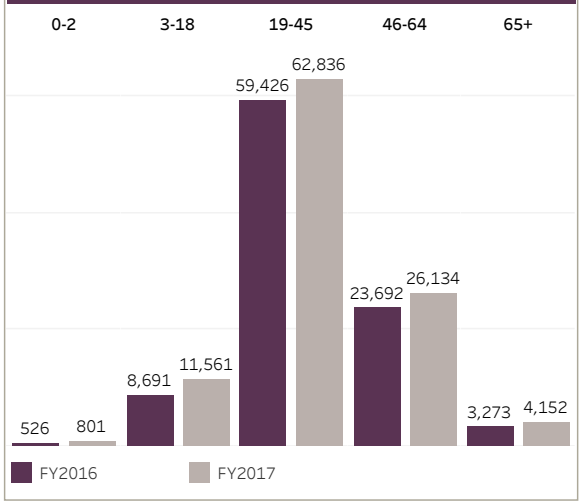
When multiple services are provided on the same day, each service is counted separately.

Medical care includes Primary Care and Specialty Care visits, such as cardiology, endocrinology, and dermatology.

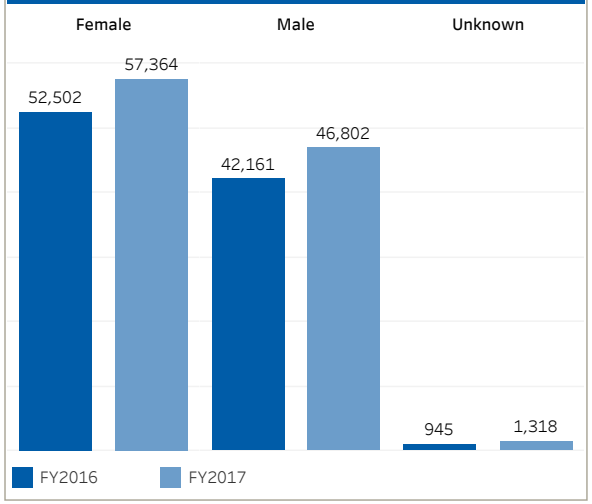
FY 2018, particularly the most recent quarter, represents an undercount due to potential billing cycle lags.

Medical Access and Sliding Fee Scale Programs*
Demographics Characteristics, CCC patients FY16, FY17
FY16 - 95,700; FY17 - 105,091**

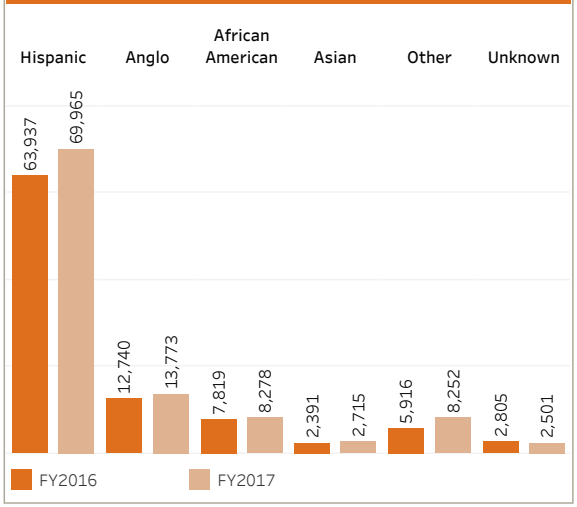
CCC Patient Age



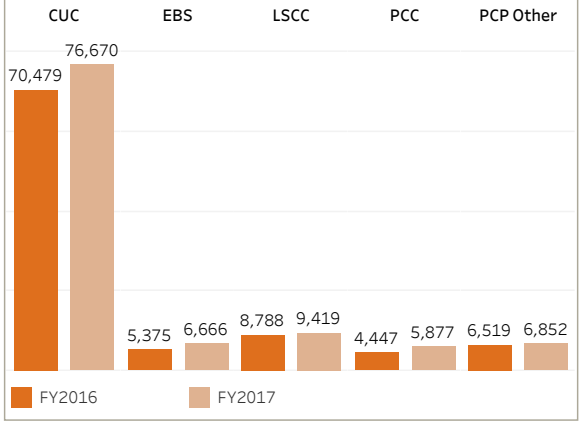
CCC Patient Gender



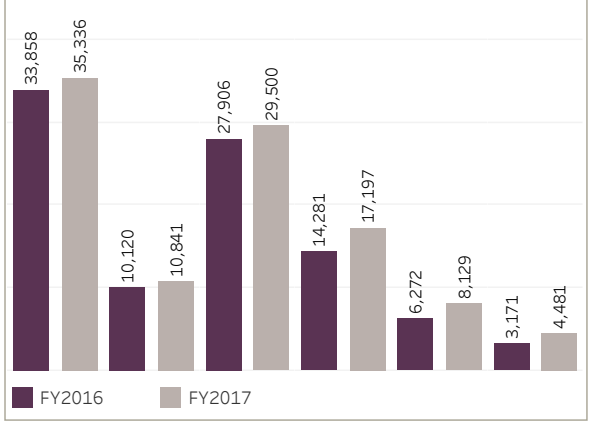
CCC Patient Race/Ethinicity



CCC Patients Primary Care Provider Clinic



CCC Patients Federal Poverty Level ***



CCC Patients Top 10 Languages

Language	FY2016	FY2017
Spanish	47,122	52,647
English	42,566	46,942
Unknown	4,005	3,401
Other	1,022	1,341
Vietnamese	271	284
Arabic	240	388
Nepali	124	146
Burmese	105	145
Mandarin	63	79
SignLanguage	63	70

Source: VeritySource (Eligibility Database).

* This includes patients who have been enrolled in the Medical Assistance Program (MAP) administered by the CCC or Sliding Fee Scale (SFS) programs reimbursed by the CCC. Patients seen exclusively through the Seton Charity Care (SCC) program are not included.

** Patients were deduplicated using a Patient Community ID (CID). CID Identifications are unique, site agnostic patient identifiers. They are assigned to all patients included in the eligibility database who are eligible for MAP or Sliding Fee Scale services regardless of whether or not they present in a clinical setting.

*** A total of 9,854 patients were identified as homeless in FY2016 and 10,538 in FY2017.

Primary Care Clinical Quality

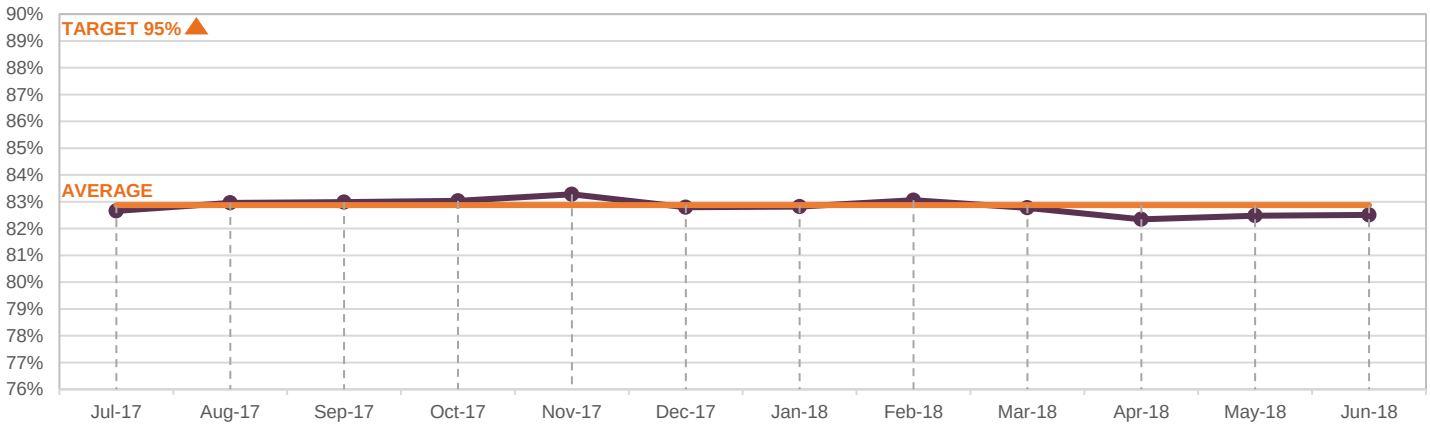
Rolling 12 Months

MAP and Sliding Fee Scale Patients

Community Care Collaborative

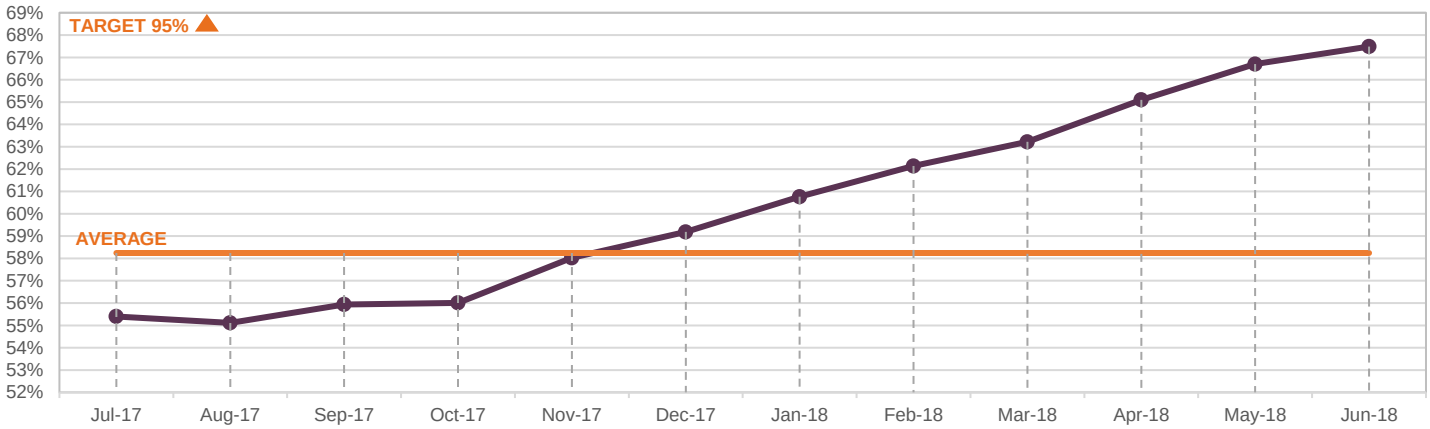
A Central Health and Seton partnership

ACE/ARB MEDICATION MONITORING



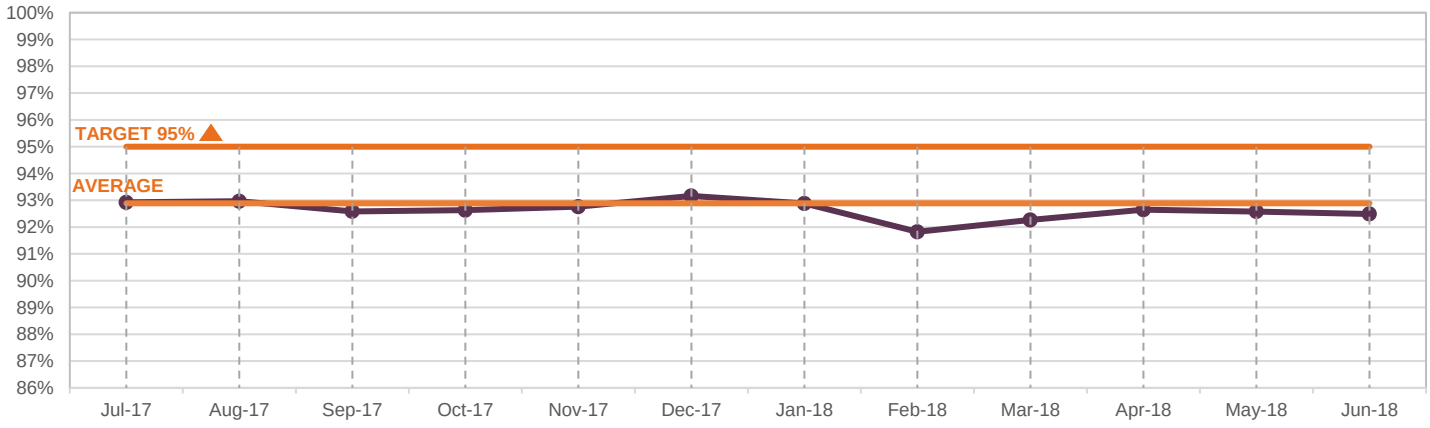
Kidney damage is a rare side effect of these medications which are used to treat high blood pressure. This chart shows the percentage of patients 18 years of age and older with 180 days of treatment whose kidney function was tested as recommended.

ANNUAL FOOT EXAM (DIABETIC PATIENTS)



People with diabetes are more prone to circulatory and nerve problems that can affect their feet. This chart shows the percentage of diabetic patients ages 18 - 75 who received a complete foot examination (visual inspection, a sensory exam and a pulse exam) within the last year.

NEPHROPATHY SCREENING (DIABETIC PATIENTS)



Diabetes can impact a patient's kidney function. This chart shows the percentage of diabetic patients ages 18 - 75 who were screened for nephropathy (kidney damage) as recommended within the last year.

Primary Care Clinical Quality

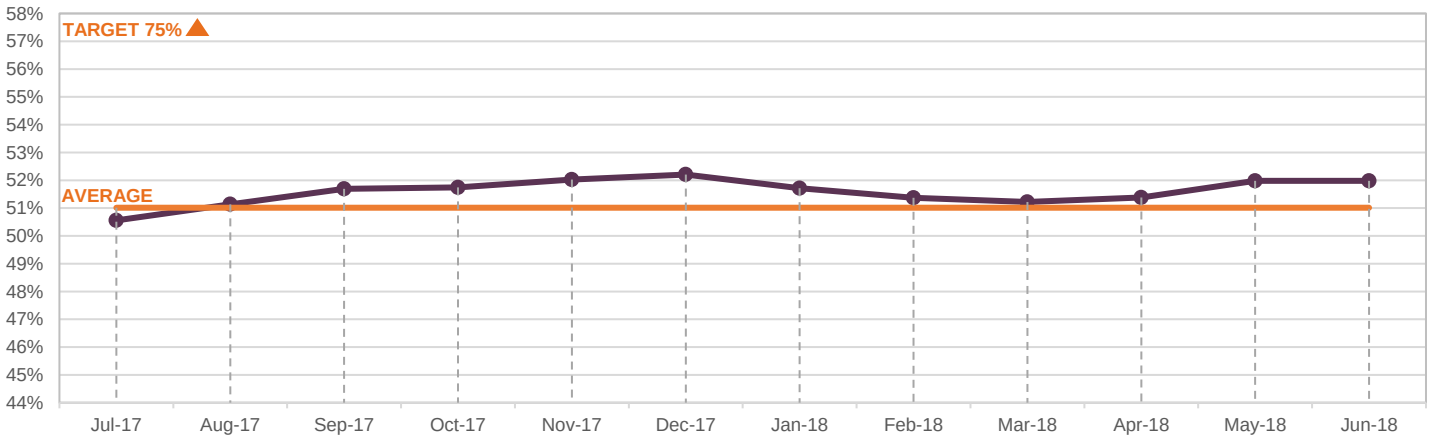
Rolling 12 Months

MAP and Sliding Fee Scale Patients

Community Care Collaborative

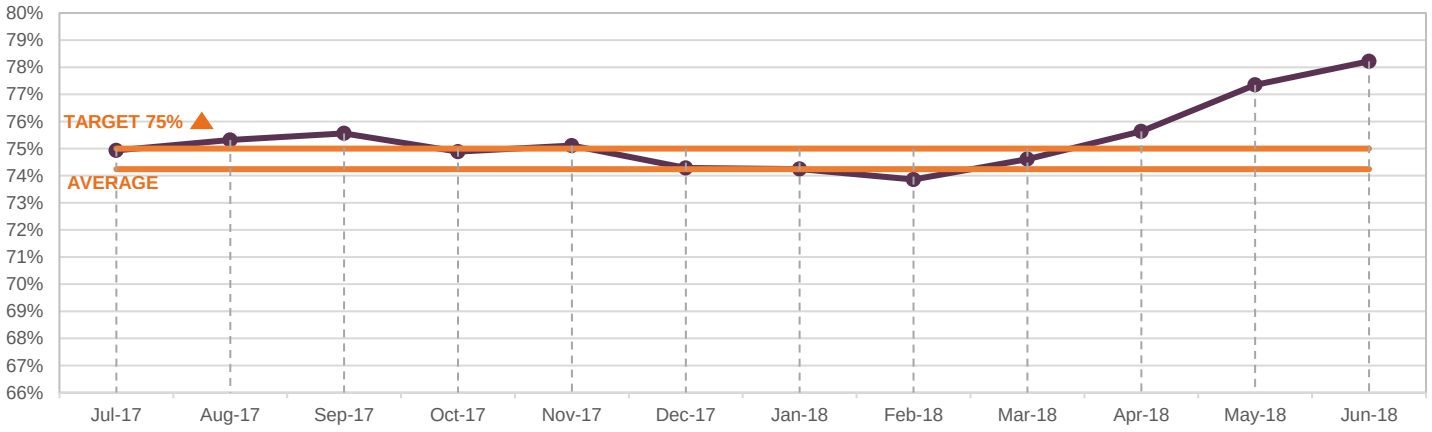
A Central Health and Seton partnership

HbA1c CONTROL <8% (DIABETIC PATIENTS)



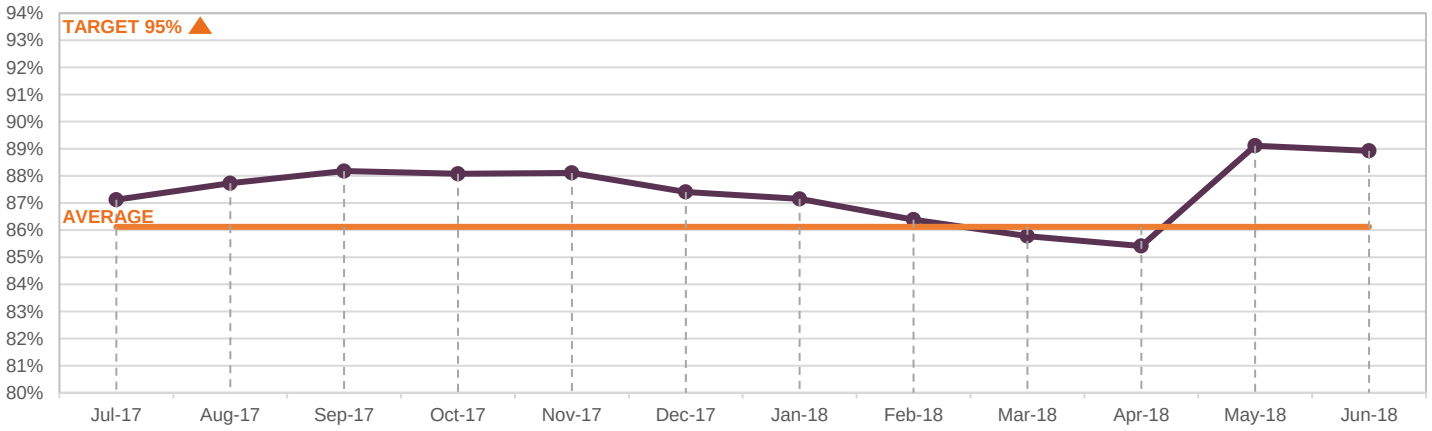
Hemoglobin A1c (HbA1c) is a measure of blood sugar control over the last three months. This chart shows the percentage of diabetic patients ages 18 - 75 whose most recent HbA1c was <8.0 during the measurement year.

BLOOD PRESSURE CONTROL <140/90 (DIABETIC PATIENTS)



This chart shows the percentage of diabetic patients ages 18 – 75 whose most recent recorded blood pressure during the measurement year was below 140/90.

BODY MASS INDEX (BMI) SCREENING AND FOLLOW UP



This chart shows the percentage of patients 18 years and older whose BMI was measured at their last visit or within six months before that visit AND when the BMI was out of range (too high or too low), these patients were given a follow-up plan at the visit or within the previous six months.

Primary Care Clinical Quality

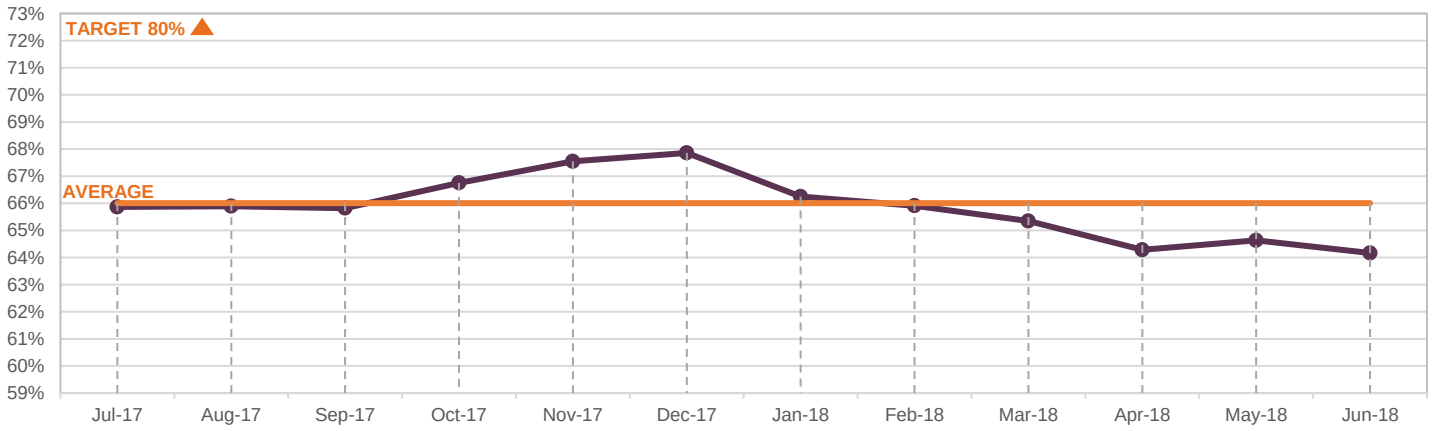
Rolling 12 Months

MAP and Sliding Fee Scale Patients

Community Care Collaborative

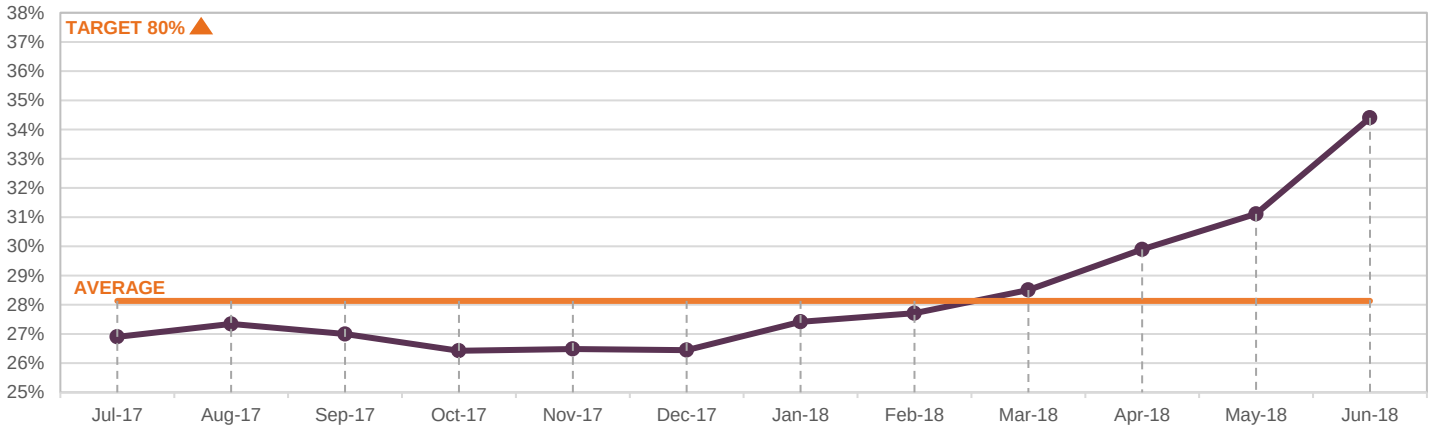
A Central Health and Seton partnership

CERVICAL CANCER SCREENING



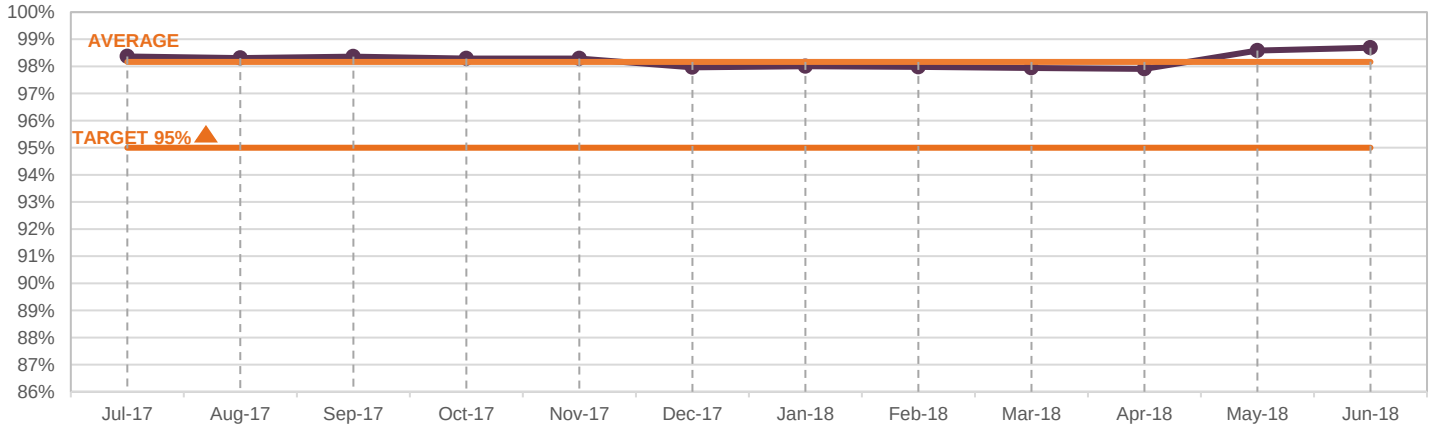
This chart shows the percentage of women ages 21 – 64 who received a Pap test as recommended to screen for cervical cancer.

COLORECTAL CANCER SCREENING



This chart shows the percentage of adults ages 50 - 75 who were screened for colorectal cancer as recommended.

TOBACCO USE SCREENING AND CESSATION INTERVENTION



This chart shows the percentage of patients 18 years or older who were screened for tobacco use within the last 24 months AND if they were a tobacco user, these patients were given tobacco cessation counseling.

Primary Care Clinical Quality

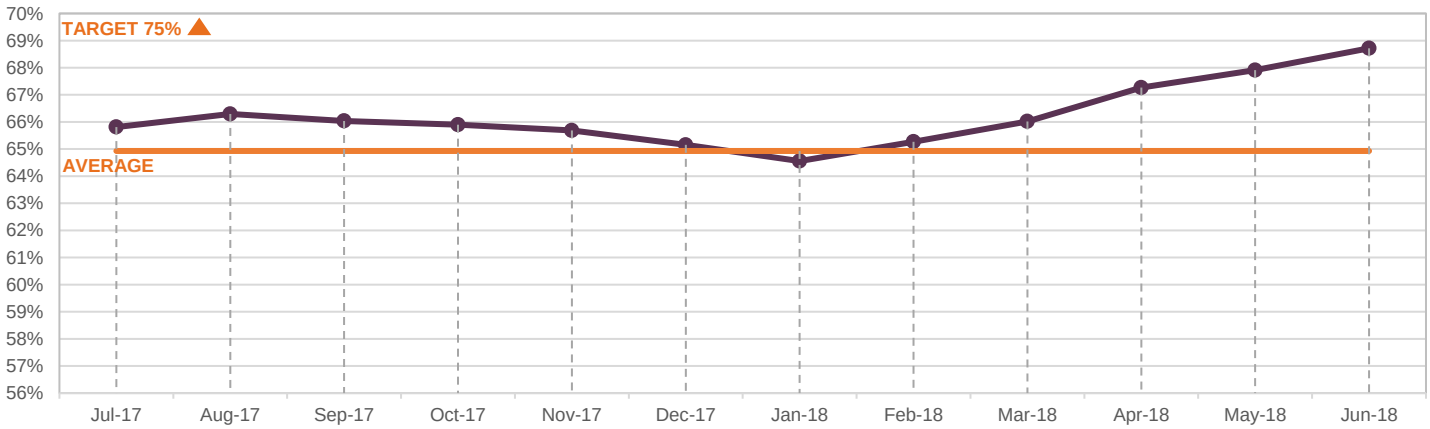
Rolling 12 Months

MAP and Sliding Fee Scale Patients

Community Care Collaborative

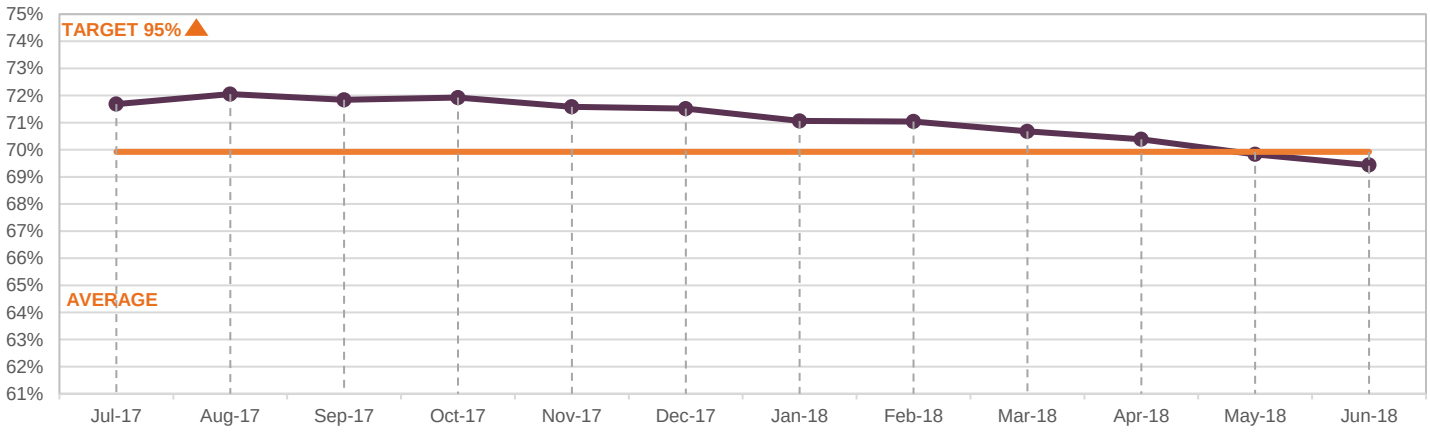
A Central Health and Seton partnership

CONTROLLING HIGH BLOOD PRESSURE

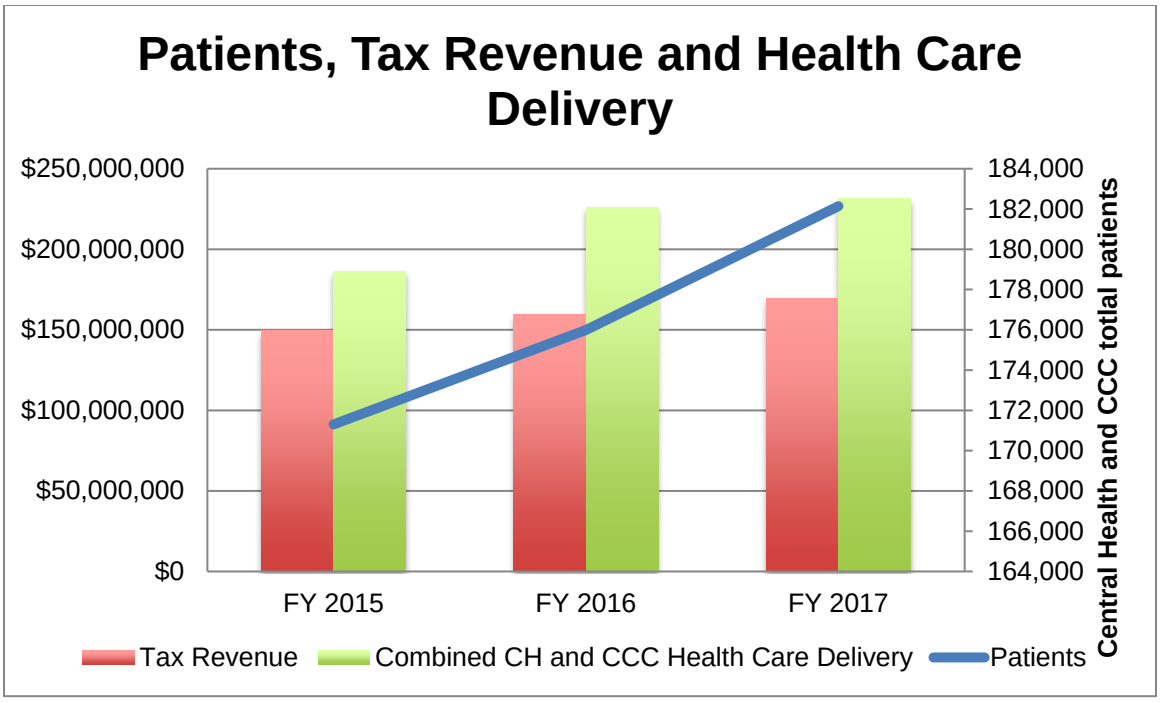


This chart shows the percentage of patients with hypertension ages 18-85 whose most recent recorded blood pressure during the measurement year was below 140/90.

DEPRESSION SCREENING AND FOLLOW UP PLAN



This chart shows the percentage of patients 12 years old or older screened for clinical depression using an age-appropriate standardized tool AND if the screening was positive, these patients were given a follow-up plan on the same day.


Patients, Tax Revenue and Health Care Delivery
$250,000,000
$200,000,000
$150,000,000
$100,000,000
$50,000,000
$0
184,000
182,000
180,000
178,000
176,000
174,000
172,000
170,000
168,000
166,000
164,000
Central Health and CCC totlal patients
FY 2015
FY 2016
FY 2017
Tax Revenue
Combined CH and CCC Health Care Delivery
Patients

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

November 28, 2018

REGULAR AGENDA ITEM 9

Discuss and take appropriate action on the 1115 Medicaid Waiver, Delivery System Reform Incentive Payment (DSRIP) projects, the Community Care Collaborative, including health care delivery arrangements, and other interrelated community partnerships.[1]

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BOARD MEETING

November 28, 2018

REGULAR AGENDA ITEM 10

Discuss and take appropriate action on an update regarding Sendero Health Plans, Inc., including the effect of federal legislative and regulatory actions.[1]

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BOARD MEETING

November 28, 2018

REGULAR AGENDA ITEM 11

Discuss and take appropriate action on Central Health owned property, including the Downtown Campus and adjacent properties.[1]

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BOARD MEETING

November 28, 2018

REGULAR AGENDA ITEM 12

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