

Community Care Collaborative Proposed Fiscal Year 2018 Budget

**Central Health Board of Managers
Budget and Finance Committee**

July 19, 2017

**Jon Morgan, Interim Executive Director
Sarah Cook, Director, Integrated Delivery System Strategy and Planning
Jeff Knodel, Central Health CFO**



a partnership of Central Health and Seton Healthcare Family



FY 2017 Highlights

- Medical Access Program (MAP) eligibility expansion
- Integrated Delivery System enhancements
- Specialty care improvements
- Delivery System Reform Incentive Payment (DSRIP) projects continuation
- Information technology investments
- Quality and metrics collection
- Value-based payment contracting

FY17 Highlight: Extended Care Team Visits



At CommUnityCare through June:

- Nurse & MA: 42,906 contacts (telephone, portal, face to face)
- Clinical Pharmacist: 5,100 contacts (telephone & face to face)
- Dietician: 2,649 face to face encounters

Other providers:

- El Buen Samaritano: 1,000 Nurse & MA contacts through March
- Lone Star: 3,090 Nurse & MA contacts through June
- People's: 278 BHC encounters, January through April

FY 2017 Year-End Estimate



Description	FY 2017 Budget	FY 2017 Year-End Estimate	FY 2017 Budget to Estimate Variance
Sources of Funds			
DSRIP Revenue	62,432,400	62,692,721	260,321
Member Payment – Seton (1)	41,500,000	26,363,225	(15,136,775)
Member Payment - Central Health (1)	26,245,166	26,245,166	-
Other	40,400	100,000	59,600
Subtotal Revenue	130,217,966	115,401,112	(14,816,854)
Contingency Reserve	23,643,324	26,316,998	2,673,674
Total Sources of Funds	153,861,290	141,718,110	(12,143,180)
Uses of Funds			
Health Care Delivery (2)	95,373,056	76,334,789	(19,038,267)
DSRIP Project Cost	23,488,234	20,500,000	(2,988,234)
UT Affiliation Agreement	35,000,000	35,000,000	-
Total Uses of Funds	153,861,290	131,834,789	(22,026,501)
Total Sources Over Uses	-	9,883,321	9,883,321

(1) 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.

(2) Additional detail provided in subsequent slides.

FY 2017 Year-End Estimate: Health Care Delivery Services



Health Care Delivery Services	FY 2017 Approved Budget	FY 2017 Year-End Estimate	FY 2017 Budget to Estimate Variance
Primary Care	48,792,582	45,588,041	(3,204,541)
Specialty Care	8,526,951	5,619,133	(2,907,818)
Dental Care – Specialty	629,711	629,711	-
Behavioral Health – Specialty	8,833,856	8,275,075	(558,781)
Post-Acute Care	1,150,000	1,900,000	750,000
Urgent and Convenient Care	600,000	300,000	(300,000)
Pharmacy	5,350,000	4,000,000	(1,350,000)
Client Referral Services	856,309	789,360	(66,949)
Health Care Delivery Operating Cost	1,991,647	1,459,965	(531,682)
Health Information Technology	4,458,147	2,606,758	(1,851,389)
Patient Medical Management	1,782,840	1,380,427	(402,413)
Quality, Assessment and Performance	956,974	809,958	(147,016)
Claims Payment Services/TPA	1,085,000	858,330	(226,670)
Administration	1,331,983	1,276,085	(55,898)
MAP Redesign	5,354,622	841,946	(4,512,676)
MAP Benefits Enhancement Reserve	858,938	-	(858,938)
Service Expansion Funds	1,000,000	-	(1,000,000)
Operations Contingency	1,813,496	-	(1,813,496)
Total Health Care Delivery Services	95,373,056	76,334,789	(19,038,267)

FY 2017 Year-End Estimate: Primary Care Health Care Delivery



Primary Care Provider	FY 2017 Approved Budget	FY 2017 Year-End Estimate	FY 2017 Budget to Estimate Variance
CommUnityCare	39,450,000	36,964,369	(2,485,631)
El Buen Samaritano	2,350,000	2,163,723	(186,277)
Lone Star Circle of Care	4,364,995	3,224,272	(1,140,723)
People's Community Clinic	1,798,000	2,396,078	598,078
Volunteer Clinic	100,000	100,000	-
UT School of Nursing	-	20,000	20,000
City of Austin EMS	696,822	696,822	-
Other Providers	32,765	22,777	(9,988)
Total Primary Care	48,792,582	45,588,041	(3,204,541)

FY 2017 Year-End Estimate: Specialty Care Health Care Delivery



Specialty Care	FY 2017 Approved Budget	FY 2017 Year-End Estimate	FY 2017 Budget to Estimate Variance
Seton Healthcare Family Specialty	500,000	1,220,750	720,750
Austin Cancer Centers	359,000	359,000	-
Project Access	330,000	330,000	-
Ophthalmology	950,951	950,951	-
Orthotics and Prosthetics	100,000	200,000	100,000
Orthopedics	2,000,000	956,391	(1,043,609)
Urology	450,000	300,000	(150,000)
Gastroenterology	650,000	400,000	(250,000)
Neurology	150,000	-	(150,000)
Cardiology	100,000	5,000	(95,000)
Endocrinology	100,000	1,000	(99,000)
Dermatology	100,000	-	(100,000)
Remote Patient Monitoring	200,000	-	(200,000)
Gynecology Integrated Practice Unit	500,000	300,000	(200,000)
Ear, Nose and Throat	400,000	135,000	(265,000)
Audiology	50,000	-	(50,000)
Allergy	50,000	-	(50,000)
Specialty Referral Process Improvement	25,000	56,613	31,613
CommUnityCare Specialty Care (UMCB relocated clinics)	1,500,000	400,000	(1,100,000)
Other Providers	12,000	4,428	(7,572)
Total Specialty Care	8,526,951	5,619,133	(2,907,818)

FY 2017 Year-End Estimate: Other Health Care Delivery



Description	FY 2017 Budget	FY 2017 Year-End Estimate	FY 2017 Budget to Estimate Variance
Dental Care—Specialty			
Dental Devices	200,000	200,000	-
Oral Surgery	429,711	429,711	-
Total Dental Care—Specialty	629,711	629,711	-
Behavioral Health—Specialty			
Integral Care	8,000,000	8,000,000	-
SIMS Foundation	383,856	225,075	(158,781)
Medication Assisted Therapy Pilot	450,000	50,000	(400,000)
Total Behavioral Health—Specialty	8,833,856	8,275,075	(558,781)
Post-Acute Care			
Front Steps	600,000	1,000,000	400,000
Skilled Nursing Facilities	550,000	900,000	350,000
Total Post-Acute Care	1,150,000	1,900,000	750,000

FY2017 Year-End Estimate: MAP Redesign



Description	FY 2017 Budget	FY 2017 Year-End Estimate	FY 2017 Budget to Estimate Variance
Health Risk Assessment	262,500	-	(262,500)
Preventative Services	51,819	-	(51,819)
Pain Management	275,708	15,000	(260,708)
Group Health Education	56,250	56,250	-
Palliative/Hospice Care	322,592	422,592	100,000
Integrated Behavioral Health	150,000	100,000	(50,000)
Complex Care Management	800,000	215,000	(585,000)
Expansion of Eligibility from 21% to 50% of FPL	951,856	11,401	(940,455)
Expansion of High-Risk Patients to 100% of FPL	2,483,897	21,703	(2,462,194)
Total MAP Redesign	5,354,622	841,946	(4,512,676)

FY 2018-2020 CCC Strategic Plan



Vision

A healthcare delivery system that is a national model for providing high quality, cost-effective, person-centered care and improving health outcomes for the vulnerable population we serve.

Values

Our work is governed by the values of innovation, person-centeredness, equity, accountability, and collaboration.

Mission

Optimize the health of our population while using our resources efficiently and effectively.

Focus areas:

- Build an integrated delivery system
- Redesign coverage programs
- Improve value in care
- Optimize health of covered population



FY 2018 Operational Priorities

Build an integrated delivery system:

- OHCA v.2
- Unified payer
- Primary care network adequacy

Redesign coverage programs:

- Medical Access Program (MAP) expansion
- Copay restructuring
- Patient engagement

Improve value in care:

- Integrated practice units
- Specialty care referral and consultation platform
- Identify efficiencies

Optimize health of covered population:

- Specialty care, including cancer
- Chronic disease management, especially diabetes and hypertension
- DSRIP 2



FY16-FY18 Specialty Care Initiatives

	FY 2016	FY 2017	FY 2018
Gastroenterology	●	→	→
Cardiology	●	→	→
Pulmonology	●	→	→
Oncology	●	→	→
Recuperative Care	●	→	→
Urology		●	→
Orthopedics		●	→
Endocrinology		●	→
Neurology		●	→
Ophthalmology		●	→
Ear, Nose and Throat		●	→
Complex Gynecology		●	→
Dermatology		●	→
Pain Management		●	→
Physician Consultations		●	→
Hospice Care		●	→
Referral Management		●	→
Skilled Nursing Facilities		●	→
Outpatient Palliative Care			●
Rheumatology			●
Consultation and Referral Platform			●

FY 2018 1115 Medicaid Waiver Update



- 15 CCC DSRIP projects in progress; program period ends September 30th
- Proposed new program runs two years
- Maximum \$66 million allocation to the CCC each year
- 75% of funds will be tied to clinical quality measures



Next Steps

- ✓ May 24 — Central Health Board of Managers (5-year forecast)
- ✓ May 30 — Travis County Commissioners Court (*FY 2017 update and FY 2018 budget guidelines*)
- ✓ June 21 — Central Health Budget and Finance Committee (*budget update*)
- ✓ June 28 — Central Health Board of Managers (*proposed budget*)
- ✓ July 19 — Central Health Budget and Finance Committee (*FY 2018 CCC proposed budget*)
- July 26 — Central Health Board of Managers (*FY 2018 CCC proposed budget and Central Health budget update*)
- Aug. 9 — Central Health Budget and Finance Committee (*FY 2018 Central Health proposed budget and property tax rate*)
- Aug. 16 — Central Health Board of Managers (*FY 2018 Central Health proposed budget and property tax rate*)
- Aug. 22 — Travis County Commissioners Court (*Central Health proposed budget and property tax rate*)
- Aug. 30 — First public hearing
- Sept. 6 — Second public hearing
- Sept. 8 — CCC Board of Directors (*FY 2018 CCC budget adopted*)
- Sept. 13 — Central Health Board of Managers (*FY 2018 budget adopted*)
- Sept. 19 — Travis County Commissioners Court (*FY 2018 Central Health proposed budget and property tax rate*)

Thank You

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Appendix 1: Alignment with Central Health Strategic Plan Measures



Central Health Strategic Plan Principle	Central Health Strategic Plan Measure	Addressed in CCC Plan?
Transformation	SPM1: Work with affiliated partners to prioritize and establish health care transformation targets and receive regular reports on progress.	✓
	SPM2: Increase the percent of current major health care provider contracts that include value-based payments to improve access, patient experience, quality and cost efficiency.	✓
Stewardship	SPM3: Increase year-over-year enrollment of under-insured and uninsured in health coverage programs.	✓
	SPM4: Fully implement the Community Care Collaborative's (CCC's) Organized Health Care Arrangement, including data collection and use of information by the CCC to develop data-driven strategies that improve the provision of health care and health outcomes.	✓
	SPM5: Establish a methodology to quantify, monitor and report the cost and cost-efficiency of tax-supported safety-net health care with our partners.	✓
Partnership	SPM6: a. Increase the community's awareness of Central Health year-over-year, through the ongoing implementation of communication strategies b. Increase the breadth and depth of community engagement.	✓
	SPM7: Establish, measure and report on the value of Dell Medical School's obligations.	✓
	SPM8: Develop Central Health's role in addressing social determinants of health with community partners toward the elimination of health disparities.	✓