



Board of Directors

Meeting

Tuesday, April 7, 2015

2:00 p.m.

Central Health Administrative Offices

1111 E. Cesar Chavez St.

Austin, Texas 78702

AGENDA*

I. Call to Order and Record of Attendance

II. Public Comments

III. General Business

A. Consent Agenda

All matters listed under the Consent Agenda will be considered by the Board of Directors to be routine and will be enacted by one motion. There will be no separate discussion of these items unless members of the Board request specific items to be moved from the Consent Agenda to the Regular Agenda for discussion prior to the time the Board of Directors votes on the motion to adopt the Consent Agenda.

1. Approve minutes from the January 27, 2015 CCC Board of Directors meeting.

B. Regular Agenda

1. Receive a Community Care Collaborative Delivery System Reform Incentive Payment (DSRIP) Projects update.
2. Discuss and take appropriate action on the Community Care Collaborative's Purchasing Policy.
3. Receive a presentation on CCC Financial Statements as of February 28, 2015.
4. Receive a presentation on the Community Care Collaborative Integrated Delivery System ("IDS") and a Benefit Redesign overview.

IV. Closed Session

V. Closing

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

The Board of Directors 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.

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

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Board of Directors Meeting

April 7, 2015

CONSENT AGENDA ITEM

- A.1. Approve minutes from the January 27, 2015
CCC Board of Directors meeting.



Board of Directors

Meeting

Tuesday, January 27, 2015

1:00 p.m.

Central Health Administrative Offices

1111 E. Cesar Chavez St.

Austin, Texas 78702

Meeting Minutes

I. Call to Order and Record of Attendance

On Tuesday, January 27, 2015, a public meeting of the CCC Board of Directors was called to order at 1:04 p.m. in the Board Room at Central Health Administrative Offices located at 1111 E. Cesar Chavez St, Austin, Texas 78702. Chairperson Patricia A. Young Brown was absent, and Vice-Chairperson Greg Hartman served as the Chair for the meeting. The clerk for the meeting was Margo Gonzalez.

Clerk's Notes:

Secretary Gonzalez took record of attendance.

Directors Present:

Vice-Chairperson Greg Hartman, Christie Garbe, Larry Wallace, Willie Lopez (Proxy for Tim LaFrey), Sarah Cook (Proxy for Trish Young Brown), and David Evans (Non-Voting Advisory Board Member)

Officers Present:

John Stephens (Executive Director) and Margo Gonzalez (Secretary)

Other Attendees Present:

Randy Floyd (General Counsel)

II. Public Comments

Clerk's Notes:

None.

III. General Business

A. Consent Agenda

All matters listed under the Consent Agenda will be considered by the Board of Directors to be routine and will be enacted by one motion. There will be no separate discussion of these items unless members of the Board request specific items to be moved from the Consent Agenda to the Regular Agenda for discussion prior to the time the Board of Directors votes on the motion to adopt the Consent Agenda.

1. Approve minutes from the September 26, 2014 CCC Board of Directors meeting.

Clerk's Notes:

Director Garbe made a friendly amendment to agenda item number four of the September 26, 2014 CCC Board of Directors meeting. The minutes will be revised to include the following change:

Ms. Garbe announced that Sarah will represent Central Health and the CCC on the 1115 Waiver as a panelist for an America's Essential Hospitals Conference in Chicago, Illinois.

Director Lopez moved that the Board approve Consent Agenda item A(1) to include Director's Garbe friendly amendment. Director Garbe seconded the motion. The motion was passed on the following vote:

Director Greg Hartman (Vice-Chairperson)	For
Director Christie Garbe	For
Director Larry Wallace	For
Director Willie Lopez (Proxy)	For
Director Sarah Cook (Proxy)	For

B. Regular Agenda

1. Discuss and take appropriate action regarding Board meeting dates, times, and locations.

Clerk's Notes:

This agenda item was taken out of order.

John Stephens, CCC Executive Director, explained that the CCC Board of Directors has agreed to reduce board meetings from six meetings per year to four meetings per year. However, additional special meetings may be held whenever possible. Staff recommends that the Bylaws be amended to change the frequency of public meetings from six meetings per year to four meetings per year. The proposed meeting dates – April 7th; August 11th; and September 22nd of 2015 were presented to the Board for approval.

Vice-Chairperson Hartman clarified that the CCC Board may convene meetings whenever possible.

Director Cook moved that the Board direct staff to draft amendments to sections 2.5, 3.6, and 3.7 of the Bylaws to reflect the discussions of the Board regarding meeting dates, times, and locations as presented by staff. Director Wallace seconded the motion. The motion was passed on the following vote:

Director Greg Hartman (Vice-Chairperson)	For
Director Christie Garbe	For

Director Larry Wallace	For
Director Willie Lopez (Proxy)	For
Director Sarah Cook (Proxy)	For

2. Approve the reformation of the CCC Advisory Committee and the appointment of Kate Henderson and Willie Lopez as the sole Seton members of the Advisory Committee and Jeff Knodel and Sarah Cook as the sole Central Health members of the Advisory Committee.

Clerk's Notes:

Mr. Stephens explained the proposed Advisory Committee structure for the upcoming year. The Bylaws state that the Advisory Committee shall be composed of an equal number of Central Health designees and Seton designees and that each organization should appoint one-half of the individuals who will serve on the Advisory Committee. The current Advisory Committee is comprised of 10 members, but staff recommends shrinking that number to 4 members: two members from Central Health and Seton. The Advisory Committee may, on an ad hoc basis, advise or coordinate with CCC staff to carry out specific activities that support their scope of work.

David Evans requested that the CCC include Austin Travis County Integral Care in workgroup meetings.

Director Wallace moved that the Central Health appointees appoint Jeff Knodel and Sarah Cook as the sole Central Health members of the Advisory Committee pursuant to Section 7.2 of the Community Care Collaborative Bylaws. Director Garbe seconded the motion. The motion passed on the following vote from the Central Health appointees:

Director Greg Hartman (Vice-Chairperson)	Abstain
Director Christie Garbe	For
Director Larry Wallace	For
Director Willie Lopez (Proxy)	Abstain
Director Sarah Cook (Proxy)	For

Vice-Chairperson Hartman moved that the Seton appointees appoint Kate Henderson and Willie Lopez as the sole Seton members of the Advisory Committee pursuant to Section 7.2 of the Community Care Collaborative Bylaws. Director Cook seconded the motion. The motion passed on the following vote from the Seton appointees:

Director Greg Hartman (Vice-Chairperson)	For
Director Christie Garbe	Abstain
Director Larry Wallace	Abstain
Director Willie Lopez (Proxy)	For
Director Sarah Cook (Proxy)	Abstain

3. Discuss and take appropriate action on the Community Care Collaborative's Strategic Plan to include Guiding Principles.

Clerk's Notes:

Ms. Garbe explained the purpose for the CCC's Guiding Principles. The Guiding Principles support the work of the Strategic Plan and the Integrated Delivery System (IDS) Resolution, which is a plan for coordination and substantial evaluation of the MAP, Sliding Fee Scale (SFS), and Charity Care Programs and the development of a new benefits program for the CCC's Covered Population. A subgroup met to discuss and revise the Guiding Principles that will help determine how the CCC will conduct business and provide direction in decision-making.

Dr. Hernandez requested that the Foundational Elements and Goal Statements be deleted from the first page of the Strategic Plan as they are included elsewhere in the Plan.

Mr. Evans suggested that the board consider a revision that includes the use of the word “wellness” in a way that addresses social determinants of health aligning it with what’s contained in the CCC’s Mission.

The Board agreed with the suggested revisions that were presented and concluded that these revisions be made to the following principle:

“Collaborative: We pledge to improve the health and wellness of the people we serve through our Partnership.”

4. Discuss and take appropriate action on the additional funding for the agreement between the Community Care Collaborative and Seton Family of Hospitals for Urology Services at the Paul Bass Clinic using Central Health Fiscal Year 2015 service expansion funds in an amount not to exceed \$289,552 and direct the Executive Director to execute a final agreement.

Clerk’s Notes:

This agenda item was not discussed.

5. Receive and take appropriate action on a presentation of the Community Care Collaborative Fiscal year 2014 financial audit.

Clerk’s Notes:

This agenda item was taken out of order.

Jeff Knodel introduced Ashelee Martin, Audit Associate, and Dena Jansen, Audit Partner, of Maxwell Locke and Ritter LLP. He shared that Maxwell Locke and Ritter LLP went through a Request For Proposal process and Maxwell Locke and Ritter LLP rated the highest over four respondents. He also acknowledged Anne Kennedy, Central Health Controller, for her contribution to making the audit a success. He requested that the Board consider the approval of the audit report.

Ms. Martin and Ms. Jansen provided an overview of the Audit Report and the Statement of Financial Position and Activities. They further explained that the CCC received a “clean” opinion which is the best opinion that an organization can receive. Additionally, there were no new accounting policies and the application of existing policies were not changed during fiscal year 2014; there were no difficulties encountered in performing and completing the audit; no misstatements were detected as a result of the audit procedures; and there were no disagreements with management that arose during the course of the audit. Maxwell Locke and Ritter LLP did not identify any deficiencies in internal controls that they consider material weaknesses.

Vice-Chairperson Hartman commended Jeff and the Finance Staff for their contribution to a successful audit.

Director Garbe moved that the Board approve the Financial Statements as of and for the year ended September 30, 2014 and the Independent Auditors’ Report as presented by Maxwell Locke and Ritter LLP. Director Lopez seconded the motion. The motion was approved on the following vote:

Director Greg Hartman (Vice-Chairperson)	For
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Director Christie Garbe	For
Director Larry Wallace	For
Director Willie Lopez (Proxy)	For
Director Sarah Cook (Proxy)	For

6. Receive a Community Care Collaborative Delivery System Reform Incentive Payment (DSRIP) Projects update.

Clerk's Notes:

This agenda item was taken out of order and no action was taken.

Sarah Cook, Central Health Medicaid Waiver Director, and Margarita Arroyo, CCC Program Manager for DSRIP Projects, highlighted the Mobile Health Teams, a DSRIP Project that offers accessible health care to underserved areas and populations. Ms. Arroyo reported on the Demonstration Year (DY) 3 outcomes, challenges, lessons learned, and key milestones for DY3 through 5. CommUnityCare faced challenges in hiring mobile providers and registered nurses (RNs), which delayed their ability to start on time. In DYs 4 and 5, there are plans for new locations for primary care services and health screenings; a new street medicine site location which includes a collaborative plan with Austin Travis County Emergency Medical Services Department (ATCEMS) and Austin Travis County Integral Care (ATCIC); and quality improvements to Category 3 Measures. The CCC will evaluate how to control high blood pressure in diabetics in MAP patients 18 to 64 years of age with type 1 or 2 diabetes whose recent blood pressure reading is at or below 140 (systolic)/90 (diastolic) millimeters of mercury (mm Hg) which is stage 1 hypertension. Ms. Arroyo provided a list and a schedule of mobile health team sites for DY4.

Ms. Cook reported the Quantifiable Patient Impact (QPI) of other CCC DY4 DSRIP Projects, including infrastructure projects for Patient Centered Medical Homes (PCMH), Chronic Care Management Model, and Disease Management Registry; expanding access to care projects in primary care, dental, gastroenterology, pulmonology, mobile health, telepsychiatry in Community Health Clinics (CHCs), and integrated behavioral health (IBH) for diabetics; sexual and prenatal health projects such as pregnancy planning, Sexually Transmitted Infections (STI) Testing and Treatment, and Centering Pregnancy; and finally, patient navigation at Community Health Paramedics and system-wide. She also reported that the CCC initiate a systematic process for patients who visited the emergency department within 72 hours to determine if they have a primary care provider. This effort supports a DY4 Goal to reduce emergency department visits.

Dr. Mark Hernandez added that the CCC's goal is to establish a system that will connect patients to primary care providers to reduce inappropriate emergency department use. The CCC will contact patients who received emergency services to determine if they have a PCP and assist them in scheduling an appointment.

No action was taken.

7. Receive a presentation on CCC Financial Statements as of December 31, 2014.

Clerk's Notes:

Mr. Knodel presented the CCC Financial Statements for the first quarter of the fiscal year (October 1, 2014 through December 31, 2014), including the balance sheet, sources and uses report – budget versus actual, the healthcare delivery costs, and select healthcare delivery provider expenditures.

8. Receive and report on the current number of Unique MAP Enrollees.

Clerk's Notes:

This agenda item was taken out of order and no action was taken.

Dr. Hernandez reported the current number of unique MAP enrollees for December 2014 which was 24,159. This number reflects a decline of five percent from last year.

IV. Closed Session

Clerk's Notes:

No closed session discussion.

V. Closing

Clerk's Notes:

Vice-Chairperson Hartman announced that the next regular meeting of the CCC Board meeting is scheduled to be held Tuesday, April 7, 2015, at 2:00 PM, in the Board Room, at Central Health's Administrative Office at 1111 East Cesar Chavez Street, Austin, Texas 78702.

There being no further discussion or agenda items, Director Wallace moved that the meeting adjourn. Director Garbe seconded the motion.

Director Greg Hartman (Vice-Chairperson)	For
Director Christie Garbe	For
Director Larry Wallace	For
Director Willie Lopez (Proxy)	For
Director Sarah Cook (Proxy)	For

The meeting was adjourned at 2:35 p.m.

Patricia A. Young Brown, Chairperson
Community Care Collaborative Board of Directors

ATTESTED TO BY:

Margo Gonzalez, Secretary to the Board
Community Care Collaborative



Board of Directors Meeting

April 7, 2015

AGENDA ITEM

1. Receive a Community Care Collaborative Delivery System Reform Incentive Payment (DSRIP) Projects update.



CENTRAL HEALTH

1115 Waiver Update

Presented to the CCC Board of Directors

April 7, 2015

Sarah Cook, Medicaid Waiver Director



Overview

- Project Updates
- DY4 April reporting
- DY4 Progress
- Sustainability/Extension



Project Updates

- Midpoint assessment (through April DY3)
- All change requests for DY4&5 approved
- All October 2014 submissions approved
 - 94% of total value (\$54m)
- RHP7 earned 91% of DY3 funds in DY3



DY4 April Reporting

- Will report on 4 of 5 milestones “carried forward” from DY3
- Forgoing 5th milestone: focus on DY4 QPI
- Will submit 3 DY4 milestones



DY4 Progress

- QPI on target
- Adding new subcontracted providers
- Category 3 Quality Improvements
 - Increasing focus and value in DY4 & DY5
 - DY4 Payment: half to report, half to improve
 - 18 unique improvement targets



Category 3 Quality Outcomes

Diabetes Care: LDL Screening	Asthma Percent Opportunity Achieved
Diabetes Care: Foot Exam	Improvement of PHQ-9 Scores
Diabetes care: Nephropathy	Annual monitoring for patients on diuretics
Tobacco Use: Screening and Cessation	Annual monitoring for patients on ACE/ARBs
HBP Screening & Counseling	Diabetes care: Retinal eye exam
Adult BMI Assessment & Counseling	Gonorrhea follow up 3 months post-treatment
BP Control in Diabetics	Pregnancy Rate for women 15-44
BP Control in CUC Medical-Dental Patients	ED Visit rate for ACSCs
Hepatitis C Cure Rate	Healthy Term Newborns

Improvement is measured within subsets of the CCC's covered population
(e.g. MAP diabetics aged 18-64)



Sustainability/Extension

- Beginning sustainability review
 - Developing key questions, reviewing data
 - Outside evaluation
- HHSC preparing to ask for DSRIP extension in September



CENTRAL HEALTH

Questions?



Board of Directors Meeting

April 7, 2015

AGENDA ITEM

2. Discuss and take appropriate action on the Community Care Collaborative's Purchasing Policy.



Policy: Purchasing

Policy Number: _____

Departments Affected:	Effective Date:
Proponent:	Revision Date(s):
Approved By:	Review Date(s):
Initials:	Page 1 of 3

The following policies and procedures shall be followed when Community Care Collaborative (the “CCC”) purchases equipment, materials, supplies, property, or services from an outside source.

A. General Policy

1. No Conflict of Interest. A conflict of interest exists when a CCC director, employee, or a family member of the employee is in a position to benefit personally, either directly or indirectly, from his or her relationship with a person or entity conducting business with the CCC.

No employee or agent of the CCC will participate in the solicitation, evaluation, or selection of a contract or purchase involving a conflict of interest without the approval of the CCC Board of Directors. A “family member” is: (i) a spouse or domestic partner, (ii) a child, stepchild, parent or sibling of an employee or his/her spouse or domestic partner, or (iii) any other relative current living with an employee or whose assets the employee controls.

2. No Purchase of Items for Personal Use. No director, employee, or agent who participates in the selection or acceptance of a contract for equipment, materials, supplies, or services shall use such items for personal use.

3. No Receipt of Gratuities. No director, employee, or agent shall solicit or accept gratuities, favors, or anything in excess of \$25 in value from contractors, potential contractors, or parties to agreements with the CCC.

4. Purchases Requiring Unanimous Member Approval. No director, employee, or agent shall enter into any purchasing arrangement that requires approval of the Members under the CCC’s Bylaws.

To the extent that the CCC Bylaws and this policy are in conflict, the CCC Bylaws shall control.

B. Acquisition Procedure

The CCC will conduct all procurement transactions in a manner that maximizes best value to the CCC. The CCC reserves the right to reject any bids or offers if deemed to be in its best interest.

1. The amount and type of purchase will determine the purchasing method chosen by the CCC. The CCC will use the following purchase dollar thresholds as guidelines for determining which procurement method to use:
 - a. Up to \$100,000: The CCC Executive Director shall have the discretion to approve purchases up to \$100,000. The Executive Director will review requests for purchases, which will include, as appropriate, a description of the goods or services, research of potential vendors, and appropriate approvals. The CCC Executive Director shall determine what process is used to procure the goods or services, including a determination as to whether single source or sole source procurement is appropriate.
 - b. Greater than \$100,000: Purchases greater than \$100,000 currently require prior approval of the Members under the CCC bylaws. Unless otherwise excepted from the competitive process by the CCC Executive Director, the Purchasing Coordinator will solicit bids/quotes from potential vendors or prepare solicitations as directed by the CCC Executive Director. Pools of pre-qualified vendors may also be used.
 - c. Emergency: the following purchases are considered excepted from the competitive procurement process:
 - i. An item or service that must be purchased in a case of public calamity if it is necessary to make the purchase promptly to relieve the necessity of the citizens or to preserve the property of the CCC;
 - ii. An item or service necessary to preserve or protect the public health or safety of the population that the CCC serves; and
 - iii. An item or service necessary because of unforeseen damages to CCC property (including leased facilities);

The CCC will maintain files on all quotations solicited, offers or bids received, and any criteria for selection. In all instances in which the lowest bid is not awarded in the contract, justification for the selection must be contained in the file.

C. Property and Equipment Policy

When purchasing property (both real estate and equipment), the following procedures must be followed:

1. Title in the Name of the CCC. All property purchased belongs to the CCC and title vests with the CCC.
2. Property Inventory. A list of all property owned by the CCC shall be kept showing the type of property, identification number, original cost, and depreciated value. The inventory list must be completed at the time of purchase and annually at the end of the nonprofit's fiscal year.



3. Insurance Coverage. The nonprofit will maintain insurance coverage for all property owned by the nonprofit and maintain documentation of each policy in a safe deposit box.

D. Delegation of Authority

The CCC Board delegates the following authority to its Executive Director or in his/her absence to the CCC Vice President of Operations:

1. Identification and application of the appropriate procurement method as outlined by this Policy.
2. Approval and administration of exemption orders to this policy based on the following categories:
 - a. Exemptions for sole source;
 - b. Exemptions for situations where a single provider is geographically available or has been designated for use by another governmental entity;
 - c. Exemptions from competitive procurement requirements for professional services or specialized consulting services; and
 - d. Exemptions for emergency situations affecting public health or CCC operations.
3. Authorization to execute contract renewals and amendments, except for transactions requiring Member approval, regardless of the amount if the amendment is for a correction that does not affect the substantive terms and conditions (e.g., term or length, cost, scope of service) and if the renewal is in accordance with the terms of the contract. Both such amendments and renewals will be reported to the Board and/or Members.
4. Authorization to award contracts and/or contract amendments and modifications for goods or services up to \$100,000 except for transactions requiring Member approval;
5. Authorization to reject bids/proposals that do not meet CCC needs and to re-solicit procurements as needed.

Notwithstanding the authority granted herein, the Executive Director, in his or her discretion, may choose to take any procurement action to the CCC Board of Directors and/or Members for approval.



Board of Directors Meeting

April 7, 2015

AGENDA ITEM

3. Discuss and take appropriate action on the Community Care Collaborative's Strategic Plan.

CCC Strategic Plan

Vision (Desired End State):

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

Mission (How to reach Vision):

Create an integrated healthcare delivery system for identified vulnerable populations in Travis County that considers the whole person, engages patients as part of the care team, focuses on prevention and wellness and utilizes outcome data to improve care delivery

DRAFT Guiding Principles:

In performing our work, the CCC will be guided by the following principles:

- **Person-Centered:**
 - We put the consumer at the center of our service delivery system.
- **Accountable:**
 - We make data-driven decisions that are clinically sound and financially sustainable.
- **Results-Oriented:**
 - We continuously seek improvement in serving our population and the larger community.
- **Collaborative:**
 - We *pledge to* improve the health *and wellness* of the people we serve through our Partnership.
- **Sustainable:**
 - We strengthen our Partnership, and our ability to serve, through the individual success of each Member.

CCC Values:

- *Person Centered:*
 - We are responsive to the needs and interests of the people we serve.
- *Accountable:*
 - We are responsible to our patients, our partners and the public to improve care delivery, partner effectively and use resources wisely.
- *Innovative:*
 - We encourage new ideas and creativity at every level of the organization.
- *Collaborative:*
 - We partner to improve the delivery of care and health outcomes for the people we serve.
- *Adaptable:*
 - We are flexible and resilient.

Deleted: Foundational Elements and Goal Statements:¶

To more effectively and efficiently serve its target population, the CCC is committed to creating an integrated delivery system that demonstrates –¶

¶
Person-Centered and Population-Focused Care Delivery¶
Clinical Integration and Care Coordination¶
Continuous Quality Improvement and Innovation¶
Health Information Technology (HIT) and Continuity of Information¶
Sustainability, Accountability, and Collaboration ¶
(Academic Medicine, Clinical Providers, and Support Services)¶
¶

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CCC Strategic Plan

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Board of Directors Meeting

April 7, 2015

AGENDA ITEM

4. Receive a presentation on CCC Financial Statements as of February 28, 2015.

Community Care Collaborative

Financial Statement Presentation

FY 2015 – as of Feb 28, 2015





- Financial Statements
 - Balance Sheet
 - Sources and Uses Report – Budget vs. Actual
 - Detail of Healthcare Delivery Expense
- Five months of operations
 - October 1, 2014 – February 28, 2015

Balance Sheet

Fiscal Year to Date through Feb 28, 2015



3

Assets:

Cash & cash equivalents (1)	\$ 59,887,950
Other receivable	350
Total Assets	<u>\$ 59,888,300</u>

Liabilities and Net Assets:

Accounts payable	\$ 10,068,835
Deferred DSRIP Revenue	4,016,614
Other Payable	96,091
Total Liabilities	14,181,540
Net Assets (1)	<u>45,706,760</u>
Liabilities and Net Assets	<u>\$ 59,888,300</u>

(1) Includes \$5M Emergency Reserve Balance

Sources and Uses Report, Budget vs. Actual

Fiscal Year to Date through Feb 28, 2015



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		<u>Budget</u>	<u>Actual</u>
Sources of Funds	DSRIP Revenue	\$ 48,875,000	\$ 48,914,846
	Seton Indigent Care Payment (1)	60,000,000	8,600,000
	Central Health Indigent Care Payment (2)	15,489,552	289,552
	Operations Contingency Carryforward	8,209,600	10,414,962
	Other Sources	20,000	3,104
	Total Sources of Funds	<u>\$ 132,594,152</u>	<u>\$ 68,222,464</u>
Uses - Programs	Healthcare Delivery	71,908,131	25,164,531
	UT Services Agreement	35,000,000	
	Emergency Reserve	5,000,000	
	DSRIP Project Costs	20,686,021	2,351,172
	Total Uses	<u>\$ 132,594,152</u>	<u>\$ 27,515,703</u>
	Sources Over Uses	-	40,706,761
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Net Assets	Unrestricted		40,706,761
	Emergency Reserve		5,000,000
	Total Net Assets		<u>\$ 45,706,760</u>

(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) Includes Service Expansion Funds \$289,552

Healthcare Delivery Costs

Fiscal Year to Date through Feb 28, 2015



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	<u>Budget</u>	<u>Actual</u>	
Primary Care	\$ 51,771,147	\$ 19,388,049	37%
Specialty Care (1)	1,887,537	413,126	22%
Mental Health	383,856	148,112	39%
Dental Care	596,711	175,282	29%
Pharmacy	4,000,000	1,922,797	48%
Vision	550,915	211,242	38%
Ortho	41,000	17,901	44%
Client Referral Services	907,309	339,644	37%
Claims Administration	3,500,000	1,458,333	42%
Service Expansion Funds	500,000	-	0%
Health Information Technology	4,813,000	225,532	5%
Other/Admin	1,853,576	864,513	47%
Operations Contingency	<u>1,068,080</u>	<u>-</u>	<u>0%</u>
Total Healthcare Delivery	<u>\$ 71,908,131</u>	<u>\$ 25,164,531</u>	<u>35%</u>

(1) Includes \$289,552 Service Expansion Funds

Selected HCD Providers Expenditures

Fiscal Year to Date through Feb 28, 2015



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	<u>FY15</u> <u>Budget</u>	<u>FYTD 2015</u>	<u>Actual</u>	<u>% of</u> <u>Budget</u>
Primary care				
Primary Care - CommUnityCare	\$41,501,395		\$16,830,936	41%
Primary Care - El Buen Samaritano	1,950,000		438,468	22%
Primary Care - Lone Star Circle of Care	4,364,995		1,023,109	23%
Primary Care - Peoples Community Clinic	1,398,000		489,197	35%
Primary Care - Volunteer Clinic	100,000		46,347	46%
Primary Care - Recuperative Care Beds	400,000		56,252	14%
Primary Care - Urgent Care	166,000		52,744	32%
Primary Care - Planned Parenthood	510,000		212,500	42%
Primary Care - Paul Bass Clinic - Primary	709,647		173,535	24%
Primary Care - Blackstock (CUC)	262,045		45,443	17%
	<u>\$51,362,082</u>		<u>\$19,368,531</u>	<u>38%</u>
Specialty care				
Paul Bass Clinic - Specialty	\$933,985		\$146,629	16%
Austin Cancer Centers	334,000		153,638	46%
Project Access	330,000		110,000	33%
Vision	550,915		212,570	39%
Orthotics	41,000		19,431	47%
Dental	596,711		175,282	29%
	<u>\$2,786,611</u>		<u>\$817,550</u>	<u>29%</u>
Mental health				
ATCIC	\$8,045,166		\$3,352,086	42%
SIMS Foundation	383,856		148,112	39%
	<u>\$8,429,022</u>		<u>\$3,500,198</u>	<u>42%</u>
Pharmacy	<u>\$4,000,000</u>		<u>\$1,922,797</u>	<u>48%</u>
Central Health Expenditures				

Questions? Comments?



Community Care
COLLABORATIVE



Board of Directors Meeting

April 7, 2015

AGENDA ITEM

5. Receive a presentation on the Community Care Collaborative Integrated Delivery System (“IDS”) and a Benefit Redesign overview.
(No Back-up)