



## **Board of Directors**

### **Meeting**

**Tuesday, July 8, 2014**

**2:00 p.m.**

**Central Health Administrative Offices**

**1111 E. Cesar Chavez St.**

**Austin, Texas 78702**

### **AGENDA\***

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**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 May 13, 2014 CCC Board of Directors meeting.
2. Approve the appointment of Wesley Durkalski to serve on the Community Care Collaborative Advisory Committee to replace David Lamkin.

**B. Regular Agenda**

1. Receive a Delivery System Reform Incentive Payment (DSRIP) Projects update.
2. Receive a DSRIP Projects update from CommUnityCare.
3. Discuss and take appropriate action on agreements for performing CCC DSRIP Projects.
4. Receive a presentation on CCC Financial Statements as of June 30, 2014.

5. Receive a report on the current number of Unique MAP Enrollees.
6. Receive and take appropriate action on a recommendation from the Advisory Committee if MAP enrollment exceeds 25,000 enrollees.

#### **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.*

*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.*



## **Board of Directors**

### **Meeting**

**Tuesday, May 13, 2014**

**2:00 p.m.**

**Central Health Administrative Offices**

**1111 E. Cesar Chavez St.**

**Austin, Texas 78702**

### **Meeting Minutes**

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#### **I. Call to Order and Record of Attendance**

On Tuesday, May 13, 2014, a public meeting of the CCC Board of Directors was called to order at 2:10 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 and Vice-Chairperson Greg Hartman were both present. The clerk for the meeting was Margo Gonzalez.

##### Clerk's Notes:

Secretary Gonzalez took record of attendance.

##### Directors Present:

Chairperson Patricia A. Young Brown, Vice-Chairperson Greg Hartman, Jeff Knodel, Sarah Cook (Proxy for Christie Garbe), Willie Lopez (Proxy for Tim LaFrey) and David Evans (Non-Voting Advisory Board Member)

##### Officers Present:

Larry Wallace (Executive Director) and Margo Gonzalez (Secretary)

##### Other Attendees Present:

Beth Devery (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 April 8, 2014 CCC Board of Directors meeting.

### Clerk's Notes:

Director Knodel moved that the Board approve Consent Agenda item A(1). Vice-Chairperson Hartman seconded the motion. The motion was passed on the following vote:

Director Patricia A. Young Brown (Chair)	For
Director Greg Hartman (Vice-Chairperson)	For
Director Jeff Knodel	For
Director Sarah Cook (Proxy)	For
Director Willie Lopez (Proxy)	For

## **B. Regular Agenda**

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

### Clerk's Notes:

Sarah Cook provided an update on the 15 DSRIP Projects and distributed a dashboard which summarizes the progress of each project and a key that explains the objective factors for scoring, contract status, and project milestones. Ten of the fifteen DSRIP Projects have been executed. The Gastroenterology and Integrated Behavioral Health for Diabetics projects are in progress. The Centering Pregnancy project is pending approval from the Centers for Medicare and Medicaid Services (CMS). CommUnityCare Pflugerville Health Center will expand its hours. This is CommUnityCare's third health center to expand its hours. The other two are North Central and Rosewood Zaragoza. Expanded hours will increase patient encounters by 1,000. The CCC staff convenes regular meetings with performing providers for each of the DSRIP Projects to ensure progress.

2. Discuss and take appropriate action on agreements for performing CCC DSRIP Projects.

### Clerk's Notes:

This agenda item was not discussed.

3. **Receive a presentation on the Marketplace Exchange.**

### Clerk's Notes:

Kit Abney Spelce, Seton insure.a.kid and Community Insurance Programs Director, presented Seton Healthcare Family's marketplace insurance strategy. To maximize enrollment into the Health Insurance Marketplace, Seton focused on reducing the number of unfunded patients and partnered with Lone Star Circle of Care and CommuniCare Certified Application Counselors. This partnership was created to avoid duplicative efforts and maximize the use of federal grant dollars. Enrollment assistance was provided at multiple Seton Healthcare Family Hospitals such as University Medical Center Brackenridge (UMCB), Seton Northwest, Seton Williamson, Seton Medical Center Austin, and Seton Medical Center Hays. Data sharing helped maximize outreach and enrollment between Seton, the Integrated Care Collaboration (ICC), and the Federally Qualified Health Centers (FQHCs). These three organizations identified and followed up with patients who were unfunded, under the age of 65 with a social security number who

may or may not have established a primary care medical home. Seton's collaborative efforts resulted in the enrollment of 91 individuals in a Qualified Health Plan (QHP). However, Seton has identified some opportunities for improvement in outreach, screening, and enrollment, including predictive modeling methodology, outpatient and inpatient referral process, and incentive strategies for patients who enroll in coverage.

Claudia Lindenberg, Central Health Director of Eligibility Services, and Michelle Tijerina, Central Health Navigation Manager, presented Central Health's Affordable Care Act (ACA) Marketplace efforts. Central Health coordinated a systematic approach to help prevent confusion, avoid duplication, and maximize the use of existing community resources to enroll Central Texas residents in a QHP. Central Health was instrumental in building the education and awareness of thousands of Travis County residents. Education and awareness events were designed to provide an explanation of benefits and financial assistance available through the Marketplace. As a result, many of the event participants enrolled in a QHP. In addition, Central Health staff convened stakeholder meetings with local government entities, nonprofit organizations, FQHCs, Austin Community College (ACC), Enroll America, and other community organizations to develop a strategic approach for outreach and enrollment to local residents which also led to referrals for in-person application assistance and community enrollment events. To improve outreach and enrollment, participating stakeholders created committees to focus on communications, data and analytics, and small business. Unfortunately, there was minimal meeting participation so Central Health will focus on enhancing stakeholder engagement by the next enrollment period. Central Health's investment of \$1.3 million for outreach and education contributed to the success of enrollment. Other notable accomplishments include a contract with United Way for Greater Austin to promote the Health Insurance Marketplace in Travis County, additional coverage in broadcast, print, digital, and social outlets, and complimenting services provided by Enroll America to expand outreach to an even broader audience. It is also important to note that there were many challenges that threatened the potential success such as system malfunctions during high traffic times, identification issues, inaccurate advanced premium tax credits and cost sharing subsidies, and negative press. Central Health also learned that patients eligible for enrollment in a QHP lacked computer and insurance literacy. For the next enrollment period which begins November 2014, Central Health will develop tools to help consumers understand their health plans and benefits.

No action was taken.

**4. Receive a presentation on the Austin Travis County Integral Care (ATCIC) Overview of Services Report.**

Clerk's Notes:

Dr. Mark Hernandez, CCC Chief Medical Officer, and Beth Peck, CCC Special Projects Manager, presented an overview of the Austin Travis County Integral Care (ATCIC). The purpose of this report was to create a comprehensive inventory of behavioral health services to establish a baseline for planning and outcome analysis for the integrated delivery system (IDS). The report identifies ways in which ATCIC can most effectively participate in the CCC either as a contracted provider, CCC affiliate partner, or a full risk-sharing partner. Dr. Hernandez explained the project process and recommendations, including ATCIC's role in the community and the health-related services provided to the community. ATCIC lacks funding flexibility as much of the budget is earmarked for specific purposes. Ms. Peck further explained how the target population receives access to ATCIC's programs and services and next steps. The CCC and ATCIC will begin a series of conversations regarding strategic alignment.

David Evans provided his feedback on the project. He reported on the progress the ATCIC has made since receiving the results of the CCC's report.

No action was taken.

5. Receive a presentation on CCC Financial Statements as of April 30, 2014.

Clerk's Notes:

Jeff Knodel provided an update on the interim financial statements, including the balance sheet, sources and uses report – budget versus actual and the healthcare delivery report and costs for October 1, 2013 through April 30, 2014. He also explained the budget expenditure comparison for Fiscal Year April 2013 through April 2014. The Fiscal Year 2014 Budget includes more than \$900,000 in service expansion funds from Central Health for specialty care, specifically vision services, and behavioral health services at SIMS Foundation. Both of these requests were approved by the CCC Advisory Committee, CCC Board of Directors, Central Health Budget and Finance and Central Health Board of Managers.

No action was taken.

6. Receive and discuss a report on clinical protocols and associated clinical metrics.

Clerk's Notes:

Dr. Hernandez presented the clinical protocols and associated metrics for hypertension, heart failure, diabetes mellitus, and depression. He explained that the protocols derived from clinical guidelines for the individuals in the CCC target population diagnosed with hypertension, heart failure, diabetes mellitus, or depression 18 years of age or older in a primary care setting. The depression protocol is for patients in the CCC population 18 years of age or older who have not been previously diagnosed with depression and general anxiety disorder. Patients who have been diagnosed will be referred to the appropriate advanced specialized care for treatment. These protocols were created for providers in a primary care setting and their intended use is a standard for treatment of care with applicable best practices and an appropriate referral process. Each protocol contains outcome metrics which were developed to measure success and improve patient experience. The CCC will develop workgroups, clinical protocols and associated metrics for asthma and chronic obstructive pulmonary disease (COPD) which align with the requirements for the Chronic Care DSRIP Project.

No action was taken.

7. Receive a report on the current number of Unique MAP Enrollees.

Clerk's Notes:

Dr. Hernandez reported the current number of unique MAP enrollees for April 2014 which was 24,726. While this number is comparable to trends from last year, it also represents a three percent change from last year.

No action was taken.

#### **IV. Closed Session**

Clerk's Notes:

No closed session discussion.

#### **V. Closing**

Clerk's Notes:

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

Director Patricia A. Young Brown (Chair)	For
Director Greg Hartman (Vice-Chairperson)	For
Director Jeff Knodel	For
Director Sarah Cook (Proxy)	For
Director Willie Lopez (Proxy)	For

The meeting was adjourned at 3:47 p.m.

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

ATTESTED TO BY:

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Margo Gonzalez, Secretary to the Board  
Community Care Collaborative

# Community Care Collaborative

Financial Statement Presentation

FY 2014 – as of June 30, 2014



Community Care  
COLLABORATIVE





- Interim Financial Statements
  - Balance Sheet
  - Sources and Uses Report – Budget vs. Actual
- Nine months of operations
  - October 1, 2013 – June 30, 2014

# Balance Sheet

## As of June 30, 2014



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### Assets:

Cash & cash equivalents	55,719,469
Accounts receivable	<u>20,487</u>

Total Assets	<u><u>55,739,956</u></u>
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### Liabilities and Net Assets:

Accounts payable	2,055,116
Other liabilities	<u>43,855</u>

Total Liabilities	2,098,971
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Net Assets	<u>53,640,985</u>
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Liabilities and Net Assets	<u><u>55,739,956</u></u>
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# Sources and Uses Report

## Budget vs. Actual

### *Fiscal Year to Date through June 30, 2014*



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	<u>Budget</u>	<u>Actual</u>
Sources of Funds		
DSRIP Revenue	49,152,105	49,287,465
Seton Indigent Care Payment (1)	60,000,000	30,000,000
Central Health Indigent Care Payment (1)	16,106,479	10,906,479
Operations Contingency	10,354,156	12,393,741
Other Sources		15,696
Total Sources of Funds	<u>135,612,740</u>	<u>102,603,381</u>
Uses - Programs		
Healthcare Delivery	74,025,209	44,749,890
Permitted Investments - UT	35,000,000	-
Emergency Reserve	5,000,000	3,750,000
DSRIP Project Costs	21,587,531	4,212,506
Total Uses	<u>135,612,740</u>	<u>52,712,396</u>
Sources Over Uses	-	49,890,985
Net Assets		
Unrestricted		49,890,985
Emergency Reserve		3,750,000
Total Net Assets		<u>53,640,985</u>

*(1) Final contributions will be subject to provisions of the Master Agreement, 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 estimate, depending upon a variety of factors.*

# Healthcare Delivery Report

## Fiscal Year to Date through June 30, 2014



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	<u>Budget</u>	<u>Actual</u>
Healthcare Services *	63,194,556	44,749,890
Operations Contingency	10,330,653	-
Expansion Funds	<u>500,000</u>	<u>-</u>
Total	<u><u>74,025,209</u></u>	<u><u>44,749,890</u></u>

\* Healthcare Services budget reflects \$906,479 in expansion funds from Central Health.

# Expansion Funds Report

## Fiscal Year to Date through June 30, 2014



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<b>FY14 SERVICE EXPANSION FUND</b>	<b><u>Budget</u></b>	<b><u>Expended allocations</u></b>	<b><u>Unexpended allocations</u></b>
<b>Adopted Budget: service expansion funds</b>	<b>\$ 500,000</b>		
Allocations to CommUnityCare:			
Expand Specialty Care Capacity for Gastroenterology	100,000	-	100,000
Expand Specialty Care Capacity for Pulmonology	100,000	-	100,000
<b>Subtotal - allocations to CommUnityCare</b>	<b>\$ 200,000</b>	<b>\$ -</b>	<b>\$ 200,000</b>
<b>Unallocated budget: service expansion funds</b>	<b><u>\$ 300,000</u></b>		

# Healthcare Delivery Costs

## Fiscal Year to Date through June 30, 2014



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	<u>Budget</u>	<u>Actual</u>
Primary Care	50,231,419	36,753,350
Specialty Care (1)	2,175,900	1,388,142
Mental Health (2)	383,856	282,270
Dental Care	596,711	317,045
Pharmacy	5,571,670	2,615,140
Client Referral Services	735,000	645,561
Claims Administration	3,500,000	2,625,000
Other	-	123,382
Total Healthcare Delivery (3)	<u>63,194,556</u>	<u>44,749,889</u>

(1) Specialty Care budget reflects \$787,623 in service expansion funds from Central Health.

(2) Mental Health budget reflects \$118,856 in service expansion funds from Central Health.

(3) Total Healthcare Delivery budget reflects \$906,479 in service expansion funds from Central Health.

# Budget Expenditure Comparison FYTD through June 2014 and 2013



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	Current Year			Prior Year			
	FY14 Budget	Actual FYTD 2014	% of Budget	FY13 Budget	Actual FYTD 2013	% of Budget	Actual FY14 (whole year)
<b>Operating expenses:</b>							
<b>Primary care</b>							
Primary Care - CommUnityCare	40,330,910	\$30,214,667	75%	38,893,751	\$25,929,167	67%	38,893,751
Primary Care - El Buen Samaritano	1,800,000	\$1,420,441	79%	2,754,400	\$1,590,174	58%	1,756,914
Primary Care - Lone Star Circle of Care	4,364,995	\$2,809,712	64%	4,364,995	\$2,968,357	68%	4,009,668
Primary Care - Peoples Community Clinic	1,398,000	\$1,030,994	74%	1,398,000	\$975,444	70%	1,306,799
Primary Care - Volunteer Clinic	100,000	\$78,798	79%	100,000	\$74,934	75%	96,283
Primary Care - Recuperative Care Beds	300,000	\$222,750	74%	300,000	\$279,250	93%	362,500
Primary Care - Urgent Care	166,000	\$113,851	69%	166,000	\$133,214	80%	165,366
Primary Care - Planned Parenthood (1)	400,000	\$330,239	83%	690,197	\$472,807	69%	515,508
Primary Care - Paul Bass Clinic - Primary	709,647	\$211,955	30%	709,647	\$306,042	43%	398,937
Primary Care - Blackstock	262,045	\$105,659	40%	262,045	\$163,132	62%	221,555
Ancillary - Austin EMS	696,822	\$522,000	75%	696,822	\$522,617	75%	696,822
	\$ 50,528,419	\$ 37,061,067	73%	\$ 50,335,857	\$ 33,415,138	66%	\$ 48,424,103
<b>Specialty care</b>							
Specialty Care-Vision (2)	550,915	\$370,101	67%	389,077	\$302,082	78%	419,756
Specialty Care - Paul Bass Clinic - Specialty (2)	933,985	\$464,106	50%	462,000	\$81,544	18%	108,911
Oncology - Austin Cancer Centers	334,000	\$261,642	78%	334,000	\$224,828	67%	266,038
Orthotics	27,000	\$35,996	133%	27,000	\$26,652	99%	36,706
	\$ 1,845,900	\$ 1,131,844	61%	\$ 1,212,077	\$ 635,106	52%	\$ 831,411
<b>Mental health</b>							
ATCIC Austin Travis County Integral Care (1)	7,925,319	\$5,943,990	75%	7,925,319	\$5,858,097	74%	8,227,395
SIMS Foundation (2)	383,856	\$282,270	74%	435,075	\$289,850	67%	375,120
	\$ 8,309,175	\$ 6,226,260	75%	\$ 8,360,394	\$ 6,147,947	74%	\$ 8,602,515
<b>Pharmacy</b>							
Pharmacy - MedImpact/ScriptCare	\$ 5,400,000	\$2,615,140	48%	\$ 5,444,687	\$3,008,990	55%	\$ 4,042,113
<b>Dental</b>							
Dental	\$ 596,711	\$317,046	53%	\$ 596,711	\$385,831	65%	\$ 488,154
	\$ 66,680,205	\$ 47,351,357	71%	\$ 65,949,726	\$ 43,593,012	66%	\$ 62,388,296

(1) Central Health Expenditures

(2) FY14 Budget includes \$906,479 expansion funds from Central Health

# Questions? Comments?





Medical Access Program Enrollment			
Enrollment on:	FY2014 MAP Enrollment	FY2013 MAP Enrollment	Change from Previous Year
October	26,251	25,666	2%
November	25,760	25,400	1%
December	25,409	25,023	2%
January	24,774	24,810	0%
February	24,305	24,096	1%
March	24,235	23,947	1%
April	24,726	23,974	3%
May	24,508	24,147	1%
June	24,262	24,367	0%
July		25,293	-100%
August		25,682	-100%
September		25,907	-100%
FY14 Avg to date	24,914	24,859	0%

Notes:

- 1) MAP enrollment is the count of all individuals enrolled at any point in that month.
- 2) Full benefit includes CBRACKFQ and CPENDSSI. Enrollees have access to primary care, hospital based services care as well as ancillary services such as laboratory, pharmacy, etc. Dental services are also available to individuals in this group.

Updated: 7 July 2014

