



Board of Directors

Meeting

Friday, September 26, 2014

1:30 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 July 8, 2014 CCC Board of Directors meeting.

B. Regular Agenda

1. Discuss and take appropriate action on a resolution creating an Integrated Delivery System (IDS) Implementation Plan.
2. Receive a CCC Delivery System Reform Incentive Payment (DSRIP) Projects update.
3. Receive a Seton Healthcare Family and Dell Children's Medical Center of Central Texas Delivery System Reform Incentive Payment (DSRIP) Projects update.
4. Discuss and take appropriate actions on agreements and start up costs for CCC Delivery System Reform Incentive Payment (DSRIP) Projects.

5. Discuss and take appropriate action on an agreement with COPE Health Solutions, Inc. for Delivery System Reform Incentive Payment (DSRIP) project consulting services.
6. Discuss and take appropriate action on the Community Care Collaborative's Fiscal Year 2015 budget.
7. Receive a presentation on CCC Financial Statements as of August 31, 2014.

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

September 15, 2014

CONSENT AGENDA ITEM

- A.1. Approve minutes from the July 8, 2014 CCC Board of Directors meeting.



Board of Directors

Meeting

Tuesday, July 8, 2014

2:00 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, July 8, 2014, a public meeting of the CCC Board of Directors was called to order at 2:09 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, Jeff Knodel, Sarah Cook (Proxy for Trish Young Brown), 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 May 13, 2014 CCC Board of Directors meeting.

Clerk's Notes:

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

Director Greg Hartman (Vice-Chairperson)	For
Director Jeff Knodel	For
Director Christie Garbe	For
Director Tim LaFrey	For
Director Sarah Cook (Proxy)	For

2. Approve the appointment of Wesley Durkalski to serve on the Community Care Collaborative Advisory Committee to replace David Lamkin.

Clerk's Notes:

Director Garbe moved that the Central Health appointees appoint Wesley Durkalski to replace David Lamkin to serve on the CCC Advisory Committee. Director Knodel seconded the motion. The motion was passed on the following vote from Central Health appointees:

Director Greg Hartman (Vice-Chairperson)	Abstain
Director Jeff Knodel	For
Director Christie Garbe	For
Director Tim LaFrey	Abstain
Director Sarah Cook (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 on the Demonstration Year (DY) 3 DSRIP Projects. The dashboard tracks project details and provides a quick glance on the status of the performance indicators. Next to the dashboard indicators is a key that provides objective factors for each score, contract status, and project milestones. All 15 projects are underway and CommUnityCare is the performing provider for 10 of the 15 projects. Based on the objective factors such as scope of work, project schedule, and project milestones, the following 8 projects are on track: Disease Management Registry (DMR), Expanded Hours, Gastroenterology, Telepsychiatry, Patient Centered Medical Homes (PCMH), Chronic Disease Management Models, System Navigation and Centering Pregnancy. However, there are 4 projects [Mobile Health Teams, Pulmonology, Sexually Transmitted Infections (STI) Testing and Treatment, and Paramedic Navigation] where the quantifiable patient impact (QPI) milestones need adjustments to more accurately determine the impact they have on the

population served. Any adjustments made can carry over to DY 4 and 5. Ms. Cook also explained the ratings for the few projects that reflect multiple QPIs and have two dashboard indicators with a combination of red, yellow, and/or green. For DY 4 and 5, the CCC will submit and request plan modifications for specific DSRIP Projects. Requests for plan modifications require a significant variance from the approved project such as changes in the estimated patient impact or target population impact, deletion or replacement of the approved metrics, or the inability to achieve project goals. Any significant changes that lessen the scope or patient impact of the project will be reviewed and approved by the Health and Human Services Commission (HHSC) and/or Centers for Medicare and Medicaid Services (CMS).

There was no action taken on this agenda item.

2. Receive a DSRIP Projects update from CommUnityCare.

Clerk's Notes:

Terri Sabella, CommUnityCare Chief Operating Officer, provided an update on CommUnityCare's DSRIP Projects and strategic initiatives. In the last year, CommUnityCare has undergone several changes that will enhance efficiency and drive large-scale transformation. Under its new executive leadership, CommUnityCare has relocated corporate offices; developed a patient navigation center; created a strategic plan that is intended to increase access, quality, efficiency and productivity; and identified ways to improve workplace factors to become the employer of choice and the provider of choice for the safety-net population. Ms. Sabella highlighted the following seven DSRIP Projects for which CommUnityCare provides additional health care access: Expanded Hours, Mobile Health Teams, Dental Services, Gastroenterology, Pulmonology, Telepsychiatry, and Centering Pregnancy. To support each of these projects, CommUnityCare has created project teams to execute the tasks necessary to meet the project milestones. Each team consists of a project manager, administrative support, and clinical and operational staff to ensure the success of the project. In addition to CommUnityCare staff, these teams are comprised of staff from other organizations, including the CCC, Central Health, and COPE Health Solutions. Proposed project teams for DY4 DSRIP Infrastructure Initiatives is under development. The DSRIP Infrastructure Initiatives category will contain investments in additional resources such as people, places, processes and technology to expand, improve, and/or create efficient health care access at a lower cost. CommUnityCare will provide updates to the CCC Board of Directors on developments of these initiatives as they become available. In the meantime, CommUnityCare is focused on improving healthcare quality and access. With eight new initiatives in place, CommUnityCare will soon have additional health centers in convenient locations in the Central Texas Region. Integrated Behavioral Health Services in primary care health center sites in Austin, Del Valle and Pflugerville Independent School Districts will be provided by CommUnityCare as part of a DSRIP Project initiative and expansion of services. To determine the best way to support the community, CommUnityCare is conducting an assessment of all their existing sites of services.

Serena Bumpus, CCC Director of Integrated Delivery System (IDS) Development, provided an update on the implementation of the clinical protocols. The CCC is coordinating with CommUnityCare Pflugerville and Rosewood Zaragoza Health Centers to implement protocols for Type 2 Diabetes Mellitus. The protocols provide evidence-based care recommendations in the screening and treatment of patients with specific chronic medical conditions in a primary care setting. These protocols were created as a standard for treatment of care with applicable best practices and an appropriate referral process. The CCC will also implement protocols related to Hypertension, Heart Failure, Depression and Hepatitis C. Ms. Bumpus also specified that protocol development for Chronic Pain Management and Asthma will begin in late August 2014.

There was no action taken on this agenda item.

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

Clerk's Notes:

This agenda item was not discussed.

4. Receive a presentation on CCC Financial Statements as of June 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 nine months of operations October 1, 2013 through June 30, 2014. He also explained the the expansion funds report which includes allocations for expanded specialty care at CommUnityCare for gastroenterology and pulmonology. Mr. Knodel provided an overview of the budget expenditure comparison for Fiscal Years 2013 and 2014. The Fiscal Year 2014 Budget includes \$906,479 in service expansion funds from Central Health for specialty care, specifically vision services and behavioral health services at SIMS Foundation. These requests were approved by the CCC Advisory Committee, CCC Board of Directors, Central Health Budget and Finance Committee and Central Health Board of Managers.

No action was taken.

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

Clerk's Notes:

Larry Wallace reported the current number of unique MAP enrollees for June 2014 which was 24,262. This number is comparable to trends from last year. He also provided an update on recent Advisory Committee meeting discussions related to MAP enrollment exceeding 25,000 enrollees. The Advisory Committee will propose a recommendation to the CCC Board of Directors that provides reasoning for MAP enrollment if the number of enrollees exceeds 25,000.

No action was taken.

6. Receive and take appropriate action on a recommendation from the Advisory Committee if MAP enrollment exceeds 25,000 enrollees.

Clerk's Notes:

This agenda item was not discussed.

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 Cook seconded the motion.

Director Greg Hartman (Vice-Chairperson)

For

Director Jeff Knodel
Director Christie Garbe
Director Tim LaFrey
Director Sarah Cook (Proxy)

For
For
For
For

The meeting was adjourned at 3:02 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

September 15, 2014

AGENDA ITEM

1. Discuss and take appropriate action on a resolution creating an Integrated Delivery System (IDS) Implementation Plan.

(No Back Up)



Board of Directors Meeting

July 8, 2014

AGENDA ITEM

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

(No Back Up)



Board of Directors Meeting

July 8, 2014

AGENDA ITEM

3. Receive a Seton Healthcare Family and Dell Children's Medical Center of Central Texas Delivery System Reform Incentive Payment (DSRIP) Projects update.

(No Back Up)



Board of Directors Meeting

July 8, 2014

AGENDA ITEM

4. Discuss and take appropriate actions on agreements and start up costs for CCC Delivery System Reform Incentive Payment (DSRIP) Projects.

(No Back up)



Board of Directors Meeting

July 8, 2014

AGENDA ITEM

5. Discuss and take appropriate action on an agreement with COPE Health Solutions, Inc. for Delivery System Reform Incentive Payment (DSRIP) project consulting services.

(No Back up)



Board of Directors Meeting

July 8, 2014

AGENDA ITEM

6. Discuss and take appropriate action on the Community Care Collaborative's Fiscal Year 2015 Budget.

(No Back up)



Board of Directors Meeting

July 8, 2014

AGENDA ITEM

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

Community Care Collaborative

Financial Statement Presentation

FY 2014 – as of August 31, 2014



Community Care
COLLABORATIVE



- Interim Financial Statements
 - Balance Sheet
 - Sources and Uses Report – Budget vs. Actual
- Eleven months of operations
 - October 1, 2013 – August 31, 2014

Balance Sheet

As of August 31, 2014



3

Assets:

Cash & cash equivalents	\$14,325,153
-------------------------	--------------

Accounts receivable	<u>145,179</u>
---------------------	----------------

Total Assets	<u><u>\$14,470,332</u></u>
--------------	----------------------------

Liabilities and Net Assets:

Accounts payable	3,356,131
------------------	-----------

Other liabilities	<u>-</u>
-------------------	----------

Total Liabilities	\$ 3,356,131
-------------------	--------------

Net Assets	<u>11,114,201</u>
------------	-------------------

Liabilities and Net Assets	<u><u>\$14,470,332</u></u>
----------------------------	----------------------------

Sources and Uses Report, Budget vs. Actual

Fiscal Year to Date through August 31, 2014



4

		<u>Budget</u>	<u>Actual</u>
Sources of Funds	DSRIP Revenue	\$ 49,152,105	\$ 53,583,936
	Seton Indigent Care Payment (1)	60,000,000	30,000,000
	Central Health Indigent Care Payment (1)	16,666,548	11,466,548
	Operations Contingency	10,354,156	12,393,741
	Other Sources		18,704
	Total Sources of Funds	<u>\$ 136,172,809</u>	<u>\$ 107,462,929</u>
Uses - Programs	Healthcare Delivery	74,585,278	55,019,788
	UT Services Agreement	35,000,000	35,000,000
	Emergency Reserve	5,000,000	4,583,333
	DSRIP Project Costs	<u>21,587,531</u>	<u>6,328,941</u>
	Total Uses	<u>\$ 136,172,809</u>	<u>\$ 100,932,062</u>
	Sources Over Uses	-	6,530,868
<hr/>			
Net Assets	Unrestricted		6,530,868
	Emergency Reserve		<u>4,583,333</u>
	Total Net Assets		<u>\$ 11,114,201</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.

Healthcare Delivery Report

Fiscal Year to Date through August 31, 2014



5

	<u>Budget</u>	<u>Actual</u>
Healthcare Services	\$ 63,754,625	\$ 55,019,788
Operations Contingency	10,330,653	-
Expansion Funds	<u>500,000</u>	<u>-</u>
Total Healthcare Delivery	<u>\$ 74,585,278</u>	<u>\$ 55,019,788</u>

Expansion Funds Report

Fiscal Year to Date through August 31, 2014



6

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

*UMCB Provider of Services

Healthcare Delivery Costs

Fiscal Year to Date through August 31, 2014



7

	<u>Budget</u>	<u>Actual</u>
Primary Care	\$ 50,467,419	\$ 44,800,812
Specialty Care	2,189,900	1,685,437
Mental Health	383,859	328,590
Dental Care	596,711	384,934
Pharmacy	5,571,670	3,304,421
Client Referral Services	856,306	791,649
Claims Administration	3,500,000	3,208,333
Other	<u>188,760</u>	<u>515,611</u>
Total Healthcare Delivery	<u><u>\$ 63,754,625</u></u>	<u><u>\$ 55,019,788</u></u>

Budget Expenditure Comparison

FYTD through August 2014 and 2013



8

	Current Year					Prior Year		
	FY14 Budget	FY 14 Amendments	FY14 Revised *	FYTD 2014 Actual	% of Budget	FY13 Budget	FYTD 2013 Actual	% of Budget
Operating expenses:								
Primary care								
Primary Care - CommUnityCare	\$40,330,910		\$40,330,910	\$36,929,037	92%	\$38,893,751	\$25,929,167	67%
Primary Care - El Buen Samaritano	1,800,000	150,000	1,950,000	1,659,151	85%	2,754,400	1,828,186	66%
Primary Care - Lone Star Circle of Care	4,364,995		4,364,995	3,349,405	77%	4,364,995	2,910,494	67%
Primary Care - Peoples Community Clinic	1,398,000		1,398,000	1,288,986	92%	1,398,000	1,203,478	86%
Primary Care - Volunteer Clinic	100,000		100,000	93,935	94%	100,000	88,909	89%
Primary Care - Recuperative Care Beds	300,000	100,000	400,000	313,250	78%	300,000	330,250	110%
Primary Care - Urgent Care	166,000		166,000	143,234	86%	166,000	163,770	99%
Primary Care-Planned Parenthood	400,000	110,000	510,000	467,500	92%	690,197	479,191	69%
Primary Care - Paul Bass Clinic - Primary	709,647		709,647	225,280	32%	709,647	271,100	38%
Primary Care - Blackstock	262,045		262,045	111,880	43%	262,045	131,485	50%
	\$49,831,597	\$360,000	\$50,191,597	\$44,581,658	89%	\$49,639,035	\$33,336,030	67%
Specialty care								
Specialty Care-Vision	\$235,277	\$315,638	\$550,915	\$464,283	84%	\$389,077	\$375,517	97%
Specialty Care - Paul Bass Clinic - Specialty	462,000	471,985	933,985	548,515	59%	462,000	70,626	15%
Oncology - Austin Cancer Centers	334,000	-	334,000	333,959	100%	334,000	248,099	74%
Orthotics	27,000	14,000	41,000	36,180	88%	27,000	31,163	115%
	\$1,058,277	\$801,623	\$1,859,900	\$1,382,937	74%	\$1,212,077	\$725,405	60%
Mental health								
ATCIC	\$7,925,319		\$7,925,319	\$7,264,875	92%	\$7,925,319	\$7,167,033	90%
SIMS Foundation	265,000	118,856	383,856	328,590	86%	435,075	345,450	79%
	\$8,190,319	\$118,856	\$8,309,175	\$7,593,465	93%	\$8,360,394	\$7,512,483	90%
Pharmacy								
Pharmacy - MedImpact/ScriptCare	\$5,400,000		\$5,400,000	\$3,304,421	61%	\$5,444,687	\$3,354,991	62%
UMCB	171,670		171,670	-	0%	171,670	-	0%
	\$5,571,670	\$0	\$5,571,670	\$3,304,421	59%	\$5,616,357	\$3,354,991	60%
Dental								
	\$596,711	\$0	\$596,711	\$384,934	65%	\$596,711	\$453,882	76%
	\$65,248,574	\$1,280,479	\$66,529,053	\$57,247,415	88%	\$65,424,574	\$45,382,792	69%

* FY14 Revised Budget includes \$1,277,788 expansion funds from Central Health
Central Health Expenditures

Questions? Comments?

