



Board of Directors

Meeting

Tuesday, September 29, 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 August 11, 2015 CCC Board of Directors meeting.

B. Regular Agenda

1. Receive a CCC Delivery System Reform Incentive Payment (DSRIP) Projects update.
2. Discuss and take appropriate action on the Community Care Collaborative's Fiscal Year 2016 budget.
3. Receive a presentation on CCC Financial Statements as of August 31, 2015.

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

September 29, 2015

CONSENT AGENDA ITEM

- A.1. Approve minutes from the August 11, 2015 CCC Board of Directors meeting.



Board of Directors

Meeting

Tuesday, August 11, 2015

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, August 11, 2015, a public meeting of the CCC Board of Directors was called to order at 2:06 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 secretary for the meeting was Michelle Vassar.

Clerk's Notes:

Secretary Vassar took record of attendance.

Directors Present:

Chairperson Patricia A. Young Brown, Vice-Chairperson Greg Hartman, Christie Garbe, Tim LaFrey, and David Evans (Non-Voting Advisory Board Member)

Officers Present:

John Stephens (Executive Director) and Michelle Vassar (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 7, 2015 CCC Board of Directors meeting.
2. Approve the appointment of Michelle Vassar as Secretary of the CCC Board to replace Margo Gonzalez.

Clerk's Notes:

Vice-Chairperson Hartman moved that the Board approve Consent Agenda items A(1) and A(2). Director Garbe seconded the motion. The motion was passed on the following vote:

Director Patricia A. Young Brown (Chairperson)	For
Director Greg Hartman (Vice-Chairperson)	For
Director Christie Garbe	For
Director Tim LaFrey	For

B. Regular Agenda

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

Clerk's Notes:

Sarah Cook, Central Health Medicaid Waiver Director, gave an update on the DSRIP Waiver Projects, Demonstration Year ("DY") 4 reporting and progress. She reported on the DY4 Quantifiable Patient Impact ("QPI") milestones showing both the current status and a projection of future performance through the end of the demonstration year. She also reported on the amount of effort in standing up projects up for DY4 to improve last year's performance and to stay on track. She reported that CommUnityCare is the largest contracted provider and was the primary forced behind meeting or exceeding DY3 targets. Mrs. further reported that all of the FQHCs in Travis County are participating in DSRIP projects, and it is anticipated that they will be expanding their scope in DY5. The top three infrastructure projects were all on target to meet this year's goals, and according to Mrs. Cook lay the foundation for the integrated delivery system and the approaches to population health. The System Navigation, however, is lagging behind due to a late start in addressing QPI targets. The System Navigation project focuses on reducing Brackenridge ED utilization by MAP patients by getting those patients connected to a primary care appointment within 72 hours of discharge. She also reported on the progress of the Expanded Access Project, the Chronic Care Management Project, and the Gastroenterology Project. The Gastroenterology Project, Ms. Cook reported, has over 500 patients enrolled in the Hepitis C protocol, which has a 93% cure rate. She further reported that a concerted effort has been made with CommUnityCare's Pulmonology DSRIP Project. She reports that Pulmonology Project is improving and that there is more access to pulmonologists. Pulmonology patients are being seen faster and closer to where they work and live. She also reported on the Ingetrated Behavioral Health for Diabetics Project ("IBH") which identifies newly diagnosed and/or unstable diabetics requiring behavioral health support. Currently, there are three providers who are supporting the IBH project, and there is the the potential to add one more. By the end of DY5, there could be four different models to evaluate.

Mrs. Cook concluded by stating that from the knowledge the staff has gained about the projects over the demonstration year, the CCC has developed a pilot program at the Austin Resource

Center for the Homeless ("ARCH") using the Community Health Paramedic program. The CCC has become aware of a large volume of 911 calls from the ARCH which resulted in a large number of patients being transported to the Brackenridge emergency department. With the new pilot program, the practice has changed. The a community health paramedics now triage patients at the ARCH and if appropriate, offers the patient services at the ARCH clinic before sending a patient to the emergency department.

Mrs. Cook also reported difficulty in collecting and comparing data on Category 3 measures. Of the 21 Category 3 measures (19 of which are unique), Ms. Cook reports that the CCC is expected to achieve its goals for 75-80% of the Category 3 measures.

2. Receive a Seton Healthcare Family Reform Incentive Payment (DSRIP) Projects update.

Clerk's Notes:

Seton Healthcare Family DSRIP Program Director, Christine Jesser, gave a status update on the Seton DSRIP projects and its future objectives. Ms. Jesser reports that by April 2015 all projects had reported on DY3 metrics. According to Ms. Jesser, all projects are on tract to report achievement of QPI metrics for DY4 and almost all of the projects have met improvement targets for Category 3. She also reviewed one infrastructure improvement, noting the changes and additions required to effectively document Improving Palliative Care in the ICU project and efforts made to implement best system practices to support data capture. She further reported that the DSRIP management team has worked on conducting evaluation and sustainability activities with the teams. Cost reviews of projects have also been performed to implement project interventions and sustain the the projects. She also stated that the management team would be examining project alignment with Humancare 2020 strategic priorities and the goals of our IDS partners to plan for future of DSRIP models. Ms. Jesser noted that the Seton DSRIP managers are collaborating with Sarah Cook's group to evaluate the projects with logic models, assessments and stakeholder feedback. She also reported that a new workgroup has been formed to evaluate projects which is known as the HHSC Clinical Champions workgroup ("HHSC workgroup"). Ms. Jesser has been participating in the HHSC workgroup where she has been providing feedback to HHSC by evaluating the and ranking DSRIP projects across the state on various levels of effectiveness and helping to develop the RHP Clinic Protocol 2.0 (DSRIP 2.0).

David Evans, Austin Travis County Integral Care ("ATCIC"), Chief Executive Officer, asked if the HHSC has looked at sustainability in terms of current costs and third party earnings. Christine Jesser responded by saying there has been some suggestion from CMS that the CCC had the right idea from the beginning and that should translate well into the next iteration of DSRIP.

3. Receive and discuss the Community Care Collaborative's Fiscal Year 2016 budget.

Clerk's Notes:

Mr. Knodel presented the CCC's Fiscal Year (FY) 2016 proposed budget. Mr. Knodel reported that the CCC wants to transform the current healthcare system to a more integrated system that is more patient-centered, better coordinated, and which provides a better quality of service at a lower cost. The FY16 proposed budget, Mr. Knodel reports, is a step towards delivering a better service to the CCC's Travis County patients with better outcomes. Mr. Knodel also presented the FY15 update, including reports on sources and uses of funds. Mr. Knodel further reported that for FY16, the CCC will focus on two areas: DY5 DSRIP Project Performance (final year, based on outcomes-full performance risks) and IDS Plan Implementation (infrastructure, patient care coordination, MAP benefit redesign and enhancement).

David Evans, Austin Travis County Integral Care ("ATCIC"), Chief Executive Officer, asked if there is any planning taking place for DY6 and payments received in DY7 (2018). Jeff responded by saying that it was difficult to judge without knowing what DSRIP will look like. He stated the CCC staff is looking at an evaluation of the current projects in terms of flexibility and responsiveness.

4. Receive a presentation on CCC Financial Statements as of June 30, 2015.

Clerk's Notes:

Jeff Knodel, Central Health Chief Financial Officer, presented the CCC Financial Statements for eight months of operations (October 1, 2014 through June 30, 2015), including the balance sheet, sources and uses report (budget versus actual), and details of healthcare delivery expenditures. He specified that some budget line items may change due to varying factors.

Jeff also reported on the health care delivery costs through the end of June 2015 and highlighted how much of the actual budget has been utilized compared to the fiscal year budget.

5. Discuss proposed Community Care Collaborative Bylaw changes.

Clerk's Notes:

John Stephens, Community Care Collaborative Executive Director, presented the proposed CCC Bylaw Changes for the purposes of cleaning up errors and/or inconsistencies, clarifying their intent and other changes.

IV. Closed Session

Clerk's Notes:

No closed session discussion.

V. Closing

Clerk's Notes:

Chairperson Young Brown announced that the next regular meeting of the CCC Board is scheduled to be held Tuesday, September 22, 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 Garbe moved that the meeting adjourn. Director Wallace seconded the motion.

Director Patricia A. Young Brown (Chairperson)	For
Director Greg Hartman (Vice-Chairperson)	For
Director Christie Garbe	For
Director Larry Wallace	For
Director Willie Lopez (Proxy)	For

The meeting adjourned at 3:22 p.m.

ATTESTED TO BY:

Michelle Vassar, Secretary to the Board
Community Care Collaborative

DRAFT



Board of Directors Meeting

September 29, 2015

AGENDA ITEM

1. Receive a CCC Delivery System Reform Payment (DSRIP) Projects Update.

(No Back-up)



Board of Directors Meeting

September 29, 2015

AGENDA ITEM

2. Receive and take appropriate action on the
Community Care Collaborative's Fiscal Year 2016
Budget.

Community Care Collaborative

Fiscal Year 2016 Proposed Budget



Board of Directors Meeting
September 29, 2015



FY16—Highlights: Two Primary Focus Areas



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- **DY5 Delivery System Reform Incentive Payment (DSRIP) project performance**
 - Final year; highest patient volumes
 - Full performance risk, based on outcomes
- **IDS plan implementation**
 - Health information technology
 - Patient care coordination
 - Enhance and expand specialty care
 - Obstetrics redesign
 - Measurement, assessment and improvement
 - Federally qualified health center (FQHC) value payment methodology
 - Medical Access Program (MAP) benefit redesign
 - MAP benefit enhancement

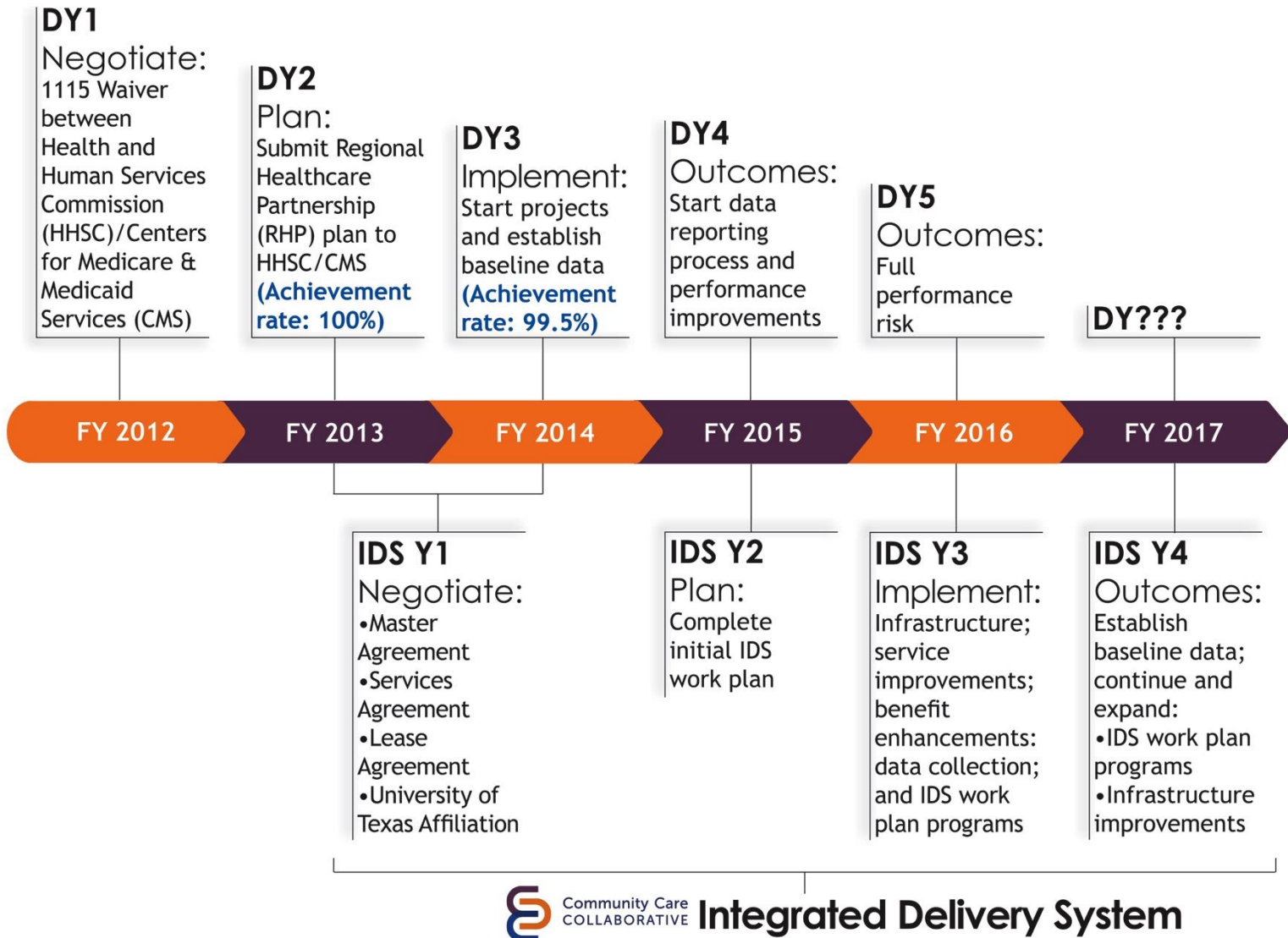


Continued DSRIP Success

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- DY3 Drawdown: 99.5% of all available funds (\$57m)
- DY4 Drawdown, estimated (including carry-forward period): 99% (\$61.4m)
- DY5 Total Available Value: \$66,629,087
 - Increased QPI across all projects
 - Category 3: 40% of total value (\$27m)
 - In DY4, Performance on Cat 3s comprised 10% of total value
 - Most measures: Quality process and outcomes for MAP population
 - Most measures: Pay for Performance only in DY5

Delivery System Reform Incentive Payment (DSRIP) Projects



Integrated Delivery System

FY15 Estimate



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	FY15 AMENDED BUDGET	FY15 ESTIMATE
Sources		
Operations contingency	\$ 8,209,600	\$ 10,414,962
DSRIP revenue	48,875,000	60,775,972
Member payment - Seton*	60,000,000	51,722,000
Member payment - Central Health*	15,814,552	15,839,552
Other	20,000	13,093
Total Sources	\$ 132,919,152	\$ 138,765,579
Uses		
Total Healthcare Delivery	\$ 72,233,131	\$ 61,920,309
Emergency Reserve	5,000,000	-
UT Affiliation Agreement	35,000,000	35,000,000
DSRIP Project Costs	20,686,021	18,231,020
Total Uses	\$ 132,919,152	\$ 115,151,329
Excess Sources over Uses	\$ -	\$ 23,614,250

**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 on a variety of factors.*

FY16—Sources of Funds



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Sources	FY15 AMENDED BUDGET	FY16 PROPOSED BUDGET
Operations contingency	\$ 8,209,600	\$ 23,614,250
DSRIP revenue	48,875,000	55,665,911
Member payment - Seton*	60,000,000	46,100,000
Member payment - Central Health*	15,814,552	26,245,166
Other	20,000	15,000
Total Sources	\$ 132,919,152	\$ 151,640,327

**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 on a variety of factors.*

FY16—Uses of Funds



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Uses	FY15 AMENDED BUDGET	FY16 PROPOSED BUDGET
Health care delivery—providers	\$ 55,256,166	\$ 64,011,780
Health care delivery—non-providers	9,753,385	7,792,743
Expansion funds	500,000	500,000
Health care delivery—IDS initiatives	-	12,024,549
Operations contingency	1,068,080	1,665,277
Health care delivery—Administration	842,500	1,238,451
Health information technology	4,813,000	5,550,000
Total Health care Delivery	\$ 72,233,131	\$ 92,782,800
Emergency reserve	5,000,000	-
UT Affiliation Agreement	35,000,000	35,000,000
DSRIP project costs	20,686,021	23,857,527
Total Uses	\$ 132,919,152	\$ 151,640,327

FY 16—Health Care Delivery: Providers



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Providers

	FY15 AMENDED BUDGET	FY16 PROPOSED BUDGET
People's Community Clinic	\$ 1,398,000	\$ 1,798,000
El Buen Samaritano	1,950,000	2,350,000
Lone Star Circle of Care	4,364,995	4,364,995
NextCare Urgent Care	166,000	191,000
Paul Bass IM	709,647	709,647
CommUnityCare	41,501,395	42,101,395
Other medical providers	456,110	59,288
Front Steps	400,000	400,000
Volunteer Health clinic	100,000	100,000
City of Austin Emergency Medical Services	725,000	696,822
Project Access	330,000	330,000
Paul Bass Specialty Care	1,223,537	933,985
Austin Cancer Center	359,000	359,000
Austin Retina Associates, Brian B Berger MD PA and Richard Briggs MD PA (shared budget)	550,915	550,915
Orthotics & Prosthetics	41,000	41,000
SIMS Foundation	383,856	383,856
ATCIC	-	8,045,166
Dr. Deandrae Alexander, Ronald Horne DDS PA (shared budget)	429,711	429,711
Affordable Dentures	167,000	167,000
Total Provider Cost	\$ 55,256,166	\$ 64,011,780

FY 16—Health Care Delivery: Non-Providers



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	FY15 AMENDED BUDGET	FY 2016 PROPOSED BUDGET
Non-Provider Expense		
Pharmacy—CommUnityCare	\$ 4,300,000	\$ 4,500,000
Third party administrator (TPA)	3,500,000	1,000,000
United Way Call Center	907,309	856,309
Integrated Care Collaboration (ICC)	1,011,076	160,000
Personnel	76,020	703,779
Other purchased goods and services	35,000	572,655
Total	\$ 9,753,385	\$ 7,792,743
Integrated Care Collaboration (ICC)/Network Sciences - Medicaider (included in HIT budget)	-	450,000

FY16–IDS Plan Initiatives



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IDS Plan Initiatives		FY 2016 PROPOSED BUDGET
Specialty Care		\$ 3,518,611
IDS Plan contingency reserve:		\$ 4,780,938
•Care coordination		
•OB navigation		
•FQHC value payment methodology		
Measurement, assessment and performance	\$	475,000
MAP redesign	\$	250,000
MAP benefits enhancement reserve	\$	3,000,000
Total IDS plan initiatives	\$	12,024,549

FY16-Specialty Care



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- Seven specialties identified
 - Goal of 60-day wait by end of FY16
 - Supply management focus: Orthopedics, Gastroenterology, Neurology, Rheumatology and Urology
 - Demand management focus: Endocrinology, Orthopedics, Cardiology, Gastroenterology, Neurology, Rheumatology and Urology

Summary

Neurology	\$ 887,330
Rheumatology	\$ 402,520
Orthopedics	\$ 524,388
Urology	\$ 1,010,916
Gastroenterology	\$ 645,457
Endocrinology	\$ 21,600
Cardiology	\$ 26,400
Total	\$ 3,518,611

FY 2016 CCC Technology Budget



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Workstream	Proposed FY16
Navigation & Engagement	\$1,650,000
Care Delivery Integration	\$750,000
Collaboration & Source Systems	\$950,000
Analytics & Research	\$1,300,000
General & Other	\$900,000
TOTAL	\$5,550,000

FY16 – Proposed Budget Summary



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Sources

Operations contingency carryforward	\$ 23,614,250
DSRIP revenue	55,665,911
Member payment—Seton*	46,100,000
Member payment—Central Health*	26,245,166
Other	15,000
Total Sources	\$ 151,640,327

Uses

Total health care delivery	\$ 92,782,800
Emergency reserve	—
UT Affiliation Agreement	35,000,000
DSRIP project costs	23,857,527
Total Uses	\$ 151,640,327

Emergency Reserve – Ending Balance - \$5,000,000

**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 on a variety of factors.*



Next Steps – Budget Approval

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- **CCC Board of Directors - September 29**
- **Central Health Board of Managers -**
 - **September 29**



Board of Directors Meeting

September 29, 2015

AGENDA ITEM

3. Receive a presentation on CCC Financial Statements as of August 31, 2015.

Community Care Collaborative

Financial Statement Presentation
FY 2015 – as of August 31, 2015



- Financial Statements
 - Balance Sheet
 - Sources and Uses Report – Budget vs. Actual
 - Detail of Healthcare Delivery Expense
- Eleven months of operations
 - October 1, 2014 – August 31, 2015

Balance Sheet

As of August 31, 2015



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Assets:

Cash & cash equivalents (1)	\$ 7,686,428
Other receivable	<u>8,000,000</u>
Total Assets	<u>\$ 15,686,428</u>

Liabilities and Net Assets:

Accounts payable	\$ 6,936,432
Other Payable	<u>1,960,850</u>
Total Liabilities	8,897,282
Net Assets (1)	<u>6,789,146</u>
Liabilities and Net Assets	<u>\$ 15,686,428</u>

(1) Includes \$5M Emergency Reserve Balance

Sources and Uses Report, Budget vs. Actual

Fiscal Year-to-Date through August 31, 2015



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		<u>Annual Budget</u>	<u>Actual</u>
Sources of Funds	DSRIP Revenue	\$ 48,875,000	\$ 60,772,423
	Seton Member Payment (1)	60,000,000	23,600,000
	Central Health Member Payment (1)	15,489,552	8,289,552
	Operations Contingency	8,209,600	10,414,962
	Other Sources	20,000	10,418
	Total Sources of Funds	<u>\$ 132,594,152</u>	<u>\$ 103,087,355</u>
Uses - Programs	Healthcare Delivery	71,908,131	53,718,185
	UT Services Agreement	35,000,000	35,000,000
	Emergency Reserve	5,000,000	-
	DSRIP Project Costs	20,686,021	12,580,023
	Total Uses	<u>\$ 132,594,152</u>	<u>\$ 101,298,208</u>
	Sources Over Uses	-	1,789,147
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Net Assets	Unrestricted		\$ 1,789,147
	Emergency Reserve		5,000,000
	Total Net Assets		<u>\$ 6,789,146</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 Costs

Fiscal Year-to-Date through August 31, 2015



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	<u>Annual Budget</u>	<u>Actual</u>	
Primary Care	\$ 51,771,147	\$ 41,633,105	80%
Specialty Care (1)	1,887,537	991,443	53%
Mental Health	383,856	310,720	81%
Oral Surgery/Dental Devices	596,711	422,984	71%
Pharmacy	4,000,000	3,718,441	93%
Ophthalmology	550,915	432,713	79%
Ortho	41,000	29,478	72%
Client Referral Services	907,309	729,640	80%
Claims Administration	3,500,000	3,208,333	92%
Service Expansion Funds	500,000	-	0%
Health Information Technology	4,813,000	988,986	21%
Other/Admin	1,853,576	1,252,342	68%
Operations Contingency	1,068,080	-	0%
Total Healthcare Delivery	<u>\$ 71,908,131</u>	<u>\$ 53,718,185</u>	<u>75%</u>

(1) Includes \$314,552 Service Expansion Funds

Selected HCD Providers Expenditures

Fiscal Year-to-Date through August 31, 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	\$34,831,919	84%
Primary Care - El Buen Samaritano	1,950,000	1,120,838	57%
Primary Care - Lone Star Circle of Care	4,364,995	2,054,485	47%
Primary Care - Peoples Community Clinic	1,398,000	1,024,132	73%
Primary Care - Volunteer Clinic	100,000	94,841	95%
Primary Care - Recuperative Care Beds	400,000	224,838	56%
Primary Care - Urgent Care	166,000	138,253	83%
Primary Care - Planned Parenthood	585,000	536,250	92%
Primary Care - City of Austin EMS	696,822	638,617	92%
Primary Care - Paul Bass Clinic - Primary	709,647	291,921	41%
Primary Care - Blackstock (moved to CUC)	262,045	51,435	20%
	<u>\$52,133,904</u>	<u>\$41,007,529</u>	<u>79%</u>
Specialty care			
Paul Bass Clinic - Specialty	\$933,985	\$371,836	40%
Austin Cancer Centers	359,000	316,456	88%
Project Access	330,000	302,500	92%
Ophthalmology	550,915	432,713	79%
Orthotics	41,000	29,478	72%
Oral Surgery/Dental Devices	596,711	422,984	71%
	<u>\$2,811,611</u>	<u>\$1,875,967</u>	<u>67%</u>
Mental health			
ATCIC	\$8,045,166	\$7,374,735	92%
SIMS Foundation	383,856	310,720	81%
	<u>\$8,429,022</u>	<u>\$7,685,455</u>	<u>91%</u>
Pharmacy	<u>\$4,000,000</u>	<u>\$3,718,441</u>	<u>93%</u>
Central Health Expenditures			

Questions? Comments?

