



Board of Directors

Meeting

Tuesday, January 27, 2015

1:00 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 September 26, 2014 CCC Board of Directors meeting.

B. Regular Agenda

1. Discuss and take appropriate action regarding Board meeting dates, times, and locations.
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.
3. Discuss and take appropriate action on the Community Care Collaborative's Strategic Plan to include Guiding Principles.

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.
5. Receive and take appropriate action on a presentation of the Community Care Collaborative Fiscal Year 2014 financial audit.
6. Receive a Community Care Collaborative Delivery System Reform Incentive Payment (DSRIP) Projects update.
7. Receive a presentation on CCC Financial Statements as of December 31, 2014.
8. Receive and report on the current number of Unique MAP 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

January 27, 2015

CONSENT AGENDA ITEM

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



Board of Directors

Meeting

Friday, September 26, 2014

1:30 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 Friday, September 26, 2014, a public meeting of the CCC Board of Directors was called to order at 1:51 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, Christie Garbe, Jeff Knodel, 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 July 8, 2014 CCC Board of Directors meeting.

Clerk's Notes:

Director Hartman moved that the Board approve Consent Agenda item A(1). Director LaFrey 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 Jeff Knodel	For
Director Tim LaFrey	For

B. Regular Agenda

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

Clerk's Notes:

This agenda item was taken out of order.

Trish Young Brown introduced this agenda item and explained that the resolution sets specific requirements for the development of an Integrated Delivery System (IDS). There was a minor edit missing from number three under the "Principles and Guidelines for Plan for Coordination of the IDS", which states "The evaluation should include a recommendation for a new Benefit Program for the Covered Population that will be used in a three-year operating plan for the CCC, with the first year being the fiscal year 2016 budget." However, the document should include the word "full" as follows "...with the first full year...".

The resolution is a plan for coordination of the IDS and for evaluation of the Medical Assistant Program (MAP), Sliding Fee Scale (SFS) patients, and Charity Care Programs. It also includes a new benefits program for the CCC's covered population. The resolution establishes the CCC's governing, legal, and financial structure for the IDS and aligns with the Master Agreement and the Omnibus Services Agreement. The actuarial study will assist the CCC in developing a three-year capital projection, operating projections, the annual determination of the covered population, and related benefits for the covered population based on available funds. The IDS will be evaluated periodically and modified as needed to improve efficiency.

Director Hartman moved that the Board adopt the resolutuion creating an Integrated Delivery System Implementation Plan. Director LaFrey 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 Jeff Knodel
Director Tim LaFrey

For
For

Director Christie Garbe requested that the CCC provide a copy of the resolution on its website.

2. Receive a CCC 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 provided an update on the CCC's Demonstration Year (DY)3 DSRIP Projects Milestones. Out of the 13 DSRIP Projects only 1 of the projects will not meet the Quantifiable Patient Impact (QPI) measures. Ms. Cook commended the CCC program specialists and performing providers that contributed to the success of the clinical results and outcomes for DY3. The CCC is negotiating specific terms with contracted providers to implement specific DSRIP Projects.

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

Clerk's Notes:

This agenda item was taken out of order. Christine Jesser, Seton Healthcare Family DSRIP Program Director, reported on the status of Seton Healthcare Family's DSRIP Projects which are either on track, in progress, or slightly delayed.

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

Clerk's Notes:

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

Ms. Cook provided an update on the DY4 DSRIP contracts. The CCC DY4 contracts will provide payments for the following: start-up costs (formerly "infrastructure") for contractors to launch projects and pay immediate costs; participation in learning collaboratives and evaluation activities; pay for performance; payment for achievement of all milestones; and payments for both reporting on Category 3 Outcomes and improving specifications. This stage of the DSRIP Projects will also require monthly and weekly reporting. The CCC is negotiating contracts with CommUnityCare, People's Community Clinic (PCC), Lone Star Circle of Care (LSCC), Austin Travis County Emergency Medical Services (EMS), and United Way. CommUnityCare will perform 8 out of the 12 DSRIP Projects, including Disease Management Registry (DMR), Expanded Hours and Dental Services, Mobile Health Teams, Gastroenterology (GI), Pulmonology, Telepsychiatry, and Centering Pregnancy. PCC will provide metrics for the Disease Management Registry as well as the Chronic Care Management Model and Primary Care Medical Home Model. LSCC will continue to provide services for Integrated Behavioral Health for Diabetes patients. Austin Travis County Emergency Medical Services will continue to provide paramedic navigation; and United Way will provide system navigation which will include follow-up phone calls to post emergency department patients. Expanded Hours, Expanded Dental Services, Gastroenterology, and Pulmonology at CommUnityCare will also be provided at the Southeast Health and Wellness Center to provide additional geographic coverage in Travis County. CommUnityCare is also discovering ways to leverage telemedicine into other areas. The total amount for these DSRIP Projects will not exceed \$10 million.

Jeff Knodel proposed that the CCC Board engage in these DY4 contracts by October 1, 2014.

Ms. Garbe announced that Sarah will represent Central Health and the CCC on the 1115 Waiver as a panelist for in a lessons learned collaborative.

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

Clerk's Notes:

Mr. Knodel reviewed the terms of the agreement with COPE Health Solutions, Inc. for DSRIP Project consulting services. The contract will have a start date of November 1, 2014 and a term date of October 20, 2015 for an amount not-to-exceed \$1.2 million. This will include services and travel reimbursements that will not exceed 20 percent and performance incentives of \$100,000 payable by Health and Human Services Commission (HHSC) valuation payment for the following 5 DSRIP Projects: Pulmonology, Gastroenterology, Telepsychiatry, Integrated Behavioral Health, and Disease Management Registry. COPE will assist the CCC in assuring successful performance and milestone reporting. The CCC will continue to increase internal staffing resources and organizational expertise and rely less on external services to operationalize other project milestones.

Director Hartman moved that the CCC enter into an agreement with COPE Health Solutions, Inc. for DSRIP project management services in an amount not-to-exceed \$1,200,000 for Demonstration Year 4 as presented. 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 Jeff Knodel	For
Director Tim LaFrey	For

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

Clerk's Notes:

Mr. Knodel presented the CCC's Fiscal Year (FY) 2015 budget and began by highlighting the CCC's FY 2014 accomplishments. In DY2, the CCC successfully implemented 14 DSRIP Projects with a 100 percent success rate. HHSC approved the Centering Pregnancy as a 3 year DSRIP Project and DSRIP Projects for DY3 are progressing well. In FY 2015, the CCC anticipates receipt of 85 percent of eligible DY3 DSRIP revenue and an offset between internal staffing costs and external consulting costs will lower project management costs. The CCC will roll over the service expansion funding that was disbursed to contracted providers in FY 2014; and CommUnityCare will transition to a fee-for-service model. In FY 2015, the CCC plans to implement a "registration" protocol to collect data for the CCC covered population. Some of the key deliverables for this project, include a single Master Record Number (MRN) for each individual entered into the database, frequent updates from the provider to the CCC population database, and the database will serve as a single source for eligibility for the CCC covered population. The CCC will use the actuarial analysis and registration data collected to redesign a benefit plan for FY 2016. During FY 2015, the CCC will provide a DSRIP Projects report to HHSC on DY3 metrics, begin to determine which projects will be executed based on DY4 outcomes, and continue to collaborate with Seton to work towards improved health care service delivery strategies and models.

Director Garbe moved that the board adopt the CCC FY 2015 budget as presented. Director Hartman seconded the motion to include a footnote on slide number 7 related to service expansion for specialty care. The motion passed on the following vote:

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

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

Clerk's Notes:

Mr. Knodel provided an update on the interim financial statements, including the balance sheet, sources and uses report – budget versus actual, the healthcare delivery report, and expansion funds report for 11 months of operations October 1, 2013 through August 31, 2014. Mr. Knodel provided an overview of the budget expenditure comparison for Fiscal Years 2013 and 2014. He further explained changes in budget versus actual financials related to inefficiencies or efficiencies in specific areas. DSRIP Project costs will slightly increase in September due to start up costs to launch DY4 projects.

IV. Closed Session

Clerk's Notes:

No closed session discussion.

V. Closing

Clerk's Notes:

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

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

The meeting was adjourned at 2:48 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

January 27, 2015

AGENDA ITEM

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



2015 PROPOSED CCC BOARD OF DIRECTORS PROPOSED MEETING SCHEDULE

DATE	TIME	LOCATION	COMMENTS
January 27, 2015	1:00 PM - 3:00 PM	Board Room Cesar Chavez	Review Audit Report.
April 7, 2015	2:00 PM - 4:00 PM	Board Room Cesar Chavez	Receive Service Delivery & Benefits Workgroup Reports.
August 11, 2015	2:00 PM - 4:00 PM	Board Room Cesar Chavez	Review of preliminary budget.
September 22, 2015	2:00 PM - 4:00 PM	Board Room Cesar Chavez	Consider approval of preliminary budget.



Board of Directors Meeting

January 27, 2015

AGENDA ITEM

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.

(No Back up)



Board of Directors Meeting

January 27, 2015

AGENDA ITEM

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

CCC Strategic Plan
(Draft Revised 1st Page)

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

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)

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 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:*

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- 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.

CC Strategic Plan (Draft Revised 1st Page)

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Board of Directors Meeting

January 27, 2015

AGENDA ITEM

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.

(No Back up)



Board of Directors Meeting

January 27, 2015

AGENDA ITEM

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

January xx, 2015

To the Board of Directors
Community Care Collaborative:

We have audited the financial statements of Community Care Collaborative (the “CCC”) for the year ended September 30, 2014, and have issued our report thereon dated January xx, 2015. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our engagement letter to you dated September 15, 2014. Professional standards also require that we communicate to you the following information related to our audit.

QUALITATIVE ASPECTS OF ACCOUNTING PRACTICES

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the CCC are described in Note 2 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during fiscal year 2014. We noted no transactions entered into by the CCC during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements and are based on your knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimate affecting the financial statements was management’s estimate of the functional allocation of expenses. We evaluated the key factors and assumptions used to develop the estimate in determining that it is reasonable in relation to the financial statements taken as a whole.

The financial statement disclosures are neutral, consistent, and clear.

DIFFICULTIES ENCOUNTERED IN PERFORMING THE AUDIT

We encountered no significant difficulties in dealing with management in performing and completing our audit.

MISSTATEMENTS IDENTIFIED DURING THE AUDIT

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. The schedule included in the attached management representation letter summarizes the uncorrected misstatement of the financial statements. Management has determined that the effects are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

DISAGREEMENTS WITH MANAGEMENT

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditors' report. We are pleased to report that no such disagreements arose during the course of our audit.

MANAGEMENT REPRESENTATIONS

We have requested certain representations from management that are included in the attached management representation letter dated January xx, 2015.

MANAGEMENT CONSULTATIONS WITH OTHER INDEPENDENT ACCOUNTANTS

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the CCC's financial statements or a determination of the type of auditors' opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

ISSUES RELEVANT TO THE OVERSIGHT OF THE FINANCIAL REPORTING PROCESS

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the CCC's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

This information is intended solely for the use of the Board of Directors and management of the CCC and is not intended to be and should not be used by anyone other than these specified parties.

Sincerely,

Enclosure 1: Management Representation Letter

Maxwell Locke & Ritter LLP
401 Congress Avenue, Suite 1100
Austin, Texas 78701

This representation letter is provided in connection with your audit of the financial statements of Community Care Collaborative (the "CCC"), which comprise the statements of financial position as of September 30, 2014, and the related statements of activities and cash flows for the year then ended, and the related notes to the financial statements, for the purpose of expressing an opinion as to whether the financial statements are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States (U.S. GAAP).

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement. An omission or misstatement that is monetarily small in amount could be considered material as a result of qualitative factors.

We confirm, to the best of our knowledge and belief, as of **January xx, 2015**, the following representations made to you during your audit.

Financial Statements

- We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated September 15, 2014, including our responsibility for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP.
- The financial statements referred to above are fairly presented in conformity with U.S. GAAP.
- We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.
- We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
- Significant assumptions we used in making accounting estimates, including those measured at fair value, are reasonable.
- Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with U.S. GAAP.
- All events subsequent to the date of the financial statements and for which U.S. GAAP requires adjustment or disclosure have been adjusted or disclosed.
- The effects of uncorrected misstatements are immaterial, both individually and in the aggregate, to the financial statements as a whole. A list of the uncorrected misstatements is attached to the representation letter.
- We are not aware of any pending or threatened litigation, claims, or assessments or unasserted claims or assessments that are required to be accrued or disclosed in the financial statements in accordance with U.S. GAAP, and we have not consulted a lawyer concerning litigation, claims, or assessments.
- Material concentrations have been appropriately disclosed in accordance with U.S. GAAP.
- Guarantees, whether written or oral, under which the organization is contingently liable, have been properly recorded or disclosed in accordance with U.S. GAAP.
- There have been no communications from regulatory agencies concerning noncompliance with, or deficiencies in, financial reporting practices.

- There are no designations of net assets disclosed to you that were not properly authorized and approved, or reclassifications of net assets that have not been properly reflected in the financial statements.
- We have complied with all restrictions on resources (including donor restrictions) and all aspects of contractual and grant agreements that would have a material effect on the financial statements in the event of noncompliance. This includes complying with donor requirements to maintain a specific asset composition necessary to satisfy their restrictions.

Information Provided

- We have provided you with:
 - Access to all information, of which we are aware, that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, and other matters.
 - Additional information that you have requested from us for the purpose of the audit.
 - Unrestricted access to persons within the Organization from whom you determined it necessary to obtain audit evidence.
 - Minutes of the meetings of the governing board or summaries of actions of recent meetings for which minutes have not yet been prepared.
- All material transactions have been recorded in the accounting records and are reflected in the financial statements.
- We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- We have no knowledge of any fraud or suspected fraud that affects the organization and involves:
 - Management,
 - Employees who have significant roles in internal control, or
 - Others where the fraud could have a material effect on the financial statements.
- We have no knowledge of any allegations of fraud or suspected fraud affecting the organization's financial statements communicated by employees, former employees, grantors, regulators, or others.
- We have no knowledge of any instances of noncompliance or suspected noncompliance with laws and regulations whose effects should be considered when preparing financial statements.
- We are not aware of any pending or threatened litigation, claims, or assessments or unasserted claims or assessments that are required to be accrued or disclosed in the financial statements in accordance with U.S. GAAP, and we have not consulted a lawyer concerning litigation, claims, or assessments.
- We have disclosed to you the identity of the organization's related parties and all the related party relationships and transactions of which we are aware.
- The organization has satisfactory title to all owned assets, and there are no liens or encumbrances on such assets nor has any asset been pledged as collateral.
- We are responsible for compliance with the laws, regulations, and provisions of contracts and grant agreements applicable to us.
- The CCC intends and expects to be an exempt organization under Section 501(c)(3) of the Internal Revenue Code; however, they have not yet received this determination from the Internal Revenue Service. Any activities of which we are aware that would jeopardize the CCC's tax-exempt status, and all activities subject to tax on unrelated business income or excise or other tax, have been disclosed to you.
- The CCC has adopted ASC 740-10 as it relates to uncertain tax positions for the year ended September 30, 2014 and has evaluated its tax positions taken for all open tax years. The CCC is not currently under audit, nor has the CCC been contacted for examination by any relevant tax jurisdictions. Based on our evaluation of the CCC's tax positions, management believes all positions taken are highly certain and would be upheld under an examination; therefore, no provision for the effects of uncertain tax positions has been recorded for the year ended September 30, 2014.

- We represent that the CCC:
 - Is organized for Internal Revenue Code Section 501(c)(3) purposes;
 - Is operated in a manner consistent with its mission as set forth in its current Articles of Incorporation and Bylaws;
 - Has not engaged in activities which would result in private inurement or excess benefit transactions;
 - Has not engaged in any political activities and has properly reported any lobbying activities;
 - Has determined that all sources of revenue are related to its exempt purpose or are excluded from unrelated business income treatment, unless otherwise indicated; and
 - Has determined that any unrelated business income has been properly reported and that expenses have been allocated on a reasonable basis.
- In regards to the FORM 990 tax return preparation services performed by you, we have:
 - Made all management decisions and performed all management functions.
 - Designated an individual with suitable skill, knowledge, or experience to oversee the services.
 - Evaluated the adequacy and results of the services performed.
 - Accepted responsibility for the results of the services.

We have evaluated and classified any subsequent events as recognized or nonrecognized and disclosed the date through which this determination was made. No events, including instances of noncompliance, have occurred subsequent to the statement of financial position date and through the date of this letter that would require adjustment to or disclosure in the aforementioned financial statements.

Jeff Knodel, CFO

Date

John Stephens, Director of Financial Planning and Management

Date

Anne Kennedy, Controller

Date

Community Care Collaborative

September 30, 2014

Summary of Uncorrected Misstatement Detected as a Result of Audit Procedures

Proposed JE # 4

Proposed entry to record Central Health's contributed services for fiscal year 2014.

	Contributed services expense	398,065.00	
	Contributed services revenue		398,065.00
Total		398,065.00	398,065.00

**COMMUNITY CARE
COLLABORATIVE**

**Financial Statements
as of and for the Year Ended
September 30, 2014 and
Independent Auditors' Report**

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
Community Care Collaborative:

We have audited the accompanying financial statements of the Community Care Collaborative (the "CCC") (a nonprofit organization), which comprise the statement of financial position as of September 30, 2014, and the related statements of activities and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the CCC as of September 30, 2014, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Austin, Texas

January xx, 2015

COMMUNITY CARE COLLABORATIVE

STATEMENT OF FINANCIAL POSITION SEPTEMBER 30, 2014

ASSETS

CURRENT ASSETS:

Cash and cash equivalents	\$ 19,287,892
Accounts receivable	<u>12,435</u>

TOTAL ASSETS	<u><u>\$ 19,300,327</u></u>
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LIABILITIES AND NET ASSETS

LIABILITIES:

Accounts payable	\$ 3,709,566
Due to affiliate	<u>175,798</u>

TOTAL LIABILITIES	3,885,364
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NET ASSETS-

Unrestricted	<u>15,414,963</u>
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TOTAL LIABILITIES AND NET ASSETS	<u><u>\$ 19,300,327</u></u>
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See notes to financial statements.

COMMUNITY CARE COLLABORATIVE

STATEMENT OF ACTIVITIES

YEAR ENDED SEPTEMBER 30, 2014

REVENUES:

Delivery System Reform Incentive Payment	\$ 53,583,936
Seton Indigent Care	40,000,000
Central Health Indigent Care	15,632,075
Other revenue	<u>18,978</u>
Total revenues	<u>109,234,989</u>

EXPENSES:

Health care delivery	60,579,489
Payment per University of Texas affiliation agreement	35,000,000
Delivery System Reform Incentive Payment projects	<u>10,634,278</u>
Total expenses	<u>106,213,767</u>

CHANGE IN NET ASSETS

3,021,222

NET ASSETS, beginning of year

12,393,741

NET ASSETS, end of year

\$ 15,414,963

See notes to financial statements.

COMMUNITY CARE COLLABORATIVE

STATEMENT OF CASH FLOWS YEAR ENDED SEPTEMBER 30, 2014

CASH FLOWS FROM OPERATING ACTIVITIES:

Change in net assets	\$ 3,021,222
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Changes in operating assets and liabilities that provided (used) cash:	
Accounts receivable	(12,435)
Accounts payable	2,703,863
Due to affiliate	<u>175,798</u>
Net cash provided by operating activities	5,888,448

CASH AND CASH EQUIVALENTS, beginning of year	<u>13,399,444</u>
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CASH AND CASH EQUIVALENTS, end of year	<u>\$ 19,287,892</u>
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See notes to financial statements.

COMMUNITY CARE COLLABORATIVE

NOTES TO FINANCIAL STATEMENTS YEAR ENDED SEPTEMBER 30, 2014

1. ORGANIZATION AND MISSION

The Community Care Collaborative (the “CCC”) is a 501(c)(3) corporation formed on October 4, 2012. Pursuant to a Master Agreement between the Travis County Healthcare District, dba Central Health, and Seton Healthcare Family (“Seton”), the CCC was created to better organize and integrate the indigent healthcare delivery system in Travis County and to provide a framework for participating in the Texas Healthcare and Quality Improvement Program, a statewide Medicaid 1115 waiver program (“the 1115 waiver”).

The CCC is owned by its two members, Central Health, which owns 51% of the CCC, and Seton, which owns 49%. The CCC is governed by a five-member Board of Directors, three of which are appointed by Central Health and two of which are appointed by Seton. However, each of the two owners has certain powers and material decisions reserved to it that preclude either party from imposing its will on the other.

The CCC is a component unit of Central Health under generally accepted governmental accounting standards and is reported discretely in Central Health’s financial statements.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation - The financial statements are presented in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”) as defined by the Financial Accounting Standards Board Accounting Standards Codification. Under the accrual basis of accounting, revenue is recognized when earned regardless of when collected, and expenses are recognized when an obligation is incurred regardless of when paid.

Classification of Net Assets - The CCC is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. Net assets, revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the CCC and changes therein are classified as follows:

Unrestricted net assets - Net assets not subject to donor-imposed stipulations. Gains and losses on investments and other assets or liabilities are reported as increases or decreases in unrestricted net assets unless their use is restricted by explicit donor stipulation or by law.

Temporarily restricted net assets - Net assets subject to donor-imposed stipulations that may or will be met by actions of the CCC and/or the passage of time or the occurrence of a specific event. The CCC has not received any temporarily restricted net assets as of September 30, 2014.

Permanently restricted net assets - Net assets whose amounts are not currently available for use in the operations of the CCC and whose limitations neither expire by passage of time nor can be fulfilled or otherwise removed by actions of the CCC. The CCC has not received any permanently restricted net assets as of September 30, 2014.

Use of Estimates - The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from these estimates.

Cash and Cash Equivalents - Cash equivalents are considered highly liquid with original maturities of three months or less.

Taxes - The CCC members intend and expect that the CCC will be exempt from federal income taxes pursuant to the provisions of Section 501(c)(3) of the Internal Revenue Code (the "Code"), except with respect to any unrelated business income. However, the CCC has not yet received this determination from the IRS.

Recently Issued Accounting Pronouncements - In April 2014, the FASB issued Accounting Standards Update ("ASU") No. 2014-08, *Presentation of Financial Statements and Property, Plant, and Equipment - Reporting Discontinued Operations and Disclosures of Disposals of Components of an Entity*, which amended the reporting requirements for discontinued operations in ASC 205-20, *Presentation of Financial Statements - Discontinued Operations*, and limits discontinued operations reporting to a disposal of a component or a group of components of an entity in which the disposal represents a strategic shift that has (or will have) a major effect on an entity's operations and financial results when certain events occur. The standard is effective for disposals that occur within fiscal years beginning after December 15, 2014 and is to be applied prospectively. Due to the change in requirements for reporting discontinued operations, presentation and disclosure of future disposal transactions may be different than under current standards.

In May 2014, the FASB issued ASU No. 2014-09, *Revenue from Contracts with Customers*, which supersedes the revenue recognition requirements in ASC 605 *Revenue Recognition* and most industry-specific guidance included in the ASC. The standard requires entities to recognize revenue in a way that depicts the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services. The standard is effective for fiscal years beginning after December 15, 2017, and is to be applied retrospectively, with early application permitted for fiscal years beginning after December 15, 2016. The Organization is in the process of evaluating the impact the new standard will have on its financial statements.

In August 2014, the FASB issued ASU No. 2014-15, *Presentation of Financial Statements - Going Concern*, which provides guidance about management's responsibility to evaluate on an annual basis whether there is substantial doubt about an entity's ability to continue as a going concern within one year after the date that the financial statements are available to be issued and to provide certain related footnote disclosures. The standard is effective for fiscal years ending after December 15, 2016, and due to the change in requirements for reporting, presentation and disclosure of future evaluations of the entity's ability to continue as a going concern may be different than under current standards.

3. CONCENTRATION OF CREDIT RISK

Financial instruments that potentially subject the CCC to credit risk consist of cash and cash equivalents. The CCC places its cash and cash equivalents with a limited number of high quality financial institutions and at times may exceed the amount of insurance provided on such deposits. Management believes no significant risk exists with respect to cash and cash equivalents.

4. RELATED PARTY TRANSACTIONS

Both Central Health and Seton provide staffing support to carry out the activities of the CCC through its medical providers, using Central Health automated systems.

5. UNIVERSITY OF TEXAS AFFILIATION AGREEMENT

On July 10, 2014, Central Health and the University of Texas (“UT”) entered into an affiliation agreement under which UT will assist Central Health and the CCC in:

- serving low-income communities by offering opportunities to train residents and medical students in community-based offerings;
- developing appropriate levels of clinical services at community clinics and new clinic locations in Travis County;
- providing additional specialty and sub-specialty care at clinics and other facilities acting as providers for the Integrated Delivery System (“IDS”); and
- collaborating with Central Health and the CCC through a Joint Affiliation Committee that will develop performance metrics to measure the achievements of the IDS mission and goals.

The CCC will, as its first spending priority, cause to be paid to UT annual Permitted Investment Payments in the amount of \$35 million. Central Health will guarantee these payments to be made by the CCC, to the extent it is permitted to do so by the Constitution and the Laws of the State of Texas. The initial term of the affiliation agreement is 25 years from the effective date, with an automatic renewal for a successive 25 year term.

6. EXPENSES BY FUNCTIONAL ALLOCATION OF EXPENSES

The statement of activities presents the expenses of the CCC by natural classification. The costs of providing services of the CCC have been summarized on a functional basis below. Certain expenses are allocated between program and general and administrative based on actual use or estimates made by management.

Program	\$ 105,656,345
General and administrative	557,422
Total	<u>\$ 106,213,767</u>

7. COMMITMENTS AND CONTINGENCIES

The CCC may be involved in litigation arising in the normal course of business; however, there were no known actions or claims pending against the CCC at September 30, 2014.

The timing and nature of the Delivery System Reform Incentive Payment (“DSRIP”) projects in the 1115 waiver may require that the CCC incur expenses on projects prior to their approval by the Centers for Medicare and Medicaid Studies.

8. SUBSEQUENT EVENTS

The CCC has evaluated subsequent events through **January xx, 2015** (the date the financial statements were available to be issued) and no events have occurred from the statement of financial position date through that date that would impact the financial statements.



Board of Directors Meeting

January 27, 2015

AGENDA ITEM

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



CENTRAL HEALTH

Mobile Health Teams

Margarita Arroyo, LCSW, PMP



Key Milestones

- DY3:
 - 2 teams: at least 1 MD/PA, 1 RN, 1 MA each
 - In addition: Case Manager, Dietician, & Clinical Pharmacist
 - 1,300 encounters
- DY4:
 - 1 additional team
 - 1,500 unique patients, 3,000 encounters
- DY5
 - 2,000 unique patients, 4,000 encounters
- Overall Valuation: \$6,188,731



CENTRAL HEALTH





CENTRAL HEALTH

Hornsby Bend Community Festival—Daily Middle School





CENTRAL HEALTH

Pink House





DY3 Outcomes, Challenges and Lessons Learned

- CommUnityCare: contracted provider
- Total 2,036 DSRIP Eligible Encounters
- 36 locations visited
- Challenge—Hiring Mobile Providers & RNs
- Challenge—Start time delayed
- Lesson—Community Awareness & outreach difficult



CENTRAL HEALTH

Block Walk at Hornsby Bend Area





DY3 Mobile Health Teams (36 total)

HEALTH SCREENINGS (23 sites):

- Cristo del Rey Jamaica
- Southwest Keys Food Pantry
- Manos de Cristo Back to School—North Austin Event Center, (2 weeks long)
- El Rancho's Back to School Event
- Manor ISD Resource Fair
- Del Valle ISD school physicals
- First Methodist Church breakfast for the homeless
- AISD Back to School Bash—Austin Convention Center
- Austin CommUNITY Fest
- Hornsby Bend Community Festival/Daily Middle School
- 2014 Oak Hill's Back to School Bash
- Back to School/Westchester Wood Apartments
- HACA School Supply Distribution
- Anderson Community Development Center Food Pantry
- Back to School Bash-Dove Springs
- Houston-Tillotson College
- Santa Barbara Health Screening
- Grove Place Safety and Health Event—Grove Place Apartments
- Austin Area Urban League New Orientation
- Southwest Key Health Screening
- Arlan's Market
- Airport Transportation Drivers Health Fair
- Wheels of Sharing—Montopolis Friendship Community Center

REGULARLY VISITS DURING DY3 (5 sites):

- Ventanilla De Salud—Mexican Consulate
- All Saint's Church services for the homeless
- Cristo del Rey Catholic Church Food Pantry
- Hornsby Bend Fire Station
- Volunteer Clinic

WITH THE AFRICAN AMERICAN QUALITY OF LIFE UNIT (5 sites):

- Walnut Creek Apartments
- Walmart
- Juneteenth
- Texas WorkForce
- HEB Springdale

WITH EMS VAN:

- Jonestown Community Center

WITH SETON:

- Women's Health Fair Event
- Diabetes Classes Event—Clean Investments



CENTRAL HEALTH







What's coming in DY4 and 5?

- New locations for service: Create PCP sites vs. Health Screenings only
- Launch third team – Street medicine (Collaboration with EMS and ATCIC)
- Category 3 Quality Improvements



Category 3 Measure

Controlling High Blood Pressure in Diabetics:

the percentage of MAP recipients, 18 to 64, with Diabetes (type 1 or 2) whose most recent blood pressure reading is <140/90 mmhg



DY4 Mobile Health Team Sites

- All Saint's Episcopal Church—every Tuesday & Thursday (Homeless group)
- Santa Barbara Catholic Church—twice a month on Tuesdays (Hornsby Bend)
- Housing Authority of the City of Austin (HACA): Meadowbrook & Washington—twice a month on Wednesdays
- HACA (Georgian Manor)—once a month on Wednesday
- RBJ Residential Towers—twice a month on Wednesdays
- Austin Recovery & Pink House—every Thursday
- Others may include (Decker area, Rundberg for Street medicine, Child Inc. Sites)



CENTRAL HEALTH

Street Medicine on its way!





Board of Directors Meeting

January 27, 2015

AGENDA ITEM

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

Community Care Collaborative

Financial Statement Presentation

FY 2015 – as of Dec 31, 2014





- Financial Statements
 - Balance Sheet
 - Sources and Uses Report – Budget vs. Actual
- Three months of operations
 - October 1, 2014 – December 31, 2014

Balance Sheet

Fiscal Year to Date through Dec 31, 2014



3

Assets:

Cash & cash equivalents (1)	\$14,855,955
Other receivable	<u>1,840</u>
Total Assets	<u><u>\$14,857,795</u></u>

Liabilities and Net Assets:

Accounts payable	\$ 6,243,088
Other Payable	<u>9,558</u>
Total Liabilities	6,252,646
Net Assets (1)	<u>8,605,149</u>
Liabilities and Net Assets	<u><u>\$14,857,795</u></u>

(1) Includes \$5M Emergency Reserve Balance

Sources and Uses Report, Budget vs. Actual

Fiscal Year to Date through Dec 31, 2014



4

		<u>Budget</u>	<u>Actual</u>
Sources of Funds	DSRIP Revenue	\$ 48,875,000	\$ -
	Seton Indigent Care Payment (1)	60,000,000	8,600,000
	Central Health Indigent Care Payment (1,3)	15,489,552	289,552
	Operations Contingency Carryforward (2)	8,209,600	10,414,962
	Other Sources	20,000	1,223
	Total Sources of Funds	<u>\$ 132,594,152</u>	<u>\$ 19,305,737</u>
Uses - Programs	Healthcare Delivery	71,908,131	15,009,442
	UT Services Agreement	35,000,000	-
	Emergency Reserve	5,000,000	
	DSRIP Project Costs	20,686,021	691,147
	Total Uses	<u>\$ 132,594,152</u>	<u>\$ 15,700,588</u>
	Sources Over Uses	-	3,605,149
<hr/>			
Net Assets	Unrestricted		3,605,149
	Emergency Reserve		5,000,000
	Total Net Assets		<u>\$ 8,605,149</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) Actual is estimated pending final audited fiscal year 2014 financial statements.

(3) Service Expansion Funds \$289,552

Healthcare Delivery Costs

Fiscal Year to Date through Dec 31, 2014



5

	<u>Budget</u>	<u>Actual</u>
Primary Care	\$ 51,771,147	\$ 12,022,634
Specialty Care (1)	1,887,537	218,030
Mental Health	383,856	91,200
Dental Care	596,711	103,688
Pharmacy	4,000,000	818,691
Vision	550,915	120,258
Ortho	41,000	8,739
Client Referral Services	907,309	198,739
Claims Administration	3,500,000	875,000
Medical Administration	35,000	-
Service Expansion Funds	500,000	-
Health Information Technology	4,813,000	132,804
Other/Admin	1,853,576	419,659
Operations Contingency	<u>1,068,080</u>	
Total Healthcare Delivery	<u><u>\$ 71,908,131</u></u>	<u><u>\$ 15,009,442</u></u>

(1) Service Expansion Funds \$289,552

Selected HCD Providers Expenditures

Fiscal Year to Date through Dec 31, 2014



6

Selected HCD Providers

Primary care

	<u>FY15 Budget</u>	<u>FYTD 2015 Actual</u>	<u>% of Budget</u>
Primary Care - CommUnityCare	\$41,501,395	\$10,375,348	25%
Primary Care - El Buen Samaritano	\$1,950,000	\$312,367	16%
Primary Care - Lone Star Circle of Care	\$4,364,995	\$660,920	15%
Primary Care - Peoples Community Clinic	\$1,398,000	\$273,071	20%
Primary Care - Volunteer Clinic	\$100,000	\$30,573	31%
Primary Care - Recuperative Care Beds	\$400,000	\$36,686	9%
Primary Care - Urgent Care	\$166,000	\$25,000	15%
Primary Care-Planned Parenthood	\$510,000	\$127,500	25%
Primary Care - Paul Bass Clinic - Primary	\$709,647	\$89,775	13%
Primary Care - Blackstock	\$262,045	\$44,894	17%
	<u>\$51,362,082</u>	<u>\$11,976,134</u>	<u>23%</u>

Specialty care

Paul Bass Clinic - Specialty	\$933,985	\$93,981	10%
Austin Cancer Centers	\$334,000	\$38,707	12%
	<u>\$1,267,985</u>	<u>\$132,688</u>	<u>10%</u>

Mental health

ATCIC	\$8,045,166	\$2,011,259	25%
SIMS Foundation	\$383,856	\$91,200	24%
	<u>\$8,429,022</u>	<u>\$2,102,459</u>	<u>25%</u>

Pharmacy

	<u>\$4,000,000</u>	<u>\$818,691</u>	<u>20%</u>
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Vision

	<u>\$550,915</u>	<u>\$120,258</u>	<u>22%</u>
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Orthotics

	<u>\$41,000</u>	<u>\$8,739</u>	<u>21%</u>
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Dental

	<u>\$596,711</u>	<u>\$103,688</u>	<u>17%</u>
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Central Health Expenditures

Questions? Comments?





Board of Directors Meeting

January 27, 2015

AGENDA ITEM

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

Medical Access Program Enrollment			
Enrollment on:	FY2015 MAP Enrollment	FY2014 MAP Enrollment	Change from Previous Year
October	24,715	26,251	-6%
November	24,034	25,760	-7%
December	24,159	25,409	-5%
January		24,774	
February		24,305	
March		24,235	
April		24,726	
May		24,508	
June		24,262	
July		24,526	
August		24,471	
September		24,828	
FY15 Avg to date	24,303	24,838	-2%

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: 5 January 2015

