Board of Directors

Meeting

Friday, January 20, 2017

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 September 13, 2016 Community Care Collaborative (CCC) Board of Directors meeting.

B. Regular Agenda

1. Receive and take appropriate action on a presentation of the Community Care Collaborative Fiscal Year 2016 financial audit.

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

3. Receive a presentation on the Community Care Collaborative's FY17 Q1 and Q2 Priorities/Accomplishments.

4. Receive a presentation of the Community Care Collaborative Financial Statements as of December 31, 2016.

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.

Community Care COLLABORATIVE

Board of Directors Meeting

January 20, 2017

CONSENT AGENDA ITEM

A.1. Approve minutes from the September 13, 2016 Community Care Collaborative (CCC) Board of Directors meeting.

Board of Directors

Meeting

Tuesday, September 13, 2016

8:00 a.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, September 13, 2016, a public meeting of the CCC Board of Directors was called to order at 8:09 a.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, Stephanie McDonald, Tim LaFrey, and David Evans (Non-Voting Advisory Board Member)

Officers Present:
Larry Wallace (Executive Director) and Michelle Vassar (Secretary)

Other Attendees Present:
Randy Floyd (General Counsel) Shannon Sefcik (Paralegal)

II. Public Comments

Clerk's Notes:

No public comment.

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 26, 2016 Community Care Collaborative (CCC) Board of Directors meeting.

   Clerk's Notes:

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

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

B. Regular Agenda

1. Receive and discuss a presention on the CommUnityCare's three-year strategic plan.

   Clerk's Notes:

   George Miller, CommUnityCare Chief Executive Officer, and Teri Sabella, CommUnityCare Chief Information Officer, presented on CommUnityCare's three-year strategic plan. Mr. Miller discussed how the strategic planning process was developed from a CommUnityCare board retreat, a CommUnityCare leadership retreat, and an assessment by Health Management Associates (HMA). He stated that the framework of the strategic plan revolves around five pillars which include access, employer of choice, patient experience, quality, and productivity and efficiency. He discussed the issues that need to be addressed in order for CommUnityCare to achieve value-based care, which include population health, delivery system transformation and modernization, care management, integration of care, improvement of performance and quality, patient centeredness, technology and analytics, and cost of care, payment, and incentives. Mr. Miller also discussed the challenges CommUnityCare would face in implementing value-based care, and highlighted changing the management plan, maintaining a stable workforce, and receiving the commitment of all levels of leadership to a single strategic vision. He expressed a desire for continued collaboration between CommUnityCare, the Community Care Collaborative (CCC), and other community members to align their goals for transformation to a value-based payment model. Mr. Miller and Ms. Sabella responded to questions from the Board of Directors.

2. Discuss and take appropriate action on the Community Care Collaborative's Fiscal Year 2017 budget.

   Clerk's Notes:

   Mr. Larry Wallace, CCC Executive Director, Dr. Mark Hernandez, CCC Chief Medical Officer, Mr. Jeff Knodel, Central Health Chief Financial Officer, and Mr. Willie Lopez, CCC

Chief Operating Officer, presented the CCC's Fiscal Year 2017 budget. Mr. Wallace introduced the budget by highlighting the budget priorities which included specialty care, emergency room use reduction, Medical Access Program (MAP) benefit enhancement, primary care and value-based payment strategies, and the transition to internal project management resources. He also briefly discussed the operational priorities, which included transformation, stewardship, and partnership.

Dr. Hernandez discussed the specialty care activity, and described ongoing and future pilots in specialty areas such as cardiology, gastroenterology, orthopedics, endocrinology, neurology, and specialty care referrals. He described the current model of acute care, emphasizing the high cost of emergency and inpatient care, and compared it to the future model, which would reduce the use of emergency and inpatient care through the use of health risk assessments, comprehensive plans of care, and medical case management. Dr. Hernandez also discussed the timeline for MAP eligibilty expansion, and elements of benefit enhancement which include health risk assessments, removal of co-pays for preventative services, pain management, palliative care, group health education, integrated behavioral health, and complex care management.

Mr. Knodel highlighted the dollars alloted for both the MAP benefit enhancement and MAP eligibility expansion. He discussed the details of the Fiscal Year 2017 proposed budget sources and uses, health care delivery costs, primary care provider costs, and specialty care costs. He discussed the progress the CCC planned to make toward a value-based payment model, including reducing the fee-for-service provider encounter rate, the addition of a per member per month payment to manage patient risk groups, the creation of performance incentive pools, and pay-for-reporting methods. He also discussed the payment structure for the draft agreement between the CCC and CommUnityCare, highlighting the reduction in the provider encounter rate, the per member per month payment for health management, the creation of four incentive pools, the creation of an encounter rate for other care team members, and the increase of funding for pharmacy funds.

Vice-Chairperson Hartman asked the presenters if funds had been alloted in the budget to cover downstream costs of MAP eligibility expansion and benefit enhancement. Mr. Lopez noted that the budget alloted for three sources of contigency funds, including the service expansion funds, the operations contingency, and the MAP benefits enhancement reserve. Vice-Chairperson Hartman requested that the contigency funds identified by Mr. Lopez be footnoted as sources of funds to cover the downstream costs of MAP eligibility expansion and benefit enhancement. Mr. Lopez continued with a discussion relating to gaining efficiencies within the budget, and emphasized a new orthotics pilot used to change the service delivery model and a reduction in consulting agreements.

Mr. Knodel discussed lowering the cost of the primary services encounter rate and reminded the Board of Directors that staff would present the CCC Fiscal Year 2017 proposed budget to the Central Health Board of Managers on September 14, 2016.

All presenters responded to questions from the Board of Directors.

Director Garbe moved that the CCC Board approve the FY17 budget and any identified contracted items or services included in the FY 17 budget. Director LaFrey seconded the motion. The Board of Directors discussed the motion.

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

IV. Closed Session

Clerks Notes:

No closed session.

V. Closing

Chairperson Young Brown announced that the next regularly scheduled meeting of the CCC Board of Directors is Wednesday, December 14, 2016, at 2:00 p.m., in the Board Room, at Central Health's Administrative Offices at 1111 East Cesar Chavez Street, Austin, Texas 78702.

Director McDonald motioned to adjourn the meeting. Vice-Chairperson Hartman seconded the motion.

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

Clerk's Notes:

The meeting adjourned at 9:44 a.m.

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

ATTESTED TO BY:

_____

Michelle Vassar, Secretary to the Board
Community Care Collaborative

Community Care COLLABORATIVE

Board of Directors Meeting

January 20, 2017

AGENDA ITEM

1. Receive and take appropriate action on a presentation of the Community Care Collaborative Fiscal Year 2016 financial audit.

The Community Care Collaborative

FINANCIAL STATEMENTS AS OF AND FOR THE YEAR ENDED SEPTEMBER 30, 2016 AND INDEPENDENT AUDITORS' REPORT

PRESENTED BY
MAXWELL LOCKE & RITTER LLP

JANUARY 20, 2017

Overview of the Audit Report

- Contents of the Audit Report:
  - Independent Auditors' Report
  - Basic Financial Statements:
    - Statement of Financial Position
    - Statement of Activities
    - Statement of Cash Flows
    - Notes to the Financial Statements
  - The Community Care Collaborative ("CCC") is a component unit of Central Health. The CCC's financial statements are discretely presented as a separate column within the financials of Central Health.

INDEPENDENT AUDIT OPINION

- Unmodified opinion
  - Also known as a “clean” opinion and the best opinion that can be received on audited financial statements.

STATEMENTS OF FINANCIAL POSITION

- Increase in assets is primarily due to increase in cash
- Increase in liabilities is primarily due to increase in payments due to providers and deferred revenue related to DSRIP Projects

	2016	2015	% Change
Current Assets:			
Cash and cash equivalents	$ 47,509,294	$ 41,556,275	14%
Other receivable	280,199	-	N/A
Prepaids and other current assets	269,877	-	N/A
Total Assets	**48,059,370**	**41,556,275**	**16%**
Liabilities:			
Accounts payable	1,253,936	712,779	76%
Accrued expenses	12,252,122	5,297,323	131%
Deferred revenue	2,801,052	-	N/A
Due to affiliate	435,262	762,997	(43%)
Total liabilities	**16,742,372**	**6,773,099**	**147%**
Net Assets:			
Unrestricted	31,316,998	34,783,176	**(10%)**
Total liabilities and net assets	**$ 48,059,370**	**$ 41,556,275**	**16%**

STATEMENTS OF ACTIVITIES

Expenses allocated by function are:

Program services - $122,132,270 (98.8%)

General and administrative - $1,542,455 (1.2%)

	2016	2015	% Change
Revenues:			
DSRIP	$ 61,752,704	$ 60,775,973	2%
Seton member payment	33,100,000	51,700,000	(36%)
Central Health member payment	24,632,814	13,903,320	77%
Personnel services received from an affiliate	695,435	899,367	(23%)
Other revenue	27,594	10,693	158%
Total revenues	**120,208,547**	**127,289,353**	**(6%)**
Expenses:			
Health care delivery	69,853,078	58,067,816	20%
UT affiliation agreement payment	35,000,000	35,000,000	-
DSRIP projects	18,821,647	14,853,324	27%
Total expenses	**123,674,725**	**107,921,140**	**15%**
Change in net assets	**(3,466,178)**	**19,368,213**	**(118%)**
Total net assets – beginning of year	34,783,176	15,414,963	126%
Total net assets - end of year	**$ 31,316,998**	**$ 34,783,176**	**(10%)**

REQUIRED COMMUNICATIONS TO THOSE CHARGED WITH GOVERNANCE

- Qualitative Aspects of Accounting Practices
  - There were no new accounting policies and the application of existing policies was not changed during fiscal year 2016.
- Difficulties Encountered in Performing the Audit
  - There were no difficulties encountered in performing and completing our audit.
- Adjustments Identified During the Audit
  - No misstatements were detected as a result of our audit procedures.
- Disagreements with Management
  - There were no disagreements with management that arose during the course of our audit.

INTERNAL CONTROLS

- We did not identify any deficiencies in internal control that we consider to be material weaknesses.
  - A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis.
  - A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis.
  - A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Questions?

THANK YOU

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Community Care COLLABORATIVE

Board of Directors Meeting

January 20, 2017

AGENDA ITEM

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

DSRIP Update

1

MELANIE DIELLO, MPH
DIRECTOR, PROJECT MANAGEMENT AND IMPLEMENTATION

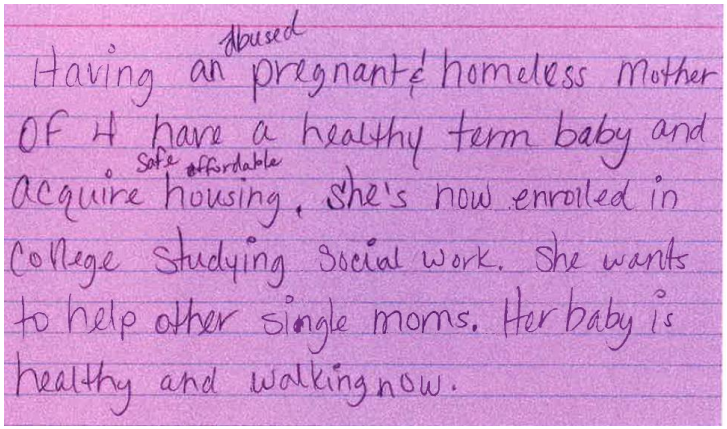
CCC BOARD OF MANAGERS
JANUARY 20, 2017

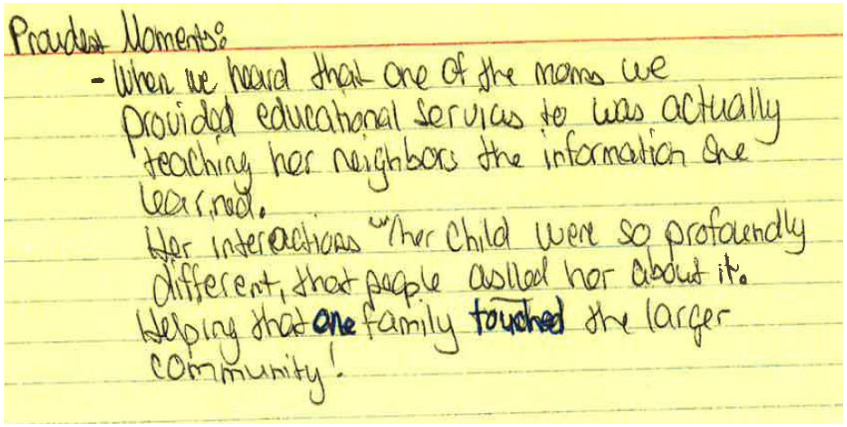
Community Care COLLABORATIVE

October DY5 Reporting Update

Total Incentives Approved in April	$6,749,612
Total Incentives Approved in October	$56,378,669
HHSC Needs More Information (NMI) request	$1,281,326
Carry forward dollars anticipated to be paid in FY17	$328,148
Total Possible Reportable in DY5	$66,629,087
% of DY5 payments to be received in FY17	**97%**

Total DY5 Carried Forward into DY6a	$1,764,458





October DY5 Carry Forward Summary

Project	Metric	Value	DY5 Performance	Key Next Steps
1.8 Telepsychiatry Expansion	Patients served	$328,148.60	1550 out of 1800 (86%)	• Jan 2017 update: this metric will be reported as achieved during April 2017 reporting!
2.4 STI Screening, Treatment and Prevention	Patients who receive STD/HIV tests	$179,398.25	3860 out of 7845 (49%)	• This milestone is a known risk due to error in original project submission to HHSC.
1.1 Disease Management Registry	Comprehensive Diabetes Care LDL	$448,897.00	80.69% out of 82.61% (-1.92%)	• In DY5, CUC created a custom report to identify diabetics in need of screenings. • In DY6, CUC has implemented an electronic chart prep process that helps identify when labs and/or procedures can be done at the point of care rather than scheduling a separate appointment. • Category 3 and other DSRIP measures were built into the “Patient Care Summary” (chart prep) to ensure the patient centeredness and appointment efficiency.
2.6 System Navigation	ED Visit rate for ACSCs	$808,015.00	36.75% out of 34.17% (-2.58%)	• CCC Medical Management and ATCEMS are collaborating to identify and support high-utilizers in the DSRIP population. • Urgent care and convenient care access will be expanded during DY6a, and a patient and provider engagement strategy will be deployed.
		$1,764,458.85		

Category 1 and 2 Highlights

Project	QPI Performance	Additional Key Accomplishments
Gastroenterology Expansion	**4,558 out of 4,343** additional visits	Since the clinic's launch in DY3, the Hep C clinic has enrolled over 850 patients onto Hep C treatment and cured over 470 of them.
Disease Management Registry	**10,522 out of 7,192** enrolled into the registry	Rolled out a new registry profile for Hepatitis C, which provides automated reminders to screen patients for Hepatitis C if they meet criteria that indicates a higher risk of Hepatitis C.
Pulmonology Expansion	**4,014 out of 3,827** additional visits	Modified clinic workflow to accommodate more walk-in patients as well as scheduling patients for a future appointment upon discharge from their general PCP visit.
PCMH	**55,539 out of 53,153** patients served	15 clinic sites are PCMH recognized and 1 has adopted PCMH principles. Our PCMH partners collectively see an estimated 100,000 patients in Travis County.
Pregnancy Planning	**1,022 out of 932** LARC insertions	Focus groups were held in English and Spanish to improve how services are marketed and delivered to young women.
System Navigation	**1,022 out of 1,000** unique MAP patients receiving call center services	Empaneled 166 patients to a PCP within 72 hours of an ED visit out of a goal of 120 patients. Connected 644 patients to their existing PCP within 72 hours of an ED visit out of a goal of 462.

Category 3 Highlights

Metric	DY5 Cat 3 Performance	Variance to Baseline	Key Accomplishments
Blood pressure control in diabetics	**72.7%** of patients with controlled BP	+2.95%	• Increased provider education
Hepatitis C cure rate	**91.62%** of patients cured	+67.37%	• Initiated services at the ARCH clinic • Utilizing i2i in chart prep for Hep C patients
Diabetes care: retinal eye exam	**53.09%** of patients who received a retinal eye exam	+8.06%	• Redesigned workflow to optimize number of patients appropriately screened • Shared learnings between providers
Gonorrhea follow up three months after treatment	**17.86%** of men and women who undergo follow up testing for uncomplicated Gonorrhea 3-months after treatment	+5.28%	• Tested new patient-centered collection and drop off methods
Tobacco use: screening and cessation	**98.85%** of patients 18 years and older who were screened for tobacco use at least once during the two-year measurement period AND who received cessation counseling intervention if identified as a tobacco user.	+18.53%	• Group classes launched in March 2016 at North Central clinic

DSRIP Sustainability Planning

- Significant uncertainty remaining around the future of the 1115 Waiver
- HHSC to request a 21 month extension of our existing waiver extension
- New extension proposal would be in effect until 9/30/2019
- HHSC is developing a draft DY7 program funding and mechanics (PFM) protocol to govern how providers would earn funds, which is subject to CMS approval.

DSRIP Sustainability Planning

- CCC Planning
  - Currently developing charter and refining scope
  - Drafting stakeholder meeting packets with CCC, Central Health, Seton and Provider partners
  - Scheduling stakeholder kick-off meetings for Feb/March
  - Aim to have final draft summaries and recommendations complete by July

- Coordinated Planning with Seton
  - Currently developing charter and defining scope

  - Potential focus areas for alignment:
    - Readmissions
    - ED utilization
    - Patient/Provider satisfaction
    - Cost effectiveness
    - Business prioritization

Community Care COLLABORATIVE

Board of Directors Meeting

January 20, 2017

AGENDA ITEM

3. Receive a presentation on the Community Care Collaborative's FY17 Q1 and Q2 Priorities/Accomplishments.

Community Care Collaborative: Q1&Q2 Update

SARAH COOK
MELANIE DIELLO
JON MORGAN

Community Care COLLABORATIVE

Q1 & Q2 Projects

Project	CH Strategic Principle	Priority within Strategic Principle
Provide Choice of Clinical Home for MAP Patients	Transformation	Priority 5: Benefit Redesign
Move eligible SFS patients into Marketplace	Stewardship	Priority 1: Financial Sustainability
Add Urgent Care sites to MAP Network	Transformation	Priority 2: Primary Care
Add Convenient Care sites to MAP Network	Transformation	Priority 2: Primary Care
Expand Post-Acute Care Capacity	Transformation	Priority 4: Specialty Care
Relocate UMCB specialty care to community clinics	Transformation	Priority 4: Specialty Care
Move cataract surgeries from UMCB to appropriate setting	Transformation	Priority 4: Specialty Care
Increase colonoscopy prep, screen high risk patients	Transformation	Priority 4: Specialty Care
Pilot transitions of care program for hospital discharges	Tranformation	Priority 1: Integrated Delivery System
Continue data exchange through OHCA operation	Stewardship	Priority 6: IT and Data
Expand MAP to all county residents below 50% FPL	Transformation	Priority 5: Benefit Redesign
Expand MAP to chronically ill residents below 100% FPL	Transformation	Priority 5: Benefit Redesign
Launch Virtual Care pilots for select MAP patients	Transformation	Priority 2: Primary Care
Launch Community Health Worker Pilot program	Transformation	Priority 2: Primary Care
Develop Social Determinants of Health Proposal	Transformation	Priority 2: Primary Care
Develop Transportation Pilot for MAP patients	Transformation	Priority 2: Primary Care
Expand Physical Therapy to select MAP patients	Transformation	Priority 4: Specialty Care
Expand Behavioral Health Care at contracted partners	Transformation	Priority 3: Mental Health
Pilot Medication Assisted Therapy for substance abuse	Transformation	Priority 3: Mental Health
Select and implement new TPA for claims	Stewardship	Priority 6: IT and Data
Perform FY16 Utilization Study for CCC Covered Population	Stewardship	Priority 6: IT and Data
Support care team transformation at CommUnityCare	Transformation	Priority 7: Value Based Payment Reform

Transformation: Benefit Redesign

- Provide Choice of Clinical Home for MAP Patients
- Expand MAP to all county residents below 50% FPL
- Expand MAP to chronically ill residents below 100% FPL

Transformation: Primary Care

- Add Urgent Care sites to MAP Network
- Add Convenient Care sites to MAP Network
- Launch Virtual Care pilots for select MAP patients
- Develop Community Health Worker Pilot proposal
- Develop Social Determinants of Health proposal
- Develop Transportation Pilot for MAP patients

Transformation: Specialty Care

- Relocate UMCB specialty care to community clinics
- Move cataract surgeries from UMCB to appropriate setting
- Increase colonoscopy prep, screen high risk patients
- Expand Physical Therapy to select MAP patients
- NEW Item: CCC Referral Coordinator

Transformation: Mental Health

- Expand Behavioral Health Care at contracted partners
- Pilot Medication Assisted Therapy for substance abuse

Transformation: Value Based Payment

- Support care team transformation at CommUnityCare
  - New contract structure supports alternative care team visits
  - PMPM for health management builds infrastructure
  - Simultaneous HMA engagements ensure alignment
  - Measure and pay for improvement in metrics

Transformation: Integrated Delivery System

- Pilot transitions of care program for hospital discharges
- NEW Item: Medical Management Department

Stewardship: IT & Data

- Continue data exchange through OHCA operation
- Select and implement new TPA for claims
- Perform FY16 Utilization Study for CCC Covered Population

Stewardship: Financial Sustainability

- NEW Item: DSRIP Sustainability Planning

Summary

- Bringing in new providers to our network & expanding services through existing providers
- Driving primary care transformation with value-based payment methodologies
- Learning from pilots
- Measuring and setting baselines

- Strategic Planning for FY18-FY20 launching

Community Care COLLABORATIVE

Board of Directors Meeting

January 20, 2017

AGENDA ITEM

4. Receive a presentation of the Community Care Collaborative's Financial Statements as of December 31, 2016.

Community Care Collaborative

Financial Statement Presentation

FY 2017 – as of December 31, 2016

Community Care
COLLABORATIVE

General

- Financial Statements
  - Balance Sheet
  - Sources and Uses Report, Budget vs. Actual
  - Detail of Healthcare Delivery Costs
- Three Months of Operations
  - October 1, 2016 – December 31, 2016

Balance Sheet

As of December 31, 2016

Assets:		
Cash and Cash Equivalents (1)	$	26,201,581
Prepaid and Other		258,511
Total Assets	$	26,460,092
Liabilities and Net Assets:		
AP and Accrued Liabilities	$	9,008,929
Deferred Revenue		2,801,052
Other Liabilities		250,280
Accrued Payroll		338,348
Total Liabilities		12,398,609
Net Assets (1)		14,061,483
Total Liabilities and Net Assets	$	26,460,092

(1) Includes $5M Emergency Reserve Balance

Sources and Uses Report, Budget vs. Actual

Fiscal Year-to-Date through December 31, 2016

		Annual Budget	YTD Actual
Sources of Funds	DSRIP Revenue	$ 62,432,400	$ -
	Member Payment - Seton (1)	41,500,000	-
	Member Payment - Central Health (1)	26,245,166	-
	Operations Contingency Carryforward (2)	23,643,324	26,316,998
	Other Sources	40,400	7,404
	Total Sources of Funds	**$ 153,861,290**	**$ 26,324,402**
Uses - Programs	Healthcare Delivery	95,373,056	16,398,930
	UT Services Agreement	35,000,000	-
	DSRIP Project Costs	23,488,234	863,989
	Total Uses	**$ 153,861,290**	**$ 17,262,919**
	Sources Over (Under) Uses	**$ -**	**$ 9,061,483**

(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) Preliminary unaudited net assets from FY2016

Healthcare Delivery Costs - Summary

Fiscal Year-to-Date through December 31, 2016

	Annual Budget	YTD Actual	% of Budget
Primary Care (1)	$ 48,792,582	$ 10,330,753	21%
Specialty Care (2)	8,526,951	672,813	8%
Dental Specialty Care	629,711	100,666	16%
Behavioral Health/Substance Abuse	8,833,856	2,020,505	23%
Post-Acute Care	1,150,000	212,000	18%
Convenient/Urgent Care	600,000	35,376	6%
Pharmacy	5,350,000	876,643	16%
Client Referral Services	856,309	197,340	23%
HCD Operating Cost	1,991,647	310,918	16%
Health Information Technology	4,458,147	571,873	13%
Patient Medical Management	1,782,840	403,635	23%
Quality, Assessment and Performance	956,974	167,214	17%
Claims Payment Services/TPA	1,085,000	174,999	16%
Administration	1,331,983	310,940	23%
MAP Redesign	5,354,621	13,254	0%
MAP Benefits Enhancement Reserve	858,938	-	0%
Service Expansion Funds	1,000,000	-	0%
Operations Contingency	1,813,496	-	0%
Total Healthcare Delivery	$ 95,373,056	$ 16,398,930	17%

(1) Detail provided on Slide 6.
(2) Detail provided on Slide 7.

HCD Providers Expenditures – Primary Care Detail

Fiscal Year-to-Date through December 31, 2016

	Annual Budget	YTD Actual	% of Budget
Primary Care			
CommUnityCare	$ 39,450,000	$ 8,505,924	22%
El Buen Samaritano	2,350,000	448,628	19%
Lone Star Circle of Care	4,364,995	677,662	16%
Peoples Community Clinic	1,798,000	495,169	28%
Volunteer Clinic	100,000	26,761	27%
City of Austin EMS	696,822	174,000	25%
	$ 48,792,582	$ 10,330,753	21%

HCD Providers Expenditures – Specialty Care Detail

Fiscal Year-to-Date through December 31, 2016

	Annual Budget	YTD Actual	% of Budget
Specialty Care			
Paul Bass Clinic - Specialty	$ 500,000	$ 130,426	26%
Austin Cancer Centers	359,000	85,310	24%
Project Access	330,000	82,500	25%
Ophthalmology	550,951	96,341	17%
Orthotics and Prosthetics	100,000	43,043	43%
Urology	450,000	65,269	15%
Neurology	150,000	-	0%
Orthopedics	2,000,000	88,541	4%
Gastroenterology	650,000	10,000	2%
Endocrinology	100,000	-	0%
Cardiology	100,000	3,000	3%
Ophthalmology - Surgical	400,000	66,357	17%
Dermatology	100,000	-	0%
Telemedicine	200,000	-	0%
Gynecology Integrated Practice Unit	500,000	-	0%
Ear, Nose and Throat	400,000	-	0%
Audiology	50,000	-	0%
Allergy	50,000	-	0%
Specialty Referral Process Improvement	25,000	-	0%
CommUnity Care Specialty Transition	1,500,000	-	0%
	$ 8,526,951	$ 672,813	8%

HCD Providers Expenditures – Other Detail

Fiscal Year-to-Date through December 31, 2016

	Annual Budget	YTD Actual	% of Budget
Dental Specialty Care			
Dental Devices	$ 200,000	$ 40,302	20%
Oral Surgery	429,711	60,364	14%
	$ 629,711	$ 100,666	16%
Behavioral Health/Substance Abuse			
ATCIC	$ 8,000,000	$ 1,954,835	24%
SIMS Foundation	383,856	65,670	17%
Medication Assisted Therapy Pilot	450,000	-	0%
	$ 8,833,856	$ 2,020,505	23%
Post-Acute Care			
Front Steps/Recuperative Care Beds	$ 600,000	$ 212,000	35%
Skilled Nursing Facilities	550,000	-	0%
	$ 1,150,000	$ 212,000	18%

Questions? Comments?

Community Care
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