



CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

By caring for those who need it most, Central Health improves the health of our community.

Our Values

Central Health will achieve excellence through:

Stewardship - We maintain public trust through fiscal discipline and open and transparent communication.

Innovation - We create solutions to improve healthcare access.

Right by All - By being open, anti-racist, equity-minded, and respectful in discourse, we honor those around us and do right by all people.

Collaboration - We partner with others to improve the health of our community.

BUDGET AND FINANCE COMMITTEE MEETING

Wednesday, May 22, 2024, 4:00 p.m.

Or immediately following the Strategic Planning Committee Meeting

Videoconference meeting¹

A quorum of the Committee and the presiding officer will be present at:

Central Health Administrative Offices
1111 E. Cesar Chavez St.
Austin, Texas 78702
Board Room

Members of the public may attend the meeting at the address above, or observe and participate in the meeting by connecting to the Zoom meeting link listed below (copy and paste into your web browser):

<https://us06web.zoom.us/j/84808195241?pwd=4YXCQN9a18iG7SzrLkeSWfBA3SS1az.1>

Meeting ID: 848 0819 5241

Passcode: 189145

Links to livestream video are available at the URL below (copy and paste into your web browser):

<https://www.youtube.com/@thealthdistrict/streams>

Or to participate by telephone only:

Dial: (346) 248 7799

Meeting ID: 848 0819 5241

Passcode: 189145

The Committee may meet via videoconference with a quorum present in person and will allow public participation via videoconference and telephone as allowed under the Open Meetings Act. Although a quorum of the Committee will be physically present at the location posted in this meeting notice, we strongly encourage all members of the public to observe the meeting virtually

and participate in public comment, if desired, through the virtual meeting link or telephone number listed on this meeting notice.

Members of the public who attend in person should conduct a self-assessment before coming to the building to ensure they do not have a high temperature or any symptoms of COVID-19. Anyone who is symptomatic and/or has a fever should contact their healthcare provider for further instructions. Symptomatic members of the public can still participate, if desired, through the virtual meeting link or telephone number listed on this meeting notice. Resources related to COVID-19 can be found at the following link:

<https://www.centralhealth.net/covid-info/>.

A member of the public who wishes to make comments virtually during the Public Communication portion of the meeting must properly register with Central Health **no later than 2:30 p.m. on May 22, 2024**. Registration can be completed in one of three ways:

- Complete the virtual sign-in form at <https://www.centralhealth.net/meeting-sign-up/>;
- Call 512-978-9190 and leave a voice message with your full name, your request to comment via telephone, videoconference, or in-person at the meeting; or
- Sign-in at the front desk on the day of the meeting, prior to the start of the meeting.

Individuals who register to speak on the website or by telephone will receive a confirmation email and/or phone call by staff with instructions on how to join the meeting and participate in public communication.

PUBLIC COMMUNICATION

Public Communication rules for Central Health Committee meetings include setting a fixed amount of time for a person to speak and limiting Committee and Board responses to public inquiries, if any, to statements of specific factual information or existing policy. The Public Communication portion of the meeting will begin at 5:30 p.m.

COMMITTEE AGENDA²

1. Approve the minutes of the April 24, 2024 Budget and Finance Committee meeting. (*Action Item*)
2. Receive and discuss the quarterly financial and operational report for Sendero Health Plans.³ (*Informational Item*)
3. Receive and discuss the quarterly financial and operational report for CommUnityCare Health Centers. (*Informational Item*)
4. Receive and discuss a presentation on the Fiscal Year (FY) 2025 preliminary Budget and the financial forecast for subsequent fiscal years, including information on possible property tax rates to be assessed. (*Informational item*)
5. Receive a presentation on the April 2024 financial statements for Central Health. (*Informational Item*)
6. Confirm the next Budget and Finance Committee meeting date, time, and location. (*Informational Item*)

- ¹ This meeting may include one or more members of the Budget and Finance Committee participating by videoconference. It is the intent of the presiding officer to be physically present and preside over the meeting at Central Health Headquarters, 1111 Cesar Chavez, Austin, Texas 78702. This meeting location will be open to the public during the open portions of the meeting, and any member participating by videoconference shall be visible and audible to the public members in attendance whenever the member is speaking. **Members of the public are strongly encouraged to participate remotely through the toll-free videoconference link or telephone number provided.**
- ² The Budget and Finance Committee may take items in an order that differs from the posted order and may consider any item posted on the agenda in a closed session if the item involves issues that require consideration in a closed session and the Committee announces that the item will be considered during a closed session. A quorum of Central Health's Board of Managers may convene or participate via videoconference to discuss matters on the Committee agenda, and any Committee actions will be in conformance with the Central Health Bylaws.
- ³ Possible closed session discussion under Texas Government Code §551.085 Governing Board Of Certain Providers Of Health Care Services.

Any individual with a disability who plans to attend or view this meeting and requires auxiliary aids or services should notify Central Health as far in advance of the meeting day as possible, but no less than two days in advance, so that appropriate arrangements can be made. Notice should be given to the Board Governance Manager by telephone at (512) 978-8049.

Cualquier persona con una discapacidad que planee asistir o ver esta reunión y requiera ayudas o servicios auxiliares debe notificar a Central Health con la mayor anticipación posible de la reunión, pero no menos de dos días de anticipación, para que se puedan hacer los arreglos apropiados. Se debe notificar al Gerente de Gobierno de la Junta por teléfono al (512) 978-8049.

STAYS IN FILE



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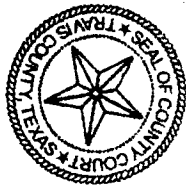
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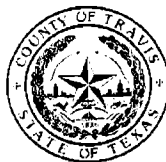
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Came to hand and posted on a Bulletin Board in the
 County Recording Office, Austin, Travis County, Texas on this the
17 day of May 2024
 Dyana Limon-Mercado
 County Clerk, Travis County, Texas
 By E. Medina Deputy

E. MEDINA

**FILED AND RECORDED
 OFFICIAL PUBLIC RECORDS**



Dyana Limon-Mercado
 Dyana Limon-Mercado, County Clerk
 Travis County, Texas

202480677

May 17, 2024 02:02 PM

Fee: \$0.00

MEDINAE

Central Health Board of Managers Shared Commitments **Agreed adopted on June 30, 2021**

Whereas, the Board of Managers of Central Health has come together as a governing body to ensure the Vision of Central Health: Central Texas is a model health Community;

Whereas, the Board of Managers of Central Health bring this vision into reality by enacting the mission of caring for those who need it most and thereby improving the health of our community;

Whereas, the Board of Managers of Central Health achieves excellence toward this vision and mission through the stated values of Stewardship, Innovation, Respect, and Collaboration;

Whereas, the Board of Managers of Central Health further known as we in this document understand that systemic racism is the root of health inequities that emerge from a history of racism in Texas including Travis County that contributes to the social determinants of health that play a primary role in producing inequitable health outcomes;

Whereas, as an organization, Central Health is anti-racist and committed to a diverse and inclusive culture that seeks equity and social justice in the pursuit of its mission:

1. We Commit to informing all of our actions as Board Managers with the understanding that we are accountable to recognizing and to interrupting systems of oppression. This includes understanding the power structure in the United States, and Texas, and Travis County, that advantages certain community members and has historically disadvantaged other community members based on the color of their skin, race, ethnicity, language, and/or other characteristics. We further understand that to disrupt this power structure and the health inequities it produces, we must collaborate to collectively respond to the lived realities of all ethnicities, races, and identities disadvantaged within this system and all historically oppressed identities and communities disadvantaged within this system. We Commit to understanding that when disadvantaged communities compete against each other, we all lose in this system, and the only way forward is to work together for the benefit of all oppressed communities collectively.
2. We Commit to a model of Generative Leadership which requires us to understand and practice collaboration and accountability demonstrated by following our agreed upon meeting procedures and ensuring all members have the opportunity for comparable speaking time. We further Commit to intentionality prior to speaking including: considering: what is the goal of what I

want to share; is this the right time to share it; and is this in keeping with our collective goal for this particular moment within this particular meeting?

3. We Commit to Generative Conflict which includes engaging in disagreements and differences in perspective in a way that deepens relationships and trust by expanding knowledge and understanding of each other, including expecting our ideas to be expanded and enriched by learning and engaging with other Board Manager ideas, choosing curiosity over competition of ideas, and anchoring our conversations in our common purpose.
4. We Commit to practicing emotional intelligence as leaders which includes being aware of our own emotions and reactions and managing them, as well as being aware of our impact on others and managing this impact for the collective good when we are in our role as Board Managers.
5. We Commit to being aware of our own privileges and advantages in the sociopolitical and economic structure of the United States, Texas, and Travis County to use these for the benefit of interrupting inequities across historically disadvantaged identities.
6. We Commit to preventing the commission of microaggressions through the awareness of the history and oppression of diverse identities and communities. To this end, we Commit to strive to learn the historical context informing the lived realities of all historically oppressed identities and communities, and to use this to prevent use of language and commission of actions that can be harmful given these histories.
7. If we inadvertently commit a microaggression, we strive to immediately become aware on our own of the harm we have caused. If another Board Manager generously helps us become aware of a microaggression we have committed we welcome the support in our learning and growing process as a leader and immediately express appreciation for having made us aware, own the mistake we have made, acknowledge the impact of the harm we have caused, and engage repair through apology and the articulation of what we will do to avoid the repetition of such harm in the future.
8. If we observe one of our fellow Board Managers commit a microaggression, we Commit to calling them in by letting them know in a respectful and kind manner of the mistake that has been made.
9. We understand that many of us, as survivors of historically oppressed identities and communities, carry internalized narratives of oppression, and we can inadvertently express these oppressions against others in ways that cause harm and we Commit to the same process identified in 7 and 8 to engage repair and return to generative collaborative processes.
10. We understand that even without the history of oppression potentiating the weight of harm, expressions of prejudice and rudeness can also cause harm to our shared aims, and we Commit to the same process identified in 7 and 8 to engage repair and return to generative collaborative processes.

11. We Commit to using our Racial and Social Justice Framework (next page) for decision-making as we work together for the collective good of our communities as we eradicate health inequities and create a model healthy community.
12. We understand that we are entrusted with a vital responsibility for our communities and are accountable stewards for the time and resources available to our Board of Managers. We understand that these commitments are entered into to ensure responsible stewardship of this time and resources through generative collaborative processes to reach our vision and mission and we agree that if we do not follow any one of these commitments we welcome our Board Manager colleagues to bring this to our attention through the agreed upon process reflected here and when this occurs, we commit to immediately acknowledging the mistake and engaging in a repair and correction process as indicated in these commitments so that our work to dismantle systemic racism and resulting barriers and achieve health equity can move forward.

Be it adopted that the above agreements will be honored and acted upon by each Board Manager as of 6/30/2021 and henceforth forward as indicated by signature below.

Board Manager Signature

Date

Board Manager Printed Name

Calling In and Repairing Harm

Calling In after Harm in Groups with Shared Values and Aims Stance

Hey, this thing you said/did hurt some folks or could hurt some folks.

A) Here's why that can be hurtful or,

B) Please do some research to learn the history of why that's hurtful.

Implied message: I know you are good and are on this journey with us and we are all going to make mistakes as we unlearn things.

Calling In after Harm in Groups with Shared Values and Aims Sample Language

- I know it wasn't your intention, but what you just said minimizes the horror of _____ e.g. the history of racism, enslavement, the holocaust, etc.
- I know it wasn't your intention but what you just said has the impact of implying that _____ are not competent or as intelligent as others.
- What you just said suggests that _____ people don't belong.
- That phrase has been identified as being disrespectful and painful to _____ people and it's important that we not use it.
- Oh, I have also used that term, but I have now learned that when we use it we are leaving out people who _____ or we are implying that _____ and the word people are learning to use now is _____.
- The term used now by people living with that identity is _____.

Repairing Harm after Microaggressions, Mistakes, and expressions of Prejudice

- Own / Name it
- Recognize the Impact
- Apologize (Do not share context or explanations)
- Make any amends that are possible
- State what you are going to do to learn and do better in the future.

Sample Language: Thank you so much for letting me know. You are right, I used this term or said that phrase and realize that it has the impact of minimizing the experience of _____ or implying that _____. I am deeply sorry and will practice learning the correct language and will research and learn more about this to ensure that I do not make this mistake and cause this harm in the future.

RACIAL and SOCIAL JUSTICE FRAMEWORK

Values and Anti-Racism/Anti-Oppression

- Is this consistent with our values?
- Are we taking steps so we cannot predict outcomes by race and other systemically disadvantaged characteristics?

Intentional and Accountable Storytelling

- What data are we using and has it been disaggregated by race? What is the source of the data? Who is it making visible and invisible? Whose experience is being centralized and whose is being marginalized in the data? Does the way we are using the data reflect the complexity of the issues and reflect the issues accurately?
- What are the stories and narratives we are telling? What is the purpose? Who is interpreting the meaning? Who's it meant for? Who's impacted and how?
- Are we refusing to be ahistorical? Are we fully considering history and the impacts of the historical context?

Power Analysis

- What are the power dynamics in this situation? What are the intersecting spheres of oppression at work in this situation?
- What are the cultural norms of white supremacy at work in this situation?
- Who would benefit and who would be harmed by this action/decision?
- Does this interrupt/disrupt or collude with/reinforce oppressive systems/power structures?
- If this is attempting a solution, where are we locating the problem?
- Does the solution/strategy we are proposing change the system or the individual?
- Who are we asking to change and why?

Relationships

- Who is in the room and who isn't and why? Who is sharing and who is not and why?
- Whose perspective is represented/who is left out? And who is doing the representing? Who do we believe, who do we find credible? Why? Why not?
- Whose experience is being centralized and whose experience is being marginalized? Who is gazing and who is being gazed upon?
- Are we boldly leading toward our racial justice aim by building a broad coalition of support?
- Are we operating from a similar/shared understanding of anti-racism work? Do we have a shared anti-racist understanding of where the problem is located and a shared anti-racist theory of change to generate a solution? Have we agreed upon a shared goal?



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BUDGET & FINANCE COMMITTEE MEETING

May 22, 2024

AGENDA ITEM 1

Approve the minutes of the April 24, 2024 Budget and Finance Committee meeting. (*Action Item*)

MINUTES OF MEETING – APRIL 24, 2024
CENTRAL HEALTH
BUDGET AND FINANCE COMMITTEE

On Wednesday, April 24, 2024, a meeting of the Central Health Budget and Finance Committee convened in open session at 4:07 p.m. in person at the Central Health Administrative Offices and remotely by toll-free videoconference. Clerk for the meeting was Briana Yanes.

Committee members present in person: Chair Museitif, Manager Martin, Manager Motwani, and

Board members present via audio and video or in person: Manager Jones, Manager Kitchen, Manager May (arrived 4:14 p.m.), and Manager Zamora (arrived 4:25 p.m.)

Absent: Manager Valadez

PUBLIC COMMUNICATION

Clerk’s Notes: Public Communication began at 4:08 p.m. Yesenia Ramos introduced one speaker for Public Communication.

Kathy Edmondson signed up to speak at Public Communication but due to technical difficulties was unable to. She will prepare to speak at the May Board of Managers meeting.

COMMITTEE AGENDA

1. Approve the minutes of the March 27, 2024 Budget and Finance Committee meeting.

Clerk’s Notes: Discussion on this item began at 4:15 p.m.

Manager Museitif moved that the Committee approve the minutes of the March 27, 2024 Budget and Finance Committee meeting.

Manager Kitchen seconded the motion.

Chairperson Museitif	For
Manager Martin	For
Manager Motwani	For
Manager Valadez	Absent
Manager Jones	For
Manager Kitchen	For
Manager May	For

2. Receive and discuss a report of Historically Underutilized Business (HUB) spending performance for Fiscal Year (FY) 2023.

Clerk’s Notes: Discussion on this item began at 4:17 p.m. Ms. Nicki Riley, Deputy Chief Financial Officer; Balena Bunch, Procurement Director; and Margaret Castillo, Senior HUB Analyst, presented the FY23 HUB report. Below are a few of the key takeaways from the presentation:

- Central Health officially launched its HUB Subcontracting program with a focus on construction contracts with a value of \$500,000 or more.
- With the addition of the Senior HUB Analyst, Central Health was able to expand its footprint by attending various outreach events within the State of Texas, as well as recently hosting its own on-site “Meet The Prime” event for one of the upcoming clinic sites.

- Central Health spent approximately 22% of its eligible expenditures with HUB vendors in FY2023.

3. Receive and discuss instructions for submitting board member recommended FY2025 emerging priorities.

Clerk’s Notes: Discussion on this item began at 4:39 p.m. Ms. Monica Crowley, Chief Strategy & Planning Officer and Sr. Counsel, presented on the process that board members will use to submit their recommended FY25 emerging priorities. She stated that May 24, 2024, would be the deadline for Board Member emerging priority recommendations to be received by staff.

4. Receive a presentation on the March 2024 financial statements for Central Health.

Clerk’s Notes: Discussion on this item began at 4:52 p.m. Ms. Nicki Riley, Deputy Chief Financial Officer; Ms. Patti Bethke, Controller; and Mr. Jonathan Morgan, Chief Operating Officer, presented on the March 2024 financials. The presentation included a look at the balance sheet, sources and uses, a healthcare delivery summary, and healthcare delivery specialty care.

Lastly, they gave a couple of updates regarding the dialysis line item related to specialty care. Mr. Morgan shared that there have been savings opportunities in the first half of the year. He announced that through the ACA marketplace, for a temporary time, dialysis eligible patients could be enrolled into the MAP health plans on a continuous basis and not just during open enrollment. He stated that Central Health has been able to take advantage of this opportunity with its partners at Sendero. Next, he announced that Central Health has come to an agreement with partners at Ascension to both extend and expand the dialysis program. It was originally scheduled to come to an end at the end of fiscal year 2024 but was extended to the end of 2027. The program was also extended, as planned, to the MAP Basic population and earlier stage kidney disease patients.

5. Confirm the next Budget and Finance Committee meeting date, time, and location.

Manager Kitchen moved that the Committee adjourn.

Manager Motwani seconded the motion.

Chairperson Museitif	For
Manager Martin	For
Manager Motwani	For
Manager Valadez	Absent
Manager Jones	For
Manager Kitchen	For
Manager Zamora	For
Manager May	For

The meeting was adjourned at 5:03 p.m.

ATTESTED TO BY:

Maram Museitif, Chairperson
Central Health Budget and Finance Committee

Manuel Martin, Secretary
Central Health Board of Managers



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BUDGET & FINANCE COMMITTEE MEETING

May 22, 2024

AGENDA ITEM 2

Receive and discuss the quarterly financial and operational report for Sendero Health Plans.³
(*Informational Item*)



AGENDA ITEM SUBMISSION FORM

This form is to provide a general overview of the agenda item in advance of posting for the Board meeting. Proposed motion language is a recommendation only and not final until the meeting and may be changed by the Board Manager making the motion. All information in this form is subject to the Public Information Act.

Agenda Item Meeting Date May 22, 2024

Who will present the agenda item? (Name, Title) Karen Ator, Chief Strategy Officer

General Item Description Receive and discuss the quarterly financial and operational report for Sendero.

Is this an informational or action item? Informational item

Fiscal Impact N/A

Recommended Motion (if needed – action item) N/A

Key takeaways about agenda item, and/or feedback sought from the Board of Managers:

- 1) Receive a quarter two report from Sendero, with a presentation focusing on Third Party Administrator (TPA).
- 2) _____

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) PowerPoint

Estimated time needed for presentation & questions? 15 minutes

Is closed session recommended? (Consult with attorneys.) Yes

Form Prepared By/Date Submitted: Briana Yanes/ May 17, 2024



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BUDGET & FINANCE COMMITTEE MEETING

May 22, 2024

AGENDA ITEM 3

Receive and discuss the quarterly financial and operational report for CommUnityCare Health Centers. (*Informational Item*)



AGENDA ITEM SUBMISSION FORM

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Agenda Item Meeting Date May 22, 2024

Who will present the agenda item? (Name, Title) Jaeson Fournier, CommunityCare CEO
Tara Trower, Chief Strategy Officer

General Item Description Receive and discuss the quarterly financial and operational report for CommUnityCare Health Centers.

Is this an informational or action item? Informational item

Fiscal Impact N/A

Recommended Motion (if needed – action item) N/A

Key takeaways about agenda item, and/or feedback sought from the Board of Managers:

- 1) Receive a quarter two report from CommunityCare.
- 2) _____

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) PowerPoint

Estimated time needed for presentation & questions? 15 minutes

Is closed session recommended? (Consult with attorneys.) No

Form Prepared By/Date Submitted: Briana Yanes/ May 17, 2024



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BUDGET & FINANCE COMMITTEE MEETING

May 22, 2024

AGENDA ITEM 4

Receive and discuss a presentation on the Fiscal Year (FY) 2025 preliminary Budget and the financial forecast for subsequent fiscal years, including information on possible property tax rates to be assessed. (*Informational item*)



AGENDA ITEM SUBMISSION FORM

This form is to provide a general overview of the agenda item in advance of posting for the Board meeting. Proposed motion language is a recommendation only and not final until the meeting and may be changed by the Board Manager making the motion. All information in this form is subject to the Public Information Act.

Agenda Item Meeting Date May 22, 2024

Who will present the agenda item? (Name, Title) Nicki Riley, Deputy CFO
Jeff Knodel, CFO

General Item Description Long term financial forecast for Central Health to begin the budget development process.

Is this an informational or action item? Informational

Fiscal Impact N/A

Recommended Motion (if needed – action item) N/A

Key takeaways about agenda item, and/or feedback sought from the Board of Managers:

- 1) Long term forecast of sources and uses of funds needed to achieve strategic priorities.
- 2) Evaluation of a proposed tax rate for the Central Health FY 25 Proposed Budget.
- 3) _____
- 4) _____

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) Powerpoint presentation

Estimated time needed for presentation & questions? 30 minutes

Is closed session recommended? (Consult with attorneys.) No

Form Prepared By/Date Submitted: Briana Yanes/ May 17, 2024



CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

By caring for those who need it most, Central Health improves the health of our community.

Our Values

Central Health will achieve excellence through:

Stewardship - We maintain public trust through fiscal discipline and open and transparent communication.

Innovation - We create solutions to improve healthcare access.

Right by All - By being open, anti-racist, equity-minded, and respectful in discourse, we honor those around us and do right by all people.

Collaboration - We partner with others to improve the health of our community.

BUDGET & FINANCE COMMITTEE MEETING

May 22, 2024

AGENDA ITEM 5

Receive a presentation on the April 2024 financial statements for Central Health. (*Informational Item*)



Central Health

Financial Statement Presentation

FY 2024 – as of April 30, 2024 (Preliminary)

Central Health Board of Managers

Budget and Finance Committee

May 22, 2024

Jeff Knodel, CFO

Nicki Riley, Deputy CFO

Patti Bethke, Controller



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Slide 4 Balance Sheet

Slide 5 Sources & Uses

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Slide 7 HCD - Summary

Slide 8 HCD - Specialty



- April fiscal year-to-date collected net property tax revenue is \$312 million (97.1%), compared to \$278 million (97.0%) year-to-date April 2023 (as percent of adjusted tax levy).
- Healthcare Delivery is \$129 million for the year as of 04/30/2024, compared to \$86 million for prior year.
- TCHD LPPF total restricted balance as of 04/30/2024 is \$81 million.
- Tobacco Settlement \$5.2M received in April 2024, favorable to budget \$694K (115%).

GAAP: Generally Accepted Accounting Principles refer to a common set of accounting principles, standards, and procedures issued by the Financial Accounting Standards Board. GAAP primary focus is to improve clarity, consistency, and comparability of the communication of financial information.
Financial Statement may include rounding differences



	Preliminary as of 4/30/2024	as of 4/30/2023
ASSETS		
CURRENT ASSETS		
CASH AND CASH EQUIVALENTS	3,793,126	3,142,714
SHORT TERM INVESTMENTS	692,159,057	549,887,622
LEASE RECEIVABLE SHORT TERM*	10,587,339	10,810,475
ACCOUNTS RECEIVABLE TAX	7,361,864	6,831,897
OTHER RECEIVABLES	9,684,882	4,341,201
TOTAL UNRESTRICTED CURRENT ASSETS	723,586,267	575,013,910
RESTRICTED CASH & INVESTMENTS		
RESTRICTED TCHD LPPF CASH & INVESTMENTS	80,798,228	1,341,047
RESTRICTED FOR CAPITAL ACQUISITION	169,132,766	111,544,023
TOTAL RESTRICTED CASH & INVESTMENTS	249,930,994	112,885,070
TOTAL CURRENT ASSETS	973,517,260	687,898,980
LONG TERM ASSETS		
SENDERO PAID-IN CAPITAL	83,000,000	71,000,000
SENDERO SURPLUS DEBENTURE	37,083,000	37,083,000
ADVANCE RECEIVABLE	4,000,000	4,000,000
LEASE RECEIVABLE LONG TERM*	237,739,004	240,248,424
TOTAL LONG TERM ASSETS	361,822,004	352,331,424
TOTAL CAPITAL ASSETS, NET of DEPRECIATION	171,671,523	149,505,889
TOTAL ASSETS	1,507,010,788	1,189,736,292
LIABILITIES		
CURRENT LIABILITIES		
ACCOUNTS PAYABLE	17,656,970	15,896,582
SALARIES & BENEFITS PAYABLE	5,436,266	3,052,937
DEBT SERVICE PAYABLE	9,165,576	4,445,000
DEFERRED TAX REVENUE	5,941,236	5,573,879
TOTAL CURRENT LIABILITIES	38,200,049	28,968,398
RESTRICTED OR NONCURRENT LIABILITIES		
FUNDS HELD FOR TCHD LPPF	80,798,228	1,341,047
DEBT SERVICE PAYABLE	160,259,679	71,605,525
LEASE & SUBSCRIPTION LIABILITIES*	56,763,268	45,550,936
DEFERRED REVENUE*	231,913,075	241,133,604
TOTAL RESTRICTED OR NONCURRENT LIABILITIES	529,734,249	359,631,113
TOTAL LIABILITIES	567,934,298	388,599,511
NET ASSETS		
RESTRICTED FOR CAPITAL ASSETS	205,819,280	119,939,676
RESTRICTED	46,739,076	38,719,836
UNRESTRICTED	686,518,133	642,477,269
TOTAL NET ASSETS	939,076,489	801,136,781
LIABILITIES AND NET ASSETS	1,507,010,787	1,189,736,292

* GASB87 & GASB96 reporting requirement for leases and Subscription-Based Information Technology Arrangements.



SOURCES / USES	APR 2024	FY24 YTD	FY24 Budget	Percent of Budget Used	FY23 YTD
SOURCES					
PROPERTY TAX REVENUE	366,823	312,082,090	312,456,814	100%	278,182,743
LEASE REVENUE	1,159,508	11,374,129	12,022,497	95%	11,260,186
INVESTMENT AND OTHER REVENUE	3,064,127	18,199,087	7,500,000	243%	9,602,460
TOBACCO SETTLEMENT REVENUE	5,194,413	5,194,413	4,500,000	115%	4,828,924
TOTAL SOURCES	9,784,871	346,849,718	336,479,311	103%	303,874,312
USES OF FUNDS					
HEALTHCARE DELIVERY PROGRAM	17,958,193	128,770,741	295,246,807	44%	85,888,582
ADMINISTRATIVE PROGRAM	1,666,567	14,902,134	30,944,445	48%	10,339,576
UT AFFILIATION AGREEMENT	0	0	35,000,000	0%	0
TRANSFER TO EMERGENCY RESERVES	0	8,019,240	8,019,240	100%	23,000,000
TOTAL USES	19,624,760	151,692,115	369,210,492	41%	119,228,158
EXCESS SOURCES / (USES)	(9,839,889)	195,157,603	(32,731,181)		184,646,154
RESERVE BALANCES:					
EMERGENCY RESERVE		46,739,076	46,739,076		38,719,836
CONTINGENCY RESERVE			377,296,303		441,168,057



Details for Health Care Delivery on the following slides.

DRAFT



HEALTHCARE DELIVERY SUMMARY	APR 2024	FY24 YTD	FY24 Budget	Percent of Budget Used	FY23 YTD
PURCHASED HEALTHCARE SERVICES					
PRIMARY CARE	4,186,795	36,153,735	71,782,200	50%	32,098,472
SPECIALTY CARE, INCLD DENTAL	2,150,082	9,510,942	30,188,000	32%	7,068,347
SPECIALTY BEHAVIORAL HEALTH AND SUBSTANCE USE	3,154,974	10,485,288	20,675,000	51%	4,282,348
PHARMACY	1,447,557	6,950,952	18,000,000	39%	6,317,864
POST ACUTE CARE	(74,380)	2,410,298	7,250,000	33%	2,180,586
COMMUNITY HEALTHCARE INITIATIVES FUND	80,400	119,000	875,000	14%	66,107
ALL OTHER HEALTHCARE SERVICES	0	0	2,000,000	0%	0
SUBTOTAL PURCHASED HEALTHCARE SERVICES	10,945,427	65,630,215	150,770,200	44%	52,013,723
DIRECT SERVICES	1,145,316	5,330,711	29,276,374	18%	199,786
MAP ELIGIBILITY - INCREASE IN PERIOD	0	0	1,000,000	0%	0
SUBTOTAL HEALTHCARE SERVICES	12,090,743	70,960,925	181,046,574	39%	52,213,509
ACA PREMIUM ASSIST	982,567	7,196,850	18,587,364	39%	7,823,335
HEALTHCARE FACILITIES AND CAMPUS REDEVELOPMENT	219,715	1,603,825	2,957,400	54%	1,557,174
HEALTHCARE OPERATIONS & SUPPORT	4,128,741	25,702,240	71,689,007	36%	19,038,425
DEBT AND TRANSFERS	536,426	23,306,901	20,966,462	111%	5,256,138
TOTAL HEALTHCARE DELIVERY	17,958,193	128,770,741	295,246,807	44%	85,888,582



HEALTHCARE DELIVERY - SPECIALTY CARE	APR 2024	FY24 YTD	FY24 BUDGET	Percent of Budget Used	FY23 YTD	Comments	
HCD-Ancillary Services	582,764	744,647	2,998,000	25%	338,359	Includes additional services: Anesthesia, Mammography, DME, Prosthetics, Transportation	
HCD-Cardiology	183,554	423,147	1,215,000	35%	192,424		
HCD-Dental	258,667	1,047,538	1,500,000	70%	831,766		
HCD-Dermatology	135,530	539,038	915,000	59%	145,868		
HCD-Dialysis	19,006	771,498	3,000,000	26%	419,739		
HCD-Endocrinology	51,770	326,953	830,000	39%	327,069		
HCD-Ear, Nose & Throat ENT	39,258	215,269	900,000	24%	94,738		
HCD-Gastroenterology	40,148	643,465	2,030,000	32%	602,390		
HCD-General Surgery	44,660	183,429	600,000	31%	187,303		
HCD-Gynecology	439,200	994,906	1,550,000	64%	715,224		
HCD-Infectious Disease	90	1,231	100,000	1%	0		
HCD-Musculoskeletal	174,095	1,200,483	2,500,000	48%	1,228,648		
HCD-Nephrology	8,190	65,390	200,000	33%	56,713		
HCD-Neurology	4,550	31,850	100,000	32%	24,294		
HCD-Oncology	41,788	382,292	2,900,000	13%	243,447		
HCD-Ophthalmology	135,728	849,417	3,100,000	27%	706,529		
HCD-Podiatry	38,910	386,189	1,300,000	30%	361,037		
HCD-Project Access	0	0	330,000	0%	0		Agreement Inactive
HCD-Pulmonology	(12,247)	145,118	425,000	34%	175,291		
HCD-Referral Management	1,931	37,586	585,000	6%	91,245		
HCD-Rheumatology	13,390	147,290	300,000	49%	133,900		
HCD-Sexual & Reproductive Svc	(50,900)	371,284	2,210,000	17%	189,537		
HCD-Specialty Care Reserve	0	0	300,000	0%	0		
HCD-Urology	0	2,923	300,000	1%	0		
Total Healthcare Delivery - Specialty Care	2,150,082	9,510,942	30,188,000	32%	7,065,522		



Questions ? Comments ?

DRAFT



Balance Sheet

Current Assets

Cash and Cash Equivalents – \$3.8M compared to \$3.1M same month prior year.

Short-term Investments – Short-term investments were \$692M at month-end.

Short-Term Lease Receivables GASB87* - \$11M

Ad Valorem Taxes Receivable – \$7.4M balance is composed of:

Gross Tax Receivables	\$	14.2M
Taxable Assessed Valuation Adjustment		(3.3)M
Est. Allowance for Doubtful collections		(3.5)M
Total Taxes Receivable	\$	7.4M

Other Receivables – Other receivables total \$9.7M and includes intercompany balances:

- Accrued Interest - \$3.9M
- CUC - \$3.2M
- Sendero - \$1.6M, including risk payment - \$828k
- Prepaid Expenses – \$512k
- Miscellaneous - \$274k

Restricted TCHD LPPF Cash & Investments - \$81M

Restricted for Capital Acquisition - \$169M

Total Current Assets – \$974M



Long Term Assets

Sendero Paid-in-Capital – \$83.0M includes \$12M additional funding in current year (unchanged)

Sendero Surplus Debenture – \$37.1M (unchanged)

Working Capital Advance to CommUnityCare – \$4.0M (unchanged)

Long-Term Lease Receivables GASB87* - \$238M

Capital Assets – \$172M, net of accumulated depreciation.

Total Assets – \$1.5B



Current Liabilities

Accounts Payable – Major components of the \$18M balance are:

- \$14M estimated IBNR for healthcare services.
- \$3M invoices payable

Salaries and Benefits Payable – \$5.4M balance is comprised of the accrued liability for salary costs unpaid at month-end, the value of accrued personal time off.

Debt Service Payable, Short-Term – \$9.2M in Certificates of Obligation and Interest Payable for Series 2020, 2021 and 2023 Taxable and non-Taxable debt.

Deferred Tax Revenue - \$5.9M

Total Current Liabilities – \$38M

Restricted or Noncurrent Liabilities

Funds held for TCHD LPPF - \$81M receipts from participants in the LPPF.



Debt Service Payable, Long-Term – \$160.3M balance (changed):

	Series 2020	Series 2021	Series 2023	
	General Obligation Bonds	Certificates of Obligation Bonds	Certificates of Obligation Bonds	
Non-tax LT		11.7 M	7.0 M	
Taxable LT	1.3 M	51.9 M	85.8 M	
Premium		1.9 M	0.7 M	
Totals	1.3 M	65.5 M	93.5 M	160.3 M

\$7.285M was originally issued in 2011 for the North Central clinic and refunded May 2020. \$72.9M was issued in 2021 for two clinics and an administration building. \$99.4M was issued in 2023 for two clinics. Annual payments are due on 3/1 for all Series.

Lease/SBITA Payable GASB87 and GASB96* - \$57M

Deferred Revenue Long-Term GASB87* - \$232M

Total Restricted or Noncurrent Liabilities – \$530M

Total Liabilities – \$568M

Net Assets

Restricted For Capital Assets - \$206M

CO Construction – \$129M

Investment in Capital Assets – \$77M

Emergency Reserve - \$47M



Unrestricted Net Assets – \$686M

Total Net Assets – \$939M

Total Liabilities and Net Assets – \$1.5B

*Governmental Accounting Standards Board statements 87 & 96, Leases (GASB87) and Subscription-Based Information Technology Arrangements (GASB97 SBITAs), new accounting standards require entities to report future long-term obligations, previously reported as operating activity, on the balance sheet to convey control of the right to use the non-financial asset. This will significantly increase long term governmental balance sheets as a result of these requirements. The new rules require recognition of a lease or SBITA liability and an intangible asset while lessors are required to recognize lease receivables and a deferred inflow of resources on their financial statements.



Sources and Uses Report

April financials → seventh month, 58% of the fiscal year.

Sources – Total \$9.8M for the month

Property Tax Revenue – Net property tax revenue for the month was \$367k. Net revenue includes \$567K current month's collections; \$133K Penalties and Interest; and (\$333K) in adjustment for prior year delinquent taxes.

Lease Revenue – \$1.2M for Downtown Campus, Cameron, Hancock Clinic, and land leases

Investment and Other Revenue/Expense – \$3M primarily for investment income

Tobacco Settlement Revenue - \$5.2M to budget of \$4.5M

Uses of Funds – Total \$20M for the month

Total Healthcare Delivery Program – Total healthcare delivery expenses were \$18M for the month and \$129M YTD compared to \$86M Prior YTD.

Administration Program – \$1.7M in expense for the month and \$15M YTD compared to \$10M Prior YTD.

UT Affiliation Agreement - \$0, to be expensed in August 2024.

Transfer to Emergency Reserve - \$8M YTD to budget of \$8M

Excess Sources/(Uses) – (\$9.8M) current month. Current YTD is \$195M compared to \$185M Prior YTD.



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BUDGET & FINANCE COMMITTEE MEETING

May 22, 2024

AGENDA ITEM 6

Confirm the next Budget and Finance Committee meeting date, time, and location. (*Informational Item*)