REGULAR BI-MONTHLY MEETING
OF THE BEXAR COUNTY HOSPITAL DISTRICT
BOARD OF MANAGERS

Tuesday, June 21, 2016
2:00 p.m.
Cypress Room
First Floor, University Hospital
4502 Medical Drive
San Antonio, Texas 78229

MINUTES

BOARD MEMBERS PRESENT:

Ira Smith, Vice Chair
Dianna M. Burns, M.D., Secretary
Roberto L. Jimenez, M.D, Immediate Past Chair
Janie Barrera
Robert Engberg
James C. Hasslocher

BOARD MEMBERS ABSENT:

James R. Adams, Chair

OTHERS PRESENT:

George B. Hernández, Jr., President/Chief Executive Officer, University Health System
Bryan Alsip, M.D., Executive Vice President/Chief Medical Officer, University Health System
Felix Alvarez, Executive Director, Procurement Services, University Health System
Awoala Banigo, Senior Vice President/Chief Revenue Officer, University Health System
Edward Banos, Executive Vice President/Chief Operating Officer, University Health System
Andrea Casas, Executive Director/Human Resources, University Health System
Sergio Farrell, Senior Vice president/Ambulatory Services, University Health System-Robert B. Green Campus
Don Finley, Director, External Communications/Corporate Communications, University Health System
Jessica Gavia, Director, Patient Satisfaction, University Health System
Roe Garrett, Vice President/Controller, University Health System
Michael Hernandez, Vice President/Chief Legal Officer, University Health System
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health System
Sherry Johnson, Vice President/Integrity & Regulatory Services, University Health System
Leni Kirkman, Vice President, Strategic Communications and Patient Relations, University Health System
Monika Kapur, M.D., President/Chief Executive Officer, Community Medicine Associates
Sherry King, Deputy Chief of Police, University Health System
Karen McMurry, Attorney, Litigation Support/Legal Services, University Health System
Virginia Mika, Ph.D., Executive Director, CareLink Financial Assistance Program, University Health System
CALL TO ORDER AND RECORD OF ATTENDANCE: IRA SMITH, VICE CHAIR, BOARD OF MANAGERS

Mr. Smith called the meeting to order at 2:00 p.m.

INVOCATION AND PLEDGE OF ALLEGIANCE:

Mr. Smith introduced Ms. Norma Solis-Garza of Holy Trinity Catholic Church for the invocation, and he led the pledge of allegiance.

After the pledge of allegiance, Mr. Smith introduced and yielded the floor to Mr. Allan DuBois, President of the State Bar of Texas. Mr. DuBois informed the Board that Mr. George Hernandez was named recipient of the 2016 Hispanic Issues Section Reynaldo G. Garza Lifetime Achievement Award at a reception held in Ft. Worth last week, which Mr. Hernandez was unable to attend. Mr. Hernandez was nominated for this award by State Senator Jose Rodriguez, Ms. Leni Kirkman, and Esteban R. Lopez, MD., formerly with Community Medicine Associates now President, San Antonio and Southwest Texas Region of Blue Cross and Blue Shield of Texas, for his tireless efforts and continued contributions to the improvement of healthcare for the Hispanic community. As background, Mr. DuBois noted that Reynaldo G. Garza was a judge on the United States Court of Appeals for the Fifth Circuit. He was the first Mexican-American appointed to a federal court when he was appointed to the U.S. District Court, and later became the first Mexican-American, as well as the first Latin American, appointed to any circuit of the U. S. Court of Appeals.

At this time, Mr. Banos introduced Mr. Michael Roussos, Administrator of University Hospital as of June 1, 2016. He is a seasoned healthcare executive who has risen through the ranks at hospitals throughout Texas over the past 14 years. He comes to the Health System from Mainland Medical Center in Texas City where he served as CEO after serving as Chief Operating Officer at Corpus Christi Medical Center and, prior to that, Bayshore Medical Center in Houston. Board members welcomed Mr. Roussous.

APPROVAL OF MINUTES OF PREVIOUS MEETING(S): APRIL 26, 2016 (REGULAR MEETING)

SUMMARY: The minutes of the regular bi-monthly meeting of Tuesday, April 26, 2016 were submitted for approval.
RECOMMENDATION:  Staff recommended approval of the minutes as submitted.
ACTION:  A MOTION to approve the minutes was made by Mr. Hasslocher, SECONDED by Ms. Barrera, and PASSED UNANIMOUSLY.
EVALUATION:  None.
FOLLOW-UP:  None

APPROVAL OF MINUTES OF PREVIOUS MEETING(S):  MAY 24, 2016 (REGULAR MEETING)

SUMMARY:  The minutes of the regular bi-monthly meeting of Tuesday, May 24, 2016, were submitted for approval.
RECOMMENDATION:  Staff recommended approval of the minutes as submitted.
ACTION:  A MOTION to approve the minutes was made by Mr. Engberg, SECONDED by Mr. Hasslocher, and PASSED UNANIMOUSLY.
EVALUATION:  None.
FOLLOW-UP:  None

REPORT FROM THE HEALTH SCIENCE CENTER – WILLIAM HENRICH, M.D., PRESIDENT

SUMMARY:  Mr. Hernandez reported that several physician leaders are currently involved in a Clinical Learning Environment Review (CLER) of the School of Medicine and University Hospital by the Accreditation Council for Graduate Medical Education (ACGME). These are short-notice, multi-inspector, on-site visits, with multiple group interviews and walk-around inspections of university hospitals that are driven by a standardized protocol to assess the quality of learning environments for residents and fellows. Dr. Plastino is expected to arrive shortly to provide a brief report as President of the Medical/Dental Staff. Upon her arrival, she reported that the CLER visits are going well and that over the past month, she has been collaborating closely with both Dr. Alsip and Mr. Banos on operations matters affecting the Medical/Dental staff. She thanked them for their support.

RECOMMENDATION:  None.
ACTION:  None.
EVALUATION:  None.
FOLLOW-UP:  None

CONSENT AGENDA – IRA SMITH, VICE CHAIR

CONSIDERATION AND APPROPRIATE ACTION REGARDING MEDICAL-DENTAL STAFF RECOMMENDATIONS FOR STAFF MEMBERSHIP – KRISTEN A. PLASTINO, M.D., PRESIDENT, MEDICAL/DENTAL STAFF

CONSIDERATION AND APPROPRIATE ACTION REGARDING COMMISSIONING OF A PEACE OFFICER FOR BEXAR COUNTY HOSPITAL DISTRICT— CHIEF AJ SANDOVAL, III/EDWARD BANOS

CONSIDERATION AND APPROPRIATE ACTION REGARDING PURCHASING ACTIVITIES (SEE ATTACHMENT A) – FELIX ALVAREZ/FRANCINE WILSON

SUMMARY:  The items listed above were presented for the Board’s consideration as
RECOMMENDATION:  Staff recommended approval of the items on the consent agenda.

ACTION: A MOTION to approve the items listed on the consent agenda was made by Mr. Hasslocher, SECONDED by Ms. Barrera, and PASSED UNANIMOUSLY.

EVALUATION: At Mr. Engberg’s request, Chief Sandoval introduced Peace Officer candidate, Ms. Gina Ochoa. Ms. Ochoa has previously worked for the Bexar County Sheriff’s Office, Daughters of the Republic of Texas at The Alamo, and the Comal County Sheriff’s Office. She has received basic peace officer certification, advanced jailer certification, and crisis intervention training, and will attend the Health System’s required 40-hour crisis intervention training course. Ms. Ochoa is the fourth female peace officer out of 33.

FOLLOW-UP: None

CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED PURCHASING ITEMS RELATED TO THE CAPITAL IMPROVEMENT PROJECT:

UNIVERSITY HOSPITAL:

CONSIDERATION AND APPROPRIATE ACTION TO APPROVE A CONTRACT WITH ADVANCED DOOR CONTROLS, LLC TO UPGRADE EXISTING OPERATING ROOM AND VARIOUS CORRIDOR DOORS ON THE 2ND AND 3RD FLOORS OF THE SKY TOWER—MARK WEBB

SUMMARY: This request is for approval of a contract to provide and install automatic door openers for thirty three (33) pair of operating rooms and five pair of (5) corridor doors in the Sky Tower, at a cost of $445,085. Electrical connections must be added at each of the doors and all of the doors will need to be upgraded. This scope of work was competitively bid with RFCSP No. 216-04-12-CNST issued on April 15, 2016, and closed on May 19, 2016. Staff received one proposal (from Advanced Door Controls, LLC), which met all of the bid requirements. As such, staff recommends award of this contract to Advanced Door Controls, LLC. This purchase is being funded with available contingency from 2016 capital funds and has no impact on the Health System’s operating budget. Advanced Door Controls, LLC is a locally-owned company that has a total of 8 employees. The workforce composition data was provided for the Board’s review.

RECOMMENDATION: Staff recommends Board of Managers’ approval to execute a contract with Advance Doors Controls, LLC in the amount of $445,085 to provide and install automatic door openers for all of the operating rooms in the Sky Tower.

ACTION: A MOTION to approve staff’s recommendation was made Mr. Engberg, SECONDED by Mr. Hasslocher, and PASSED UNANIMOUSLY.

EVALUATION: The medical staff/surgeons feel this is an important process in terms of work flow in the operating rooms; they are extremely supportive of this request. Mr. Engberg acknowledged the purchase and installation of these doors is belated, however, he agrees it is important to take health and safety issues described into account. Only one vendor responded to this bid, which Mr. Webb believes is due to the specialized electrical
nature of the work. The Health System has previously worked with this vendor and staff is comfortable with the pricing received; the high cost is related to the electrical components and mechanical pieces. Further, work in the operating room areas will need to be staged to minimize disruption. With proper maintenance, the doors will last the life of the building. Regarding the vendor’s workforce composition, Dr. Jimenez noted that the firm employs zero Hispanic professionals, which Mr. Webb attributed to the size of the firm (8 employees) and the nature of specialized work. He will let the vendor know that workforce composition was noted by the Board. Ms. Barrera asked the staff to take this belated work into consideration so that with future projects, such can be handled up front and not in retrospect.

FOLLOW-UP:
None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED PURCHASING ITEMS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING THE FOLLOWING CONTRACTS FOR EMPLOYEE BENEFITS - THERESA SCEPANSKI

SHORT AND LONG-TERM DISABILITY AND TERM LIFE INSURANCE BENEFITS—RELIANCE STANDARD THROUGH INSURANCE POINT:

SUMMARY:
This request is for a one-year contract renewal with Reliance Standard (through Insurance Point) for short and long-term disability and term life insurance benefits for regular full and part-time employees and house staff. Services include basic and supplemental life benefits with a maximum limit of $1,000,000; guarantee issue for new hires up to $500,000; and three dependent life insurance coverage options. The total estimated value of this one-year contract is $781,151 in employer premiums and $1,872,444 in employee premiums. Ms. Scepanski summarized the plan type and annual cost, and also employee benefit and cost. There is no increase in fees or premiums for the 2017 plan year. This is a planned expense and funding will be included in the 2017 Annual Operating Budget. The contract shall be for one year beginning January 1, 2017 and ending December 31, 2017, unless earlier terminated pursuant to Health System Standard Purchase Terms and Conditions. There are currently 4,311 participants in the employer paid long-term disability. Based on current participants the estimated cost to the Health System will be $656,884 annually. There are currently 742 house staff participants in the long-term disability. The estimated long-term disability for house staff cost to the Health System will be $50,451 annually, for a cumulative total to the Health System of $707,335. There are currently 306 regular staff participants in the voluntary long-term disability. The long-term disability for regular staff employees’ contractual value is 100% contributory in nature and is accrued through employee premiums. Based on current utilization the estimated cost will be $109,943 annually. There is no change to the premium rate compared to the current contract. There are currently 3,707 regular staff participants in short-term disability. The short-term disability for regular employees’ contractual value is 100% contributory in nature and is
Based on current utilization the estimated cost will be $734,590 annually. There are currently 742 house staff participants in short-term disability. The estimated short-term disability for house staff cost to the Health System will be $37,648 annually. There is no change to the premium rate compared to the current contract. There are currently 3,065 regular staff participants in supplemental life insurance. The supplemental life insurance for regular employees’ contractual value is 100% contributory in nature and is accrued through employee premiums. Based on current utilization, the estimated cost will be $947,926 annually. There is no change to the premium rate compared to the current contract. There are currently 1,978 participants in dependent life insurance. The dependent life insurance contractual value is 100% contributory in nature and is accrued through employee and house staff premiums. Based on current utilization, the estimated cost will be $79,985 annually. There are currently 6,840 participants in basic life insurance. Based on current utilization, the estimated cost to the Health System will be $36,168 annually. Reliance Standard (through Insurance Point) has a total of 1,845 employees. The workforce composition data was provided for the Board’s review. Reliance Standard is based in Minnesota and Insurance Point is a MedAsset company.

RECOMMENDATION: Staff recommends Board of Managers’ approval of the extension contract for Short and Long-Term Disability and Term Life insurance benefits with Reliance Standard (through Insurance Point) for an estimated premium cost to the Health System of $781,151 and to employees of $1,872,444 for a total cost of $2,653,595 for a one-year period.

ACTION: A MOTION to approve staff’s recommendation was made by Mr. Hasslocher, SECONDED by Mr. Engberg, and PASSED UNANIMOUSLY.

EVALUATION: Discussion ensued regarding the basic life, accident and dismemberment insurance policy provided by the Health System at $4,000/employee. Both Mr. Smith and Mr. Hasslocher cited basic life insurance amounts provided by other employers in the San Antonio area at one-time annual base salary, and $10,000.

FOLLOW-UP: Board members asked Mr. Hernandez to consider assessing and raising the basic life, accident, and dismemberment insurance policy amount in 2017.

UNIVERSAL LIFE INSURANCE—AMERICAN GENERAL LIFE INSURANCE COMPANY (“AIG”) THROUGH THE BENEFITS SOURCE, INC.;

SUMMARY: This request is for a one-year contract renewal with American General Life Insurance Company (through The Benefits Source, Inc.) for universal life insurance benefits for regular full and part-time staff. Services include coverage amounts up to $500,000 for the employee, $200,000 for the spouse, and up to $25,000 for children; accidental death benefit rider and terminal illness rider; waiver of monthly deduction rider; and three percent guaranteed interest rate. There are currently 682 participants. Overall participation in this voluntary benefit offering has increased 17% over the current term of the contract. The current contract
with American General Life Insurance (through The Benefits Source, Inc.) allows for a one-year renewal; this contract request exercises the renewal option. The universal life insurance benefit contractual value is 100% in nature and is accrued through employee premiums. Employee premiums are determined by age, gender and selected coverage amounts. There is no premium increase for the 2017 plan year. This is a planned expense and funding will be included in the 2017 Annual Operating Budget. Based on current utilization, the contract is valued at an estimated amount of $518,673 for this one-year period. The contract shall be for one-year beginning January 1, 2017 and ending December 31, 2017, unless earlier terminated pursuant to the University Health System Standard Purchase Terms and Conditions. American General Life Insurance (through Benefits Source, Inc.) has a total of 7,557 employees. The workforce composition data was provided for the Board’s review.

RECOMMENDATION: Staff recommends the Board of Managers approve the extension contract for universal life insurance benefits with American General Life Insurance Company (through The Benefits Source, Inc.) for an estimated amount of $518,673 for a one-year period.

ACTION: A MOTION to approve staff’s recommendation was made Ms. Barrera, SECONDED by Mr. Engberg, and PASSED UNANIMOUSLY.

EVALUATION: Ms. Scepanski reiterated the importance of maintaining competitiveness in terms of employee benefits. This universal life insurance option is a portable, low premium, high-quality benefit that is constantly monitored by the human resource department, and is offered annually in October. Benefits are communicated to the workforce by human resources; however, the relationship established is directly between the employee and the insurance company.

FOLLOW-UP: None.

THIRD PARTY ADMINISTRATION SERVICES FOR THE PPO DENTAL BENEFIT—DELTA DENTAL INSURANCE COMPANY THROUGH NATIONAL BENEFITS GROUP; CANCER, DREAD DISEASE AND ICU INSURANCE—ALLSTATE (THROUGH NATIONAL BENEFITS GROUP OF AMERICA, INC.); AND

SUMMARY: This request is for approval to exercise an option to renew the third party administration services contract with Delta Dental Insurance Company (through National Benefits Group) for a one-year period. Ms. Scepanski summarized the current schedule of covered services and estimated cost for the PPO dental benefit for a one-year renewal period encompassing the 2017 plan year. Delta Dental Insurance Company (through National Benefits Group) will continue to provide third party administration services for the PPO dental benefits to regular full and part-time staff, house staff and retirees. Services include user friendly membership tools; larger provider network in the local and surrounding areas; nationwide provider availability; and on-line printing of member identification cards. There are currently 3,706 participants in the PPO dental plan. Overall participation in this voluntary benefit has increased 40% over the current term of the contract. The current administration fee per employee per month (PEPM) is $2.78 (compared to the previous contract term of $3.05). There is no increase in the third party
administration fees for the 2017 plan year. This is a planned expense and funding will be included in the 2017 Annual Operating Budget. Based on current utilization, the contract is valued at an estimated amount of $123,632.00 for this one-year period, beginning January 1, 2017 and ending December 31, 2017, unless earlier terminated pursuant to the University Health System Standard Purchase Terms and Conditions. Delta Dental Insurance Company (through National Benefits Group) has a total of 735 employees. The workforce composition data was provided for the Board’s review.

RECOMMENDATION: Staff recommends the Board of Managers approve the extension contract for Third Party Administration Services for the PPO Dental benefits with Delta Dental Insurance Company (through National Benefits Group) for an estimated amount of $123,632 for a one-year period.

ACTION: There being no objections, the Board APPROVED staff’s recommendation.

EVALUATION: None.

FOLLOW-UP: None.

CANCER, DREAD DISEASE AND ICU INSURANCE—ALLSTATE (THROUGH NATIONAL BENEFITS GROUP OF AMERICA, INC.):

SUMMARY: This contract was competitively bid on RFP-216-02-006-SVC. A total of fourteen (14) bid responses were received: Aflac Group (through Gallagher Benefit Services, Benefits Source and Mullen Pension and Benefits), Guardian Life Insurance Company (through Benefits Source and National Benefits Group of America, Inc.), Lincoln Financial Group (through Benefits Source), Transamerica Life Insurance Company, Hartford Life and Accident Insurance Company (through Benefits Source), Humana (through National Benefits Group of America, Inc.), Metropolitan Life Insurance Company, Unum Group, Standard Insurance Company (through Benefits Source), Allstate (through National Benefits Group of America, Inc.), and American Fidelity Assurance Company (through Barrett Insurance Services). Each bid was compared utilizing a decision matrix. The bids were reviewed for responsiveness to the request for proposal (RFP) specifications. Allstate (through National Benefits Group of America, Inc.) provides the best value for the following reasons: (1) three-year rate guarantee, (2) no minimum participation requirements, (3) no conversion policy needed, (4) unchanged premium rates, (5) comparable benefit offerings and (6) ability to transmit eligibility information in various electronic formats. Allstate (through National Benefits Group of America, Inc.) is the vendor recommended to provide the above mentioned services to University Health System. Allstate (through National Benefits Group of America, Inc.) will provide Cancer, Dread Disease and ICU benefits to regular full and part-time staff. Cancer, Dread Disease and ICU insurance benefit services include no change in current premium monthly rate offerings; three-year rate guarantee, and enhanced dependent coverage availability. Ms. Scepanski summarized low and high coverage options for Cancer, Dread Disease and ICU Insurance benefits in detail for the Board. There are currently 1,254 participants. Overall participation in this voluntary
benefit offering has increased 40% over the current contract term. There is no increase in the premium rates for the 2017 plan year. The contractual value is 100% contributory in nature and is accrued through employee premiums. Based on the current and anticipated enrollment, the contract is valued at an estimated amount of $418,789 annually for a three-year period, beginning January 1, 2017 and ending December 31, 2019, unless earlier terminated pursuant to the University Health System Standard Purchase Terms and Conditions. Allstate (through National Benefits Group of America, Inc.) has a total of 843 employees. The workforce composition data was provided for the Board’s review.

RECOMMENDATION: Staff recommends Board of Managers’ approval of a contract with Allstate (through National Benefits Group of America, Inc.) for Cancer, Dread Disease and ICU Insurance benefits in the estimated amount of $418,789 annually for a total amount of $1,256,367 for a three-year period.

ACTION: A MOTION to approve staff’s recommendation was made Mr. Hasslocher, SECONDED by Mr. Engberg, and PASSED UNANIMOUSLY.

EVALUATION: Ms. Scepanski informed the Board that all employee benefits are offered to those who are retired from the Health System.

FOLLOW-UP: None.

HMO DENTAL BENEFIT—GUARDIAN LIFE INSURANCE COMPANY OF AMERICA (THROUGH THE BENEFIT SOURCE, INC.)

SUMMARY: The contract was competitively bid on RFP-216-02-005-SVC. A total of six (6) bid responses were received: Metropolitan Life Insurance Company (through Gallagher Benefit Services, Inc.), Humana (through Barrett Insurance Services), Assurant Employee Benefits (through Benefits Source, Inc.), Guardian Life Insurance Company of America, (through Benefits Source, Inc.), Metropolitan Life Insurance Company and Delta Dental Insurance Company (through National Benefits Group of America, Inc.). Each bid was compared utilizing a decision matrix. The bids were reviewed for responsiveness to the request for proposal (RFP) specifications. The bids were then equally weighed by administrative and financial criteria. Guardian Life Insurance Company of America (through The Benefit Source, Inc.) provided the best value for the following reasons: (1) number of providers in the local and surrounding area, (2) cost of employee monthly premiums, (3) conversion and implementation process, (4) number of services provided at “no charge” and (5) dependent coverage availability. Guardian Life Insurance Company of America (through The Benefit Source, Inc.) is the vendor recommended to provide the above mentioned services to University Health System. Guardian Life Insurance Company of America (through The Benefit Source, Inc.) will provide dental benefits to regular full and part-time staff, house staff and retirees. Services include no change in current premium monthly rates; three-year rate guarantee; enhanced dependent coverage availability; significant “no charge” services, and membership cards. Ms. Scepanski summarized the benefit covered services and the estimated patient fees. There are currently 2,132 participants in the HMO dental benefit. Overall
participation in this voluntary benefit offering has increased 44% over the current contract term. There is no increase in the premium rates for the 2017 plan year. The contractual value is 100% contributory in nature and is accrued through employee premiums. Based on the current and anticipated enrollment, the contract is valued at an estimated amount of $487,960 annually for a three-year period, beginning January 1, 2017 and ending December 31, 2019, unless earlier terminated pursuant to the University Health System Standard Purchase Terms and Conditions. Guardian Life Insurance of America (through Benefits Source, Inc.) has a total of 4,829 employees. The workforce composition data was provided for the Board’s review.

RECOMMENDATION: Staff recommends Board of Managers’ approval of a contract for dental benefits with Guardian Life Insurance Company of America (through the Benefit Source, Inc.) in the estimated amount of $487,960 annually for a total of $1,463,880 for a three-year period.

ACTION: A MOTION to approve staff’s recommendation was made Mr. Hasslocher, SECONDED by Dr. Jimenez, and PASSED UNANIMOUSLY.

EVALUATION: None.
FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION TO APPROVE SELECTED FIRMS TO PROVIDE ARCHITECTURAL, ENGINEERING AND COMMISSIONING SERVICES TO BE ON-CALL FOR SMALL PROJECTS—MARK WEBB

SUMMARY: This request is for approval to pre-select firms to be used on an as needed basis to provide design services for small projects that occur during the next five (5) years with an additional two (2) optional years. A Request for Qualifications (RFQ) was issued on April 15, 2016. An evaluation Committee was assigned to score the proposals by discipline. Staff recommends that up to three (3) firms be selected from each of the disciplines listed in the RFQ. Based on the final scoring, staff recommends selection of the following firms.

- Architects – Twenty one (21) firms responded to the RFQ. Staff recommends the three (3) highest scoring firms qualified to provide services for Hospital or Clinic projects. The following firms meet and exceed the requirements stated in the RFQ:
  1. Chesney Morales
  2. RVK Inc.
  3. O’Connell Robertson

- Civil Engineering – Seven (7) firms responded to the RFQ. Staff recommends the two (2) highest scoring firms to provide services related to Civil Engineering Projects – which includes such work as parking and drive way areas, water and sewer lines and other work on or below grade that is outside of a building. The following firms meet and exceed the requirements stated in the RFQ:
  1. Intelligent Engineering Services
  2. Gonzalez De La Garza and Associates
• Structural Engineering - Six (6) firms responded to the RFQ. Staff recommends the two (2) highest scoring firms to provide services for Structural Engineering Projects. The following firms meet and exceed the requirements stated in the RFQ:
  1. Intelligent Engineering Services
  2. RSCR Inc. Consulting Engineers

• Mechanical, Electrical and Plumbing (MEP) Engineering - Seven (7) firms responded to the RFQ. Staff recommends the three (3) highest scoring firms for the provision of MEP services for all support clinics and the Hospital. The following firms meet and exceed the requirements stated in the RFQ:
  1. Barker & Associates
  2. KAI Texas
  3. MS2 Consulting Engineers Inc.

• Commissioning - Three (3) firms responded to the RFQ. Staff recommends the highest scoring firm to provide services for all support clinics and the Hospital. The Firm meets and exceeds the requirements stated in the RFQ:
  1. Working Buildings

Historically architectural/engineering (A/E) contracts have had a fiscal impact of $4,500,000 over three (3) years and $2,500,000 in the last year alone. Any contract entered into under this pre-selection process will be handled in terms of pre-established approval limits that have been established for executives and the Board of Managers. No funds are being appropriated at this time. All the work will be awarded based on capability of a firm to provide services on a specific project and availability of their staff at the time the services are needed. This pre-selection process will support staff in achieving the Triple Aim Plus objectives by improving efficiencies of development of future projects which will have a positive impact on quality and outcomes. Relevant information regarding the local and SMWVBE status of the businesses recommended, along with workforce composition data, was provided for the Board’s review.

RECOMMENDATION: Staff recommends Board of Managers’ approval of this pre-selected listing of architectural/engineering and commissioning firms to serve as an on-call pool from which staff can draw to perform minor projects without requiring individual RFQ processes. Furthermore, staff recommends that the President/Chief Executive Officer be authorized to execute a Master Services Agreement with each firm as a basis for engaging the firms on an as needed basis to provide architectural, engineering, or commissioning services for projects at Health System facilities.

ACTION: A MOTION to approve staff’s recommendation was made Ms. Barrera, SECONDED by Mr. Engberg, and PASSED UNANIMOUSLY.

EVALUATION: Mr. Webb will include a status report of smaller projects and work conducted by the pre-selected firms in his monthly facilities activity report to the Board, so they can see how much work is going to each firm. Costs for these services are currently in the budget, if the project is
ongoing or if it is an approved capital project. Services for future projects will be budgeted for the appropriate year. Mr. Webb reiterated that the pre-selected firms will only be used for emergency or time-sensitive projects. In response to Dr. Burns' inquiry about the opportunity to bid these services, Mr. Webb informed the Board that architectural and engineering services are not allowed to be bid in the State of Texas, only negotiated. Internal staff (project managers and architects) will closely monitor all projects. Mr. Engberg agreed with the pre-selection of firms as a practical approach.

**FOLLOW-UP:** None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH HAVEN FOR HOPE OF BEXAR COUNTY FOR JAIL OUTREACH SERVICES—SALLY TAYLOR, M.D.**

**SUMMARY:**

Dr. Taylor introduced Mr. Kenneth Wilson, CEO; and Mr. Scott Ackerson, Vice President for Strategic Relationships at Haven for Hope. She reported that in 2014, approximately half of the 1,000 individuals who qualified for personal recognizance bonds in Bexar County were denied bond because of their homeless situation. In late 2014, Haven for Hope began diverting arrestees from jail to the Haven for Hope Campus, for case management, job training, shelter, education, and a broad array of coordinated services from 93 partner agencies. In 2015, through collaboration and a financial contribution from University Health System, The Center for Health Care Services (CHCS), and Bexar County, the Haven for Hope Jail Release Program (JRP) was created to increase access to services for individuals diverted from jail. Each party contributed $333,333.33 to Haven for Hope, supporting increased outreach, housing, residential treatment services, peer support, and case management on the Haven for Hope campus. The goal is to reduce jail recidivism and potentially reduce preventable hospital inpatient admissions and emergency department visits, and to improve the quality of life of those served by the program. Staff members from University Health System’s Detention Health Care Services (located at the Bexar County Adult Detention Center), CHCS, and Bexar County began working together to identify and refer appropriate candidates for the program. The ultimate goal of the Jail Release Program is to secure permanent housing and income, reduce recidivism (both to Haven for Hope and jail), and improve healthcare services for persons experiencing homelessness. Dr. Taylor summarized the first year’s activity for the program which included 320 assessments (for 254 clients), including 190 assessments for 128 clients referred by University Health System staff. A total of 2,312 various peer support services were provided, and 86 persons were enrolled onto the Campus. An additional 35 clients enrolled into the Haven for Hope Courtyard. Residential treatment services are provided by the In House Recovery Program (IHRP) and the In House Wellness Program (IHWP) for addiction and mental health issues. The following performance goals are tracked and outcomes are provided to the Health System quarterly: number of assessments conducted by Peer Support Specialists (outreach services); number of enrollments onto the campus including IHRP and IHWP; duration of
engagement and number of completions of IHRP and IHWP; number of persons moving into permanent housing; number returning to Haven for Hope or to jail within one year after release from the program. The return on investment includes avoidance of preventable emergency department visits and inpatient admissions. Haven for Hope has a total of 203 employees. The workforce composition data was provided for the Board’s review. This is a budgeted expense.

**RECOMMENDATION:** Staff recommends Board of Managers’ approval to renew an agreement with Haven for Hope in the amount of $333,333 in support of this initiative. The term of this agreement is for one year, beginning January 1, 2016 through December 31, 2016.

**ACTION:** A **MOTION** to approve staff’s recommendation was made Ms. Barrera, **SECONDED** by Mr. Hasslocher, and **PASSED UNANIMOUSLY**.

**EVALUATION:** Bexar County has contributed $333,333 for 2016. However, unlike last year, The Center for Health Care Services will not contribute towards the program in 2016. The amount of this contract is a budgeted expense for the Health System. Dr. Burns asked about the impact of this program on other local hospitals - how will this responsibility be evenly distributed throughout the community? Ms. Barrera asked about the plan to request support from other hospitals. Would it be more feasible to use a certain amount as an annual match? Mr. Ackerson informed the Board that there is an ongoing project that started as a result of a study conducted by Trinity University regarding healthcare systems and homelessness. The Southwest Texas Regional Advisory Council (STRAC) has taken the lead in this initiative; they are convening all the large hospitals for development of a system of care to keep out people who don’t belong in the Emergency Department, and also keep emergency detentions out of emergency rooms, by linking people to appropriate health care providers. The plan is for local hospitals to co-invest long term. With these programs at Haven for Hope, we are showing significant savings to Bexar County and looking at the impact on readmissions and emergency department admissions, as well as the decrease in hospital visits and jail recidivisms. Mr. Banos serves on this STRAC committee where all local hospitals are represented and there has been a lot of discussion about what the program should look like; all hospitals see value in this type of program. What remains to be seen is what part of that value will be contributed by the various organizations going forward. These meetings take place monthly, and there is another committee that discusses the delivery of these services. Mr. Hernandez added that local hospital CEOs are interested in solving this problem and are willing to participate in addressing a common issue. Some hospitals hurt more than others, for example, the Baptist and Methodist hospitals located downtown are more impacted than Methodist Stone Oak, or St. Luke’s. Although the program has taken a hit on funding, it is very effective, and nobody wants to cut back on it. Dr. Burns stated her preference to see the Health System’s return on investment is in terms of dollars for avoidance of preventable emergency department visits and inpatient admissions. Mr. Hasslocher thanked Mr. Wilson for recently taking on the CEO position at Haven for Hope.

**FOLLOW-UP:** None.
CONSIDERATION AND APPROPRIATE ACTION REGARDING A LEASE WITH KARTA REAL ESTATE, LP FOR SPACE LOCATED AT 21875 WEST INTERSTATE 10 FOR THE I-10 WEST CLINIC—SERGIO FARRELL

SUMMARY: Community Medical Associates (CMA) currently lacks presence along the I-10 corridor, north of the Medical Center; one of the fastest growing areas of Bexar County. This geographic area consists of zip codes 78257, 78256 and 78255 which have experienced a high rate of population growth including an increase in new developments (both multi-family resident and commercial) and has the highest amount of new activity of new construction in multi-family communities. This location is also in close proximity to major corporations, such as NuStar and Medtronic. Within this area, there is only one (1) Family practice clinic consisting of one (1) physician along with two (2) urgent care clinics (TexasMed clinic and CVS Minute clinic). Other healthcare services in this area include two (2) Pediatric clinics. The population within this service area is projected to continue experiencing significant growth. Within the three zip codes surrounding the proposed location, the population ages 18 years and older is estimated to increase by almost 70% by the year 2020 bringing the population to just less than 45,000. The number of households is projected to be greater than 19,000 including over 13,000 families. Approximately 65% of this population is between the ages of 18 and 64. After analyzing the demographic data, CMA is proposing to open a new Primary Care/Walk-In clinic at a leased site located at 21875 West Interstate 10. The space consists of 4,201 square feet of store front space. The interior layout will be similar to the Callaghan clinic, which has approximately the same square footage with an efficient clinical flow design. The tentative open date is October 1, 2016. During Year 1, health services would be provided by one (1) physician with the intent to add a mid-level provider as demand increases in Year 2. Multiple sites were vetted and the location at 21875 West Interstate 10, San Antonio, TX 78257 was selected. Fair Market Value (FMV) was analyzed and the proposed lease rate falls within the appropriate FMV for this area. The total square footage is 4,201 and the proposed lease will be for an initial five (5) year term with two (2) additional one (1) year renewal options. Year 1 annual base rent will be $28.80 per square foot (psf) plus an additional $8.00 per square foot, triple net. The lease includes a 1.74% annual increase in the base rent. The total five (5) year lease expense is $793,989.00. Mr. Farrell provided a five year Proforma for the period October 2016 through December 2021, which was reviewed in detail with the Board. The Proforma does not include any type of spin off business that might come from this clinic.

RECOMMENDATION: Staff recommends Board of Managers’ approval for the lease agreement with Karta Real Estate, LP for the property located at 21875 West Interstate 10, San Antonio, TX 78257, for a five year period beginning October 1, 2016.

ACTION: A MOTION to approve staff’s recommendation was made Mr. Engberg, SECONDED by Ms. Barrera, and PASSED UNANIMOUSLY.

EVALUATION: Dr. Burns asked about existing medical relationships for this well-funded population who are not limited by location. Staff’s research indicates
that this population is currently served by physicians in the medical center area and/or near Loop 1604. Research also indicates that not a lot of people think about having a primary care provider (PCP) until there is a need for one, and then tend to select by zip code. Since there are not many PCP’s in these zip code areas, this clinic will give residents a choice close to home. As for ancillary services, Dr. Burns asked about the Health System’s strategy to get this same population to UHS facilities. How can staff be assured that patients will not go to Methodist or another hospital in the medical center area? UTHSCSA is opening a facility in Kendall County that will provide CT scans and MRIs. If patients seen at the IH 10 Clinic need these types of services, closer to Kendall County, staff will refer there for ancillary and specialty services. For hospital admissions, patients will be referred to University Hospital. Last year, CMA physicians made 169,000 specialty referrals to UTHSCA. Dr. Burns would like to know what percentage of those referrals actually made it to University Hospital. The goal is to expand the Health System’s footprint, not for Methodist or another hospital. Additional discussion ensued regarding the annual base rent per square foot, additional charges, and the annual lease increase. Karta Real Estate is owned and operated by G.P. Singh. Marketing and branding of the new clinic site will begin prior to its opening on October 1, 2016 in order to timely reach area residents. Mr. Smith expressed some concern in that staff has started planning for the IH 10 location although there has not been much progress with the new East Side Clinic. He cautioned staff to be conscious of the concurrent planning that is taking place. Mr. Hernandez thanked Board members for their feedback and noted that in contrast to the IH 10 Clinic, the Eastside Clinic project is much more complex, it involves construction of a 13,000 square foot facility, on property owned by the San Antonio Housing Authority, with DSRIP funds.

**FOLLOW-UP:** Dr. Kapur will follow up with the referral information requested by Dr. Burns.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH SATELLITE HEALTHCARE, INC. FOR PROFESSIONAL SERVICES—NANCY RAY**

**SUMMARY:** Since the inception of the initial contract with Satellite Healthcare in July 2013, for inpatient bedside dialysis, the volume of dialysis treatments has increased by 40 percent. This is driven by a 24 percent increase in inpatient volume and a 23 percent increase in Emergency Department (ED) dialysis visits over the same period. Much of this growth is related to additional capacity related to the opening of the Sky Tower and an increase in unfunded dialysis patients coming to the ED for services. A new program has been implemented which has reduced the number of patients coming to the ED for unscheduled treatments. Because of the increase in patient activity, we have had to modify this contract each term by adding the required funds to meet increasing patient needs. There was a large spike in usage in the second half of 2015, causing more demand on the contract than originally projected. The 2016 volumes have decreased compared to the volumes in the second half
2015, and is currently running at an annual expense level of $2 million. The current one-year contract extension was originally approved for $1,728,564. Because of the spike in services in the second half of 2015, we will need to add $346,645 to cover expenses through the end of the contract term (July 31, 2016). This is a request for $2,521,053 ($346,645 to complete the current one-year contract extension and $2,174,408 for the subsequent and final one-year contract extension) to continue supporting inpatient dialysis at the patient bedside. The amount of $2,150,230 is budgeted for this service for 2016, and we are on track to hit budgeted expense level for 2016. Board action will extend this service through July 2017.

RECOMMENDATION: Staff recommends Board of Managers’ approval of the final one-year contract extension with Satellite Healthcare in the amount of $2,521,053 for inpatient dialysis services at University Hospital.

ACTION: A MOTION to approve staff’s recommendation was made by Mr. Hasslocher, SECONDED by Ms. Barrera, and PASSED UNANIMOUSLY.

EVALUATION: Cumulative quality clinical indicators and metrics for the period January through May 2016 were provided for the Board’s review. Ms. Ray informed the Board that moving dialysis services to the bedside from a centralized location as it was prior to 2013 has impacted the efficiency of the Nephrology Service. In the renovation of the Horizon Tower, space has been identified for the development of a 12 bay centralized dialysis area at University Hospital. Implementing this plan will improve physician efficiency and lower nursing costs by allowing for a ratio of one nurse to two patients, whereas bedside dialysis is a ratio of one nurse to one patient. Preparation of the space is one year away, however. Whether the Health System will assume the nursing care from Satellite or continue to outsource this service has yet to be determined. Mr. Hernandez added that inpatient dialysis is one of those areas that staff will need to manage carefully. The Health system has four outpatient dialysis centers with a total of 88 renal dialysis chairs (20, 28, 16, 24) and sees about 454 individual patients per year, 24 hours a day 7 days a week to utilize the chairs as much as possible. To Mr. Engberg’s comment that generally, renal dialysis are funded services, Ms. Ray explained that “compassionate dialysis” are provided for unfunded patients who cannot find an outpatient chair and yet need chronic dialysis treatments. These patients end up at the various emergency rooms, twice a week. The Health System’s position is that all of the hospitals need to help carry this burden. The federal law that allows this to occur is the Emergency Medical Treatment and Active Labor Law (EMTALA) and requires hospitals to treat these patients who show up at their door.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING OPERATIONS AND FINANCIAL REPORT FOR MAY 2016—REED HURLEY/EDWARD BANOS

SUMMARY: In May clinical activity (as measured by inpatient discharges) was up 4.0% for the month compared to budget. Community First Health Plan (CFHP) fully-insured membership was down 0.1% due to lower
membership in STAR Medicaid. The bottom line gain (before financing activity) was $7.4 million, $6.0 million better than budget and was due primarily to higher patient revenue. Debt Service Revenue was $4.5 million which is equal to the budgeted Debt Service payment of $4.5 million. Mr. Hurley reviewed notable increases and/or decreases from the Consolidated Balance Sheet in detail. Further, pursuant to policy no. 7.05.02, Funding of Financial Reserves for Board Designated Accounts, Mr. Hurley also reported on the Reserve Rebalance Allocation that took place on May 31, 2016, as follows:

<table>
<thead>
<tr>
<th>Transfer Amount</th>
<th>Balance After Transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>90 day cash reserve</td>
<td>$ 19.6</td>
</tr>
<tr>
<td>Additional Pension Contribution</td>
<td>$ 3.0</td>
</tr>
<tr>
<td>Long Term Capital Account</td>
<td>$ 10.6</td>
</tr>
<tr>
<td>Unencumbered Capital</td>
<td>$ 61.7</td>
</tr>
<tr>
<td>Encumbered Capital – in progress</td>
<td>----</td>
</tr>
<tr>
<td>Operating Capital Impact</td>
<td>$ 30.7</td>
</tr>
<tr>
<td>Total Capital</td>
<td>$103.0</td>
</tr>
<tr>
<td>Total Board Designated</td>
<td>$125.6</td>
</tr>
</tbody>
</table>

Mr. Banos provided a Service Line Rollup for Women’s Health that included volume, financial, payor mix, market share, quality and patient satisfaction data. Service lines that will report in this manner include Oncology, Neurosciences, Orthopedics, Trauma, Transplant, Medicine, Women’s Services, Heart and Vascular, Pediatric, and Ambulatory.

RECOMMENDATION: Staff recommended acceptance of the financial and operations report subject to audit.

ACTION: A MOTION to approve staff’s recommendation was made by Dr. Burns, SECONDED by Ms. Barrera, and PASSED UNANIMOUSLY.

EVALUATION: None.

FOLLOW-UP: None.

PRESENTATIONS AND EDUCATION:

ANNUAL REPORT ON PATIENT SATISFACTION—LENI KIRKMAN/EDWARD BANOS

SUMMARY: The federal government posts inpatient hospital experience scores for the public to view on the Center for Medicare and Medicaid Services (CMS) website at www.hospitalcompare.gov. While this data lags behind current survey responses, they are the only scores available for patients to compare hospitals in their community and for hospitals to benchmark with competing hospitals. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores posted on HospitalCompare.gov reflect the percentage of positive scores for a series of questions. The scores currently available for two summary questions (patients admitted: 7/1/2014 – 6/30/2015) rate University Hospital at 77, higher than three other Health System’s in San Antonio.
In January 2016, staff began surveying every patient discharged from the hospital (inpatient units and Emergency Department) rather than a random sample. The next step in this improvement initiative occurred in April 2016, with a change from a lengthy mailed paper survey to a telephone call from a live person who administers a shortened version of the CMS-mandated HCAHPS survey. While the Health System has made strong progress in improving the inpatient experience, we continue to struggle with consistency in the patient experience in the Emergency Department. A number of initiatives are underway to improve wait times and patient flow, and to respond to patient concerns in real-time. Initiatives include daily performance dashboards, an LVN to help expedite the process of moving patients admitted from the ED to inpatient units and a focus on improving communication with patients and family members. As inpatient initiatives result in targeted improvements in key areas like pain, communication and responsiveness, these best practice ideas are shared and implemented in other areas. Ms. Kirkman also reviewed the ambulatory patient survey process. She informed the Board that in March 2016, the Consumer Assessment of Healthcare Providers & Systems (CAHPS) also changed from a mailed, paper survey to a nine-question survey administered by telephone, text or email link. The survey is sent to all patients within 24 - 48 hours of a clinic visit. These changes have resulted in a substantial increase in sample sizes, which makes the data more significant and relevant for process improvement. Additionally, there is a much shorter delay in receiving the feedback, allowing for more opportunity to address issues in a timely manner. The year-to-date scores for all University Health System ambulatory clinic locations were provided for the Board's review, as was a sampling of Family Medicine ambulatory provider care rates. In summary, the Patient Relations team handled 2,853 patient events from June 2015 through May 2016. The majority of complaints and grievances during this time period were associated with care, treatment, and overall quality of service. Approximately 18 percent of complaints were related to delays, either in receiving treatment, test results, procedures, or scheduling appointments. Another 10 percent were communication issues, and 7 percent were complaints about the attitude and courtesy of staff. While many of these issues were ultimately unsubstantiated, patients are always provided with an opportunity to express concerns, have an investigation and receive a final response which may include a resolution or corrective action.

**RECOMMENDATION:** None.

**ACTION:** This report was provided for informational purposes only.

**EVALUATION:** None.

**FOLLOW-UP** None.

**ANNUAL CARELINK REPORT—VIRGINIA MIKA, PHD/ROBERTO VILLARREAL, M.D.**

**SUMMARY:** Dr. Mika provided an annual overview of CareLink enrollment, membership, claims, and departmental activities for 2015, four enrollment locations, and criteria for program eligibility. CareLink is a financial assistance program for Bexar County residents that creates a
payment plan for services received within University Health System and its network of providers. It is not an insurance plan, but has a defined Provider Network, and patient responsibility is a cornerstone. The average monthly enrollment for 2015 was 26,994. This includes the MedLink program which averaged 1,455 members each month. This is a dramatic drop from the 2014 average monthly enrollment of 40,685 (with the MedLink program accounting for an average of 1,745 monthly). Since CareLink is a payer of last resort, the ACA made citizens and legal residents from 100 to 400% eligible for coverage through the Marketplace. Since Medicaid was not expanded in the State of Texas, those under 100 percent of the federal poverty level (FPL) were left without coverage. As a result, CareLink has continued to enroll citizens and legal residents at 100 percent of the FPL and below. CareLink members are grouped based upon their income relative to the Federal Poverty Level (FPL). For reference purposes, 100 percent of the 2015 FPL was $11,770 for one person and $24,250 for a family of four. CareLink A members have incomes up to 75 percent of the FPL, CareLink B members have incomes between 76 percent and 138 percent of the FPL, and CareLink C members have incomes between 139% and 200% of the FPL. CareLink A grew from 31% in 2014 to 39% in 2015. CareLink B decreased from 59 percent in 2014 to 54 percent in 2015. CareLink C dropped from 10 to 7 percent. Also reviewed were the Bexar County zip codes with the highest number of members, with the highest concentration of CareLink members residing within Loop 410, which has remain unchanged for the past 5 years. There have been membership increases in both the northeast and northwest parts of San Antonio. Cost of care in 2015 was follows:

- Total annual - $78,110,889.82
- Per Member Per Month (PMPM) Cost - $241.14
- Per Member Per Year Cost (2016) - $2,893.64
- Per Member Per Month Collections - $43

The top three diagnoses for CareLink members are hypertension, hyperlipidemia and diabetes. A greater proportion of CareLink patients were also classified as obese (52 percent) compared to the broader UHS population (48 percent). This is a population that is significantly ill, which staff has verified by using the Charlson Comorbidity Index (CCI). The CCI is a way to help classify comorbidities of patients based on the International Classification of Diseases (ICD) diagnoses codes. A score of zero indicates that no comorbidities were found. The higher the score, the more likely the predicted outcome will result in mortality or higher resource use. Approximately 41 percent of CareLink members had a CCI of one or greater as compared to the broader population of UHS patients (28 percent). In 2015, the Health System filled nearly 365,000 prescriptions for CareLink members, a 28 percent decrease from 2014. The total cost to the Health System for these medications was approximately $3.4 million, a 21 percent decrease from 2014. CareLink members contributed approximately $2 million in pharmacy co-pays. The Medication Assistance Program (MAP) savings increased in 2015 by nearly $1 million from $12,497,092 to $13,444,858. CareLink
Initiatives for transformation included a Kaizen event with Women’s Health Services to improve the grant enrollment process. As a result, CareLink representatives now screen for grant eligibility which decreases wait times at the Kenwood Clinic while increasing patient satisfaction and patient throughput. Also created a new partnership with CPS Energy to screen all CareLink applicants for eligibility of CPS’s affordability discount and Casa Verde weatherization programs.

The following Outreach and Education initiatives took place in 2015:

- **CareLink Workshop** – A 60 minute session that addresses membership requirements, understanding the CareLink contract, and reading the monthly bill statement.

- **ACA Marketplace Workshop** – A 90 minute session that addressed ACA enrollment requirements, costs, fees, and financial assistance.

- **Health Insurance 101 Workshop** – A 90 minute session that addressed the basic elements of a health insurance plan, services, and resources.

- **Blood Drives** – CareLink members and their families were invited to donate blood for a monetary credit on their CareLink balance. In 2015, these blood drives resulted in 418 units of blood collected, and a Health System cost savings of $93,241.

- **CareLink and the ACA - 2015** was the second year for Marketplace enrollment. CareLink staff assisted nearly 9,000 individuals in applying for Marketplace coverage as a result of a federal grant from the Office of Minority Health aimed at improving minority enrollment in healthcare coverage. Staff were very successful in getting the word out and making members aware of Marketplace options. Many members who did not speak English struggled to understand the entire enrollment process. Enrollment events were held at the RBG campus and staff participated in over 700 community events. Staff educated 95,000 individuals and provided outreach to over 200,000.

Dr. Villarreal reported that the Health System was very recently awarded another federal grant from the Centers for Medicare and Medicaid Services to educate, enroll and retain children in Medicaid and CHIP. In conclusion, with the ACA in place, major changes have taken place. However, the ACA has not changed the Health System’s commitment to its CareLink members. Staff will continue to look for ways to improve the program in a changing healthcare environment.

**RECOMMENDATION:** This report was provided for informational purposes only.

**ACTION:** None.

**EVALUATION:** The CareLink program has a very good reputation and is considered a state leader and model if Texas ever expands coverage under the Affordable Care Act. It’s a conservative program that emphasizes personal responsibility and savings. As such, the Harris Health System
and Tarrant Health both visited in 2015 to learn more about CareLink. Mr. Hernandez expressed pride in the program and the team. Ms. Barrera congratulated the staff on this success and suggested they consider exploring partnerships with other county agencies for the benefit of the CareLink fund. She asked to be included in CareLink’s distribution list for informational purposes. There are many groups she works with in the community that would benefit from knowing and working with CareLink, and vice versa. She also asked the staff to consider providing financial literacy classes for CareLink members.

FOLLOW-UP
None.

INFORMATION ONLY ITEMS:

REPORT REGARDING MEDICAL-DENTAL STAFF COMMITTEES AND DEPARTMENTS—KRISTEN A. PLASTINO, M.D., PRESIDENT, MEDICAL/DENTAL STAFF

UPDATE ON FACILITIES DEVELOPMENT ACTIVITIES—MARK WEBB

REPORT ON RECENT RECOGNITIONS AND UPCOMING EVENTS—LENI KIRKMAN

SUMMARY: Mr. Smith directed the Board members’ attention to the three (3) written reports above. He urged his colleagues to contact staff with specific comments, questions, or suggestions.

RECOMMENDATION: These reports were provided for informational purposes only.
ACTION: No action by the Board of Managers was required.
EVALUATION: None.
FOLLOW-UP: None.

ADJOURNMENT:

There being no further business, Mr. Smith adjourned the Board meeting at 4:42 p.m. Mr. Hernandez announced that all of this month’s Board business was handled today and there is no need for a second meeting. The meeting scheduled for Tuesday, June 28, 2016 will be cancelled.

Ira Smith______________ Dianna M. Burns, M.D.
Vice Chair, Board of Managers Secretary, Board of Managers

Sandra D. Garcia, Recording Secretary