SPECIAL MEETING
OF THE BEXAR COUNTY HOSPITAL DISTRICT
BOARD OF MANAGERS

Tuesday, November 12, 2013
10:00 a.m.
Conference Room A
Corporate Square
4801 NW Loop 410, 10th Floor
San Antonio, Texas 78229-5347

MINUTES

BOARD MEMBERS PRESENT:

James R. Adams, Chair
Linda Rivas, Vice Chair
Rebecca Q. Cedillo, Secretary
Robert Engberg
Alex Briseño
Ira Smith

BOARD MEMBERS ABSENT:

Roberto L. Jimenez, M.D., Immediate Past Chair

OTHERS PRESENT:

George B. Hernández, Jr. President/Chief Executive Officer, University Health System
Tim Brierty, Chief Executive Officer, University Hospital
Ted Day, Vice President, Strategic Planning and Business Development, University Health System
Peggy Deming, Executive Vice President/Chief Financial Officer, University Health System
Jose Fernandez, Director, Financial Decision Support, University Health System
Roe Garrett, Vice President/Controller, University Health System
Leni Kirkman, Vice President, Corporate Communications & Patient Relations, University Health System
Denise Pruett, Director, University Health System Foundation
Nancy Ray, Senior Vice President/Chief Nursing Officer, University Health System
Robert Rattenbury, Director, Budget & Planning, University Health System
Theresa Scepanski, Senior Vice President/Chief Administrative Officer, University Health System
Christann Vasquez, Executive Vice President/Chief Operating Officer, University Health System
Mark Webb, Senior Vice President, Facilities Administration, University Health System

MEDIA:

Peggy O’Hare, Staff Writer, San Antonio Express News
CALL TO ORDER AND RECORD OF ATTENDANCE: JIM ADAMS, CHAIR, BOARD OF MANAGERS

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

INVOCATION AND PLEDGE OF ALLEGIANCE:

Mr. Tomas Hernandez introduced Eduardo Quintana for the invocation and Mr. Adams led the pledge of allegiance.

APPROVAL OF MINUTES OF PREVIOUS MEETING(S):

SEPTEMBER 17, 2013 (REGULAR MEETING)

SUMMARY: The minutes of the regular meeting of Tuesday, September 17, 2013, were presented for the Board’s approval.

RECOMMENDATION: Staff recommended approval of the minutes as submitted.

ACTION: There being NO OBJECTION, the minutes were approved as submitted.

EVALUATION: None.

FOLLOW-UP: None.

ANNOUNCEMENTS: THE CAMPAIGN FOR UNIVERSITY HEALTH SYSTEM - THERESA SCEPANSKI

SUMMARY: The expansion of University Hospital and the recent opening of the Robert B. Green Clinical Pavilion represent a turning point in medical care for our region and ensure that University Health System can meet the needs of our growing region for years to come. Private philanthropic support can make this moment not just a turning point but a transformation in the way we care for our patients. Through this campaign, the UHS Foundation is creating a destination for leading medicine for the entire region. The Campaign for University Health System: Living Proof. Leading Medicine focuses on enhancing patient-centered care through two key goals—bringing the best in academic medicine to Bexar County, and advancing trauma care that saves lives throughout South Texas. Campaign priorities reach across the services most vital to the communities we serve, including a new Heart and Vascular Institute, support for our nationally recognized transplant program, and a new fellowship program that will strengthen delivery of trauma care in our region. A Campaign Leadership kick-off event will be hosted at the home of Terrell & Cindy McCombs on Wednesday, November 13, at 6:30pm. Board members and a guest are invited. Currently, five members of the University Health System Foundation Board serve on the Steering Committee, Terrell McCombs, Jeanne Bennett, John Boyd, Joe McKinney, and David Sanders. Together they have helped develop the case message and prospect identification. This committee along with other new members will become the Campaign Committee. The Foundation has engaged Campbell & Company to provide expertise in fundraising best practices for healthcare organizations. Currently, the campaign is in the Leadership Phase. This includes campaign leadership recruitment and Leadership Giving. The Campaign Committee will continue the work on prospect identification and
solicitation. These steps are needed to effectively plan and implement a successful campaign.

RECOMMENDATION: This report was provided for informational purposes only.

ACTION: No action was required by the Board of Managers.

EVALUATION: The fundraising goal for this campaign is $25 million. The UHS Foundation will capitalize on the Robert B. Green campus and the Capital Improvement Project at University Hospital.

FOLLOW-UP: None.

REPORT ON TRANSITION ACTIVITIES RELATED TO THE NEW TOWER AT UNIVERSITY HOSPITAL – TIM BRIERTY

SUMMARY: Since the decision to create the trauma tower adjacent to University Hospital was made several years ago, staff has begun a transformation in operations that will positively affect the future of the organization. University Hospital staff and leadership have engaged in numerous projects to improve efficiencies which have resulted in financial savings, process improvements and improved patient services. Many of these initiatives have been directed at ensuring the transition into the new tower will be optimized by examining and improving existing processes prior to the move. This will create the best possible setting for a smooth transition for the patients, employees and physicians.

Product and pricing standardization initiatives have brought significant supply cost saving to UHS. By working with physicians, Procurement department staff and vendors, staff has been able to reduce the number of similar items being purchased for the same use and have also created pricing tiers that allow physicians the choices they desire, while eliminating pricing differentials from vendor to vendor. The Low Unit of Measure (LUM) purchasing and inventory control system is currently being implemented by the procurement department creating a more efficient materials management process generating additional supply cost savings.

Hospital staff from a variety of departments, such as supply chain, surgical services, pharmacy, facilities, administration, and pathology worked together to identify opportunities to reduce expenses or generate additional revenue. Departmental staff then completed the financial analyses and reviewed necessary clinical or contract adjustments required to achieve their objective. Their work was then presented to the Finance department for vetting, and finally to the Executive Committee for official approval and signoff. This focused effort has been successful due to the high level of enthusiasm, communication and collaboration between the teams. The following cost savings have been generated:
April 2012 - October 2013

<table>
<thead>
<tr>
<th>Category</th>
<th>Annualized Financial Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital</td>
<td>$4,852,352</td>
</tr>
<tr>
<td>Labor</td>
<td>$2,242,485</td>
</tr>
<tr>
<td>Purchased Services</td>
<td>$3,134,037</td>
</tr>
<tr>
<td>Revenue</td>
<td>$3,608,417</td>
</tr>
<tr>
<td>Supply Cost</td>
<td>$3,196,517</td>
</tr>
<tr>
<td>Utilization</td>
<td>$518,076</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$17,551,884</strong></td>
</tr>
</tbody>
</table>

Two work groups have been created to evaluate and implement change in the throughput of patients beginning at admission, through their hospital stay, to transition of care at discharge and into the medical home care model. The hospital work group focus is on the operational needs for improvement. UTHSCA leadership formed the second group to examine the clinical management improvements required for improved patient throughput. To ensure a cooperative approach, each group has representation on both of these committees.

Staff is fine tuning the implementation of a command center through which all patient movement will be directed for optimal throughput. This movement will include the direction of patient transport, environmental services, and bed management. The center is scheduled to go live January 1, 2014.

In addition to better managing the entire patient experience, these initiatives will produce a reduction in the Average Length of Stay of patients from the current 6.1 days to the budgeted 5.7 days. The anticipated cost savings produced by this reduction exceeds $9,000,000 in 2014. In order to attain this goal, physicians, case managers and other staff will focus on discharging patients by noon each day. This will require well managed day before discharge planning within this group and will include the patient and their families so that when it is time to be discharged, everything and everyone is ready.

In August 2011, the Health System leadership made significant changes to the operation and management of the food service operations. Though the transition was at times challenging, the quality and presentation of food in the cafeterias and in patient rooms has improved. In advance of the opening of the Trauma Tower, At Your Request (AYR) was rolled out in the summer of 2013, providing room service style meals to patients staying in the hospital and allowing patients to eat when they are hungry; not on the hospital wide schedule. At Your Request has been well received by patients and staff, and patient satisfaction scores are increasing. Additionally, At Your Request has been financially beneficial by operating successfully with 104 Full Time Equivalents (FTE’s), rather than the
original projection of 136 FTEs, and eliminating the need for a new kitchen in the new tower, which resulted in a savings of over $1 million.

A strategy employed to align the hospital and UTHSCSA physicians around improving quality outcomes and decreasing the cost of care is clinical integration. Initial efforts with this will be focused on the cardiovascular and the neurosciences service line. The result of this collaboration with the medical school will be the growth of signature service lines.

In April 2013, initiatives began focusing on efficiency in processes, growth of inpatient rehab census, quality in adherence to regulatory compliance and patient outcomes. After developing a strategic plan in Rehabilitation Medicine, improvements have been made in the admission process, Average Daily Census on certified Inpatient Rehabilitation Facility (IRF) beds, payer mix, and quality review. By streamlining the referral to admission process, timing of admissions has decreased from 5 days down to 1.44 days. Average Daily Census has improved on certified IRF unit to 13 (from 6) and the whole unit has recently experienced full capacity with a waiting list. Additionally, payer mix improved to 66% of patients being funded last month.

Perioperative Services has begun to experience significant expansions with the addition of two Ambulatory Surgery Centers (ASC) and anticipated additional operating rooms in the new tower. With the incredible support of multiple UHS departments, ambulatory surgical, gastrointestinal and endoscopy cases have moved to new facilities at the Medical Arts and Research Center and Robert B. Green locations.

Within Trauma Services, recent focus has been on establishing new and developing existing relationships with outlying areas to improve patient transfers and referrals. This has been accomplished through specific trauma training to emergency room physicians and staff in these outlying communities.

One area that has been a driver of growth has been expansion of the pediatric burn program. Overall, UH has experienced 5% increase in pediatric trauma volume for 2013. Trauma services received its Level I designation re-certification this year through the American College of Surgeons and Pediatric services received an extension of the Level II certification. These important designations illustrate the level of quality provided to our patients.

The Cardiac Catheterization lab has undergone significant efficiency initiatives including improving lab utilization, improving turn around times, and targeting first case “wheels in” times. Prior to initiatives, cath lab utilization was at 37%; however, utilization is now at nearly 68%. For turn around times, the average turn around time was improved over 19% in only five weeks, and the team has established a new goal of 75% of daily turnarounds being completed in less than 20 minutes. Finally, first case start time has shifted 15 minutes earlier, and the team is targeting the percent of their cases that are in the prepped and ready for the procedure before 8 am. A successful example of physician alignment is the professional services agreement in place with UT at the Heart Station at the MARC. This affiliation has allowed patients to get outpatient cardiac procedures taken care of in a more appropriate setting and without having to navigate the
hospital. Since this initiative began, wait times have been reduced and activity has surpassed the original business plan. Since January 2013, the Heart Station has averaged 567 procedures per month, compared to the 2012 fourth quarter average of 345 procedures per month. An area of growth for the cardiovascular service line has been the Transaortic Valve Replacement (TAVR) program. This has allowed patients that were previously unable to be treated to be treated without cardiothoracic surgery. UH was the first in San Antonio to offer this service. The halo effect on having this procedure is increased surgical procedures as well as diagnostic testing. UHS is in the process of developing a Heart and Vascular Institute (HVI), which will center around clinical integration and quality goals and will expand volumes across all cardiac services. Currently, UHS has a 6% market share for cardiovascular services. By creating the HVI, UHS will be able to better coordinate cardiac services, provide more comprehensive cardiovascular care, and improve volumes across all cardiac service lines and procedures. The Health System’s primary stroke center designation allows the access to stroke patients that are transferred via EMS. Since this designation staff continues to see year over year growth at the rate of 8%. The goal is to develop relationships with outlying facilities and provide telemedicine for acute strokes. The less acute patients will be able to stay in their community for their care and the more advanced will be transferred to University Hospital. On the neurosurgery front staff continues to see gains in operational efficiencies and growth. However, through clinical integration staff will better align with physician partners to realize the gains on driving out costs and improving quality.

Transplant is a very strong, mature service line where there is good collaboration with the hospital and physician partners. The Health System has experienced growth in many areas and continues to drive toward being the market leader in this area. A strategy to grow the transplant service line has been to develop new relationships with physician groups that will bring new patient volume to University Hospital. An example of this was the recent affiliation with Renal Associates, a private nephrology group in San Antonio. This affiliation has resulted in the growth of transplant waitlist to over 1000 patients and the ability to transplant 77 kidney patients year to date.

Maternal Fetal Medicine is one of the programs that the Health System leadership is most passionate about. By building this service line, the Health System will be able to provide expanded access and care for high risk pregnancies and ensure continued volume growth for the Neonatal Intensive Care Unit. In order to expand this service, the Health System has focused on building relationships with providers and hospitals in outlying areas and establishing pediatric transport for patients that need to be transferred to the Health System. With total inpatient days expected to increase by 5.8% in 2014, all of which will occur after the move to the new tower, the number of additional FTEs required for hospital nursing and ancillary departments is approximately 145.

Additional service areas, such as the increased number of operating rooms, a significantly enlarged emergency center and more diagnostic equipment generate the need for some of these additional FTEs. The timing of the addition of these positions will be based on expected volume increases, allowing for an orientation period for new staff. Staff expects a population shift in patients from medicine to
surgical which will require the move of positions from one area to another in order to adequately staff for projected activity once the new tower opens. These will not be new positions but a transfer of current positions already in the system. As additional services develop in the new tower, staffing is expected to grow based on increased activity. A result of this shift will be the increase in the Case Mix Index (CMI). This index is designed to reflect the acuity of patients being cared for at University Hospital as it relates to the average acuity of patients throughout the country, and affects reimbursement from payers. This index has fluctuated between 1.60 and 1.70 during 2013. The goal is to increase the CMI to 1.80 in 2014. As operations prepare to transition to the new tower, Health System leadership has set targets for patient days, activity, discharges, and average length of stay, which are key indicators of the hospital’s performance. Mr. Brierty reviewed 2014 Activity Projections for inpatient nursing units in detail, as well as the 2014 projected activity by service line: Heart and Vascular, Women & Neonate, Neurosciences, Orthopaedics, Trauma, Transplant, and Pediatrics.

One of the most intriguing areas of development within University Hospital in preparation for the new tower has been the movement of a culture change that is taking place. While this process has at times been difficult and is a continuing process, it has been an area of great pride for the organization and has helped with the achievements. In 2012, The New U was developed and supported to improve patient and employee satisfaction. All new and existing staff has been familiarized with the New U, and staff members from all areas of the organization have united to help steer future initiatives. One unique component is the learning that has come from the Disney Institute for Healthcare Service Excellence. To date, 27 individuals have graduated from the Institute, having completed training and learning about transforming the organization. Graduates are from a variety of departments from the hospital as well as ambulatory services. The first team targeted the patient experience, and the results of their efforts are reflected at both University Hospital and the Robert B. Green campuses. The second team has focused on employee satisfaction and recognition, and has proposed and implemented a new employee rewards program. Another service tool made available to the team to provide patient centered care is I Pad accessible interpretation services, which allow non-English speaking patients to communicate more effectively and comfortably with their medical providers and caregivers. By providing staff the resources to easily access these services, they can more compassionately provide care to patients. In order to prepare for the transition into the new tower, the leadership, staff, and providers have worked together to improve efficiencies, generate a culture change, target service lines for growth, and generate targets for growth in volume while reducing key unit of service cost indicators.

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

ITEMS FOR REVIEW AND DISCUSSION:

REVIEW AND DISCUSSION REGARDING BEXAR COUNTY HOSPITAL DISTRICT D/B/A UNIVERSITY HEALTH SYSTEM'S PRELIMINARY OPERATING, DEBT SERVICE
The Health System developed the 2014 Budget to incorporate the strategies and initiatives described in the preceding sections. The Operating Margin of $319 thousand and Operating Margin percent of 0.0% reflect a decline from Projected 2013. The positive impact of the opening of the new UH Tower, continued expansion at RBG, the growth in Strategic Service lines and the Pediatric Transition Plan were offset by material reductions estimated in State and Federal reimbursement as well as one time and cost increases associated with the new assets. Staff presented a summary of the 2014 Budget and a comparison to Projected 2013:

<table>
<thead>
<tr>
<th>Projected 2013</th>
<th>Budget 2014</th>
<th>Inc/Dec</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjusted Discharges</td>
<td>43,451</td>
<td>49,534</td>
<td>6,083</td>
</tr>
<tr>
<td>Net Patient Revenue</td>
<td>$360.2</td>
<td>$420.8</td>
<td>$60.5</td>
</tr>
<tr>
<td>Total Other Operating Revenue</td>
<td>$409.4</td>
<td>$424.0</td>
<td>$14.7</td>
</tr>
<tr>
<td>Total Operating Revenues</td>
<td>$769.6</td>
<td>$844.8</td>
<td>$75.2</td>
</tr>
<tr>
<td>Total Operating Expenses</td>
<td>$757.6</td>
<td>$844.5</td>
<td>$86.8</td>
</tr>
<tr>
<td>Gain (Loss) from Operations</td>
<td>$12.0</td>
<td>$0.3</td>
<td>($11.6)</td>
</tr>
<tr>
<td>Operating Margin Percent</td>
<td>1.6%</td>
<td>0.0%</td>
<td></td>
</tr>
</tbody>
</table>

1 Excludes the following DSRIP Incentive potential if 100% of metrics are met

Debt Service
- Debt Service I & S Tax Funds | $42.2 | $43.1 | $0.9 | 2.1% |
- Debt Service Payment | $42.2 | $43.1 | $0.9 | 2.1% |
- Net Debt Service Revenue | $0.0 | $0.0 | $0.0 | 0.0% |

Note: Of the Debt Service payment, these interest amounts no longer being capitalized

| Ongoing Capital Requirements | $27.0 | $30.0 | $3.0 | 11.1% |

Changes from the Tax Rate Budget were reviewed as follows:

<table>
<thead>
<tr>
<th>WALK FORWARD FOR TAX RATE 2014 TO BUDGET 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Dollars in millions)</td>
</tr>
<tr>
<td>Tax Rate: Operating Margin</td>
</tr>
</tbody>
</table>

Changes
- Pediatric change in patient mix | $3.1 |
- Enhanced patient collections | 4.1 |
- Medicare DSH | 2.6 |
- Med Assets: charge capture and denial management/revenue cycle | 5.9 |
- Other | 2.2 |
- Enhanced Pediatric Services | (4.3) |
- CMA: activity/filled vacancies | (2.9) |
- Maintenance Contracts: mostly IT (new tower) | (6.0) |
- New FTEs | (7.7) |
- Ongoing Cost: new tower | (1.0) |
- Business Development | (1.0) |
- Competitive Pay | (2.3) |
- Other | (3.3) |
- Depreciation | (3.0) |

Total Changes | (13.6) |

Budget 2014: Operating Margin | $0.3 |
Operating Revenues totaling $845 million per adjusted discharge (inpatient and outpatient) were reviewed (numbers include legislative cuts):

<table>
<thead>
<tr>
<th></th>
<th>2013 Projected</th>
<th>2014 Budget</th>
<th>% Change from 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPR</td>
<td>$8,290</td>
<td>$8,494</td>
<td>2.5%</td>
</tr>
<tr>
<td>Property Taxes M &amp; O</td>
<td>$5,621</td>
<td>$5,232</td>
<td>-6.9%</td>
</tr>
<tr>
<td>DSH</td>
<td>$799</td>
<td>$677</td>
<td>-15.2%</td>
</tr>
<tr>
<td>DSRIP</td>
<td>$520</td>
<td>$425</td>
<td>-18.2%</td>
</tr>
<tr>
<td>UC</td>
<td>$1,727</td>
<td>$1,335</td>
<td>-22.7%</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>$755</td>
<td>$891</td>
<td>18.0%</td>
</tr>
<tr>
<td>Total</td>
<td>$17,712</td>
<td>$17,055</td>
<td>-3.7%</td>
</tr>
</tbody>
</table>

Positive changes in adult and pediatric payer mix by discharges for 2014 are projected as follows:

- Funded - 65.2 percent
- CareLink - 17.0 percent
- Unfunded/Self Pay - 17.9 percent

Payer mix by discharges for Year Ending 2013:

- Funded 68.8 percent
- CareLink – 17.7 percent
- Unfunded/Self Pay – 18.4 percent

Operating expenses in the amount of $845 million per adjusted discharge:

<table>
<thead>
<tr>
<th></th>
<th>2013 Projected</th>
<th>2014 Budget</th>
<th>% Change from 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$6,328</td>
<td>$5,834</td>
<td>7.8%</td>
</tr>
<tr>
<td>Benefits</td>
<td>$1,287</td>
<td>$1,159</td>
<td>10.0%</td>
</tr>
<tr>
<td>MedSvcs</td>
<td>$3,124</td>
<td>$3,049</td>
<td>2.4%</td>
</tr>
<tr>
<td>Supplies</td>
<td>$2,886</td>
<td>$2,766</td>
<td>4.1%</td>
</tr>
<tr>
<td>PurSvcs</td>
<td>$2,685</td>
<td>$2,900</td>
<td>-8.0%</td>
</tr>
<tr>
<td>Depreciation</td>
<td>$1,043</td>
<td>$1,263</td>
<td>-21.1%</td>
</tr>
<tr>
<td>Other</td>
<td>$83</td>
<td>$77</td>
<td>7.4%</td>
</tr>
<tr>
<td>Total</td>
<td>$17,436</td>
<td>$17,048</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

Full Time Equivalents growth to support strategic initiatives:

<table>
<thead>
<tr>
<th>2013 Projected</th>
<th>FTE's</th>
<th>FTE's Per AOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity</td>
<td>55</td>
<td>7.46</td>
</tr>
<tr>
<td>Revenue Enhancement</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>DSRIP</td>
<td>106</td>
<td></td>
</tr>
<tr>
<td>Pediatric Services</td>
<td>118</td>
<td></td>
</tr>
<tr>
<td>ASC MARC &amp; RBG</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>One Time Transitional Costs</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>New Tower</td>
<td>71</td>
<td></td>
</tr>
<tr>
<td>New Fixed FTE's</td>
<td>61</td>
<td></td>
</tr>
<tr>
<td>2014 Total FTE's</td>
<td>5,924</td>
<td>7.64</td>
</tr>
</tbody>
</table>
RECOMMENDATION: This report was provided for informational and discussion purposes only.

ACTION: No action was required by the Board of Managers.

EVALUATION: In future budget presentations, Board members asked to see changes, drivers, line by line variance percentages, and an explanation on how staff plans to address changes. Mr. Briseno expressed particular interest in UTHSCSA’s participation in the pediatrics business plan. Other Board interests include the new tower, UTHSCSA partnership, and ambulatory costs/revenue as opposed to patient visits. Add an additional column to Exhibit 2 which ties dollars to each of the service lines. A separate graphics for ambulatory and inpatient would be most helpful. Critically important are issues related to the Emergency Department as it moves to be of a premier nature. Mr. Adams expressed the Board’s need for confidence in the revenue numbers and activity projections presented today. Mr. Briseno expressed his preference to see the big picture then break it down incrementally. Regarding the $136 million for medical services compensation, Board members asked what amount of that belongs to UTHSCA. Discussion ensued about the Chief Medical Officer’s authority, not to the teaching mission, but as it relates to running a business. Board members expressed their intent to review parameters of future physician contracts - hours, metrics, financial incentives, and/or disincentives. Use terms that the public will understand and be consistent in the amounts indicated for property taxes (25% appears in the audited financial statements for the consolidated budget and 31% appears in the clinical unconsolidated budget). Mr. Adams asked the staff to review psychiatric DSRIP projects with Dr. Jimenez.

FOLLOW-UP: The next Board meeting will be held on Tuesday, November 19, 2013 at 2 p.m.

CLOSED MEETING:

Mr. Adams announced this meeting closed to the public at 1:50 p.m., pursuant to TEX. GOV’T CODE, Section 551.085 (Vernon 2004) to receive information on and/or deliberate regarding pricing, market data and/or financial planning information relating to the arrangement or provision of proposed new services or product lines. The following Board members were present: Jim Adams, Linda Rivas, Robert Engberg, Alexander Briseno, Rebecca Cedillo, and Ira Smith. The following staff was present: George B. Hernandez, Jr., Christann Vasquez, Bryan Alsip, M.D., Leni Kirkman, and Michael Hernandez. After discussion, no action was taken in closed session. Mr. Adams announced that the closed meeting ended at 2:03 p.m. and the public meeting reconvened.

ADJOURNMENT:

There being no further business, Mr. Adams adjourned the meeting at 2:03 pm.

Jim Adams
Chair, Board of Managers

Rebecca Q. Cedillo
Secretary, Board of Managers

Sandra D. Garcia, Recording Secretary