

Thursday, March 28, 2024

9:00 A.M.

BOARD ROOM

4800 Fournace Place, Bellaire, TX 77401

The meeting may be viewed online: <http://harrishealthtx.swagit.com/live>.

*Notice: Some Board Members may participate by videoconference.

Mission

Harris Health is a community-focused academic healthcare system dedicated to improving the health of those most in need in Harris County through quality care delivery, coordination of care and education.

AGENDA

- I. Call to Order and Record of Attendance Dr. Andrea Caracostis 1 min
- II. [Approval of the Minutes of Previous Meeting](#) Dr. Andrea Caracostis 1 min
 - [Board Meeting – February 29, 2024](#)
- III. Announcements / Special Presentations Dr. Andrea Caracostis 15 min
 - A. CEO Report Including Special Announcements – *Dr. Esmail Porsa* *(10 min)*
 - Introduction of Mr. Micah Rodriguez, Vice President of Public Policy and Government Relations
 - Harris Health Endoscopy Center at Quentin Mease Ribbon Cutting
 - B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements Dr. Cody Pyke *(5 min)*
 - Harris County LGBTQIA+ Commission
- IV. [Public Comment](#) Dr. Andrea Caracostis 3 min
- V. Executive Session Dr. Andrea Caracostis 30 min
 - A. [Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Report of the Medical Executive Board in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including the Harris Health System Quality, Safety Performance Measures, and Possible Action Regarding this Matter Upon Return to Open Session – Dr. Andrea Caracostis, Dr. Steven Brass and Dr. Yashwant Chathampally](#) *(10 min)*

- B. [Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff – *Dr. Martha Mims and Dr. Bradford Scott*](#) (10 min)
- C. [Report Regarding Harris Health System Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion and Operational Updates, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002 and Tex. Gov't Code Ann. §551.071 to Receive Peer Review and/or Medical Committee Report with Possible Action Upon Return to Open Session – *Dr. Otis Ekins*](#) (10 min)
- VI. Reconvene to Open Meeting** Dr. Andrea Caracostis 1 min
- VII. General Action Item(s)** Dr. Andrea Caracostis 6 min
- A. General Action Item(s) Related to Quality: Medical Staff
1. [Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff – *Dr. Martha Mims*](#) (2 min)
2. [Consideration of Approval of Changes to the Nephrology Clinical Privileges – *Dr. Martha Mims*](#) (2 min)
- B. General Action Item(s) Related to Quality: Correctional Health Medical Staff
1. [Consideration of Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff – *Dr. Otis Ekins*](#) (2 min)
- VIII. New Items for Board Consideration** Dr. Andrea Caracostis 5 min
- A. Consideration of Approval of the Appointment of Dr. Cody Pyke, Ms. Sima Ladjevardian and Ms. Ingrid Robinson as Members of the Dialysis Center at Quentin Mease Governing Body Dr. Andrea Caracostis
- IX. Strategic Discussion** Dr. Andrea Caracostis 30 min
- A. Harris Health System Strategic Plan Initiatives
1. [Presentation Regarding Innovative Partnership to Build Structures and Processes that Facilitate Timely Enrollment and Access to Care in the Harris Health System for Under-insured Adolescents and Young Adults with Chronic Illness – *Dr. Albert Hergenroeder, Texas Children's Hospital* \[Strategic Pillar 4: Population Health Management\]](#) (15 min)
- B. [March Board Committee Meeting Reports:](#) (15 min)
- [Governance Committee – *Dr. Cody Pyke*](#)
 - [Quality Committee – *Dr. Andrea Caracostis*](#)
 - [Joint Conference Committee – *Dr. Andrea Caracostis*](#)
 - [DEI Committee – *Ms. Marcia Johnson*](#)

X. Consent Agenda Items

Dr. Andrea Caracostis 5 min

A. Consent Purchasing Recommendations

1. Consideration of Approval of Purchasing Recommendations (Items A1 through A60) – Mr. DeWight Dopslauf and Mr. Jack Adger, Harris County Purchasing Office
(See Attached Expenditure Summary: March 28, 2024)

B. Consent Committee Recommendations

1. Consideration of Acceptance to Adopt June 1st as an Internal Completion Deadline for the Texas Pension Review Board Training
[Governance Committee]
2. Consideration of Approval of the 2024 Quality Committee Goals
[Quality Committee]

C. New Consent Items for Board Approval

1. Consideration of Acceptance of the Harris Health System January 2024 Financial Report Subject to Audit – Ms. Victoria Nikitin
2. Consideration of Approval to Enter into a New Interlocal Agreement with Harris County Department of Economic Equity and Opportunity (DEEO) to Provide Wage Rate Compliance Services for Harris Health System Construction Projects – Mr. Louis Smith and Mr. Patrick Casey
3. Consideration of Approval to Amend and Renew the Lease with Benjamin Wu for the Sunset Heights Clinic, Located at 1623 Airline, Houston, TX 77009 – Mr. Louis Smith and Mr. Patrick Casey
4. Consideration of Approval to Convey a Non-Exclusive Utility Easement and Right of Way to Crown Castle Fiber, LLC at Lyndon B. Johnson Hospital, 5656 Kelly St., Houston, TX 77026 – Mr. Louis Smith and Mr. Patrick Casey
5. Consideration of Approval to Amend the Oral and Maxillofacial Surgery Services Agreement with The University of Texas Health Science Center at Houston – Dr. Jennifer Small and Ms. Binta Baudy
6. Consideration of Approval to Amend the Administrative Services Agreement Between Harris Health System and Community Health Choice, Inc. and Community Health Choice Texas, Inc. – Ms. Lisa Wright, CEO, Mr. Chris Buley, CLO, Community Health Choice, and Ms. Holly Gummert

D. Consent Reports and Updates to the Board

1. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System – Mr. R. King Hillier

{End of Consent Agenda}

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| XI. Item(s) Related to the Health Care for the Homeless Program | Dr. Andrea Caracostis | 15 min |
| <p>A. Review and Acceptance of the Following Reports for the Health Care for the Homeless Program (HCHP) as Required by the United States Department of Health and Human Services, which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act – <i>Dr. Jennifer Small and Ms. Tracey Burdine</i></p> <ul style="list-style-type: none"> • HCHP March 2024 Operational Update | | (13 min) |
| <p>B. Consideration of Approval of the HCHP Quality Management Report – <i>Dr. Jennifer Small and Ms. Tracey Burdine</i></p> | | (1 min) |
| <p>C. Consideration of Approval of the HCHP Patient Satisfaction Report – <i>Dr. Jennifer Small and Ms. Tracey Burdine</i></p> | | (1 min) |
| XII. Executive Session | Dr. Andrea Caracostis | 50 min |
| <p>D. Review of the Impact of Health and Human Services Commission’s Intent for Contract Announcement (STAR & CHIP) and Community Health Choice’s 2023 Financial Performance, Pursuant to Tex. Gov’t Code Ann. §551.085 – <i>Ms. Lisa Wright, CEO and Ms. Anna Mateja, CFO, Community Health Choice</i></p> | | (10 min) |
| <p>E. Consultation with Attorney, Pursuant to Tex. Gov’t Code Ann. §551.071, Regarding Civil Action No. 4:23-CV-03198, U.S. District Court, Southern District of Texas, and Possible Action Regarding this Matter Upon Return to Open Session – <i>Ms. Ebon Swofford and Mr. Michael Fritz</i></p> | | (5 min) |
| <p>F. Consultation with Attorney Regarding the Texas Commission on Environmental Quality (TCEQ) Approval for Texas Coastal Materials, LLC to Operate a Concrete Crushing Facility at 5875 Kelley Street, Houston, Texas and Possible Action Upon Return to Open Session, Including Consideration of Approval to Seek Judicial Review of the TCEQ Decision – <i>Ms. Sarah Utley, Harris County Attorney’s Office</i></p> | | (10 min) |
| <p>G. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Health Care Program Requirements, Including Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032 – <i>Ms.Carolynn Jones</i></p> | | (10 min) |
| <p>H. Review of Harris Health System Organization Structure and Compensation Reports per Article X, Section 1.c of Harris Health System Bylaws, Pursuant to Tex. Gov’t Code Ann. §551.074, and Possible Action Regarding this Matter Upon Return to Open Session – <i>Mr. Omar Reid</i></p> | | (15 min) |
| XIII. Reconvene | Dr. Andrea Caracostis | 1 min |
| XIV. Adjournment | Dr. Andrea Caracostis | 1 min |

MINUTES OF THE HARRIS HEALTH SYSTEM BOARD OF TRUSTEES

Board Meeting

Thursday, February 29, 2024

9:00 am

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
I. Call to Order and Record of Attendance	<p>The meeting was called to order at 9:06 a.m. by Andrea Caracostis, MD, MPH, Chair. It was noted that a quorum was present and the attendance was recorded. Dr. Caracostis stated while some of Board members are in the room with us today, others will participate by videoconference as permissible by state law and the Harris Health Videoconferencing Policy. The meeting may be viewed online: http://harrishealthtx.swagit.com/live.</p>	<p>A copy of the attendance is appended to the archived minutes.</p>
II. Approval of the Minutes of Previous Meeting	<ul style="list-style-type: none"> Board Meeting – January 25, 2024 	<p>Motion No. 24.02-19 Moved by Ms. Jennifer Tijerina, seconded by Ms. Afsheen Davis, and unanimously passed that the Board approve the minutes of the January 25, 2024 meeting. Motion carried.</p>
III. Announcements/ Special Presentations	<p>A. CEO Report Including Special Announcements</p> <ul style="list-style-type: none"> New Member of the Harris Health Board of Trustees <p>Dr. Esmail Porsa, President and Chief Executive Officer (CEO), delivered the CEO Report, including special announcements. He noted that Harris Health System launched its Hospital at Home service, which is a program that gives patients needing hospital – level care the opportunity to receive it at home. Key highlights include:</p> <ul style="list-style-type: none"> The Hospital-at-Home service can be a great fit for some patients. There is no extra charge for patients to complete their hospital level care in the comfort of their home. The quality of care is consistent with care in a hospital building, with proven cost savings, lower average length of stay, and fewer adverse effects. Patients in the program will have 24/7 access to a healthcare provider using MyChart Bedside on a provided tablet. 	<p>As Presented.</p>

	<p>Dr. Porsa reported that Lyndon B. Johnson (LBJ) Hospital leadership has embarked on the second iteration of their “Beyond the Bedside” Bus Tour of Northeast Houston. The Bus Tour is designed to demonstrate LBJ’s commitment to the community and to appreciate just how far LBJ’s impact extends. Dr. Porsa was pleased to recognized Ms. Ingrid Robinson, as the newest member of the Board of Trustees. Ms. Robinson is the CEO and President of the Houston Minority Supplier Development Council. She received her Bachelor of Science degree from the University of Houston and her Master of Business Administration from Rice University.</p>	
	<p>B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements</p> <p>Ms. Sima Ladjevardian provided an update regarding a meeting held between Harris Health leadership and the U.S. Environmental Protection Agency (EPA), related to the proposed concrete crushing plant across from LBJ Hospital.</p>	As Presented.
IV. Public Comment	<p>Ms. Cynthia Cole, Executive Director, Local #1550 – AFSCME, American Federation of State, County, and Municipal Employees, addressed the Board regarding Harris Health’s grievance procedure and attendance policy.</p>	As Presented.
V. Executive Session	<p>At 9:16 a.m., Dr. Caracostis stated that the Board would enter into Executive Session for Items V. ‘A through C’ as permitted by law under Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Ann. §§151.002 and 160.007, and Tex. Gov’t. Code Ann. §551.071.</p>	
	<p>A. Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Report of the Medical Executive Board in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including the Harris Health System Quality, Safety Performance Measures, and Possible Action Regarding this Matter Upon Return to Open Session.</p>	No Action Taken.
	<p>B. Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff.</p>	No Action Taken.
	<p>C. Report Regarding Harris Health System Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion and Operational Updates, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002 and Tex. Gov’t Code Ann. §551.071 to Receive Peer Review and/or Medical Committee Report with Possible Action Upon Return to Open Session.</p>	No Action Taken.

<p>VI. Reconvene to Open Meeting</p>	<p>At 9:30 a.m., Dr. Caracostis reconvened the meeting in open session; she noted that a quorum was present and that no action was taken in Executive Session.</p>	
<p>VII. General Action Item(s)</p>		
	<p>A. General Action Item(s) Related to Quality: Medical Staff</p>	
	<p>1. Approval of Credentialing Changes for Members of the Harris Health System Medical Staff</p> <p>Dr. Martha Mims, Chair, Medical Executive Board, presented the credentialing changes for members of the Harris Health System Medical Staff. For February 2024, there were twenty – four (24) initial appointments, thirty – eight (38) reappointments, one (1) change/add privilege, twelve (12) resignations, and twelve (12) applications for temporary privileges. A copy of the credentialing report is available in the permanent record.</p>	<p>Motion No. 24.02-20 Moved by Ms. Afsheen Davis, seconded by Ms. Sima Ladjevardian, and unanimously passed that the Board approve agenda item VII.A.1. Motion carried.</p>
	<p>B. General Action Item(s) Related to Quality: Correctional Health Medical Staff</p>	
	<p>1. Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff</p> <p>Dr. Otis Egin, Chief Medical Officer, Harris Health Correctional Health, presented the credentialing changes for members of the Harris Health System Correctional Health Medical Staff. For February 2024, there were seven (7) initial appointments, twenty – one (21) reappointments, and two (2) resignations. A copy of the credentialing report is available in the permanent record.</p>	<p>Motion No. 24.02-21 Moved by Dr. Cody Pyke, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item VII.B.1. Motion carried.</p>
	<p>C. General Action Item(s) Related to Community Health Choice</p>	
	<p>1. Review and Discussion Regarding Collaboration Initiatives Between Community Health Choice and Harris Health System, Including Hospital at Home and House Calls</p> <p>Ms. Lisa Wright, President and CEO, Community Health Choice, delivered a presentation regarding collaboration initiatives between Community Health and Harris Health System. She shared that the STAR-Plus Membership will present opportunities to leverage partnerships between Harris Health and CHC as well as provide meaningful outcomes. Dr. Marylou Buyse, Chief Medical Officer, Community Health Choice, provided a high-level overview of the scope of the House Call Service and Hospital at Home programs. A copy of the presentation is available in the permanent record.</p>	<p>As Presented.</p>

VIII. New Items for Board Consideration		
	<p>A. Approval of the Appointment of Ms. Carol Paret as Chair, and Ms. Afsheen Davis as a Member of the Board of Trustees Compliance & Audit Committee</p>	<p>Motion No. 24.02-22 Moved by Dr. Cody Pyke, seconded by Ms. Sima Ladjevardian, and unanimously passed that the Board approve agenda item VIII.A. Motion carried.</p>
	<p>B. Approval of Construction Manager at Risk for the Construction of the Lyndon B. Johnson Hospital Replacement Project for Harris Health System</p> <p>Mr. DeWight Dopslauf, Purchasing Agent, Harris County Purchasing Office, recommended approval of an award on the basis of highest overall evaluation for McCarthy Building Companies, Inc., to provide a Construction Manager at Risk for Lyndon B. Johnson Replacement Project, in the amount of \$64,750,00. The Minority/Woman-owned Business Enterprises (MWBE) participation goal is 35%. A copy of the purchasing recommendations is available in the permanent record.</p>	<p>Motion No. 24.02-23 Moved by Ms. Afsheen Davis, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item VIII.B. Motion carried.</p>
	<p>C. Approval of Construction Manager at Risk for the Construction of Central Utility Plant at Lyndon B. Johnson Hospital for Harris Health System</p> <p>Mr. DeWight Dopslauf, Purchasing Agent, Harris County Purchasing Office, recommended approval of an award on the basis of highest overall evaluation for Tellepsen Builders, L.P., to provide a Construction Manager at Risk for the Central Utility Plant at Lyndon B. Johnson Replacement Project, in the amount of \$4,480,781. The MWBE participation goal is 35%. A copy of the purchasing recommendations is available in the permanent record.</p>	<p>Motion No. 24.02-24 Moved by Ms. Jennifer Tijerina, seconded by Dr. Cody Pyke, and unanimously passed that the Board approve agenda item VIII.C. Motion carried.</p>
	<p>D. Approval of Award for Parking Garage Demolition and Sitework at Lyndon B. Johnson Hospital for Harris Health System</p> <p>Mr. DeWight Dopslauf, Purchasing Agent, Harris County Purchasing Office, recommended approval of an award on the basis of lowest priced proposal meeting requirements for O’Donnell Snider Construction, LLC., to provide general early site work to prepare for the upcoming new LBJ Hospital, North Garage, and Central Utility Plant (CUP) projects, in the amount of \$3,085,316. The owner contingency provides for coverage on unanticipated costs throughout the construction project. The MWBE participation goal is 30%. A copy of the purchasing recommendations is available in the permanent record.</p>	<p>Motion No. 24.02-25 Moved by Ms. Jennifer Tijerina, seconded by Ms. Sima Ladjevardian, and unanimously passed that the Board approve agenda item VIII.D. Motion carried.</p>

	<p>E. Approval of Award for Construction of New Parking Garage at Lyndon B. Johnson Hospital for Harris Health System</p> <p>Mr. DeWight Dopslauf, Purchasing Agent, Harris County Purchasing Office, recommended approval of an award on the basis of lowest priced proposal meeting requirements for O’Donnell Snider Construction, LLC., to construct a 255,767 square foot new garage and precast parking structure that contains offices, MEP rooms, I.T. rooms, and space designated for future community retail development at LBJ Hospital, in the amount of \$35,975,624. The owner contingency provides for coverage on unanticipated costs throughout the construction project. The MWBE participation goal is 30%. A copy of the purchasing recommendations is available in the permanent record.</p>	<p><u>Motion No. 24.02-26</u> Moved by Mr. Jim Robinson, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item VIII.E. Motion carried.</p>
<p>IX. Strategic Discussion</p>		
	<p>A. Harris Health System Strategic Plan Initiatives</p>	
	<p>1. Presentation Regarding Update on Strategic Facilities Plan and Debt Issuance</p> <p>Mr. Louis Smith, Senior Executive Vice President, Chief Operating Officer, delivered an update on the Strategic Facilities Plan and Debt Issuance. Mr. Smith presented an overview of the Strategic Facilities Plan timeline. Mr. Jim Robinson recommended including covered sidewalks from the metro bus stop to the towers at LBJ Hospital in the current Facilities Plan. Dr. Porsa stated that Harris Health is working in partnership with the Metropolitan Transit Authority of Harris County (Houston Metro) to ensure safety and that patients’ needs are met. Ms. Victoria Nikitin, Executive Vice President, Chief Financial Officer, and Ms. Paige Abernathy, Assistant County Attorney, Harris County Attorney’s Office, presented a high – level overview of the debt issuance timeline. Mr. Smith shared next steps on vendor selections and approval of the construction contracts. The LBJ Hospital Campus Groundbreaking will be held on May 9, 2024 from 10:00 a.m. to 12:00 p.m. A copy of the presentation is available in the permanent record.</p>	<p>As Presented.</p>
	<p>2. Approval of Revisions to the Harris County Purchasing Manual</p> <p>Ms. Sara Thomas, Chief Legal Officer, Harris County Attorney’s Office, delivered a presentation regarding revisions to the Harris County Purchasing Manual. She provided an overview of the drivers for change, goals, and benefits associated with the Purchasing Manual. Ms. Holly Gummert, Deputy Division Director, Harris County Attorney’s Office, presented key procurement policy changes, anticipated impacts of the changes and future purchasing items through Fiscal Year 2024. Discussion ensued related to Harris County’s procurement process. A copy of the Harris County Purchasing Manual is available in the permanent record.</p>	<p><u>Motion No. 24.02-27</u> Moved by Ms. Ingrid Robinson, seconded by Dr. Cody Pyke, and unanimously passed that the Board approve agenda item IX.A.2. Motion carried.</p>

	<p>B. February Board Committee Meeting Reports</p> <p><u>Quality Committee</u> Ms. Carol Paret stated that the following highlights were covered in open session of the Quality Committee Meeting held on February 13, 2024:</p> <ul style="list-style-type: none"> • The monthly High Reliability Organization (HRO) Video “Systems Approach” was displayed. <p><u>Budget & Finance Committee</u> Ms. Paret shared that the Budget and Finance Committee met on February 15, 2024, and the following topics were covered:</p> <ul style="list-style-type: none"> • Ms. Victoria Nikitin, Chief Financial Officer, delivered a presentation of the Harris Health System First Quarter Fiscal Year 2024 Investment Report. • Ms. Nikitin presented on the Harris Health System Fourth Quarter Calendar Year 2023 Pension Plan Report. • Ms. Nikitin presented on the Harris Health System December 2023 Quarterly Financial Report Subject to Audit. • Mr. Cory Myers, Senior Consultant, Aon, presented on the Harris County Hospital District Pension Plan Investment Practices and Performance Evaluation as of the Year Ended December 31, 2023 as required by the Texas Pension Review Board. • The Committee moved to recommend approval of Community Health Choice, Inc., 2024 Insurance Renewals to the Harris Health System Board of Trustees. <p><u>Compliance & Audit Committee</u> Ms. Paret noted that the Compliance and Audit Committee met on February 15, 2024, and the following topics were covered:</p> <ul style="list-style-type: none"> • A presentation regarding the Harris Health System Independent Auditor’s Report and Overview for the Year Ended September 30, 2023 was presented by Mr. Chris Clark with Forvis. Mr. Clark reported that there were no identified material weaknesses or significant deficiencies in internal controls. • Internal Audit Quarterly Update: <ul style="list-style-type: none"> ○ Overview of completed engagement – Follow-up on Correctional Health Pharmacy, Nursing, & Infection Prevention Assessment. ○ Overview of in-progress engagements – Six engagements were in progress (Baylor Provider Invoicing; Medical Device Security; MWBE Program & Policy; HIPAA Privacy Controls; Benefits Eligibility; and Nursing Licenses) and are expected to be reported at the May 2024 Compliance and Audit Committee Meeting. ○ Summary of outstanding management action plans (MAPs) – There were 11 outstanding MAPs from six prior audits (UT Provider Invoicing; Vendor Payment Timeliness; Procurement; Telemedicine; Business Continuity & Disaster Recovery; and Follow-up on Guidehouse Grant 	<p>As Reported.</p>
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	<p>Accounting Process Assessment). This includes four past-due, high-priority MAPs.</p> <ul style="list-style-type: none"> ○ Knowledge sharing – 2024 Global Internal Audit Standards. <p>Ms. Paret stated that the following items were recommended by the Committee for approval to the full Board of Trustees and will appear on the Board’s Consent Agenda for approval:</p> <ul style="list-style-type: none"> • Harris Health System Independent Auditor’s Report and Financial Statements for the Year Ended September 30, 2023. • Harris Health System Single Audit Report of Federal and State Award Programs for the Year Ended September 30, 2023. <p>Diversity, Equity, and Inclusion (DEI) Committee</p> <p>Ms. Jennifer Tijerina stated that the Diversity, Equity, and Inclusion (DEI) Committee met on February 16, 2024, and the following topics were covered:</p> <ul style="list-style-type: none"> • Mr. Derek Holmes, Vice President, Contract Administration and Contract Diversity, delivered an update regarding Harris Health’s Minority/Woman-owned Business Enterprises (MWBE) Program. • Dr. Esperanza “Hope” Galvan, Vice President, Population Health Transformation, delivered an update regarding Harris Health’s Food Pharmacy Program. • Dr. Jobi Martinez, Vice President, Chief Diversity Officer, delivered a presentation regarding the Diversity, Equity and Inclusion (DEI) Employee Engagement Data Analysis. 	
<p>X. Consent Agenda Items</p>		
	<p>A. Consent Purchasing Recommendations</p>	
	<p>1. Approval of Purchasing Recommendations (Items A1 through A56)</p> <p>Mr. Jack Adger, Assistant Purchasing Agent, Harris County Purchasing Office, presented a modification to purchasing agenda item A1 related to Sierra7, Inc., from the amount of \$11,200,000 to the revised amount of \$11,281,790. A copy of the purchasing recommendations is available in the permanent record.</p>	<p>Motion No. 24.02-28 Moved by Dr. Cody Pyke, seconded by Ms. Sima Ladjevardian, and unanimously passed that the Board approve agenda item X.A.1., with noted modifications to item A1 of the purchasing agenda. Motion carried.</p>
	<p>B. Consent Committee Recommendations</p>	

	<p>1. Approval of the 2024 Quality Committee Reporting Schedule</p>	<p><u>Motion No. 24.02-29</u> Moved by Ms. Afsheen Davis, seconded by Dr. Cody Pyke, and unanimously passed that the Board approve agenda item X.B.1. through X.D.3. Motion carried.</p>
	<p>2. Acceptance of the Harris Health System First Quarter Fiscal Year 2024 Investment Report</p>	<p><u>Motion No. 24.02-29</u> Moved by Ms. Afsheen Davis, seconded by Dr. Cody Pyke, and unanimously passed that the Board approve agenda item X.B.1. through X.D.3. Motion carried.</p>
	<p>3. Acceptance of the Harris Health System Fourth Quarter Fiscal Year 2023 Pension Plan Report</p>	<p><u>Motion No. 24.02-29</u> Moved by Ms. Afsheen Davis, seconded by Dr. Cody Pyke, and unanimously passed that the Board approve agenda item X.B.1. through X.D.3. Motion carried.</p>
	<p>4. Acceptance of the Harris Health System December 2023 Quarterly Financial Report Subject to Audit</p>	<p><u>Motion No. 24.02-29</u> Moved by Ms. Afsheen Davis, seconded by Dr. Cody Pyke, and unanimously passed that the Board approve agenda item X.B.1. through X.D.3. Motion carried.</p>
	<p>5. Acceptance of the Harris County Hospital District Pension Plan Investment Practices and Performance Evaluation as of the Year Ended December 31, 2023 as Required by the Texas Pension Review Board</p>	<p><u>Motion No. 24.02-29</u> Moved by Ms. Afsheen Davis, seconded by Dr. Cody Pyke, and unanimously passed that the Board approve agenda item X.B.1. through X.D.3. Motion carried.</p>

	<p>6. Acceptance of the Harris Health System Independent Auditor’s Report and Financial Statements for the Year Ended September 30, 2023</p>	<p><u>Motion No. 24.02-29</u> Moved by Ms. Afsheen Davis, seconded by Dr. Cody Pyke, and unanimously passed that the Board approve agenda item X.B.1. through X.D.3. Motion carried.</p>
	<p>7. Acceptance of the Harris Health System Single Audit Report of Federal and State Award Programs for the Year Ended September 30, 2023</p>	<p><u>Motion No. 24.02-29</u> Moved by Ms. Afsheen Davis, seconded by Dr. Cody Pyke, and unanimously passed that the Board approve agenda item X.B.1. through X.D.3. Motion carried.</p>
	<p>C. Consent Grant Recommendations</p>	
	<p>1. Approval of Grant Recommendations (items C1-C6)</p>	<p><u>Motion No. 24.02-29</u> Moved by Ms. Afsheen Davis, seconded by Dr. Cody Pyke, and unanimously passed that the Board approve agenda item X.B.1. through X.D.3. Motion carried.</p>
	<p>D. New Consent Items for Board Approval</p>	
	<p>1. Approval of Agreement between Harris Health and Baylor College of Medicine at Houston for Parking at Harris Health Smith Clinic</p>	<p><u>Motion No. 24.02-29</u> Moved by Ms. Afsheen Davis, seconded by Dr. Cody Pyke, and unanimously passed that the Board approve agenda item X.B.1. through X.D.3. Motion carried.</p>
	<p>2. Approval to Authorize the Senior Vice President, Facilities Construction & Systems Engineering, to Sign Permit, Easement and Construction-related Administrative Applications, Forms and Ancillary Documents, as Required by the Appropriate Authorities Having Jurisdiction</p>	<p><u>Motion No. 24.02-29</u> Moved by Ms. Afsheen Davis, seconded by Dr. Cody Pyke, and unanimously passed that the Board approve agenda item X.B.1. through X.D.3. Motion carried.</p>

	<p>3. Approval of an Interlocal Agreement Between the Harris County Hospital District d/b/a Harris Health System and Harris County Public Health Department for Delivery of Evidence-based Diabetes Prevention Program</p>	<p><u>Motion No. 24.02-29</u> Moved by Ms. Afsheen Davis, seconded by Dr. Cody Pyke, and unanimously passed that the Board approve agenda item X.B.1. through X.D.3. Motion carried.</p>
	<p>E. Consent Reports and Updates to the Board</p>	<p>For Informational Purposes Only</p>
	<p>1. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System</p>	
	<p>2. Harris Health System Council-At-Large January 8, 2024 Meeting Minutes</p> <p><i>{End of Consent Agenda}</i></p>	
<p>XI. Item(s) Related to the Health Care for the Homeless Program</p>		
	<p>A. Review and Acceptance of the Following Reports for the Health Care for the Homeless Program (HCHP) as Required by the United States Department of Health and Human Services, which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act</p> <ul style="list-style-type: none"> HCHP February 2024 Operational Update <p>Ms. Tracey Burdine, Director, Health Care for the Homeless Program, delivered a presentation regarding the Health Care for the Homeless Program February 2024 Operational Update including Patient Services, Change in Scope, 2024 Sliding Fee Scale, and Q4 Budget Summary Report. Ms. Burdine reported that there were 392 new adult patients, eighteen (18) new pediatric patients, and twenty – one (21) returning telehealth patients associated with the Program. She stated that for the month of January, HCHP served 1,271 unduplicated patients, of which 262 patients were seen for family practice services. She also noted that there were 2,370 completed visits for the month of January. Ms. Burdine deferred the presentation of the change in scope for the medical mobile unit until the HCHP has a confirmed date of construction at the Martin Luther King (MLK) Jr. Health Center. She presented the 2024 HCHP Sliding Fee Scale, noting that the modifications were based upon the 2024 Federal Poverty Guidelines issued on January 17, 2024. The modified sliding fee scale will be effective on March 1, 2024. This sliding fee scale only applies to patients of the Program.</p>	<p><u>Motion No. 24.02-32</u> Moved by Ms. Sima Ladjevardian, seconded by Ms. Afsheen Davis, and unanimously passed that the Board approve agenda item XI.A. Motion carried.</p>

	<p>Ms. Burdine presented the HCHP Q4 Budget Summary Report. She noted the budget encompasses a multiple award year budget based upon all federal and non-federal grant awards received by the homeless department. The grant awards can range from an annual award to multiple years depending on the award. Ms. Burdine reported that 56.9% of total grant funding have been utilized, which can be attributed to various items such as personal/fringe, supplies, and contractual obligations. She noted that although line items associated with travel, equipment and other categories fell below the 56.9% utilization rate, the Program anticipates an increase in funds utilized over the coming months in each of the respective areas. She mentioned that any additional funds will be carried over to the next calendar year. A copy of the operational update is available in the permanent record.</p>	
	<p>B. Approval of the HCHP Change in Scope</p>	<p>PULLED</p>
	<p>C. Approval of the HCHP 2024 Sliding Fee Scale</p>	<p><u>Motion No. 24.02-30</u> Moved by Ms. Sima Ladjevardian, seconded by Ms. Afsheen Davis, and unanimously passed that the Board approve agenda item XI.C. Motion carried.</p>
	<p>D. Approval of the HCHP 4th Quarter Budget Summary Report</p>	<p><u>Motion No. 24.02-31</u> Moved by Ms. Sima Ladjevardian, seconded by Ms. Afsheen Davis, and unanimously passed that the Board approve agenda item XI.D. Motion carried.</p>
<p>XII. Executive Session</p>	<p>At 11:00 a.m., Dr. Andrea Caracostis stated that the Board would enter into Executive Session for items XII. “D and E” as permitted by law under Tex. Health & Safety Code Ann. §161.032 and Tex. Gov’t Code Ann. §551.085.”</p>	
	<p>D. Approval of the Community Health Choice Texas, Inc. and Community Health Choice, Inc. 2024 Insurance Renewals, Pursuant to Tex. Gov’t Code Ann. §551.085, Including Possible Action Upon Return to Open Session</p>	<p><u>Motion No. 24.02-33</u> Moved by Ms. Afsheen Davis, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item XII.E. Motion carried.</p>
	<p>E. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Health Care Program Requirements, Including Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032.</p>	<p>No Action Taken.</p>

XIII. Reconvene	At 11:29 a.m., Dr. Andrea Caracostis reconvened the meeting in open session; she noted that a quorum was present. The Board took action on item “D” of the Executive Session Agenda.	
XIV. Adjournment	There being no further business to come before the Board, the meeting adjourned at 11:30 a.m.	Moved by Ms. Sima Ladjvardian, seconded by Dr. Cody Pyke, and unanimously approved to adjourn the meeting.

I certify that the foregoing are the Minutes of the Harris Health System Board of Trustees Meeting held on February 29, 2024.

Respectfully Submitted,

Andrea Caracostis, MD, MPH, Chair

Carol Paret, BS, Secretary

Minutes transcribed by Cherry A. Pierson, MBA

Thursday, February 29, 2024

Harris Health System Board of Trustees Board Meeting – Attendance

Note: For Zoom meeting attendance, if you joined as a group and would like to be counted as present, please submit an email to:

BoardofTrustees@harrishealth.org before close of business the day of the meeting.

BOARD MEMBERS PRESENT	BOARD MEMBERS ABSENT
Afsheen Davis	Marcia Johnson
Dr. Andrea Caracostis (<i>Chair</i>)	
Carol Paret (<i>Secretary</i>)	
Dr. Cody M. Pyke (<i>Vice Chair</i>)	
Ingrid Robinson	
Jennifer Tijerina	
Jim Robinson	
Sima Ladjevardian	

EXECUTIVE LEADERSHIP/STAFF/ SPECIAL INVITED GUESTS	
Amy Smith	Jessey Thomas
Anna Mateja (<i>Community Health Choice, CFO</i>)	John Matcek
Anthony Williams	Jose Gonzalez (<i>International Brotherhood of Electrical Workers</i>)
Antoinette “Toni” Cotton	Dr. Joseph Kunisch
Carolynn Jones	Kari McMichael
Cherry Pierson	Dr. Kunal Sharma
Christopher Okezie	Lisa Wright (<i>Community Health Choice, President & CEO</i>)
Cynthia Cole (<i>AFSCME: Public Comment Speaker</i>)	Louis Smith
Daniel Smith	Maria Cowles
DeWight Doplauf (<i>Harris County Purchasing Office</i>)	Dr. Martha Mims
Ebon Swofford (<i>Harris County Attorney’s Office</i>)	Dr. Marylou Buyse (<i>Community Health Choice, CMO</i>)
Elizabeth Hanshaw Winn (<i>Harris County Attorney’s Office</i>)	Dr. Matasha Russell
Dr. Esmael Porsa (<i>Harris Health System President & CEO</i>)	Maureen Padilla
Dr. Esperanza “Hope” Galvan	Michael Hill
Dr. Glorimar Medina	Dr. Michael Nnadi
Holly Gummert (<i>Harris County Attorney’s Office</i>)	Nicholas J. Bell
Jack Adger (<i>Harris County Purchasing Office</i>)	Olga Rodriguez
Jeffrey Baker	Omar Reid
Jennifer Small	Dr. Otis R. Eging
Jennifer Zarate	Paige Abernathy (<i>Harris County Attorney’s Office</i>)
Jerry Summers	Patricia Darnauer

EXECUTIVE LEADERSHIP/STAFF/ SPECIAL INVITED GUESTS	
Patrick Casey	Shawn DeCosta
R. King Hillier	Dr. Steven Brass
Randy Manarang	Dr. Tien Ko
Ray Gutierrez (<i>Houston Construction Services</i>)	Tracey Burdine
Sam Karim	Victoria Nikitin
Dr. Sandeep Markan	Vivian Ho-Nguyen
Sara Thomas (<i>Harris County's Attorney's Office</i>)	

Public Comment Request and Registration Process

Pursuant to Texas Government Code §551.007, members of the public are invited to attend the regular meetings of the Harris Health System Board of Trustees and may address the Board during the Public Comment segment regarding an official agenda item that the Board will discuss, review, or take action upon, or regarding a subject related to healthcare or patient care rendered at Harris Health System. Public Comment will occur prior to the consideration of all agenda items. If you have signed up to attend as a Public Speaker virtually, a meeting link will be provided. Note: Public Speakers will be removed from the meeting after speaking and have the option to join the meeting live via <http://harrishealthtx.swagit.com/live>.

How to Request to Address the Board of Trustees

Members of the public must register in advance to speak at the Harris Health System Board of Trustees meetings. To register, members of the public must contact the Board of Trustees Office during core business hours, Monday through Friday between 8:00 a.m. to 5:00 p.m. Members of the public must submit the registration no later than 4:00 p.m. on the day before the scheduled meeting and may only register in one of the following manners:

1. Providing the requested information located in the “Speak to the Board” tile found at: <https://www.harrishealth.org/about-us-hh/board/Pages/public-comment-request-and-registration-process.aspx>.
2. Printing and completing the downloadable registration form found at: <https://www.harrishealth.org/about-us-hh/board/Pages/public-comment-request-and-registration-process.aspx>.
 - 2a. A hard-copy may be scanned and emailed to BoardofTrustees@harrishealth.org.
 - 2b. Mailing the completed registration form to 4800 Fournace Pl., Ste. E618, Bellaire, TX 77401.
3. Contacting staff at (346) 426-1524.

Prior to submitting a request to address the Harris Health System Board of Trustees, please take a moment to review the rules to be observed during the Public Comment Period.

Rules During Public Comment Period

The presiding officer of the Board of Trustees or the Board Secretary shall keep the time for speakers.

Three Minutes

A speaker, whose subject matter, as submitted, relates to an identifiable item of business on the agenda, will be requested by the presiding officer to come to the podium where they will be provided three (3) minutes to speak. A speaker, whose subject matter, as submitted, does not relate to an identifiable item of business on the agenda, will also be provided three (3) minutes to speak. A member of the public who addresses the body through a translator will be given at least twice the amount of time as a member of the public who does not require the assistance of a translator.

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Thursday, March 28, 2024

Executive Session

Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Report of the Medical Executive Board in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including the Harris Health System Quality, Safety Performance Measures, and Possible Action Regarding this Matter Upon Return to Open Session.



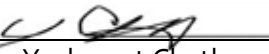
Dr. Yashwant Chathampally
Associate Chief Medical Officer, Senior Vice President – Quality & Patient Safety

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Thursday, March 28, 2024

Executive Session

Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff.



Dr. Yashwant Chathampally

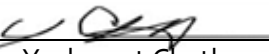
Associate Chief Medical Officer, Senior Vice President – Quality & Patient Safety

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Thursday, March 28, 2024

Executive Session

Report Regarding Harris Health System Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion and Operational Updates, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002 and Tex. Gov't Code Ann. §551.071 to Receive Peer Review and/or Medical Committee Report with Possible Action Upon Return to Open Session.



Dr. Yashwant Chathampally

Associate Chief Medical Officer, Senior Vice President – Quality & Patient Safety

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Thursday, March 28, 2024

Consideration of Approval Regarding Credentialing Changes for
Members of the Harris Health System Medical Staff

The Harris Health System Medical Executive Board approved the attached credentialing changes for the members of the Harris Health System Medical Staff for March 2024.

The Harris Health System Medical Executive Board requests the approval of the Board of Trustees.

Thank you.

Board of Trustees



March 2024 Medical Staff Credentials Report

Medical Staff Initial Appointments: 12

BCM Medical Staff Initial Appointments - 6

UT Medical Staff Initial Appointments - 6

HCHD Medical Staff Initial Appointments - 0

Medical Staff Reappointments: 40

BCM Medical Staff Reappointments - 16

UT Medical Staff Reappointments - 24

HCHD Medical Staff Reappointments - 0

BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Changes in Clinical Privileges: 8

BCM/UT/HCHD Medical Staff Resignations: 71

For Information

Temporary Privileges Awaiting Board Approval - 12

Urgent Patient Care Need Privileges Awaiting Board Approval - 3

BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Files for Discussion: 1


Medical Staff Reappointment File for Discussion - 1

Thursday, March 28, 2024

Consideration of Approval of Changes to the Nephrology Clinical Privileges

A request was made to add Plasmapheresis/Therapeutic Plasma Exchange (TPE) as a non-core privilege to the Nephrology Clinical Privileges form. This will allow the nephrologists who meet the appropriate criteria and selected the non-core privilege to perform plasmapheresis or therapeutic plasma exchange (TPE). The appropriate stakeholders at both BT and LBJ have reviewed and are in agreement with the changes being presented.

The Harris Health System Medical Executive Board has approved the revisions to the Nephrology Clinical Privileges and requests the approval of the Board of Trustees.



Dr. Yashwant Chathampally
Associate Chief Medical Officer, Senior Vice President – Quality & Patient Safety

Record of Clinical Privileges Requested and Granted Nephrology Clinical Privileges

Page 3 of 11

Applicant Name: _____

INTERVENTIONAL NEPHROLOGY CORE PRIVILEGES

Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages presenting with illnesses and disorders of the kidney, high blood pressure, fluid and mineral balance, and dialysis of body wastes when the kidneys do not function. Diagnose problems, individualize treatment, perform procedures, recognize and manage complications related to dialysis access. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Note: This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

1. Central venous dialysis catheters: non-tunneled short-term catheter placement, tunneled cuffed long-term catheter placement
2. Image guided techniques as an adjunct to privileged procedures
3. Perform history and physical exam
4. Peripheral dialysis vascular access: angiography, angioplasty, thrombolysis (endovascular thrombectomy)

INTERVENTIONAL NEPHROLOGY CORE PRIVILEGES REQUESTED

QUALIFICATIONS FOR PLASMAPHERESIS or THERAPEUTIC PLASMA EXCHANGE (TPE)

Criteria: Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited postgraduate training program in nephrology that includes plasmapheresis.

OR

Qualification in Apheresis (QIA) from the American Society for Apheresis (ASFA).

Required previous experience: Applicants must be able to demonstrate current competence to perform privilege of at least three (3) procedures in the past 24 months, or demonstrate completion of ACGME or AOA-accredited nephrology fellowship that includes plasmapheresis or a QIA from the ASFA in the past 24 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance of at least 3 (not supervised) cases. If no cases have been performed, will need one (1) supervised case for reappointment in the past 24 months based on the results of ongoing performance data review and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

PLASMAPHERESIS or THERAPEUTIC PLASMA EXCHANGE (TPE) PRIVILEGES REQUESTED

Thursday, March 28, 2024

Consideration of Approval of Credentialing Changes for Members of the Harris Health
System Correctional Health Medical Staff

Otis R. Ekins

Otis R. Ekins, MD, CCHP-P
Chief Medical Officer of Correctional Health

Board of Trustees



March 2024 Correctional Health Credentials Report

Medical Staff Initial Appointments: 8

Medical Staff Reappointments: 4

Medical Staff Resignations: 1

Medical Staff Files for Discussion: 1

Thursday, March 28, 2024

Presentation Regarding Innovative Partnership to Build Structures and Processes that Facilitate Timely Enrollment and Access to Care in the Harris Health System for Under-insured Adolescents and Young Adults with Chronic Illness



An Innovative Partnership to Build Structures and Processes that Facilitate Timely Enrollment and Access to Care in the Harris Health System for Under-insured Adolescents and Young Adults with Chronic Illness

Presentation to the Harris Health
Board of Trustees
3/28/2024

Pediatrics

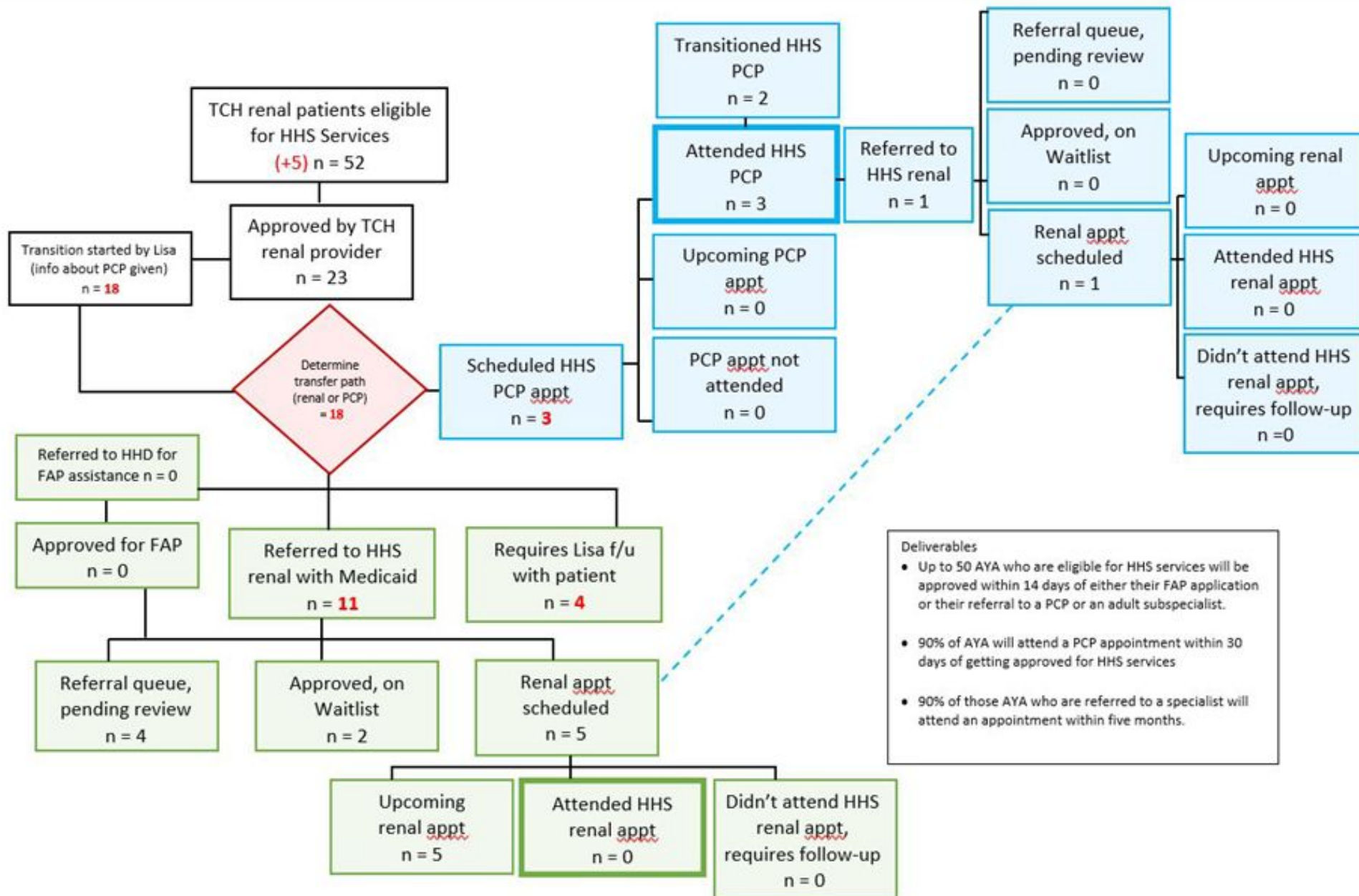
Objectives: The Ambulatory Care Services Medical Executive Committee will be able to discuss

- The structure, processes, and results of the project
- Proposed steps to expand the project and achieve sustainability

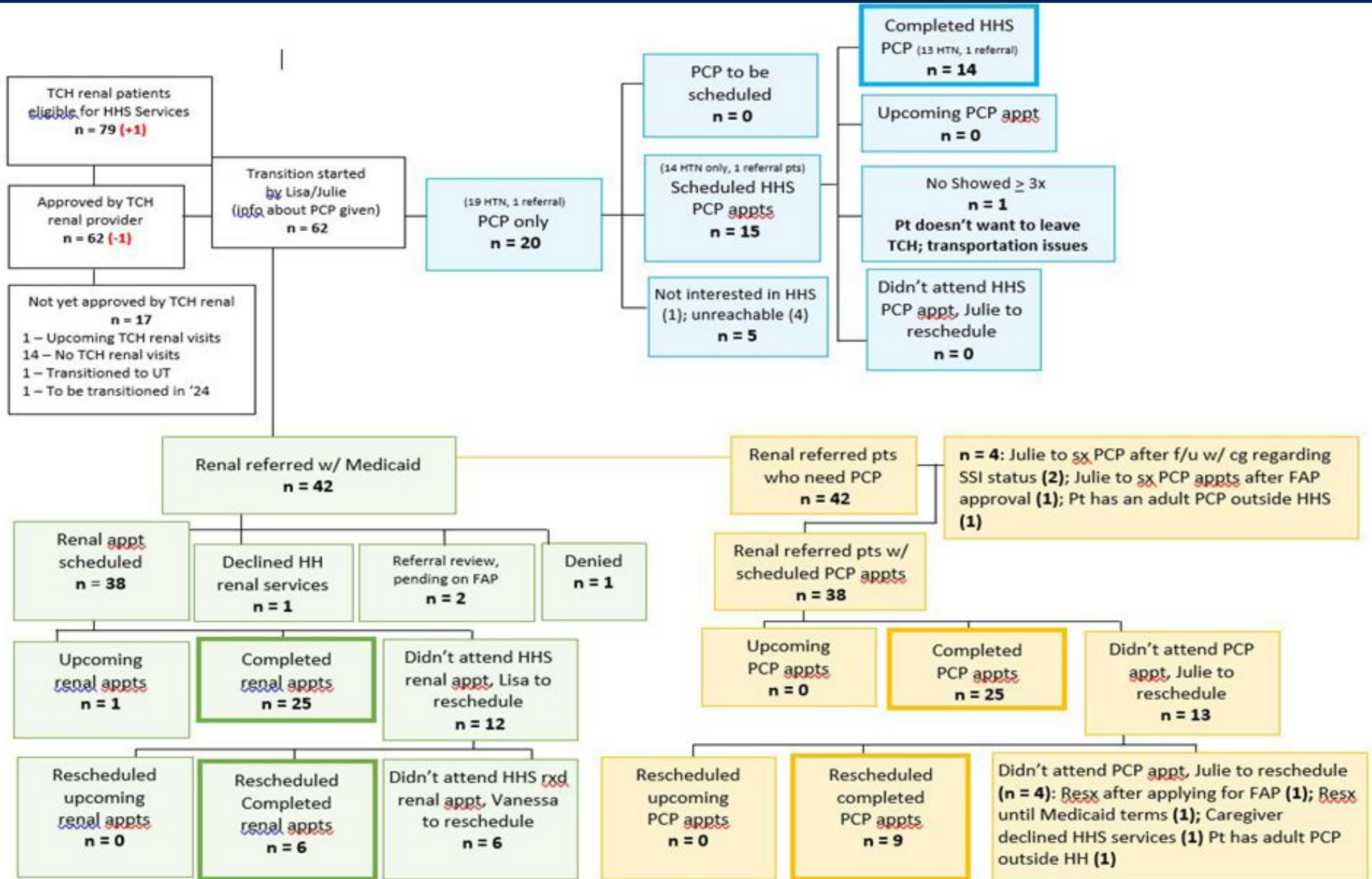
Partnerships



2022 Renal Patient Flowchart from TCH to HHS



2023 Renal Patient Flowchart from TCH to HHS



Next steps toward sustainability

1. Established and electronic referral system for the first time
 - a. TCH to HHS referral process via Epic Care Everywhere Referral Management (CERM)
2. HHS patient navigator role
3. TCH patient navigator role
4. Continued regular meetings
5. Continued data collection

Accomplishments

1. Identification of referral criteria for an external specialist to internal specialist referral
2. Created a process to send referrals electronically instead of by fax (Care everywhere referral messaging)
3. Hired a Harris Health patient navigator
4. Started the process of getting patients approved for the FAP through personnel at the City of Houston
5. Educational handouts created for patients who are transferring out of TCH to Harris Health
6. FAP flowchart
7. Prior to this project, TCH and HHS were not talking to each other in a functional way
8. Patient/caregiver and stakeholder satisfaction surveys

APPLYING FOR THE FINANCIAL ASSISTANCE PROGRAM (FAP)

AT HARRIS HEALTH SYSTEM (HHS)

Congrats, you're ready to graduate to adult healthcare!

Your doctor thinks you are ready to make the transition to an adult doctor and there is a team that can help you do this. Here are the next steps for applying for the Financial Assistance Program (FAP) at Harris Health.



If you qualify financially (your income is 150% below the federal poverty level) and are a Harris County resident, a great health coverage option is the FAP at Harris Health.

FAP (once known as the Gold Card) helps you get medications and medical care from Baylor College of Medicine and University of Texas Health Houston providers who see patients at Harris Health.

Getting approved for the FAP does NOT affect your current Medicaid coverage, or disqualifies you from receiving pediatric or adult SSI, or other Medicaid benefits.



FAP Eligibility Specialists from the City of Houston will call you from this number: 832-393-4984. You will be assessed and advised if you're potentially eligible for the FAP. They will also help you with completing your FAP application.

Make sure you save their phone number so you don't miss their call.



1 YOUR NAME IS SENT TO A CITY OF HOUSTON FAP ELIGIBILITY SPECIALIST

- Your Texas Children's kidney doctor will approve your transition to adult care at Harris Health when it is safe.
- A patient navigator will let you know and send your name to the FAP Eligibility Specialist.

2 A CITY OF HOUSTON FAP ELIGIBILITY SPECIALIST WILL CALL YOU

The FAP Eligibility Specialist will call you from 832-393-4984. They will complete an assessment over the phone to see if you may be eligible for FAP. They will also advise you on the next steps to completing and submitting your application for FAP.

3 WHAT YOU WILL NEED TO APPLY

1. Identification
2. Proof of address
3. Income for last 30 days
4. Health insurance information (Medicaid/CHIP)

Find the full list of items here:

The FAP Eligibility Specialist can help you identify the required documents if you don't have all the above.

4 DROP OFF YOUR DOCUMENTS

If you are eligible for the FAP after your call, you will be scheduled to drop-off your required documents at one of the drop-off locations, or send them over in an email.

If eligible, you will receive approval for the FAP after submitting your application and all documents required.

Find Drop-off locations here:

5 HOW TO USE THE FAP

If you were approved for FAP, your Harris Health clinic or hospital visit co-payments will be determined based on your information.

You **MUST** re-apply for FAP every year.

Find the full list of co-payments here:

6 DENIED FOR FAP

If your application is denied, the FAP Eligibility Specialist will talk to you about other low cost health insurance options. A TCH Social Worker may also be able to find other health insurance options.



GETTING A KIDNEY APPOINTMENT

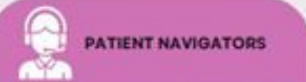
AT HARRIS HEALTH SYSTEM

Congrats, you are ready to graduate from pediatric kidney care to adult kidney care!

Your kidney doctor thinks you are ready to make the transition to a kidney doctor for adults at HHS. There is a team of patient navigators at Texas Children's Hospital that will help you through this transition. Here are the next steps and some tips for a successful transition.



When your Texas Children's Hospital (TCH) kidney doctor thinks you're ready to transition to a kidney doctor for adults, they will ask a patient navigator to fax a referral to the Harris Health referral center. This kidney appointment may be a few months away, so remembering that you are going to a new doctor is VERY important.



Patient navigators are here to help you transition from pediatric to adult health care. They can help you make appointments, figure out difficulties getting to your appointment, remind you of upcoming appointments, and more. They will be working directly with you to make sure everything is going smoothly.

WHO ARE YOUR PATIENT NAVIGATORS?
 LISA @ TCH - XXX-XXX-XXXX
 JULIE @ TCH - XXX-XXX-XXXX
 VANESSA @ HHS - XXX-XXX-XXXX



1 REFERRAL IS SENT TO HARRIS HEALTH

A patient navigator will send your kidney referral to the Harris Health referral center.

2 HARRIS HEALTH REVIEWS YOUR KIDNEY REFERRAL

- If your kidney referral is approved, HHS will make an appointment.
- HHS will call, text, or send a letter to you with the appointment date, time, and location.
- If you are not approved for an appointment, the patient navigator will contact you to plan your next steps.

3 PUT YOUR APPOINTMENT DATE IN YOUR CALENDAR

- Put the date, time, and location in your calendar app, paper calendar, post-it, or note pad to help you remember your appointment.
- Tell a friend or a family member you have an upcoming appointment.

4 TELL YOUR WORK OR SCHOOL

- Two weeks before your kidney appointment, tell your school or work that you will need to take some time off for a doctor's appointment.
- Don't forget to ask your doctor for a work or school excuse.

5 PATIENT NAVIGATOR WILL REMIND YOU

A patient navigator will contact you to remind you about your kidney appointment. They may also help you with difficulties you may have getting to your appointment.

6 CONFIRM YOU CAN GO TO YOUR APPOINTMENT

Reply back to the patient navigator so they know you can go. If you are not able to go, ask your patient navigator to help you reschedule your appointment.

Questions?

Thursday, March 28, 2024

March Board Committee Reports

March Board Committee Meetings:

- [Governance Committee – March 19, 2024](#)
 - Making Motion (Quick Reference Guide attached for your review)
- [Quality Committee – March 19, 2024 \(Summary attached for your review\)](#)
 - HRO Safety Message – Video: Human Factors - Approach to Patient Safety
 - Harris Health’s Engagement Survey Updates: Employee Experience & Culture
 - Harris Health’s 2024 Det Norske Veritas (DNV) Annual Hospital Survey
- [Joint Conference Committee – March 21, 2024](#)

Quick View For Making Motions

Action	Model Language	Tips & Comments
Make a Motion	"I move that we all wear the same color clothing to our board meetings."	<ul style="list-style-type: none"> ➤ Use Clear Language
Second the Motion	<p>Any option below works:</p> <p>"Second!"</p> <p>"I second the motion!"</p> <p>"I second the motion that we build a new hospital!"</p>	<ul style="list-style-type: none"> ➤ If a motion does not receive a second, the motion fails, unless the motion recommendation comes from a committee. ➤ It is acceptable for the Chair to ask for a second to the motion. ➤ Make sure you direct your communication to the Chair so that the Chair can hear AND acknowledge you.
Place the motion on the floor.	"The motion has been moved by X and seconded by Y, is there any discussion?"	<ul style="list-style-type: none"> ➤ Once the motion is on the floor, it no longer belongs to the motion maker.
Discussion/Debate	<p>"Chair, I have a comment."</p> <p>"Chair, I would like to speak."</p>	<ul style="list-style-type: none"> ➤ Chair should always open the floor for debate/discussion. ➤ Give all members an opportunity to speak. ➤ The Motion maker has the right to speak first.
Vote	<p>"All those in favor, say aye"</p> <p>"All opposed, say nay"</p>	<ul style="list-style-type: none"> ➤ Give members time to respond to both questions. ➤ After a robust debate or debate on a complex topic, Chair should repeat the motion before the vote is taken to limit any confusion on the subject of the vote. ➤ Make sure members online are also given time to vote. ➤ Majority vote required unless bylaws or statutes dictate otherwise.
Announce Results	"motion passes/fails"	<ul style="list-style-type: none"> ➤ Always announce the results.
Amend a Motion	"I move to amend the motion to add that we all wear the color blue to our board meetings."	<ul style="list-style-type: none"> ➤ Must be seconded, open to debate, and requires a majority vote unless bylaws or statutes dictate otherwise.

Board of Trustees – Executive Summary
Patient Safety & Quality Programs – Open Session
March 28, 2024

[Please refer to the reports presented at the Quality Committee Executive Session on March 19, 2024 for additional details.](#)

HRO Safety Message – Video: Human Factors - Approach to Patient Safety

High-reliability Organizations (HROs) are those that successfully complete their missions despite massive complexity and high risk. Examples include the Federal Aviation Administration’s Air Traffic Control system, aircraft carriers, and nuclear power plants. In each case, even a minor error could have catastrophic consequences. Yet, adverse outcomes in these organizations are rare. Five principles of a High Reliability Organization (HRO) are: (1) Preoccupation with failure; (2) Reluctance to simplify interpretations; (3) Sensitivity to operations; (4) Commitment to resilience; and (5) Deference to expertise.

Engagement Survey Update - Employee Experience & Culture

Nursing and Human Resources leadership reported the results of the most recent employee engagement survey. The results will showcase our continued commitment to creating a Just and Accountable Culture.

2024 DNV Annual Hospital Survey Update

Harris Health System is in the window for the unannounced annual survey from DNV Health Care on or before June 2024. Planning for survey is an ongoing process that includes 3 phases: Pre-survey, During Survey, and Post Survey. Assigned work groups assess standards on a going basis and report their progress to the oversight committee, they participate in the survey activity and respond to survey findings if needed. Resources are available to support the organization to prepare for the survey.



**De Wight Dopslauf, C.P.M., CPPO
Harris County Purchasing Agent**

March 05, 2024

Board of Trustees Office
Harris Health System

RE: Board of Trustees Meeting – March 28, 2024
Budget and Finance Agenda Items

The Office of the Harris County Purchasing Agent recommends approval of the attached procurement actions. All recommendations are within the guidelines established by Harris County and Harris Health System.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA/ea
Attachments



Budget and Finance Agenda Items for the Harris County Hospital District dba Harris Health System - Board of Trustees Report

Expenditure Summary: March 28, 2024 (Approvals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A1	Epic Systems Corporation [GA-04577] MWBE Goal: Exempt Sole Source	Annual Software Maintenance Renewal for the Full Suite of Epic Products for Harris Health System - To continue to provide maintenance, including technical support and software updates, for the full suite of Epic products for Harris Health System. Sole Source Exemption, Board Motion 23.03-41	Renewal Sole Source Exemption April 01, 2024 through March 31, 2025	Antony Kilty	\$ 6,699,182	\$ 6,832,968
A2	Murray Goldfarb & Co., LLC dba Davis Cohen Art (HCHD-1218) MWBE Goal: 100%	Art Consulting and Art Acquisition Services for Harris Health System - To provide art consulting and art acquisition services for Harris Health System. Job No. 230369	Award Best proposal meeting requirements	Babak Zare		*
A3	Jones Lange LaSalle American, Inc. (HCHD-436) MWBE Goal: 11%	Construction Manager-Agent for Harris Health System - To provide construction manager-agent services for Harris Health System Job No. 200322, Board Motion 23.05-73	Renewal April 25, 2024 through April 24, 2025	Patrick Casey	\$ 3,500,000	\$ 4,500,000
A4	Capsa Healthcare MWBE Goal: 0% Specialized, Technical, or Unique in Nature	Automated Prescription Processing System for Harris Health System - To provide a turnkey Integrated Automated Prescription Processing System for Harris Health System Pharmacy's Department. This includes assisting with the design of a pharmacy centralized refill drug dispensing and distribution system including but not limited to inventory management, labeling, packaging and shipping of prescriptions, installation, training of staff, future growth and maintenance. Job No. 230077	Award Best proposal meeting requirements One-year initial term with nine (9) one-year renewal options	Michael Nnadi		*
A5	General Datatech, L.P. (DIR-TSO-4167) MWBE Goal: 2%	Cisco Network Technology Purchase for Harris Health System - The Cisco network infrastructure hardware at Ben Taub Hospital is seven years old, will soon reach its end of life and needs to be replaced. A total of 98 Cisco switches will be replaced. State of Texas Department of Information Resources (DIR) Cooperative Contract	Ratify Purchase Low quote	Antony Kilty		\$ 2,917,550
A6	The Trevino Group, Inc. MWBE Goal: 33%	Renovation and Buildout of the MLK Jr. Health Center for Harris Health System - To provide all labor, materials, equipment and incidentals for the renovation and buildout of the MLK Jr. Health Center. The owner contingency provides for coverage on unanticipated costs throughout the construction project Job No. 230511	Lowest priced proposal meeting requirements	Babak Zare		\$ 1,525,599
A7	Philips Healthcare MWBE Goal: Exempt GPO	Cardiovascular Imaging - To replace one (1) single-plane interventional imaging system that is past its expected useful life with a new unit for Harris Health System. Premier Healthcare Alliance, L.P. Contract	Award Best Offer(s) Meeting Requirements	Patrick Casey		\$ 1,308,948

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A8	Sysco Foods (Sourcewell #040522-SYC) MWBE Goal: 0% Drop Shipped	Purchase Food and Nutrition Edible and Non-edible Products for Harris Health System - To purchase food and nutritional edible and non-edible products for various Harris Health locations. Vendor will be utilized as a secondary supplier. Sourcewell Cooperative Purchasing Program, Board Motion 23.03-41	Renewal April 01, 2024 through March 31, 2025	Shweta Misra	\$ 695,618	\$ 1,200,000
A9	Jackson Walker, L.L.P. (HCHD-1050) MWBE Goal: 0% Specialized, Technical, or Unique in Nature	Legal Services for Harris Health System - Additional funds are needed due to anticipated increase in service. Professional Services Exemption, Board Motion 23.07-113	Ratify Additional Funds Professional Services Exemption August 19, 2023 through August 18, 2024	L.Sara Thomas	\$ 400,000	\$ 1,000,000
A10	Faithful + Gould, Inc. MWBE Goal: 11%	Construction Manager-Agent for Harris Health System - To provide construction manager-agent services for Harris Health System. Job No. 200322, Board Motion 23.05-73	Renewal May 04, 2024 through May 03, 2025	Patrick Casey	\$ 1,500,000	\$ 1,000,000
A11	IdentiSys Inc. MWBE Goal: 0% Non-Divisible	Weapons Detection System for Harris Health System - To provide a weapons detections system to enhance the safety of the patients and public at Harris Health facilities. Public Health or Safety Exemption	Award Public Health or Safety Exemption Four-year initial term	Jon Hallaway		\$ 976,759
A12	Cepheid MWBE Goal: Exempt Sole Source	Sales Agreement - To provide reagents, test cartridges and consumables for GeneXpert equipment. Sole Source Exemption	Purchase Sole Source Exemption One (1) year initial term with five (5) one- year renewal options	Michael Nnadi		\$ 900,456
A13	Set Solutions, Inc. [DIR-TSO-4361] MWBE Goal: 0% Specialized, Technical, or Unique in Nature	Netskope - Cloud Access Security Broker [CASB] Solution for Harris Health System - To continue protecting the organization's cloud initiatives and assist information security's business goals for alignment with Pillar 5: Infrastructure Organization of Harris Health's Strategic Plan for 2021-20215. State of Texas Department of Information Resources (DIR) Cooperative Contract, Board Motion 23.04-58	Renewal April 14, 2024 through April 13, 2025	Tom Oduor	\$ 831,615	\$ 831,615
A14	Elite Computer Consultants (GA-07563) MWBE Goal: N/A Contract was procured prior to MWBE program	Information Technology Consulting, Implementation and Staffing Augmentation Services for Harris Health System - To continue providing staffing augmentation support of Information Technology (IT) operations and various projects such as the implementation of EPIC for the Harris Center and Correctional Health, telemedicine, and DSRIIP. Job No. 180274, Board Motion 23.04-58	Additional Funds May 21, 2023 through May 20, 2024	Ronald Fuschillo	\$ 2,700,000	\$ 750,000
A15	Abbott Laboratories Inc. (HCHD-424) MWBE Goal: Exempt Sole Source	iStat Point of Care Products for Harris Health System - Additional funds are needed to replace iSTAT point of care analyzers that have reached their useful life expectancy. The term is being extended to align with revisions made in the Amendment. Sole Source Exemption, Board Motion 24.01-10	Additional Funds Extension Sole Source Exemption November 23, 2024 through November 30, 2024	Michael Nnadi	\$ 930,114	\$ 742,797

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A16	Pivot Point Consulting (GA-07577) MWBE Goal: N/A Contract was procured prior to MWBE program	Information Technology Consulting, Implementation and Staffing Augmentation Services for Harris Health System - To continue providing staffing augmentation support of Information Technology (IT) operations and various projects such as the implementation of EPIC for the Harris Center and Correctional Health, telemedicine, and DSRIP. <i>Job No. 180274, Board Motion 23.09-146</i>	Additional Funds May 21, 2023 through May 20, 2024	Ronald Fuschillo	\$ 1,950,000	\$ 740,836
A17	Medtronic, Inc. (PP-CA-613) MWBE Goal: Exempt GPO Boston Scientific Corporation (PP-CA-612) MWBE Goal: Exempt GPO	Drug Eluting Coronary Stents - To provide Harris Health System with tubular metallic scaffolds coated with antiproliferative drugs placed during a percutaneous coronary intervention to open a narrowed artery and prevent vessel restenosis. <i>Premier Healthcare Alliance, L.P. Contract</i>	Funding Yr. 1 July 01, 2023 through June 30, 2024	Charles Motley	\$ 679,870	\$ 679,870
A18	O'Donnell/Snider Construction MWBE Goal: 33%	Construction of an Administration Suite at Lyndon B. Johnson Hospital for Harris Health System - To provide all labor, materials, equipment and incidentals for the construction of an administration suite at Lyndon B Johnson Hospital. The owner contingency provides for coverage on unanticipated costs throughout the construction project. <i>Job No. 230502</i>	Lowest priced proposal meeting requirements	Babak Zare		\$ 652,867
A19	Advanced Health Education Center dba Medrelief Staffing (HCHD-580) MWBE Goal: 100%	Temporary Pharmacists and Pharmacy Technicians for Harris Health System - To provide pharmaceutical support to the Harris County Sheriff's Office Correctional Facilities. <i>Public Health or Safety Exemption, Board Motion 23.04-57</i>	Ratify Renewal Public Health or Safety Exemption March 01, 2024 through February 28, 2025	Kiki Teal	\$ 307,378	\$ 650,000
A20	MLN Fire Protection Company MWBE Goal: 5%	Inspection, Testing, and Maintenance of the Fire and Life Safety Systems Equipment and Related Items for Harris Health - To provide inspection, testing, and maintenance of the fire and life safety systems equipment and related items for various Harris Health locations. <i>Job No. 190239</i>	Purchase Lowest priced proposal meeting requirements One (1) year initial term with one (1) one-year renewal options	Terry Elliott		\$ 625,000
A21	Vista Staffing Solutions, Inc. dba Whitaker Medical, LLC (HCHD-653) MWBE Goal: Exempt Public Health or Safety	Temporary Healthcare Personnel for Harris Health System - To continue providing healthcare personnel to support critical healthcare services for detainees at the Harris County Correctional Facilities. <i>Public Health or Safety Exemption, Board Motion 23.03-41</i>	Ratify Renewal Public Health or Safety Exemption March 01, 2024 through February 28, 2025	Kiki Teal	\$ 467,797	\$ 600,000
A22	Roche Diagnostics Corporation (GA-07432) MWBE Goal: 0% Specialized, Technical, or Unique in Nature	Immunohistochemistry Staining and Special Staining Systems including Analyzers, Reagents, Consumables and Service for Harris Health System - To provide for continued immunohistochemistry staining and special staining testing of Harris Health patients. <i>Job No. 150220, Board Motion 22.10-141</i>	Ratify Renewal December 13, 2023 through December 12, 2024	Michael Nnadi	\$ 537,489	\$ 591,238

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A23	Vizient Data Services, LLC (GA-07108) MWBE Goal: Exempt Public Health or Safety	Benchmarking Program Services for Harris Health System - To continue to provide Vizient's benchmarking program which includes data analytics, advisory services, and learning improvement collaboratives for Harris Health System to become more clinically and operationally effective to achieve its patient care objectives. Public Health or Safety Exemption, Board Motion 22.12-166	Ratify Renewal Public Health or Safety Exemption January 01, 2024 through December 31, 2024	Victoria Nikitin	\$ 568,650	\$ 585,710
A24	Sysco Foods (Sourcewell #040522-SYC) MWBE Goal: 0% Drop Shipped	Purchase Food and Nutrition Edible and Non-edible Products for Harris Health System - To purchase food and nutritional edible and non-edible products for various Harris Health locations. Vendor will be utilized as a secondary supplier. Sourcewell Cooperative Purchasing Program, Board Motion 23.03-41	Ratify Additional Funds April 01, 2023 through March 31, 2024	Shweta Misra	\$ 120,000	\$ 575,618
A25	Holland & Knight, LLP (HCHD-1221) MWBE Goal: 0% Specialized, Technical, or Unique in Nature	Special Counsel Services for Harris Health System - To provide Harris Health with special counsel on clinical research program and other healthcare law matters. Professional Services Exemption	Ratify Award Professional Services Exemption One (1) year initial term with one (1) one- year renewal options	L. Sara Thomas		\$ 500,000
A26	Pro-Touch Nurses, Inc. dba Protouch Staffing MWBE Goal: Exempt Public Health or Safety	Temporary Nursing Personnel provided to the Harris County Sheriff's Office by Harris Health System - To provide temporary healthcare staffing for nursing personnel to patients of the Harris County Sheriff's Office Detention Facilities. Public Health or Safety Exemption, Board Motion 23.01-08	Ratify Renewal Public Health or Safety Exemption March 01, 2024 through February 28, 2025	Kiki Teal	\$ 617,210	\$ 500,000
A27	Forvis, LLP (HCHD-971) MWBE Goal: 7%	External Audit Services for Harris Health System - To complete external audits services on financial statements, report on Federal and State Awards, and Harris Health Pension and 401(k) Plans Job No. 220397, Board Motion 23.03-41	Renewal May 07, 2024 through May 06, 2025	Kari McMichael	\$ 472,000	\$ 472,000
A28	Arthrex, Inc. (HCHD-0718) MWBE Goal: Exempt Public Health or Safety	Arthroscopic Implants - To continue providing Harris Health System with clinically preferred arthroscopic implants for minimally invasive surgical procedures at Ben Taub and Lyndon B. Johnson Hospitals. Public Health or Safety Exemption, Board Motion 22.05- 67	Ratify Renewal Public Health or Safety Exemption February 01, 2024 through January 31, 2025	Charles Motley	\$ 456,032	\$ 456,032
A29	Community Health Choice, Inc. (GA-05831) MWBE Goal: Exempt Government Entity	Third Party Administration of Healthcare Claims from Non-Affiliated Providers for Harris Health System - Community Health Choice, Inc. (Community) will continue to provide Harris Health System access to its network of healthcare providers. Harris Health System will pay Community an administrative fee for providing access and will utilize the network to refer patients and thereby increase patient access to providers. Interlocal Agreement, Board Motion 23.01-08	Ratify Renewal March 01, 2024 through February 28, 2025	Ruth Russell	\$ 450,000	\$ 450,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A30	Seril Inc, dba Houston Grotech MWBE Goal: 11%	Lawn Care and Landscape Maintenance Services for Harris Health System - To provide lawn care and landscape maintenance services to various Harris Health Facilities. <i>Job No. 210270</i>	Purchase Lowest priced proposal meeting requirements One (1) year initial term with three (3) one-year renewal options	Terry Elliott		\$ 440,000
A31	Charles Roger Coward (HCHD-1142) MWBE Goal: Exempt Public Health or Safety	Interim Leader Services for Harris Health System - To continue Interim Leadership services until Harris Health System finds permanent placement. Additional funds are required for the extended term. <i>Professional Services Exemption, Board Motion 23.12-177</i>	Additional Funds Extension Professional Services Exemption April 14, 2024 through April 30, 2025	Ruth Russell	\$ 220,000	\$ 440,000
A32	Connection [PP-IT-238] MWBE Goal: Exempt GPO	IT Equipment Stock for All Harris Health System Facilities - This purchase is necessary to maintain adequate IT equipment, such as printers and scanners, in stock for the facilities. This equipment will be deployed and delivered upon request to Ben Taub Hospital, Lyndon B. Johnson (LBJ) Hospital, and Fournace Place for break/fix and is an essential part of the Field Services team emergency response. <i>Premier Healthcare Alliance, L.P. Contract</i>	Ratify Award Best Offer(s) Meeting Requirements	A. Kilty		\$ 369,839
A33	Smith & Dean, Inc. dba Dean's Professional Services (HCHD-641) MWBE Goal: 100%	Temporary Healthcare Personnel for Harris Health System - To continue providing healthcare personnel to provide critical healthcare services to detainees at the Harris County Detention Facilities. <i>Public Health or Safety Exemption, Board Motion 23.03-41</i>	Ratify Renewal Public Health or Safety Exemption March 01, 2024 through February 28, 2025	Kiki Teal	\$ 118,138	\$ 350,000
A34	JWS Health Consultants, Inc. dba UltraStaff (HCHD-231) MWBE Goal: 100%	Temporary Nursing and Allied Health Services for Harris Health System - Extension is required for continued services until a formal solicitation is completed and new contract executed. The additional funds are required for the extension. <i>Public Health or Safety Exemption, Board Motion 23.04-58</i>	Ratify Additional Funds Extension Public Health or Safety Exemption March 21, 2024 through September 20, 2024	Pamela Russell	\$ 350,000	\$ 350,000
A35	Incredible Health, Inc. (HCHD-402) MWBE Goal: Exempt Public Health or Safety	Nursing Recruiting Services for Harris Health System - To utilize the Incredible Health platform and services to recruit and hire permanent registered nurses and nurse practitioners to provide patient care to Harris Health System's patient population. <i>Public Health or Safety Exemption, Board Motion 23.01-08</i>	Ratify Renewal Public Health or Safety Exemption March 04, 2024 through March 03, 2025	Keith Manis	\$ 350,000	\$ 350,000
A36	Set Solutions, Inc. [HCHD-193] [Choice Partners #21/031KN-55] MWBE Goal: 0% Specialized, Technical, or Unique in Nature	Renewal for CrowdStrike-Advanced Malware Threat Intelligence Platform for Harris Health System - This renewal will provide for CrowdStrike advanced malware threat intelligence platform that protects the organization from phishing attacks and ransomware with fewer network resources. This provides advanced protection and awareness of our endpoints. <i>Choice Partners, a division of Harris County Department of Education Cooperative Program, Board Motion B.O.T. 23.01-08</i>	Ratify Renewal March 27, 2024 through March 26, 2025	Tom Oduor	\$ 278,666	\$ 335,534

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A37	Dunhill Development & Construction LLC MWBE Goal: 32%	Construction and Buildout of Northwest Clinic HIM Space for Harris Health System - To convert the existing NW Clinic HIM space into a smaller HIM office, therapist office, indirect care area, small conference room, supply room and touch down workstations for telecommuting staff. The owner contingency provides for coverages on unanticipated costs throughout the construction project. <i>Job No. 230399</i>	Lowest priced proposal meeting requirements	Babak Zare		\$ 321,130
A38	Highlights Electrical MWBE Goal: N/A Contract was procured prior to MWBE program	Job Order Contracting for Electrical and/or Electrical Related Projects for Harris Health System - To provide electrical repair, renovation or alteration to various hospitals and clinics for Harris Health System. <i>Job No. 180070, Board Motion 23.10-158</i>	Additional Funds Extension March 13, 2024 through September 11, 2024	Kia Scales	\$ 625,000	\$ 300,000
A39	Baker & Hostetler LLP (HCHD-913) MWBE Goal: 0% Specialized, Technical, or Unique in Nature	Legal Services for Harris Health System - Additional funds are required to cover additional services related to HIPAA privacy and security incidents. <i>Professional Services Exemption, Board Motion 23.08-130</i>	Additional Funds Professional Services Exemption October 01, 2023 through September 30, 2024	L. Sara Thomas	\$ 295,000	\$ 300,000
A40	NTT America Solutions, Inc. (CID GA-07271) MWBE Goal: Exempt Sole Source	Software Maintenance Renewal for the Virtual patient observation (VPO) System for Harris Health - To continue to provide a patient monitoring system that allows clinicians to remotely monitor patients who are at risk. This reduces the need for bedside sitters, enhances patient safety and increased clinician efficiency. <i>Sole Source Exemption, Board Motion 23.06-95</i>	Renewal Sole Source Exemption April 01, 2024 through March 31, 2025	Ronald Fuschillo	\$ 271,010	\$ 271,010
A41	Stryker Instruments (HCHD-1139) MWBE Goal: Exempt Public Health or Safety	Preventative Maintenance and Repair Services for Harris Health System - In January 2024, the Board of Trustees approved an agreement with Stryker Instruments for two years. The term, along with the respective amount, is being corrected to one year with one renewal option, in the best interest of Harris Health System <i>HCHD-1139</i>	Ratification/Correction Correction	James Young		\$ 258,122
A42	Coloplast Corp (PP-NS-1715) MWBE Goal: Exempt GPO Medline Industries, LP (PP-NS-1717) MWBE Goal: Exempt GPO	Skin Integrity: Skin Cleanser, Barrier and Lotion Products - To continue to provide Harris Health System with products used to improve, maintain, protect and promote healing of the patient's dermal and epidermal skin. Products include skin cleansers, moisturizers, lotions, sprays, body washes and barrier wipes. <i>Premier Healthcare Alliance, L.P. Contract, Board Motion 23.09-146</i>	Funding Yr. 2 April 01, 2024 through March 31, 2025	Charles Motley	\$ 254,991	\$ 254,991
A43	Jackson Walker, L.L.P. (HCHD-978) MWBE Goal: 0% Specialized, Technical, or Unique in Nature	Legal Services for Harris Health System - Additional funds are needed due to anticipated increase in service. <i>Professional Services Exemption, Board Motion 23.07-113</i>	Ratify Additional Funds Professional Services Exemption July 01, 2023 through June 30, 2024	L.Sara Thomas	\$ 145,000	\$ 250,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A44	Stryker Corporation (PP-OR-1764) MWBE Goal: Exempt GPO Aesculap, Inc. (PP-OR-1765) MWBE Goal: Exempt GPO	Neurosurgical Products - To continue providing Harris Health System with neurosurgical products that are utilized for patients undergoing craniotomy and neurosurgical procedures. Premier Healthcare Alliance, L.P. Contract, Board Motion 22.10-141	Ratify Funding Yr. 4 December 01, 2023 through November 30, 2024	Charles Motley	\$ 244,336	\$ 244,336
A45	Alliant Insurance Services, Inc. (HCHD-93) MWBE Goal: 0% Specialized, Technical, or Unique in Nature	Human Resources Consulting Services for Harris Health System - To continue providing comprehensive advisory services to assist Human Resources in the areas of health and welfare benefit plan strategy and management. Job No. 190044, Board Motion 22.12-166	Ratify Renewal January 02, 2024 through January 01, 2025	Amanda Jones-Duncan	\$ 235,000	\$ 235,000
A46	Letourneau Interests, Inc. MWBE Goal: Exempt GPO	Furniture and Systems for Harris Health System - To provide furniture for Casa de Amigos Health Center. Premier Healthcare Alliance, L.P. Contract	Award Lowest Offer	Cindy Perez		\$ 222,887
A47	Deborah R. Mohr dba Mohr Creative (GA-07118) MWBE Goal: 100%	Creative Services for Harris Health - To provide Harris Health System with creative design related services including project management and proof-reading, to assist with marketing, communication, and educational materials. Personal Services Exemption, Board Motion 23.01-08	Ratify Renewal Personal Services Exemption February 08, 2024 through February 07, 2025	Olga Rodriguez	\$ 220,000	\$ 220,000
A48	Radiometer America Inc. MWBE Goal: Exempt GPO	Blood Gas Analyzers, Reagents, Consumables and Service - To acquire new blood gas analyzers, as well as reagents, consumables and service at Ben Taub and Lyndon B. Johnson Hospitals. Premier Healthcare Alliance, L.P. Contract	Award Best Contract(s)	Michael Nnadi		\$ 215,531
A49	Kacal's Auto & Truck Service MWBE Goal: Exempt - Harris County Contract	General Vehicle Maintenance and Related Items for Harris County - To allow Harris Health to utilize the contract to provide repair parts, labor, and related items for oversize vehicles for Harris Health System. Job No. 230216	Ratify October 10, 2023 through September 30, 2024	Peka Owens		\$ 200,000
A50	DNV Healthcare USA Inc. dba DNV Healthcare (HCHD-582) MWBE Goal: 0% Minimal MWBE Availability	Management System Certification / Accreditation for Harris Health System - To continue providing for National Integrated Accreditation for Healthcare Organization (NIAHO) Re-Accreditation and ISO 9001:2015 Certification survey and the Comprehensive Stroke Center Certification (CSC) Survey for Harris Health System. Public Health or Safety Exemption, Board Motion 23.04-57	Ratify Renewal Public Health or Safety Exemption March 08, 2024 through March 07, 2025	Vivian Trang Ho-Nguyen	\$ 137,200	\$ 192,140

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A51	Epic Systems Corporation [GA-04577] MWBE Goal: Exempt Sole Source	Epic Unified Communications Software and Services for Harris Health System - To provide implementation support for Secure Chat, On-Call Integration, Third Party Voice Over IP Integration, and Alert Communicator, which are all part of the Epic Unified Communications platform. This platform allows clinicians to receive immediate patient updates via a mobile device, and this includes Rover Inpatient for Nurses and Support Staff. Sole Source Exemption, Board Motion 23.03-41	Purchase Sole Source Exemption April 01, 2024 through March 31, 2025	J. Mathew		\$ 179,500
A52	Masterword Services, Inc. (HCHD-1054) MWBE Goal: 100%	Translation and Interpretation Services for Harris County - To translate SIG (prescription labels) written in English to Spanish or Vietnamese for non-English speaking patients. Job No. 210374	Renewal April 05, 2024 through April 04, 2025	Michael Nnadi	\$ 56,249	\$ 176,192
A53	CBIZ Benefits & Insurance Services, Inc. (HCHD-1233) MWBE Goal: 0% Specialized, Technical, or Unique in Nature	Compensation Consulting Services for Harris Health System - To provide compensation consulting services for Harris Health System to ensure competitiveness in the healthcare market through innovative ways to support this goal and promote staff retention. Job No. 220173	Award Best proposal meeting requirements One (1) year initial term with six (6) one- year renewal options	Amy Salinas		*
A54	Shipcom Wireless, Inc. [HCHD-150] [GS-35F-464DA] MWBE Goal: 0% Specialized, Technical, or Unique in Nature	Information Technology (IT) Professional Services for Harris Health System - This renewal is to provide temperature monitoring and data analysis to track the temperature and humidity of patient medical samples, pharmaceuticals, and medical devices, transported by HHS staff within HHS refrigerated vehicles and insulated containers. The solution analyzes the operational status of the HVAC equipment and provides a wireless connection that automates assigning coolers. Government Services Administration (GSA) Cooperative Purchasing Program, Board Motion 23.01-08	Renewal March 28, 2024 through March 27, 2025	Wanda F Carter	\$ 136,579	\$ 139,994
A55	Epic Systems Corporation [GA-04577] MWBE Goal: Exempt Sole Source	Epic Software and Clinical Training for Employees of Harris Health System - This renewal is to provide training for Harris Health employees, primarily IT personnel, on Epic software applications in order for them to perform their jobs. Sole Source Exemption, Board Motion 23.03-41	Renewal Sole Source Exemption April 01, 2024 through March 31, 2025	Antony Kilty	\$ 133,000	\$ 133,000
A56	Getinge USA Sales, LLC MWBE Goal: Exempt GPO	Intra-Aortic Balloon Pump - To add two (2) new Intra-Aortic Balloon Pumps at Ben Taub Hospital in order to meet the operational needs of the expanded Cath Lab suite. Premier Healthcare Alliance, L.P. Contract	Award Lowest Offer	Patrick Casey		\$ 121,125
A57	Cardinal Health 200, LLC (PP-DI-1964) MWBE Goal: Exempt GPO	Feeding Pumps, Devices, Sets and Tubes - To provide Harris Health System with feeding pumps, tubes, and devices used for delivery of hydration or nutrition through the digestive tract. Premier Healthcare Alliance, L.P. Contract, Board Motion 23.01-08	Ratify Funding Yr. 3 March 01, 2024 through February 28, 2025	Charles Motley	\$ 114,878	\$ 120,622

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A58	Harris County (GA-01416) <i>MWBE Goal: Exempt Government Entity</i>	Use of Public Safety Radio System for Harris Health System - To provide access to Harris County's radio communications system. <i>Interlocal Agreement, Board Motion 22.09-126</i>	Ratify Renewal November 05, 2023 through November 04, 2024	Hallaway, Jon D	\$ 100,000	\$ 120,575
A59	RaySearch Americas (HCHD-703) <i>MWBE Goal: Exempt Sole Source</i>	Treatment Planning System (TPS) for the Harris Health System - To provide maintenance on the RaySearch RayStation Treatment Planning System for the Oncology Department <i>Sole Source Exemption, Board Motion 22.05-67</i>	Ratify Renewal Sole Source Exemption January 19, 2024 through January 18, 2025	Ronald Fuschillo	\$ 1,016,119	\$ 119,234
A60	GE Precision Healthcare LLC (HCHD-330) <i>MWBE Goal: Exempt GPO</i>	Maintenance Services for Radiological Imaging Equipment for Harris Health System - Additional funds are needed as part of the annual true-up for adding and removing systems from the GE Master Service Agreement. Two MRI machines at LBJ are being moved from warranty to first look which increased estimated funding needed for the renewal term. <i>Premier Healthcare Alliance, L.P. Contract, Board Motion 24.01-10</i>	Additional Funds December 21, 2023 through December 20, 2024	James Young	\$ 6,054,403	\$ 103,512
					Total Expenditures	\$ 49,065,250
					Total Revenue	\$ (0)

Budget and Finance Agenda Items for the Harris County Hospital District dba Harris Health System - Board of Trustees Report

Expenditure Summary: March 28, 2024 (Transmittals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B1	Stephens Reed & Armstrong, PLLC (HCHD-1210) MWBE Goal: 100%	Special Counsel for Harris Health System - To provide special counsel for the purpose of reviewing construction agreement templates and other services for Harris Health System. <i>Professional Services Exemption</i>	Award Professional Services Exemption One (1) year initial term with two (2) one-year renewal options	Marta Bolinska		\$ 100,000
B2	Nicely Done Brands & Ads (HCHD-1048) MWBE Goal: 0% Minimal MWBE Availability	Billboards for Harris Health System - The additional amount is needed due to an increase in utilization of billboard ad space to support an additional campaign for Harris Health System. <i>Job No. 230160, Board Motion 23.06-95</i>	Additional Funds July 01, 2023 through June 30, 2024	Amanda Callaway	\$ 200,000	\$ 100,000
B3	Plus Technologies, LLC (GA-06162) MWBE Goal: Exempt Sole Source	OM Plus Software Maintenance and Support for Harris Health System - To continue providing software support for OM Plus software. The software allows information within the Epic environment to route to Harris Health printers. <i>Sole Source Exemption</i>	Renewal Sole Source Exemption July 28, 2024 through July 27, 2025	Ronald Fuschillo	\$ 96,120	\$ 99,975
B4	WebMD Health Services Group, Inc. (HCHD-1190) MWBE Goal: 0% Specialized, Technical, or Unique in Nature	Monitoring Platform and Program for Health Applications and Wearables for Harris Health System - To provide a Monitoring Platform and Program for Health Applications and Wearables for Harris Health System. <i>Job No. 230295</i>	Award Best proposal meeting requirements One (1) year initial term with six (6) one-year renewal options	Michele Hunnicutt		*
B5	Cority Software (USA) Inc. MWBE Goal: Exempt Public Health or Safety	ReadySet™ for Healthcare Web-Based Software Renewal for Harris Health System - To provide support for the HIPAA and CMS-compliant web-based software system for clinically based, employee well-being solutions including a COVID-19 module proving Travel Screening Survey, Staff Exposure questionnaire, and Patient Under Investigation (PUI) form for case report information. <i>Public Health or Safety Exemption</i>	Renewal Public Health or Safety Exemption March 12, 2024 through March 11, 2025	J. Asaphat	\$ 95,500	\$ 87,768
B6	HBI Office Solutions, Inc. MWBE Goal: 100%	Furniture for Harris Health System - To provide furniture for Casa de Amigos Health Center. <i>Texas Multiple Award Schedule (TXMAS) Cooperative Program</i>	Award Low quote	Cindy Perez		\$ 83,276
B7	CFI Mechanical, Inc. MWBE Goal: 5%	Drive Replacement at Ben Taub Hospital for Harris Health System - The drives are required to control the hours of operation of the exhaust fans in the kitchen and public restroom areas at Ben Taub Hospital to reduce energy consumption, reduce maintenance cost, and increase the life of the equipment. <i>Choice Partners, a division of Harris County Department of Education Cooperative Program</i>	Award Low quote	Patrick Casey		\$ 79,928

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B8	Cook Medical LLC (PP-CA-618) MWBE Goal: Exempt GPO	Vena Cava Filters - To provide Harris Health System with stainless steel or nitinol basket-shaped filters placed in the inferior vena cava to prevent venous emboli from reaching the cardiopulmonary circulation. <i>Premier Healthcare Alliance, L.P. Contract</i>	Funding Yr. 1 August 01, 2023 through July 31, 2024	Charles Motley	\$ 76,999	\$ 76,999
B9	Gunn Chevrolet LTD MWBE Goal: 0% Drop Shipped	Compact Vehicles for Harris Health System - To provide three compact SUVs for Harris Health System to support the Hospital at Home initiative. <i>Texas Association of School Boards (TASB) BuyBoard Cooperative Program</i>	Purchase Only quote	Peka Owens		\$ 69,662
B10	FUJIFILM Sonosite, Inc. MWBE Goal: Exempt GPO	Ultrasound Machine - To replace one (1) existing point of care ultrasound machine past its expected useful life with a new unit at the Ambulatory Surgery Center. <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Offer(s) Meeting Requirements	Patrick Casey		\$ 67,440
B11	Optum360, LLC MWBE Goal: Exempt Public Health or Safety	CPT (Current Procedural Terminology) Codes for Epic License Data Profile - CPT codes are used to classify medical diagnoses, procedures, diagnostic tests, treatments, and equipment and supplies, as well as to submit medical claims to payers for procedures and services performed by physicians, non-physician practitioners, hospitals, laboratories, and outpatient facilities. This is related to the Epic License Data Profile, which includes information on the number of users. <i>Public Health or Safety Exemption</i>	Purchase Public Health or Safety Exemption January 01, 2024 through December 31, 2024	Antony Kilty		\$ 66,636
B12	Digisonics, Inc. (GA-07470) MWBE Goal: 0% Specialized, Technical, or Unique in Nature	Maintenance and Support for Digisonics Obstetrics Software for Harris Health System - To continue to provide Prima Support services for clinical applications in the Obstetrics Department at Ben Taub and Lyndon B. Johnson Hospitals. <i>Sole Source Exemption</i>	Renewal Sole Source Exemption September 01, 2023 through August 31, 2024	Ronald Fuschillo	\$ 62,766	\$ 65,904
B13	RoadRunner Restoration Company, LLC MWBE Goal: 11%	Painting Services and Related Work for Harris County - To provide as-needed painting services and related work for various Harris Health System locations. <i>Job No. 220002</i>	May 10, 2023 through April 30, 2024	Terry Elliott		\$ 62,000
B14	GE Precision Healthcare LLC MWBE Goal: Exempt GPO	Ultrasound Machine - To replace two (2) bedside ultrasound machines past their expected useful life with new units at Ben Taub Hospital. <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Offer(s) Meeting Requirements	Patrick Casey		\$ 61,964
B15	Clear Channel Outdoor MWBE Goal: Exempt Sole Source	Outdoor Advertising Posters for Harris Health System - Additional funds are required to cover additional advertising exposure on neighborhood posters to residential and commuter traffic inside Harris County. <i>Sole Source Exemption, Board Motion 23.08-130</i>	Additional Funds Sole Source Exemption April 24, 2023 through April 23, 2024	Amanda Callaway	\$ 246,150	\$ 53,550

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B16	Set Solutions, Inc. [Choice Partners #21/031KN-55] MWBE Goal: 0% Specialized, Technical, or Unique in Nature	Security Scorecard (SSC) Licensing for Harris Health System - To provide for the Security ScoreCard Licensing, which enables third-party risk monitoring of vendors that provide services and support to the organization. Choice Partners, a division of Harris County Department of Education Cooperative Program	Purchase Low quote December 02, 2023 through December 01, 2024	Tom Oduor		\$ 52,446
B17	Foster LLP (HCHD-996) MWBE Goal: 0% Specialized, Technical, or Unique in Nature	Legal Services for Harris Health System - Additional funds are required to cover additional services related to immigration services for H1B Workers. Professional Services Exemption	Additional Funds Professional Services Exemption July 01, 2023 through June 30, 2024	L. Sara Thomas	\$ 45,000	\$ 30,000
					Total Expenditures	\$ 1,256,548
					Total Revenue	\$ (0)

BOARD OF TRUSTEES

Meeting of the Board of Trustees



Thursday, March 28, 2024

Consideration of Acceptance of the Harris Health System January 2024
Financial Report Subject to Audit

Attached for your review and consideration is the January 2024 Financial Report.

Administration recommends that the Board accept the financial report for the period ended January 31, 2024, subject to final audit.

Victoria Nikitin

Victoria Nikitin
Executive Vice President – Chief Financial Officer



Financial Statements

As of the Month Ended January 31, 2024
Subject to Audit



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Financial Highlights Review

As of January 31, 2024

Operating income for January was \$30.4 million compared to a budgeted income of \$10.2 million.

Total net revenue for January of \$225.8 million was \$8.2 million or 3.8% more than budget. The favorable variance was driven primarily by a \$15.3 million increase in net patient revenue, offset by an unfavorable variance of \$8.2 million in Medicaid Supplemental programs due to timing. The increase in net patient revenue included a one-time settlement from CMS of \$7.1 million received as remedy for the 340B Acquired Drug Payment Policy for calendar years 2018-2022. The agency outlined its plan to remedy nearly five years of unlawful Medicare Part B cuts to hospitals in the 340B Drug Pricing Program with \$9 billion in lump-sum Outpatient Prospective Payment System payments in the fall of 2023.

In January, total expenses of \$195.3 million were \$12.0 million or 5.8% less than budget. Total labor costs were \$2.5 million less than budget, total supplies were \$3.1 million less than planned, and total services had a favorable variance of \$6.9 million.

Also in January, total patient days and average daily census increased 6.2% compared to budget. Inpatient case mix index, a measure of patient acuity, was 0.3% lower than planned with length of stay 1.5% more than budget. Emergency room visits were 3.8% higher than planned for the month. Total clinic visits, including telehealth, were 5.3% lower compared to budget. Births were up 0.2% for the month.

Total cash receipts for January 2024 were \$439.6 million, of which \$366.8 million accounted for ad valorem taxes. The current portion of ad valorem taxes receivable is \$415.8 million, which is offset by ad valorem tax collections as received. Deferred ad valorem tax revenue is \$606.0 million, and is released as ad valorem tax revenue is recognized. Year to date as of January 31, \$489.8 million ad valorem tax collections were received and \$303.0 million in current ad valorem tax revenue was recognized for FY 2024.

Harris Health System has \$180.2 million in net accounts receivable, representing 87.8 days of outstanding patient accounts receivable at January 31, 2024. The January balance sheet reflects a combined net receivable position of \$240.2 million under the various Medicaid Supplemental programs. The System has \$1,426.7 million in unrestricted cash, cash equivalents and investments, representing 232.8 days cash on hand.

Income Statement

As of January 31, 2024 and 2023 (in \$ Millions)

	MONTH-TO-MONTH			YEAR-TO-DATE				
	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	PRIOR YEAR	PERCENT VARIANCE
REVENUE								
Net Patient Revenue	\$ 73.4	\$ 58.1	26.2%	\$ 252.3	\$ 232.3	8.6%	\$ 243.4	3.7%
Medicaid Supplemental Programs	59.9	68.0	-12.0%	223.5	272.2	-17.9%	224.8	-0.6%
Other Operating Revenue	12.3	11.1	10.9%	43.4	41.1	5.6%	39.0	11.3%
Total Operating Revenue	\$ 145.6	\$ 137.3	6.1%	\$ 519.2	\$ 545.6	-4.8%	\$ 507.2	2.4%
Net Ad Valorem Taxes	76.4	74.7	2.2%	300.8	298.8	0.7%	277.1	8.6%
Net Tobacco Settlement Revenue	-	-	0.0%	-	-	0.0%	-	0.0%
Capital Gifts & Grants	-	-	0.0%	-	-	0.0%	9.5	-100.0%
Interest Income & Other	3.8	5.5	-32.2%	20.1	22.2	-9.3%	17.5	14.9%
Total Nonoperating Revenue	\$ 80.1	\$ 80.3	-0.2%	\$ 320.9	\$ 321.0	0.0%	\$ 304.1	5.5%
Total Net Revenue	\$ 225.8	\$ 217.6	3.8%	\$ 840.1	\$ 866.6	-3.1%	\$ 811.3	3.6%
EXPENSE								
Salaries and Wages	\$ 78.3	\$ 79.3	1.3%	\$ 312.9	\$ 319.8	2.2%	\$ 287.2	-8.9%
Employee Benefits	28.0	29.5	5.1%	110.2	117.9	6.5%	92.0	-19.8%
Total Labor Cost	\$ 106.3	\$ 108.8	2.3%	\$ 423.2	\$ 437.7	3.3%	\$ 379.3	-11.6%
Supply Expenses	22.9	26.1	12.0%	97.5	105.4	7.5%	99.6	2.1%
Physician Services	34.7	37.3	6.9%	138.9	149.0	6.8%	136.6	-1.7%
Purchased Services	22.5	26.8	16.1%	86.9	107.3	19.0%	84.1	-3.3%
Depreciation & Interest	8.9	8.4	-6.0%	34.7	31.2	-11.2%	29.0	-19.7%
Total Operating Expense	\$ 195.3	\$ 207.4	5.8%	\$ 781.1	\$ 830.6	6.0%	\$ 728.5	-7.2%
Operating Income (Loss)	\$ 30.4	\$ 10.2		\$ 59.0	\$ 36.0		\$ 82.8	
Total Margin %	13.5%	4.7%		7.0%	4.2%		10.2%	

Balance Sheet

HARRISHEALTH
SYSTEM

January 31, 2024 and 2023 (in \$ Millions)

	<u>CURRENT</u> <u>YEAR</u>	<u>PRIOR</u> <u>YEAR</u>
<u>CURRENT ASSETS</u>		
Cash, Cash Equivalents and Short Term Investments	\$ 1,426.7	\$ 1,210.1
Net Patient Accounts Receivable	180.2	156.0
Net Ad Valorem Taxes, Current Portion	415.8	-
Other Current Assets	347.9	378.0
Total Current Assets	\$ 2,370.5	\$ 1,744.1
<u>CAPITAL ASSETS</u>		
Plant, Property, & Equipment, Net of Accumulated Depreciation	\$ 540.1	\$ 417.5
Construction in Progress	147.0	182.9
Right of Use Assets	41.6	44.3
Total Capital Assets	\$ 728.7	\$ 644.6
<u>ASSETS LIMITED AS TO USE & RESTRICTED ASSETS</u>		
Debt Service & Capital Asset Funds	\$ 41.5	\$ 40.1
LPPF Restricted Cash	141.9	145.6
Capital Gift Proceeds	55.6	46.0
Other - Restricted	1.0	0.9
Total Assets Limited As to Use & Restricted Assets	\$ 240.0	\$ 232.7
Other Assets	50.0	41.5
Deferred Outflows of Resources	234.8	188.5
Total Assets & Deferred Outflows of Resources	\$ 3,624.0	\$ 2,851.5
<u>CURRENT LIABILITIES</u>		
Accounts Payable and Accrued Liabilities	\$ 330.5	\$ 478.1
Employee Compensation & Related Liabilities	154.8	137.0
Deferred Revenue - Ad Valorem	606.0	-
Estimated Third-Party Payor Settlements	23.0	17.3
Current Portion Long-Term Debt and Capital Leases	36.7	20.2
Total Current Liabilities	\$ 1,151.1	\$ 652.7
Long-Term Debt	297.8	330.8
Net Pension & Post Employment Benefits Liability	780.2	597.1
Other Long-Term Liabilities	7.0	7.9
Deferred Inflows of Resources	115.3	218.7
Total Liabilities	\$ 2,351.4	\$ 1,807.3
Total Net Assets	\$ 1,272.6	\$ 1,044.2
Total Liabilities & Net Assets	\$ 3,624.0	\$ 2,851.5

Cash Flow Summary

As of January 31, 2024 and 2023 (in \$ Millions)

	MONTH-TO-MONTH		YEAR-TO-DATE	
	CURRENT YEAR	PRIOR YEAR	CURRENT YEAR	PRIOR YEAR
CASH RECEIPTS				
Collections on Patient Accounts	\$ 70.3	\$ 53.6	\$ 210.8	\$ 156.9
Medicaid Supplemental Programs	(29.9)	2.8	412.6	462.0
Net Ad Valorem Taxes	366.8	204.0	114.3	204.0
Tobacco Settlement	-	-	-	-
Other Revenue	32.4	9.7	41.7	66.8
Total Cash Receipts	\$ 439.6	\$ 270.1	\$ 779.4	\$ 889.7
CASH DISBURSEMENTS				
Salaries, Wages and Benefits	\$ 92.9	\$ 108.3	\$ 330.0	\$ 313.1
Supplies	22.9	28.8	79.5	73.8
Physician Services	33.0	31.4	99.6	96.4
Purchased Services	19.8	18.6	67.5	52.5
Capital Expenditures	12.5	10.1	41.3	32.5
Debt and Interest Payments	0.2	0.4	0.8	0.9
Other Uses	12.6	(10.2)	(7.7)	(8.5)
Total Cash Disbursements	\$ 194.0	\$ 187.3	\$ 611.0	\$ 560.8
Net Change	\$ 245.7	\$ 82.8	\$ 168.4	\$ 328.9
Unrestricted Cash, Cash Equivalents and Investments - Beginning of year			\$ 1,012.6	
Net Change			414.0	
Unrestricted Cash, Cash Equivalents and Investments - End of period			\$ 1,426.7	

Performance Ratios

As of January 31, 2024 and 2023 (in \$ Millions)

	MONTH-TO-MONTH		YEAR-TO-DATE		
	CURRENT YEAR	CURRENT BUDGET	CURRENT YEAR	CURRENT BUDGET	PRIOR YEAR
<u>OPERATING HEALTH INDICATORS</u>					
Operating Margin %	13.5%	4.7%	7.0%	4.2%	10.2%
Run Rate per Day (In\$ Millions)	\$ 6.0	\$ 6.5	\$ 6.1	\$ 6.6	\$ 5.7
Salary, Wages & Benefit per APD	\$ 2,443	\$ 2,561	\$ 2,432	\$ 2,622	\$ 2,271
Supply Cost per APD	\$ 527	\$ 614	\$ 561	\$ 631	\$ 596
Physician Services per APD	\$ 797	\$ 877	\$ 798	\$ 892	\$ 818
Total Expense per APD	\$ 4,488	\$ 4,879	\$ 4,489	\$ 4,974	\$ 4,363
Overtime as a % of Total Salaries	3.4%	2.9%	3.3%	2.9%	3.7%
Contract as a % of Total Salaries	4.2%	4.6%	4.8%	4.5%	5.5%
Full-time Equivalent Employees	10,288	9,922	10,322	10,116	9,840
<u>FINANCIAL HEALTH INDICATORS</u>					
Quick Ratio			2.0		2.6
Unrestricted Cash (In \$ Millions)			\$ 1,426.7	\$ 1,270.0	\$ 1,210.1
Days Cash on Hand			232.8	193.0	210.1
Days Revenue in Accounts Receivable			87.8	88.5	78.9
Days in Accounts Payable			82.2		78.7
Capital Expenditures/Depreciation & Amortization			189.4%		177.2%
Average Age of Plant(years)			10.3		10.9

Harris Health System Key Indicators



Statistical Highlights

As of January 31, 2024 and 2023

	MONTH-TO-MONTH			YEAR-TO-DATE				
	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	PRIOR YEAR	PERCENT CHANGE
Adjusted Patient Days	43,513	42,461	2.5%	173,974	169,671	2.5%	166,972	4.2%
Outpatient % of Adjusted Volume	60.2%	59.9%	0.5%	61.3%	60.8%	0.9%	60.0%	2.2%
Primary Care Clinic Visits	41,160	42,975	-4.2%	171,056	177,166	-3.4%	175,100	-2.3%
Specialty Clinic Visits	18,982	19,933	-4.8%	78,201	79,398	-1.5%	79,967	-2.2%
Telehealth Clinic Visits	9,707	10,883	-10.8%	37,812	43,906	-13.9%	43,252	-12.6%
Total Clinic Visits	69,849	73,791	-5.3%	287,069	300,470	-4.5%	298,319	-3.8%
Emergency Room Visits - Outpatient	11,615	11,212	3.6%	45,198	43,566	3.7%	43,757	3.3%
Emergency Room Visits - Admitted	1,846	1,759	4.9%	7,180	6,534	9.9%	7,258	-1.1%
Total Emergency Room Visits	13,461	12,971	3.8%	52,378	50,100	4.5%	51,015	2.7%
Surgery Cases - Outpatient	883	842	4.9%	3,711	3,307	12.2%	3,524	5.3%
Surgery Cases - Inpatient	837	881	-5.0%	3,234	3,409	-5.1%	3,221	0.4%
Total Surgery Cases	1,720	1,723	-0.2%	6,945	6,716	3.4%	6,745	3.0%
Total Outpatient Visits	116,088	121,055	-4.1%	471,001	489,959	-3.9%	486,858	-3.3%
Inpatient Cases (Discharges)	2,578	2,570	0.3%	10,585	10,606	-0.2%	10,953	-3.4%
Outpatient Observation Cases	924	865	6.8%	3,762	3,580	5.1%	3,223	16.7%
Total Cases Occupying Patient Beds	3,502	3,435	2.0%	14,347	14,186	1.1%	14,176	1.2%
Births	451	450	0.2%	1,768	1,920	-7.9%	1,990	-11.2%
Inpatient Days	17,335	17,034	1.8%	67,368	66,587	1.2%	66,846	0.8%
Outpatient Observation Days	3,242	2,346	38.2%	12,722	9,783	30.0%	10,186	24.9%
Total Patient Days	20,577	19,380	6.2%	80,090	76,370	4.9%	77,032	4.0%
Average Daily Census	663.8	625.2	6.2%	651.1	620.9	4.9%	626.3	4.0%
Average Operating Beds	696	702	-0.9%	696	702	-0.9%	681	2.2%
Bed Occupancy %	95.4%	89.1%	7.1%	93.6%	88.4%	5.8%	92.0%	1.7%
Inpatient Average Length of Stay	6.72	6.63	1.5%	6.36	6.28	1.4%	6.10	4.3%
Inpatient Case Mix Index (CMI)	1.689	1.694	-0.3%	1.682	1.694	-0.7%	1.674	0.5%
Payor Mix (% of Charges)								
Charity & Self Pay	43.5%	44.3%	-1.6%	44.8%	44.3%	1.2%	45.5%	-1.6%
Medicaid & Medicaid Managed	19.9%	22.7%	-12.1%	19.9%	22.7%	-12.1%	23.5%	-15.2%
Medicare & Medicare Managed	12.1%	11.4%	5.7%	11.8%	11.4%	3.8%	11.2%	6.0%
Commercial & Other	24.5%	21.7%	13.0%	23.5%	21.7%	8.3%	19.9%	18.3%
Total Unduplicated Patients - Rolling 12				246,821			248,285	-0.6%
Total New Patient - Rolling 12				88,761			86,124	3.1%

Harris Health System

Statistical Highlights

January FY 2024

Cases Occupying Beds - CM

Actual	Budget	Prior Year
3,502	3,435	3,465

Cases Occupying Beds - YTD

Actual	Budget	Prior Year
14,347	14,186	14,176

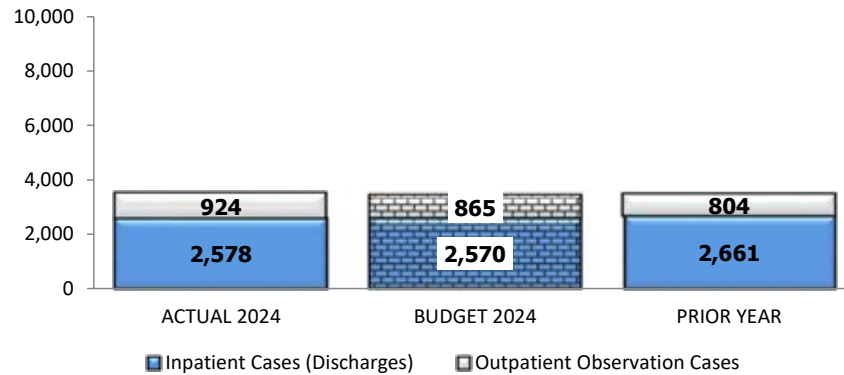
Emergency Visits - CM

Actual	Budget	Prior Year
13,461	12,971	12,714

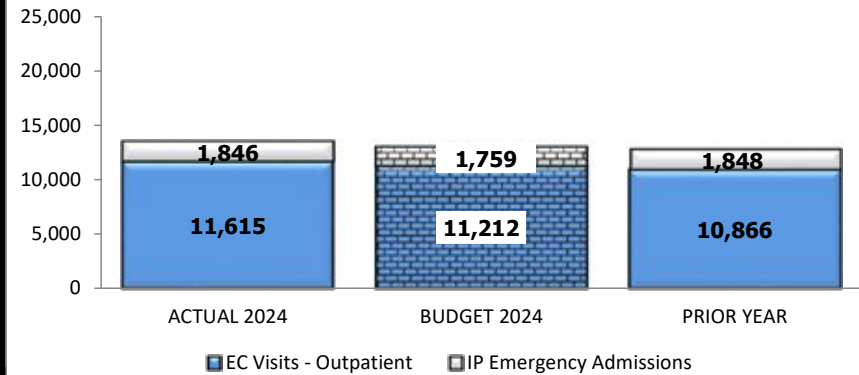
Emergency Visits - YTD

Actual	Budget	Prior Year
52,378	50,100	51,015

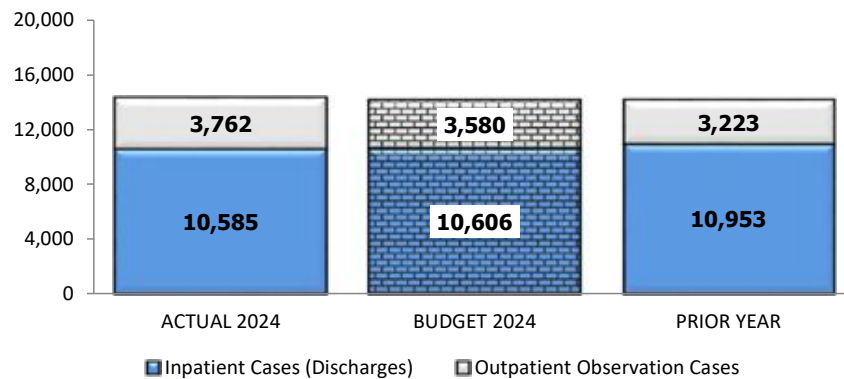
Cases Occupying Beds - Current Month



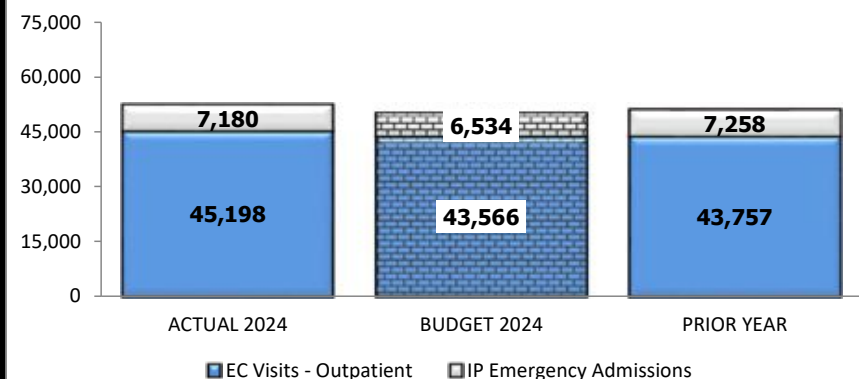
Emergency Visits - Current Month



Cases Occupying Beds - YTD



Emergency Visits - YTD



Harris Health System

Statistical Highlights

January FY 2024

Surgery Cases - CM

Actual	Budget	Prior Year
1,720	1,723	1,805

Surgery Cases - YTD

Actual	Budget	Prior Year
6,945	6,716	6,745

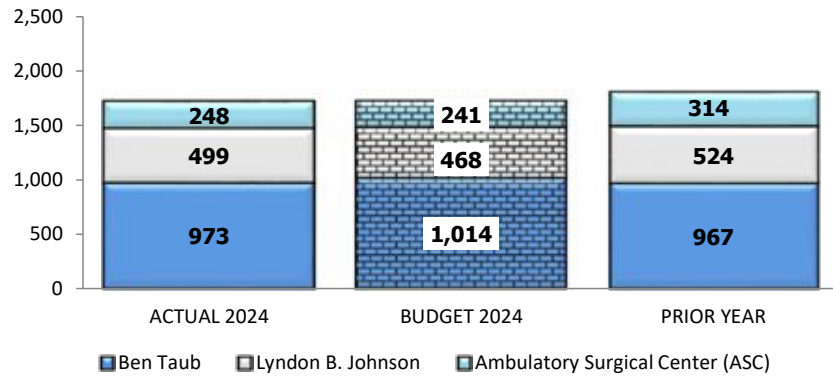
Clinic Visits - CM

Actual	Budget	Prior Year
69,849	73,791	74,000

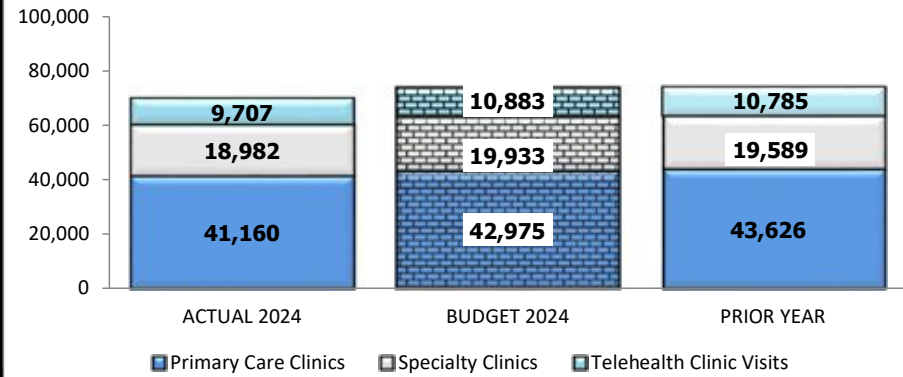
Clinic Visits - YTD

Actual	Budget	Prior Year
287,069	300,470	298,319

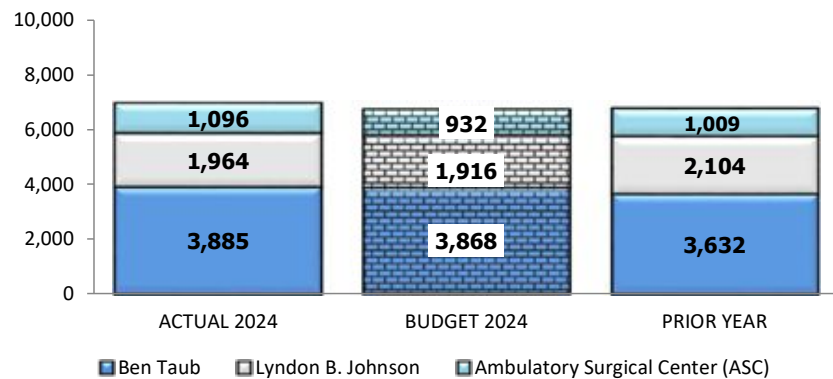
Surgery Cases - Current Month



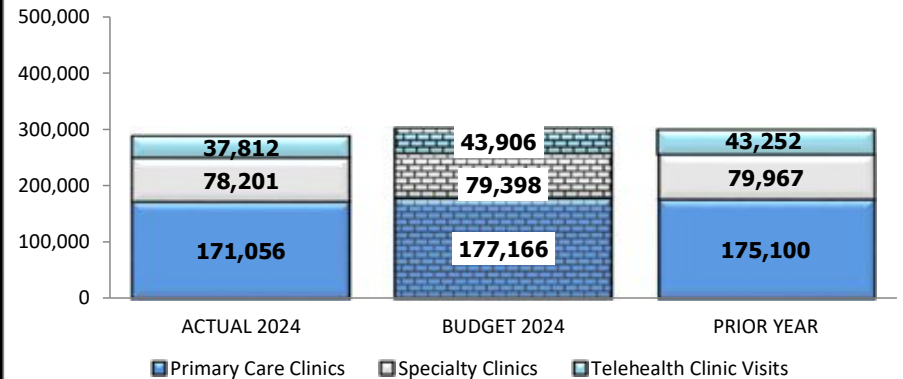
Clinic Visits - Current Month



Surgery Cases - YTD



Clinic Visits - YTD



Harris Health System

Statistical Highlights

January FY 2024

Adjusted Patient Days - CM

43,513

Adjusted Patient Days - YTD

173,974

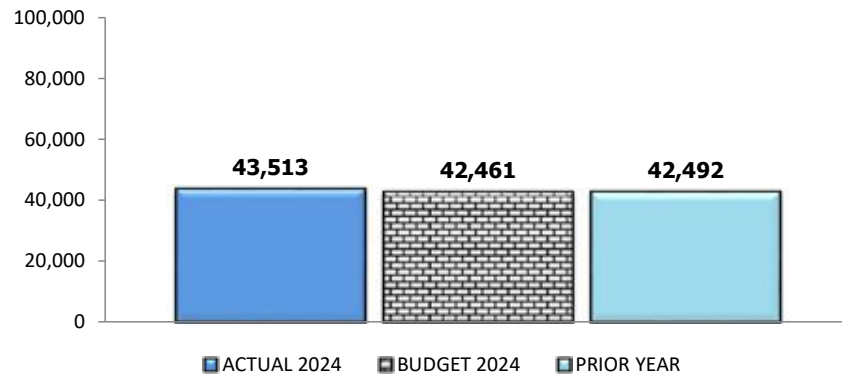
Average Daily Census - CM

663.8

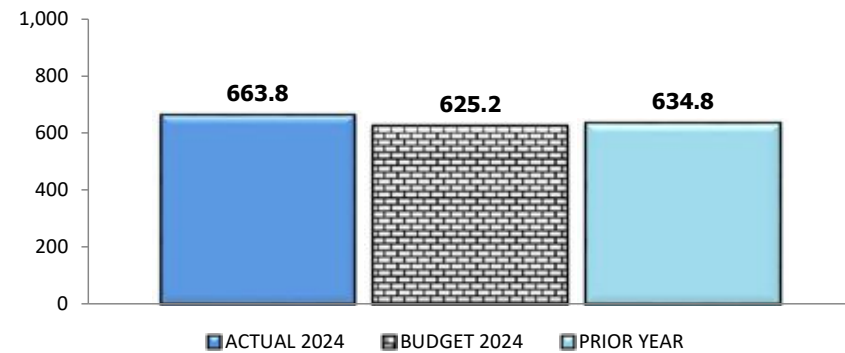
Average Daily Census - YTD

651.1

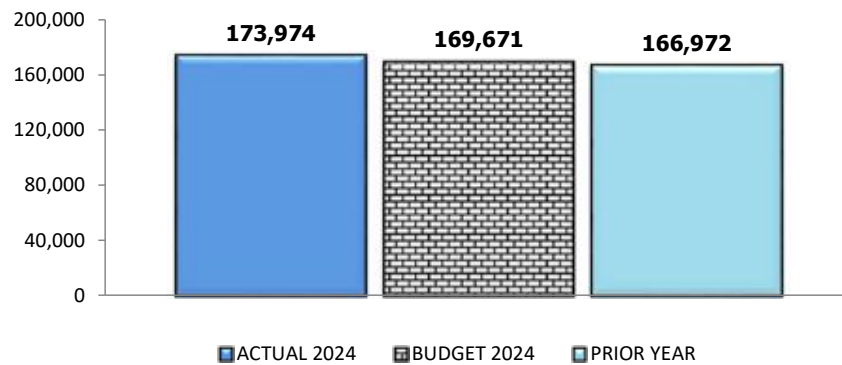
Adjusted Patient Days - Current Month



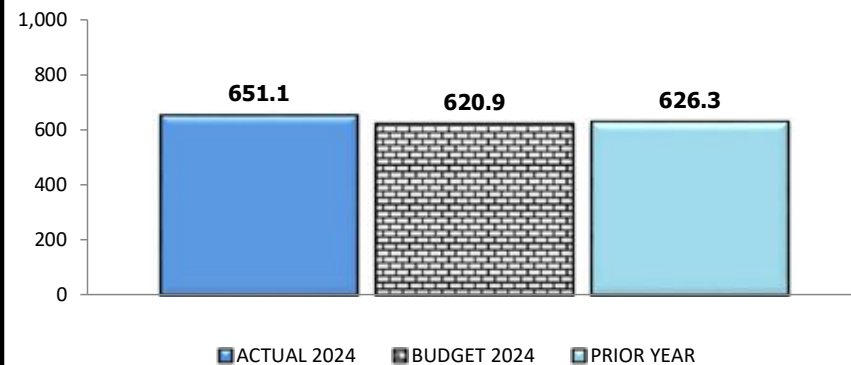
Average Daily Census - Current Month



Adjusted Patient Days - YTD



Average Daily Census - YTD



Harris Health System

Statistical Highlights

January FY 2024

Inpatient ALOS - CM

6.72

Inpatient ALOS - YTD

6.36

Case Mix Index (CMI) - CM

Overall

Excl. Obstetrics

1.689

1.864

Case Mix Index (CMI) - YTD

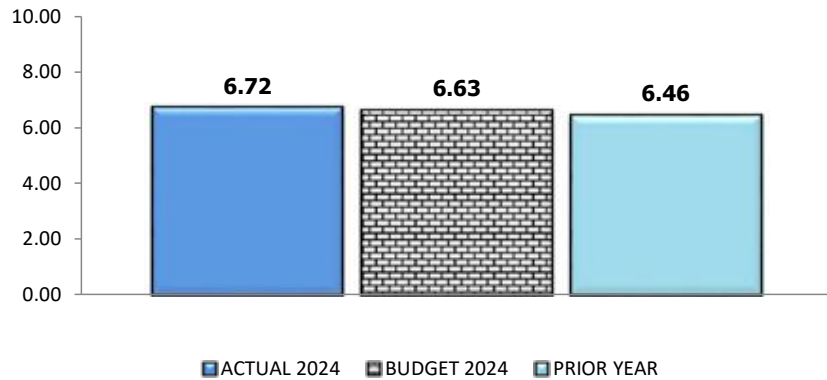
Overall

Excl. Obstetrics

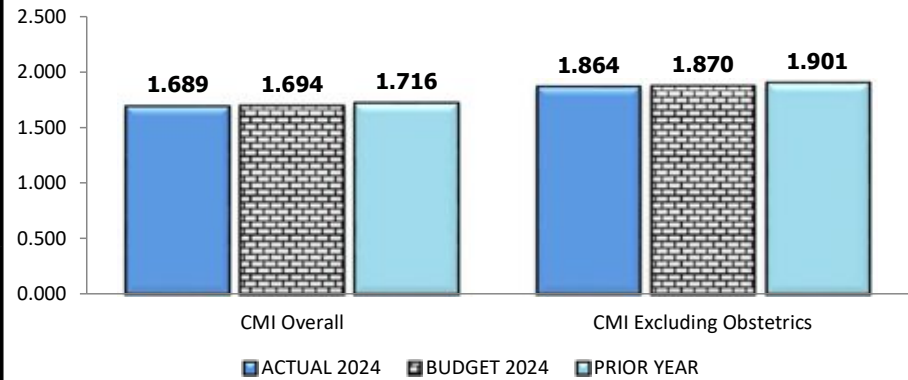
1.682

1.858

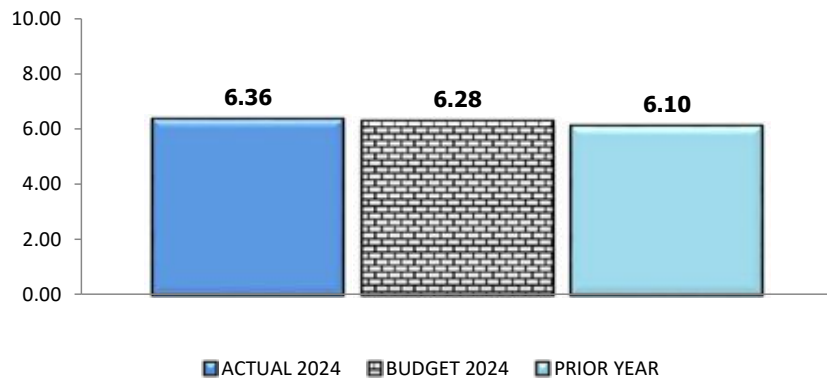
Inpatient ALOS - Current Month



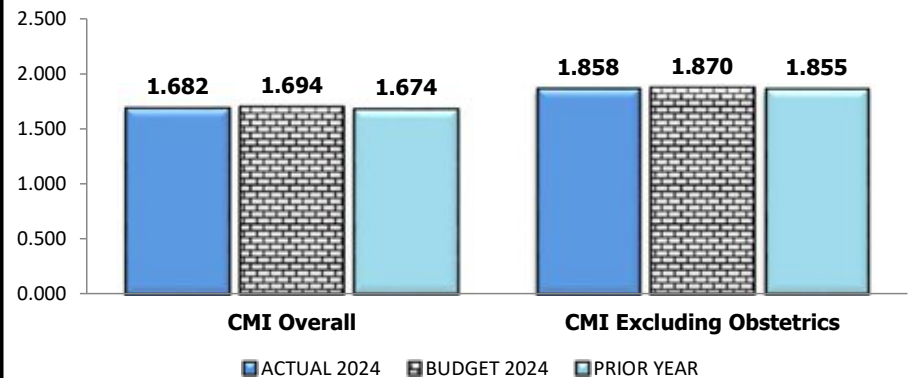
Case Mix Index - Current Month



Inpatient ALOS - YTD



Case Mix Index - YTD

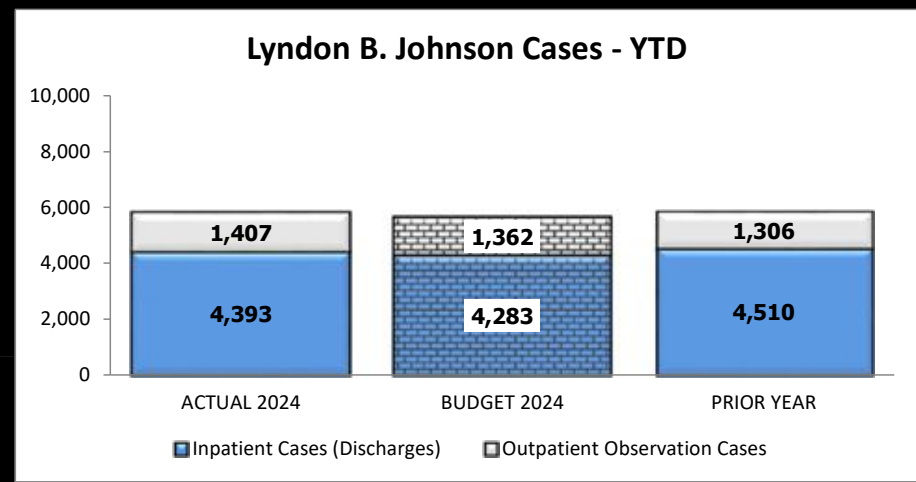
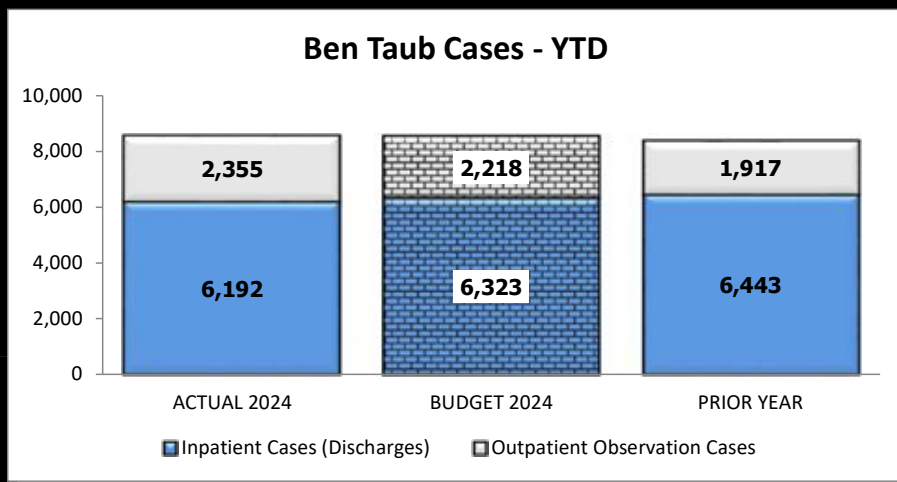
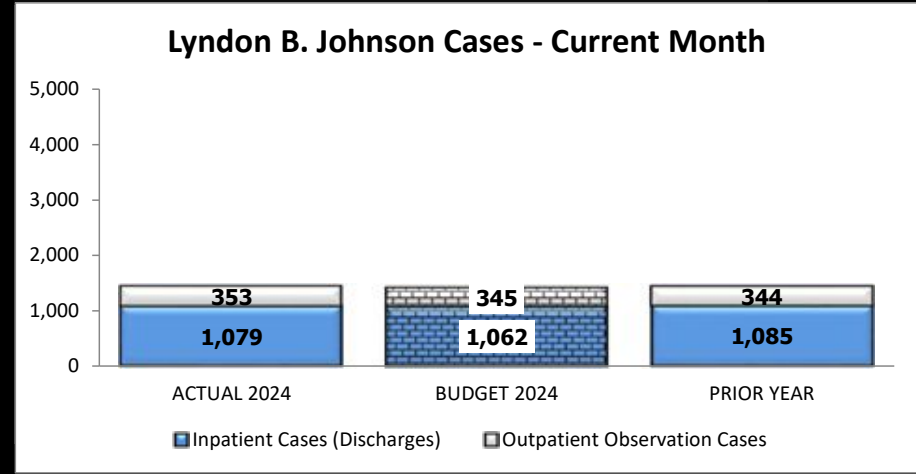
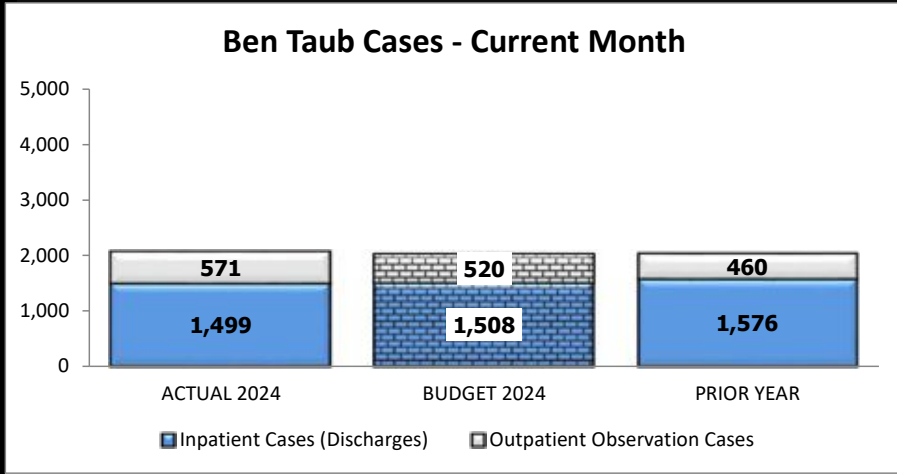


Harris Health System

Statistical Highlights - Cases Occupying Beds

January FY 2024

<u>BT Cases Occupying Beds - CM</u>			<u>BT Cases Occupying Beds - YTD</u>			<u>LBJ Cases Occupying Beds - CM</u>			<u>LBJ Cases Occupying Beds - YTD</u>		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
2,070	2,028	2,036	8,547	8,541	8,360	1,432	1,407	1,429	5,800	5,645	5,816



Harris Health System

Statistical Highlights - Surgery Cases

January FY 2024

BT Surgery Cases - CM

Actual	Budget	Prior Year
973	1,014	967

BT Surgery Cases - YTD

Actual	Budget	Prior Year
3,885	3,868	3,632

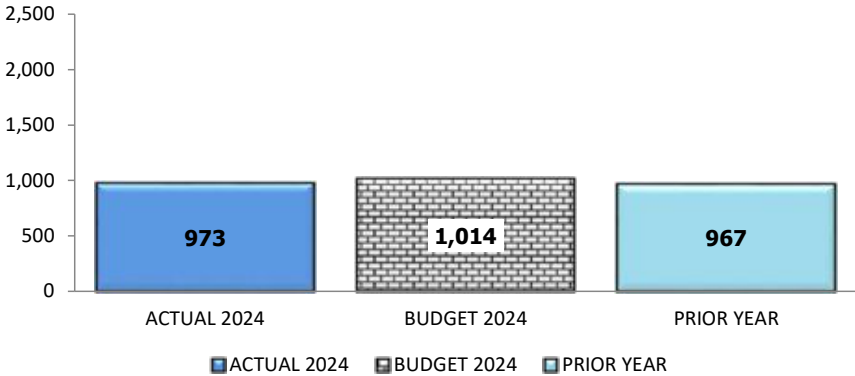
LBJ Surgery Cases - CM

Actual	Budget	Prior Year
747	709	838

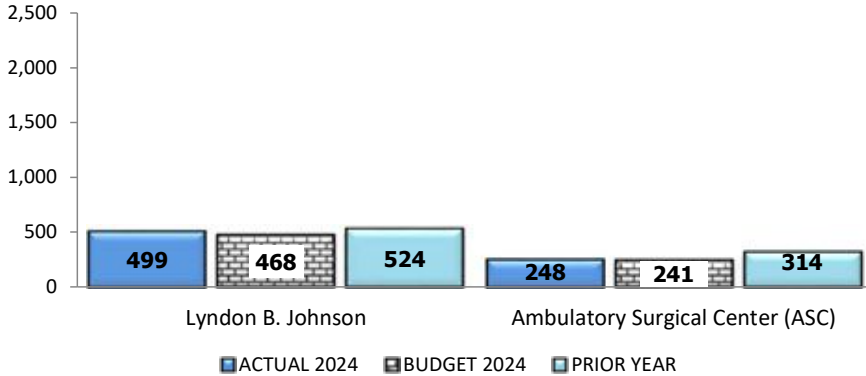
LBJ Surgery Cases - YTD

Actual	Budget	Prior Year
3,060	2,848	3,113

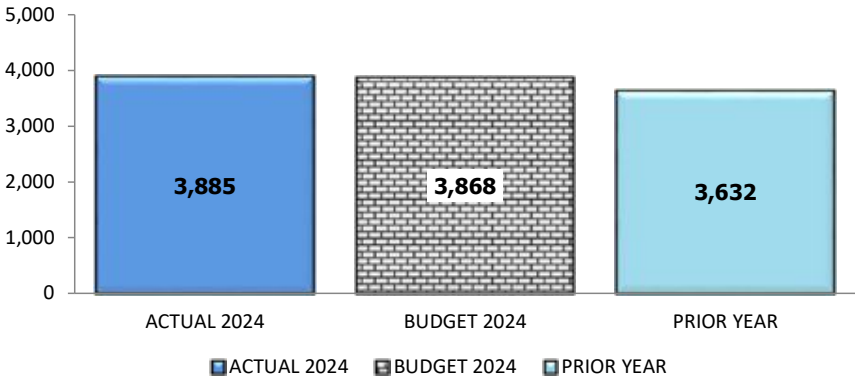
Ben Taub OR Cases - Current Month



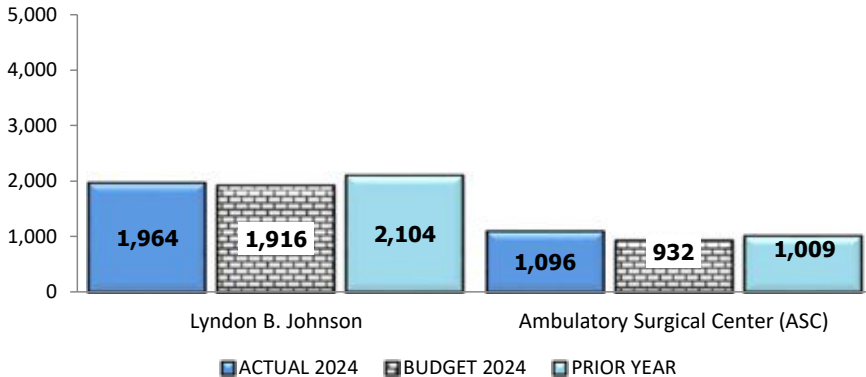
Lyndon B. Johnson OR Cases - Current Month



Ben Taub OR Cases - YTD



Lyndon B. Johnson OR Cases - YTD



Harris Health System

Statistical Highlights - Emergency Room Visits

January FY 2024

BT Emergency Visits - CM

Actual	Budget	Prior Year
6,874	6,478	6,343

BT Emergency Visits - YTD

Actual	Budget	Prior Year
27,582	24,495	24,805

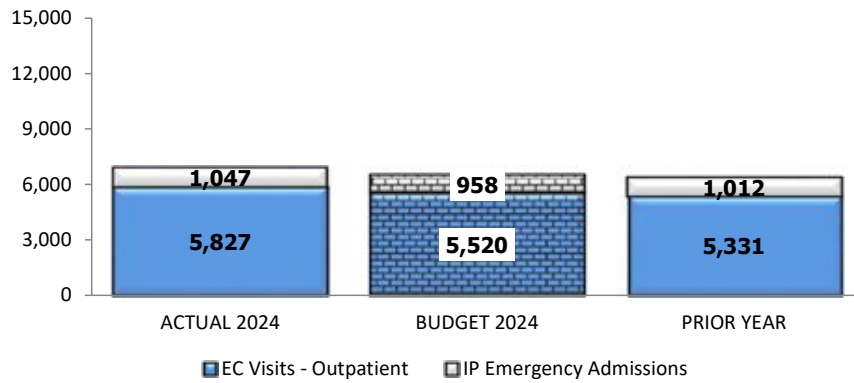
LBJ Emergency Visits - CM

Actual	Budget	Prior Year
6,587	6,493	6,371

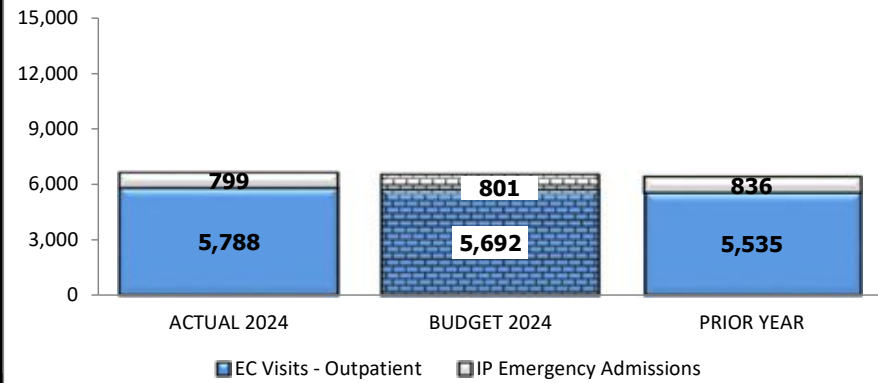
LBJ Emergency Visits - YTD

Actual	Budget	Prior Year
24,796	25,605	26,210

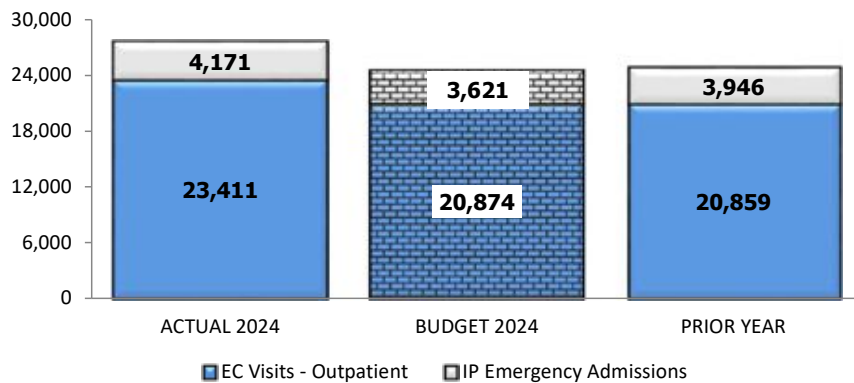
Ben Taub EC Visits - Current Month



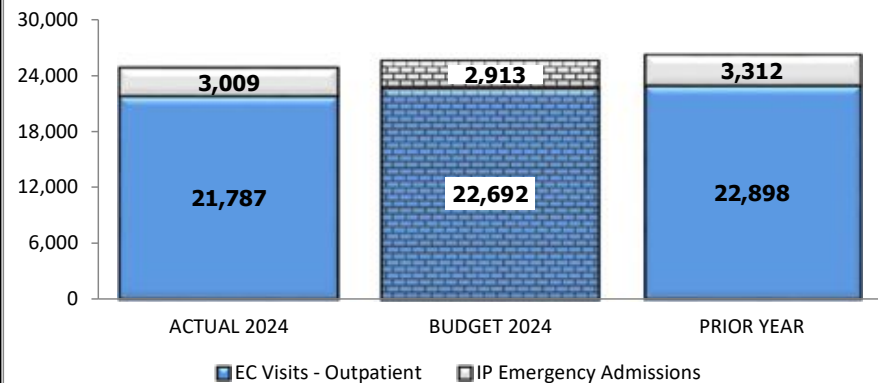
Lyndon B. Johnson EC Visits - Current Month



Ben Taub EC Visits - YTD



Lyndon B. Johnson EC Visits - YTD

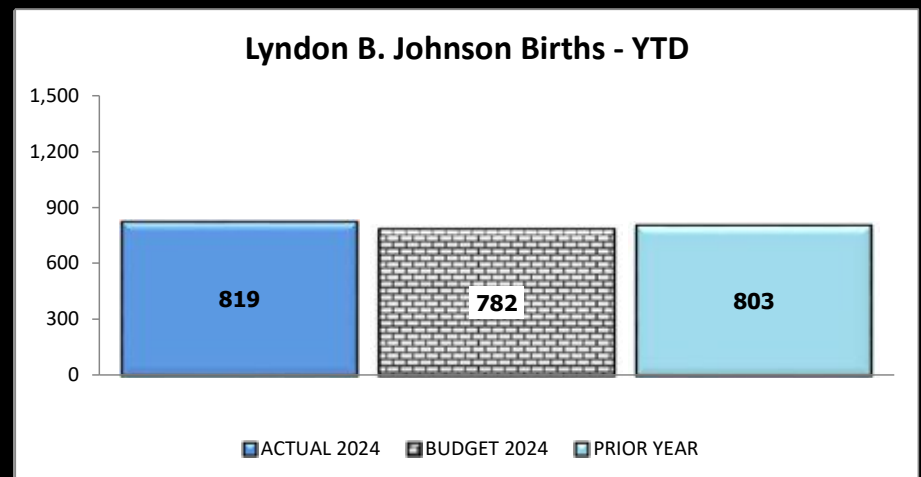
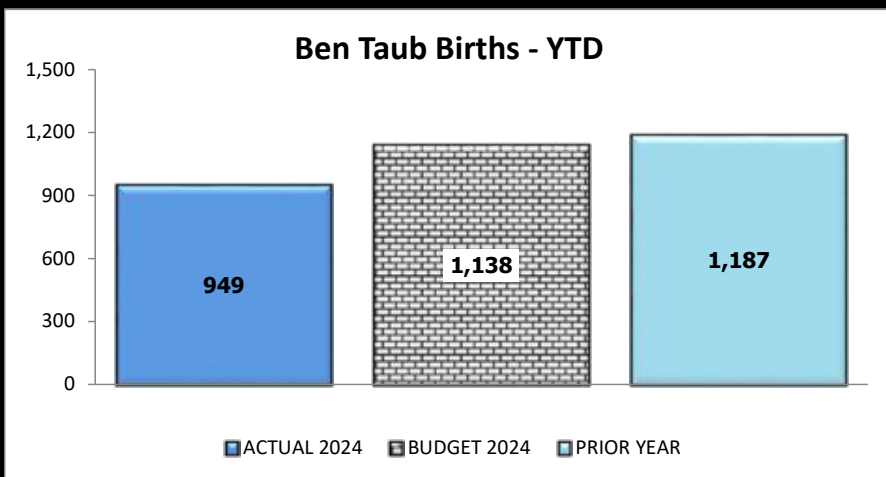
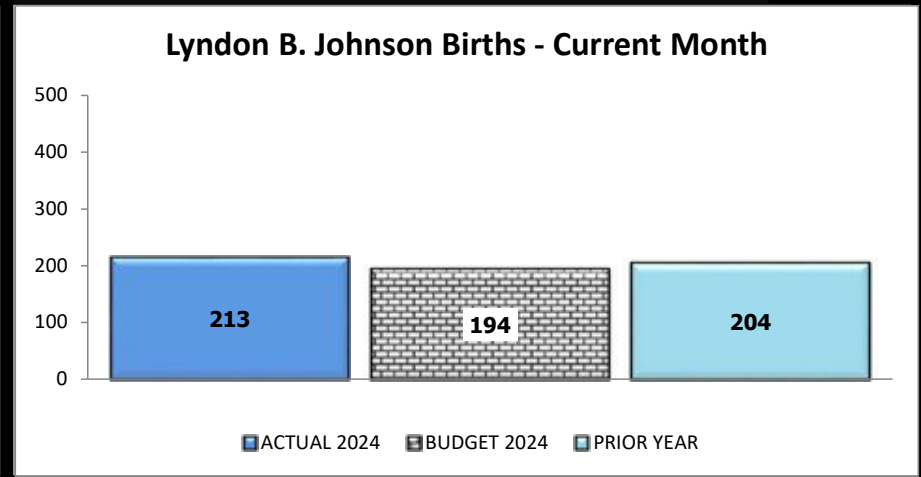
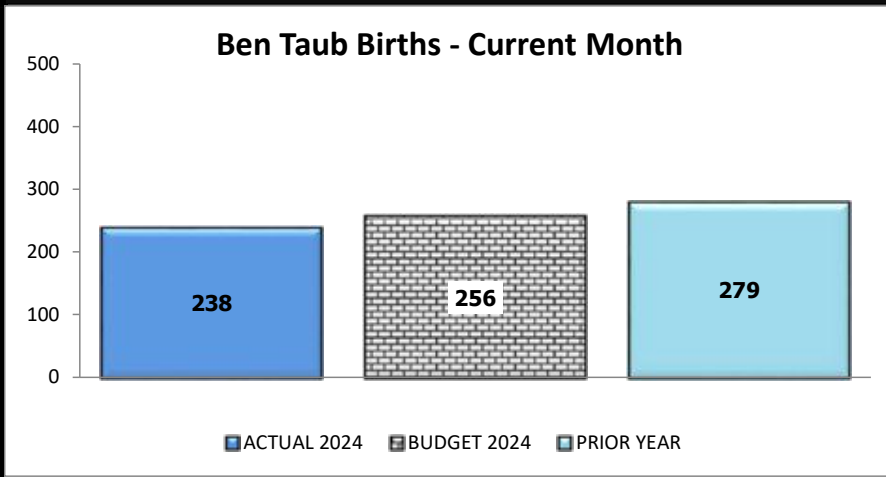


Harris Health System

Statistical Highlights - Births

January FY 2024

<u>BT Births - CM</u>			<u>BT Births - YTD</u>			<u>LBJ Births - CM</u>			<u>LBJ Births - YTD</u>		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
238	256	279	949	1,138	1,187	213	194	204	819	782	803



Harris Health System

Statistical Highlights - Adjusted Patient Days

January FY 2024

BT Adjusted Patient Days - CM

21,969

BT Adjusted Patient Days - YTD

86,598

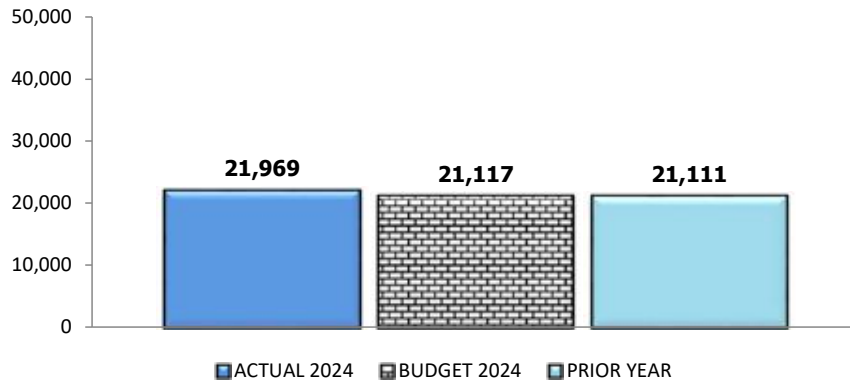
LBJ Adjusted Patient Days - CM

13,179

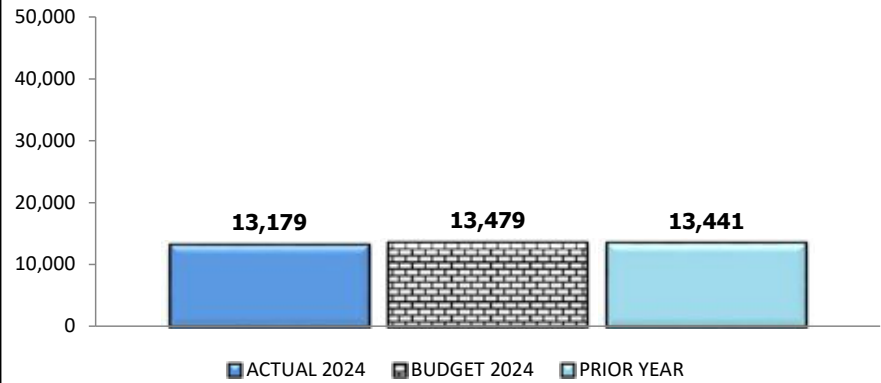
LBJ Adjusted Patient Days - YTD

53,656

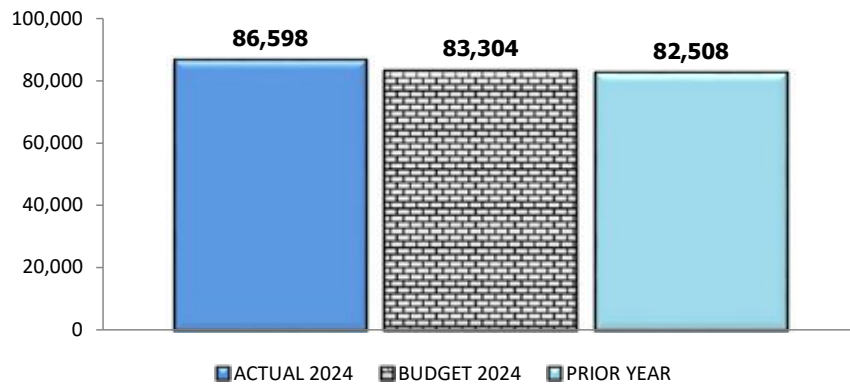
Ben Taub APD - Current Month



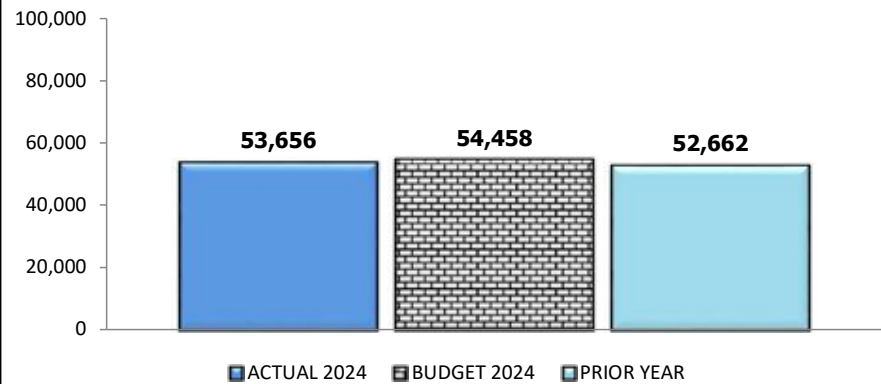
Lyndon B. Johnson APD - Current Month



Ben Taub APD - YTD



Lyndon B. Johnson APD - YTD

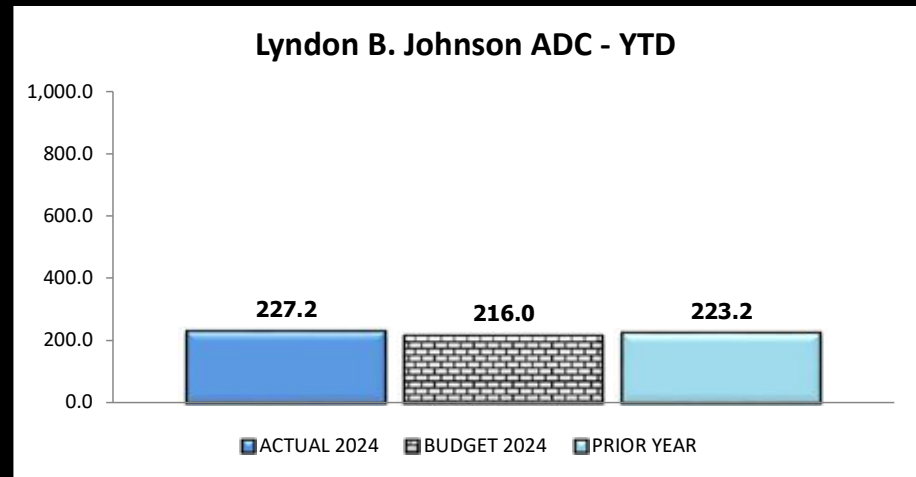
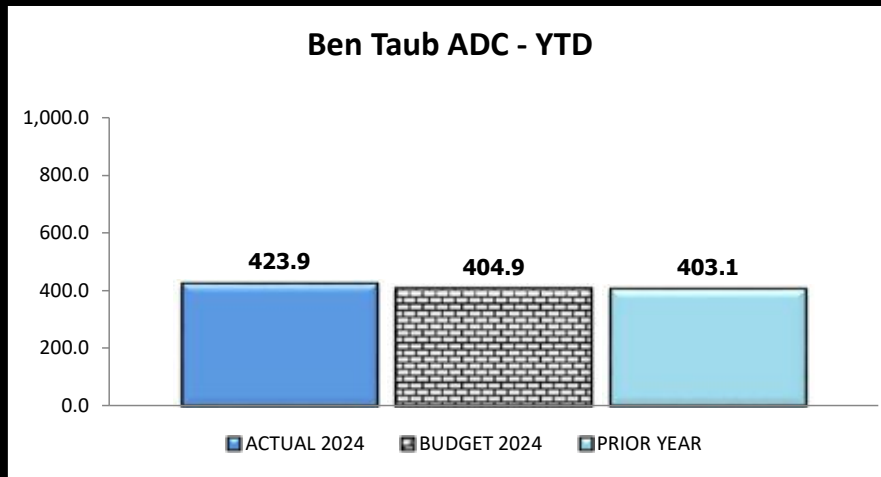
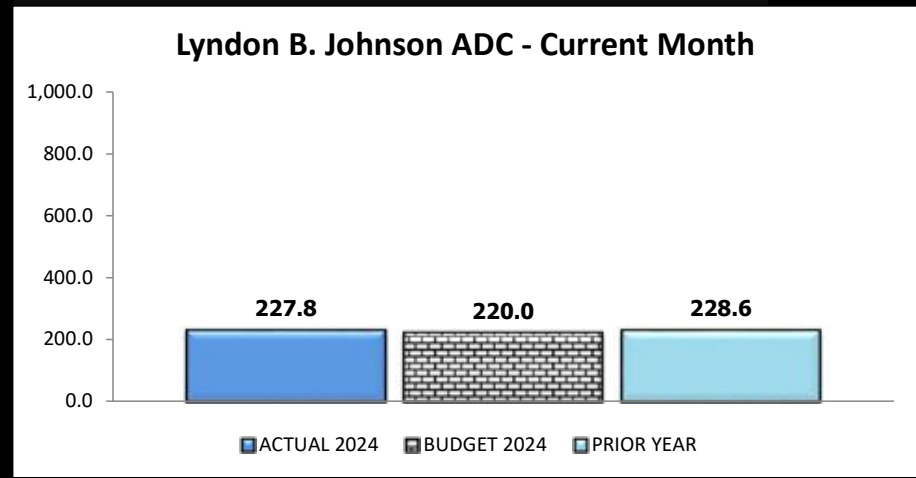
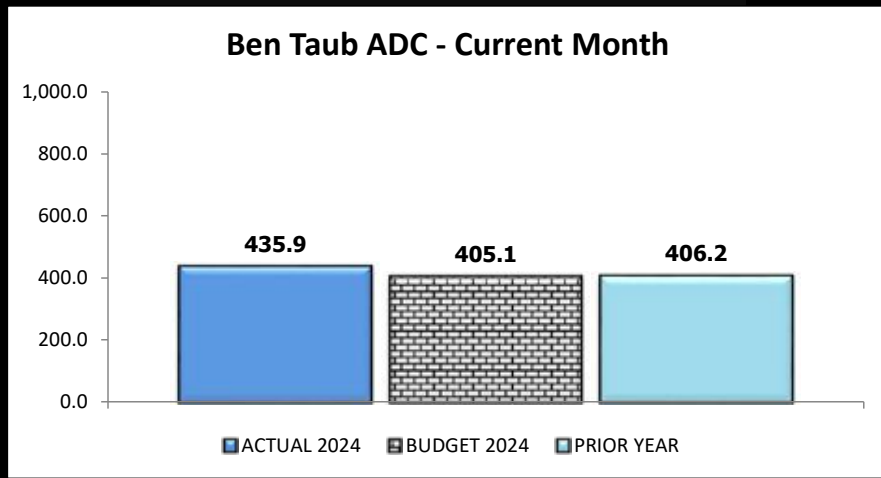


Harris Health System

Statistical Highlights - Average Daily Census (ADC)

January FY 2024

<u>BT Average Daily Census - CM</u>	<u>BT Average Daily Census - YTD</u>	<u>LBJ Average Daily Census - CM</u>	<u>LBJ Average Daily Census - YTD</u>
435.9	423.9	227.8	227.2



Harris Health System

Statistical Highlights - Inpatient Average Length of Stay (ALOS)

January FY 2024

BT Inpatient ALOS - CM

7.57

BT Inpatient ALOS - YTD

7.05

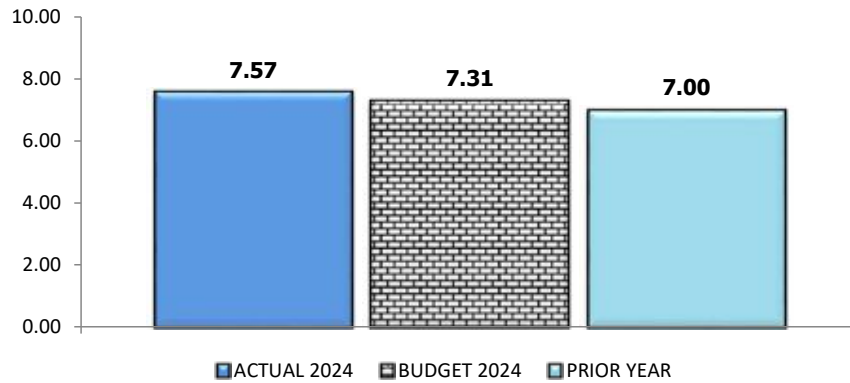
LBJ Inpatient ALOS - CM

5.56

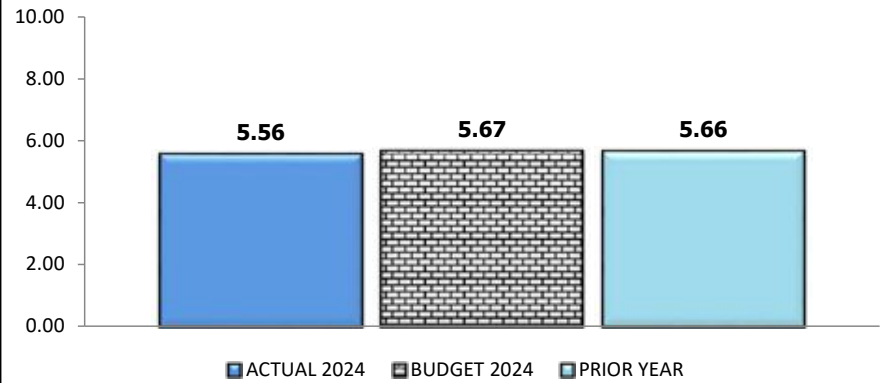
LBJ Inpatient ALOS - YTD

5.40

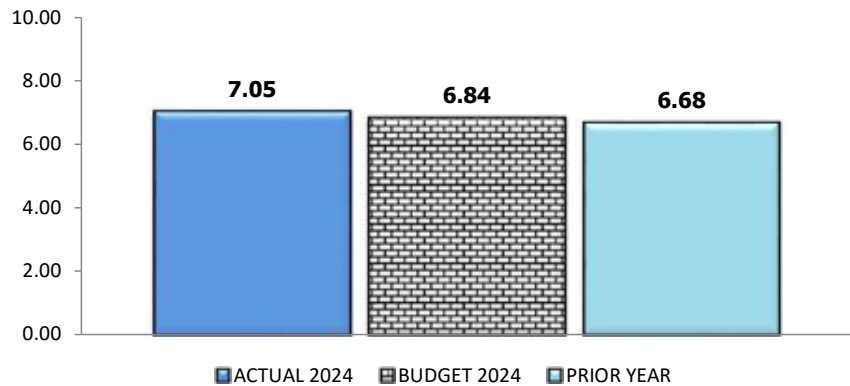
Ben Taub ALOS - Current Month



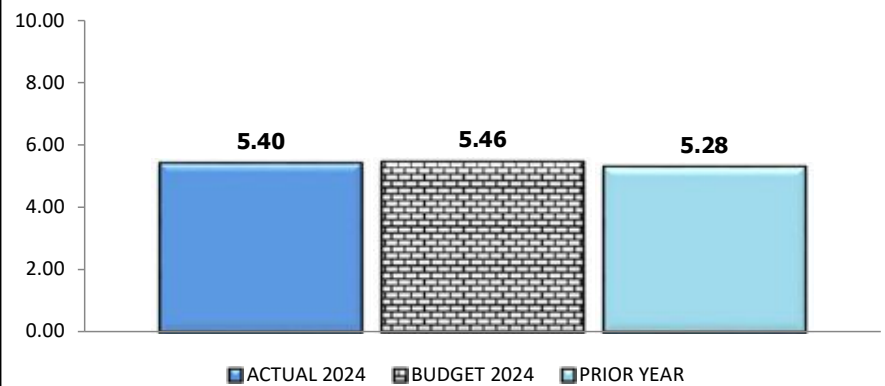
Lyndon B. Johnson ALOS - Current Month



Ben Taub ALOS - YTD



Lyndon B. Johnson ALOS - YTD



Harris Health System

Statistical Highlights - Case Mix Index (CMI)

January FY 2024

BT Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.844	2.024

BT Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.798	1.984

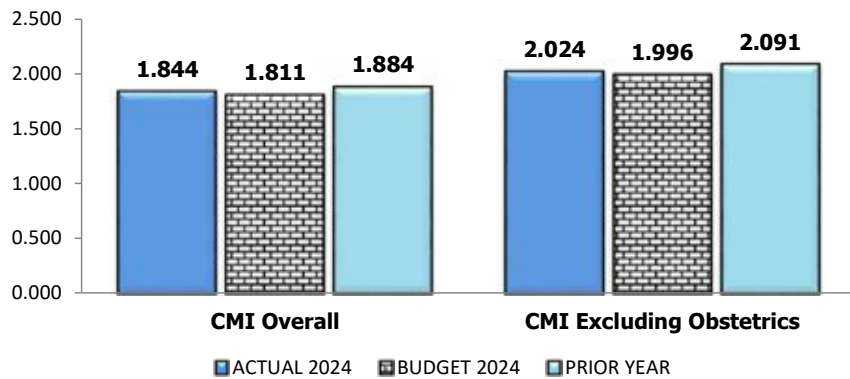
LBJ Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.473	1.630

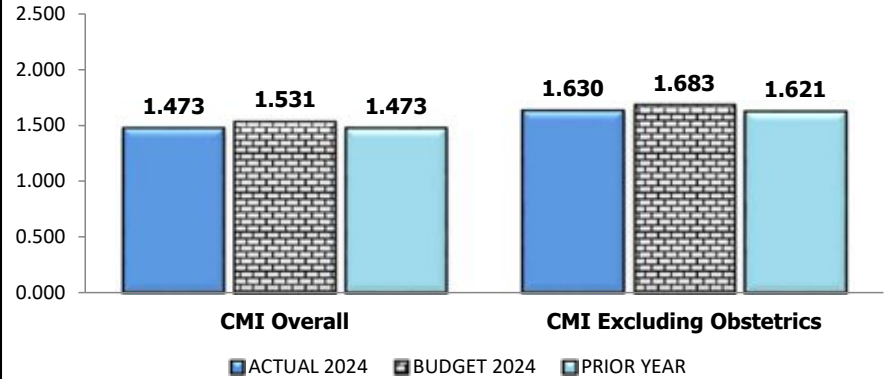
LBJ Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.520	1.677

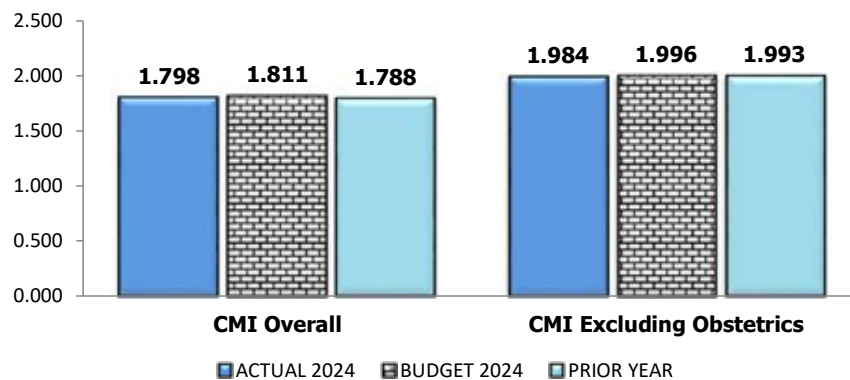
Ben Taub CMI - Current Month



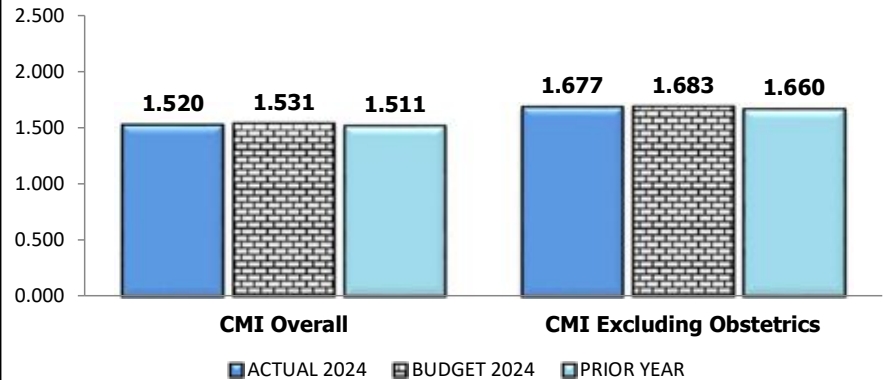
Lyndon B. Johnson CMI - Current Month



Ben Taub CMI - YTD



Lyndon B. Johnson CMI - YTD



Meeting of the Board of Trustees

Thursday, March 28, 2024

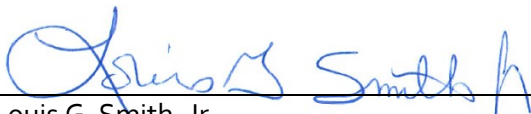
Consideration of Approval to enter into a new Inter-local Agreement with Harris County Department of Economic Equity & Opportunity (DEEO) to provide wage rate compliance services for Harris Health System construction projects

The Harris County Hospital District d/b/a Harris Health System is currently in an inter-local agreement with Harris County Public Infrastructure Department (HCPID) to provide wage rate compliance and bonds/insurance verification services. The current inter-local agreement automatically renews beginning March 1st of each year and allows both parties an option to terminate the contract with a 30-days written notification. The services being performed under HCPID are being transitioned under the Department of Economic Equity & Opportunity (DEEO).

Administration recommends approval to enter into a new inter-local agreement with Harris County DEEO to provide wage rate compliance services for construction projects. The initial term is from March 1, 2024 to September 30, 2025 at a rate of \$211,769.32 and renews annually beginning October 1, 2025 to align with the fiscal year.



Patrick Casey
Senior Vice President – Facilities Construction & Systems Engineering



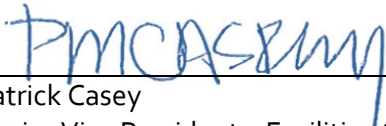
Louis G. Smith, Jr.
Senior Executive Vice President/Chief Operating Officer

Meeting of the Board of Trustees

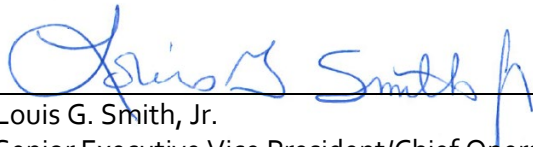
Thursday, March 28, 2024

Consideration of Approval to Amend and Renew the lease with Benjamin Wu for the
Sunset Heights Clinic located at 1623 Airline, Houston, Texas 77009

Administration recommends Board of Trustees approval to amend and renew the Sunset Heights Clinic lease with Benjamin Wu from April 1, 2024 through March 31, 2029, at an initial estimated monthly rate of \$14,919.90 (\$179,038.75/yr.) which includes an estimated pro-rata share of the common area maintenance and operating expenses due under the lease terms.



Patrick Casey
Senior Vice President – Facilities Construction & Systems Engineering



Louis G. Smith, Jr.
Senior Executive Vice President/Chief Operating Officer

BOARD OF TRUSTEES
Meeting of the Board of Trustees



BOARD OF TRUSTEES
 Sunset Heights Clinic
 Benjamin Wu
 March 28, 2024
 Page 2

Fact Sheet

Purpose of Lease: Ambulatory Care Clinic

Lessor: Benjamin Wu

Lessee: Harris Health System

Location of Lease Space: 1623 Airline Drive
Houston, Texas 77009

Lease Space: Approximately 4,939 square feet

Lease Term: 5 years

Lease Terms	Monthly Lease Rate	Est. Monthly Operating Expenses	Est. Monthly Payment	Est. Annual Payment	Gross Annual Rate
Year 1: April 1, 2024 – March 31, 2025	\$12,347.50	\$2,572.40	\$14,919.90	\$179,038.75	\$36.25
Year 2: April 1, 2025 – March 31, 2026	\$12,656.19	\$2,572.40	\$15,228.58	\$182,743.00	\$37.00
Year 3: April 1, 2026 – March 31, 2027	\$12,964.88	\$2,572.40	\$15,537.27	\$186,447.25	\$37.75
Year 4: April 1, 2027 – March 31, 2028	\$13,273.56	\$2,572.40	\$15,845.96	\$190,151.50	\$38.50
Year 5: April 1, 2028 – March 31, 2029	\$13,582.25	\$2,572.40	\$16,154.65	\$193,855.75	\$39.25

Thursday, March 28, 2024

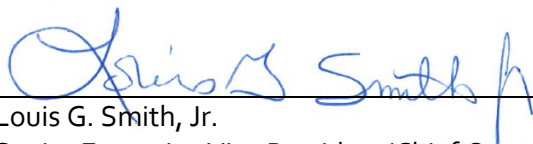
Consideration of Approval to Convey a Non-Exclusive Utility Easement and
Right of Way to Crown Castle Fiber, LLC at Lyndon B. Johnson Hospital,
5656 Kelley St, Houston, Texas 77026

Administration recommends Board of Trustees approval to authorize the conveyance of a non-exclusive easement and Right of Way to Crown Castle Fiber LLC for utilities to be located along a three foot (3') wide right-of-way extending from the nearest public right-of-way to Harris Health System's wireless communication equipment within the building at 5656 Kelley St, Houston, Texas 77026.

The easement is identified as "a proposed 3-foot-wide fiber easement being a part of a 50.83-acre tract or land in Kashmere Gardens Park Partial Replat No. 2 and Extension, Unrestricted Reserve "A", Block 1, W.P. Harris Survey and Robert Wilson Survey, Abstract No. 32, City of Houston, Harris County, Texas" as detailed in the attached survey sketches.



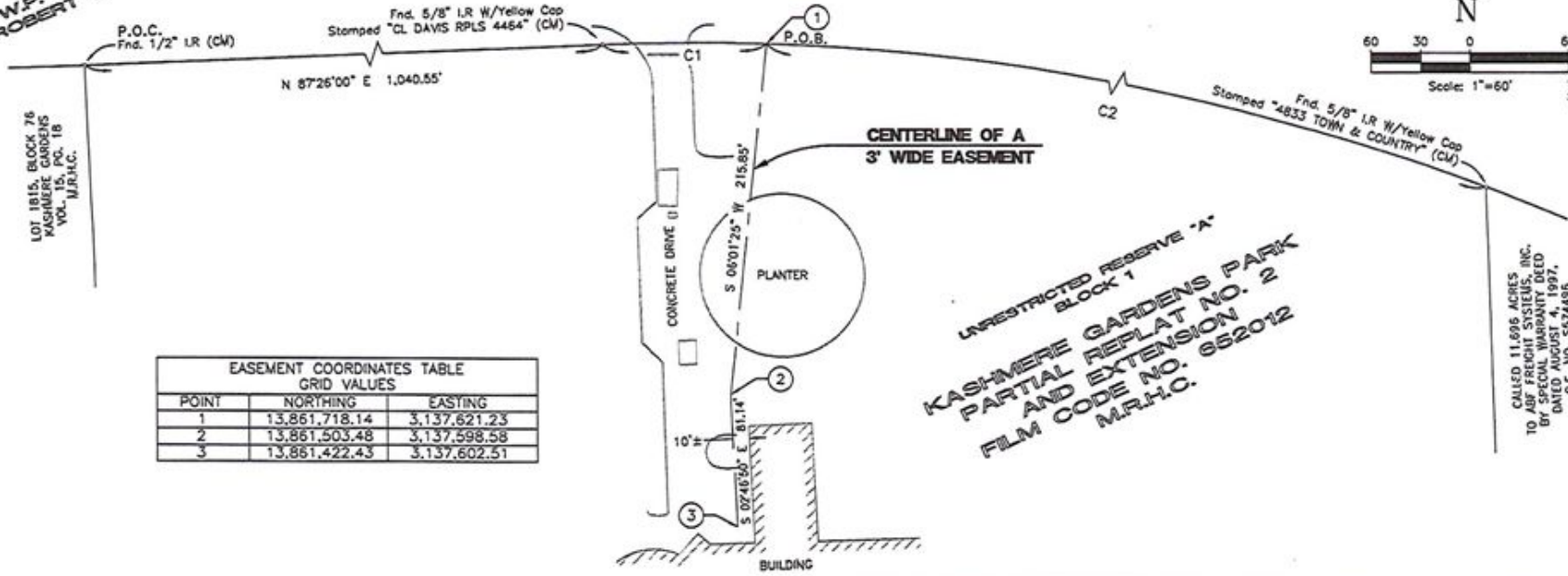
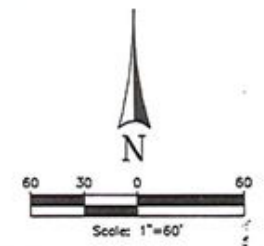
Patrick Casey
Senior Vice President – Facilities Construction & Systems Engineering



Louis G. Smith, Jr.
Senior Executive Vice President/Chief Operating Officer

W.P. HARRIS SURVEY, A-32 &
ROBERT WILSON SURVEY, A-32

KELLY STREET
(150 FEET WIDE)
(FILM CODE NO. 652012 M.R.H.C.)



POINT	NORTHING	EASTING
1	13,861,718.14	3,137,621.23
2	13,861,503.48	3,137,598.58
3	13,861,422.43	3,137,602.51

UNRESTRICTED RESERVE "A"
BLOCK 1
KASHMERE GARDENS PARK
PARTIAL REPLAT NO. 2
AND EXTENSION
FILM CODE NO. 652012
M.R.H.C.

CALLED 11.696 ACRES INC.
TO ASB FRESH MEATS, INC.
BY SPECIAL JUST. A. 1997,
C.F. NO. 5574495
O.P.A.R.P.H.C.

CURVE	ARC LENGTH	RADIUS	DELTA ANGLE	CHORD BEARING	CHORD LENGTH
C1	98.88'	1,318.40'	4°17'49"	N 89°34'54" E	98.85'
C2	735.44'	1,318.40'	31°57'41"	S 72°17'21" E	725.95'

- NOTES:
- 5/8-INCH IRON RODS WITH YELLOW CAPS STAMPED "COBB, FENDLEY & ASSOCIATES" SET AT ALL TRACT CORNERS UNLESS NOTED OTHERWISE.
 - ALL BEARINGS SHOWN HEREON ARE BASED ON THE TEXAS STATE COORDINATE SYSTEM, SOUTH CENTRAL ZONE (4204), NAD 83, 2011 ADJUSTMENT. FOUND MONUMENTS MARKED "CM" WERE HELD FOR CONTROLLING MONUMENTS.
 - THIS SURVEY DRAWING IS REFERENCED TO A METES AND BOUNDS DESCRIPTION PREPARED BY COBB, FENDLEY & ASSOCIATES, INC. OF EVEN DATE.



Project: CENTERLINE OF A 3 FOOT WIDE EASEMENT EXHIBIT SITUATED IN THE W.P. HARRIS SURVEY, A-32 & ROBERT WILSON SURVEY, A-32 IN HARRIS COUNTY, TEXAS.

Client: CROWN CASTLE FIBER, LLC

Address: 5656 KELLY STREET

City: Houston, Texas

Scale: 1"=60' Drawn By: LG FB # 3424

Date: 2-7-2024 Job No. 2303-040-02

CobbFendley
TIPPL Engineering Firm No. 274
Land Surveying Firm No. 1084798
4424 W Glen Houston Parkway N, Suite 800
Houston, Texas 77041
713.462.3242 | Fax 713.462.3262
www.cobb-fendley.com

CENTERLINE EASEMENT

DESCRIPTION OF THE CENTERLINE OF AN EASEMENT SITUATED IN THE HARRIS SURVEY, A-32 AND THE ROBERT WILSON SURVEY, A-32, IN HARRIS COUNTY, TEXAS

Being the centerline of a three (3) foot wide easement, being a total of 296.99 feet in length, situated in the Harris Survey, A-32 and the Robert Wilson Survey, A-32, Harris County, Texas, and being out of Unrestricted Reserve "A", Block 1 of Kashmere Gardens Park Partial Replat No. 2 and Extension, a subdivision plat recorded in Film Code No. 652012, of the Map Records of Harris County, Texas. Said centerline easement being more particularly described by metes and bounds as follows:

COMMENCING for reference at a found 1/2-inch iron rod located on the south right-of-way line of Kelly Street (150 feet wide, Film Code No. 652012, of the Map Records of Harris County, Texas), for the northwest corner of said Unrestricted Reserve "A", Block 1;

THENCE North 87° 26' 00" East, with the south right-of-way line of said Kelley Street and the north line of said Unrestricted Reserve "A", Block 1, a distance of 1,040.55 feet to a found 5/8-inch iron rod with yellow cap stamped "CL DAVIS RPLS 4464" for the point of curvature to the right;

THENCE in an easterly direction, with the south right-of-way line of said Kelley Street and the north line of said Unrestricted Reserve "A", Block 1 and said curve to the right whose radius is 1,318.40 feet and whose central angle is 4° 17' 49" (chord bears N 89° 34' 54" E, a distance of 98.85 feet) for an arc length of 98.88 feet to 5/8-inch iron rod with yellow cap stamped "COBB, FENDLEY & ASSOCIATES" for the **POINT OF BEGINNING** of said centerline easement;

THENCE South 06° 01' 25" West, over and across said Unrestricted Reserve "A", Block 1, a distance of 215.85 feet to a set "X" in concrete, for the angle point of said centerline easement herein described;

THENCE South 02° 46' 50" East, over and across said Unrestricted Reserve "A", Block 1, a distance of 81.14 feet to a set "X" in concrete, for the **POINT OF TERMINUS** of said centerline of a three (3) foot wide easement, being a total of 296.99 feet in length, more or less.

Notes:

1. All Bearings cited hereon are based on the Texas State Coordinate System, South Central Zone (4204), NAD 83, 2011 Adjustment. Found monuments marked "CM" were held for controlling monuments.

2. This metes and bounds description is referenced to a survey drawing prepared by Cobb, Fendley & Associates, Inc. dated January 25, 2024, titled "CENTERLINE OF A 3 FOOT WIDE EASEMENT EXHIBIT SITUATED IN THE W.P. HARRIS SURVEY, A-32 & ROBERT WILSON SURVEY, A-32 IN HARRIS COUNTY, TEXAS.

Cobb, Fendley & Associates, Inc.
TBPELS Engineering Firm No. 274
Land Surveying Firm No. 10046700
4424 W Sam Houston Parkway N, Suite 600
Houston, Texas 77041
Phone: (713) 462-3242

Job No. 2303-040-02

February 7, 2024



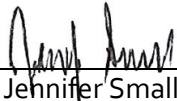
Thursday, March 28, 2024

Consideration of Approval to Amend the Oral and Maxillofacial Surgery Services Agreement
with The University of Texas Health Science Center at Houston

Administration requests approval of an amendment (“Amendment”) to the Oral and Maxillofacial Surgery Services Agreement (“Agreement”) with The University of Texas Health Science Center at Houston (“UTHealth”). Pursuant to the Agreement, UTHealth provides oral and maxillofacial surgery and orthodontic professional services (“Services”) to Harris Health patients.

Harris Health, in consultation with a third-party valuation firm, and UTHealth have agreed to amend the Total Compensation Amount in the Agreement for the fourth Contract Year (July 1, 2023 through June 30, 2024) in an amount not to exceed \$5,308,740. This amount represents an increase of \$260,244 over the prospective Total Compensation Amount, previously approved by the Board of Trustees. The parties have also agreed to revise Performance Metrics as part of this Amendment.

Administration recommends approval of the Amendment for purposes of ensuring the continued provision of Services to Harris Health patients.



Jennifer Small

Executive Vice President, Ambulatory Care Services

BOARD OF TRUSTEES

Meeting of the Board of Trustees



Thursday, March 28, 2024

Consideration of approval to amend the Administrative Services Agreement Between Harris Health System and Community Health Choice, Inc. and Community Health Choice Texas, Inc. to address regulatory requirements

The current Amended and Restated Harris Health System and Community Health Choice Administrative Services Agreement ("Agreement") sets forth services and support that may be provided by Harris Health to Community Health Choice ("Community") and the payment parameters for such services and other reimbursable items. Community was recently awarded a contract by the Texas Health and Human Services Commission ("HHSC") to administer STAR+Plus in the Harris Service Area. To comply with certain statutory and HHSC contract requirements, Harris Health and Community propose to revise and update the Texas Medicaid Regulatory Addendum to include a disclosure of ownership and control clause.

Chris Buley

Chris Buley
Chief Legal Officer
Community Health Choice

Thursday, March 28, 2024

Harris Health System Legislative Initiatives

Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System.



King Hillier
V.P., Public Policy & Government Relations

March 28, 2023
Board of Trustees Monthly Report

Federal Update

Front Line Hospital Alliance (FLHA) Update: During a March 11-13 trip to DC, Dr. Porsa met with other FLHA CEOs from Indianapolis, Denver, Lubbock, and Cleveland for a productive round of Hill visits. During the business strategy meeting Monday afternoon Dr. Porsa assumed the role of FLHA Chair along with Dr. Lisa Harris of Eskenazi Health in Indianapolis.

These CEOs collectively and individually met with several leadership and key committee offices in both the House and Senate including Senator John Thune (SD), Senate Finance Committee Majority and Minority Staff, and House Energy and Commerce Committee senior members, Representatives Bob Latta (OH) and Richard Hudson (NC).

Dr. Porsa also met with key members of the Harris County Delegation including Sylvia Garcia, Al Green, Lizzie Fletcher, Randy Weber and policy staffers for Dan Crenshaw and Senator Cornyn.

Garnering a formal statutory designation is the key priority for the FLHA and there are two bills that have been introduced - HR 7327 and S 3450 – to achieve that goal. This designation would codify a definition in federal law that would designate Harris Health facilities as “super” safety net hospitals. The legislation as drafted would confer the same status on seven hospitals in Texas and approximately 130 nationwide.

Shortly after the FLHA bills were filed, Americas Essential Hospitals filed similar legislation (HR 7397) which would designate over 1,000 hospitals as “Essential Health Systems.” Under this broad definition, 1 in 3 hospitals nationwide would qualify including all the TMC Houston area health systems.

The FLHA message was very well received in all meetings and the general consensus from members and staff was that the more limited definition was preferable and they responded very favorably to Dr. Porsa’s underlying message that “if everyone is a safety net hospital, then no one is a safety net hospital.”

Designation is critical for the super safety net as we continue to differentiate Harris Health from other systems in current and future policy debates over the 340B program, facility fee/site neutral policy debates, and future supplemental funding during pandemics and disasters.

Attached are summaries of the legislation, a comparative analysis of designation initiatives by FLHA, AEH, and AHA; and a list of FLHA urban designated health systems.

Fiscal Year 2024 Budget Update: Congress averted a government shutdown with new stopgap funding and has released a six-bill omnibus appropriations package for the remainder of the fiscal year (FY) that would eliminate an \$8 billion cut to Medicaid disproportionate share hospital (DSH) funding and delay the next year's DSH cut.

That proposed legislation would eliminate the \$8 billion, FY 2024 cut to Medicaid DSH and delay the \$8 billion, FY 2025 cut until Jan. 1, 2025, allowing lawmakers to put off a decision on DSH cuts until after the general election. The proposal does not include policies for Medicare site-neutral payments, hospital pricing transparency, or pharmacy benefit manager reforms.

Immigration Issues: The House Committee on Ways and Means Committee Chair Jason Smith (R-Mo.) and other committee Republicans sent a [letter to Health and Human Services Secretary Xavier Becerra](#) calling on Becerra to address the impact of the border crisis on access to care. Denver Health was cited in the letter as an example of a safety net health system struggling to keep pace with the influx of new patients. We are currently analyzing Harris Health data in anticipation of inquiries from elected officials or the media. Once the review is complete the results will be shared. Anecdotally, in consultation with the medical staff and leadership there has been no notable shift in the populations we have traditionally served.

Leadership Changes: Senate Republican Leader Mitch McConnell (R-Ky.) announced that he will step down from his leadership position in November.

Senator John Cornyn and Senator John Thune (R-SD) have announced their candidacies to replace Majority Leader McConnell. Senate leadership elections will likely occur in November after the general election results are finalized and control of the Senate is determined.

Front Line Hospital Alliance

H.R. 7327, the Protecting Front Line Multimission Hospitals Act

I. Background on Front Line Multimission Hospitals

Front Line Multimission hospitals are characterized by high disproportionate share and tertiary services provided to the sickest, most impoverished and costliest of patients in our communities. We are “super” safety-net hospitals, caring for a substantially higher volume of low-income patients. We also provide the full continuum of primary through tertiary services, including complex critical and trauma care, and specialized services to patient populations with comorbidities and other medical challenges. In addition, we train the next generation of physicians to care for these vulnerable patients. *While there are many worthy safety-net hospitals, what distinguishes the 137 “Front Line” hospitals is the triple mission of caring for an exceptionally high amount of low-income patients; providing high-cost, specialized treatment to medically complex and socially at-risk patients, and training the next generation of clinicians to serve those most in need, resulting in serious stresses on our financial viability.*

Front Line Multimission hospitals’ commitment to providing complex care to those most in need with humanity and dignity results in a *perpetual financial struggle to make ends meet and deliver necessary services to these populations* that typically have relatively poor health status, multiple co-morbidities and challenges related to social risk factors. Collectively, these challenges contribute to substantial health disparities for these patients, a great many of whom are African American, Hispanic or members of other minority groups. These patients commonly suffer from multiple conditions, mental health, and substance abuse challenges. Many lack stable housing, employment, and proper nutrition – all of which contribute to poorer health. Most are insured by public programs such as Medicaid, Medicare, and CHIP, or have no insurance at all. And commercial populations are small, often well below 20 percent. Many have high populations of dually eligible Medicare and Medicaid beneficiaries.

To maintain adequate access to services for low-income individuals, our Front Line hospitals incur a variety of costs beyond traditional “hospital” costs. Three major cost categories include:

- Assisting to pay for physicians to serve large numbers of Medicaid and uninsured patients. This usually takes one of two forms: (1) the hospital employs the physician on an adequate salary and takes assignment of their billings; or (2) for community physicians, the hospital provides free office space, equipment, utilities, IT support and staffing/billing support.
- Covering costs incurred by community FQHCs, affiliated FQHCs, and hospital community based clinics. Similar to above, this often involves covering various fixed costs or providing supportive services at no cost.
- For public hospitals that provide EMS services in their city or county, significant unreimbursed expenses of providing these services.

Front Line hospitals that spearhead the health safety-net in our respective communities should be recognized under federal Medicaid law as hospitals carrying the highest commitment of service to low-income patients. While federal law recognizes a variety of types of rural hospitals with special attributes, there is no similar federal recognition of Front Line hospitals. States should take into consideration in rate setting the financial viability of Front Line hospitals. Further, States should be allowed to take into account the uncompensated physician, clinic and emergency medical services that are attributable to Medicaid and uninsured patients borne by Front Line hospitals providing access to the full spectrum of care for so many medically and socially vulnerable low-income individuals.

Front Line Hospital Alliance

II. Explanation of H.R. 7327, the *Protecting Front Line Multimission Hospitals Act*

Under Federal law, State Medicaid plans are obligated to utilize methods and procedures that are "sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area."¹ Front Line Multimission Hospitals are indispensable to States in providing care and services to those most in need to fulfill this federal requirement.

In accordance with that federal requirement on states, Rep. DeGette has introduced H.R. 7327 to require that state plan amendments provide for a public process for determination of rates of payment under the plan that take into account the short and long-term financial viability of Front Line Multimission hospitals within their state, and within 100 miles of the state border that are serving substantial numbers of tertiary care patients across state lines. The bill would also allow States to reimburse for the "stranded uncompensated care costs" of subsidizing physicians, clinics and emergency medical and dispatch services above their hospital-specific DSH limit.

H.R. 7327 is narrowly tailored to recognize those multimission hospitals that are truly on the front lines of caring for the most vulnerable and are truly in financial distress. There are only 137 hospitals that qualify. The qualifying criteria reflects high disproportionate share, tertiary and teaching, which in combination leads to financial instability. The legislation enables states to meaningful and substantive financial assistance to maintain their financial viability and ensure access for low-income patients to the broad spectrum of primary through life-saving care they provide. H.R. 7327 is budget neutral and empowers states to utilize Medicaid DSH funding where it is needed the most.

Front Line Multimission hospitals that spearhead the health safety-net in their respective communities should be recognized under federal Medicaid law as hospitals carrying the highest commitment of service to low-income patients. While federal law recognizes a variety of types of rural hospitals with special attributes, there is no similar federal recognition of Front Line Multimission hospitals. The Front Line Hospital Alliance strongly supports Rep. DeGette's legislation and urges other Members of Congress to cosponsor H.R. 7327.

¹ SSA Section 1902(a)(30)(A).

Front Line Hospital Alliance

S. 3450, the Mental and Physical Health Comorbidities Collaborative Act

SUMMARY

As Congress searches for solutions to challenges facing our behavioral health system, the increasing prevalence of mental and medical health comorbidities poses unique challenges. This is often correlated with and exacerbated by social determinants of health that disproportionately impact minority and low income populations.

While progress has been made, our healthcare system too often treats mental and physical health in separate silos, a problem that is further exacerbated by the lack of cross-coordination addressing social determinants. Using a targeted approach to identify vulnerable patients early and treat them using a coordinated, collaborative method that addresses both mental and physical comorbidities along with social determinants can systematically improve physical and mental health, which is also likely to reduce costs. Promising innovations are currently being developed and implemented in our nation's learning laboratories -- the safety net providers who are on the front lines of addressing these comorbidities and social challenges in low income populations.

Senator Michael Bennet (D-CO) leads S. 3450, the *Mental and Physical Health Care Comorbidities Act* (MPHCC) which would establish a demonstration program through the Centers for Medicare and Medicaid Innovation (CMMI) to pilot promising interventions, evaluate their success, and create a forum for disseminating and sharing learned best practices. CMMI would competitively support pilot interventions that address physical and mental health comorbidities and social determinants of health. Applicants would need to provide an evidence-based approach and participate in a shared learning collaborative with other pilot participants. Participants would be hospitals and health systems with the most experience dealing with low income and dually eligible individuals. Pilot proposals would need to define clear performance metrics and would be evaluated for potential future expansion based on their ability to successfully improve health equity, mental and physical health parity, overall health outcomes as well as their potential to inform potential changes in reimbursement or regulatory policies under Medicaid and Medicare.

BACKGROUND

The prevalence of comorbid mental and physical disease has increased dramatically in the past several decades, especially for individuals over age sixty for which it has become the norm.ⁱ Co-occurrence of mental and general medical disorders is among the most common and disabling combinations, with approximately 30% of individuals having both. Other related problems such as substance abuse disorders and social disadvantage can contribute to comorbidities and exacerbate their effect.ⁱⁱ For patients with severe mental illness, comorbidity with physical diseases can result in higher rates of mortality and reduced life expectancy.ⁱⁱⁱ

Unfortunately, the health care system in the U.S. (and elsewhere in the world) is not intrinsically designed to identify or address mental and physical health comorbidities.^{iv} Inequalities in healthcare access and delivery have repeatedly been documented as a contributing cause, attributable to a range of factors including separation of mental and physical health services, stigma associated with mental illness, and consequences of mental illness and side effects of its treatment. While recognizing that treating multiple health problems concurrently is difficult, treating medical illness in tandem with physical illness could have substantial benefits including long-term cost savings.^v

"Mental health and physical health are inextricably linked. Evidence has shown that mental health disorders ... are strongly associated with the risk, occurrence, management, progression, and outcome of serious chronic diseases and health conditions, including diabetes, hypertension, stroke, heart disease, and cancer. ... [C]hronic disease can intensify the symptoms of mental health disorders—in effect creating a cycle of poor health [that] decreases a person's ability to participate in the treatment of and recovery from mental health disorders and chronic disease. Therefore, while efforts are underway to reduce the burden of death and disability caused by chronic disease in the United States, simultaneously improving mental health nationwide is critical to improving the health of all Americans."

"Several factors have been linked to mental health, including ... social conditions- such as interpersonal, family, and community dynamics, housing quality, social support, employment opportunities, and work and school conditions- can also influence mental health risk and outcomes, both positively and negatively... A better understanding of these factors, how they interact, and their impact is key to improving and maintaining the mental health of all Americans."

-- U.S. Department of Health & Human Services, Healthy People 2020

SIGNS OF PROGRESS

There is growing recognition of the need to take a "whole person" approach to health that addresses physical and mental health co-morbidities and the social conditions that can contribute to poor health. For example, the New York State Office of Mental Health established a Social Determinants of Mental Health (SDMH) Workgroup that identified a range of current activities, new initiatives and potential opportunities across a wide range of domains.^{vi} Identified interventions included concurrent screening for physical and mental health services; incorporating SDMH in value-based payment standards; directly reimbursing for SDMH activities and services; implementing standardized screening protocol for social determinants and social needs; and documenting patient-specific social needs in patients' EMRs.

Projects addressing physical and mental comorbidities and social determinants can also be found in communities across the nation.

Example: Temple Health is collaborating with the city of Philadelphia and various community-based homeless service agencies to address the highest utilizers of emergency department services – which often suffer from a host of social risk factors, behavioral and physical health challenges, and health disparities. The program provides individuals with: (i) stable housing; (ii) comprehensive immediate medical, behavioral health, opioid use disorder and nutritional support through nurse navigators, community health workers, community clinics and other mechanisms; (iii) sustainable long-term services and financial support (such as veterans or disability benefits for which they qualify); and (iv) employment or workforce training. The program has shown significant improvements in self-reported health outcomes and financial stability and independence, as well as a substantial reduction in utilization of expensive and inefficient emergency department resources, demonstrating how cross-coordination across organizational silos such as housing, medical care, behavioral care and employment/training can achieve meaningful results at both a community and individual level.

Example: Eskenazi Health in Indianapolis has seen a surge in mental health needs, the burden of which falls heavily and disproportionately on the communities of color they serve. As one way to increase treatment capacity, they are piloting a “collaborative care model,” integrating their primary care and mental health care with a nationally recognized evidence-based best practice for improving mental health outcomes in primary care. The program is co-led by a physician board certified in both psychiatry and internal medicine and the Director of Integrated Behavioral Health — both people of color. This effort is aimed at improving access and convenience to mental health care and reducing stigma. The collaborative also serves to boost reimbursement rates at Eskenazi Health’s Federally Qualified Health Center sites, which will allow the hospital system to hire more mental health professionals. The system is now working to augment its work on social determinants of health by partnering with a growing number of individuals and organizations within the community to address the needs and barriers to strong health that are particular to that community.

THE MENTAL AND PHYSICAL HEALTH COMORBIDITIES COLLABORATIVE

To effectively engage safety net providers in models, participation would be open to hospitals and health systems with the most experience dealing with low income and dually eligible individuals, which include: (i) rural critical access, sole community and Medicare dependent hospitals; (ii) large non-profit or public teaching and tertiary hospitals; and (iii) small urban safety net hospitals. These hospitals operate with fewer resources and tighter financial margins,^{vii} requiring innovation in treating the mentally, medically and socially vulnerable populations they disproportionately serve and are thus ideally suited to serve as incubators for developing interventions that are tailored to the unique needs and challenges of these vulnerable and complex patient communities. Indeed, CMMI’s statutory framework encourages the Secretary of Health and Human Services to establish precisely this type of collaborative of high-quality, low-cost providers to improve health outcomes and lower costs.^{viii}

Under this model, participating hospitals would enter into agreements with HHS to employ specific interventions for defined target populations of uninsured, Medicaid and/or dual eligible individuals with mental and physical health comorbidities. The intervention would be required to have a component addressing social determinants of health. HHS would also establish a collaborative to serve as a learning platform for identifying which among the various approaches was the most effective using limited resources to improve health equity, mental and physical health parity, overall health outcomes, and quality of care as well as lowering health costs for the target population and informing possible changes in Medicare and Medicaid regulatory and reimbursement policies. This pilot would:



Accelerate learning and implementation of approaches that ensure parity of mental health services for those with or at risk of developing physical health comorbidities.



Provide sufficient flexibility to employ innovative interventions that are targeted to address the particular needs of a specific geographic or subset of the target population.



Address comorbidities and social determinants holistically, rather than as individual diseases, to improve health outcomes and achieve long-term cost savings.



Serve as a platform for disseminating and scaling best practice approaches that can be replicated in a variety of geographic locations and at-risk patient populations with mental and medical health comorbidities.

ABOUT THE FRONT LINE HOSPITAL ALLIANCE Front Line hospitals are public or public-equivalent teaching hospitals with a primary mission to provide access to high-quality healthcare to serve some of our nation's most vulnerable communities. Our patient populations are medically complex, socially at-risk, and low income. Many suffer from multiple conditions, mental health, and substance abuse challenges and lack stable housing, employment, and proper nutrition – all of which contribute to poorer health. Most of our patients are insured by public programs such as Medicaid, Medicare, and CHIP, or have no insurance at all. We have developed expertise in leveraging scarce resources into targeted innovations to address SDOH, boost health equity, and improve overall health outcomes for the communities we serve.

¹ Norman Sartorius, Comorbidity of mental and physical diseases: a man challenge for medicine of the 21st century, *Shanghai Archives of Psychiatry* 2013, Vol. 25, No. 2, p. 68.

² Elizabeth Reisinger Walker, PhD, MPH, MAT and Benjamin G. Druss, MD, MPH A Public Health Perspective on Mental and Medical Comorbidity, Published in final edited form as: *JAMA*. 2016 September 13; 316(10): 1104–1105. doi:10.1001/jama.2016.10486.

³ Fiorillo, A., Sartorius, N. Mortality gap and physical comorbidity of people with severe mental disorders: the public health scandal. *Ann Gen Psychiatry* 20, 52 (2021). <https://doi.org/10.1186/s12991-021-00374-y>

⁴ Karen Barnett, Steward W. Mercer, et al, Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study. www.thelancet.com, Vol 380, July 7, 2012.

⁵ Id, p. 65.

⁶ Merrill Rotter, M.D. & Michael T. Compton, M.D., M.P.H., *The Social Determinants of Mental Health: A White Paper Detailing Promising Practices and Opportunities at the New York State Office of Mental Health*, [the social determinants of mental health \(ny.gov\)](https://www.opmhs.ny.gov/publications/11)

vii The Medicare Payment Advisory Commission (MedPAC) has consistently noted in recent years that high financial pressure hospitals will tend to have a Medicare cost per case of 4-6% lower than the national average See March, 2019 MedPAC Hospital inpatient and outpatient: assessing payment adequacy and updating payments under Medicare, p. 86 and July, 2021 MEDPAC: A Data Book: Health care spending and the Medicare program, p. 67.

viii Section 1115A(b)(2)(B)(xv) (to promote improved quality and reduced cost by developing a collaborative of high-quality, low-cost health care institutions).

Comparison of Urban Safety-Net Hospital Definitions

	Front Line Hospital Alliance: “Front Line Multimission Hospital” Designation in H.R 7327, with slight qualifying differences in S. 3450	American Hospital Association: “Metropolitan Anchor Hospital” Designation	America’s Essential Hospitals: “Essential Health System” Designation in H.R. 7397
Definition	Public hospital ≥ 100 beds with CMI ≥ 1.3 ; IRB ≥ 0.17 or ≥ 125 residents and Medicare DPP $\geq 40\%$; or Nonprofit hospital 200-1000 beds with DPP $\geq 45\%$, CMI ≥ 1.5 , IRB ≥ 0.19 or ≥ 150 residents; or if 40-45% DPP, disproportionate bed count ≥ 250 , CMI ≥ 2.0 ; IRB ≥ 0.2 or ≥ 175 residents; or if ≥ 1000 beds, a DPP $\geq 55\%$.	Hospital located in a core-based statistical area (CBSA); MIUR > statewide average; and meet at least one of the requirements: DPP) of 70% or higher; a DPP of $\geq 35\%$ and average UCC $\geq \$35,000$ per bed; or be designated by the state as a “necessary provider” of health care services to residents in the area.	Subsection (d) hospital that is a non-Federal governmental or private nonprofit hospital; and is either Medicaid deemed DSH; Medicare DPP ≥ 35 percent; or has a Medicare disproportionate share hospital uncompensated care payment factor ≥ 0.0005 .
Number of Qualifying Hospitals	According to FLHA, 137 hospitals qualify under H.R. 7327, which constitutes 4.3% of IPPS Subsection (d) hospitals.	According to AHA, about 465 hospitals, or just over one out of every eight urban hospitals, would be designated as MAHs, not including those hospitals that a state may designate as a “necessary provider.”	According to AEH, 1051 hospitals qualify under H.R. 7397, which constitutes approximately 32% of IPPS Subsection (d) hospitals.
Substantive Benefit of H.R. 7327 and S. 3450	H.R. 7327: States must have a public process to set Medicaid rates that considers the financial viability of Front Line Multimission hospitals, and those within 100 miles of the state border providing tertiary services, and provide stable, predictable and sufficient reimbursement to sustain financial viability of qualifying hospitals to ensure that care and services are available under the State plan comparable to the general population. States may use Medicaid DSH funding to reimburse qualifying hospitals for uncompensated physician, clinic and EMS costs above their hospital specific DSH limit. S. 3450: Front Line Multimission hospitals are eligible, along with specified high-DSH rural hospitals, to enter into collaborative agreements with HHS to secure seed funding to address serious mental and physical health comorbidities on a community specific basis.	Not specified	Not specified

Explanation of Terms:

- CBSA -- Core-based statistical area, reflecting urban or large population center as defined by the Office of Management and Budget.
- CMI – Case mix index, reflecting patient acuity and complexity on Medicare cost report.
- DPP – Medicare disproportionate patient percentage, reflecting services provided to Medicaid and SSI beneficiaries on Medicare cost report.
- Disproportionate Bed Count – product of a hospital’s DPP and number of beds in a fiscal year, both on Medicare cost report.
- Disproportionate Hospital Uncompensated Care Factor.
- IRB – intern and resident to bed ratio on Medicare cost report.
- MIUR – Medicaid inpatient utilization rate as defined in Section 1923(b) of the SSA.
- Medicaid Deemed DSH – as defined in Section 1923(b) of the SSA.
- UCC – uncompensated care costs.

137 Hospitals Qualifying for Front Line Multimission Designation in H.R. 7327

As of 2.9.2024

30002	BANNER UNIVERSITY MEDICAL CENTER PHX	2 (Voluntary Nonprofit, Other)	Nonprofit	PHOENIX	AZ
30022	VALLEYWISE HEALTH MEDICAL CENTER	11 (Governmental, Hospital District)	Governmental	PHOENIX	AZ
30064	BANNER UNIVERSITY MED CENTER TUCSON	2 (Voluntary Nonprofit, Other)	Nonprofit	TUCSON	AZ
40016	UAMS MEDICAL CENTER	10 (Governmental, State)	Governmental	LITTLE ROCK	AR
50025	UCSD MEDICAL CENTER	10 (Governmental, State)	Governmental	SAN DIEGO	CA
50038	SANTA CLARA VALLEY MEDICAL CENTER	9 (Governmental, County)	Governmental	SAN JOSE	CA
50040	LAC OLIVE VIEW/UCLA MEDICAL CENTER	9 (Governmental, County)	Governmental	SYLMAR	CA
50057	KAWEAH DELTA MEDICAL CENTER	11 (Governmental, Hospital District)	Governmental	VISALIA	CA
50060	COMMUNITY REGIONAL MEDICAL CENTER	2 (Voluntary Nonprofit, Other)	Nonprofit	FRESNO	CA
50077	SCRIPPS MERCY HOSPITAL	2 (Voluntary Nonprofit, Other)	Nonprofit	SAN DIEGO	CA
50084	ST. JOSEPHS MEDICAL CENTER	1 (Voluntary Nonprofit, Church)	Nonprofit	STOCKTON	CA
50093	ST. AGNES MEDICAL CENTER	1 (Voluntary Nonprofit, Church)	Nonprofit	FRESNO	CA
50103	ADVENTIST HEALTH WHITE MEMORIAL	1 (Voluntary Nonprofit, Church)	Nonprofit	LOS ANGELES	CA
50129	ST. BERNARDINE MEDICAL CENTER	2 (Voluntary Nonprofit, Other)	Nonprofit	SAN BERNARDINO	CA
50167	SAN JOAQUIN GENERAL HOSPITAL	9 (Governmental, County)	Governmental	FRENCH CAMP	CA

50228	ZUCKERBERG SAN FRANCISCO GENERAL	8 (Governmental, City-County)	Governmental	SAN FRANCISCO	CA
50245	ARROWHEAD REGIONAL MEDICAL CENTER	9 (Governmental, County)	Governmental	COLTON	CA
50261	SIERRA VIEW MEDICAL CENTER	11 (Governmental, Hospital District)	Governmental	PORTERVILLE	CA
50262	RONALD REAGAN UCLA	10 (Governmental, State)	Governmental	LOS ANGELES	CA
50276	CONTRA COSTA REGIONAL MEDICAL CENTER	9 (Governmental, County)	Governmental	MARTINEZ	CA
50292	RIVERSIDE UNIVERSITY HEALTH SYSTEM	9 (Governmental, County)	Governmental	MORENO VALLEY	CA
50315	KERN MEDICAL CENTER	9 (Governmental, County)	Governmental	BAKERSFIELD	CA
50320	ALAMEDA HEALTH SYSTEM	9 (Governmental, County)	Governmental	OAKLAND	CA
50327	LOMA LINDA UNIVERSITY MEDICAL CENTER	1 (Voluntary Nonprofit, Church)	Nonprofit	LOMA LINDA	CA
50348	UCI MEDICAL CENTER	10 (Governmental, State)	Governmental	ORANGE	CA
50373	LOS ANGELES GENERAL MEDICAL CENTER	9 (Governmental, County)	Governmental	LOS ANGELES	CA
50376	HARBOR-UCLA MEDICAL CENTER	9 (Governmental, County)	Governmental	TORRANCE	CA
50454	UCSF MEDICAL CENTER	10 (Governmental, State)	Governmental	SAN FRANCISCO	CA
50599	UC DAVIS MEDICAL CENTER	10 (Governmental, State)	Governmental	SACRAMENTO	CA
60011	DENVER HEALTH MEDICAL CENTER	10 (Governmental, State)	Governmental	DENVER	CO

60024	UNIVERSITY OF CO HOSPITAL	13 (Governmental, Other)	Governmental	AURORA	CO
90003	HOWARD UNIVERSITY HOSPITAL	2 (Voluntary Nonprofit, Other)	Nonprofit	WASHINGTON	DC
90011	WASHINGTON HOSPITAL CENTER	2 (Voluntary Nonprofit, Other)	Nonprofit	WASHINGTON	DC
100001	SHANDS JACKSONVILLE MEDICAL CENTER	2 (Voluntary Nonprofit, Other)	Nonprofit	JACKSONVILLE	FL
100022	JACKSON MEMORIAL	9 (Governmental, County)	Governmental	MIAMI	FL
100039	BROWARD HEALTH MEDICAL CENTER	11 (Governmental, Hospital District)	Governmental	FT. LAUDERDALE	FL
100113	UF HEALTH SHANDS	2 (Voluntary Nonprofit, Other)	Nonprofit	GAINESVILLE	FL
100128	TAMPA GENERAL HOSPITAL	2 (Voluntary Nonprofit, Other)	Nonprofit	TAMPA	FL
110036	MEMORIAL HEALTH UNIV MED CENTER	9 (Governmental, County)	Governmental	SAVANNAH	GA
110079	GRADY MEMORIAL HOSPITAL	9 (Governmental, County)	Governmental	ATLANTA	GA
140018	MOUNT SINAI HOSPITAL MEDICAL CENTER	2 (Voluntary Nonprofit, Other)	Nonprofit	CHICAGO	IL
140088	UNIVERSITY OF CHICAGO HOSPITALS	2 (Voluntary Nonprofit, Other)	Nonprofit	CHICAGO	IL
140124	JOHN H. STROGER JR. HOSP OF COOK CTY	9 (Governmental, County)	Governmental	CHICAGO	IL
140150	BOARD OF TRUSTEES OF THE UNIVERSITY	10 (Governmental, State)	Governmental	CHICAGO	IL
140180	PRESENCE SAINTS MARY & ELIZABETH MED	1 (Voluntary Nonprofit, Church)	Nonprofit	CHICAGO	IL

150024	ESKENAZI HEALTH	9 (Governmental, County)	Governmental	INDIANAPOLIS	IN
160058	UNIVERSITY OF IOWA HOSP & CLINICS	10 (Governmental, State)	Governmental	IOWA CITY	IA
160101	BROADLAWNS MEDICAL CENTER	9 (Governmental, County)	Governmental	DES MOINES	IA
180141	UNIVERSITY OF LOUISVILLE HOSPITAL	2 (Voluntary Nonprofit, Other)	Nonprofit	LOUISVILLE	KY
190005	UNIVERSITY MEDICAL CTR. AT NEW ORLEA	2 (Voluntary Nonprofit, Other)	Nonprofit	NEW ORLEANS	LA
190064	OUR LADY OF THE LAKE RMC	1 (Voluntary Nonprofit, Church)	Nonprofit	BATON ROUGE	LA
190098	OCHSNER LSU HEALTH SHREVEPORT	2 (Voluntary Nonprofit, Other)	Nonprofit	SHREVEPORT	LA
210002	UNIVERSITY OF MARYLAND MED SYS	2 (Voluntary Nonprofit, Other)	Nonprofit	BALTIMORE	MD
210003	UNIV OF MD CAPITAL REGION MED CTR	2 (Voluntary Nonprofit, Other)	Nonprofit	LAUREL	MD
210038	MARYLAND GENERAL HOSPITAL	2 (Voluntary Nonprofit, Other)	Nonprofit	BALTIMORE	MD
220011	CAMBRIDGE HEALTH ALLIANCE	13 (Governmental, Other)	Governmental	MALDEN	MA
220031	BOSTON MEDICAL CENTER	2 (Voluntary Nonprofit, Other)	Nonprofit	BOSTON	MA
230020	BEAUMONT HOSPITAL - DEARBORN	2 (Voluntary Nonprofit, Other)	Nonprofit	DEARBORN	MI
230053	HENRY FORD HOSPITAL	2 (Voluntary Nonprofit, Other)	Nonprofit	DETROIT	MI
230132	HURLEY MEDICAL CENTER	12 (Governmental, City)	Governmental	FLINT	MI

230165	ASCENSION ST JOHN HOSPITAL	2 (Voluntary Nonprofit, Other)	Nonprofit	DETROIT	MI
240004	HENNEPIN COUNTY MEDICAL CENTER	9 (Governmental, County)	Governmental	MINNEAPOLIS	MN
250001	UNIVERSITY OF MISSISSIPPI MEDICAL	10 (Governmental, State)	Governmental	JACKSON	MS
260048	UNIVERSITY HEALTH TRUMAN MED CENTER	2 (Voluntary Nonprofit, Other)	Nonprofit	KANSAS CITY	MO
260091	SSM HEALTH ST. MARYS HOSPITAL - STL	1 (Voluntary Nonprofit, Church)	Nonprofit	ST. LOUIS	MO
260141	UNIV OF MISSOURI HEALTH CARE	13 (Governmental, Other)	Governmental	COLUMBIA	MO
280060	CHI HEALTH CREIGHTON UNIVERSITY BERG	1 (Voluntary Nonprofit, Church)	Nonprofit	OMAHA	NE
290007	UNIVERSITY MEDICAL CENTER	9 (Governmental, County)	Governmental	LAS VEGAS	NV
310002	NEWARK BETH ISRAEL MEDICAL CENTER	2 (Voluntary Nonprofit, Other)	Nonprofit	NEWARK	NJ
310014	COOPER UNIVERSITY HOSPITAL	2 (Voluntary Nonprofit, Other)	Nonprofit	CAMDEN	NJ
310019	ST. JOSEPHS UNIVERSITY MEDICAL CENT	1 (Voluntary Nonprofit, Church)	Nonprofit	PATERSON	NJ
310027	TRINITAS HOSPITAL	2 (Voluntary Nonprofit, Other)	Nonprofit	ELIZABETH	NJ
310074	JERSEY CITY MEDICAL CENTER	2 (Voluntary Nonprofit, Other)	Nonprofit	JERSEY CITY	NJ
310119	UH - UNIVERSITY HOSPITAL	10 (Governmental, State)	Governmental	NEWARK	NJ
320001	UNIVERSITY OF NEW MEXICO HOSPITAL	10 (Governmental, State)	Governmental	ALBUQUERQUE	NM

330009	BRONXCARE HEALTH SYSTEM	2 (Voluntary Nonprofit, Other)	Nonprofit	BRONX	NY
330014	JAMAICA HOSPITAL MEDICAL CENTER	2 (Voluntary Nonprofit, Other)	Nonprofit	JAMAICA	NY
330027	NASSAU UNIVERSITY MEDICAL CENTER	9 (Governmental, County)	Governmental	EAST MEADOW	NY
330028	RICHMOND UNIVERSITY MEDICAL CENTER	2 (Voluntary Nonprofit, Other)	Nonprofit	STATEN ISLAND	NY
330046	MOUNT SINAI ST. LUKES ROOSEVELT HOS	2 (Voluntary Nonprofit, Other)	Nonprofit	NEW YORK	NY
330055	NEWYORK-PRESBYTERIAN/QUEENS	2 (Voluntary Nonprofit, Other)	Nonprofit	FLUSHING	NY
330056	THE BROOKLYN HOSPITAL CENTER	2 (Voluntary Nonprofit, Other)	Nonprofit	BROOKLYN	NY
330059	MONTEFIORE MEDICAL CENTER	2 (Voluntary Nonprofit, Other)	Nonprofit	BRONX	NY
330080	LINCOLN MEDICAL&MENTAL HEALTH CENTER	12 (Governmental, City)	Governmental	BRONX	NY
330127	JACOBI MEDICAL CENTER	12 (Governmental, City)	Governmental	BRONX	NY
330128	ELMHURST HOSPITAL CENTER	12 (Governmental, City)	Governmental	ELMHURST	NY
330169	MOUNT SINAI HEALTH SYSTEM-BETH ISRAE	2 (Voluntary Nonprofit, Other)	Nonprofit	NEW YORK	NY
330193	FLUSHING HOSPITAL MEDICAL CENTER	2 (Voluntary Nonprofit, Other)	Nonprofit	FLUSHING	NY
330194	MAIMONIDES MEDICAL CENTER	2 (Voluntary Nonprofit, Other)	Nonprofit	BROOKLYN	NY

330196	NYC HEALTH + HOSPITAL / SOUTH BROOKL	12 (Governmental, City)	Governmental	BROOKLYN	NY
330199	METROPOLITAN HOSPITAL CENTER	12 (Governmental, City)	Governmental	NEW YORK	NY
330202	NYC HEALTH+HOSPITAL/KINGS COUNTY	12 (Governmental, City)	Governmental	BROOKLYN	NY
330204	BELLEVUE HOSPITAL CENTER	12 (Governmental, City)	Governmental	NEW YORK	NY
330219	ERIE COUNTY MEDICAL CENTER	9 (Governmental, County)	Governmental	BUFFALO	NY
330221	WYCKOFF HEIGHTS MEDICAL CENTER	2 (Voluntary Nonprofit, Other)	Nonprofit	BROOKLYN	NY
330231	QUEENS HOSPITAL CENTER	12 (Governmental, City)	Governmental	JAMAICA	NY
330233	BROOKDALE HOSPITAL MEDICAL CENTER	2 (Voluntary Nonprofit, Other)	Nonprofit	BROOKLYN	NY
330234	WESTCHESTER MEDICAL CENTER	10 (Governmental, State)	Governmental	VALHALLA	NY
330236	NEW YORK-PRESBYTERIAN/BROOKLYN METHO	2 (Voluntary Nonprofit, Other)	Nonprofit	BROOKLYN	NY
330240	HARLEM HOSPITAL CENTER	12 (Governmental, City)	Governmental	NEW YORK	NY
330241	UNIVERSITY HOSPITAL AT SYRACUSE	10 (Governmental, State)	Governmental	SYRACUSE	NY
330285	STRONG MEMORIAL HOSPITAL	2 (Voluntary Nonprofit, Other)	Nonprofit	ROCHESTER	NY
330350	UNIVERSITY HOSPITAL OF BROOKLYN	10 (Governmental, State)	Governmental	BROOKLYN	NY
330396	WOODHULL HOSPITAL CENTER	12 (Governmental, City)	Governmental	BROOKLYN	NY

330399	SBH HEALTH SYSTEM	2 (Voluntary Nonprofit, Other)	Nonprofit	BRONX	NY
340028	CAPE FEAR VALLEY MEDICAL CENTER	9 (Governmental, County)	Governmental	FAYETTEVILLE	NC
340047	NORTH CAROLINA BAPTIST HOSPITAL	1 (Voluntary Nonprofit, Church)	Nonprofit	WINSTON-SALEM	NC
340113	CAROLINAS MEDICAL CENTER	11 (Governmental, Hospital District)	Governmental	CHARLOTTE	NC
360003	UNIVER.OF CINCINNATI MED CENTER LLC	2 (Voluntary Nonprofit, Other)	Nonprofit	CINCINNATI	OH
360059	METROHEALTH MEDICAL CENTER	13 (Governmental, Other)	Governmental	CLEVELAND	OH
360085	THE OHIO STATE UNIVERSITY HOSPITAL	10 (Governmental, State)	Governmental	COLUMBUS	OH
370078	OSU MEDICAL CENTER	10 (Governmental, State)	Governmental	TULSA	OK
370093	OU MEDICAL CENTER	2 (Voluntary Nonprofit, Other)	Nonprofit	OKLAHOMA CITY	OK
380009	OHSU HOSPITAL AND CLINICS	13 (Governmental, Other)	Governmental	PORTLAND	OR
390027	TEMPLE UNIVERSITY HOSPITAL	2 (Voluntary Nonprofit, Other)	Nonprofit	PHILADELPHIA	PA
390142	ALBERT EINSTEIN MEDICAL CENTER	2 (Voluntary Nonprofit, Other)	Nonprofit	PHILADELPHIA	PA
390174	THOMAS JEFFERSON UNIV. HOSPITAL	2 (Voluntary Nonprofit, Other)	Nonprofit	PHILADELPHIA	PA
390223	PRESBYTERIAN MEDICAL CENTER	2 (Voluntary Nonprofit, Other)	Nonprofit	PHILADELPHIA	PA
400015	SAN JUAN MUNICIPAL HOSPITAL	8 (Governmental, City-County)	Governmental	SAN JUAN	PR

400061	UNIVERSITY DISTRICT HOSPITAL	10 (Governmental, State)	Governmental	SAN JUAN	PR
410007	RHODE ISLAND HOSPITAL	2 (Voluntary Nonprofit, Other)	Nonprofit	PROVIDENCE	RI
420004	MEDICAL UNIVERSITY OF SOUTH CAROLINA	10 (Governmental, State)	Governmental	CHARLESTON	SC
420018	PRISMA HEALTH RICHLAND HOSPITAL	2 (Voluntary Nonprofit, Other)	Nonprofit	COLUMBIA	SC
440104	ERLANGER MEDICAL CENTER	11 (Governmental, Hospital District)	Governmental	CHATTANOOGA	TN
440111	METRO NASHVILLE GENERAL HOSPITAL	8 (Governmental, City-County)	Governmental	NASHVILLE	TN
440152	REGIONAL ONE HEALTH	2 (Voluntary Nonprofit, Other)	Nonprofit	MEMPHIS	TN
450015	DALLAS CO. HOSP. DIST.	11 (Governmental, Hospital District)	Governmental	DALLAS	TX
450024	UNIVERSITY MEDICAL CENTER OF EL PASO	11 (Governmental, Hospital District)	Governmental	EL PASO	TX
450039	TCHD D/B/A JPS HEALTH NETWORK	11 (Governmental, Hospital District)	Governmental	FORT WORTH	TX
450124	DELL SETON MEDICAL CENTER AT THE UNI	1 (Voluntary Nonprofit, Church)	Nonprofit	AUSTIN	TX
450213	UNIVERSITY HEALTH SYSTEM	11 (Governmental, Hospital District)	Governmental	SAN ANTONIO	TX
450289	HARRIS HEALTH SYSTEM	11 (Governmental, Hospital District)	Governmental	BELLAIRE	TX

450686	UNIVERSITY MEDICAL CENTER	11 (Governmental, Hospital District)	Governmental	LUBBOCK	TX
490032	VCU HEALTH SYSTEM MCV HOSPITAL	13 (Governmental, Other)	Governmental	RICHMOND	VA
500064	HARBORVIEW MEDICAL CENTER	9 (Governmental, County)	Governmental	SEATTLE	WA
510001	WEST VIRGINIA UNIVERSITY HOSPITALS	2 (Voluntary Nonprofit, Other)	Nonprofit	MORGANTOWN	WV
510055	CABELL HUNTINGTON HOSPITAL	2 (Voluntary Nonprofit, Other)	Nonprofit	HUNTINGTON	WV



U.S. House of Representatives

COMMITTEE ON WAYS AND MEANS
1139 LONGWORTH HOUSE OFFICE BUILDING
Washington, DC 20515

February 28, 2024

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
The Hubert H. Humphrey Building
200 Independence Avenue, S.W. 20515

Dear Secretary Becerra,

Recent media reports indicate that Denver Health, the primary safety net hospital in Denver, Colorado, is under grave financial strain and has even resorted to turning away vulnerable patients due to a massive influx of illegal immigrants into that community and the resulting increase in hospital visits and services provided to those individuals. This has occurred in part because of the City of Denver's decision in 2017 to become a sanctuary city for illegal immigrants.¹ In response, Denver Mayor Mike Johnston has said "we're hitting a breaking point."² Denver Health's CEO similarly made clear at a recent City Council meeting that the hospital is "at a critical, critical point" due to uncompensated care driven by the influx of illegal immigrants. These challenges are causing the hospital to turn away Denver residents from receiving care "every day, particularly in the area of mental health and substance abuse."³ We fear the challenges facing Denver Health will be experienced by other safety net hospitals around the country due to similar circumstances.

Denver Health was forced to accommodate 20,000 unexpected visits from 8,000 illegal immigrants in 2023.⁴ Reportedly, one-fourth of the illegal immigrants in Denver have visited the

¹ Hernandez, Esteban. "How Denver became a destination for migrants." *Axios Denver*, January 5, 2023. <https://www.axios.com/local/denver/2023/01/05/denver-destination-sanctuary-migrants#>

² Alvarez, Alayna. "Denver's migrant crisis hits a 'breaking point.'" *Axios Denver*, January 3, 2024. <https://www.axios.com/local/denver/2024/01/03/migrant-crisis-breaking-point-mike-johnston>

³ Wingerter, Meg. "Denver Health at 'critical point' as migrant influx contributes to more than \$130 million in uncompensated care." *The Denver Post*, January 16, 2024. <https://www.denverpost.com/2024/01/16/denver-health-finances-budget-migrants-mental-health/>

⁴ Kayser, Alexis. "'It's going to break Denver Health': CEO speaks out on uncompensated migrant care." *Becker's Hospital Review*, January 22, 2024. <https://www.beckershospitalreview.com/hospital-management-administration/its-going-to-break-denver-health-ceo-speaks-out-on-uncompensated-migrant-care.html>

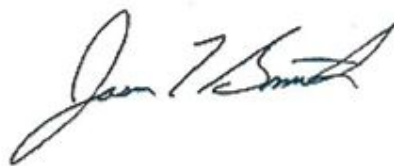
hospital multiple times, on average.⁵ To provide this additional care, the hospital has hired more staff such that “it’s become increasingly difficult to meet those real demands.”⁶ This intense strain appears to have dramatically harmed Denver Health’s ability to deal with the unforeseen challenges of everyday life, like a burst pipe due to cold weather, which, the hospital CEO said, may not have happened “had we been able to invest in that building.”⁷ It is abundantly clear that Denver Health is facing an emergency situation.

We hope you would agree that the U.S. Department of Health and Human Services has a role to play in helping to address this growing crisis. Denver Health’s challenges may soon be mirrored by hospitals in sanctuary cities across the country, imperiling the nation’s health care safety net and threatening health care access for vulnerable patients. As the Ways and Means Committee investigates what potential reforms may be necessary to the Medicare program’s Conditions of Participation (CoPs) for hospitals to address this unique set of challenges, we ask that you please provide the following information by March 13, 2024:

1. What actions has your department taken to ensure that safety net hospitals are not turning away patients from the local community when facing an influx of illegal immigrants as a result of their locations’ sanctuary city policies?
2. Has your agency provided any guidance to hospitals facing the prospect of excessive patient loads because of the increase in illegal immigrants arriving in communities around the country? If not, do you plan to?
3. Medicare’s regulatory CoPs do not require hospitals’ emergency preparedness plans to cover excessive, unexpected patient loads resulting from an influx of illegal immigrants. Do you plan to amend Medicare’s regulations to require hospitals to plan for this possibility in their emergency preparedness plans?
4. Is your Department aware of any measures hospitals have taken to offset increased costs associated with uncompensated care provided to illegal immigrants (such as delayed or cancelled improvements to facilities’ physical infrastructure, reductions in the number of beds, foregone hiring, and reduced salaries, bonuses, and/or employee benefits)?

Thank you for your assistance in this matter. If you have questions, please contact the Committee on Ways and Means staff at 202-225-3625.

Sincerely,



JASON SMITH
Chairman

⁵ Posey, Kim. “Denver’s safety net hospital says it is facing a financial crisis.” *KDVR*, January 22, 2023. <https://kdvr.com/news/local/denvers-safety-net-hospital-says-it-is-facing-a-financial-crisis/>

⁶ *Id.*

⁷ *Id.*



VERN BUCHANAN
Member of Congress



ADRIAN SMITH
Member of Congress




MIKE KELLY
Member of Congress



DAVID SCHWEIKERT
Member of Congress



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Member of Congress



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Member of Congress



BRIAN FITZPATRICK
Member of Congress



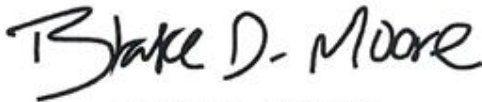
W. GREGORY STEUBE
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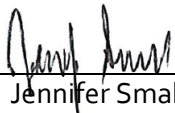
Thursday, March 28, 2024

Review and Acceptance of the Following Report for the Healthcare for the Homeless Program as Required by the United States Department of Health and Human Services Which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act

Attached for review and acceptance:

- **HCHP Operational Updates**

Administration recommends that the Board accept the Healthcare for the Homeless Program Report as required by the United States Department of Health and Human Services which provides funding to the Harris County Hospital District d/b/a/ Harris Health System to provide health services to persons experiencing homelessness under Section 330 (h) of the Public Health Service Act.



Jennifer Small

Executive Vice President / Ambulatory Care Services

HARRIS HEALTH SYSTEM

Health Care for the Homeless Monthly Update Report – March 2024

Jennifer Small AuD, MBA, CCC-A, Executive Vice President, Ambulatory Care Services
Tracey Burdine, Director, Health Care for the Homeless Program

Agenda

- Operational Update
 - Patient Services
 - Patient Satisfaction Report
 - Quality Management Report

Patients Served

Telehealth Visits

- Telehealth New Patients: 5
- Telehealth Return Patients: 28

New Patient Visits

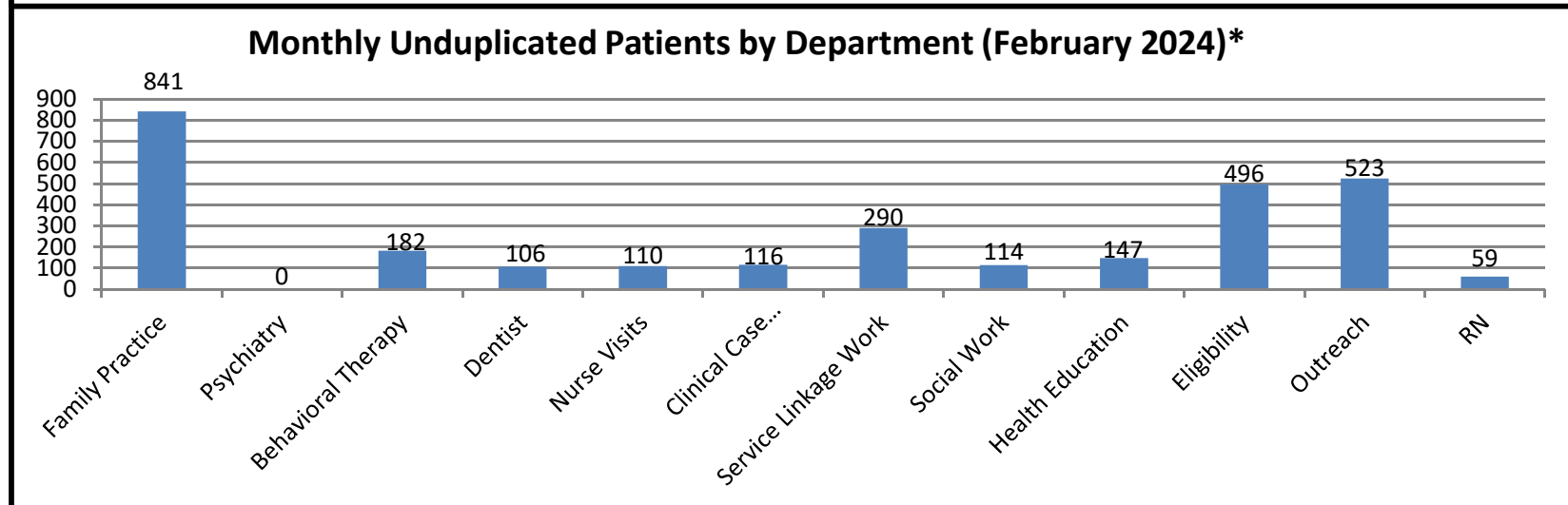
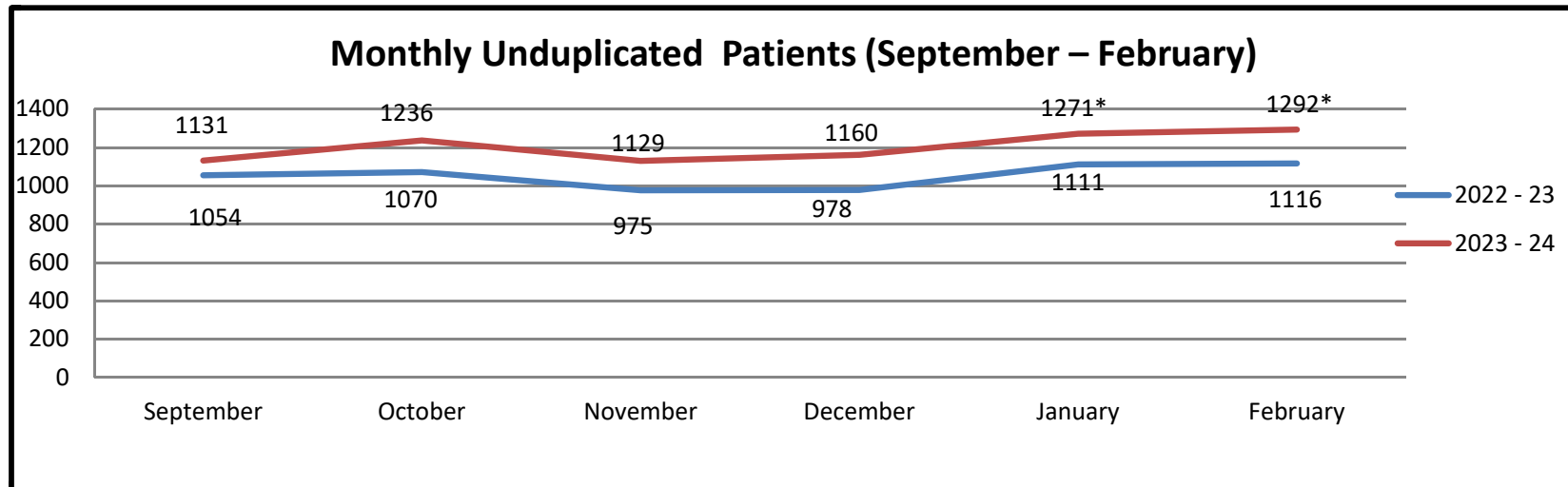
- Adult New Patients: 418
- Pediatric New Patients: 20

HRSA Target: 9775

- Unduplicated Patients: 1,939*
- Total Complete Visits: 3,556*

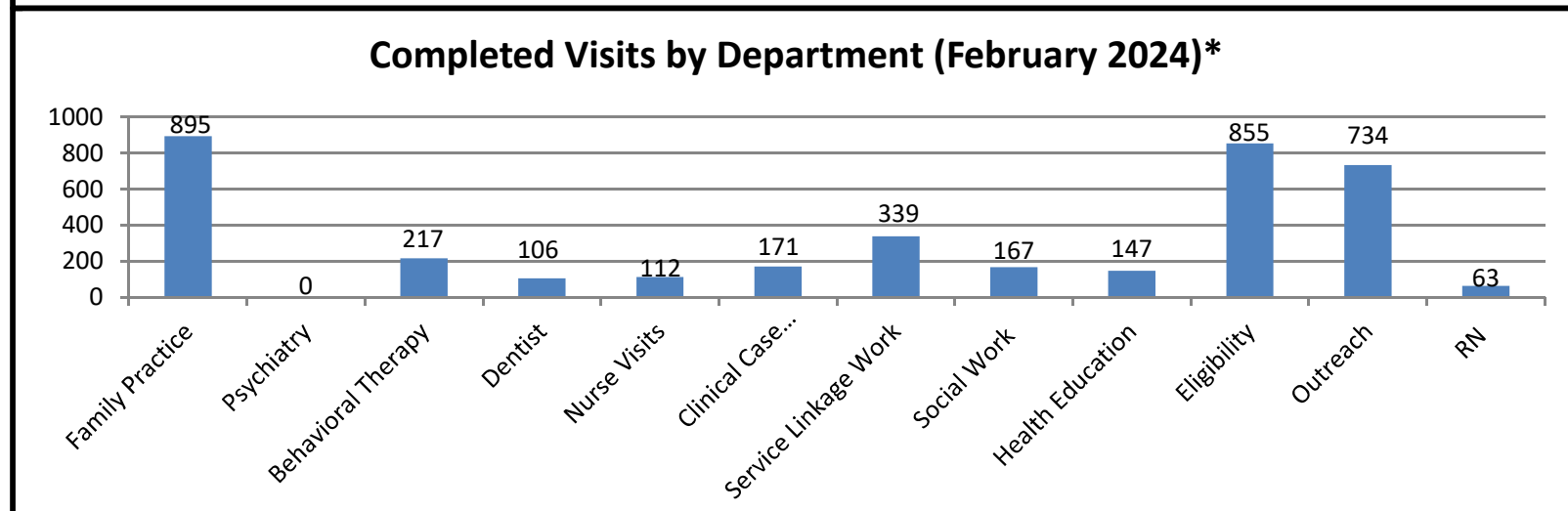
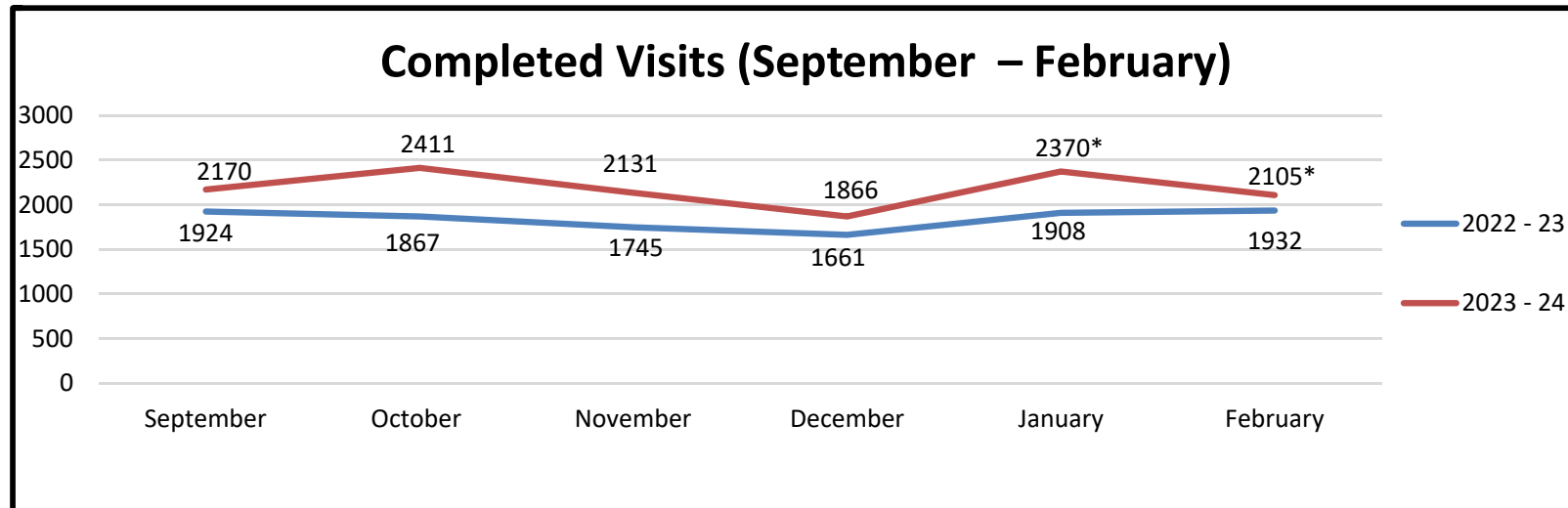
* Pending UDS Dashboard Report

Operational Update



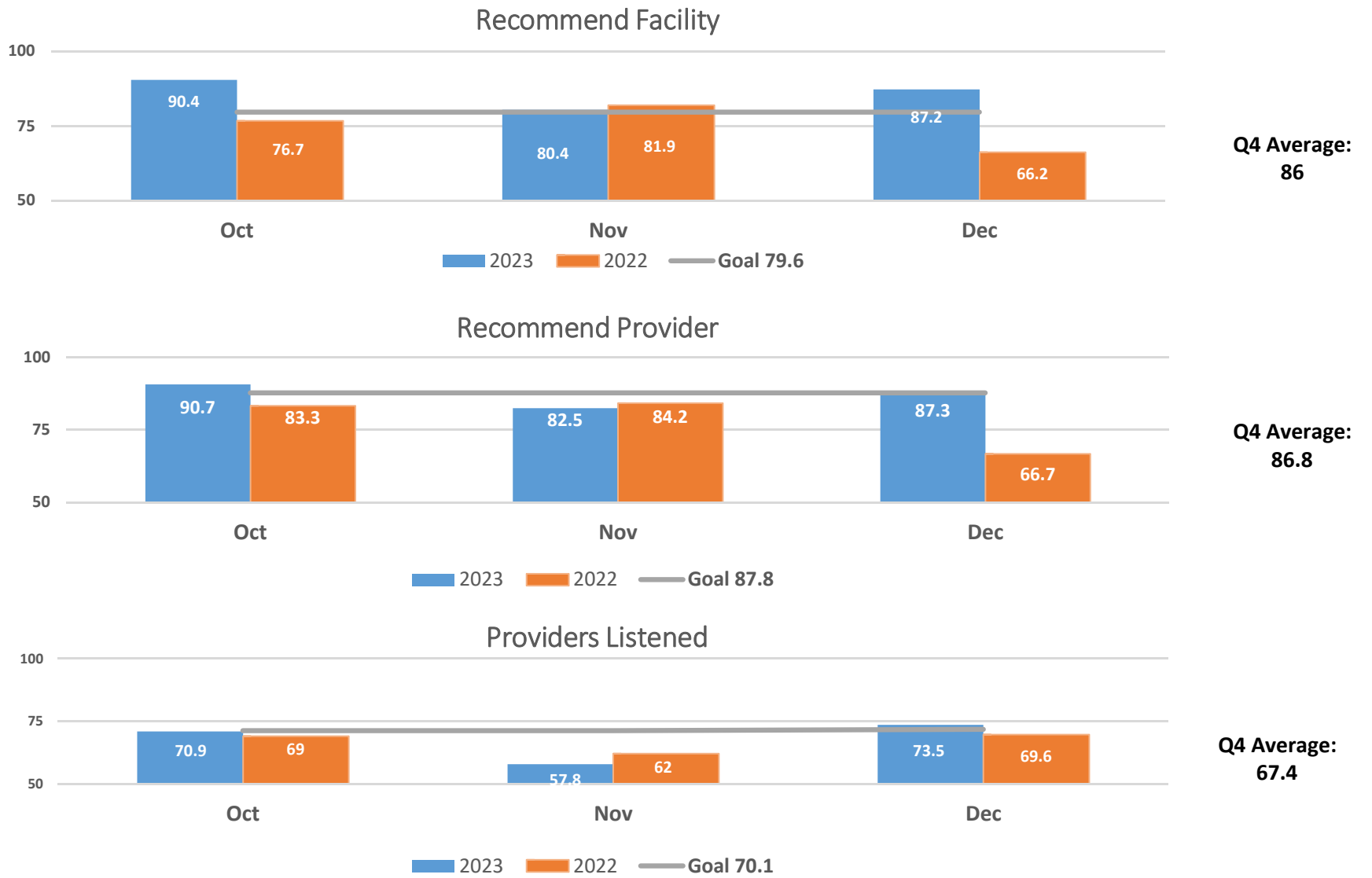
* Pending UDS Dashboard Report

Operational Update



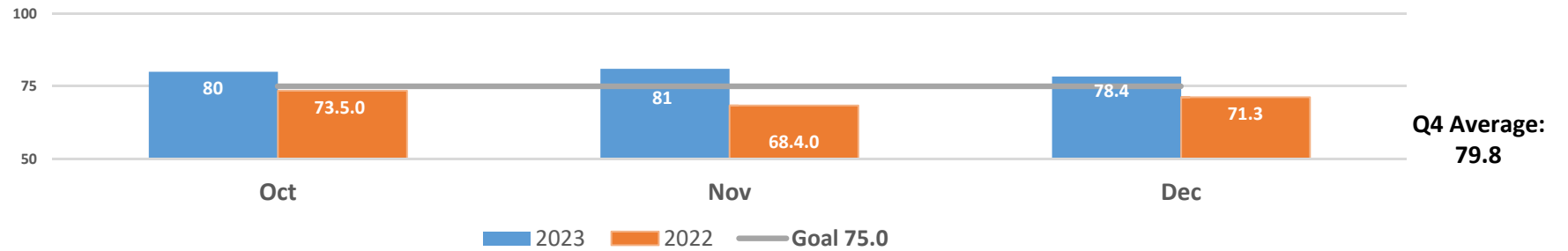
* Pending UDS Dashboard Report

HCHP Patient Satisfaction Trending Data Q4

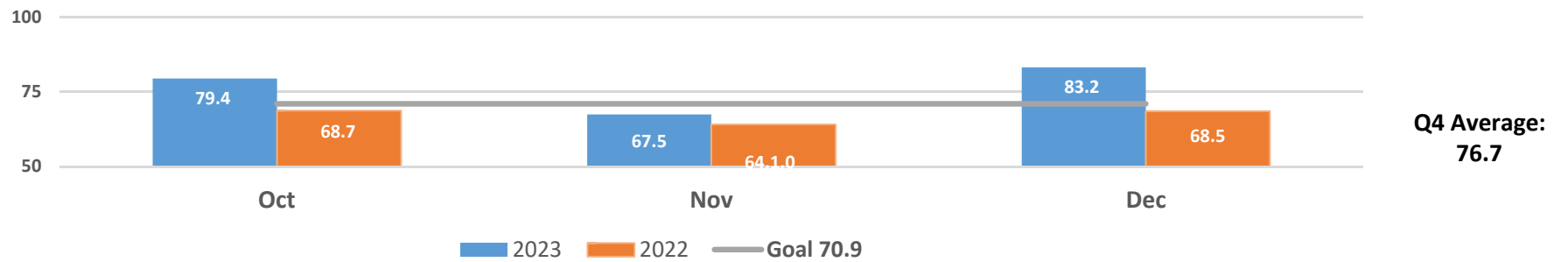


HCHP Patient Satisfaction Trending Data Q4

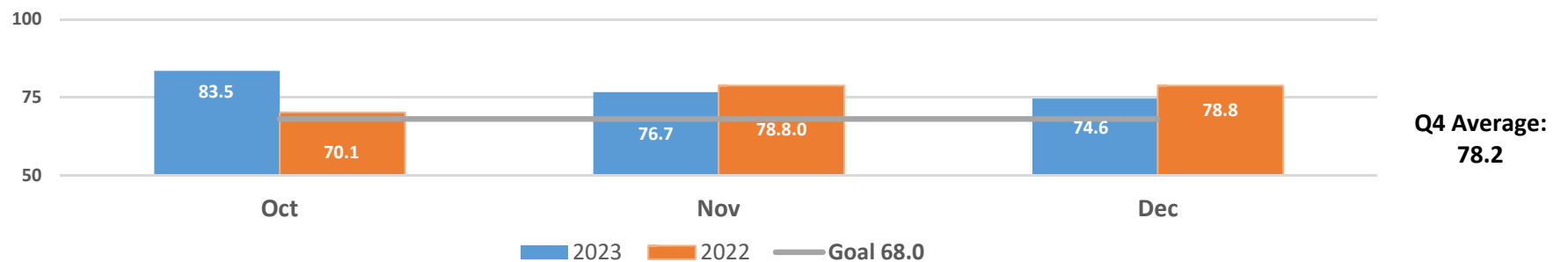
Nurses Listened



Good Communication Providers/Nurses



Wait Time



HARRIS HEALTH SYSTEM

Health Care for the Homeless Quality Management Report – QTR 4 2023

LaResa A. Ridge MD, MBA, Health Care for the Homeless Medical Director,
Ambulatory Care Services

Data Trending 2023 Q4

Health Care for the Homeles Program Quality Report 2023							
Quality Measure - 2023	UDS Benchmark	HCHP Goal	2023 Q1	2023 Q2	2023 Q3	2023 Q4	TREND LINE
Cervical Cancer Screening	> 48%	70%	71%	72%	74%	80%	
Breast Cancer Screening	> 48%	50%	48%**	53%	56%	56%	
Child BMI % Diet & Physical Activity Counseling	> 66%	82%	87%	100%	98%	100%	
Adult BMI/F/U Plan	> 57%	85%	98%	97%	96%	96%	
Tobacco Screening/Counseling/ Pharmacotherapy	> 79%	90%	98%	98%	98%	98%	
Statin Therapy	> 76%	80%	85%	81%	88%	85%	
IVD & Aspirin	> 78%	85%	82%*	81%*	88%	86%	
Colorectal Cancer Screening	> 37%	50%	40%*	50%	55%	56%	
HIV Screening	> 82%	85%	96%	96%	95%	95%	
Depression Screening / F/U	> 65%	80%	76%*	80%	80%	80%	
Hypertension BP < 140/90	> 62%	65%	63%*	65%	67%	66%	
Diabetes A1C > 9	< 32%	< 45%	39%***	36%***	35%***	38%***	

- = Metrics that are not meeting HCHP goal but meeting the UDS Benchmark (National Average)
- ** = Metrics that are not meeting both the UDS Benchmark and HCHP goal
- *** = Metrics that are not meeting the UDS Benchmark but are meeting the HCHP goal

Problem Statement: The following HRSA required quality metrics did not meet goal for Quarter 4 of 2023. Our goal is to surpass both the UDS benchmark and our own internal goals. Approval of the corrective action plan is requested.

Quality Measures	UDS Benchmark	HHS Goal	Q4 (2023)		
			October	November	December
Depression Remission at 12 months	>17%	>20%	0%	0%	0%
Childhood Immunization Status	>36%	>50%	0%	0%	0%

Plan (Root Cause-Based on analysis of the problem)-WHY?	Do-(Action, Responsible Person, Implementation Date)
<p>1. Depression Remission at 12 months Fall outs due to 1) The UDS Dashboard is not appropriately analyzing the required components to satisfy the standard. 2) PHQ9 was not administered within the specified time period required by the required standard. 3) Patients are not achieving adequate remission of depression: PHQ9 score must be less than 5 to achieve remission</p> <p>2. Childhood Immunizations Status: Fall outs due to 1) Patient factors– Due to missed or refused vaccines, the children are vaccine-deficient at initial presentation. Note: The Dashboard includes all patients every month of their second year.</p>	<p>Responsible Persons: LaResa Ridge, MD (Medical Director), Nurse Manager</p> <p>1. Depression Remission at 12 months: 1) Best Practice Alert to address and trigger treatment options approved by the Alert User Group on 11/13/2023. 2) Local IT team received guidelines for the build and started creating the alerts (Implementation date: February 14, 2024)</p> <p>2. Childhood Immunizations Status: 1) Staff continues to educate parents on the importance of vaccinations. All children that failed to meet the standard has received every vaccine for which they are eligible or the parents would allow. (Implementation date: Ongoing)</p>
Check (How will you measure effectiveness)	ACT (Effective/Ineffective): Adopt, Adapt, or Abandon
Via the monthly UDS Dashboard Report	<p>ACTIONS:</p> <p>1.) Depression Remission at 12 months: 0%, 0%, 0%, (Adapt)</p> <p>2.) Childhood Immunization Status: 0%, 0%, 0%, (Adopt)</p>

* = Metrics that are trending above the UDS Benchmark

Thursday, March 28, 2024

Executive Session

Review of the Impact of Health and Human Services Commission's Intent for Contract Announcement (STAR & CHIP) and Community Health Choice's 2023 Financial Performance, Pursuant to Tex. Gov't Code Ann. §551.085.



Anna Mateja
CFO, Community Health Choice

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