

BOARD OF TRUSTEES

Fiscal Year 2024 Budget Workshop

Thursday, August 10, 2023

9:30 A.M.

(or immediately following the Budget & Finance Committee)

BOARD ROOM

4800 Fournace Place, Bellaire, Texas 77401

The meeting may be viewed online at: <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 | Ms. Marcia Johnson | 2 min |
| II. Discussion Regarding Harris Health System’s Operating and Capital Budget – Ms. Victoria Nikitin | | 87 min |
| III. Adjournment | Ms. Marcia Johnson | 1 min |

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH
SYSTEM

Thursday, August 10, 2023

Discussion Regarding Harris Health System's Operating and Capital Budget



Fiscal Year 2024 Operating and Capital Budget

**Harris Health System Board of Trustees
Executive Summary and Proposed Budget**

August 10, 2023

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Harris Health System

Fiscal 2024 Proposed Operating & Capital Budget

Excluding Correctional Health

Fiscal Year Ending Sept. 30, 2024 - Operating and Capital Budget

Executive Summary

Harris Health is presenting for consideration its proposed Operating and Capital Budget for the 12-month planning period from Oct. 1, 2023, through Sept. 30, 2024, in alignment with Harris County's fiscal year.

Consistent with Harris Health's strategic goal of delivering a no less than 2% operating margin, system administration recommends the same minimum target for FY 2024, predicated on the Commissioners Court final adopted tax rate for Harris Health. The proposed Operating Budget for the fiscal year ending September 2024 currently reflects a margin of \$77.3 million, and underscores the ongoing effort to manage operations and reinvest in the services and infrastructure needs of the system.

The Harris Health System budget excludes the operating results for Community Health Choice, Inc. (HMO), Harris County Hospital District Foundation, Harris Health Strategic Fund, and the Correctional Health program, which is supported through the Harris County Sheriff's Office Operating Budget.

Who We Are

Founded Jan. 1, 1966, Harris Health System is the public safety-net healthcare provider for Harris County, Texas, and is committed to ensuring the patient care it provides meets the community's highest standards.

As the largest safety net hospital system in Texas, Harris Health continues to serve a racially and ethnically diverse population, with more than 46% uninsured and approximately 21% of patients having Medicaid and CHIP coverage. More than 43% of Harris Health patients are Spanish speaking, with another 70 preferred languages represented among the more than 260,000 unique patients receiving medical care in FY 2022.

Harris Health's two acute care trauma hospitals (Ben Taub and Lyndon B. Johnson) are nationally designated as Magnet® facilities, one of the industry's most admired recognitions for nursing

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excellence. Our community health centers are recognized by the National Committee for Quality Assurance as Patient Centered Medical Homes and have garnered multiple awards and recognitions for the high quality of care provided, and are on the pathway to achieving Magnet® designation.

Ben Taub Hospital, a Level I trauma center, and LBJ Hospital, a Level III trauma center, remain two of the busiest emergency centers in the area and annually provide over 150,000 emergency visits. While this volume is projected to remain steady in FY 2024, this figure may grow, as the public has now emerged from the constraints of the COVID pandemic.

The cost of charity care provided by Harris Health for the benefit of the Harris County community exceeded \$795 million in FY 2022, but Harris Health's impact goes far beyond providing critical healthcare services. Clinical care is provided in partnership with Baylor College of Medicine, McGovern Medical School at UTHealth and The University of Texas M.D. Anderson Cancer Center. Through these and other affiliated academic partnerships, Harris Health helps train the region's future healthcare workforce, ensuring that the next generation of doctors, nurses and other healthcare professionals are prepared to provide the highest quality of care for all Harris County residents.

Also, as independent consulting firm Tripp Umbach established, Harris Health is a driving force in the Harris County economy. The study indicated that in FY 2022 (March 2021-February 2022), Harris Health operations generated more than \$4.8 billion directly and indirectly in the Harris County economy. Moreover, every \$1 Harris Health receives in ad valorem taxes generates \$5.89 in the local economy. Harris Health supports 29,237 jobs directly and indirectly in Harris County, resulting in one in every 70 jobs in the county. Further, Harris Health's operations generated \$132.9 million in state and local taxes. These impressive economic impact numbers are based on the health system's operations in the Harris County economy.

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Continued Implementation of 2021-2025 Strategic Plan

Harris Health leadership, at the direction of Harris Health’s Board of Trustees, continues to implement strategies and initiatives aligned with the organization’s 2021-2025 Strategic Plan. The Plan is guided by six strategic pillars which serve as the system’s foundation for the future. The sixth pillar (diversity, equity and inclusion) was added to the Plan in 2022.

- **Quality and patient safety:** Harris Health will become a high-reliability organization (HRO) with quality and patient safety as a core value where zero patient harm is not only a possibility but an expectation.
- **People:** Harris Health will enhance the patient, employee and medical staff experience and develop a culture of respect, recognition and trust by actively listening to feedback and developing strategies to address high-impact areas of opportunity.
- **One Harris Health System:** Harris Health will act as one system in its approach to the management and delivery of healthcare.
- **Population health management:** Harris Health will lead in mitigating adverse health consequences driven by the social determinants of health through partnerships, demonstration of models, and convening the community of providers and support organizations to create a system of care that goes beyond the traditional disease management approach and toward a health promotion and diseases prevention approach to care.
- **Infrastructure optimization:** Harris Health will invest in and optimize infrastructure related to facilities, information technology (IT) and telehealth, information security, and health informatics to increase value, ensure safety and meet the current and future needs of the patients served.
- **Diversity, equity and inclusion:** Harris Health will ensure equitable access to high-quality care for patients, foster a diverse and inclusive workplace, cultivate and sustain strategic relationships with suppliers and community partners, and broaden its reach and understanding of the communities it serves.

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Strategic Facilities Plan and Bond Proposal

A key component of Harris Health’s Strategic Plan is the replacement of aged infrastructure and addition of hospital capacity to support current and future patient care needs. Both Ben Taub and LBJ are over 30 years old and are fast approaching the end of their useful lives. Similarly, numerous Harris Health clinics are in need of infrastructure updates. Further, there are areas of Harris County in which there is not adequate primary and specialty care access. Significant capital investment will be required in order to address existing capacity constraints and to ensure that Harris Health’s facilities can support future needs resulting from the continued population growth in Harris County.

Harris Health’s Strategic Facilities Plan was conceived as a direct response to these pressing issues, paving the way for a comprehensive renovation, expansion, and modernization of Harris Health’s healthcare infrastructure. This plan forms an integral part of the strategic vision, affirming Harris Health’s commitment to effectively serve Harris County’s growing community.

In pursuit of this vision, Harris Health System’s Board of Trustees unanimously approved a request to the Commissioners Court to call a \$2.5 billion bond election. The proposed bond is focused on the Strategic Facilities Plan. If placed on the ballot and approved by the voters in November of 2023, it would allow Harris Health to replace and renovate LBJ Hospital, extend the life of Ben Taub Hospital, and establish essential care services in high-need areas.

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Strategic Initiatives October 2023 – September 2024

Approved Strategic Initiatives

The following strategic initiatives in support of the system's Strategic Plan are currently **in progress** and are included in the draft budget for FY 2024:

- Food Farmacy expansion;
- Implementation of Hospital at Home Service;
- Observation Unit at LBJ Hospital;
- Interventional Radiology Space Construction at LBJ Hospital;
- Observation Unit at Ben Taub Hospital;
- Cardiac Catheterization Lab Expansion at Ben Taub Hospital; and
- Kronos (UKG) Dimensions Upgrade.

Food Farmacy Expansion

Harris Health is expanding its successful Food Farmacy model across its primary care clinic platform to help support food insecure patients with its food prescription programming. The program will be expanded to three clinic sites (MLK, Gulfgate and El Franco Lee) using projected ARPA funds, and the remaining locations will be funded by Harris Health's operating budget, beginning with Settegast. Harris Health's food prescription program currently serves adult patients expressing food insecurity (FIRST Link) while providing a more intensive intervention (Food Rx) for those with Type 2 diabetes or other identified chronic conditions. Harris Health Food Farmacies have enrolled approximately 2,500 unique patients into FIRST Link for short-term support and about 1,000 unique patients into Food Rx for ongoing programming. Food Rx diabetic graduates had an average decrease in hemoglobin A1C (HbA1c) of 0.97%, with 20.8% of graduates achieving an HbA1c below 7.0%. (Pillar: Population Health Management)

Implementation of Hospital at Home (HaH) Service

Harris Health's implementation of the Hospital at Home Service is an innovative care model that provides acute, palliative and/or observation care in the home setting, incrementally expanding bed-capacity and service capability for the health system. Moreover, it is designed to help reduce Emergency Center (EC) boarding hours and overcrowding, length of stay, observation hours, and cost of care for acute patient

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stays, while also increasing acute care capacity, health equity and access for patients. (Pillars: Quality & Patient Safety, One Harris Health System, Infrastructure Optimization)

Observation Unit at LBJ Hospital

Harris Health is designing a 12-bed unit at LBJ Hospital where observation patients can be cohorted. This required the conversion of the current physical therapy rehabilitation space into a nursing unit, while also constructing a new rehabilitation space. The observation unit's clinical care will be provided by hospitalists, with dedicated case managers, social workers and physician advisers, and will be co-led by nursing and operations teams. This project will help to decrease EC boarding hours, observation hours, and length of time to convert patients from observation to inpatient status when needed. (Pillars: Quality & Patient Safety, One Harris Health System, Infrastructure Optimization)

Interventional Radiology Space Construction at LBJ Hospital

Harris Health is expanding the interventional radiology (IR) suites at LBJ Hospital to meet code requirements for the performance of several IR procedures, as well as to increase capacity. The current environment presents safety, operational and patient care challenges, such as non-compliance with code and delays in care. This project will reduce length of stay for patients undergoing IR procedures and reduce boarding hours and nursing costs in the Post Anesthesia Care Unit (PACU). (Pillars: Quality & Patient Safety, People, Infrastructure Optimization)

Observation Unit at Ben Taub Hospital

Harris Health is designing a 21-bed observation unit, with two isolation rooms and 19 bays at Ben Taub Hospital. Currently, observation patients are being placed throughout the hospital (based on need and bed availability) which makes it challenging to efficiently manage the unique needs of these patients. Once the unit is open, this project will lead to a reduction in emergency center boarding, and aid in emergency center patient throughput and bed capacity. (Pillars: Quality & Patient Safety, One Harris Health System, Infrastructure Optimization)

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Cardiac Catheterization Lab Expansion at Ben Taub Hospital

The Ben Taub Hospital Cardiac Catheterization Labs provide minimally invasive diagnostic and interventional cardiac procedures. Harris Health plans to update the Cardiac Cath Lab environment at Ben Taub Hospital by July 2024 to meet current code requirements and enhance technology. Additionally, the project will increase Electrophysiology (EP) capacity by adding a dedicated EP Room. Currently, Ben Taub has two Cardiac Cath Labs that are both over 10 years of age, with technology that will no longer be supported within 12 months. The plan calls for building out three Cardiac Cath Labs in the shelled space near the second floor operating rooms, where a third room can be accommodated. The additional room dedicated to EP procedures will support more A-fib ablations/pulmonary vein isolations (PVI) cases, and will better support the growing interventional/EP cardiology needs across Harris Health System. (Pillars: Quality & Patient Safety, One Harris Health System, Infrastructure Optimization)

KRONOS (UKG) Dimensions Migration

Harris Health is upgrading its Kronos scheduling and timekeeping platform to UKG Dimensions in order to create more efficient workflows and provide data to aid management decision making. This project will help Harris Health more effectively utilize staff across the organization and reduce overall labor costs and pay practice complexity, which will also help improve forecasting and compliance. Further, the system will provide useful metrics and dashboards to all levels of management to more effectively manage staffing resources. (Pillars: People, Infrastructure Optimization)

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Pending Strategic Initiatives

The following strategic initiatives are **not yet implemented** but are included in the draft FY 2024 budget. These initiatives will be implemented in FY 2024 assuming Harris Health's budgeted and actual revenues and expenses support the deployment of each. In the event that revenues and/or expenses do not support the implementation of all of these critical initiatives, they will be implemented in order of priority as determined by Harris Health leadership.

- Implementation of Epic Rover;
- Emergency Center Telemedicine Expansion;
- Endoscopy Center at Quentin Mease;
- Multi-Visit Patient Program Expansion;
- Contract with Texas Medical Center (TMC) Police;
- Weapons Detection System at Ben Taub and LBJ Hospitals;
- Off-site Parking for Ben Taub Hospital and Quentin Mease Health Center; and
- Quentin Mease Shuttle Program.

Implementation of Epic Rover

Harris Health plans to implement Epic Rover, which supports Harris Health's high standards for patient safety by supporting barcode scanning and validation of medications, specimens, blood products, and integration of infusion pumps where patient verification is ensured. Epic Rover is a mobile application that allows clinicians enhanced mobility and a way to manage medication administration, blood administration, documentation and communication from a mobile device, typically at the patient's bedside, which frees up workstations and allows for more direct interaction with patients. The addition of this Epic-based tool is anticipated to increase bar code medication administration compliance, reduce missed barcode scans, reduce bed turnaround time, improve real-time documentation, and increase clinician satisfaction and patient safety. (Pillars: Quality & Patient Safety, People, Infrastructure Optimization)

Emergency Center Telemedicine Expansion

The Emergency Center Telemedicine Program uses Harris Health's virtual care platform to provide care to patients who contact Ask My Nurse (AMN). After AMN completes its telephone triage, patients referred to the emergency department are connected with an EC provider virtually. The expansion of the EC

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Telemedicine Program will further reduce the utilization of emergency centers for non-emergent care, thereby alleviating long patient wait times, and ultimately decompressing our emergency departments. With the current EC Telemedicine Program, 76% of patients connected virtually with an EC provider are able to receive needed care without having to present in-person to an emergency room. The program's current hours of operation are Monday through Friday, 8 a.m. to 5 p.m. Harris Health leadership recommends the hours of operation be expanded to 7 a.m. until 11 p.m., seven days per week. It is estimated that 3,306 additional patients could be cared for in this setting in lieu of presenting to an emergency department. (Pillars: Quality & Patient Safety, One Harris Health System)

Harris Health Endoscopy Center at Quentin Mease

As demand is outpacing current system capacity, Harris Health wishes to expand access to colorectal cancer screenings while optimizing patient throughput at the newly constructed Harris Health Endoscopy Center at Quentin Mease Health Center. The expanded endoscopy capabilities of the new facility will further minimize outsourcing and improve access to care that will drive improved patient outcomes. Harris Health is planning for the soft-opening of two endoscopy rooms in November 2023 (utilizing projected ARPA funding), with two additional rooms in operation by spring 2024. The remaining rooms will be planned for opening in FY 2025. (Pillars: Quality & Patient Safety, Infrastructure Optimization)

Multi-Visit Patient (MVP) Program Expansion

Harris Health seeks to promote health equity for our community's most vulnerable patients by providing equitable access to care. The MVP Initiative reduces avoidable emergency room use among high-utilizers by identifying the patients' drivers of utilization and addressing the MVPs' social, behavioral, and medical needs by linking patients to resources and services across the continuum of care. This effort eventually reduces the number of EC visits and total length of stay (LOS) among MVPs. Current estimates indicate a 15% decrease in total number of visits among emergency center MVPs compared to baseline, with 1,000 avoided visits resulting in about \$2 million cost savings/year. The MVP Care Pathway in the EC has been fully operationalized for two years, and there is an opportunity to implement the MVP Care Pathway in the inpatient setting to help further reduce total EC visits, IP readmissions and total LOS, which positively impacts patient throughput. Further, to optimize the program's impact, Harris Health seeks to increase

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Community Health Worker (CHW) coverage in emergency centers and add new CHWs to support MVPs in the community. (Pillar: Population Health Management)

Contract with Texas Medical Center (TMC) Police

Harris Health seeks to improve current coverage of dedicated, full time law enforcement officers at Harris Health locations that need law enforcement support by contracting with the TMC Police Department. The contract will replace a registry program that has used off-duty police officers from assorted law enforcement agencies, and will begin at Ben Taub. The current program is unsustainable due to a growing shortage of police officers at the agencies used by Harris Health in addition to the staffing problems presented by a “second job” workforce that is often unable to work full assigned shifts, and face call-up orders for major incidents and weather disasters. (Pillars: People, One Harris Health System)

Weapons Detection Systems Ben Taub & LBJ Hospitals

Harris Health seeks to add a modern weapons detection system at the Ben Taub and LBJ campuses. Unlike the walkthrough metal detectors used at these facilities during the 1990s, a discreet weapons detection system consisting of pylons mounted in the corridor would be utilized. Supported by screening personnel, the system uses advanced analytics to allow for a large volume of persons to pass through and provide quick identification of firearms or other weapons. The screening technology will help reduce the number of undetected firearms and other prohibited items that enter patient care facilities while also complementing workplace violence initiatives intended to create a safer workplace for staff. (Pillars: Quality & Patient Safety, People, Infrastructure Optimization)

Off-site Parking for Ben Taub Hospital and Quentin Mease Health Center

Harris Health wishes to provide better parking resources for employees working at Ben Taub and Quentin Mease, where many employees are unable to park on-site due to limited capacity. The objective in the near term is to obtain parking from Texas Medical Center to support as many as 800 employees and reassign shuttle routes to support the new location, thus minimizing the inconvenience and transit time for employees. Long-term, the ideal would be to construct a dedicated garage for the workforce that

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further reduces overall commute times, which is expected to greatly increase employee satisfaction, recruitment and retention among the affected group. (Pillars: People, Infrastructure Optimization)

Quentin Mease Shuttle Program

Harris Health wishes to establish a reliable mode of transportation for Quentin Mease Health Center employees parking off-site through a Park & Ride Shuttle Program. In conjunction with the enhanced off-site parking for Ben Taub employees, this service will enable Harris Health to optimally use available parking spaces at Smith Clinic to service employees working at Quentin Mease. Based on the utilization of current parking capacity at Quentin Mease, including the lease of approximately 40 parking spaces from the adjacent church lot, this shuttle service could begin as early as calendar year 2023. (Pillars: People, Infrastructure Optimization)

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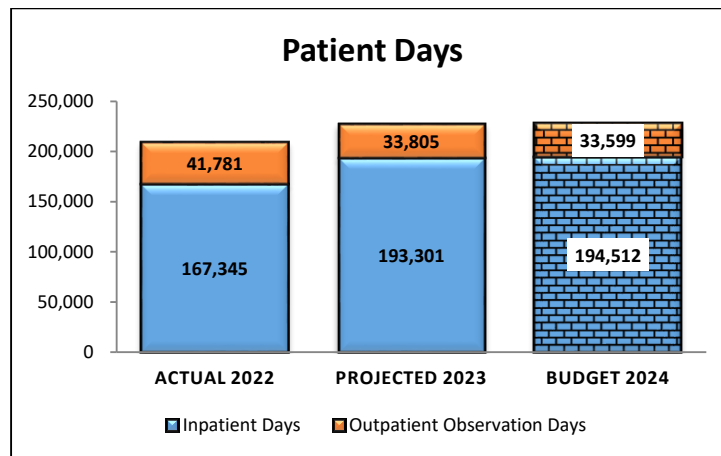
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Patient Volumes Projections

During Fiscal 2024, there are no plans to change the indigent care policy, Financial Assistance Program, affecting patient volumes. Income eligibility criteria will be maintained at 150% of the federal poverty level. Except for planned operating room closures at LBJ Hospital, and a slight increase in outpatient clinic visits, overall volume for Harris Health is expected to remain stable compared to current FY 2023.

Inpatient Volumes

Inpatient volumes at both Ben Taub and LBJ Hospitals are projected to end FY 2023 with increased volumes over prior year of greater than 6%, exceeding pre-pandemic levels due to ongoing community need. Additional observation beds are planned for both hospitals in FY 2024, a 21-bed unit at BT and a 12-bed unit at LBJ, in an effort to decompress the emergency room, cohort observation patients and increase throughput. Overall volume is expected to remain consistent with FY 2023 levels as a portion of boarded patients are shifted out of the emergency room and in to the appropriate inpatient unit.



Surgery Cases

Surgery cases at Ben Taub are expected to experience incremental growth as staffing issues have improved allowing for the anticipated opening of all 18 rooms before the end of FY 2023. On the other hand, LBJ is expected to experience a decrease of almost 10% in surgery cases resulting from a planned

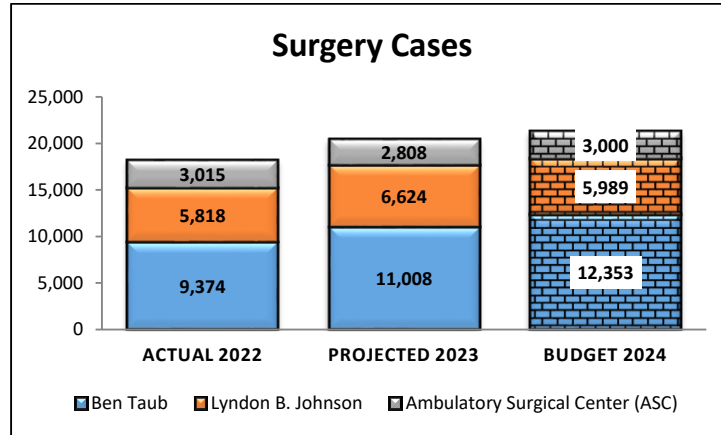
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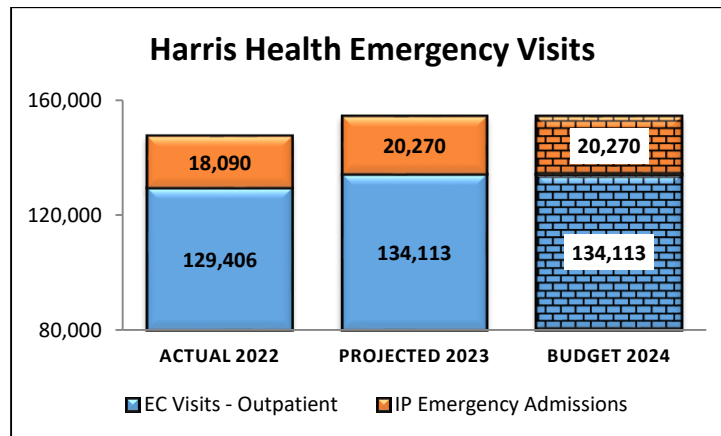
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refresh project necessitating the staged closure of operating rooms throughout the fiscal year. Surgery cases performed at the Outpatient Center are expected to remain consistent with current year projections. The overall impact to surgical volume in FY 2024 is an expected increase of 3.3% for a total of 21,342 cases.



Emergency Room Visits

Although trending below pre-COVID levels, emergency room visits have increased year over year continuing to create throughput issues at both hospitals. As mentioned previously, additional observation beds are being added at both hospitals in an effort to address the boarder issues in the emergency room. As a result of these decompression initiatives, as well as the pending Emergency Center telemedicine expansion, total combined emergency room visits are projected at FY 2023 levels of more than 154,000 visits annually.



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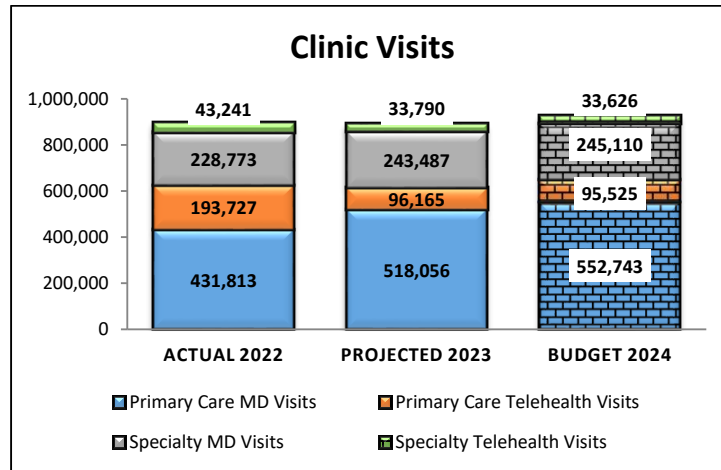
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Births

Labor and delivery volumes continue to increase year over year as well and have returned to pre-COVID level. For FY 2024, births are also expected to remain steady at current year levels of slightly less than 5,500 annually.

Outpatient Visits

In the ambulatory care setting, total combined primary, specialty and telehealth visits are expected to end the year relatively flat compared to last fiscal year FY 2022. In FY 2023, in-person primary care visits have increased over 20% compared to last fiscal year as visits shifted from telehealth back to in-person format. Primary care volumes are projected to increase by an additional 5% during FY 2024 as provider vacancies are filled. Specialty care visits have seen an increase of almost 7% during FY 2023 compared to the prior fiscal year as a result of a shift from telehealth back to in-person visits as well. For FY 2024, specialty care visits are expected to remain at current year levels as are telehealth visits.



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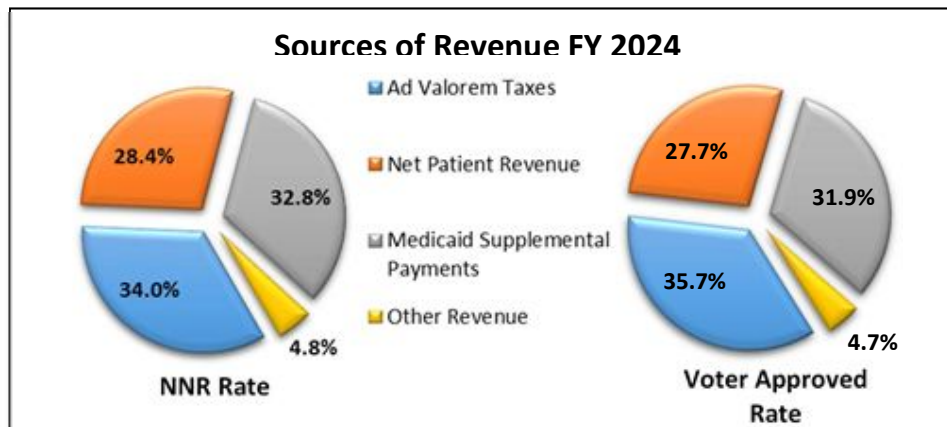
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Revenue Projections

For FY 2023, Total Net Revenue is projected to end the year at \$2.485 billion which is an increase of \$144.4 million or 6.2% over FY 2022. More than half of the increase is attributed to improved investment returns. The remaining increase is driven by increases in Medicaid Supplemental programs which are offset by decreases in Net Patient Revenue. Harris Health has seen a decline in Net Patient Service Revenue from FY 2022 to FY 2023 primarily as a result of the transition from higher pandemic reimbursement to a lower normalized level.

Depending on the final adopted tax rate, Total Net Revenue for FY 2024 is expected to be either relatively close to FY 2023 at \$2.493 billion, an increase of \$7.8 million, or grow to \$2.560 billion, an increase of \$74.8 million.



Ad Valorem Tax

Net Ad Valorem Tax revenue comprises over 30% of Harris Health’s total revenue. Tax projections are preliminary at this time as final projections are pending data from the Harris County Appraisal District, HCAD. Current data suggests new property growth of greater than 2% resulting in a No New Revenue (NNR) tax projection of \$847.5 million and a Voter Approved Rate (VAR) projection of \$914.5 million.

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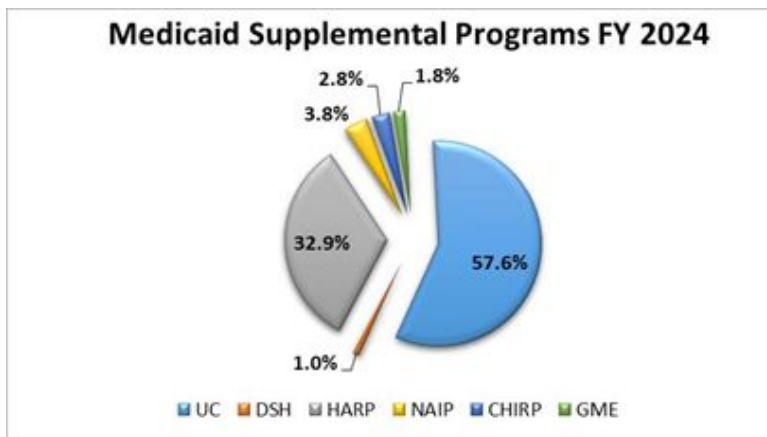
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Net Patient Service Revenue

Net patient service revenue comprises just under 30% of the entire System revenue portfolio. As previously mentioned, there has been a decline in net patient service revenue compared to FY 2022. FY 2024 projections reflect both the current trends of FY 2023 as well as overall volumes projected for next year. FY 2024 Net Patient Service Revenue is currently estimated at \$708.5 million for the year.

Medicaid Supplemental Payments

Medicaid Supplemental Programs’ revenues make up approximately 33% of Harris Health’s total revenue and include Medicaid Disproportionate Share (Medicaid DSH), Uncompensated Care (UC), Comprehensive Hospital Increase Reimbursement Program (CHIRP), Network Access Improvement Program (NAIP), Hospital Augmented Reimbursement Program (HARP) and Graduate Medical Education (GME) program funding. In FY 2023, supplemental program revenue is projected to be \$257.1 million higher than FY 2022 due to the first full year of HARP program payments, an increase in UC payments, netted by a decrease in DSH payments, and the remainder of the DSRIP program ending payment loss.



Of utmost historical importance to the providers in the Medicaid Supplemental domain, the Texas Health and Human Services Commission (HHSC) recently adopted amendments concerning Disproportionate Share Hospital reimbursement methodology, Hospital-Specific Limit methodology, and Uncompensated Charity Care. According to the official statement, “HHSC had many requests from stakeholders related to potential modifications for DSH or UC and HHSC examined these programs in their entirety with the intent

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of ensuring that the funds are allocated in accordance with their purpose, where the funds were most likely to benefit a large number of Texans receiving care, and in accordance with established state policy goals.” The updated Program Rules have become effective June 20, 2023. The new rules require that hospitals must participate in all of the Medicaid Supplemental programs that they are eligible for, and that hospitals receive either the flat standard payment or their Medicaid shortfall limited by their State Payment Cap. The remaining DSH funds are distributed in accordance with the payment-to-cost methodology. The overall end result of the new rules is a positive funding increase for Harris Health System.

The annualized DSH net benefit for FY 2023 reflects a total of \$39.3 million. Projected funding for FY 2024 is estimated to be \$8 million. The reason for the decrease to Harris Health is that other supplemental funding (CHIRP and HARP discussed below) is being considered in the payment-to-cost calculations, limiting the DSH funding to the flat standard payment. Harris Health will continue to provide intergovernmental transfers (IGT) for the private hospitals for Medicaid DSH, and will be credited that same IGT amount in the payment calculations.

Meanwhile, federal cuts in Medicaid DSH funding that were originally scheduled to be effective at the start of FFY 2020, were delayed by Congress until FFY 2024 with the passing of the Consolidated Appropriations Act 2021 in December 2020. There is currently a bipartisan move to further delay these cuts for another two years, however, uncertainty remains as to whether this will pass. With the decrease in Medicaid DSH funding due to the new rules, the federal DSH cuts will not have a material impact on Harris Health.

HHSC also updated the Uncompensated Care (UC) program rules effective FY 2023, adding what they describe as the High Impecunious Charge Hospital (HICH) sub-pool. Under the terms of the January 2021 1115 Waiver, HHSC negotiated with CMS for the continuation and resizing of the statewide UC pool. The result of that 2021 pool resizing was an increase of approximately \$600 million annually, for a total UC of \$4.500 billion for demonstration years DY12 through DY16. The new, additional UC funding will be used to fund the HICH sub-pool. Eligibility to receive funds from the HICH sub-pool is restricted to rural

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hospitals, state-owned hospitals, and hospitals that have at least 30% of their charges from serving uninsured persons. Harris Health falls into the last category, and will receive funding from the UC HICH sub-pool. Total UC funding for the System for FY 2023 is expected to be \$440.3 million, and is projected at approximately \$470.3 million in FY 2024.

The Hospital Augmented Reimbursement Program (HARP) is a relatively new statewide supplemental program as of FFY 2022, providing Medicaid Supplemental payments to hospitals that serve Texas Medicaid fee-for-service (FFS) patients. The original program funding occurred in October 2022 when Harris Health received a net lump sum distribution of \$237.6 million. The program is estimated to bring \$269 million in Medicaid Supplemental revenue to Harris Health for both FY 2023 and FY 2024 should CMS support the pending technical request from the State. As of this writing, HHSC has an inquiry out to CMS related to allowing an exception for nominal charge hospitals to be paid more than their charges for the HARP program. Harris Health falls into this nominal charge category due to the System's strategy of maintaining patient charges at a level commensurate with costs. If CMS agrees with the HHSC's proposal to allow an exception, then Harris Health's HARP funds will remain as estimated above. If CMS does not agree, Harris Health would likely have to return approximately \$60 million of the HARP funds already paid in FY 2023, netting a total of \$76 million. In FY 2024 however, the full annual loss of HARP funds using the standard methodology would result in a net decrease of only \$37.7 million. The reason for the offset in FY 2024 is the fact that the new Program Rules consider multiple Supplemental Programs in the calculations as a whole. At this time, Harris Health's FY 2023 year-end projection and the FY 2024 budget reflect the standard HARP methodology with the estimated funding of \$269 million in each year.

For the Comprehensive Hospital Increase Reimbursement Program (CHIRP), the net annual benefit to the System is estimated at \$23.1 million for FY 2023 with the same amount of funding in FY 2024.

The Network Access Improvement Program (NAIP) funding is expected to be stable at around \$31 million for FY 2023 through FY 2024. This program is slated to sunset in FY 2026.

Harris Health System

Fiscal 2024 Proposed Operating & Capital Budget

Excluding Correctional Health

The Graduate Medical Education (GME) funding program, started in October 2018, allows for the recovery of some GME costs. The net benefit to Harris Health in FY 2023 is estimated at \$15 million and is projected at the same level for FY 2024.

As noted in prior year, CMS requested information related to local provider participation funding (LPPF) arrangements in Texas in order to determine whether such arrangements that fund some of Texas's directed-payment programs meet federal requirements. This review is ongoing and CMS published an Information Bulletin on Feb. 17, 2023, outlining their position. In June of 2023, HHSC won its preliminary injunction against CMS; the order from The United States District Court for the Eastern District of Texas enjoins CMS from enforcing the Feb. 17, 2023 Information Bulletin. However, this development does not necessarily signal the end of CMS' interest in these arrangements.

In summary, after factoring in the variables discussed above, the aggregate Medicaid Supplemental Programs revenue is budgeted at \$816.5 million in FY 2024.

Other Revenue

Other revenues represent almost 5% of Harris Health's total revenue and are projected at virtually the same level as FY 2023, or \$120.2 million for FY 2024. The largest component of Other Revenue is attributed to investment income which has seen a significant increase over the past year. Investments are expected to continue to perform favorably thus investment income is projected at \$66.5 million for FY 2024, just under FY 2023 year-end projected values. Annual tobacco settlement revenue and other operating revenue comprise the remainder of Other Revenue and are projected to remain at FY 2023 levels of \$15.2 million and \$38.5 million for FY 2024, respectively.

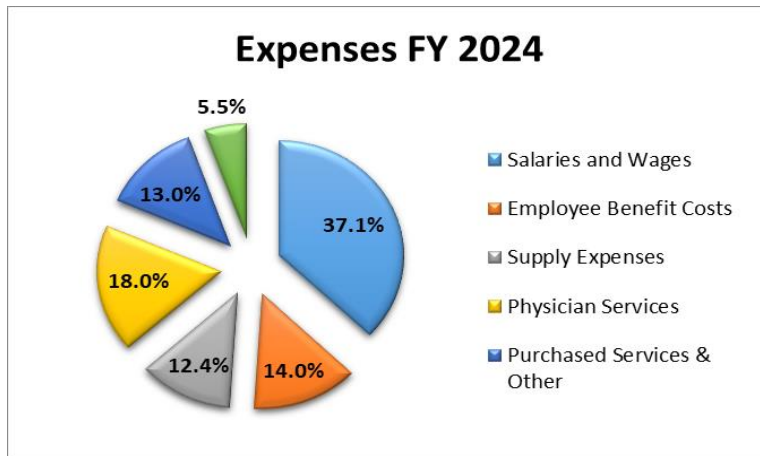
Harris Health System

Fiscal 2024 Proposed Operating & Capital Budget

Excluding Correctional Health

Expense Projections

During FY 2023, total Harris Health System operating expense is projected to end the year at \$2.243 billion, an increase of \$196.7 million, or 9.6% compared to FY 2022. After accounting for general inflationary increases of \$89.7 million and an additional \$116.9 million in anticipated incremental expense, total operating expense for FY 2024 is expected to be \$2.450 billion before the addition of strategic initiatives. Accounting for an additional \$32.8 million in strategic initiatives brings the total projected expense to \$2.482 billion for FY 2024. Inclusion of the strategic initiatives into the final operating budget for FY 2024 is dependent on the final adopted tax rate set by Harris County. Anything resulting in a margin of less than 2% will require reevaluation and reprioritization of the strategic projects for FY 2024.



Salaries, Wages and Benefits

Salaries and wages are expected to grow by 5.3%, or \$46.0 million in FY 2024, to a total of \$908.8 million. This increase includes general inflationary adjustments of 4.3% to account for merit and market adjustments needed to remain competitive in the current healthcare industry. These increases are partially offset by a decrease in cost associated with continued retention program payouts which will diminish by \$9.4 million in FY 2024 as the final payments of the multi-year program are payable in FY 2023 and FY 2024 bringing this program to conclusion. Additional salary and wage expense anticipated in FY 2024 is attributed to volume increases and approved strategic initiatives.

*Excludes revenue and expense associated with Correctional Health Services

Harris Health System

Fiscal 2024 Proposed Operating & Capital Budget

Excluding Correctional Health

Benefits are expected to grow by \$18.6 million, or 5.8% in FY 2024, to a total of \$342.0 million. This includes a 3% general inflationary increase as well as increases associated with the salary adjustments noted above. One item of note is an actuarially calculated adjustment of over \$30 million attributed to an increase in pension expense which impacts both FY 2023 and FY 2024.

The cost of the total compensation portfolio in FY 2024 to support ongoing operations is budgeted at \$1.251 billion, or 51% of the total operating budget.

Physician Services

Physician services are budgeted to increase by 3.5%, or \$14.7 million in FY 2024, to a total of \$440.1 million. An additional \$4.2 million is included related to the new observation units at both Ben Taub and LBJ hospitals as well as the opening of the endoscopy suites at Quentin Mease which are scheduled to begin services later this fiscal year.

Supply Expense

Supply expense is expected to increase by 7.2%, or \$20.5 million in FY 2024, to a total of \$304.7 million. General inflationary increases represent \$17.4 million, with pharmaceutical costs constituting the bulk of this growth at \$8.2 million. An additional \$8.9 million is related to ongoing initiatives started in FY 2023 and prioritized strategic initiatives for FY 2024. Updated changes to accounting requirements regarding leases will shift previously capitalized expenses to operating expense, projected at just over \$3 million during FY 2024.

Purchased Services

Purchased services are projected to increase by almost \$59.6 million or 23% in FY 2024, to a total of \$318.4 million. Aside from general inflationary increases and standard adjustments to address organization needs across the system, ACA Marketplace medical insurance subsidies are expected to increase by \$20 million after a respite in calendar 2023 related to plan pricing. At this time, the estimate of the subsidy cost remains conservative based on the preliminary market survey and is pending inputs from the federal government as well as local Houston health insurers. Costs associated with the replacement hospital at

[harrishealth.org](https://www.harrishealth.org)

*Excludes revenue and expense associated with Correctional Health Services

Harris Health System

Fiscal 2024 Proposed Operating & Capital Budget

Excluding Correctional Health

LBJ represent a significant increase as well. These costs include items such as bond issuance and consulting costs, and are estimated at over \$15 million. In addition to costs associated with ongoing projects, an additional \$3 million is included for current strategic initiatives beginning in FY 2023 and prioritized initiatives for FY 2024.

Depreciation, Amortization and Interest

Depreciation, amortization and interest expense for FY 2024 is budgeted at \$135.6 million, which is a 53% increase over FY 2023. This includes an estimated \$47 million in interest expense associated with issuance of the bonds for the construction of the replacement hospital at LBJ campus. This projection is predicated on the successful approval by the voters of the highly anticipated bond referendum in November 2023, and is subject to change. Further, the exact amount of the first issuance and related costs is to be structured at a later date as appropriate and subject to change as well. Analysis of cash flow for FY 2024, including the proposed capital budget expenditures discussed below, reflects a stable cash flow performance for the year, maintaining the minimum required days cash on hand for Harris Health's Letter of Credit covenants and Harris Health's bond rating, both of which are critical for the issuance of the bonds in support of Harris Health's Strategic Plan.

Overall, total operating expense for Harris Health System is projected at \$2.482 billion in FY 2024, including \$32.8 million earmarked for planned and prioritized strategic initiatives as discussed above. The result is a net operating margin of no less than 2% consistent with Harris Health's Strategic Plan 2021-2025. The proposed Operating Budget for the fiscal year ending Sept. 30, 2024, reflects a current margin of \$77.3 million predicated on the approval of the Voter Approved Tax Rate by the Harris County Commissioners Court. System administration will keep the Board of Trustees updated regarding any changes in assumptions materially affecting Harris Health's FY 2024 Operating and Capital Budget prior to the formal adoption expected on Aug. 24, 2023.

Harris Health System

Fiscal 2024 Proposed Operating & Capital Budget

Excluding Correctional Health

Capital Expenditures

Harris Health is continuously assessing its facilities, equipment and technology to determine the priorities for replacement, repair and any new acquisitions. The assessment and prioritization methodology addresses patient safety, building safety and code compliance requirements, planned equipment obsolescence, and new technology.

In FY 2023, the overall Capital Budget proposal totaled \$162.1 million. An additional \$45 million in Foundation grants brings the total funds available to \$207.1 million for FY 2023. As of June 2023, nearly all of the available funds have been obligated with only \$13.9 million remaining. In alignment with its Strategic Plan 2021-2025, Harris Health recommends continued accelerated remediation efforts aimed at maintaining its aging plant over the course of the next fiscal year. The routine capital budget for FY 2024 is proposed at \$187.7 million. Harris Health’s capital program structure and solid balance sheet inform and support this recommendation.

Category Totals	Budget FY 2024
\$'s in Millions	
Facility Projects	\$ 103.8
Information Technology	27.1
Medical Equipment	39.6
Other	15.1
Emergency Capital	2.0
Total Capital Budget	\$ 187.7

*Excludes revenue and expense associated with Correctional Health Services

Harris Health System

Statement of Revenues and Expenses

Fiscal 2024 Proposed Budget

\$'s in Millions	Actual	Projected	No New Revenue Tax Rate	Voter Approved Tax Rate
	FY 2022	FY 2023	FY 2024	FY 2024
Revenue:				
1 Net Patient Service Revenue	\$ 822.0	\$ 708.5	\$ 708.5	\$ 708.5
2 Medicaid Supplemental Programs	561.1	818.2	816.5	816.5
3 Capital Gifts & Grants	45.9	0.0	0.0	0.0
4 Other Operating Revenue	81.7	38.5	38.5	38.5
5 Total Operating Revenue	1,510.8	1,565.2	1,563.5	1,563.5
6 Net Ad Valorem Tax Revenue	814.8	828.0	847.5	914.5
7 Net Tobacco Settlement Revenue	13.3	15.2	15.2	15.2
9 Interest Income & Other	1.6	76.5	66.5	66.5
10 Total Non-operating Revenue	829.7	919.7	929.2	996.2
11 Total Net Revenue	\$ 2,340.4	\$ 2,484.9	\$ 2,492.7	\$ 2,559.7
Expense:				
12 Salaries and Wages	\$ 792.7	\$ 862.7	\$ 908.8	\$ 908.8
13 Employee Benefits	259.4	323.3	342.0	342.0
14 Total Labor Cost	1,052.1	1,186.0	1,250.7	1,250.7
15 Supplies	271.5	284.1	304.7	304.7
16 Physician Services	370.1	425.3	440.1	440.1
17 Purchased Services	280.6	258.8	318.4	318.4
18 Depreciation, Amortization & Interest	71.9	88.6	135.6	135.6
19 Total Operating Expense	\$ 2,046.2	\$ 2,243.0	\$ 2,449.5	\$ 2,449.5
Impact of Identified Strategic Initiatives:				
Pillar 1 - Quality & Patient Safety	0.0	0.0	4.6	4.6
Pillar 2 - People	0.0	in baseline	2.3	2.3
Pillar 3 - One Harris Health	0.0	0.0	0.5	0.5
Pillar 4 - Population Health Management	0.0	0.0	2.0	2.0
Pillar 5 - Infrastructure Optimization	0.0	0.0	23.0	23.0
Pillar 6 - Diversity, Equity and Inclusion	0.0	0.0	0.0	0.0
Incremental Operating Expense	0.0	0.0	32.8	32.8
Combined Operating Income (Loss) Incl Strategic Initiatives	\$ 294.2	\$ 241.9	\$ 10.3	\$ 77.3
Combined Total Margin	12.6%	9.7%	0.4%	3.0%

Harris Health System Statistical Highlights Fiscal 2024 Proposed Budget

	Actual FY 2022	Projected FY 2023	Budget FY 2024
Volumes:			
1 Primary Care Clinic Visits			
MD Clinic Visits	431,813	518,056	552,743
Telehealth Visits	193,727	96,165	95,525
2 Specialty Clinic Visits			
MD Clinic Visits	228,773	243,487	245,110
Telehealth Visits	43,241	33,790	33,626
3 Total Clinic Visits	897,554	891,498	927,004
4 Total Emergency Room Visits	147,496	154,383	154,383
5 Total Surgery Cases	18,207	20,440	21,342
6 Total Outpatient Visits	1,662,493	1,464,193	1,515,286
7 Births	4,839	5,446	5,446
8 Inpatient Cases (Discharges)	26,919	31,186	32,273
9 Outpatient Observation Cases	13,643	11,742	11,452
10 Total Cases Occupying Patient Beds	40,562	42,928	43,725
11 Inpatient Days	167,345	193,301	194,512
12 Outpatient Observation Days	41,781	33,805	33,599
13 Total Patient Days	209,126	227,106	228,111
14 Average Daily Census	572.9	622.2	623.3
15 Payor Mix (% of Charges):			
16 Charity & Self Pay	47.3%	44.1%	44.1%
17 Medicaid & Medicaid Managed	20.9%	23.2%	23.2%
18 Medicare & Medicare Managed	12.4%	11.6%	11.6%
19 Other Third-Party Payers	19.4%	21.2%	21.2%

Harris Health System
Fiscal 2024 Proposed Operating & Capital Budget
Excluding Correctional Health



Appendix A

Harris Health System

Fiscal 2024 Strategic Goals and Outcomes

Harris Health System’s strategic priorities are set forth in the 2021-2025 strategic plan.

Strategic Focus Area	Goal Statement	Outcome Measure
Quality and Patient Safety	Harris Health will become a high reliability organization (HRO) with quality and patient safety as a core value, where zero patient harm is not only a possibility but an expectation.	Reduction in the number of safety events (high harm and never events) per 10,000 adjusted patient days
		Reduction in the number of Hospital Acquired Conditions (HACs) per 1,000 discharges
People (Patients, Employees, Medical Staff)	Harris Health will promote a culture of respect, recognition and trust with its patients, staff and providers.	Reduction in staff turnover for employees with less than two years of tenure
		Improvement in patient experience scores
One Harris Health System	Harris Health will act as one system in its approach to management and delivery of healthcare and ensure that consistent structure and resources are in place across the platform.	Improvement in patient throughput and remediation of gaps to ensure one consistent framework for all support services
		Demonstrate fiscal responsibility and stewardship by controlling costs and maximizing efficiency to achieve a 2% annual margin
Population Health Management	Harris Health will measurably improve patient health outcomes by optimizing a cross-continuum approach to health that is anchored in high impact preventive, virtual and community based services, deployed in coordination with clinical and social services partners, and underwritten by actionable population health analytics and technology.	Expansion of Food Pharmacies and chronic disease management model in at least two new locations annually with the goal of reducing HbA1c levels in highest and high risk diabetic patients enrolled
		Reduction of wait time for appointments in key specialties/procedures
		Expansion of on-site services at HCJ thus reducing the number of detainees transported to outside facilities
		Reduction in time to first provider visit after intake at HCJ
		Reduction in time to first dose medication after intake at HCJ
Infrastructure Optimization	Harris Health will invest in and optimize infrastructure related to facilities, information technology and telehealth, information security, and health informatics to	Completion of phase two facility master plans for replacement hospitals for LBJ and Ben Taub

Harris Health System

Fiscal 2024 Strategic Goals and Outcomes

Strategic Focus Area	Goal Statement	Outcome Measure
	increase value, ensure safety and meet the current and future needs of the patients we serve.	Increase in the number of inpatient beds available (through internal utility failure mitigation strategies and external partnerships)
Diversity, Equity and Inclusion	Harris Health will ensure equitable access to high quality care for patients, foster a diverse and inclusive workplace, cultivate and sustain strategic relationships with suppliers and community partners, and broaden its reach and understanding of the communities it serves.	Improvement in employee engagement score for “this organization’s work environment is accepting and supportive of people with diverse backgrounds
		Improvement in Race, Ethnicity, Gender, Age and preferred Language (REGAL) data capture
		Improvement in M/WBE contract review, overall spend, and community outreach efforts
		Expansion of academic and community partnerships to enhance and promote DEI workforce pipeline and talent acquisition initiatives, programs and resources

Harris Health System

Fiscal 2024 Proposed Operating & Capital Budget

Excluding Correctional Health



Appendix B

Harris Health System

Fiscal 2024 Capital Projects

Major Project Highlights	FY 2024 BUDGET
<u>Infrastructure</u>	
Ben Taub Main Air Handling Units Phase 4 of 4	\$ 6,000,000
ACS HVAC Roof Top Units Refresh (Clinics: Martin L. King, Smith, Aldine, Vallbona, Baytown)	2,040,000
Ben Taub Adding Plated to Plant (TECO) Chilled Water Heat Exchanger	1,250,000
	\$ 9,290,000
<u>Renovation</u>	
Ben Taub / Lyndon B. Johnson Elevator Modernization	\$ 7,050,000
	\$ 7,050,000
<u>Transformation</u>	
Ben Taub Phase 3 Facilities Master Plan Projects	\$ 25,000,000
Lyndon B. Johnson New Facility Design/Planning	15,500,000
Central Fill Pharmacy Build-Out and Expansion	12,000,000
Ben Taub Cath Lab Relocation/Construction	8,000,000
Lyndon B. Johnson Interventional Radiology Reconfiguration	7,000,000
Ben Taub New Echo Lab Build-Out and Relocation	2,500,000
Martin Luther King Clinic Expansion into Eligibility Center	1,700,000
	\$ 71,700,000
<u>Medical Equipment</u>	
Smith Clinic Radiology Modality Refresh	\$ 14,250,000
System-wide Multi-device Equipment Refresh	5,995,923
System-wide Endoscope replacement (ongoing)	4,000,000
System-wide Ultrasound	2,000,000
System-wide Patient Monitoring Update	1,269,500
	\$ 27,515,423
<u>Other</u>	
System Vehicle Refresh (Capital Lease)	\$ 1,109,249
	\$ 1,109,249
<u>IT</u>	
IT Firewall and VPN Hardware Technology Refresh	\$ 3,010,500
IT Ben Taub Hospital Network Technology Refresh	2,610,827
IT Wireless Phone Device Upgrade/Refresh at Ben Taub (Phase 2)	2,490,000
IT Service Now	2,192,973
IT VMWare Hosts for Harris Health Projects	1,877,140
Information Security Applications and Tools	1,755,000
	\$ 13,936,440
Subtotal Major Projects	\$ 130,601,112

Harris Health System Fiscal 2024 Operating & Capital Budget



Appendix C

Harris Health System

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Pavilion Statistical Highlights

Fiscal 2024 Proposed Budget

BT Patient Days

Actual FY2022	Projected FY2023	Budget FY2024
137,560	146,455	146,987

BT Cases Occupying Beds

Actual FY2022	Projected FY2023	Budget FY2024
24,572	25,626	26,243

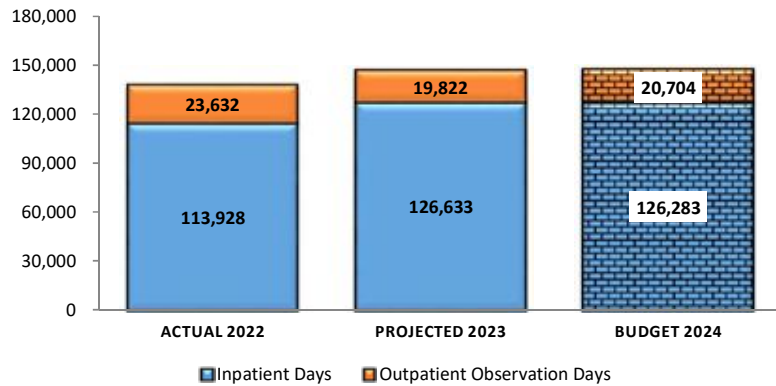
LBJ Patient Days

Actual FY2022	Projected FY2023	Budget FY2024
71,566	80,651	81,124

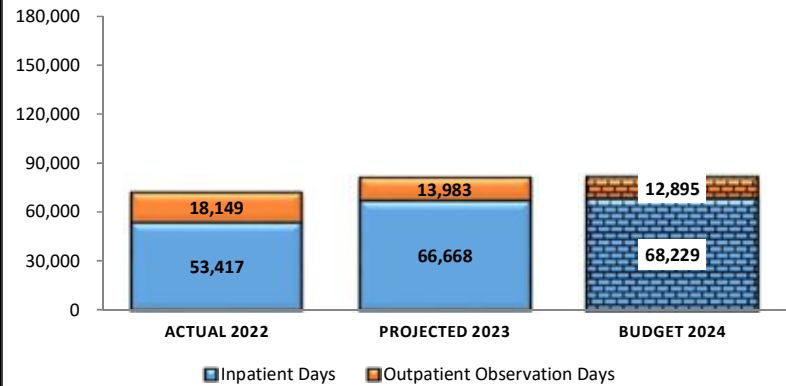
LBJ Cases Occupying Beds

Actual FY2022	Projected FY2023	Budget FY2024
15,990	16,762	17,482

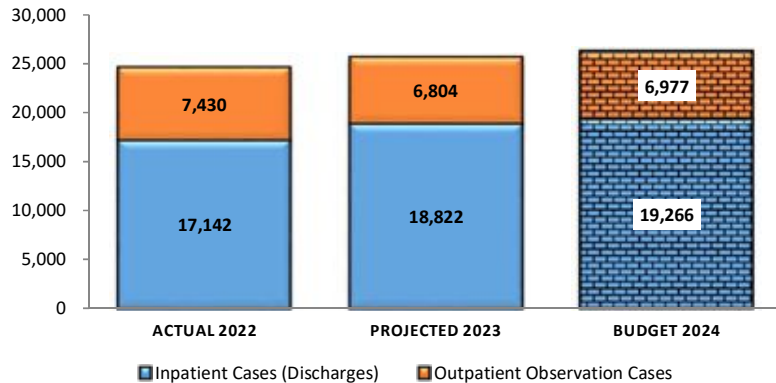
Ben Taub - Patient Days



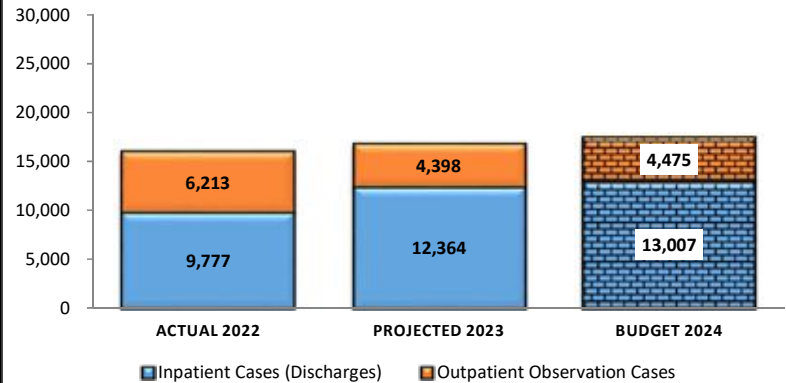
Lyndon B. Johnson - Patient Days



Ben Taub - Cases Occupying Beds



Lyndon B. Johnson - Cases Occupying Beds



Harris Health System

Pavilion Statistical Highlights

Fiscal 2024 Proposed Budget

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BT Emergency Visits

Actual FY2022	Projected FY2023	Budget FY2024
73,686	75,375	75,375

BT Surgery Cases

Actual FY2022	Projected FY2023	Budget FY2024
9,374	11,008	12,353

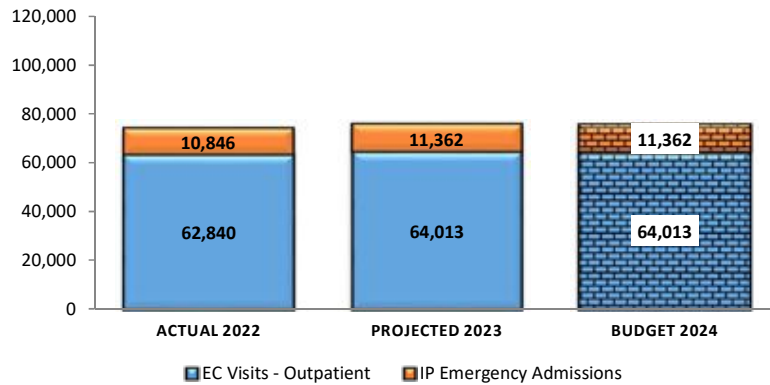
LBJ Emergency Visits

Actual FY2022	Projected FY2023	Budget FY2024
73,810	79,008	79,008

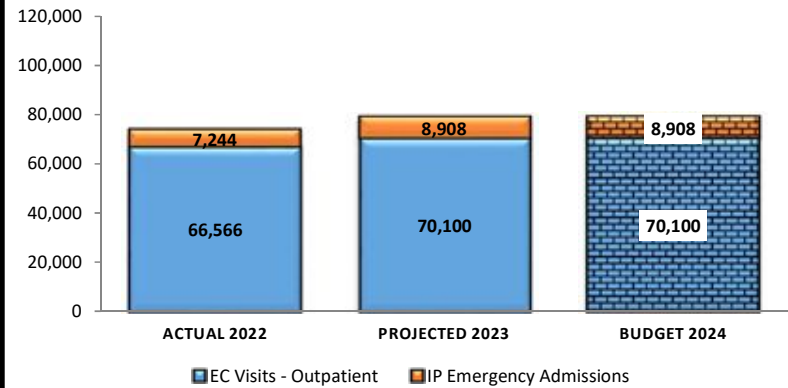
LBJ Surgery Cases

Actual FY2022	Projected FY2023	Budget FY2024
8,833	9,432	8,989

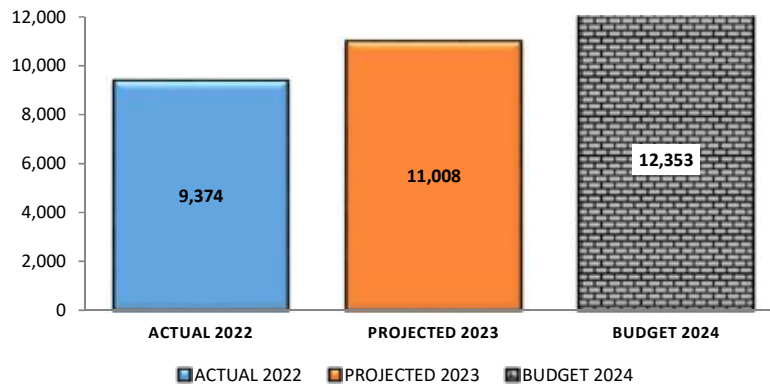
Ben Taub - Emergency Visits



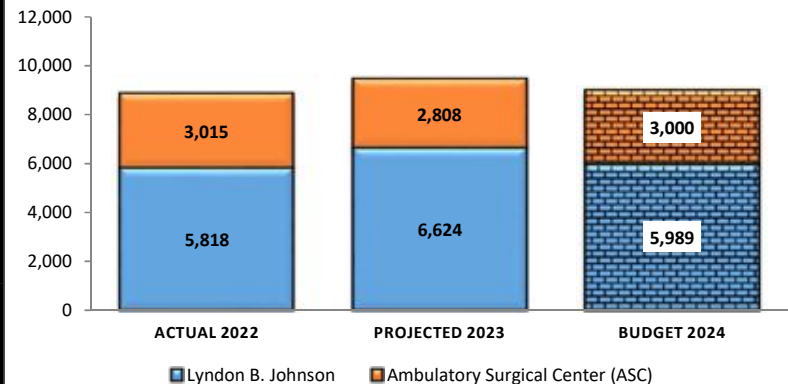
Lyndon B. Johnson - Emergency Visits



Ben Taub - Surgery Cases



Lyndon B. Johnson - Surgery Cases



Harris Health System

Pavilion Statistical Highlights

Fiscal 2024 Proposed Budget

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<u>BT Births</u>			<u>LBJ Births</u>			<u>Primary Care Clinic Visits</u>			<u>Specialty Clinic Visits</u>		
Actual	Projected	Budget	Actual	Projected	Budget	Actual	Projected	Budget	Actual	Projected	Budget
FY2022	FY2023	FY2024	FY2022	FY2023	FY2024	FY2022	FY2023	FY2024	FY2022	FY2023	FY2024
2,843	3,207	3,207	1,996	2,239	2,239	625,540	614,221	648,268	272,014	278,305	278,735

