BOARD OF TRUSTEES

Public Meeting Agenda

HARRISHEALTH SYSTEM

Thursday, June 27, 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 – May 30, 2024		
III.	**Announcements / Special Presentations**	**Dr. Andrea Caracostis**	**25 min**
	A. CEO Report Including Special Announcements **– *Dr. Esmaeil Porsa***		*(10 min)*
	• New Member of the Harris Health Board of Trustees • FY2023 Annual Report		
	B. Special Announcement *Dr. Andrea Caracostis,* will Recognize Zero Harm Recipients		*(10 min)*
	C. Board Member Announcements Regarding Board Member Advocacy and Community Engagements		*(5 min)*
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. Occ. Code Ann. §151.002, Tex. Occ. Code Ann. §160.007 and Tex. Health & Safety Code Ann. §161.032 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. Occ. Code Ann. §151.002, Tex. Occ. Code Ann. §160.007, Tex. Health & Safety Code Ann. §161.032 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 Egins*** *(10 min)*

VI. Reconvene to Open Meeting — **Dr. Andrea Caracostis** — **2 min**

VII. General Action Item(s) — **Dr. Andrea Caracostis** — **15 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 Gastroenterology Clinical Privileges ***– Dr. Martha Mims*** *(1 min)*
3. Review and Discussion Regarding the Harris Health System Staffing Advisory Committee's Semi-Annual Evaluation of the Nurse Staffing Plan and Aggregate Staffing Variance ***– Dr. Jackie Brock*** *(10 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 Egins*** *(2 min)*

VIII. New Items for Board Consideration — **Dr. Andrea Caracostis** — **10 min**

A. Consideration of Approval of a Resolution Setting the Rate of Mandatory Payment for the Harris County Hospital District Local Provider Participation Fund ***– Ms. Victoria Nikitin*** *(3 min)*

B. Presentation Regarding the 401k and Pension Plan Auditor's Reports and Overview for the Fiscal Year Ended December 31, 2023
– Mr. Ryan Singleton, FORVIS *(5 min)*

1. Consideration of Acceptance of the 401k Plan Independent Auditor's Report and Financial Statements for the Years Ended December 31, 2023 and December 31, 2022 ***– Mr. Ryan Singleton, FORVIS*** *(1 min)*
2. Consideration of Acceptance of the Pension Plan Independent Auditor's Report and Financial Statements for the Years Ended December 31, 2023 and December 31, 2022 ***– Mr. Ryan Singleton, FORVIS*** *(1 min)*

IX. Strategic Discussion — **Dr. Andrea Caracostis** — **15 min**

A. Harris Health System Strategic Plan Initiatives

1. Presentation Regarding Harris Health Technology Roadmap ***– Mr. Ron Fuschillo*** *(10 min)*
   [Strategic Pillar 5: Infrastructure Optimization**]**

B. June Board Committee Meeting Reports: *(5 min)*

- Quality Committee ***– Dr. Cody Pyke***

X. Consent Agenda Items — **Dr. Andrea Caracostis** — **5 min**

A. Consent Purchasing Recommendations

1. Consideration of Approval of Purchasing Recommendations (Items A1 through A4) ***– Mr. DeWight Dopslauf and Mr. Jack Adger, Harris County Purchasing Office***

   (See Attached Expenditure Summary: June 27, 2024)

B. Consent Grant Recommendations

1. Consideration of Approval of Grant Recommendations (Items B1 through B2) ***– Mr. Jeff Baker***

   (See Attached Expenditure Summary: June 27, 2024)

C. New Consent Items for Board Approval

1. Consideration of Acceptance of the Harris Health System May 2024 Financial Report Subject to Audit ***– Ms. Victoria Nikitin***
2. Consideration of Approval of Payment for the Contracted Services Specified in the Harris Health Operating and Support Agreement with Baylor College of Medicine (BCM) for the Contract Year Ended June 30, 2025 ***– Ms. Victoria Nikitin and Mr. Louis Smith***
3. Consideration of Approval of Payment for the Contracted Services Specified in the Harris Health Affiliation and Support Agreement with the University of Texas Health Science Center at Houston (UT Health) for the Contract Year Ended June 30, 2025 ***– Ms. Victoria Nikitin and Mr. Louis Smith***
4. Consideration of Approval of an Increase of Payment for the Total Compensation Amount Not to Exceed $5,377,211 for the Fifth Contract Year of the Oral and Maxillofacial Surgery Services Agreement with The University of Texas Health Science Center at Houston ***– Dr. Jennifer Small***
5. Consideration of Approval of the Renewal of Dr. Tien Ko's Term of Appointment as Chief of Staff for LBJ Hospital ***– Ms. Patricia Darnauer***
6. Consideration of Approval to Enter into an Agreement with CenterPoint Energy to Provide Electrical Services for the LBJ Hospital Expansion Project ***– Mr. Patrick Casey***

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}

XI.	**Item(s) Related to the Health Care for the Homeless Program**	**Dr. Andrea Caracostis**	**15 min**
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 ***– Dr. Jennifer Small and Ms. Tracey Burdine***		*(10 min)*
	• HCHP June 2024 Operational Update		
B.	Consideration of Approval of the HCHP Budget Summary Report ***– Dr. Jennifer Small and Ms. Tracey Burdine***		*(1 min)*
C.	Consideration of Approval of the HCHP Credentialing and Privileging Policy ***– Dr. Jennifer Small and Ms. Tracey Burdine***		*(1 min)*
D.	Consideration of Approval of the HCHP Patient Satisfaction Report ***– Dr. Jennifer Small and Ms. Tracey Burdine***		*(1 min)*
E.	Consideration of Approval of the HCHP Quality Management Report ***– Dr. Jennifer Small and Ms. Tracey Burdine***		*(1 min)*
F.	Consideration of Approval of the HCHP 2024 Quality Management Plan ***– Dr. Jennifer Small and Ms. Tracey Burdine***		*(1 min)*
XII.	**Executive Session**	**Dr. Andrea Caracostis**	**35 min**
D.	Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Financial Performance for the Year to Date Ending April 30, 2024, Pursuant to Tex. Gov't Code Ann. §551.085 ***– Ms. Lisa Wright, CEO and Ms. Anna Mateja, CFO, Community Health Choice***		*(10 min)*
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, and Possible Action Regarding this Matter Upon Return to Open Session ***– Ms. Carolynn Jones***		*(10 min)*
F.	Deliberation Regarding the Purchase, Exchange, Lease, Acquisition, or Value of Real Property, Pursuant to Tex. Gov't Code Ann. §551.072 ***– Dr. Esmaeil Porsa***		*(15 min)*
XIII.	**Reconvene**	**Dr. Andrea Caracostis**	**2 min**
XIV.	**Adjournment**	**Dr. Andrea Caracostis**	**1 min**

MINUTES OF THE HARRIS HEALTH SYSTEM BOARD OF TRUSTEES
Board Meeting
Thursday, May 30, 2024 at 9:00 a.m.

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
I. Call to Order and Record of Attendance	The meeting was called to order at 9:05 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. Only participants scheduled to speak have been provided dial in information for the meeting. All others who wish to view the meeting may access the meeting online through the Harris Health website: http://harrishealthtx.swagit.com/live.	**A copy of the attendance is appended to the archived minutes.**
II. Approval of the Minutes of Previous Meeting	• Board Meeting – April 25, 2024	**Motion No. 24.05-64** **Moved by Ms. Jennifer Tijerina, seconded by Ms. Carol Paret, and unanimously passed that the Board approve the minutes of the April 25, 2024 meeting. Motion carried.**
III. Announcements/ Special Presentations	**A. CEO Report Including Special Announcements** Dr. Esmaeil Porsa, President and Chief Executive Officer (CEO), delivered the CEO Report, including special announcements. He informed the Board that Harris Health successfully completed its comprehensive annual Det Norske Veritas (DNV) survey last week. All non-conformities from last year's survey have been resolved, and there were a few non-conformities identified during the recent survey. Harris Health anticipates receiving the formal report within the next ten days, following which they will have an additional ten days to submit action plans in response. Dr. Porsa mentioned that this week Harris Health underwent an assessment by The American Society of Health – System Pharmacists (ASHP) regarding its residency program. He shared that the pharmacy leadership team is currently addressing some identified areas for improvement. On Tuesday, May 28th, Harris Health commemorated its annual Trauma Survivors event, supported by the Harris County Hospital District Foundation, and Harris Health Board Members, Dr. Andrea Caracostis and Dr. Cody Pyke, attended the event. Commissioner Adrian Garcia of Precinct 2, served as the guest speaker for the evening. On Wednesday, May 29, 2024, Harris Health hosted its 2nd Annual Research Day at Ben Taub Hospital, which highlights the research conducted at Harris Health and Baylor College of Medicine and fosters an atmosphere of collaboration, achievement and inspiration. Lastly, Dr. Porsa announced that Harris Health held its groundbreaking ceremony for a new $1.6B hospital on the Harris Health Lyndon B. Johnson Hospital Campus in Northeast Houston. He stated that the event garnered significant attendance. This 12-story hospital, set to replace the aging LBJ Hospital, is planned to become the nation's next Level 1 Trauma Center and is anticipated to open in late 2028.	**As Presented.**
	B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements	**As Presented.**

	Ms. Jennifer Tijerina expressed concern for the residents of Harris County impacted by the recent storms. She encouraged everyone to contact Harris Health for assistance with their relief efforts and access to resources.	
IV. Public Comment	Ms. Cynthia Cole, Executive Director of Local #1550 – AFSCME (American Federation of State, County, and Municipal Employees), addressed the Board regarding eligibility for the Harris Health financial assistance program.	
V. Executive Session	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.	
	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	**No Action Taken.**
	B. Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Occ. Code Ann. §151.002, Tex. Occ. Code Ann. §160.007 and Tex. Health & Safety Code Ann. §161.032 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	**No Action Taken.**
	C. Report Regarding Harris Health System Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion and Operational Updates, Pursuant to Tex. Occ. Code Ann. §151.002, Tex. Occ. Code Ann. §160.007, Tex. Health & Safety Code Ann. §161.032 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	**No Action Taken.**
VI. Reconvene to Open Meeting	At 9:31 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.	

VII. General Action Item(s)		
	A. General Action Item(s) Related to Quality: Medical Staff	
	1. Approval of Credentialing Changes for Members of the Harris Health System Medical Staff Dr. Martha Mims, Chair, Medical Executive Board, presented the credentialing changes for members of the Harris Health System Medical Staff. For May 2024, there were sixteen (16) initial appointments, (110) reappointments, eight (8) change/add privileges, five (5) applications for temporary privileges, one (1) application for urgent patient care privileges and five (5) resignations. A copy of the credentialing report is available in the permanent record.	**Motion No. 24.05-65** **Moved by Ms. Ingrid Robinson, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item VII.A.1. Motion carried.**
	2. Approval of Changes to the Certified Nurse Midwife Clinical Privileges Dr. Mims indicated that a request has been made to include Endometrial Biopsy and Colposcopy privileges to the Certified Nurse Midwife (CNM) Clinical Privileges form. This adjustment aims to support CNMs in delivering nurse midwife services within the Harris Health's Obstetrics & Gynecology Service. A copy of the Certified Nurse Midwife clinical privileges is available in the permanent record.	**Motion No. 24.05-66** **Moved by Mr. Jim Robinson, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item VII.A.2. Motion carried.**
	B. General Action Item(s) Related to Quality: Correctional Health Medical Staff	
	1. Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff Dr. Otis Egins, Chief Medical Officer, Harris Health Correctional Health, presented the credentialing changes for members of the Harris Health System Correctional Health Medical Staff. For May 2024, there were five (5) initial appointments and two (2) reappointments. A copy of the credentialing report is available in the permanent record.	**Motion No. 24.05-67** **Moved by Ms. Jennifer Tijerina, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item VII.B.1. Motion carried.**

	C. General Action Item(s) Related to Quality: Correctional Health Medical Staff	
	1. Request to Accept the Resignation of Dr. Vivian Ho from the Board of Directors of Community Health Choice, Inc., and Community Health Choice Texas, Inc., (collectively, "Community") and Consideration of Approval of Appointment of Rosie Valadez-McStay to Community's Board of Directors Ms. Lisa Wright, President and CEO, Community Health Choice, Inc., requested Board approval of the acceptance of Dr. Vivian Ho's resignation from the Community Board of Directors and proposed the appointment of Rosie Valadez-McStay, MPH, to fill the resulting vacancy on the Board.	**Motion No. 24.05-68** **Moved by Ms. Jennifer Tijerina, seconded by Ms. Ingrid Robinson, and unanimously passed that the Board approve agenda item VII.C.1. Motion carried.**
VIII. New Items for Board Consideration		
	A. Approval to Adopt the Resolution Naming Victoria Nikitin, Executive Vice President & Chief Financial Officer, Her Designee or Successor, the Authority to Act on Behalf of the Hospital District in All Matters Related to Monies Distributed by the Texas Opioid Abatement Council to the Hospital District, Including the Authority to Sign All Official Documents Related to the Distribution Ms. Kari McMichael, Vice President, Controller, highlighted that Harris Health System is among the plaintiffs involved in the multi-district opioid litigation against several defendants. The Texas Comptroller established the Texas Opioid Abatement Fund Council to oversee the allocation of settlements funds to the affected parties. The resolution, issued by the Texas State Comptroller, authorizes the Chief Financial Officer to represent their respective Hospital District in matters related to the distribution of these funds. A copy of the resolution is available in the permanent record.	**Motion No. 24.05-69** **Moved by Ms. Jennifer Tijerina, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item VIII.A. Motion carried.**
	B. Approval for Funding of $69,000,000 for the Harris County Hospital District Pension Plan for Calendar Year 2024 Ms. McMichael noted that it is the policy of Harris Health System to fully fund the Annual Required Contribution for each plan year, based on the actuarial methods and assumptions defined in the annual Actuarial Valuation Funding Report for the Pension Plan. The targeted funded ratio of the Pension Plan is 100% by the end of the amortization period. To expedite achieving full funding for the Pension Plan, the Board of Trustees has the authority to approve additional funding beyond the Annual Required Contribution from current funds for any given plan year, with this year currently funded at 80% as of December 31, 2023. Following Harris Health policy no. 6.28 permitting additional funding, Management proposes that Harris Health System increase the Pension Plan funding for Calendar Year 2024 from the estimated Annual Required Contribution of $36.9 million to the projected total benefit amount of $69 million. This adjustment aims to fully cover the anticipated benefit expense of $68.7 million in 2024.	**Motion No. 24.05-70** **Moved by Mr. Jim Robinson, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item VIII.B. Motion carried.**

	C. Approval to File Application to Change the d/b/a for Harris County Hospital District from Harris Health System to Harris Health Ms. Amanda Callaway, Vice President of Mission Advancement, presented an overview of the transition from Harris Health System to Harris Health. She emphasized that this change aims to enhance community perception, improve marketing efforts, and differentiate Harris Health from other entities such as the Texas Health and Human Services. A copy of the presentation is available in the permanent record.	**Motion No. 24.05-71** **Moved by Ms. Carol Paret, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item VIII.C. Motion carried.**
IX. Strategic Discussion		
	A. Harris Health System Strategic Plan Initiatives	
	1. Presentation Regarding Results from Public Opinion Polling and Strategic Communications Mr. Richard Cisneros, President and Chief Research Strategist, Creative Consumer Research, delivered a presentation regarding the results from the Public Opinion Polling and Strategic Communications. He reported that Harris Health conducted a comprehensive research study across Harris County to assess residents' awareness of and perceptions towards the healthcare system. Collaboratively designed by CCR and Harris Health, the survey aimed to understand public familiarity and opinions about Harris Health. Data collection took place from January 9 to February 2, 2024, targeting a representative sample from each of the four precincts served by Harris Health. A total of 1,203 surveys were completed, with the instrument available in both English and Spanish, and respondents required to be at least 18 years old and registered voters in Harris County. Mr. Cisneros provided an overview covering topics including brand awareness, loyalty, system awareness, perception, and impact. He concluded by presenting survey findings, highlighting their focus and the targeted audience. A copy of the presentation is available in the permanent record.	**As Presented.**
	2. Presentation Regarding Strategic Facilities Plan Update for LBJ Hospital, Ben Taub Hospital and Ambulatory Care Services Mr. Louis Smith, Senior Vice President, Chief Operating Officer, delivered a presentation regarding Strategic Facilities Plan Update for LBJ Hospital, Ben Taub Hospital and Ambulatory Care Services. He covered key topics including the recent LBJ Groundbreaking event on May 9, 2024, the five (5) components of the LBJ campus expansion, operational alignment, technology integration, and the timeline for the LBJ Hospital expansion. Additionally, Mr. Smith provided an updated timeline for the expansion of Ben Taub Hospital and Ambulatory Clinics. The discussion also covered recommendations for implementing covered sidewalks from bus stops to the campuses, emphasizing thorough and early planning for technology service scopes, and ensuring adequate shade and water stations for staff and workers. A copy of the presentation is available in the permanent record.	**As Presented.**

	3. Presentation Regarding Leapfrog Hospital Survey and Safety Grade Dr. Steven Brass, Executive Vice President, Chief Medical Executive, delivered a presentation regarding Leapfrog Hospital Survey and Safety Grade. He emphasized the Leapfrog Group's mission to enhance patient safety by minimizing errors, injuries, accidents and infections through data transparency and public reporting initiatives. The organization evaluates nearly 3,000 general hospitals annually, using 27 measures across five (5) categories in its survey, assigning grades from A to F to acknowledge top-performing hospitals as Leapfrog Top Hospitals. Dr. Brass reported that LBJ Hospital achieved a B score, while Ben Taub Hospital currently holds a C score, marking a notable improvement from previous years. A copy of the presentation is available in the permanent record.	**As Presented.**
	4. Presentation Regarding Harris Health's Hospital at Home Ms. Amy Smith, Senior Vice President, Care Transitions & Integration, delivered a presentation regarding Harris Health's Hospital at Home. She highlighted that Hospital at Home (HaH) is an innovative care model that enables patients to receive acute-level care in their own homes, thereby expanding bed capacity and service capabilities for healthcare organizations nationwide. She announced that on February 26, 2024, Harris Health launched its Hospital at Home Program. By February 28, 2024, Harris Health achieved the distinction of being the first hospital system in Houston to admit a patient to acute-care Hospital at Home. Dr. Shazia Sheikh, Medical Director of Hospital at Home, presented an overview of the HaH Program, covering operations related to patient population, admission sources, patient care models, scaling plans, and clinical care teams. Dr. Sheikh shared that 100% of HaH patient surveys received indicated that patients would recommend the HaH program to a family member or friend. A copy of the presentation is available in the permanent record.	**As Presented.**
	B. May Board Committee Meeting Reports **<u>Quality Committee</u>** Dr. Caracostis stated that the monthly High Reliability Organization (HRO) Video "Adapting a High Reliability Mindset" was displayed in Open Session at the Quality Committee meeting on May 14, 2024. **<u>Governance Committee</u>** Dr. Caracostis noted that the Governance Committee met on May 14, 2024 and the following topics were covered: • Dr. Pyke led the discussion regarding Harris Health Standard Operating Procedures. • Dr. Pyke delivered an update regarding the Texas Pension Board Training. Dr. Pyke noted a recommendation of the Governance Committee and Board approved internal deadline for completion of June 1, 2024. Dr. Pyke noted that this training is a statutory requirement and, as of that May 14, 2024, three (3) out of nine (9) Board members have not completed the training,	**As Reported.**

and three (3) out of nine (9) are in progress.

- Dr. Pyke led discussion regarding Harris Health Board Retreat. She noted that the Board retreat was cancelled due to a lack of critical mass and will be rescheduled for the Fall.

Joint Conference Committee

The Joint Conference Committee met on May 14, 2024 and the following topics were covered:

- The Committee received an update from Dr. Martha Mims, Chair, MEB and Dr. Kunal Sharma, Vice Chair, MEB, regarding the Medical Executive Board.
- The Committee received an update from Dr. Tien Ko, Chief of Staff, LBJ and Dr. Sandeep Markan, Chief of Staff, BT, related to the System pavilions.
- The Committee received an update from Dr. Mohammad Zare, Assistant Chief of Staff, UT, related to Ambulatory Care Services.
- Dr. John Foringer, Chair, System Utilization Committee, led discussion regarding Harris Health's Utilization Focus, Targets and Operational Actions.
- Ms. Amineh Kostov, Vice President, System Service Lines, led discussion regarding Harris Health's Service Line Commitment for Consistent Care.

Budget & Finance Committee

The Budget and Finance Committee met on May 16, 2024 and the following topics were covered:

- Ms. Kari McMichael, Vice President, Controller, delivered a presentation of the Harris Health System Second Quarter Fiscal Year 2024 Investment Report
- Ms. McMichael delivered a presentation of the Harris Health System First Quarter Calendar Year 2024 Pension Plan Report
- Ms. McMichael provided an update of the 2023 Annual Report of the 401k and 457b Administrative Committee Activities and 2023 Annual Report of the Pension and Disability Committee Activities
- The Annual Interest Rate Management Agreement Disclosure was presented for information only.
- The Committee moved to recommend Approval of the 2024-2025 Budget and Finance Committee Goals to the Harris Health System Board of Trustees
- The Committee moved to recommend Approval of Community Health Choice Inc (CHCI), the borrower, to enter into an internal Line of Credit agreement with Community Health Choice Texas Inc (CHCT), the lender, to renew its internal revolving Line of Credit in aggregate principal amount up to $120 million. Other terms will be defined in a manner acceptable for Texas Department of Insurance approval. The Board also hereby authorizes Lisa Wright, President and CEO of Community Health Choice Inc. and Community Health Choice Texas, Inc, to execute any and all documents related to such transaction and any future renewals within an aggregate principal amount up to $120 million.

	Compliance & Audit Committee The Compliance and Audit Committee met on May 16, 2024 and the following topics were covered: • External Financial Auditor, Forvis, presented their Planning/Pre-Audit Communication regarding the Harris Health System 401k and Pension Benefit Plans for the Year Ended December 31, 2023. • Internal Audit Quarterly Update: o Internal Audit team leadership change – County Auditor, Mike Post, announced Sharon Brantley Smith's promotion to Chief Assistant County Auditor for Harris Health. o Mention of completed engagements, which were privileged and to be discussed in Executive Session – HIPAA Privacy Controls and Medical Device Security o Overview of in-progress engagements – Seven engagements were in-progress (Baylor Provider Invoicing; MWBE Program & Policy; Benefits Eligibility; Nursing Licenses; IT Asset Management; UKG Post-Implementation; Outpatient Appointment Utilization) and were expected to be reported at the September 2024 Compliance and Audit Committee meeting. o Summary of outstanding management action plans (MAPs) – There were eight outstanding MAPs from five prior engagements (UT Provider Invoicing; Vendor Payment Timeliness; Procurement; Business Continuity & Disaster Recovery; Follow-up on Guidehouse Grant Accounting Process Assessment). This included three past-due, high-priority MAPs to be discussed in Executive Session. o Knowledge sharing – March 2024 Health IT Security article on the information security vulnerability of medical devices. Also, an announcement was made that the annual risk assessment process will begin in July 2024. • The Committee recommended for approval to the full Board the 2024 Compliance and Audit Committee Goals: o Receive comprehensive education on the U.S. Department of Health and Human Services Office of Inspector General's General Compliance Program Guidance issued in November 2023, with a specific focus on Board Compliance Oversight; o Review and recommend for adoption to the Board, annual Compliance Program, Internal Audit, and Internal Quality Audit Plans; and o Review and make recommendations regarding Compliance Program, Internal Audit, and Internal Quality Audit completed and in progress auditing and monitoring activities. • The Committee received compliance education from the Chief Compliance and Risk Officer related to Health Care Fraud Enforcement and Other Standards: Overview of Certain Federal Laws.	
X. Consent Agenda Items	Ms. Jennifer Tijerina requested to pull item C3 from the consent agenda for discussion.	
	A. Consent Purchasing Recommendations	

	1. Approval of Purchasing Recommendations (Items A1 through A9) Dr. Caracostis stated that the purchasing recommendations were included in your packet for review. A copy of the purchasing recommendations is available in the permanent record.	**Motion No. 24.05-72** **Moved by Ms. Jennifer Tijerina, seconded by Mr. Jim Robinson, and unanimously passed that the Board approve agenda item X.A.1. Motion carried.**
	B. Consent Committee Recommendations	
	1. Acceptance of the Harris Health System Second Quarter Fiscal Year 2024 Investment Report	**Motion No. 24.05-73** **Moved by Ms. Carol Paret, seconded by Mr. Jim Robinson, and unanimously passed that the Board approve agenda items X.B.1 through X.C.2. Motion carried.**
	2. Acceptance of the Harris Health System First Quarter Calendar Year 2024 Pension Plan Report	**Motion No. 24.05-73** **Moved by Ms. Carol Paret, seconded by Mr. Jim Robinson, and unanimously passed that the Board approve agenda items X.B.1 through X.C.2. Motion carried.**
	3. Approval of the 2024-2025 Budget and Finance Committee Goals	**Motion No. 24.05-73** **Moved by Ms. Carol Paret, seconded by Mr. Jim Robinson, and unanimously passed that the Board approve agenda items X.B.1 through X.C.2. Motion carried.**
	4. Approval of the 2024 Compliance and Audit Committee Goals	**Motion No. 24.05-73** **Moved by Ms. Carol Paret, seconded by Mr. Jim Robinson, and unanimously passed that the Board approve agenda items X.B.1 through X.C.2. Motion carried.**
	C. New Consent Items for Board Approval	

	1. Acceptance of the Harris Health System April 2024 Financial Report Subject to Audit	**Motion No. 24.05-73** **Moved by Ms. Carol Paret, seconded by Mr. Jim Robinson, and unanimously passed that the Board approve agenda items X.B.1 through X.C.2. Motion carried.**
	2. Approval of an Interlocal Agreement Between the Harris County Hospital District d/b/a Harris Health System and Health & Human Service Commission (HHSC), on Behalf of Patient Access Management, in an Amount of $274,664 for Designated Onsite Eligibility Advisors	**Motion No. 24.05-73** **Moved by Ms. Carol Paret, seconded by Mr. Jim Robinson, and unanimously passed that the Board approve agenda items X.B.1 through X.C.2. Motion carried.**
	3. Approval of an Amendment to the Interlocal Subrecipient Agreement Between Harris County and Harris Health System for American Rescue Plan Act (ARPA) Funds to Support Expansion of Harris Health's Food Rx and Food Farmacy Program Ms. Jennifer Tijerina inquired about the historical background of ARPA funding, as well as the timeline and process concerning the amendment. Ms. Maria Cowles, Executive Vice President, Chief Strategy Officer, shared that the agreement facilitated the establishment of onsite food pantries, known as "Food Pharmacies," at El Franco Lee, Gulfgate, and Martin Luther King, Jr. Health Centers. The proposed amendment aims to expand the Food Rx program by allocating funds to introduce a community redemption model at Cypress Health Center and Squatty Lyons Health Center. If approved, Harris Health would receive an additional $178,656, bringing the total to $663,144 from State and Federal American Rescue Plan Act of 2021 funds allocated to Harris County.	**Motion No. 24.05-74** **Moved by Ms. Jennifer Tijerina, seconded by Mr. Jim Robinson, and unanimously passed that the Board approve agenda item X.C.3. Motion carried.**
	D. Consent Reports and Updates to the Board	**For Informational Purposes Only**
	1. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System ***{End of Consent Agenda}***	

XI. Item(s) Related to the Health Care for the Homeless Program		
	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 • HCHP May 2024 Operational Update Ms. Tracey Burdine, Director, Health Care for the Homeless Program, delivered a presentation regarding the Health Care for the Homeless Program May 2024 Operational including Patient Services, Board Requirements, Performance Evaluation, Revised Eligibility Policy, Community Engagement, Mobile Utilization. HCHP is expected to see approximately 9,775 patients per year as required by the Health Resources and Services Administration (HRSA). Ms. Burdine reported that HCHP has provided care to 3,133 unduplicated patients and completed a total of 9,737 visits year – to – date. In April, HCHP provided services to 1,238 unique patients, with 834 receiving family practice services, 201 receiving behavioral therapy, and 298 receiving service linkage assistance. Ms. Burdine also reported that 2,449 visits were conducted in the month of April. Ms. Burdine outlined the Board authority as follows: • Health Center Governing Board must: o Maintain appropriate authority to oversee the operations of the Health Center; o Assure that the center is operated in compliance with applicable Federal, State, and local laws and regulations; o Hold monthly meetings and record meeting minutes including the board member's attendance, key actions, and decisions; o Approve the selection and termination/dismissal of the Health Center's Project Director/Chief Executive Officer (CEO); o Have authority for establishing or adopting policies for the conduct of the Health Center Program project and for updating these policies; o Review and approve the annual Health Center Program's project budget; and o Assess the achievement of project objectives through evaluation of Health Center activities. Ms. Burdine presented an overview of the FY2023 Focal Point Review conducted for the Program Director, highlighting updates on the HCHP revised eligibility policy, community engagement initiatives, and the mobile utilization index. A copy of the operational update is available in the permanent record.	**Motion No. 24.05-75** **Moved by Ms. Ingrid Robinson, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item XI.A. Motion carried.**

	B. Approval of the HCHP Board Authority Requirements	**Motion No. 24.05-76** **Moved by Ms. Carol Paret, seconded by Mr. Jim Robinson, and unanimously passed that the Board approve agenda item XI.B. Motion carried.**
	C. Approval of the HCHP Director's FY2023 Performance Evaluation	**Motion No. 24.05-77** **Moved by Ms. Jennifer Tijerina, seconded by Ms. Ingrid Robinson, and unanimously passed that the Board approve agenda item XI.C. Motion carried.**
	D. Approval of the Revised HCHP Eligibility Process Policy	**Motion No. 24.05-78** **Moved by Ms. Jennifer Tijerina, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item XI.C. Motion carried.**
XII. Discussion Related to Correctional Healthcare Services Provided at the Harris County Jail	Dr. Porsa led the discussion related to Correctional Healthcare Services Provided at the Harris County Jail. Dr. Porsa presented an update to the Board regarding his statements made to the Harris County Commissioners Court in the following manner: The current Correctional Health budget has been perpetuated solely based on the Sheriff's Office budget from before Harris Health System began providing care at the jail in March of 2022. This budget has never been adjusted to reflect the vast expansion of services by Harris Health System to meet the minimum standard of care in a correctional setting and to improve timeliness of care and health outcomes. As such, the "budget shortfall" is misleading and not at all representative of the reality on the ground. Harris Health System welcomes the opportunity to account for the services and the cost of those services being provided at the Harris County Jail. I, further mentioned the fact that it has been discussed at the Commissioners Court more than once, that for years, if not decades, Harris County has balanced this budget at the expense of Harris Health System. The result of this has been a significant reduction in our tax rate, including two, no net revenue tax rates in the past five (5) years. The resulting debt that resulted in deferred maintenance, is the main reason why Harris Health System has not been able to invest appropriately in routine capital and why are now facing crumbling infrastructure in dire need of immediate attention. I mentioned at the court that I had been very clear and consistent in my presentations that the court, in my one-on-one meetings with the Commissioners and at every one of my town hall meetings last year, about the fact that the overall cost of our strategic facilities plan is more than $3.2 billion. The $2.5-billion bond that was passed overwhelmingly by the Harris County residents last November is our borrowing capacity. On several occasions, I have made a	**As Presented.**

	promise to the court and to the County residents that Harris Health System intends to fill the gap with at least a $1 million in philanthropy and another $600 million in routine capital investment and operational cost savings over the next 10 years. And that begins this year. To all of a sudden, burden Harris Health System with a $25 million surcharge is extremely arbitrary and unfair and places our long-term plans in significant jeopardy. Additionally, this budget has never adequately accounted for the inflationary pressures that all entities including and especially healthcare systems have been facing. For Harris Health System, this has amounted to more than 35% overall increase in the cost of labor, supplies and services over the last 2 years. I did remind the court that Harris Health System is continuing to operate in good faith under the existing interlocal agreement that we entered with the County in 2022 related to our Correctional Health operating expense. At the end of that session, Mr. Daniel Ramos, from the Office of Management and Budget asked the Commissioners to allow all entities to go through the existing budget process and return back to the Commissioners court with recommendations on the path forward. Harris Health has been engaged and continuously engaged with the County Office of Management and Budget and the Sheriff's Office, and we will continue to work with both entities to come up with a workable solution.	
XIII. Executive Session	At 11:39 a.m., Dr. Andrea Caracostis stated that the Board would enter into Executive Session for Items XIII. 'D through H' as permitted by law under Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code. Ann. §§ 151.002 and 160.007 and Tex. Gov't Code Ann. § 551.071 and 551.085.	
	D. Report Regarding Harris Health System Correctional Health Quality of Medical and Healthcare and Consultation with Attorney Regarding Interlocal Agreement Between Harris Health and Harris County for Correctional Health Care Services, Pursuant to Tex. Occ. Code Ann. §151.002, Tex. Occ. Code Ann. §160.007, Tex. Health & Safety Code Ann. §161.032 and Tex. Gov't Code Ann. §551.071	**No Action Taken.**
	E. Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Financial Performance for the Three Months Ending March 31, 2024, Pursuant to Tex. Gov't Code Ann. §551.085	**No Action Taken.**
	F. Consideration of Recommendation for Approval to Renew the Existing Internal Line of Credit Between Community Health Choice, Inc. and Community Health Choice Texas, Inc. in Accordance with the Requirements of the Bylaws, Pursuant to Tex. Gov't Code Ann. §551.085, Including Consideration of Approval Upon Return to Open Session	**Motion No. 24.05-79** **Moved by Ms. Carol Paret, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item XIII.F. Motion carried.**

	G. Harris Health, by and through the Board of Trustees, Hereby Approves Community Health Choice Inc (CHCI), the Borrower, to Enter into an Internal Line of Credit Agreement with Community Health Choice Texas Inc (CHCT), the Lender, to Renew its Internal Revolving Line of Credit in Aggregate Principal Amount Up to $120 Million. Other Terms will be Defined in a Manner Acceptable for Texas Department of Insurance Approval. The Board Also Hereby Authorizes Lisa Wright, President and CEO of Community Health Choice Inc. and Community Health Choice Texas, Inc., to Execute Any and All Documents Related to Such Transaction and Any Future Renewals within an Aggregate Principal Amount up to $120 Million, Pursuant to Tex. Gov't Code Ann. §551.085, Including Consideration of Approval Upon Return to Open Session	**Motion No. 24.05-80** **Moved by Ms. Carol Paret, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item XIII.G. Motion carried.**
	H. 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	**No Action Taken.**
XIV. Reconvene	At 12:31 p.m., Dr. Andrea Caracostis reconvened the meeting in open session; she noted that a quorum was present. The Board took action on items XIII. "F and G" of the Executive Session Agenda in open session.	
XV. Adjournment	There being no further business to come before the Board, the meeting adjourned at 12:32 p.m.	

I certify that the foregoing are the Minutes of the Harris Health System Board of Trustees Meeting held on May 30, 2024.

Respectfully Submitted,

Andrea Caracostis, MD, MPH, Chair

Carol Paret, BS, Secretary

Minutes transcribed by Cherry A. Pierson, MBA

Thursday, May 30, 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
Dr. Andrea Caracostis *(Chair)*	Afsheen Davis
Carol Paret *(Secretary)*	Marcia Johnson
Dr. Cody M. Pyke *(Vice Chair)*	
Ingrid Robinson	
Jennifer Tijerina	
Jim Robinson	
Sima Ladjevardian	

EXECUTIVE LEADERSHIP/STAFF/ SPECIAL INVITED GUESTS	
Amanda Callaway	Kiki Teal
Dr. Amy Smith	Dr. Kunal Sharma
Anna Mateja *(Community Health Choice, CFO)*	Lisa Wright *(Community Health Choice, CEO)*
Anthony Williams	Louis Smith
Dr. Anwar Mohammad Sirajuddin	Maria Cowles
Carolynn Jones	Dr. Martha Mims
Cherry Pierson	Dr. Matasha Russell
Cynthia Cole *(AFSCME: Public Guest)*	Matthew Schlueter
Daniel Smith	Micah Rodriguez
DeWight Dopslauf *(Harris County Purchasing Office)*	Michael Fritz *(Harris County Attorney's Office)*
Ebon Swofford *(Harris County Attorney's Office)*	Michael Hill
Elizabeth Hanshaw Winn *(Harris County Attorney's Office)*	Dr. Michael Nnadi
Dr. Esmaeil Porsa *(Harris Health System, President & CEO)*	Nicholas J. Bell
Jack Adger *(Harris County Purchasing Office)*	Olga Rodriguez
Dr. Jackie Brock	Omar Reid
Dr. Jennifer Small	Dr. O. Reggie Egins
Jennifer Zarate	Patricia Darnauer
Jerry Summers	Pollie Martinez
Jessey Thomas	R. King Hillier
John Matcek	Randy Manarang
Dr. Joseph Kunisch	Ray Gutierrez *(Houston Construction Services)*
Kari McMichael	Richard Cisneros (*Creative Consumer Research*)

EXECUTIVE LEADERSHIP/STAFF/ SPECIAL INVITED GUESTS	
Sam Karim	Dr. Steven Brass
Dr. Sandeep Markan	Taylor McMillan
Sara Thomas *(Harris County's Attorney's Office)*	Dr. Tien Ko
Shawn DeCosta	Tracey Burdine
Dr. Shazia Sheikh	

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.

- Page 22 Was Intentionally Left Blank -

Thursday, June 27, 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

- Pages 24-25 Were Intentionally Left Blank -

Thursday, June 27, 2024

Executive Session

Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Occ. Code Ann. §151.002, Tex. Occ. Code Ann. §160.007 and Tex. Health & Safety Code Ann. §161.032 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

- Pages 27-48 Were Intentionally Left Blank -

Thursday, June 27, 2024

Executive Session

Report Regarding Harris Health System Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion and Operational Updates, Pursuant to Tex. Occ. Code Ann. §151.002, Tex. Occ. Code Ann. §160.007, Tex. Health & Safety Code Ann. §161.032 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.

Otis R. Egins

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

- Pages 50-55 Were Intentionally Left Blank -

Thursday, June 27, 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 June 2024.

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

Thank you.

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

Board of Trustees

June 2024 Medical Staff Credentials Report

Medical Staff Initial Appointments: 41
BCM Medical Staff Initial Appointments - 23
UT Medical Staff Initial Appointments - 14
HCHD Medical Staff Initial Appointments - 4
Medical Staff Reappointments: 37
BCM Medical Staff Reappointments - 22
UT Medical Staff Reappointments - 13
HCHD Medical Staff Reappointments - 2
BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Changes in Clinical Privileges: 2
BCM/UT/HCHD Medical Staff Resignations: 12
For Information
Temporary Privileges Awaiting Board Approval - 6
Urgent Patient Care Need - 1
BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Files for Discussion: 2
Medical Staff Initial Appointment Files for Discussion - 2

Thursday, June 27, 2024

Consideration of Approval of Changes to the Gastroenterology Clinical Privileges

A request was made to add Endoscopic Submucosal Dissection (ESD) and Peroral Endoscopic Myotomy (POEM) to the Gastroenterology Clinical Privileges to accommodate gastroenterologist requesting ESD or POEM. The Chiefs of Service at BT and LBJ have reviewed and are in agreement with the additions being presented.

The Medical Executive Board has approved the revisions to the Gastroenterology Clinical Privileges and requests the approval of the Board of Trustees.

Summary Table:

Page(s)	Type of Change	Subject	Comments/Notes
Page 4 of 11	Addition	Qualifications	Created a section for ESD privileges
Page 5 of 11	Addition	Qualifications	Created a section for POEM privileges

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

Applicant Name: _____

QUALIFICATIONS FOR ENDOSCOPIC SUBMUCOSAL DISSECTION (ESD)

Definition: A procedure to remove early tumors of the Gastrointestinal tract by creating submucosal space and dissecting the tumor under direct visualization utilizing special needles/knifes created specifically for this technique.

***Criteria*:** MD or DO fully credentialed with clinical privileges.

AND

- Successful completion of an accredited internal medicine residency training program

AND

- Successful completion of an accredited gastroenterology training program

AND

- Advanced Endoscopy fellowship with hands on training on Endoscopic Submucosal Dissection

OR

- Completion of Endoscopic Submucosal Dissection course recognized by a national or international gastrointestinal society, followed by supervision by a credentialed practitioner for a minimum of five (**5**) cases is required

OR

- Completing a minimum of three (**3**) hands-on Endoscopic Submucosal Dissection courses; At least one of three (**3**) courses should include live animal model training; Courses should be recognized by a national or international gastrointestinal society

Clinical Experience / Required Documentation (Initial): A letter of recommendation from the applicant's residency or fellowship Program Director that included Endoscopic Submucosal Dissection procedure training or from the physician's proctor

Maintenance of privilege: Demonstrated current competence and evidence of the performance of at least five (5) successful Endoscopic Submucosal Dissection procedures during the past 24-months based on results of ongoing performance data review (OPDR) and outcomes

☐ **ENDOSCOPIC SUBMUCOSAL DISSECTION (ESD) PRIVILEGES REQUESTED**

Applicant Name: _____

QUALIFICATIONS FOR PERORAL ENDOSCOPIC MYOTOMY (POEM)

Description: An evolving family of procedures that utilize a natural orifice and a specialized endoscope to access a surgical site to perform a procedure that was traditionally performed using laparoscopic / thoracoscopic or open technique.

***Criteria*:** MD or DO fully credentialed with clinical privileges.

- Completion of an ACGME or AOA accredited Fellowship training program in Gastroenterology

OR

Completion of Peroral Endoscopic Myotomy (POEM) course recognized by a national or international gastrointestinal society, followed by supervision by a credentialed practitioner for a minimum of five (**5**) cases

OR

Completion of a minimum of three (**3**) hands-on Peroral Endoscopic Myotomy (POEM) or Endoscopic Submucosal Dissection courses; At least one (**1**) of the three (**3**) courses should include live animal model training on Peroral Endoscopic Myotomy (POEM; Courses should be recognized by a national or international gastrointestinal society

Clinical Experience / Required Documentation (Initial): Applicant must provide documentation of provision of five (**5**) cases representative of the scope and complexity of the privileges requested during the previous year (waived for applicants who completed training during the previous year)

AND

A letter of recommendation from the applicant's residency or fellowship Program Director that included Peroral Endoscopic Myotomy (POEM) procedure training or from the physician's proctor

Maintenance of privilege: Demonstrated current competence and evidence of the performance of at least five (**5**) successful Peroral Endoscopic Myotomy (POEM) procedures during the past 24-months based on results of ongoing performance data review (OPDR) and outcomes

☐ **PERORAL ENDOSCOPIC MYOTOMY (POEM) PRIVILEGES REQUESTED**

Thursday, June 27, 2024

Staffing Advisory Committee's Semi-Annual Evaluation of the Nurse Staffing Plan & Aggregate Staffing Variance

In accordance with Harris Health System policy and Department of State Health Services, Title 25, Texas Administrative Code, §133.41(f) and (o); the Staffing Advisory Committee reports semi-annually to the Board of Managers its evaluation of the effectiveness of the official nursing services staffing plan and aggregate staffing variance.

This report is being presented for informational purposes only.

Jackie Brock, RN, DNP
Executive Vice President & Chief Nurse Executive

Harris Health System Board of Trustees
Staffing Advisory Committee Evaluation of the FY24 Nurse Staffing Plans
Summary
Board Date: June 27, 2024

I. Overview

Annually, Harris Health System Nursing Services plan for the adequate number of nurses and support staff for each nursing service provided. The staffing plan is based on historical data; projections for future program development and expansion; and the Staffing Advisory Committee's input into the needs of patients, the unit and nursing staff. The plan takes into account patient census, scope of services provided on the unit; severity of illness and intensity of care; geographical layout of the unit; skill mix; and competency and experience of the nurses.

II. FY 2024 Staffing Plans

The table below shows our RN to patient ratios. These ratios are consistent with community and national standards. The unlicensed assistive personnel ratios vary based on census, the patient population served, and the needs of the patients.

Patient Care Area	Charge Nurse	RN to Patient Ratio	Unlicensed Personnel	Clerical
Intensive Care	1	1:1-2	1:5-10	1
Coronary Care	1	1:1-2	1:5-10	1
Intermediate Care	1	1:3-4	1:5-10	1
Specialty Care	1	1:3-4	1:5-10	1
Medical/Surgical	1	1:5	1:5-10	1
Labor & Delivery	1	1:1-2	1	1
Perinatal Special Care		1:3		
Postpartum Couplets	1	1:3-4 couplets	1	1
Level III Nursery: Neonatal ICU	1	1:2		1
Level II Nursery	1	1:3-4		1
Psychiatry	1	1:6	1:5-6	
IMU/Med Surg/Tele Units	1	1:4-5	1:8-9	1
Operating Services	Follows The Association of periOperative Registered Nurses (AORN) Staffing Guidelines			

III. Evaluation of the Nurse Staffing Plans – March 2024

A. Ben Taub Hospital

Evaluators	Total Surveyed	% Strongly agree or agree	% Disagree or strongly disagree*
Nurse Clinician members	19	91%	9% - Disagreed
			0 – Strongly disagreed

B. Lyndon B. Johnson Hospital

Evaluators	Total Surveyed	% Strongly agree or agree	% Disagree or strongly disagree*
Nurse Clinician members	11	86%	14% - Disagreed
			0 – Strongly disagreed

*Ben Taub Hospital: The statement with the highest level of disagreement was "There is a general sense of adequate staffing."

*LBJ Hospital: The statements with the highest level of disagreement were 1) "The staffing plan takes into account relevant nursing characteristics (Skill mix, clinical experience, etc.)"; and 2) "The staffing plan takes into account relevant patient characteristics (age, functional ability, severity of illness, etc.)."

IV. Year-to-Date Aggregate Staffing Variance (Clinical Areas)

(Year-to-Date as of February 2024)

	Actual FTEs Worked	Budgeted FTEs Flexed	FTE Variance
BT – Nursing Services	724.07	666.91	57.16
LBJ – Nursing Services	509.24	455.71	53.53

V. Patient Care Outcomes

In review of fall data from January 2023 to September 2023, the Committee conducted a correlation analysis between patient falls and hours per patient day. The units included in the review experienced patient fall scores above the NDNQI mean for at least 4 of the 9 months. Results: There were no significant correlation between the two variables.

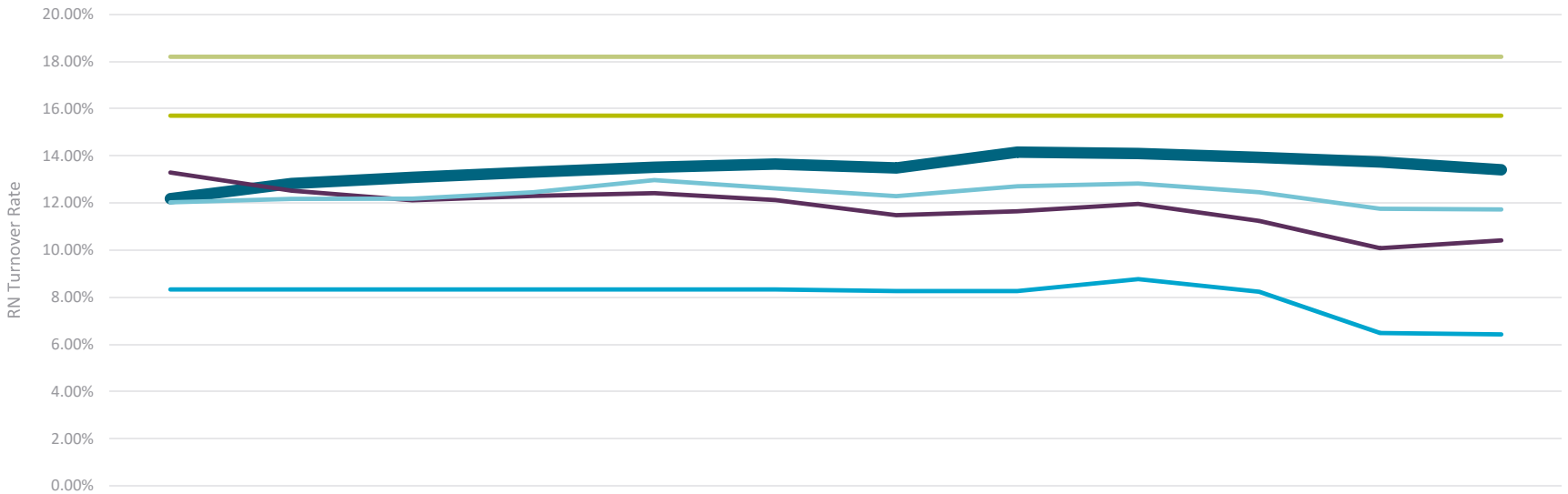
Thank you.

HARRISHEALTH SYSTEM

Staffing Advisory Committee's Semi-Annual Evaluation of the Nurse Staffing Plan and Aggregate Staffing Variance

Jackie Brock, RN, DNP
Executive Vice President
& Chief Nurse Executive

RN Turnover Rate (Terminations) MOM Nov 2023- April 2024



	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
BT	12.18%	12.82%	13.09%	13.31%	13.51%	13.65%	13.48%	14.16%	14.10%	13.93%	13.74%	13.41%
LBJ	13.29%	12.52%	12.11%	12.29%	12.41%	12.12%	11.48%	11.64%	11.95%	11.23%	10.08%	10.41%
ACS	8.33%	8.33%	8.33%	8.33%	8.33%	8.33%	8.26%	8.26%	8.76%	8.23%	6.48%	6.42%
HHS	12.02%	12.17%	12.18%	12.45%	12.96%	12.61%	12.28%	12.70%	12.82%	12.45%	11.75%	11.72%
GCR	18.20%	18.20%	18.20%	18.20%	18.20%	18.20%	18.20%	18.20%	18.20%	18.20%	18.20%	18.20%
National	15.70%	15.70%	15.70%	15.70%	15.70%	15.70%	15.70%	15.70%	15.70%	15.70%	15.70%	15.70%

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH SYSTEM

Thursday, June 27, 2024

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

---

Otis R. Egins

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

Board of Trustees

HARRISHEALTH SYSTEM

June 2024 Correctional Health Credentials Report

Medical Staff Initial Appointments: 4

Medical Staff Reappointments: 1

Medical Staff Resignations: 1

Medical Staff Files for Discussion: 4

Thursday, June 27, 2024

Consideration of Approval of a Resolution Setting the Rate of Mandatory Payment for the Harris County Hospital District Local Provider Participation Fund

Pursuant to Harris County Hospital District's Participation in a Local Provider Participation Fund, a mandatory payment may be required by the District from an institutional health care provider to fund certain intergovernmental transfers for supplemental Medicaid payment programs or Medicaid managed care rate enhancements.

Management recommends the approval of the attached Resolution Authorizing Harris County Hospital District to set the amount of the mandatory payment to be invoiced during the time frame of July 1, 2024 through June 30, 2025 as up to 6.00 percent of the net patient revenue of an institutional health care provider located in the district. This would grant Harris Health the flexibility to invoice any portion of this amount in installments at any point through the end of June 2025 (i.e. the authority to send invoices expires on July 1, 2025).

Enclosed is a copy of the Texas Health and Safety Code Chapter 299 which authorizes the Local Provider Participation Fund. Section 299.151(c) (highlighted for reference) allows the Board to assess up to 6.00 percent of net patient revenue from hospital services provided in the district.

Victoria Nikitin

Victoria Nikitin
Executive Vice President – Chief Financial Officer

Resolution Setting Rate of Mandatory Payment

WHEREAS, pursuant to Chapter 299 of the Texas Health and Safety Code, the Board of Trustees (the "Board") of Harris County Hospital District (the "District") on June 27, 2019 authorized the District to participate in a Local Provider Participation Fund;

WHEREAS, the purpose of participation in a Harris County health care provider participation program is to generate revenue from a mandatory payment that may be required by the District from an institutional health care provider to fund certain intergovernmental transfers for a supplemental Medicaid payment program or Medicaid managed care rate enhancements;

WHEREAS, pursuant to Section 299 of the Texas Health and Safety Code, the Board on June 27, 2019 authorized the District to collect a mandatory payment from each institutional health care provider located in Harris County; and

WHEREAS, pursuant to Section 299.151(c) of the Texas Health and Safety Code, the Board must set the amount of the mandatory payment.

Be it hereby resolved by the Board of Trustees of the Harris County Hospital District that:

1. The District sets the amount of the mandatory payment to be invoiced during the time frame of July 1, 2024 through June 30, 2025 as up to 6.00 percent of the net patient revenue of an institutional health care provider located in the District.

2. The District may invoice any portion of the mandatory payment in installments, so long as the total rate invoiced during July 1, 2024 through June 30, 2025 does not exceed 6.00 percent.

3. This Resolution shall be in full force and effect from and after the date of its adoption.

PASSED AND APPROVED this 27th day of June, 2024.

HEALTH AND SAFETY CODE

TITLE 4. HEALTH FACILITIES

SUBTITLE D. HOSPITAL DISTRICTS

For expiration of this chapter, see Section 299.004.

CHAPTER 299. HARRIS COUNTY HOSPITAL DISTRICT HEALTH CARE PROVIDER PARTICIPATION PROGRAM

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 299.001. DEFINITIONS. In this chapter:

(1) "Board" means the board of hospital managers of the district.

(2) "District" means the Harris County Hospital District.

(3) "Institutional health care provider" means a nonpublic hospital located in the district that provides inpatient hospital services.

(4) "Paying provider" means an institutional health care provider required to make a mandatory payment under this chapter.

(5) "Program" means the health care provider participation program authorized by this chapter.

Added by Acts 2019, 86th Leg., R.S., Ch. 208 (H.B. 3459), Sec. 1, eff. May 24, 2019.

Sec. 299.002. APPLICABILITY. This chapter applies only to the Harris County Hospital District.

Added by Acts 2019, 86th Leg., R.S., Ch. 208 (H.B. 3459), Sec. 1, eff. May 24, 2019.

Sec. 299.003. HEALTH CARE PROVIDER PARTICIPATION PROGRAM; PARTICIPATION IN PROGRAM. The board may authorize the district to participate in a health care provider participation program on the affirmative vote of a majority of the board, subject to the provisions of this chapter.

Added by Acts 2019, 86th Leg., R.S., Ch. 208 (H.B. 3459), Sec. 1, eff. May 24, 2019.

Sec. 299.004. EXPIRATION. (a) Subject to Section 299.153(d), the authority of the district to administer and operate a program under this chapter expires December 31, 2023.

(b) This chapter expires December 31, 2023.

Added by Acts 2019, 86th Leg., R.S., Ch. 208 (H.B. 3459), Sec. 1, eff. May 24, 2019.

Amended by:

Acts 2021, 87th Leg., R.S., Ch. 316 (H.B. 1338), Sec. 1, eff. June 7, 2021.

SUBCHAPTER B. POWERS AND DUTIES OF BOARD

Sec. 299.051. LIMITATION ON AUTHORITY TO REQUIRE MANDATORY PAYMENT. The board may require a mandatory payment authorized under this chapter by an institutional health care provider in the district only in the manner provided by this chapter.

Added by Acts 2019, 86th Leg., R.S., Ch. 208 (H.B. 3459), Sec. 1, eff. May 24, 2019.

Sec. 299.052. RULES AND PROCEDURES. The board may adopt rules relating to the administration of the program, including collection of the mandatory payments, expenditures, audits, and any other administrative aspects of the program.

Added by Acts 2019, 86th Leg., R.S., Ch. 208 (H.B. 3459), Sec. 1, eff. May 24, 2019.

Sec. 299.053. INSTITUTIONAL HEALTH CARE PROVIDER REPORTING. If the board authorizes the district to participate in a program under this chapter, the board shall require each institutional health care provider to submit to the district a copy of any financial and utilization data as reported in the provider's Medicare cost report submitted for the previous fiscal year or for the closest subsequent fiscal year for which the provider submitted the Medicare cost report.

Added by Acts 2019, 86th Leg., R.S., Ch. 208 (H.B. 3459), Sec. 1, eff. May 24, 2019.

SUBCHAPTER C. GENERAL FINANCIAL PROVISIONS

Sec. 299.101. HEARING. (a) In each year that the board authorizes a program under this chapter, the board shall hold a public hearing on the amounts of any mandatory payments that the board intends to require during the year and how the revenue derived from those payments is to be spent.

(b) Not later than the fifth day before the date of the hearing required under Subsection (a), the board shall publish notice of the hearing in a newspaper of general circulation in the district and provide written notice of the hearing to each institutional health care provider in the district.

(c) A representative of a paying provider is entitled to appear at the public hearing and be heard regarding any matter related to the mandatory payments authorized under this chapter.

Added by Acts 2019, 86th Leg., R.S., Ch. 208 (H.B. 3459), Sec. 1, eff. May 24, 2019.

Sec. 299.102. DEPOSITORY. (a) If the board requires a mandatory payment authorized under this chapter, the board shall designate one or more banks as a depository for the district's local provider participation fund.

(b) All funds collected under this chapter shall be secured in the manner provided for securing other district funds.

Added by Acts 2019, 86th Leg., R.S., Ch. 208 (H.B. 3459), Sec. 1, eff. May 24, 2019.

Sec. 299.103. LOCAL PROVIDER PARTICIPATION FUND; AUTHORIZED USES OF MONEY. (a) If the district requires a mandatory payment authorized under this chapter, the district shall create a local provider participation fund.

(b) The local provider participation fund consists of:

(1) all revenue received by the district attributable to mandatory payments authorized under this chapter;

(2) money received from the Health and Human Services Commission as a refund of an intergovernmental transfer under the program, provided that the intergovernmental transfer does not receive a federal matching payment; and

(3) the earnings of the fund.

(c) Money deposited to the local provider participation fund of the district may be used only to:

(1) fund intergovernmental transfers from the district to the state to provide the nonfederal share of Medicaid payments for:

(A) uncompensated care payments to nonpublic hospitals, if those payments are authorized under the Texas Healthcare Transformation and Quality Improvement Program waiver issued under Section 1115 of the federal Social Security Act (42 U.S.C. Section 1315);

(B) uniform rate enhancements for nonpublic hospitals in the Medicaid managed care service area in which the district is located;

(C) payments available under another waiver program authorizing payments that are substantially similar to Medicaid payments to nonpublic hospitals described by Paragraph (A) or (B); or

(D) any reimbursement to nonpublic hospitals for which federal matching funds are available;

(2) subject to Section 299.151(d), pay the administrative expenses of the district in administering the program, including collateralization of deposits;

(3) refund a mandatory payment collected in error from a paying provider;

(4) refund to paying providers a proportionate share of the money attributable to mandatory payments collected under this chapter that the district:

(A) receives from the Health and Human Services Commission that is not used to fund the nonfederal share of Medicaid supplemental payment program payments; or

(B) determines cannot be used to fund the nonfederal share of Medicaid supplemental payment program payments; and

(5) transfer funds to the Health and Human Services Commission if the district is legally required to transfer the funds to address a disallowance of federal matching funds with respect to programs for which the district made intergovernmental transfers described by Subdivision (1).

(d) Money in the local provider participation fund may not be commingled with other district funds.

(e) Notwithstanding any other provision of this chapter, with respect to an intergovernmental transfer of funds described by Subsection (c)(1) made by the district, any funds received by the state, district, or other entity as a result of the transfer may not be used by the state, district, or any other entity to:

(1) expand Medicaid eligibility under the Patient Protection and Affordable Care Act (Pub. L. No. 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. No. 111-152); or

(2) fund the nonfederal share of payments to nonpublic hospitals available through the Medicaid disproportionate share hospital program or the delivery system reform incentive payment program.

Added by Acts 2019, 86th Leg., R.S., Ch. 208 (H.B. 3459), Sec. 1, eff. May 24, 2019.

SUBCHAPTER D. MANDATORY PAYMENTS

Sec. 299.151. MANDATORY PAYMENTS BASED ON PAYING PROVIDER NET PATIENT REVENUE. (a) If the board authorizes a health care provider participation program under this chapter, the board may require a mandatory payment to be assessed, either annually or periodically throughout the year at the discretion of the board, on the net patient revenue of each institutional health care provider located in the district. The board shall provide an institutional health care provider written notice of each assessment under this subsection, and the provider has 30 calendar days following the date of receipt of the notice to pay the assessment. In the first year in which the mandatory payment is required, the mandatory payment is assessed on the net patient revenue of an institutional health care provider, as determined by the provider's Medicare cost report submitted for the previous fiscal year or for the closest subsequent fiscal year for which the provider submitted the Medicare cost report. If the mandatory payment is required, the district shall update the amount of the mandatory payment on an annual basis and may update the amount on a more frequent basis.

(b) The amount of a mandatory payment authorized under this chapter must be uniformly proportionate with the amount of net patient revenue generated by each paying provider in the district as permitted under federal law. A health care provider participation program authorized under this chapter may not hold harmless any institutional health care provider, as required under 42 U.S.C. Section 1396b(w).

(c) If the board requires a mandatory payment authorized under this chapter, the board shall set the amount of the mandatory payment, subject to the limitations of this chapter. The aggregate amount of the mandatory payments required of all paying providers in the district may not exceed six percent of the aggregate net patient revenue from hospital services provided by all paying providers in the district.

(d) Subject to Subsection (c), if the board requires a mandatory payment authorized under this chapter, the board shall set the mandatory payments in amounts that in the aggregate will generate sufficient revenue to cover the administrative expenses of the district for activities under

this chapter and to fund an intergovernmental transfer described by Section 299.103(c)(1). The annual amount of revenue from mandatory payments used for administrative expenses by the district for activities under this chapter is $600,000, plus the cost of collateralization of deposits, regardless of actual expenses.

(e) A paying provider may not add a mandatory payment required under this section as a surcharge to a patient.

(f) A mandatory payment assessed under this chapter is not a tax for hospital purposes for purposes of Section 4, Article IX, Texas Constitution, or Section 281.045.

Added by Acts 2019, 86th Leg., R.S., Ch. 208 (H.B. 3459), Sec. 1, eff. May 24, 2019.
Amended by:

Acts 2021, 87th Leg., R.S., Ch. 316 (H.B. 1338), Sec. 2, eff. June 7, 2021.

Sec. 299.152. ASSESSMENT AND COLLECTION OF MANDATORY PAYMENTS. (a) The district may designate an official of the district or contract with another person to assess and collect the mandatory payments authorized under this chapter.

(b) The person charged by the district with the assessment and collection of mandatory payments shall charge and deduct from the mandatory payments collected for the district a collection fee in an amount not to exceed the person's usual and customary charges for like services.

(c) If the person charged with the assessment and collection of mandatory payments is an official of the district, any revenue from a collection fee charged under Subsection (b) shall be deposited in the district general fund and, if appropriate, shall be reported as fees of the district.

Added by Acts 2019, 86th Leg., R.S., Ch. 208 (H.B. 3459), Sec. 1, eff. May 24, 2019.

Sec. 299.153. PURPOSE; CORRECTION OF INVALID PROVISION OR PROCEDURE; LIMITATION OF AUTHORITY. (a) The purpose of this chapter is to authorize the district to establish a program to enable the district to collect mandatory payments from institutional health care providers to fund the nonfederal share of a Medicaid supplemental payment program or the Medicaid managed care rate enhancements for nonpublic hospitals to support the

provision of health care by institutional health care providers to district residents in need of health care.

(b) This chapter does not authorize the district to collect mandatory payments for the purpose of raising general revenue or any amount in excess of the amount reasonably necessary to:

(1) fund the nonfederal share of a Medicaid supplemental payment program or Medicaid managed care rate enhancements for nonpublic hospitals; and

(2) cover the administrative expenses of the district associated with activities under this chapter and other uses of the fund described by Section 299.103(c).

(c) To the extent any provision or procedure under this chapter causes a mandatory payment authorized under this chapter to be ineligible for federal matching funds, the board may provide by rule for an alternative provision or procedure that conforms to the requirements of the federal Centers for Medicare and Medicaid Services. A rule adopted under this section may not create, impose, or materially expand the legal or financial liability or responsibility of the district or an institutional health care provider in the district beyond the provisions of this chapter. This section does not require the board to adopt a rule.

(d) The district may only assess and collect a mandatory payment authorized under this chapter if a waiver program, uniform rate enhancement, or reimbursement described by Section 299.103(c)(1) is available to the district.

Added by Acts 2019, 86th Leg., R.S., Ch. 208 (H.B. 3459), Sec. 1, eff. May 24, 2019.

Thursday, June 27, 2024

Presentation of the Harris County Hospital District 401(k) and Pension Plan Independent Auditor's Reports and Overview for the Fiscal Year Ended December 31, 2023

Representatives from the external audit firm Forvis Mazars, LLP, will provide an overview of the results of the Harris County Hospital District 401(k) and Pension Plan audit engagements and audit reports for the Board of Trustees' consideration and approval.

A copy of the presentation is attached.

Victoria Nikitin

Victoria Nikitin
Executive Vice President – Chief Financial Officer

Harris County Hospital District d/b/a Harris Health System

Harris County Hospital District 401(k) Plan

Harris County Hospital District Pension Plan

Year Ended December 31, 2023

forvis mazars

REQUIRED COMMUNICATIONS

- Forvis Mazars Responsibilities
  - Draft financial statements and related notes are being presented and we are prepared to issue unmodified opinions
- Accounting Policies and Practices
  - Consistent with accounting and industry standards
- There were no
  - Difficulties encountered by our team when conducting the audit
  - Disagreements with management
  - Contentious accounting issues
  - Consultations with other accountants
  - Identified material weaknesses or significant deficiencies in internal controls
- Material Written Communications
  - Audit communication letter
  - Management representation letter

Risk Area	Comments
• Management override of controls	• No matters are reportable.
• Related-party disclosures	• No matters are reportable; however, refer to related-party disclosure in the Plan's financial statements.
• Plan Contributions	• No matters are reportable
• Management estimates	
➢ Fair value of investments	• No matters are reportable
➢ Actuarial methods and assumptions used in calculating amounts recorded or disclosed in supplementary information	• No matters are reportable

Thank You!

forvis mazars

Thursday, June 27, 2024

Consideration of Acceptance of the Harris County Hospital District 401(k) Plan Independent Auditor's Report and Financial Statements for the Years Ended December 31, 2023 and 2022

Representatives from the external audit firm Forvis Mazars, LLP, will provide an overview of the results of the audit engagement for the Harris County Hospital District 401(k) Plan for the Board of Trustees' consideration and approval.

A copy of the draft report is attached.

Management recommends the acceptance of the Harris County Hospital District 401(k) Plan Independent Auditor's Report and Financial Statements for the Years Ended December 31, 2023 and 2022.

Victoria Nikitin

Victoria Nikitin
Executive Vice President – Chief Financial Officer

Harris County Hospital District 401(k) Plan

Independent Auditor's Report and Financial Statements

December 31, 2023 and 2022

Contents

As management of the Harris County Hospital District, d/b/a Harris Health System (the "System"), we offer readers of the financial statements of the Harris County Hospital District 401(k) Plan (the "Plan"), this narrative overview and analysis of the financial activities of the Plan for the years ended December 31, 2023, 2022, and 2021.

Financial Highlights

- The Plan reported net investment income for 2023 of $107,805,237, an increase of $223,300,686 from 2022. The Plan reported net investment loss for 2022 of $(115,495,449), a decrease of $195,897,101 from 2021.

- The Plan's net position available for benefits increased by $131,888,582 in 2023, decreased by $89,394,893 in 2022, and increased by $106,372,588 in 2021.

- The Plan's employer contributions were $26,738,228, $22,642,370 and $20,500,578 in 2023, 2022 and 2021, respectively. Participant contributions were $60,956,298, $51,084,596 and $49,279,974 in 2023, 2022 and 2021, respectively.

- Benefit payments were $63,849,741, $47,655,827 and $43,902,458 in 2023, 2022 and 2021, respectively. Administrative expenses were $711,696, $683,278 and $650,686 in 2023, 2022 and 2021, respectively. Combined benefit payments and administrative expenses increased by $16,222,332, $3,785,961 and $8,257,766 in 2023, 2022 and 2021, respectively.

Overview of the Financial Statements

Our discussion and analysis is intended to serve as an introduction to the Plan's financial statements. The Plan's financial statements are composed of financial statements and notes to the financial statements. The financial statements consist of two statements: (1) statements of net position available for benefits and (2) statements of changes in net position available for benefits. These statements present information on all the Plan's assets and liabilities with the difference between the two reported as net position. Over time, increases or decreases in net position may serve as a useful indicator of whether the financial position of the Plan is improving or deteriorating. The statements of changes in net position available for benefits present information showing how the Plan's net position changed during the year. The notes provide additional information that is essential to a full understanding of the data provided in the financial statements.

Financial Analysis

The Plan's assets include investments reported at fair value as of December 31, 2023 and 2022. These assets are held in trust for Plan benefits. Fidelity Management Trust Company serves as trustee and custodian for the Plan.

- The net appreciation in fair value of investments for 2023 totaled $100,127,468 compared to net depreciation of $(124,892,070) in 2022. Dividend income decreased by $1,718,852 to $7,677,769 in 2023. Dividend income decreased by $4,351,804 to $9,396,621 in 2022.

- The Plan's net investment income in 2023 was $107,805,237, net investment loss in 2022 was $(115,495,449), and net investment income in 2021 was $80,401,652. Net investment income (loss) consists of interest, dividend income and net appreciation (depreciation) in the fair value of investments.

Statements of Net Position Available for Benefits

	2023	2022	2021
Mutual funds and common trust funds	$ 689,394,475	$ 559,715,311	$ 649,602,221
Notes receivable from participants	18,143,944	15,934,526	15,442,509
Net position available for benefits	$ 707,538,419	$ 575,649,837	$ 665,044,730

Statements of Changes in Net Position Available for Benefits

	2023	2022	2021
Net position available for benefits, beginning of year	$ 575,649,837	$ 665,044,730	$ 558,672,142
Net appreciation (depreciation) in fair value of investments	100,127,468	(124,892,070)	66,653,227
Interest and dividends	7,677,769	9,396,621	13,748,425
Interest income on notes receivables from participants	950,256	712,695	743,528
Contributions	87,694,526	73,726,966	69,780,552
Benefits paid to participants	(63,849,741)	(47,655,827)	(43,902,458)
Administrative expenses	(711,696)	(683,278)	(650,686)
Net position available for benefits, end of year	$ 707,538,419	$ 575,649,837	$ 665,044,730

Request for Information

This financial report is designed to provide a general overview of the Plan's finances. Questions about this report and requests for additional financial information should be directed to the Harris County Hospital District, d/b/a Harris Health System, Attention: Benefits Department, 4800 Fournace Place, Bellaire, Texas 77401.

Harris County Hospital District 401(k) Plan
Statements of Net Position Available for Benefits
December 31, 2023 and 2022

	2023	2022
ASSETS		
Investments, At Fair Value	$ 689,394,475	$ 559,715,311
Notes Receivable From Participants	18,143,944	15,934,526
Net Position Available for Benefits	$ 707,538,419	$ 575,649,837

See Notes to Financial Statements

Harris County Hospital District 401(k) Plan
Statements of Changes in Net Position Available for Benefits
Years Ended December 31, 2023 and 2022

	2023	2022
Additions		
Investment Income (Loss)		
Net appreciation (depreciation) in fair value of investments	$ 100,127,468	$ (124,892,070)
Interest and dividends	7,677,769	9,396,621
Net investment income (loss)	107,805,237	(115,495,449)
Interest Income on Notes Receivables From Participants	950,256	712,695
Contributions		
Employer	26,738,228	22,642,370
Participant	60,956,298	51,084,596
Total contributions	87,694,526	73,726,966
Total additions (loss)	196,450,019	(41,055,788)
Deductions		
Benefits paid to participants	63,849,741	47,655,827
Administrative expenses	711,696	683,278
Total deductions	64,561,437	48,339,105
Net Increase (Decrease)	131,888,582	(89,394,893)
Net Position Available for Benefits, Beginning of Year	575,649,837	665,044,730
Net Position Available for Benefits, End of Year	$ 707,538,419	$ 575,649,837

Note 1. Description of the Plan

The Harris County Hospital District 401(k) Plan (the "Plan") was established on January 1, 1985. The Plan is a defined-contribution plan open to all full-time and part-time employees of the Harris County Hospital District, d/b/a Harris Health System (the "System)" who meet the Plan's requirements on the date on which the employee becomes an eligible employee. The Plan is a governmental plan and, as such, is specifically exempt from the reporting and disclosure requirements of the *Employee Retirement Income Security Act of 1974*. Fidelity Management Trust Company ("Fidelity") serves as the trustee and custodian for all Plan assets.

The following brief description of the Plan is provided for general information purposes only. For more complete information, participants should refer to the *Summary Plan Description*, a copy of which is available from the System.

The Plan is administered by an Administrative Committee appointed by the System's Board of Trustees, whose members are responsible for administering the Plan under the terms established. The Board of Trustees approves amendments to the Plan.

Contributions and Vesting

Each year, participants may contribute a portion of their annual compensation to either a pretax contribution or Roth 401(k) contribution, as defined by the Plan, subject to certain Internal Revenue Code ("IRC") limitations. The limitation was $22,500 and $20,500 in 2023 and 2022, respectively, for all participants. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Effective July 2007, the System enhanced the Plan with an employer match up to 5% of the participant's compensation for eligible employees, which is 100% vested with three or more years of service. Participant rollover contributions are also permitted.

Forfeited Accounts

Forfeitures under the Plan for a Plan year will be applied to reduce the System's obligation to make future matching contributions or to pay Plan administrative expenses for the Plan year. At December 31, 2023 and 2022, the balance of the forfeiture account was $1,195 and $1,700, respectively. During the years ended December 31, 2023 and 2022, employer contributions were reduced by $2,325,032 and $2,507,536, respectively, from forfeited nonvested accounts.

Participant Investment Account Options

Participants direct the investment of their contributions into various investment options offered by the Plan. The System's matching contribution is allocated to the same investment options as the participant's contributions. The Plan currently offers a variety of mutual funds and common trust funds as investment options for participants.

The Plan Document also includes an automatic deferral feature whereby a participant is treated as electing to defer a certain percentage of eligible compensation unless the participant made an affirmative election otherwise. The automatic deferral feature also provides for the percentage deferred at 3%.

Participant Accounts

Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contribution, the System's matching contribution and allocations of Plan earnings, and charged with withdrawals and an allocation of Plan losses and administrative expenses. Allocations are based on participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. Participants are vested immediately in their voluntary and employee contributions, plus actual earnings thereon.

Notes Receivable from Participants

Participants may borrow, subject to approval, as much as one-half of their respective accounts, up to a maximum amount of $50,000. The minimum loan amount is $1,000. Loans are charged at a rate of interest equal to the current prime lending rate, plus 1%. Interest paid is credited to the participant's account. The loans are generally repaid by payroll deduction within five years, except in the case of a loan used to purchase a principal residence.

Payment of Benefits

Benefit payments will normally be made in one lump sum, as soon as practicable, after the employee's severance from employment with the System. However, employees whose benefits at the date of severance are in excess of $1,000 may elect to have the benefit payment made at any time prior to attaining age 72. The participants or their beneficiaries may also receive benefit payments from the Plan upon the participants' permanent disability or death.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net position available for benefits and changes in net position available for benefits and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

Investments are reported at fair value. Quoted market prices, if available, are used to value investments. Mutual funds are valued at the net asset value (“NAV”) of shares held by the Plan at year-end. Estimated fair value of the common trust funds is NAV, which is based on the market value of its underlying investments. Since the NAV of the common trust funds is determined and published daily and is the basis for current transactions, the NAV is considered a readily determinable fair value.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Management fees and operating expenses charged to the Plan for investments in mutual and common trust funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction (addition) of investment return (loss) for such investments.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the *Plan Document*.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Certain administrative expenses were paid by the System and excluded from the financial statements. Trustee fees, record-keeping fees, loan initiation and maintenance fees, and legal fees are paid by the Plan and are represented as administrative expenses within the statements of changes in net position available for benefits.

Note 3. Investments

The fair value of individual investment options that represented 5% or more of the Plan's net position available for benefits as of December 31, 2023 and 2022, were as follows:

	2023	2022
Fidelity 500 Index Fund	$ 81,187,777	$ 62,122,038
T. Rowe Price Retirement 2030 Trust (Class F)	56,939,154	46,399,285
T. Rowe Price Blue Chip Growth	55,832,304	37,946,433
T. Rowe Price Retirement 2040 Trust (Class F)	53,316,942	40,928,551
T. Rowe Price Retirement 2050 Trust (Class F)	49,006,668	36,210,779
T. Rowe Price Retirement 2035 Trust (Class F)	47,872,355	35,595,926
Invesco Stable Value (Class B1)	46,845,502	51,935,576
T. Rowe Price Retirement 2045 Trust (Class F)	46,038,112	33,383,039
T. Rowe Price Retirement 2055 Trust (Class F)	38,813,484	*
Diamond Hill Large Cap Fund	36,987,435	33,202,067
T. Rowe Price Retirement 2025 Trust (Class F)	*	29,311,824

* Investment did not represent greater than 5% in the year.

The Plan categorizes its fair value measurements within the fair value hierarchy established by accounting principles generally accepted in the United States of America. The hierarchy is based on the valuation inputs used to measure fair value of the assets. Level 1 are quoted prices in an active market for identical assets; Level 2 are significant other observable inputs and Level 3 are significant unobservable inputs.

The following is a summary of the hierarchy of fair value of investments of the Plan as of December 31, 2023 and 2022:

	Fair Value Measurement Using		
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Total
December 31, 2023			
Mutual funds:			
Domestic equities	$ 199,425,301	$ -	$ 199,425,301
International equities	21,419,509	-	21,419,509
Balanced and target date	1,392,812	-	1,392,812
U.S. fixed income funds	78,563,636	-	78,563,636
Common trust funds:			
Balanced and target date	-	388,593,217	388,593,217
Investment at fair value	$ 300,801,258	$ 388,593,217	$ 689,394,475
December 31, 2022			
Mutual funds:			
Domestic equities	$ 156,635,487	$ -	$ 156,635,487
International equities	16,839,624	-	16,839,624
Balanced and target date	1,253,686	-	1,253,686
U.S. fixed income funds	81,690,506	-	81,690,506
Common trust funds:			
Balanced and target date	-	303,296,008	303,296,008
Investment at fair value	$ 256,419,303	$ 303,296,008	$ 559,715,311

Investment Policy

The investment guidelines for the Plan provide a framework for the selection of investment alternatives made available under the Plan to ensure that Plan participants have available high-quality investment alternatives that span the risk and return spectrum, and enable the Plan participants to diversify their Plan accounts consistent with their individual circumstances, goals, and risk and reward objectives. The administrative committee is responsible for selecting the investment options that are made available under the Plan and monitoring the investment options' performance. A variety of investment options are offered to include domestic equities, international equities, asset allocation, fixed income, and short-term alternatives.

The available investment options as of December 31, 2023 and 2022, are as follows:

- U.S. fixed-income:
  - PIMCO Total Return Fund (Institutional Class)
  - Vanguard Total Bond Market Index (Institutional Class)
  - Invesco Stable Value Fund (Class B1)

- Balanced and target date:
  - PIMCO Inflation Response Multi-Asset Institutional
  - T. Rowe Price Retirement 2005 Trust (Class F)
  - T. Rowe Price Retirement 2010 Trust (Class F)
  - T. Rowe Price Retirement 2015 Trust (Class F)
  - T. Rowe Price Retirement 2020 Trust (Class F)
  - T. Rowe Price Retirement 2025 Trust (Class F)
  - T. Rowe Price Retirement 2030 Trust (Class F)
  - T. Rowe Price Retirement 2035 Trust (Class F)
  - T. Rowe Price Retirement 2040 Trust (Class F)
  - T. Rowe Price Retirement 2045 Trust (Class F)
  - T. Rowe Price Retirement 2050 Trust (Class F)
  - T. Rowe Price Retirement 2055 Trust (Class F)
  - T. Rowe Price Retirement 2060 Trust (Class F)

- U.S. equity:
  - Diamond Hill Large Cap Fund
  - Fidelity 500 Index Fund
  - T. Rowe Price Blue Chip Growth
  - Meridian Growth
  - DFA US Target Value
  - Vanguard Extended Market Index
  - Principal Global Real Estate Securities

- Non-U.S. equity:
  - Dodge & Cox International Stock
  - Vanguard Total International Stock (Institutional Class)

Custodial Credit Risk

Custodial credit risk for deposits is the risk that, in the event of failure of a depository financial institution, the Plan will not be able to recover its deposits or will not be able to recover collateral securities that are in the possession of an outside party. The custodial credit risk for investments is the risk that, in the event of the failure of the counterparty to a transaction, the Plan will not be able to recover the value of its investment or collateral securities that are in the possession of another party. As of December 31, 2023 and 2022, the Plan does not hold deposits or investments exposed to custodial credit risk.

Interest-rate Risk

The Plan offers participants three U.S. fixed-income funds as investment options at December 31, 2023 and 2022, respectively. The following is a summary of the fair value of the fixed-income funds as of December 31, 2023 and 2022, prorated for maturity distribution as disclosed by the fund managers:

Maturity Distribution	2023 Fair Value	2022 Fair Value
Less than 1 Year	$ -	$ -
3-5 Years	-	-
Greater than 5 Years	78,563,636	81,690,506
	$ 78,563,636	$ 81,690,506

The Plan also provides investment options in balanced and target date common trust funds. The target date common trust funds provide a single-fund diversified portfolio that is automatically adjusting with an age-based asset allocation. The common trust funds are offered in five-year increments. As of December 31, 2023 and 2022, respectively, the fixed-income asset allocation of the common trust funds range from 55% and 55% for an anticipated year of retirement in the near future to 2.0% and 2.0% for those participants with longer opportunities for investment. The fund manager notes the interest rate sensitivity for these common trust funds as moderate. As of December 31, 2023 and 2022, approximately $57,735,000 and $50,466,000, respectively, were invested in fixed-income strategies in the balanced and target date common trust funds. The maturity distribution of these common trust funds is not available.

The Plan's investment policy does not specifically address limits on maturities as a means of managing its exposure to fair value losses arising from increasing interest rates. Each participant is responsible for determining the maturity and commensurate returns of their portfolio.

Credit Risk

Credit risk is the risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. This is measured by the assignment of a rating by a nationally recognized statistical rating organization. The Plan's investment policy does not specifically address the quality rating of the investments. Each participant is responsible for determining the risks and commensurate returns on their portfolio. The Plan's core U.S. fixed-income funds were rated based on the average quality of the fixed-income investments as of December 31, 2023 and 2022, as noted below:

Quality Allocation	2023 Fair Value	2022 Fair Value
U.S. Government	$ 8,180,144	$ 7,313,751
Short Term Investments (Cash & Cash Equiv)	337,288	373,936
AAA	48,132,299	51,427,390
AA	3,574,299	3,708,848
A	8,354,163	8,755,738
BBB and below	9,966,705	10,090,068
Not Rated	18,738	20,774
	$ 78,563,636	$ 81,690,506

The Plan's balanced and target date common trust funds were noted by the fund manager as being invested in securities with an average credit rating of low.

Foreign Currency Risk

Foreign currency risk is the risk that fluctuations in the exchange rate will adversely affect the value of investments denominated in a currency other than the U.S. dollar. The Plan offers investments in international equities through an international equity mutual fund. These investments are denominated in U.S. dollars and accounted for at fair value. The Plan has no exposure to foreign currency fluctuations.

Note 4. Plan Termination

Although it has not expressed any intent to do so, the System has the right under the Plan to discontinue its contributions at any time and to terminate the Plan. In the event of Plan termination, participants would become 100% vested in their accounts.

Note 5. Related-Party Transactions

Certain Plan investments are shares of mutual funds managed by Fidelity, which is the trustee of the Plan. Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of investments, as they are paid through revenue sharing, rather than a direct payment. The Plan paid $711,696 and $683,278 in administrative expenses to Fidelity during the years ended December 31, 2023 and 2022, respectively.

Note 6. Plan Tax Status

The Internal Revenue Service (IRS) has determined and informed the System by a letter dated June 10, 2014, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax exempt.

Note 7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term. Such changes could materially affect the participants' account balances and the amounts reported in the statements of net position available for benefits.

Note 8. Subsequent Events

Subsequent events have been evaluated through May __, 2024, which is the date the financial statements were available to be issued.

Thursday, June 27, 2024

Consideration of Acceptance of the Harris County Hospital District Pension Plan Independent Auditor's Report and Financial Statements for the Years Ended December 31, 2023 and 2022

Representatives from the external audit firm Forvis Mazars, LLP, will provide an overview of the results of the audit engagement for the Harris County Hospital District Pension Plan for the Board of Trustees' consideration and approval.

A copy of the draft report is attached.

Management recommends the acceptance of the Harris County Hospital District Pension Plan Independent Auditor's Report and Financial Statements for the Years Ended December 31, 2023 and 2022.

Victoria Nikitin

Victoria Nikitin
Executive Vice President – Chief Financial Officer

Harris County Hospital District Pension Plan

Independent Auditor's Report and Financial Statements

December 31, 2023 and 2022

Contents

Harris County Hospital District Pension Plan
Statements of Fiduciary Net Position
December 31, 2023 and 2022

As management of the Harris County Hospital District, d/b/a Harris Health System (the System), we offer readers of the financial statements of Harris County Hospital District Pension Plan (the Plan), this narrative overview and analysis of the financial activities of the Plan for the years ended December 31, 2023, 2022 and 2021.

Financial Highlights

- Net position of the Plan as of December 31, 2023, 2022 and 2021, was $948,342,881, $821,202,643 and $966,372,944, respectively. The net position is restricted for use for the payment of future employee pension benefits.

- The Plan's net position restricted for pensions increased $127,140,238 for the year ended December 31, 2023, decreased ($145,170,301) for the year ended December 31, 2022, and increased $89,735,717 for the year ended December 31, 2021.

- Contributions to the Plan are made solely by the employer, the System, as determined by the Plan's actuaries based on future obligations and required funding to meet those obligations. These contributions totaled $68,000,000, $60,000,000 and $57,000,000 for the years ended December 31, 2023, 2022 and 2021, respectively.

- The Plan's total investment income (loss) in 2023, 2022 and 2021 was $125,600,849, $(146,103,720) and $88,725,192, yielding a total return on investment of 14.3%, (16.5%) and 9.6%, respectively. Investment income consists of interest, dividend income and net appreciation (depreciation) in the fair value of investments. In 2022, the U.S. economic activity was negatively impacted and weakened. In 2023 and 2021, the U.S. economic activity firmed and strengthened. A detail of the asset allocation for the years ended December 31, 2023, 2022 and 2021, was as follows:

	2023	2022	2021
Domestic equities (common stocks)	36 %	30 %	33 %
International equities (common collective trust and mutual funds)	27	29	26
Fixed income investment (fixed income securities and mutual funds)	29	31	33
Hedge funds (common collective trusts)	4	5	4
REIT (common collective trusts)	4	5	4
Total	100 %	100 %	100 %

- Benefit payments are the primary expense of the Plan. Such payments totaled $64,129,382, $56,575,806 and $53,264,444 for the years ended December 31, 2023, 2022 and 2021, respectively.

- Other expenses of the Plan include administrative and investment management expenses, which totaled $2,331,229, $2,490,775 and $2,725,031 for the years ended December 31, 2023, 2022 and 2021, respectively.

Overview of the Financial Statements

Our discussion and analysis is intended to serve as an introduction to the Plan's basic financial statements. The Plan's financial statements are composed of financial statements and notes to the financial statements. The financial statements consist of two statements: (1) statement of fiduciary net position and (2) statement of changes in fiduciary net position. These statements present information on all the Plan's assets and liabilities with the difference between the two reported as net position restricted for pensions. Over time, increases or decreases in net position restricted for pensions may serve as a useful indicator of whether the financial position of the Plan is improving or deteriorating. The statement of changes in fiduciary net position presents information showing how the Plan's net position restricted for pensions changed during the year. The notes provide additional information that is essential to a full understanding of the data provided in the financial statements.

Investment Policy

The Plan's investment policy requires the Plan to maintain target asset allocation and ranges for the total fund. The asset allocation and ranges are as follows:

	Target	Range
Domestic equity	22 %	20-46 %
International equity	35	15-29
Fixed income	33	23-47
Hedge funds	5	3-7
Real estate funds	5	3-7
Total	100 %	

The Plan's investment policy was adhered to during the years ended December 31, 2023, 2022 and 2021.

Harris County Hospital District Pension Plan
Statements of Fiduciary Net Position
December 31, 2023 and 2022

Fiduciary Net Position

Fiduciary Net Position

	2023	2022	2021
Cash	$ 28,895,596	$ 40,444,435	$ 13,618,260
Common stocks	338,076,110	248,068,402	324,763,143
Mutual funds	258,609,351	246,949,236	328,217,354
Collective investment trusts	203,658,006	189,844,975	170,606,355
Fixed income securities	139,957,937	129,606,257	134,862,314
Short-term investments	2,993,473	2,100,099	133,687
Receivables from accrued income and other	9,507,424	3,700,467	5,503,167
	981,697,897	860,713,871	977,704,280
Liabilities from accrued expenses and other	(33,355,016)	(39,511,228)	(11,331,336)
Net position restricted for pensions	$ 948,342,881	$ 821,202,643	$ 966,372,944

Changes in Fiduciary Net Position

	2023	2022	2021
Beginning balance	$ 821,202,643	$ 966,372,944	$ 876,637,227
Contributions	68,000,000	60,000,000	57,000,000
Investment income (loss)	125,600,849	(146,103,720)	88,725,192
Deductions	(66,460,611)	(59,066,581)	(55,989,475)
	$ 948,342,881	$ 821,202,643	$ 966,372,944

Investment Expenses

The Plan's investment expenses for the year ended December 31, 2023, are summarized as follows:

	Direct and Indirect Fees and Commissions					
	Management Fees Paid from Trust	Management Fees Netted from Returns	Total Management Fees	Brokerage Fees/ Commissions	Profit Share/Carried Interest	Total
Equity securities	$ 1,328,729	$ -	$ 1,328,729	$ -	$ -	$ 1,328,729
Fixed income	313,519	-	313,519	-	-	313,519
Real assets	200,920	-	200,920	-	-	200,920
Total direct and indirect fees and commissions	$ 1,843,168	$ -	$ 1,843,168	$ -	$ -	1,843,168
Investment Services						
Custodial						317,538
Foreign income tax						41,867
Investment consulting						123,398
Legal						5,258
Total investment services						488,061
Total administrative expenses						$ 2,331,229

See Notes to Financial Statements *6*

The following investment managers have been engaged by the System:

List of Investment Manager Names
Blackstone Alternative Asset Management LP
Dodge and Cox
Jennison Associates
JP Morgan
Morgan Stanley
State Street Corporation
TCW Asset Management Co.
William Blair & Company LLC
Eaton Vance
Earnest Partners

The Plan holds other/alternative investments in Blackstone Partners Offshore Fund Ltd., which is managed by Blackstone Alternative Asset Management LP.

Request for Information

This financial report is designed to provide a general overview of the Plan's finances. Questions about this report and requests for additional financial information should be directed to the Harris County Hospital District, d/b/a Harris Health System, Attention: Benefits Department, 4800 Fournace Place, Bellaire, Texas 77401.

Harris County Hospital District Pension Plan
Statements of Fiduciary Net Position
December 31, 2023 and 2022

	2023	2022
ASSETS		
Cash	$ 28,895,596	$ 40,444,435
Investments, At Fair Value		
Fixed income securities	139,957,937	129,606,257
Mutual funds:		
Fixed income	127,635,772	120,851,605
International equity	130,973,579	126,097,631
Common stocks	338,076,110	248,068,402
Collective investment trusts:		
International equity	124,301,773	108,281,826
Multistrategy	41,119,557	38,604,095
Real estate	38,236,676	42,959,054
Short-term investments	2,993,473	2,100,099
Total investments	943,294,877	816,568,969
Receivables		
Due from broker for securities sold	8,080,050	2,385,920
Accrued interest and dividends	1,427,374	1,314,547
Total receivables	9,507,424	3,700,467
Total assets	981,697,897	860,713,871
LIABILITIES		
Accrued administrative expenses	467,189	522,503
Due to broker for securities purchased	32,887,827	38,988,725
Total liabilities	33,355,016	39,511,228
Net position restricted for pensions	$ 948,342,881	$ 821,202,643

See Notes to Financial Statements *8*

Harris County Hospital District Pension Plan
Statements of Changes in Fiduciary Net Position
Years Ended December 31, 2023 and 2022

	2023	2022
Employer Contributions	$ 68,000,000	$ 60,000,000
Investment Income (Loss)		
Net appreciation (depreciation) in fair value of investments	110,256,410	(160,177,585)
Interest	5,616,430	3,642,960
Dividends	9,728,329	10,449,684
Other loss	(320)	(18,779)
Total investment (loss) income	125,600,849	(146,103,720)
Total additions (deductions)	193,600,849	(86,103,720)
Deductions		
Benefits paid to participants and beneficiaries	64,129,382	56,575,806
Administrative expenses	2,331,229	2,490,775
Total deductions	66,460,611	59,066,581
Net Increase (Decrease) in Net Position Restricted for Pensions	127,140,238	(145,170,301)
Net Position Restricted for Pensions, Beginning of Year	821,202,643	966,372,944
Net Position Restricted for Pensions, End of Year	$ 948,342,881	$ 821,202,643

See Notes to Financial Statements

Note 1. Description of the Plan

The following description of Harris County Hospital District Pension Plan (the "Plan") provides only general information. Participants should refer to the *Summary Plan Description* for more complete information, a copy of which is available from the Harris County Hospital District, d/b/a Harris Health System (the "System").

General

The Plan is a noncontributory, single-employer defined-benefit pension plan covering all full-time employees of the System who meet the Plan's service requirements. As a governmental plan, it is exempt from the reporting and disclosure requirements of the *Employee Retirement Income Security Act of 1974,* and follows the reporting requirements as dictated by the Governmental Accounting Standards Board.

In October 2006, the System Board of Trustees (Board) amended the Plan to close enrollment to new hires effective January 1, 2007. The amended plan offers employees hired prior to January 1, 2007, a choice to either (1) continue with their current pension plan or (2) elect to participate in the System's enhanced 401(k) retirement savings plan with a match, effective July 2007, of up to 5 percent of participant's compensation provided by the System. All new hires and rehires after December 31, 2006, are only eligible for the System's 401(k) retirement savings plan with a match up to 5 percent.

The Plan is administered by an administrative committee (the Committee) appointed by the Board of the System. The Committee comprises nine members who are responsible for administering the Plan under the terms that are established. The Board, as authorized in the *Plan Document*, approves amendments to the Plan. State Street (the Trustee) serves as trustee and custodian for the Plan.

Contributions

Contributions to provide benefits under the Plan are made solely by the System. The System makes annual contributions based on an actuarial valuation of the Plan. The actuarial recommended contribution includes normal cost, plus amortization of the expected unfunded liability, if any.

Pension Benefits

Active employees with one or more years of service, who meet eligibility requirements, are entitled to a monthly pension payment beginning at normal retirement age (65) equal to the benefit accrued based on compensation and years of service. The Plan permits early retirement at ages 55 to 64, provided 10 years of service has been completed. If employees terminate after five years of service, they retain the right to vested benefits. Participants become 100 percent vested in their accrued benefits after five years of service. Each participant shall have a monthly benefit payable for life that is equal to the greater of (a) the number of years of service multiplied by 1.5 percent of the average monthly compensation (average base compensation received in the five highest consecutive calendar years out of the 10 complete calendar years prior to retirement) or (b) the accrued monthly retirement benefit determined as of January 1, 1989, plus the number of years of future service earned after January 1, 1989, multiplied by 1.5 percent of the average monthly compensation, subject to a minimum equal to the benefit earned under the Plan prior to the adoption of the sixth amendment as of September 30, 1991 (applies to non-highly compensated employees only). Monthly benefit payments are subject to a minimum based on the number of years of service multiplied by $6 and a maximum provision permitted to be paid under Section 415 of the Internal Revenue Code (the IRC). Participants may also elect to receive their benefits in other optional forms.

If the present value of a terminating participant's vested benefit is $1,000 or less, the benefit will automatically be paid in a lump sum. In 2023 and 2022, there were no lump-sum payments made to terminated participants.

Death and Disability Benefits

If an active employee dies, a benefit equal to one-half of the normal pension benefit will be due to the spouse of the participant if the participant has attained 10 years of service. The beneficiary of a deceased retired participant is entitled to a lump-sum payment of $5,000. If a participant becomes disabled, the participant will be paid 55 percent of his/her average monthly compensation, less 64 percent of the monthly primary social security benefit at the time of disability. Disability benefits will be paid during the participant's disability or until retirement age is reached, whichever is shorter.

Plan Membership

Membership of the Plan consisted of the following as of January 1, 2023 and 2022, respectively:

	2023	2022
Inactive Plan members or beneficiaries currently receiving benefits	3,647	3,395
Inactive Plan members entitled to but not yet receiving benefits	1,289	1,315
Active Plan members	1,549	1,860
Total Plan members	6,485	6,570

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting. The Plan applies the Governmental Accounting Standards Board pronouncements applicable to benefit plan accounting and reporting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated Plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan utilizes various investment securities, including U.S. Government securities, corporate debt instruments, mutual funds, common stocks, collective investment trusts and real estate investment trusts. Investment securities, in general, are exposed to various risks, such as interest rate, credit risk, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

The actuarial present value of accumulated Plan benefits is calculated based on economic and demographic assumptions, including investment return rates, inflation rates, salary increases, retirement ages and mortality rates. Due to uncertainties inherent in the estimations and assumptions processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Valuation of Investments and Income Recognition

Investments are reported at fair value. Quoted market prices, if available, are used to value investments. Mutual funds, including short-term investments, are valued at the net asset value (NAV) of shares held by the Plan at year-end. Common stocks are valued at the closing price reported on the active market on which the individual securities are traded. Fixed income securities are valued on the basis of yields currently available on comparable securities of issuers with similar credit ratings. Units of collective investment trusts are stated at fair value using NAV practical expedient.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Certain management fees and operating expenses charged to the Plan for investments in mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Administrative Expenses

All administrative expenses incurred in the operation of the Plan are paid by the Plan as provided in the Plan Document. The System provides accounting and certain other administrative services to the Plan at no charge.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Note 3. Investments

The fair value of investments as of December 31, 2023 and 2022, is presented in the following table (in thousands):

	2023	2022
Common stocks	$ 338,076	$ 248,068
Mutual funds	258,610	246,950
Collective investment trusts	203,658	189,845
Fixed income securities	139,958	129,606
Short-term investments	2,993	2,100
Total	$ 943,295	$ 816,569

The Plan categorizes its fair value measurements within the fair value hierarchy established by GAAP. The hierarchy is based on the valuation inputs used to measure fair value of the assets. Level 1 are quoted prices in an active market for identical assets, Level 2 are significant other observable inputs and Level 3 are significant unobservable inputs.

The mutual funds held by the Plan are actively traded and valued at the daily closing price as reported by the fund and are disclosed as investments in Registered Investment Companies. The collective investment trusts held by the Plan are valued at NAV of the respective investments as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the investment will be sold for an amount different from the reported NAV.

The following is a summary of the hierarchy of the fair value of investments of the Plan as of December 31, 2023 (in thousands):

	Fair Value Measurement Using		
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Total
Debt securities:			
U.S. Treasury securities	$ -	$ 79,636	$ 79,636
Asset backed	-	5,204	5,204
Agencies	-	2,997	2,997
Commercial mortgage-backed securities	-	18,443	18,443
Corporate bonds	-	31,750	31,750
Mortgages	-	1,264	1,264
Municipals	-	664	664
Fixed income mutual funds	127,636	-	127,636
Total debt securities	127,636	139,957	267,593
Equity securities:			
Domestic	338,076	-	338,076
International	130,974	-	130,974
Total equity securities	469,050	-	469,050
Short-term investment funds	2,993	-	2,993
Total investments by fair value level	$ 599,679	$ 139,957	739,636
Collective investment trusts measured at the NAV practical expedient:			
International equity			124,302
Hedge funds - multistrategy			41,120
Real estate			38,237
Total investments at NAV			203,659
Total investments measured at fair value			$ 943,295

The following is a summary of the hierarchy of the fair value of investments of the Plan as of December 31, 2022 (in thousands):

	Fair Value Measurement Using		
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Total
Debt securities:			
U.S. Treasury securities	$ -	$ 66,846	$ 66,846
Asset backed	-	7,039	7,039
Agencies	-	3,071	3,071
Commercial mortgage-backed securities	-	14,261	14,261
Corporate bonds	-	35,402	35,402
Mortgages	-	2,014	2,014
Municipals	-	973	973
Fixed income mutual funds	120,852	-	120,852
Total debt securities	120,852	129,606	250,458
Equity securities:			
Domestic	248,068	-	248,068
International	126,098	-	126,098
Total equity securities	374,166	-	374,166
Short-term investment funds	2,100	-	2,100
Total investments by fair value level	$ 497,118	$ 129,606	626,724
Collective investment trusts measured at the NAV practical expedient:			
International equity			108,282
Hedge funds - multistrategy			38,604
Real estate			42,959
Total investments at NAV			189,845
Total investments measured at fair value			$ 816,569

Investments Measured Using the NAV per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2023 and 2022. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice
December 31, 2023 (in thousands):				
International equity	$ 124,302	None	Daily	None
Hedge funds - multistrategy	41,120	None	Monthly	95 days
Real estate	38,237	None	Quarterly	45 days
Total investments at NAV	$ 203,659			
December 31, 2022 (in thousands):				
International equity	$ 108,282	None	Daily	None
Hedge funds - multistrategy	38,604	None	Monthly	95 days
Real estate	42,959	None	Quarterly	45 days
Total investments at NAV	$ 189,845			

For collective investment trusts that are measured at NAV per share, the valuation provided by the fund manager is used. All partnerships provide audited financial statements, along with unaudited quarterly reports.

International equity – The trust's investment is an international equity and the investment objective is to seek long-term capital appreciation above the MSCI All Country World Ex-U.S. Investable Market Index (net), by investing at least 80 percent of its total assets in a diversified portfolio of common stocks and in securities convertible into, exchangeable for or having the right to buy such common stocks that issued by companies of all sizes domiciled outside the United States.

Hedge funds – multistrategy - This type invests in hedge funds that pursue multiple strategies to diversify risks and reduce volatility, primarily through limited partnerships. The fund is organized by investing substantially all assets through a master feeder structure and may use a wide range of investment strategies.

Real estate – This type invests in institutional quality real estate private equity funds to provide income, low-correlation to other investments and a hedge against inflation.

During the Plan years ended December 31, 2023 and 2022, the Plan's investments (including investments bought, sold and held during the Plan year) appreciated (depreciated) in value by $110,256,410 and $(160,177,585), respectively, as follows (in thousands).

	2023	2022
Common stocks	$ (77,071)	$ (91,912)
Mutual funds	(7,172)	(37,754)
Collective investment trusts	(26,013)	(30,512)
Total	$ (110,256)	$ (160,178)

Note 4. Investment Risk Disclosures

Investment Policy

Substantially all of the Plan's investments are held by the Trustee. The Committee authorizes various portfolio managers to manage investments within the guidelines of the Plan's statement of investment policy (the Policy) set forth by the Committee. The Policy mandates a diversified portfolio, which includes investments in collective investment trusts, fixed income securities and equity securities. The GAAP requires disclosure of common deposit and investment risks, including credit risk, concentration of credit risk, custodial credit risk, interest rate risk and foreign currency risk of investments.

The Policy in regard to the allocation of invested assets is established and may be amended by the System's Board of Trustees by a majority vote of its members. It is the policy of the Plan Board to pursue an investment strategy that reduces risk through the prudent diversification of the portfolio across a broad selection of distinct asset classes. The Policy discourages the use of cash equivalents, except for liquidity purposes and aims to refrain from dramatically shifting asset class allocations over short time spans. The following was the Board of Trustee's adopted asset allocation as of December 31, 2023 and 2022:

Asset Class	2023 Target Allocation	2022 Target Allocation
International equity	22 %	22 %
Fixed income	35	35
Domestic equity	33	33
Hedge funds	5	5
Real estate funds	5	5
	100 %	100 %

Money-weighted Rate of Return

For the years ended December 31, 2023 and 2022, the annual money-weighted rate of return on pension plan investments, net of pension investment expenses, was 15.04 percent and (15.39) percent, respectively. The money-weighted rate of return expresses investment performance, net of investment expense, adjusted for the changing amounts actually invested.

Credit Risk and Concentration of Credit Risk

Credit risk is the risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. The Policy establishes minimum acceptable credit ratings for certain investment instruments. Fixed income investment managers are expected to invest in a well-diversified mix of debt instruments, including U.S. Treasury, agency, mortgage-backed, asset-backed, corporate, Eurodollar and Yankee issue. The Core Plus Fixed Income Investment manager may also invest in derivative instruments such as options, future contracts, or swap agreements. With the exception of the U.S. Treasury and its agencies, no more than 5 percent of the market value of the portfolio should be invested in the securities of a single issuer. No more than 15 percent of the Fixed Income Investment Manager's portion of the Plan or 120 percent of the benchmark's allocation, whichever is greater, shall be rated less than "A" quality. Bonds of foreign issuers are permitted to comprise up to 30 percent of a Fixed Income Investment Manager's portfolio. The duration of the portfolio is expected to be within 50 percent of the index's duration. Guidelines for diversification and risk tolerance are detailed within the Policy. Additionally, the Policy includes specific investment strategies for fund groups that address each group's investment options and describes the priorities for suitable investments. The GAAP does not require disclosure of U.S. Government obligations explicitly guaranteed. As of December 31, 2023 and 2022 below are the Plan's fixed income investments, excluding U.S. Government obligations, at fair value (in thousands):

	2023		2022	
Security Type	**Fair Value**	**Quality**	**Fair Value**	**Quality**
Fixed income securities:				
Asset backed	$ 5,204	AA+	$ 7,039	AA+
Agencies	2,997	AAA	3,071	AAA
Commercial mortgage-backed securities	18,443	AAA	14,261	AAA
Mortgages	1,264	A	2,014	A
Corporate	31,749	A-	35,402	A-
Municipal	664	AA+	973	AA+
Mutual funds	127,636	A-	120,852	A-
Total	$ 187,957		$ 183,612	

Concentration of credit risk is the risk of loss attributed to the magnitude of an investment in a single issuer. The System mitigates these risks by emphasizing the importance of a diversified portfolio. All funds must be sufficiently diversified to eliminate the risk of loss resulting from overconcentration of assets in a specific maturity, a specific issuer, or a specific class of securities. In particular, no more than 5 percent of an equity portfolio may be invested in a single company without consent of the Committee. Holdings in any one industry or sector are not to exceed the greater of 150 percent of the benchmark’s allocation or 30 percent of the portfolio market value. No more than 20 percent of the portfolio may be invested in cash equivalents and fixed income securities with fixed income securities not exceeding 15 percent. Concentration by issuer for other investment instruments is limited to 5 percent. The Policy does specify that acceptable investment instruments must have high-quality credit ratings and, consequently, risk is minimal.

As of December 31, 2023 and 2022, the Plan did not hold more than 5 percent of assets in any single issuer other than mutual funds, U.S. Government obligations, collective investment trusts or obligations of U.S. Government chartered entities.

The Plan maintained no investments in derivatives as of December 31, 2023 and 2022.

Custodial Credit Risk

Custodial credit risk for deposits is the risk that, in the event of failure of a depository financial institution, the Plan will not be able to recover its deposits or will not be able to recover collateral securities that are in possession of an outside party. The custodial credit risk for investments is the risk that, in the event of the failure of the counterparty to a transaction, the Plan will not be able to recover the value of its investment or collateral securities that are in possession of another party.

The Plan does not have a formal policy for custodial credit risk. As of December 31, 2023 and 2022, all investments are held in a nominee name of the custodian for the benefit of the Plan.

Interest Rate Risk

All investments carry the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater is the sensitivity of its fair market value to changes in market interest rates. The Plan does not have a formal investment policy that limits investment maturities as a means of managing its exposure to fair value losses arising from changing interest rates. Interest rate risk is limited by the short-term nature of the investments.

As of December 31, 2023 and 2022, the Plan had the following investments in its fixed income accounts (in thousands):

	2023		2022	
Security Type	**Fair Value**	**Weighted-average Maturity in Years**	**Fair Value**	**Weighted-average Maturity in Years**
Fixed income securities:				
Asset backed	$ 5,204	8.1	$ 7,039	14.01
Agencies	2,997	24.43	3,071	22.81
Commercial mortgage-backed securities	18,443	36.77	14,261	22.53
Mortgages	1,264	13.43	2,014	15.94
Corporate	31,749	55.92	35,402	6.81
Municipal	664	3.67	973	8.33
U.S. Treasury	79,637	3.00	66,846	3.90
Mutual funds	127,636	7.96	120,852	5.00
Total	$ 267,593		$ 250,458	

Foreign Currency Risk

Foreign currency risk is the risk that fluctuations in the exchange rate will adversely affect the value of investments denominated in a currency other than the U.S. dollar.

The Plan holds investments in collective investment trusts and mutual funds that are invested in international equities. These investments are denominated in U.S. dollars and accounted for at fair value. The Plan has no exposure to foreign currency fluctuations.

Note 5. Net Pension Liability of the System

The components of the net pension liability of the System as of December 31, 2023 and 2022, were as follows (in thousands):

	2023	2022
Total pension liability	$ 1,183,781	$ 1,165,437
Plan net position restricted for pensions	948,343	821,203
System net pension liability	$ 235,438	$ 344,234
Plan net position restricted for pensions as a percentage of the total pension liability	80.11%	70.46%

Actuarial Assumptions

The total pension liability was determined by an actuarial valuation as of December 31, 2023 and 2022, using the following actuarial assumptions:

	2023	2022
Actuarial cost method	Entry age normal	Entry age normal
Inflation	2.5%	2.5%
Investment rate of return - net of expenses	5.75%	5.75%
Projected salary increases (ultimate rate)	3.0%	3.0%
Assumed retirement age	Various retirement age rates were assumed for ages 55 through 70	Various retirement age rates were assumed for ages 55 through 70
Mortality rate:	Pre-Decrement: Pub-2010 general employee below-median, amount-weighted	Pre-Decrement: Pub-2010 general employee below-median, amount-weighted
	Post-Decrement (Non-Disabled) Pub-2010 general retiree below-median, amount weighted	Post-Decrement (Non-Disabled) Pub-2010 general retiree below-median, amount weighted
	Disabled: Pub-2010 general disabled retiree, amount weighted	Disabled: Pub-2010 general disabled retiree, amount weighted
	Contingent Survivor: Pub-2010 contingent survivor below-median, amount weighted	Contingent Survivor: Pub-2010 contingent survivor below-median amount weighted
	Mortality improvement: The mortality tables include fully generational mortality improvement projected after year 2010 using Scale MP-2021	Mortality improvement: The mortality tables include fully generational mortality improvement projected after year 2010 using Scale MP-2021

The long-term expected rate of return on pension plan investments was determined using a building-block method in which best-estimate ranges of expected future real rates of return (expected returns, net of pension plan investment expense and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation.

Best estimates of arithmetic real rates of return for each major asset class included in the Plan's target asset allocation as of December 31, 2023 and 2022 (see the discussion of the Plan's investment policy), are summarized in the following table:

	Expected Real	
	2023	**2022**
Asset class:		
Domestic equity - large cap	7.05 %	7.05 %
Domestic equity - small cap	7.62	7.62
International equity	7.72	7.72
Fixed income	4.30	4.30
Hedge funds	6.13	6.13
Real estate	6.24	6.24

Discount Rate

The discount rate used to measure the total pension liability was 5.75 percent for 2023 and 2022, respectively. The projection of cash flows used to determine the discount rate assumed that employer contributions will be made at rates equal to the actuarially determined contribution rates. Based on those assumptions, the Plan's net position restricted for pensions was projected to be available to make all projected future benefit payments of current Plan members. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

Sensitivity of the Net Pension Liability to Changes in the Discount Rate

The following represents the net pension liability calculated using the stated discount rate, as well as what the net pension liability would be if it were calculated using a discount rate that is one percentage point lower or one percentage point higher than the current rate:

System Net Pension Liability	**1% Decrease (4.75%)**	**Discount Rate (5.75%)**	**1% Increase (6.75%)**
		(In Thousands)	
December 31, 2023	$ 372,453	$ 235,438	$ 119,708

System Net Pension Liability	**1% Decrease (4.75%)**	**Discount Rate (5.75%)**	**1% Increase (6.75%)**
		(In Thousands)	
December 31, 2022	$ 481,786	$ 344,235	$ 228,076

Note 6. Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated June 10, 2014, stating that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the IRC and therefore not subject to tax. The Plan Administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the IRC.

Note 7. Related-party Transactions

Certain Plan investments are managed by State Street, which is the trustee and custodian as defined by the Plan. Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. Actuarial fees paid by the Plan were $165,323 and $120,356 for the years ended December 31, 2023 and 2022, respectively. The System provides certain administrative services at no cost to the Plan.

Note 8. Plan Termination

Although it has not expressed any intention to do so, the System has the right under the Plan, in certain circumstances, to discontinue contributions to the Plan and to terminate the Plan. In the event that the Plan is terminated, the net position of the Plan will be allocated generally to provide the following benefits in the order indicated:

- Benefits due to participants who have reached the age of 65 and to beneficiaries of deceased participants
- Benefits due to participants qualified for early retirement, as defined by the Plan
- Benefits due to other participants in proportion to the actuarial value of their accumulated benefits

In the event the assets are not sufficient to carry out any of the foregoing purposes in full, the allocations to the accounts of individuals thereunder shall be made in the proportion that the assets available bear to the assets required to carry out the purpose in full.

Note 9. Subsequent Events

Subsequent events have been evaluated through June XX, 2024, which is the date the financial statements were available to be issued.

Required Supplementary Information
(Unaudited)

Harris County Hospital District Pension Plan
Schedule of Changes in Net Pension Liability and Related Ratios– Unaudited
Last 10 Fiscal Years
Years Ended December 31, 2023 Through 2014

	2023	2022	2021	2020	2019	2018	2017	2016	2015	2014
Total pension liability:										
Service cost	$ 9,705	$ 9,567	$ 8,601	$ 8,036	$ 8,057	$ 8,280	$ 6,803	$ 7,232	$ 7,795	$ 8,642
Interest	66,288	65,269	64,147	64,307	63,183	60,495	61,427	59,397	57,482	52,342
Changes of benefit terms:										
Difference between expected and actual experience	6,480	28,224	1,782	3,807	243	8,000	1,718	(4,063)	4,637	(1,909)
Changes of assumptions	-	(2,611)	61,527	50,545	23,528	15,748	10,709	-	-	40,689
Benefit payments	(64,129)	(56,576)	(53,264)	(50,184)	(47,367)	(44,712)	(42,563)	(40,178)	(44,023)	(34,444)
Net change in total pension liability	18,344	43,873	82,793	76,511	47,644	47,811	38,094	22,388	25,891	65,320
Total pension liability - beginning	1,165,437	1,121,564	1,038,771	962,260	914,616	866,805	828,711	806,323	780,432	715,112
Total pension liability - ending	1,183,781	1,165,437	1,121,564	1,038,771	962,260	914,616	866,805	828,711	806,323	780,432
Plan net position restricted for pensions:										
Contributions - employer	68,000	60,000	57,000	53,778	33,621	30,984	29,433	32,693	31,759	31,293
Net investment income (loss)	123,476	(146,104)	88,725	138,087	119,362	(35,426)	107,519	39,529	(4,891)	34,461
Benefit payments	(64,129)	(56,576)	(53,264)	(50,184)	(47,367)	(44,712)	(42,563)	(40,178)	(44,023)	(34,444)
Administrative expenses	(206)	(2,491)	(2,725)	(2,366)	(3,010)	(2,442)	(2,478)	(2,360)	(2,389)	(266)
Net change in plan net position restricted for pensions	127,141	(145,171)	89,736	139,315	102,606	(51,596)	91,911	29,684	(19,544)	31,044
Plan net position restricted for pensions - beginning	821,202	966,373	876,637	737,322	634,716	686,312	594,401	564,717	584,261	553,217
Plan net position restricted for pensions - ending	948,343	821,202	966,373	876,637	737,322	634,716	686,312	594,401	564,717	584,261
System net pension liability - ending	$ 235,438	$ 344,235	$ 155,191	$ 162,134	$ 224,938	$ 279,900	$ 180,493	$ 234,310	$ 241,606	$ 196,171
Plan net position restricted for pensions as a percentage of the total pension liability	80.11%	70.46%	86.16%	84.39%	76.62%	69.40%	79.18%	71.73%	70.04%	74.86%
Covered payroll	$ 126,784	$ 150,963	$ 148,657	$ 156,479	$ 163,835	$ 169,885	$ 173,272	$ 182,060	$ 197,360	$ 210,728
System net pension liability as a percentage of covered payroll	185.70%	228.03%	104.40%	103.61%	137.30%	164.76%	104.17%	128.70%	122.42%	93.09%

Harris County Hospital District Pension Plan
Notes to Schedule of Changes in Net Pension Liability and Related Ratios– Unaudited
Last 10 Fiscal Years
Years Ended December 31, 2023 Through 2014

Notes to schedule:

Changes of assumptions – In 2014, amounts reported as changes of assumptions resulted primarily from adjustments to assumed life expectancies as a result of adopting the RP-2014 bottom quartile mortality tables with generational mortality improvement projected after 2014 with 50% of Scale MP-2014 for purposes of developing mortality rates.

Changes of assumptions – In 2017, amounts reported as changes of assumptions resulted primarily from adjustments to assumed life expectancies as a result of adopting the MP-2017 scale and rate of return on investments from 7.5% to 7.0%.

Changes of assumptions – In 2018, amounts reported as changes of assumptions resulted primarily from adjustments to assumed life expectancies as a result of adopting the RP-2014 total dataset mortality tables with generational mortality improvement projected after 2006 using Scale MP-2018 for purposes of developing mortality rates and change in inflation rate from 3.0% to 2.5%.

Changes of assumptions – In 2019, amounts reported as changes of assumptions resulted primarily from adjustments to assumed life expectancies as a result of adopting the Pri-2012 total dataset mortality tables with generational mortality improvement projected after 2012 using Scale MP-2019 for purposes of developing mortality rates and change in investment return rate from 7.0% to 6.75%.

Changes of assumptions – In 2020, amounts reported as changes of assumptions resulted primarily from adjustments to assumed life expectancies as a result of adopting the Pri-2012 total dataset mortality tables with generational mortality improvement projected after 2012 using Scale MP-2020 for purposes of developing mortality rates and change in investment return rate from 6.75% to 6.25%.

Changes of assumptions – In 2021, amounts reported as changes of assumptions resulted primarily from adjustments to assumed life expectancies as a result of adopting the Pri-2012 total dataset mortality tables with generational mortality improvement projected after 2012 using Scale MP-2021 for purposes of developing mortality rates and change in investment return rate from 6.25% to 5.75%.

Changes of assumptions – In 2022 and 2023, amounts reported as changes of assumptions resulted primarily from adjustments to assumed life expectancies as a result of adopting the Pub-2010 total dataset mortality tables, changes in withdrawal rates from disclosed as in prior year to 75% of prior rates, changes in retirement rates from disclosed as in prior year to rates as disclosed in valuation section of the report and changes in salary increases from rates based on service disclosed amounts in prior year to rates based on age as disclosed in valuation section of the report.

This schedule is presented to illustrate the requirement to show information for 10 years. Information presented in this schedule has been determined as of Harris County's fiscal year end (December 31) in accordance with GASB 68.

Harris County Hospital District Pension Plan
Schedule of Investment Returns– Unaudited
Last 10 Fiscal Years
Years Ended December 31, 2023 Through 2014

	2023	2022	2021	2020	2019	2018	2017	2016	2015	2014
Annual money-weighted rate of return, net of investment expense	15.04%	(15.39)%	9.84%	18.29%	18.71%	(5.56)%	17.93%	6.65%	(1.19)%	6.35%

This schedule is presented to illustrate the requirement to show information for 10 years. Information presented in this schedule has been determined as of Harris County's fiscal year end (December 31) in accordance with GASB 68.

Harris County Hospital District Pension Plan
Schedule of Employer Contributions – Unaudited
Last 10 Fiscal Years
Years Ended December 31, 2023 Through 2014
(Dollar Amounts in Thousands)

	Actuarially Determined Contribution	Actual Annual Contribution	Actual Annual Contribution as a Percentage of Actuarially Determined Contribution	Covered Payroll	Contributions as a Percent of Covered Payroll
Plan year ended:					
December 31, 2023	$ 38,610	$ 68,000	176 %	$ 126,784	54 %
December 31, 2022	38,858	60,000	154	150,963	40
December 31, 2021	36,225	57,000	157	148,657	38
December 31, 2020	36,056	53,778	149	156,479	34
December 31, 2019	33,621	33,621	100	163,835	21
December 31, 2018	30,984	30,984	100	169,885	18
December 31, 2017	29,433	29,433	100	173,272	17
December 31, 2016	32,693	32,693	100	182,060	18
December 31, 2015	31,759	31,759	100	197,360	16
December 31, 2014	31,292	31,292	100	210,728	15

Harris County Hospital District Pension Plan
Notes to Required Supplementary Information - Unaudited
Year Ended December 31, 2023
(Dollar Amounts in Thousands)

The information on the required supplementary information was computed as part of the actuarial valuations at the dates indicated.

Additional information as of the latest actuarial valuation is as follows:

Valuation date	December 31, 2023
Actuarial cost method	Entry age normal
Amortization method	Level dollar amortization of unfunded liabilities
Asset valuation method	Market value
Inflation	2.50%
Salary increase (ultimate rate)	3.00%
Investment rate of return	5.75%
Mortality	

Pre-Decrement:

Pub-2010 General Employee Below-Median, Amount-Weighted

Post-Decrement (Non-Disabled):

Pub-2010 General Retiree Below-Median, Amount-Weighted

Disabled:

Pub-2010 General Disabled Retiree, Amount-Weighted

Contingent Survivor:

Pub-2010 Contingent Survivor Below-Median, Amount-Weighted

Mortality Improvement:

The mortality tables include fully generational mortality improvement projected after year 2010 using Scale MP-2021.

2024 Strategic Pillar Reporting Schedule

Strategic Pillar	Executive Owner	JAN 2024	FEB 2024	MAR 2024	APR 2024	MAY 2024	JUN 2024	JUL 2024	AUG 2024	SEP 2024	OCT 2024	NOV 2024	DEC 2024
Pillar 1: Quality & Patient Safety	Dr. Steven Brass								X				
Rollout of HRO Progress (Presented in Quality Committee)	Dr. Steven Brass			X									
Physician Engagement Survey (Presented in Joint Conference Committee)	Dr. Steven Brass			X									
Pillar 2: People	Omar Reid/ Jackie Brock										X		
Employee Engagement Survey	Omar Reid/ Gary Marsh				X								
Pillar 3: One Harris Health	Louis Smith										X		
Hospital at Home - Program Operations	Dr. Amy Smith/ Dr. Shazia Sheikh					X							
Pillar 4: Population Health Management	Dr. Jennifer Small/ Dr. Chethan Bachireddy									X			
Systematizing Screening & Referrals for Health-Related Social Needs (HRSN) (Presented in Quality Committee)	Dr. Hope Galvan/ Denise LaRue	X											
Community Health Worker Home Visit Program (Presented in Diversity Committee)	Dr. Hope Galvan				X								
Pillar 5: Infrastructure Optimization	Louis Smith												X
New LBJ Hospital and LBJ Campus Planning	Louis Smith/ Patricia Darnauer					X							
IT Technology Governance	Louis Smith/ Ron Fuschillo						X						
Pillar 6: Diversity & Inclusion	Omar Reid								X				
Minority Women Owned Business Enterprise (Presented in Diversity Committee)	Dr. Jobi Martinez				X								

*Subject to Change
Revised: 6.20.24

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH SYSTEM

Thursday, June 27, 2024

Presentation Regarding Harris Health Technology Roadmap

Update by Ron Fuschillo, SVP and Chief Information Officer, on the Harris Health System Strategic Plan regarding:

- Harris Health Technology Roadmap

HARRIS HEALTH TECHNOLOGY ROADMAP

June 2024

HARRISHEALTH

1

The Future Ahead for Healthcare Industry & Harris Health's Position

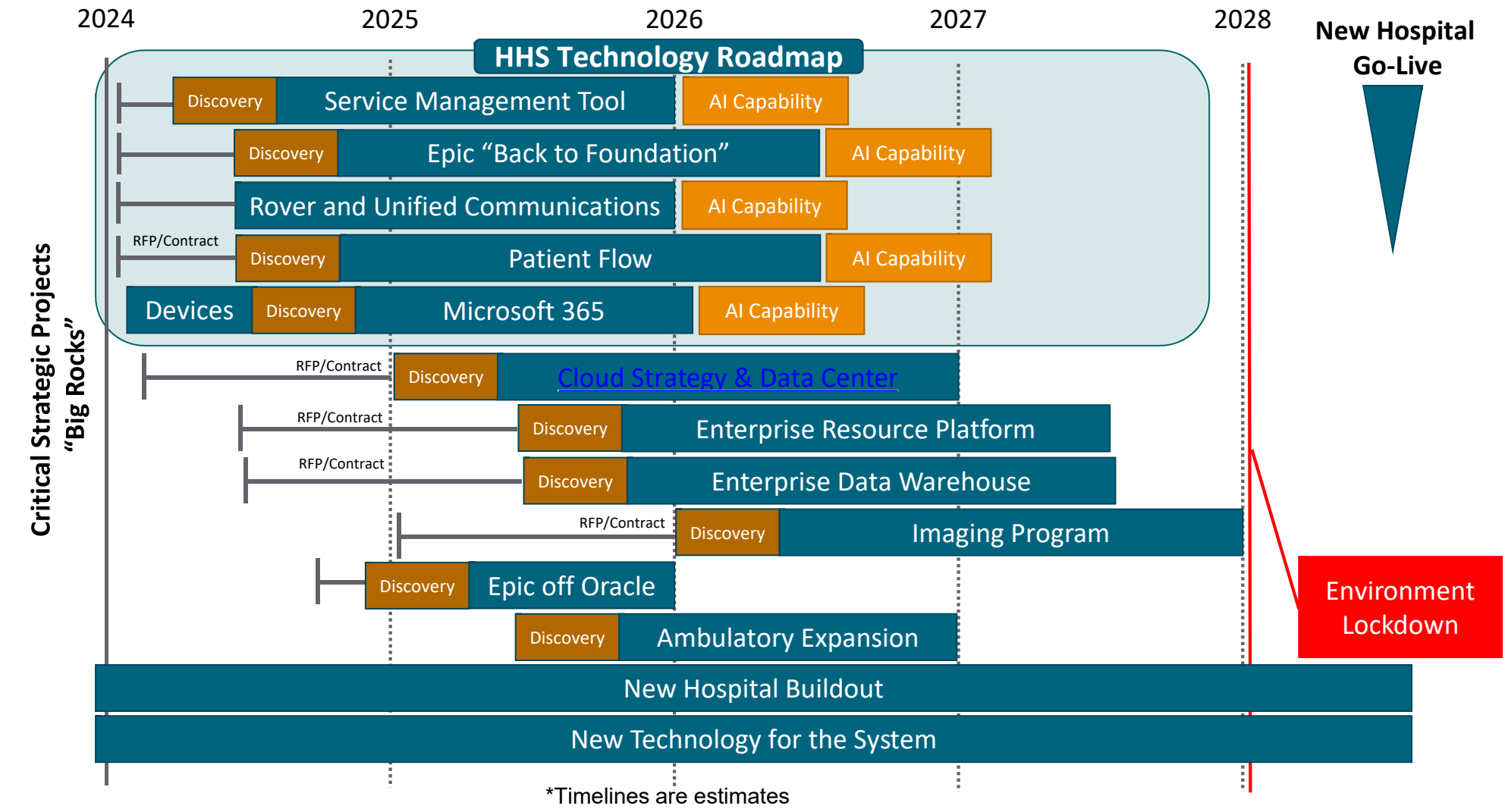
- Leveraging Technologies to improve quality of care
- Digitization of workflows
- Automation
- Artificial intelligence
- Data drives predictive Analytics (Social Determinants of Health)
- Cloud & Mobility
- Security

How we are positioning ourselves in an dynamic market?

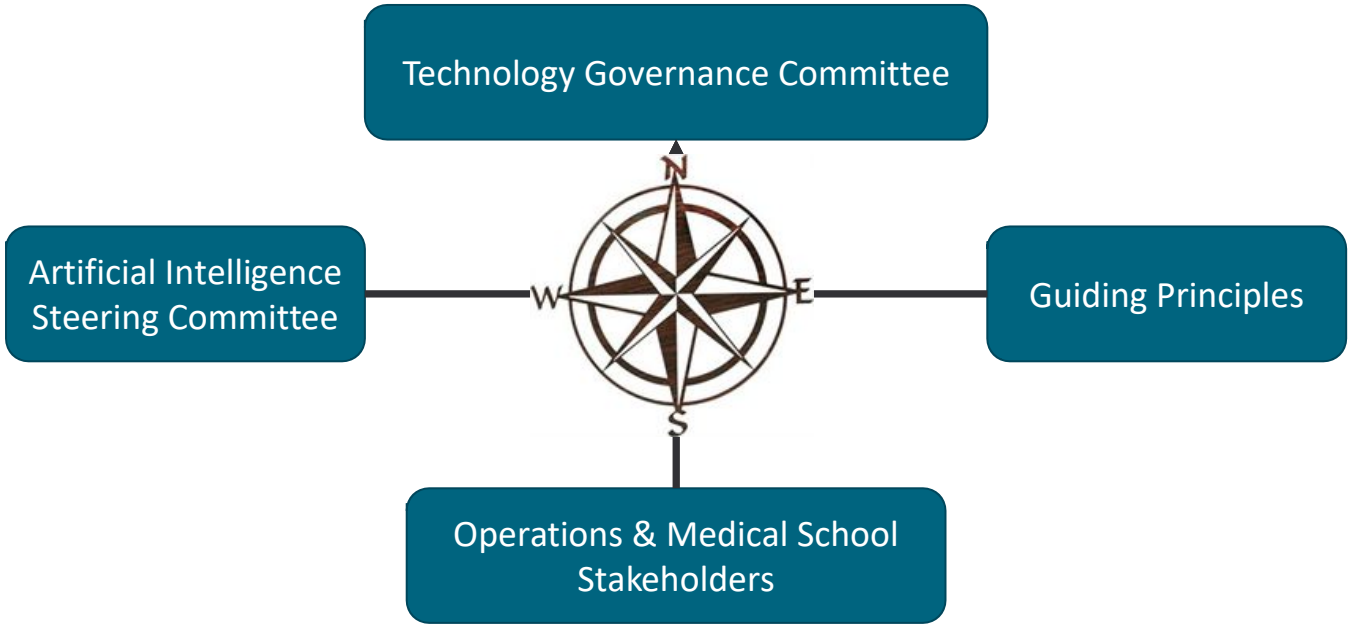
- Focusing on our **core technology assets** to enable next generation clinical quality and operational efficiency.

- Investments we are making equip our organization to take advantage of future capabilities in **a highly scalable** and **accelerated fashion**.

HARRISHEALTH SYSTEM



Technology Governance Structure



Guiding Principles

- We have identified systems that need **modernizing**
- We have **considered** our **costs, resourcing, and priority**
- Completed a **organizational governance** to work within to bring alignment, clarity, and direction to be successful in achieving the above tasks
- **Prioritization** is accomplished **by our key stakeholders** partnering with IT to ensure the right things are being addressed
- Reflect on industry **best practices** and the need to incorporate them into our **vision**
- **Secure our enterprise** in alignment to operational, clinical and workforce development goals including **MWBE**

In Closing

- Collectively we are keeping our eyes on industry trends
- Business leaders are driving their challenges forward to be solved and aligned with technology
- Committee structures ensure alignment occurs at all levels of the organization
- Flexibility to change in the ever modernizing clinical technology space

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH SYSTEM

Thursday, June 27, 2024

June Board Committee Reports

June Board Committee Meeting:

- Quality Committee – June 11, 2024 (**Summary attached for your review**)
  - HRO Safety Message – Video: Preventing Patient Falls

Please refer to the reports presented at the Quality Committee Executive Session on June 11, 2024 for additional details.

HRO Safety Message – Video: Preventing Patient Falls

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.

DeWight Dopslauf, C.P.M., CPPO
Harris County Purchasing Agent

June 04, 2024

Board of Trustees Office
Harris Health System

RE: Board of Trustees Meeting – June 27, 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

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

Expenditure Summary: June 27, 2024 (Approvals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A1	**Alliant Insurance Services, Inc. (HCHD-1131)** MWBE Goal: 20%	**Owner Controlled Insurance Program (OCIP) Assistance for Harris Health System** - Additional funds are needed for additional Builders Risk and excess flood insurance coverage to Owner Controlled Insurance Program (OCIP) for capital construction projects. ***Job No. 230331, Board Motion 24.04-52***	Additional Funds November 21, 2023 through November 20, 2028	Patrick Casey	$ 13,992,378	**$ 16,814,980**
A2	**Signature Healthcare Services, LLC dba Houston Behavioral Healthcare Hospital (HCHD-475)** MWBE Goal: 0% Non-Divisible	**Psychiatric Services for Patients of Harris Health System** - To continue providing orderly transfer of psychiatric patients from Ben Taub and Lyndon B. Johnson Hospitals to Houston Behavioral Healthcare Hospital for inpatient psychiatric treatment. ***Professional Services Exemption, Board Motion 23.05-73***	Renewal Professional Services Exemption July 10, 2024 through July 09, 2025	Amy Smith	$ 7,000,000	**$ 7,500,000**
A3	**J.T. Vaughn Construction, LLC** MWBE Goal: 16%	**Renovation and Reconfiguration of Radiology/IR Department for Harris Health System** - To renovate and reconfiguration of IR department at LBJ Hospital. The owner contingency provides for coverage on unanticipated costs throughout the construction project. ***Job No. 240103***	Best proposal meeting requirements	Babak Zare		**$ 4,192,000**
A4	**Stryker Corporation** MWBE Goal: Exempt Sole Source	**Repair Services for Stryker Brand Equipment for Harris Health System** - To provide repairs, replacement parts, and loaner equipment as needed for Stryker brand endoscopic cameras and related equipment. ***Sole Source Exemption***	Purchase Sole Source Exemption One (1) year initial term with two (2) one-year renewal options	James Young		**$ 480,318**
					Total Expenditures	$ 28,987,298
					Total Revenue	$ (0)

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

Expenditure Summary: June 27, 2024 (Transmittals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B1	**Sanofi Pasteur Inc (PPPH18CNT02)** MWBE Goal: Exempt GPO	**Flu Vaccine for the 2024 – 2025 Season** - To provide Harris Health System patients with influenza vaccines. ***Premier Healthcare Alliance, L.P. Contract***	Best Contract(s) One (1) year initial term	Sunny Ogbonnaya	$ 1,600,000	**$ 1,600,000**
B2	**Boston Scientific Corporation (PP-CA-657)** MWBE Goal: Exempt GPO **Medtronic Inc (PP-CA-659)** MWBE Goal: Exempt GPO	**Cardiac Rhythm Management Device** - To provide Harris Health System with pacemakers, implantable cardioverter defibrillators (ICD), cardiac resynchronization therapy pacemakers (CRT-Ps), cardiac resynchronization therapy defibrillators (CRT-Ds), leads and accessories. ***Premier Healthcare Alliance, L.P. Contract***	Best Contract(s) April 01, 2024 through March 31, 2025	Charles Motley	$ 1,535,324	**$ 1,535,324**
B3	**M Strategic Partners, 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 25, 2024 through May 24, 2025	Patrick Casey	$ 1,000,000	**$ 1,000,000**
B4	**Insight Direct USA Inc** MWBE Goal: 0% Specialized, Technical, or Unique in Nature	**Hardware/Software Resellers, Services and Refurbished Equipment** - To provide Imprivata software, support, and maintenance required for 2-factor authentication and network security. ***Premier Healthcare Alliance, L.P. Contract***	Award Lowest Offer One (1) year initial term with two (2) one-year renewal options	Antony Kilty		**$ 817,878**
B5	**Hill-Rom Company, Inc.** MWBE Goal: Exempt GPO	**Patient Beds, Mattresses and Therapeutic Surfaces - Purchase** - To replace 70 medical surgical beds that are past their expected useful lives with new units at Ben Taub and Lyndon B. Johnson Hospitals. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Offer(s) Meeting Requirements	Patrick Casey		**$ 785,751**
B6	**GE Medical Systems Information Technologies, Inc.** MWBE Goal: Exempt GPO	**Fetal Monitoring** - To replace 47 fetal heart rate monitors that are past their expected useful lives with new units at Ben Taub and Lyndon B. Johnson Hospitals. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Offer(s) Meeting Requirements	Patrick Casey		**$ 783,212**
B7	**General Datatech, L.P. (DIR-TSO-4167)** MWBE Goal: 2%	**Geographical Redundant Network** - This hardware is to upgrade the infrastructure for Harris Health internet services. The upgrade provides redundancy for internet connectivity between Ben Taub and Fibertown Bryan data centers. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Purchase Low quote	Ronald Fuschillo		**$ 571,638**
B8	**Kerecis LLC (PP-NS-1899)** MWBE Goal: Exempt GPO **Integra Life Sciences Sales (PP-NS-1896)** MWBE Goal: Exempt GPO	**Reconstructive Skin Grafting** - To provide Harris Health System with various technologies that enhance the biological principles of tissue response to injury, focusing on tissue regeneration and skin replacement. ***Premier Healthcare Alliance, L.P. Contract***	Best Contract(s) April 01, 2024 through March 31, 2025	Charles Motley	$ 475,061	**$ 475,061**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B9	**Government Scientific Source, Inc. (TXMAS-21-49301)** MWBE Goal: 0% Non-Divisible	**Quantiferon TB Gold Plus Collection Tubes, Reagents and Controls for Harris Health System (Correctional Health)** - To provide testing supplies required for Tuberculosis testing on the Liaison® XL. ***Texas Multiple Award Schedule (TXMAS) Cooperative Program***	Purchase Only quote	Kiki Teal		**$ 400,000**
B10	**Bard Peripheral Vascular Inc (PP-NS-1882)** MWBE Goal: Exempt GPO **Covidien Sales LLC (AD-NS-1883)** MWBE Goal: Exempt GPO	**Dialysis Access Catheters** - To provide Harris Heath System with acute and chronic hemodialysis catheters and peritoneal dialysis catheters, associated kits, and accessories. ***Premier Healthcare Alliance, L.P. Contract***	Best Contract(s) February 01, 2024 through January 31, 2025	Charles Motley	$ 375,421	**$ 375,421**
B11	**Steris Corporation** MWBE Goal: Exempt GPO	**OR Lights and Booms** - To meet the patient care needs, three (3) additional sets of surgical lights and anesthesia booms are needed at Ben Taub Hospital. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Offer(s) Meeting Requirements	Patrick Casey		**$ 337,669**
B12	**Ben E. Keith Company (Sourcewell #040522-BEK)** MWBE Goal: 0% Drop Shipped	**Backup Distributor for Food, Beverages and Related Supplies 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 backup supplier. ***Sourcewell Cooperative Purchasing Program***	Purchase Only quote June 04, 2024 through June 03, 2025 with two (2) one-year renewal options	Shweta Misra		**$ 314,219**
B13	**General Datatech, L.P. (DIR-TSO-4167)** MWBE Goal: 0% Specialized, Technical, or Unique in Nature	**Network Equipment for VPO Expansion** - To purchase network equipment that is needed for the VPO expansion project at Ben Taub and Lyndon B. Johnson Hospitals. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Purchase Only quote	Ronald Fuschillo		**$ 288,908**
B14	**Stryker Sales, LLC** MWBE Goal: Exempt GPO	**Neurosurgical Ablation and Aspiration Products** - To meet the operational needs of the operating room, one (1) ultrasonic aspirator is needed at Ben Taub Hospital. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Offer(s) Meeting Requirements	Patrick Casey		**$ 284,476**
B15	**Draeger, Inc.** MWBE Goal: Exempt Sole Source	**Preventative Maintenance and Repairs for Draeger Equipment for Harris Health System** - To provide preventative maintenance and repairs for Draeger brand equipment. ***Sole Source Exemption***	Purchase Sole Source Exemption One (1) year initial term with three (3) one-year renewal options	James Young		**$ 211,418**
B16	**Acadian Ambulance Services, Inc. (HCHD-677)** MWBE Goal: Exempt Public Health or Safety	**Ambulance Services for Harris Health System** - The term is being extended to match the expiration of the Interlocal Agreement. Additional funds are required to cover the extended term. ***Public Health or Safety Exemption, Board Motion 24.02-28***	Additional Funds Extension Public Health or Safety Exemption March 01, 2025 through September 20, 2025	Amy Smith	$ 600,000	**$ 210,000**
B17	**GLOBO Language Solutions, LLC (GA-06865)** MWBE Goal: 25%	**Language Interpretation Services.** - Additional funds are required due to higher demand for services. ***Job No. 160256, Board Motion 23.08-130***	Additional Funds June 01, 2023 through May 31, 2024	Jennifer Small	$ 8,500,000	**$ 200,000**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B18	**Masterword Services Inc.** MWBE Goal: 100%	**Document Translation and Interpretation Services for Harris Health System.** - To provide document translation and interpretation services to Harris Health System. ***AAB041224***	Award Lowest offer meeting requirements.	Ingrid Scaroina		**$ 200,000**
B19	**Mark III Systems, Inc.** MWBE Goal: 0% Specialized, Technical, or Unique in Nature	**Virtual Servers for Harris Health System** - To purchase virtual servers needed to support the Virtual Patient Observation expansion project at Ben Taub and Lyndon B. Johnson Hospital. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Purchase Low quote	Ronald Fuschillo		**$ 185,400**
B20	**Johnson and Johnson Health Care System Inc** MWBE Goal: Exempt GPO	**Topical Skin Adhesive** - To provide Harris Health System with liquid adhesives used in place of sutures or staples to close wounds. ***Premier Healthcare Alliance, L.P. Contract***	Single Source ASCEND Contract April 01, 2024 through March 31, 2025	Charles Motley	$ 179,648	**$ 179,648**
B21	**Azteca Enterprises, LLC** MWBE Goal: 15%	**Renovation and Upgrade of the Mammography Suite at the Aldine Health Center for Harris Health System** - To provide all labor, materials, equipment and incidentals for the renovation and upgrade of the mammography suite at the Aldine Health Center. The owner contingency provides for coverage on unanticipated costs throughout the construction project ***Job No. 240010***	Lowest priced proposal meeting requirements	Babak Zare		**$ 179,379**
B22	**Environmental Testing Services, Inc.** MWBE Goal: 0% Specialized, Technical, or Unique in Nature	**Assessment, Preventative Maintenance and Repair of Piped Medical Gas and Vacuum System for Harris Health System** - To provide assessment, preventative maintenance, and repairs of piped medical gas and vacuum systems throughout various Harris Health System facilities. ***Job No. 230445***	Award Only April 15, 2024 through April 14, 2025 with six (6) one-year renewal options	Terry Elliott		**$ 177,399**
B23	**Dell Marketing LP (DIR-TSO-3763)** MWBE Goal: 0% Specialized, Technical, or Unique in Nature	**Adobe Acrobat Maintenance Renewal** - This is the annual maintenance renewal for all of the Abode software products, which include but not limited to, Adobe Acrobat Pro DC, Creative Suite and Captivate. Maintenance and support includes technical support, patch fixes and version upgrades. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Purchase Low quote May 10, 2024 through May 09, 2025	Phillip Gossett, Antony Kilty		**$ 158,287**
B24	**Steris Corporation** MWBE Goal: Exempt GPO	**Ceiling Mounted Arms** - To meet the operational needs of the gastrointestinal endoscopy suite, seven (7) additional ceiling mounted arms are needed at Quentin Mease Health Center. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Offer(s) Meeting Requirements	Patrick Casey		**$ 150,070**
B25	**FUJIFILM Sonosite, Inc.** MWBE Goal: Exempt GPO	**Ultrasound** - To replace two (2) point of care ultrasound machines that are past their expected useful lives with new ones at Ben Taub Hospital. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Offer(s) Meeting Requirements	Patrick Casey		**$ 148,380**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B26	**Oracle America, Inc. [DIR-TSO-4158]** MWBE Goal: Exempt Sole Source	**Oracle Maintenance and Support for PeopleSoft Licenses for Harris Health System** - Additional licenses were purchased last year to account for an additional $203.1M for the operating budget and an additional 1,340 employees. This is the annual maintenance and support costs associated with the license purchase. ***Sole Source Exemption***	Purchase Sole Source Exemption March 01, 2024 through February 28, 2025	Raj Nair		**$ 142,540**
B27	**Leica Biosystems** MWBE Goal: Exempt Sole Source	**Maintenance and Service Agreement for Leica Brand Equipment for Harris Health System** - To provide preventative maintenance, emergency repairs, and replacement parts for Leica brand equipment for Harris Health System. ***Sole Source Exemption***	Purchase Sole Source Exemption One (1) year initial term with two (2) one-year renewal options	James Young		**$ 133,373**
B28	**Medtronic d/b/a Covidien Sales LLC** MWBE Goal: Exempt Sole Source	**Service and Maintenance for the Medtronic ILLUMISITE Bronchoscopy Navigation System for Harris Health System** - To provide preventative maintenance, replacement parts, and labor for warranty repairs for the ILLUMISITE Bronchoscopy Navigation System for Harris Health System. ***Sole Source Exemption***	Purchase Sole Source Exemption Five-year initial term	James Young		**$ 131,965**
B29	**Gowan - Garrett, Inc.** MWBE Goal: 6%	**Pump Replacement at the Smith Clinic for Harris Health System** - The project consist of the replacement in kind of three (3) hot and three (3) chilled water pumps at the Smith Clinic for Harris Health System. ***Choice Partners, a division of Harris County Department of Education Cooperative Program***	Purchase Low quote	Patrick Casey		**$ 131,208**
B30	**Crown Castle USA Inc (GSA-35F-465DA)** MWBE Goal: 0% Specialized, Technical, or Unique in Nature	**Crown Castle diverse fiber connectivity between HHS facilities and Data Center.** - Crown Castle provides diverse fiber connectivity between HHS locations and data center in support ongoing digital connectivity to support operations. ***Government Services Administration (GSA) Cooperative Purchasing Program***	Award Only quote Three-year initial term	Mohammad Manekia		**$ 122,760**
B31	**OnSolve, LLC [GA-07600]** MWBE Goal: Exempt Public Health or Safety	**On-Demand and Response Service Subscription for Harris Health** - To continue to provide for an on-demand alerting and response service for both emergency and routine communication. Send Word Now allows Harris Health System to send unlimited emergency text, pages, and voice bi-directional communications to our workforce members and unlimited emergency/non-emergency bi-directional e-mail messages. ***Public Health or Safety Exemption, Board Motion 23.03-41***	Renewal Public Health or Safety Exemption June 01, 2024 through May 31, 2025	Antony Kilty	$ 116,726	**$ 121,395**
B32	**Midmark Sales Corporation through Henry Schein** MWBE Goal: Exempt GPO	**Exam Room Furniture Equipment** - To meet the patient care requirements, 16 additional examination tables are needed at Casa de Amigos Health Center. ***Premier Healthcare Alliance, L.P. Contract***	Award Lowest Offer	Patrick Casey		**$ 118,641**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B33	**Great South Texas Corp. dba Computer Solutions (TIPS-230105)** MWBE Goal: 100%	**Global Positioning Service (GPS) for Vehicle Monitoring System for Harris Health** - To provide global positioning services (GPS) vehicle tracking hardware, software licenses, and monitoring service for Harris Health vehicles. ***The Interlocal Purchasing System (TIPS), Board Motion 23.06-95***	Renewal June 27, 2024 through June 26, 2025	Timothy Brown	$ 107,600	**$ 107,600**
B34	**Bayer Healthcare LLC** MWBE Goal: Exempt GPO	**Contrast Media Injectors and Disposables** - To replace two (2) contrast media injectors that are past their expected useful life with new units at Smith Clinic. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Offer(s) Meeting Requirements	Patrick Casey		**$ 106,910**
B35	**South Texas Nuclear Pharmacy** MWBE Goal: 100%	**Nuclear Medicine Radiopharmaceuticals and Associated Pharmaceutical** - To provide Harris Health System with nuclear medicine radiopharmaceuticals and associated pharmaceuticals used in nuclear medicine for diagnostic imaging and therapeutic procedures. ***Public Health or Safety Exemption***	Award Public Health or Safety Exemption One (1) year initial term	Erica White		**$ 105,000**
B36	**Care Prosthetics & Orthotics, Inc.** MWBE Goal: 0% Minimal MWBE Availability	**Prosthetic, Orthotic and Pedorthotic Devices and Services for the Harris Health System** - To provide prosthetic and orthotic devices and services for the Harris Health System. ***Job No. 230488***	Award Only proposal received One (1) year initial term with six (6) one-year renewal options	Louis Smith		*
					Total Expenditures	$ 12,891,233
					Total Revenue	$ (0)

Thursday, June 27, 2024

Consideration of Approval of Grant Recommendations (Items B1 through B2)

Grant recommendations:

B1. Harris County Hospital District Foundation Grant Agreement, benefiting Harris Health System's Remote Patient Monitoring Program for Maternal Health Equity initiative
- Term: July 1, 2024 – June 30, 2026
- Award Amount: $162,212.96
- Project Owner: Deborah Boswell

B2. Harris County Hospital District Foundation Grant Agreement, benefiting Harris Health System's Maternal Health Program service line for prenatal education classes, provide baby items to mothers who come to their postpartum visits and to improve postpartum visit compliance
- Term: July 1, 2024 – June 30, 2026
- Award Amount: $390,000.00
- Project Owner: Amineh Kostov
- Note: This Grant Amendment replaces the previously approved grant by the Harris Health
  Board for the Doula Program and the prenatal education and support program within Ben Taub Hospital.

Grant Agenda Items for the Harris County Hospital District dba Harris Health System, Board of Trustees Report
Grant Agreement Summary: June 27, 2024

No.	Grantor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Award Amount
B1	Harris County Hospital District Foundation	Consideration of Approval of a Grant Agreement between Harris Health System and the Harris County Hospital District Foundation, Through proceeds from the HCHD Foundation 2023 Swing Fore the Greens Golf Tournament, the 2024 TexasMedRun, and donations directly to the program, benefiting Harris Health System's Remote Patient Monitoring Program for Maternal Health Equity initiative.	**Grant Agreement**	July 1, 2024 through June 30, 2026	Deborah Boswell	$ 162,212.96
B2	Harris County Hospital District Foundation	Consideration of Approval to Amend a Grant Agreement between Harris Health System and the Harris County Hospital District Foundation, Through a Grant from Roots & Wings Foundation, benefiting Harris Health System's Maternal Health Program service line for prenatal education classes, provide baby items to mothers who come to their postpartum visits, and to improve postpartum visit compliance.	**Amendment of a Grant Agreement**	July 1, 2024 through June 30, 2026	Amineh Kostov	$ 390,000.00
					TOTAL AMOUNT:	**$ 552,212.96**

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH SYSTEM

Thursday, June 27, 2024

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

---

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

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

Victoria Nikitin

Victoria Nikitin
Executive Vice President – Chief Financial Officer

HARRISHEALTH SYSTEM

Financial Statements

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

Table of Contents

HARRISHEALTH SYSTEM

Operating income for May was $9.8 million compared to a budgeted income of $2.1 million.

Total net revenue for May of $210.0 million was $6.6 million or 3.0% less than budget. Net patient revenue was $6.8 million higher than budget while Medicaid Supplemental programs were $15.7 million less than expected primarily due to timing.

In May, total expenses of $200.2 million were $14.3 million or 6.7% less than budget. Total labor costs were $9.9 million less than budget due to lower benefits expense, primarily lower pension expense based on the recently issued actuarial report. Interest expense was $6.7 million less than planned due to the timing of the new bond issuance shifting to FY 2025.

Also in May, total patient days and average daily census increased 8.0% compared to budget. Inpatient case mix index, a measure of patient acuity, was 0.7% higher than planned with length of stay 14.2% more than budget. Emergency room visits were 9.5% higher than planned for the month. Total clinic visits, including telehealth, were 10.4% lower compared to budget. Births were up 13.2% for the month.

Total cash receipts for May were $64.9 million. The System has $1,540.5 million in unrestricted cash, cash equivalents and investments, representing 246.9 days cash on hand. Harris Health System has $163.0 million in net accounts receivable, representing 80.0 days of outstanding patient accounts receivable at May 31, 2024. The May balance sheet reflects a combined net receivable position of $230.1 million under the various Medicaid Supplemental programs. The current portion of ad valorem taxes receivable is $22.3 million, which is offset by ad valorem tax collections as received. Deferred ad valorem tax revenue is $303.0 million, and is released as ad valorem tax revenue is recognized. As of May 31, 2024, $874.7 million ad valorem tax collections were received and $606.0 million in current ad valorem tax revenue was recognized.

Income Statement

HARRISHEALTH SYSTEM

As of May 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	$ 65.1	$ 58.3	11.7%	$ 497.2	$ 467.2	6.4%	$ 480.4	3.5%
Medicaid Supplemental Programs	52.3	68.0	-23.1%	432.6	544.3	-20.5%	458.1	-5.5%
Other Operating Revenue	10.2	10.0	1.6%	86.5	81.3	6.4%	81.0	6.7%
Total Operating Revenue	**$ 127.6**	**$ 136.4**	**-6.4%**	**$ 1,016.3**	**$ 1,092.8**	**-7.0%**	**$ 1,019.5**	**-0.3%**
Net Ad Valorem Taxes	74.7	74.7	-0.1%	603.5	597.7	1.0%	557.0	8.3%
Net Tobacco Settlement Revenue	-	-	0.0%	15.2	15.2	0.2%	15.2	0.2%
Capital Gifts & Grants	-	-	0.0%	-	-	0.0%	-	0.0%
Interest Income & Other	7.8	5.5	40.8%	51.4	44.3	15.9%	50.8	1.0%
Total Nonoperating Revenue	**$ 82.5**	**$ 80.3**	**2.7%**	**$ 670.1**	**$ 657.2**	**2.0%**	**$ 623.1**	**7.5%**
Total Net Revenue	**$ 210.0**	**$ 216.6**	**-3.0%**	**$ 1,686.4**	**$ 1,750.0**	**-3.6%**	**$ 1,642.6**	**2.7%**
EXPENSE								
Salaries and Wages	$ 78.3	$ 80.7	3.0%	$ 628.9	$ 641.7	2.0%	$ 582.4	-8.0%
Employee Benefits	22.0	29.5	25.2%	207.2	235.8	12.1%	189.9	-9.1%
Total Labor Cost	**$ 100.4**	**$ 110.2**	**8.9%**	**$ 836.1**	**$ 877.6**	**4.7%**	**$ 772.3**	**-8.3%**
Supply Expenses	28.5	27.2	-5.0%	199.7	212.6	6.1%	190.8	-4.6%
Physician Services	36.8	37.3	1.1%	290.6	298.0	2.5%	275.7	-5.4%
Purchased Services	26.3	27.0	2.4%	181.6	214.9	15.5%	163.5	-11.1%
Depreciation & Interest	8.2	12.9	36.7%	66.8	83.9	20.4%	55.8	-19.7%
Total Operating Expense	**$ 200.2**	**$ 214.5**	**6.7%**	**$ 1,574.8**	**$ 1,687.0**	**6.6%**	**$ 1,458.1**	**-8.0%**
Operating Income (Loss)	**$ 9.8**	**$ 2.1**		**$ 111.5**	**$ 63.1**		**$ 184.4**	
Total Margin %	**4.7%**	**1.0%**		**6.6%**	**3.6%**		**11.2%**	

Balance Sheet

HARRISHEALTH SYSTEM

May 31, 2024 and 2023 (in $ Millions)

	CURRENT YEAR	PRIOR YEAR
CURRENT ASSETS		
Cash, Cash Equivalents and Short Term Investments	$ 1,540.5	$ 1,629.9
Net Patient Accounts Receivable	163.0	140.3
Net Ad Valorem Taxes, Current Portion	22.3	12.6
Other Current Assets	297.6	160.6
Total Current Assets	**$ 2,023.3**	**$ 1,943.5**
CAPITAL ASSETS		
Plant, Property, & Equipment, Net of Accumulated Depreciation	$ 557.6	$ 417.0
Construction in Progress	163.0	206.1
Right of Use Assets	39.1	44.6
Total Capital Assets	**$ 759.7**	**$ 667.7**
ASSETS LIMITED AS TO USE & RESTRICTED ASSETS		
Debt Service & Capital Asset Funds	$ 38.7	$ 40.9
LPPF Restricted Cash	44.0	7.6
Capital Gift Proceeds	55.3	46.7
Other - Restricted	1.0	1.1
Total Assets Limited As to Use & Restricted Assets	**$ 139.0**	**$ 96.4**
Other Assets	45.4	41.8
Deferred Outflows of Resources	211.4	188.5
Total Assets & Deferred Outflows of Resources	**$ 3,178.9**	**$ 2,937.9**
CURRENT LIABILITIES		
Accounts Payable and Accrued Liabilities	$ 195.1	$ 211.8
Employee Compensation & Related Liabilities	142.6	128.7
Deferred Revenue - Ad Valorem	303.0	280.7
Estimated Third-Party Payor Settlements	29.8	13.9
Current Portion Long-Term Debt and Capital Leases	37.5	20.2
Total Current Liabilities	**$ 708.0**	**$ 655.3**
Long-Term Debt	281.4	317.5
Net Pension & Post Employment Benefits Liability	742.8	592.8
Other Long-Term Liabilities	6.7	7.7
Deferred Inflows of Resources	114.9	218.7
Total Liabilities	**$ 1,853.9**	**$ 1,792.0**
Total Net Assets	**$ 1,325.0**	**$ 1,145.9**
Total Liabilities & Net Assets	**$ 3,178.9**	**$ 2,937.9**

Cash Flow Summary

HARRISHEALTH SYSTEM

As of May 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	$ 79.6	$ 72.8	$ 548.9	$ 468.3
Medicaid Supplemental Programs	(29.5)	362.3	604.1	872.6
Net Ad Valorem Taxes	1.8	18.7	874.7	816.5
Tobacco Settlement	-	-	15.2	15.2
Other Revenue	13.0	11.6	181.6	170.9
Total Cash Receipts	**$ 64.9**	**$ 465.5**	**$ 2,224.6**	**$ 2,343.5**
CASH DISBURSEMENTS				
Salaries, Wages and Benefits	$ 103.4	$ 131.0	$ 891.9	$ 875.1
Supplies	31.4	28.9	214.2	198.5
Physician Services	35.7	34.9	279.8	265.5
Purchased Services	24.4	22.3	182.7	154.6
Capital Expenditures	22.7	13.2	111.4	84.9
Debt and Interest Payments	0.3	0.3	6.5	19.5
Other Uses	(0.6)	(6.7)	10.2	(61.6)
Total Cash Disbursements	**$ 217.2**	**$ 223.8**	**$ 1,696.7**	**$ 1,536.5**
Net Change	**$ (152.3)**	**$ 241.7**	**$ 527.9**	**$ 807.1**

Unrestricted Cash, Cash Equivalents and Investments - Beginning of year	$ 1,012.6
Net Change	527.9
Unrestricted Cash, Cash Equivalents and Investments - End of period	**$ 1,540.5**

Performance Ratios

HARRISHEALTH SYSTEM

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

	MONTH-TO-MONTH		YEAR-TO-DATE		
	CURRENT YEAR	CURRENT BUDGET	CURRENT YEAR	CURRENT BUDGET	PRIOR YEAR
OPERATING HEALTH INDICATORS					
Operating Margin %	4.7%	1.0%	6.6%	3.6%	11.2%
Run Rate per Day (In$ Millions)	$ 6.2	$ 6.8	$ 6.2	$ 6.7	$ 5.8
Salary, Wages & Benefit per APD	$ 2,168	$ 2,641	$ 2,378	$ 2,628	$ 2,334
Supply Cost per APD	$ 616	$ 651	$ 568	$ 637	$ 577
Physician Services per APD	$ 796	$ 892	$ 827	$ 892	$ 833
Total Expense per APD	**$ 4,326**	**$ 5,139**	**$ 4,479**	**$ 5,052**	**$ 4,408**
Overtime as a % of Total Salaries	3.4%	2.9%	3.3%	2.9%	3.6%
Contract as a % of Total Salaries	3.7%	4.4%	4.4%	4.4%	5.2%
Full-time Equivalent Employees	10,369	10,136	10,341	10,179	9,894
FINANCIAL HEALTH INDICATORS					
Quick Ratio			2.8		2.9
Unrestricted Cash (In $ Millions)			$ 1,540.5	$ 1,096.8	$ 1,629.9
Days Cash on Hand			246.9	162.7	279.4
Days Revenue in Accounts Receivable			80.0	87.4	71.0
Days in Accounts Payable			44.0		49.1
Capital Expenditures/Depreciation & Amortization			195.6%		176.7%
Average Age of Plant(years)			10.5		11.7

Harris Health System Key Indicators

Statistical Highlights

HARRISHEALTH SYSTEM

As of May 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	46,289	41,415	11.8%	351,597	332,059	5.9%	331,256	6.1%
Outpatient % of Adjusted Volume	63.3%	61.1%	3.6%	62.7%	60.9%	2.9%	60.6%	3.5%
Primary Care Clinic Visits	43,683	50,388	-13.3%	355,094	367,199	-3.3%	352,904	0.6%
Specialty Clinic Visits	21,821	22,976	-5.0%	164,690	163,456	0.8%	163,865	0.5%
Telehealth Clinic Visits	10,343	11,258	-8.1%	78,245	87,885	-11.0%	87,048	-10.1%
Total Clinic Visits	**75,847**	**84,622**	**-10.4%**	**598,029**	**618,540**	**-3.3%**	**603,817**	**-1.0%**
Emergency Room Visits - Outpatient	12,706	11,419	11.3%	94,026	86,874	8.2%	86,684	8.5%
Emergency Room Visits - Admitted	1,781	1,814	-1.8%	14,458	13,288	8.8%	14,653	-1.3%
Total Emergency Room Visits	**14,487**	**13,233**	**9.5%**	**108,484**	**100,162**	**8.3%**	**101,337**	**7.1%**
Surgery Cases - Outpatient	997	994	0.3%	7,673	7,136	7.5%	7,416	3.5%
Surgery Cases - Inpatient	938	901	4.1%	6,607	6,868	-3.8%	6,371	3.7%
Total Surgery Cases	**1,935**	**1,895**	**2.1%**	**14,280**	**14,004**	**2.0%**	**13,787**	**3.6%**
Total Outpatient Visits	**131,648**	**138,112**	**-4.7%**	**987,340**	**1,007,274**	**-2.0%**	**991,696**	**-0.4%**
Inpatient Cases (Discharges)	2,528	2,738	-7.7%	20,447	21,317	-4.1%	20,969	-2.5%
Outpatient Observation Cases	1,008	947	6.4%	7,766	7,367	5.4%	6,487	19.7%
Total Cases Occupying Patient Beds	**3,536**	**3,685**	**-4.0%**	**28,213**	**28,684**	**-1.6%**	**27,456**	**2.8%**
Births	462	408	13.2%	3,422	3,535	-3.2%	3,575	-4.3%
Inpatient Days	16,983	16,105	5.5%	131,206	129,796	1.1%	130,574	0.5%
Outpatient Observation Days	3,526	2,884	22.3%	26,556	21,327	24.5%	20,785	27.8%
Total Patient Days	**20,509**	**18,989**	**8.0%**	**157,762**	**151,123**	**4.4%**	**151,359**	**4.2%**
Average Daily Census	661.6	612.5	8.0%	646.6	619.4	4.4%	622.9	3.8%
Average Operating Beds	709	702	1.0%	700	702	-0.3%	683	2.5%
Bed Occupancy %	93.3%	87.3%	6.9%	92.4%	88.2%	4.7%	91.2%	1.3%
Inpatient Average Length of Stay	6.72	5.88	14.2%	6.42	6.09	5.4%	6.23	3.0%
Inpatient Case Mix Index (CMI)	1.706	1.694	0.7%	1.705	1.694	0.6%	1.707	-0.1%
Payor Mix (% of Charges)								
Charity & Self Pay	43.5%	44.3%	-1.6%	43.8%	44.3%	-1.0%	44.8%	-2.1%
Medicaid & Medicaid Managed	18.1%	22.7%	-19.9%	19.3%	22.7%	-14.9%	23.2%	-16.8%
Medicare & Medicare Managed	11.6%	11.4%	1.5%	11.7%	11.4%	2.9%	11.2%	4.4%
Commercial & Other	26.7%	21.7%	23.3%	25.2%	21.7%	16.1%	20.8%	20.9%
Total Unduplicated Patients - Rolling 12				**248,070**			**248,424**	**-0.1%**
Total New Patient - Rolling 12				**89,785**			**87,002**	**3.2%**

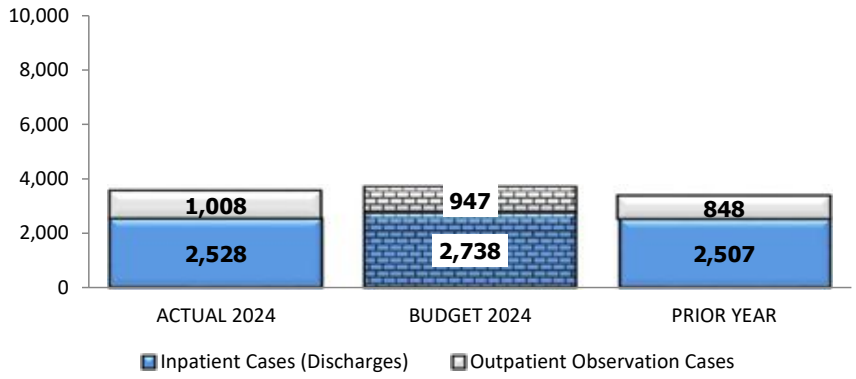
Harris Health System

Statistical Highlights

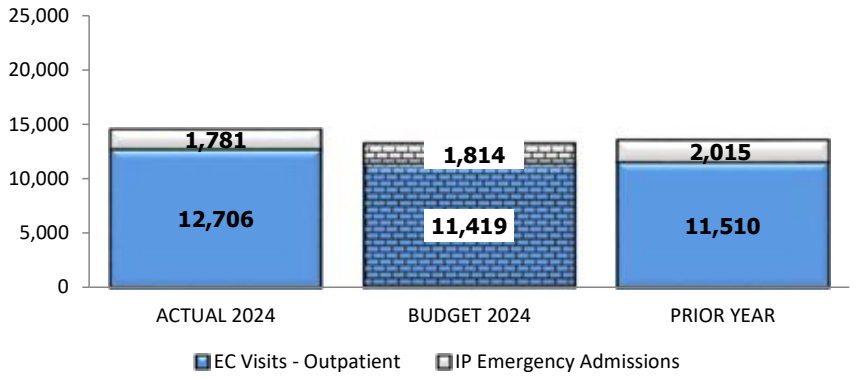
May FY 2024

Cases Occupying Beds - CM			Cases Occupying Beds - YTD			Emergency Visits - CM			Emergency Visits - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
3,536	3,685	3,355	28,213	28,684	27,456	14,487	13,233	13,525	108,484	100,162	101,337

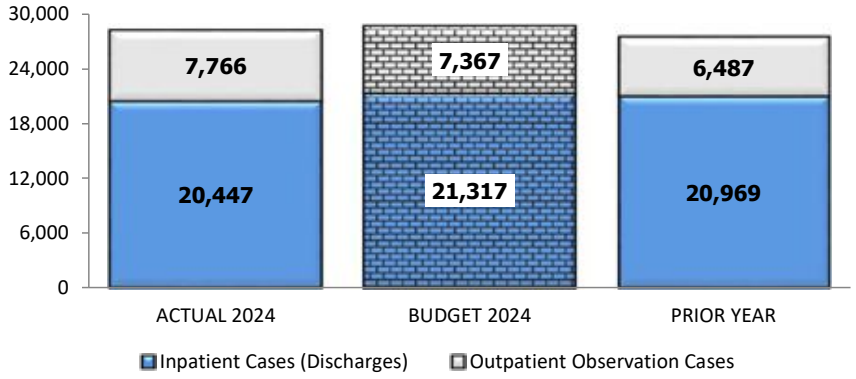
Cases Occupying Beds - Current Month



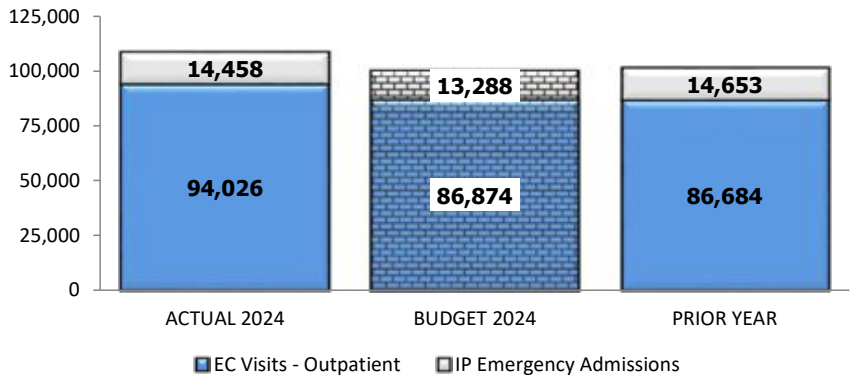
Emergency Visits - Current Month



Cases Occupying Beds - YTD



Emergency Visits - YTD



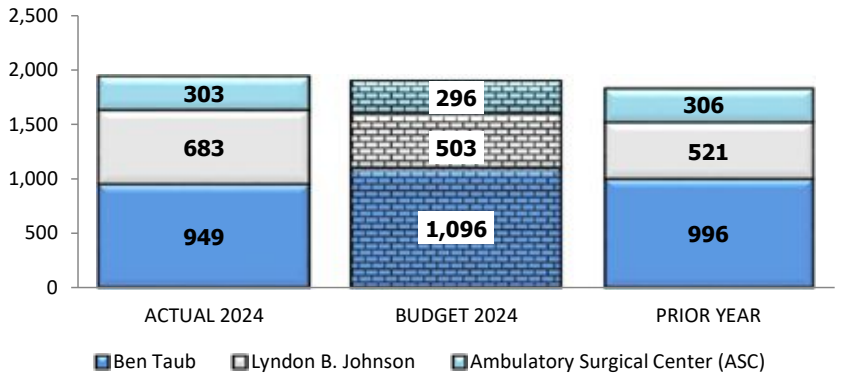
Harris Health System

Statistical Highlights

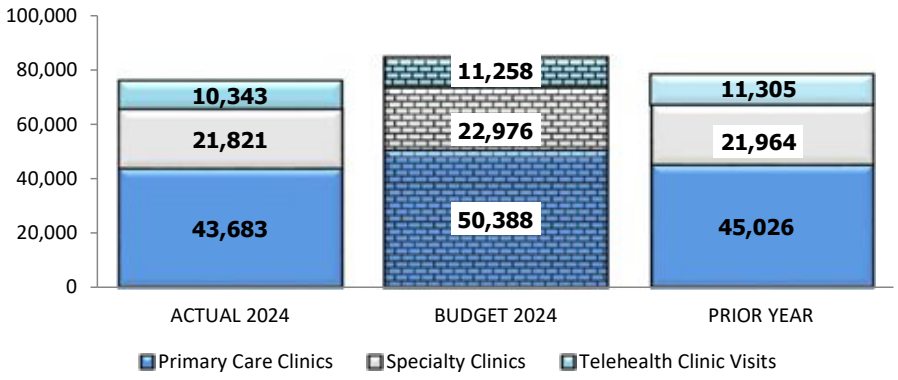
May FY 2024

Surgery Cases - CM			Surgery Cases - YTD			Clinic Visits - CM			Clinic Visits - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
1,935	1,895	1,823	14,280	14,004	13,787	75,847	84,622	78,295	598,029	618,540	603,817

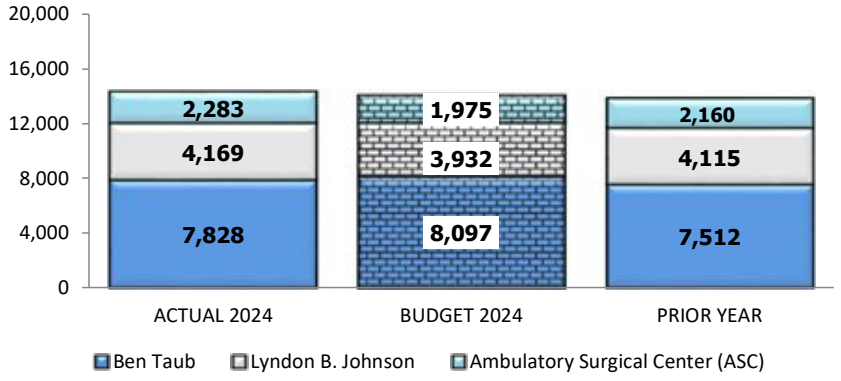
Surgery Cases - Current Month



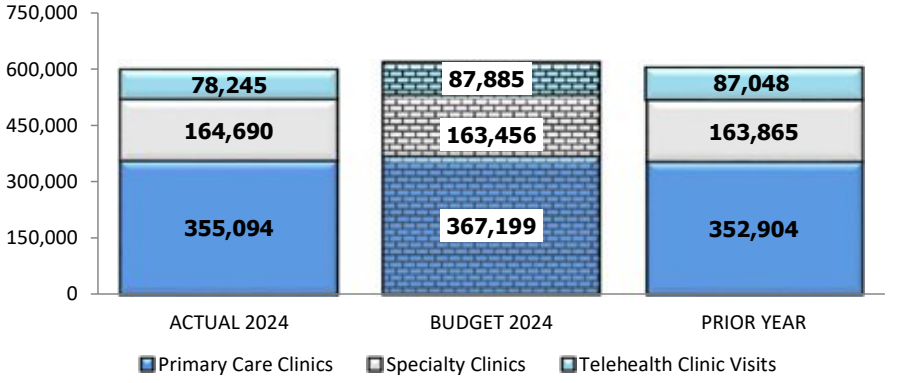
Clinic Visits - Current Month



Surgery Cases - YTD



Clinic Visits - YTD



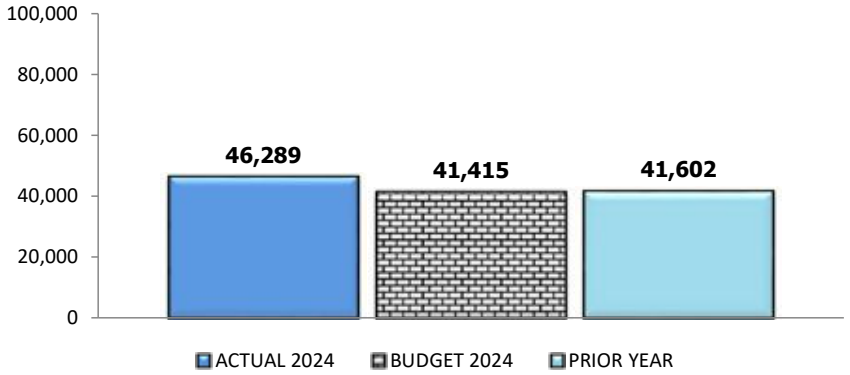
Harris Health System

Statistical Highlights

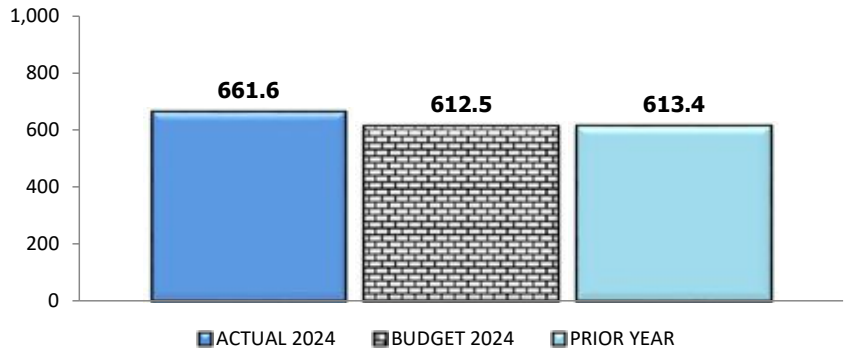
May FY 2024

Adjusted Patient Days - CM	Adjusted Patient Days - YTD	Average Daily Census - CM	Average Daily Census - YTD
46,289	351,597	661.6	646.6

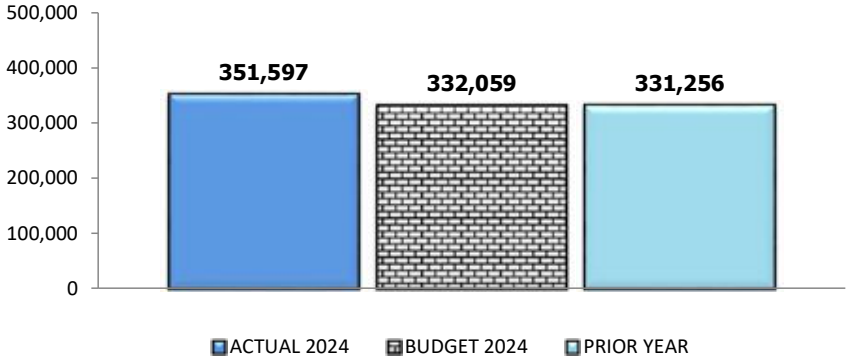
Adjusted Patient Days - Current Month



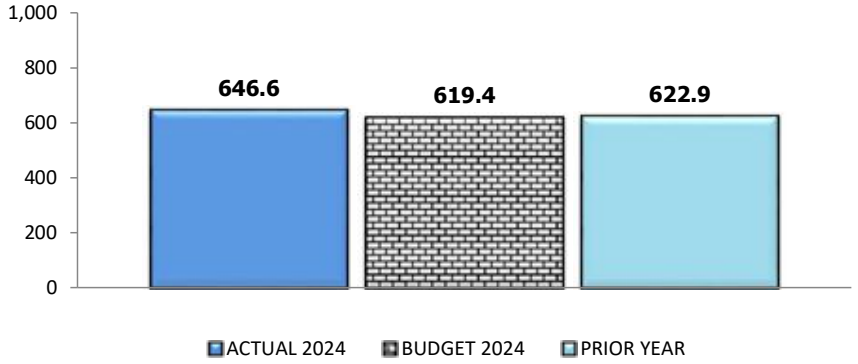
Average Daily Census - Current Month



Adjusted Patient Days - YTD



Average Daily Census - YTD



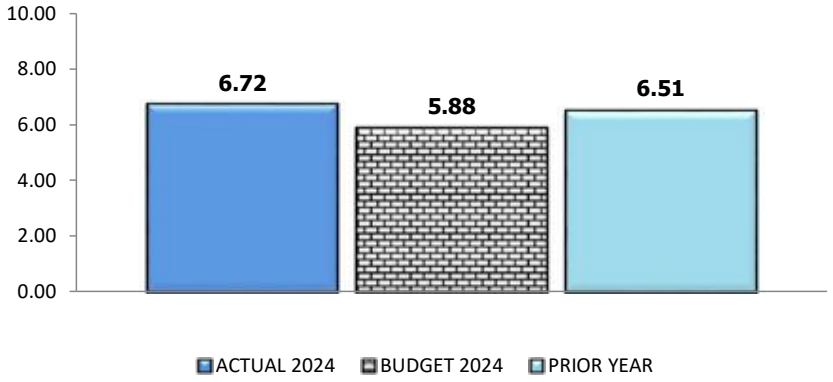
Harris Health System

Statistical Highlights

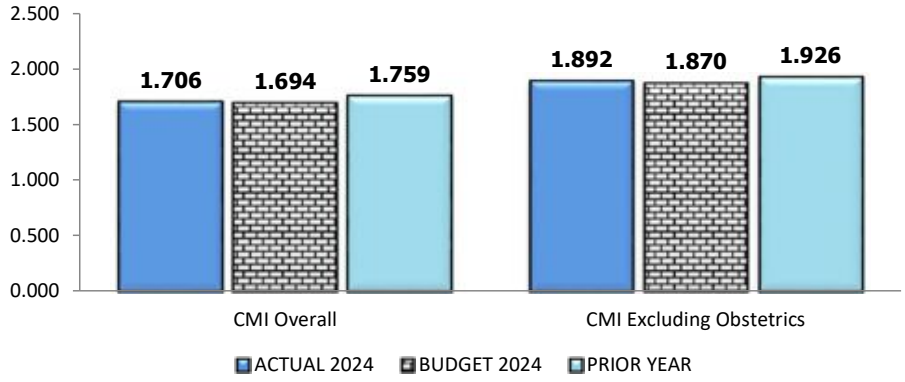
May FY 2024

Inpatient ALOS - CM	Inpatient ALOS - YTD	Case Mix Index (CMI) - CM		Case Mix Index (CMI) - YTD	
		Overall	Excl. Obstetrics	Overall	Excl. Obstetrics
6.72	6.42	1.706	1.892	1.705	1.878

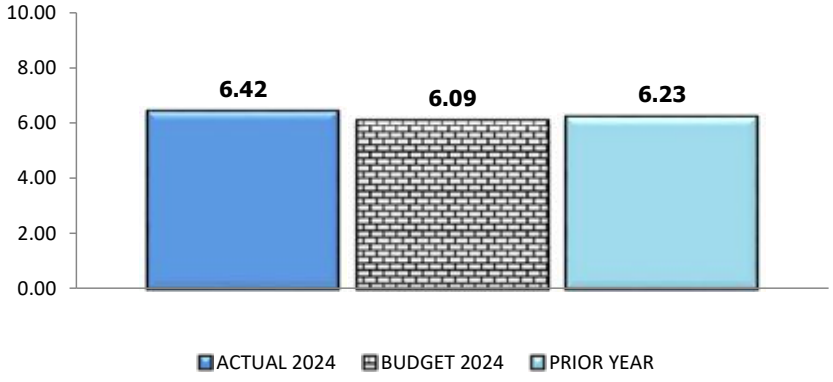
Inpatient ALOS - Current Month



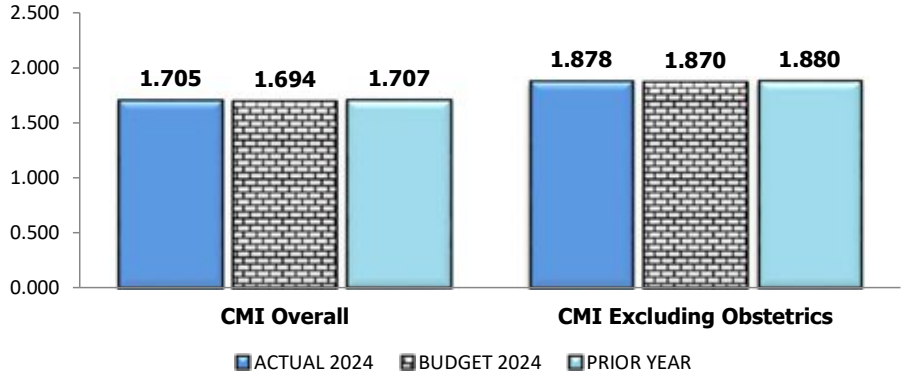
Case Mix Index - Current Month



Inpatient ALOS - YTD



Case Mix Index - YTD



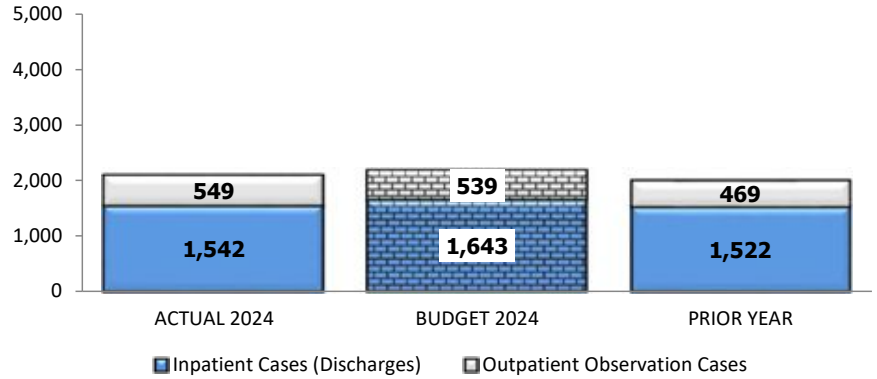
Harris Health System

Statistical Highlights - Cases Occupying Beds

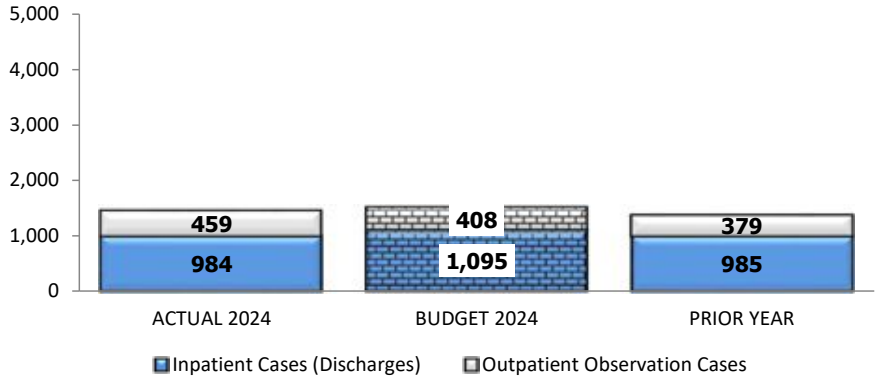
May FY 2024

BT Cases Occupying Beds - CM			BT Cases Occupying Beds - YTD			LBJ Cases Occupying Beds - CM			LBJ Cases Occupying Beds - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
2,091	2,182	1,991	16,713	17,241	16,306	1,443	1,503	1,364	11,490	11,443	11,150

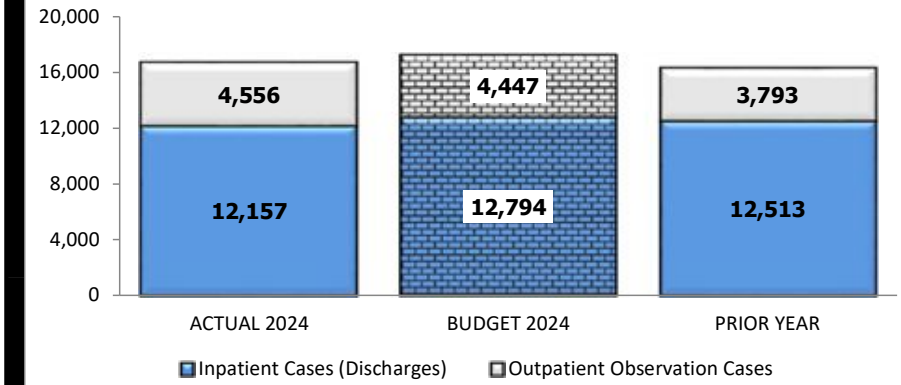
Ben Taub Cases - Current Month



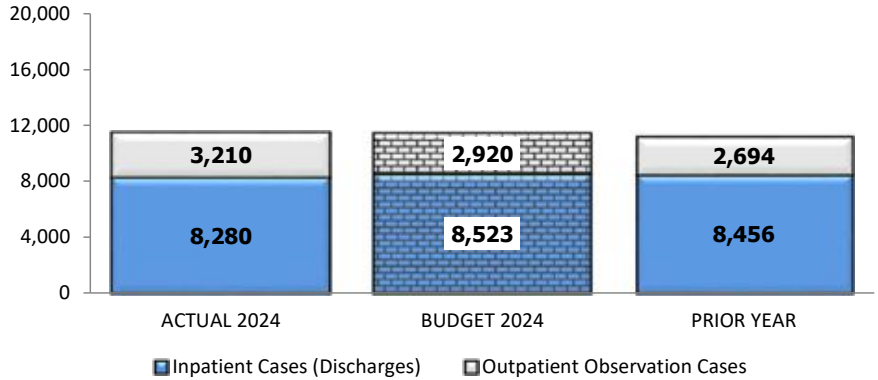
Lyndon B. Johnson Cases - Current Month



Ben Taub Cases - YTD



Lyndon B. Johnson Cases - YTD



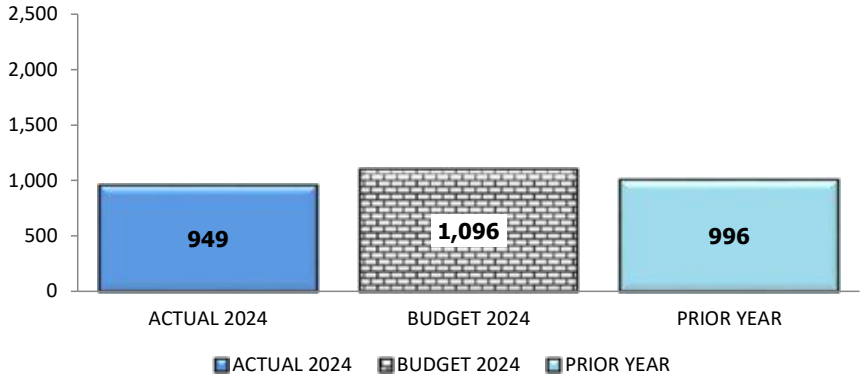
Harris Health System

Statistical Highlights - Surgery Cases

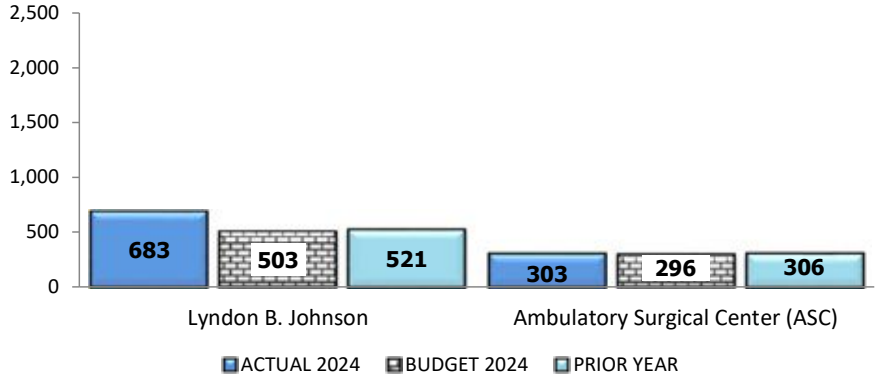
May FY 2024

BT Surgery Cases - CM			BT Surgery Cases - YTD			LBJ Surgery Cases - CM			LBJ Surgery Cases - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
949	1,096	996	7,828	8,097	7,512	986	799	827	6,452	5,907	6,275

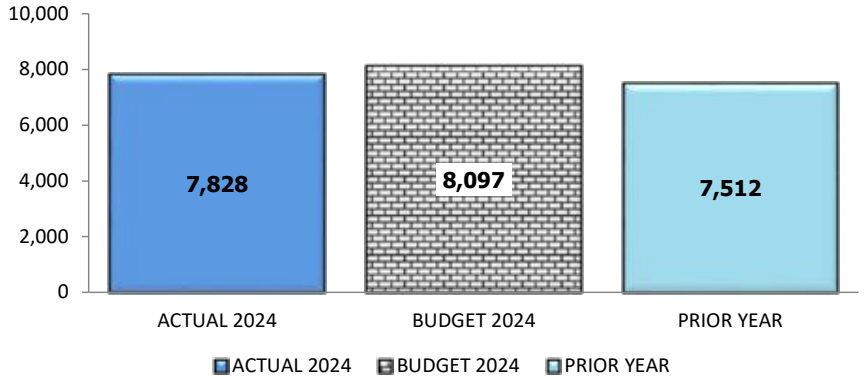
Ben Taub OR Cases - Current Month



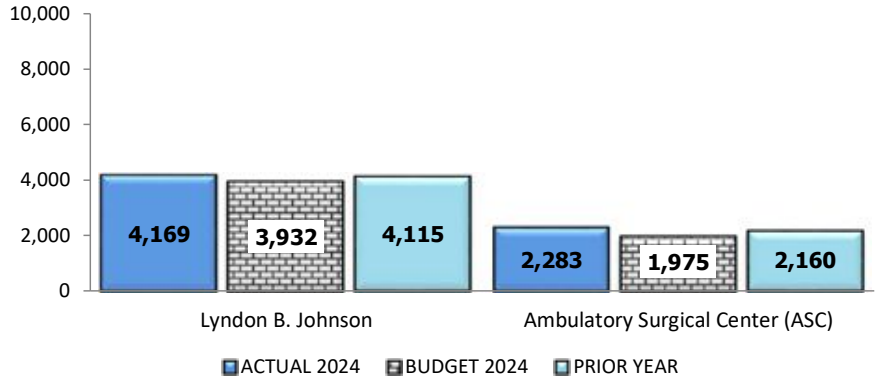
Lyndon B. Johnson OR Cases - Current Month



Ben Taub OR Cases - YTD



Lyndon B. Johnson OR Cases - YTD

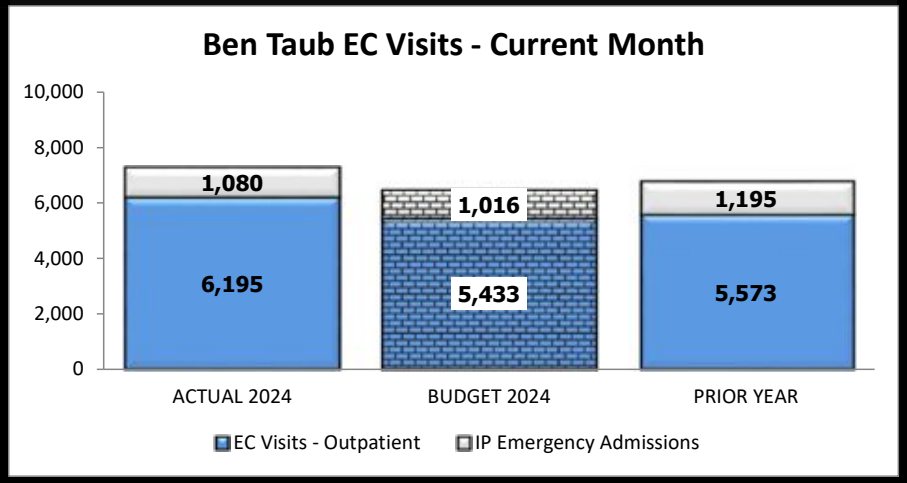


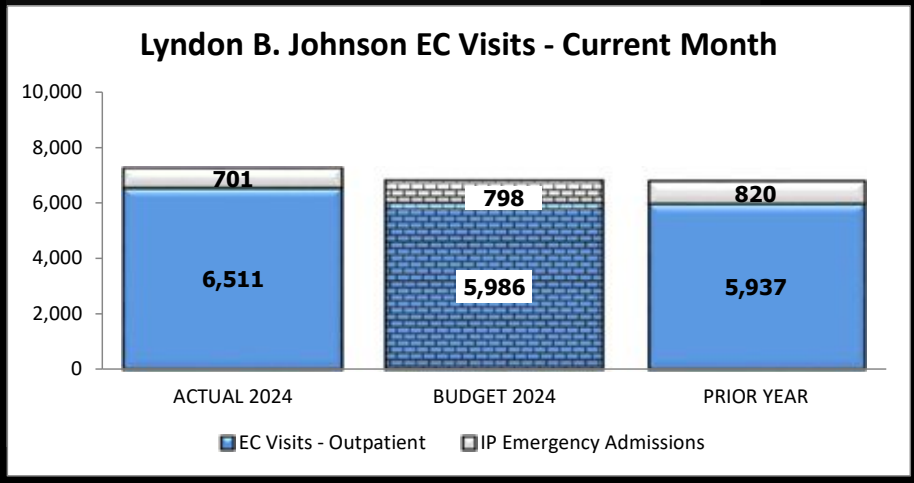
Harris Health System

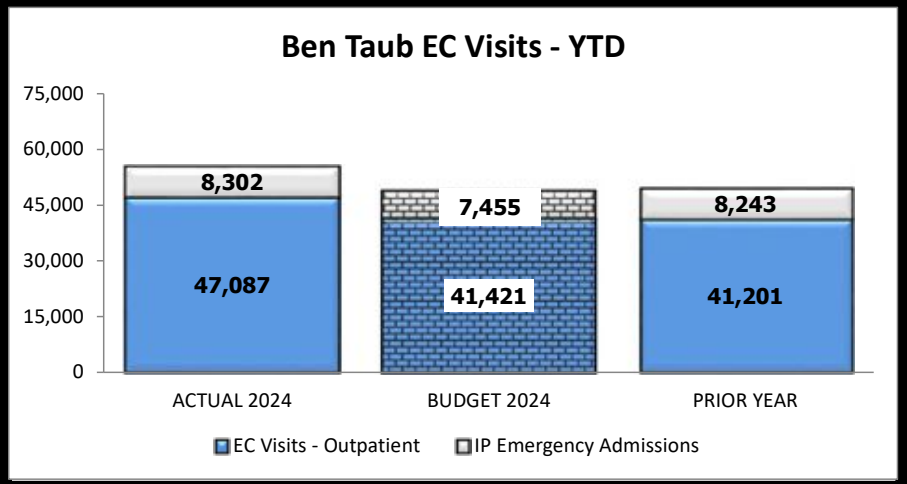
Statistical Highlights - Emergency Room Visits

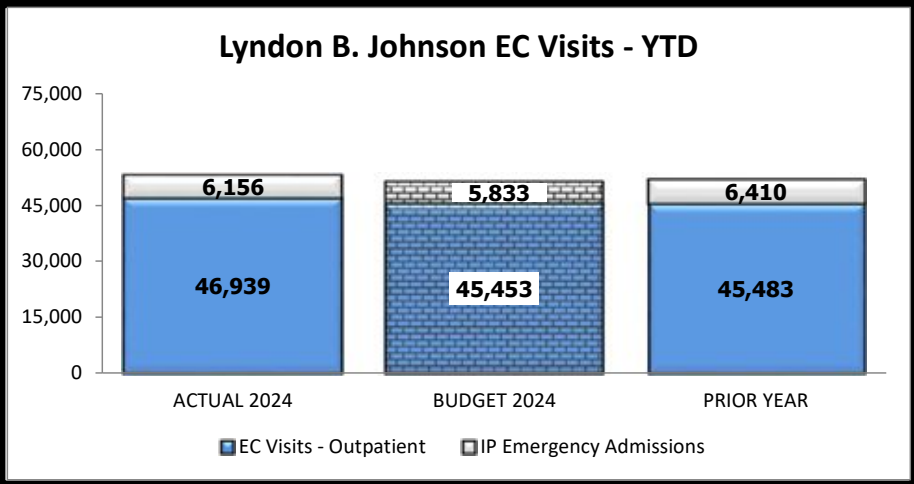
May FY 2024

BT Emergency Visits - CM			BT Emergency Visits - YTD			LBJ Emergency Visits - CM			LBJ Emergency Visits - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
7,275	6,449	6,768	55,389	48,876	49,444	7,212	6,784	6,757	53,095	51,286	51,893







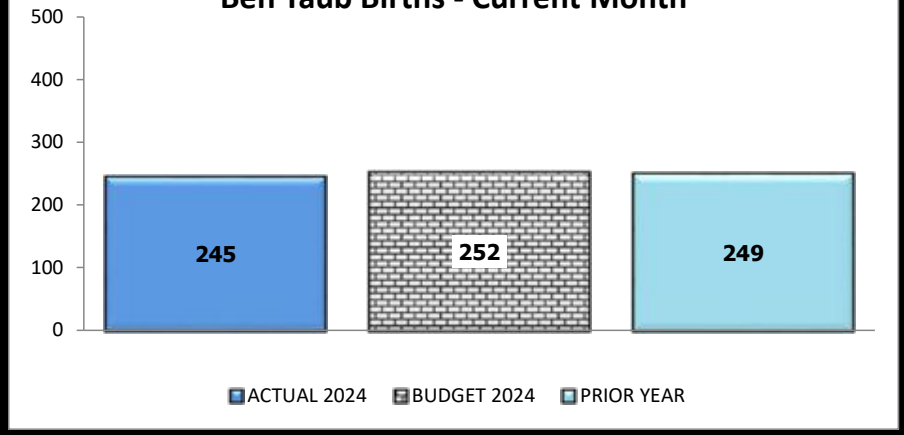


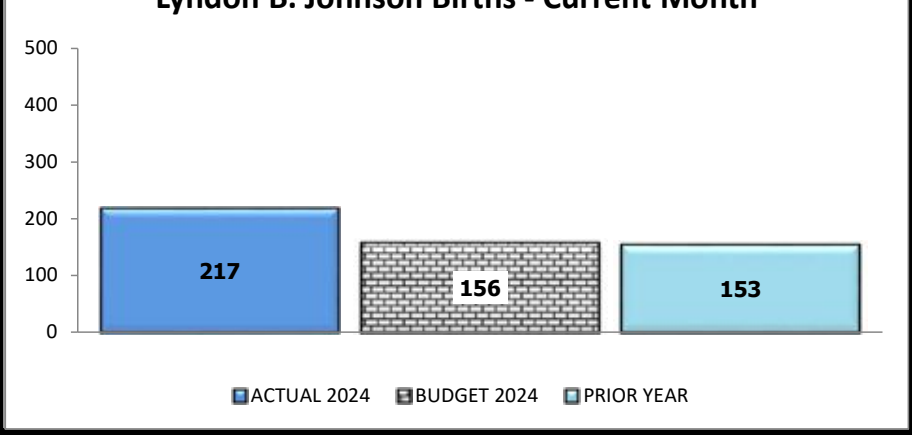
Harris Health System

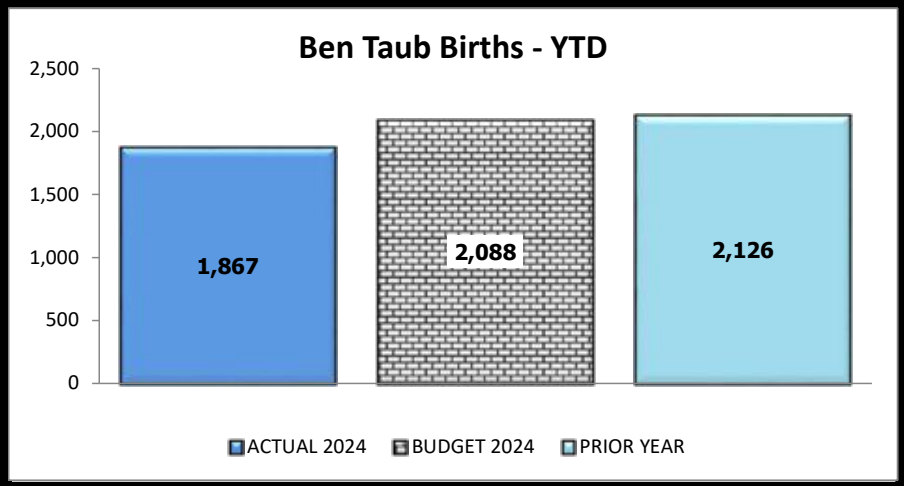
Statistical Highlights - Births

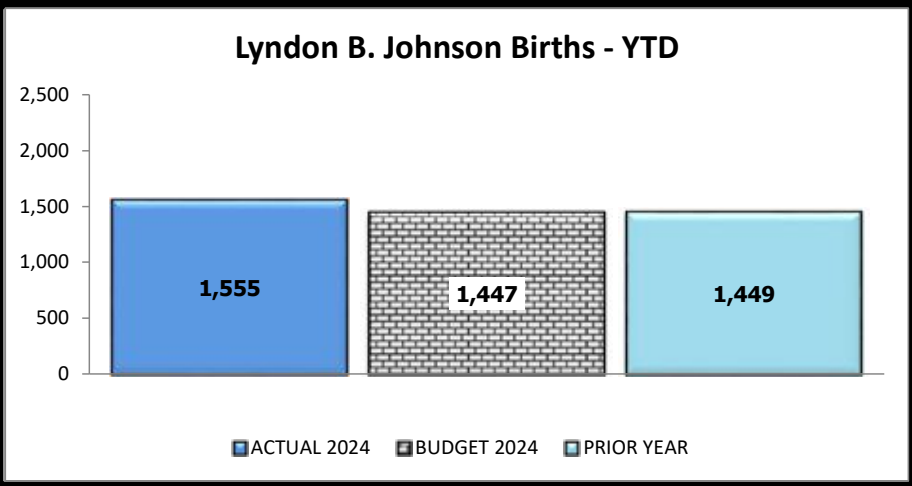
May FY 2024

BT Births - CM			BT Births - YTD			LBJ Births - CM			LBJ Births - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
245	252	249	1,867	2,088	2,126	217	156	153	1,555	1,447	1,449









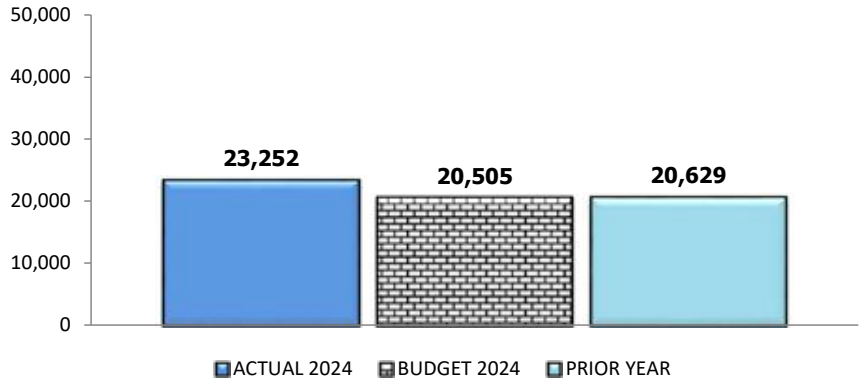
Harris Health System

Statistical Highlights - Adjusted Patient Days

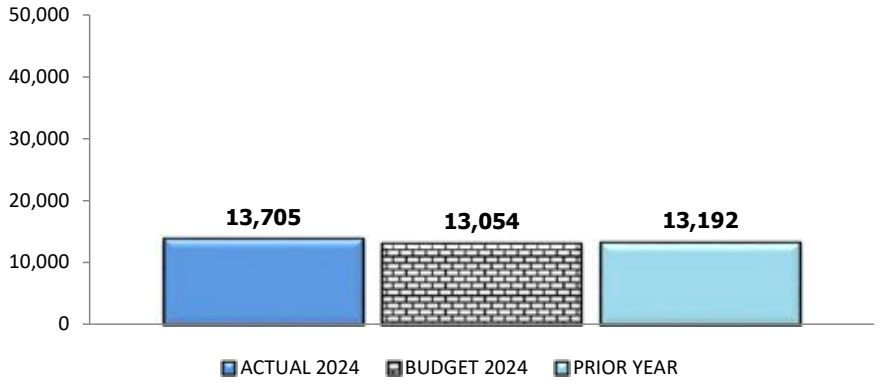
May FY 2024

BT Adjusted Patient Days - CM	BT Adjusted Patient Days - YTD	LBJ Adjusted Patient Days - CM	LBJ Adjusted Patient Days - YTD
23,252	174,887	13,705	106,232

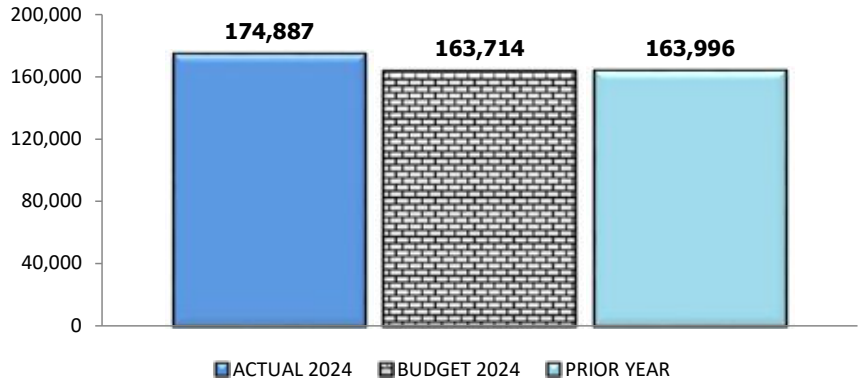
Ben Taub APD - Current Month



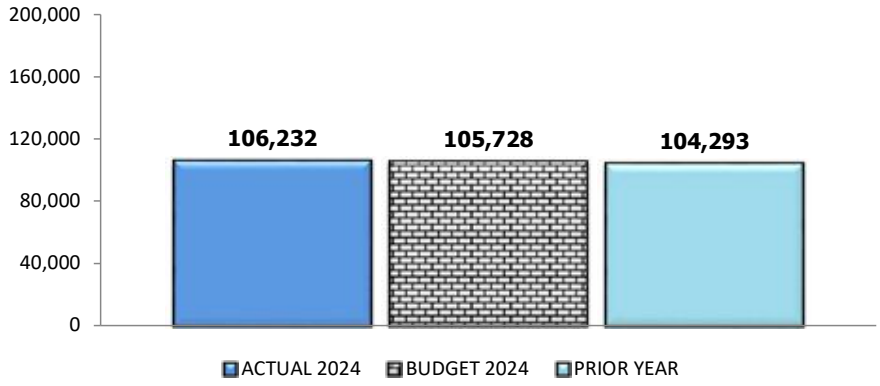
Lyndon B. Johnson APD - Current Month



Ben Taub APD - YTD



Lyndon B. Johnson APD - YTD



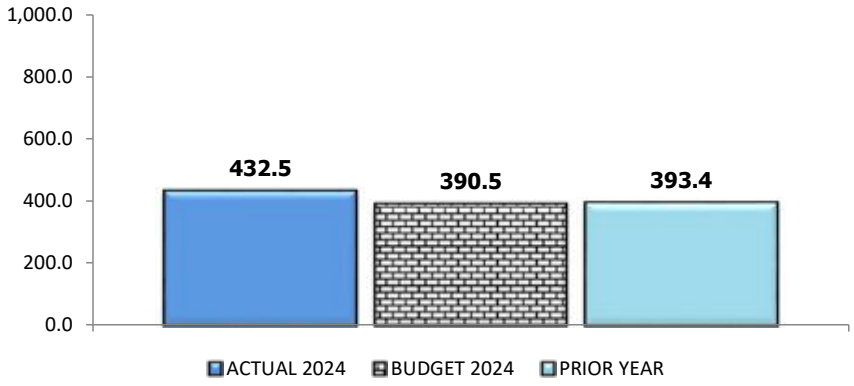
Harris Health System

Statistical Highlights - Average Daily Census (ADC)

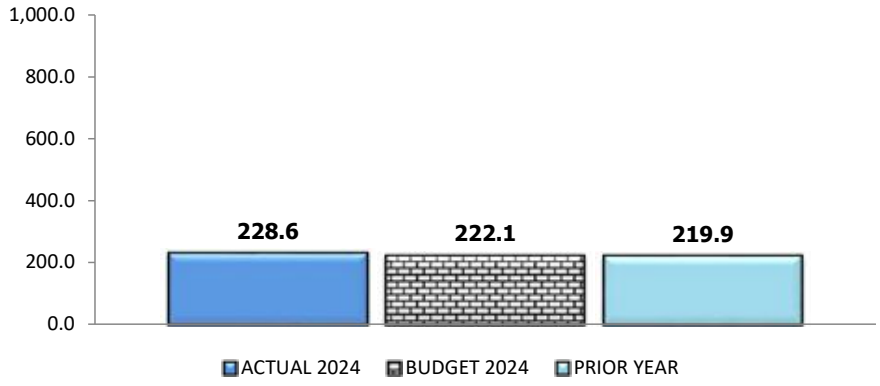
May FY 2024

BT Average Daily Census - CM	BT Average Daily Census - YTD	LBJ Average Daily Census - CM	LBJ Average Daily Census - YTD
432.5	420.9	228.6	225.5

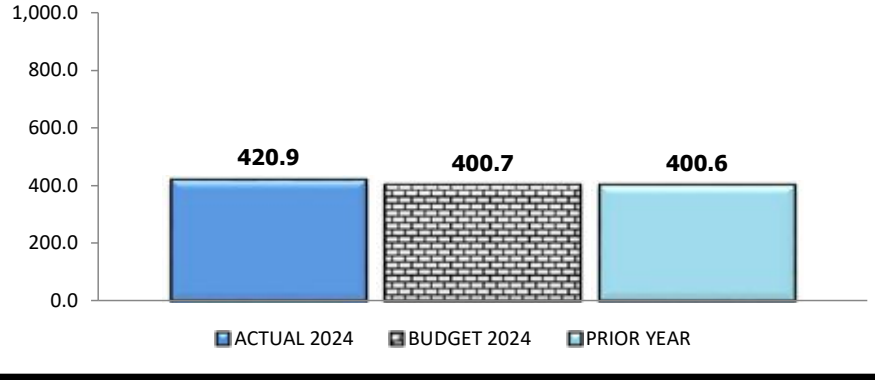
Ben Taub ADC - Current Month



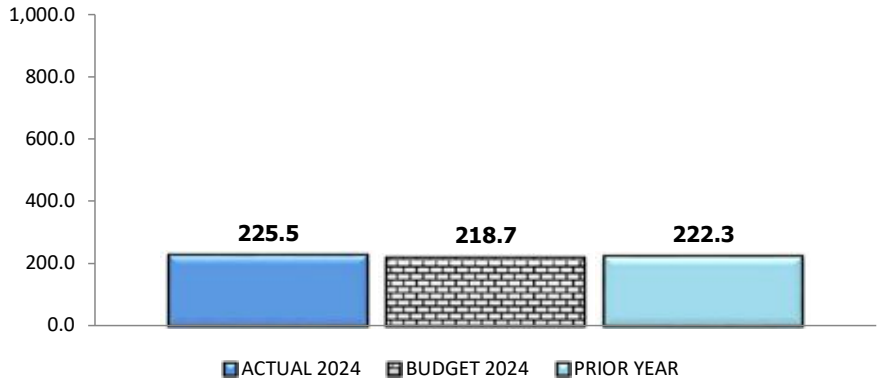
Lyndon B. Johnson ADC - Current Month



Ben Taub ADC - YTD



Lyndon B. Johnson ADC - YTD



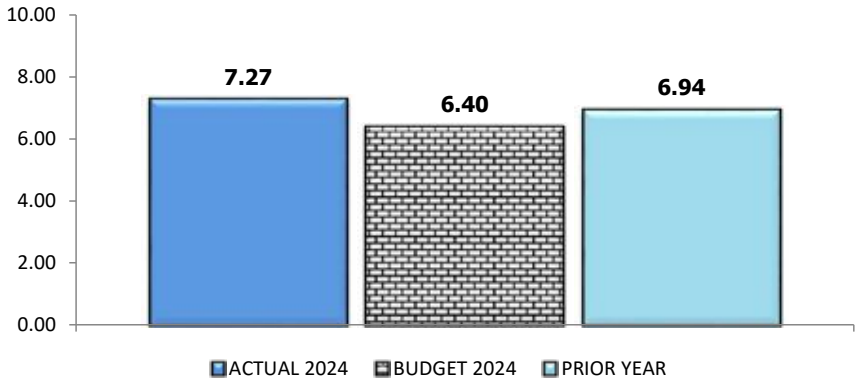
Harris Health System

Statistical Highlights - Inpatient Average Length of Stay (ALOS)

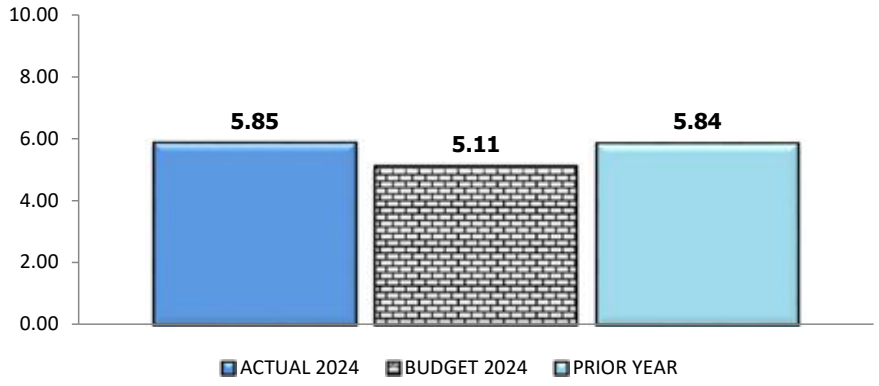
May FY 2024

BT Inpatient ALOS - CM	BT Inpatient ALOS - YTD	LBJ Inpatient ALOS - CM	LBJ Inpatient ALOS - YTD
7.27	7.03	5.85	5.51

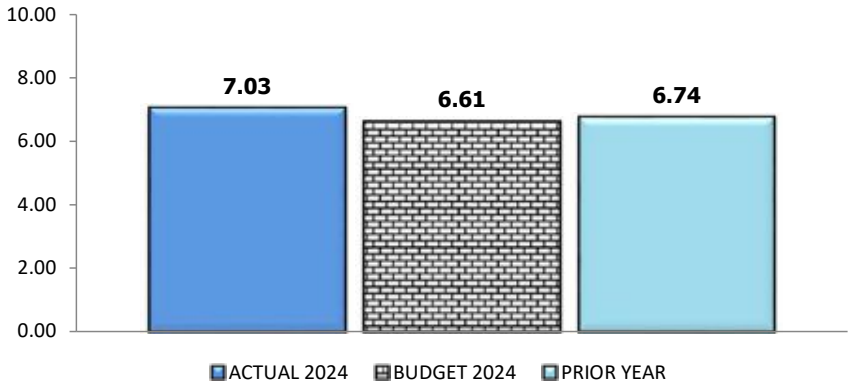
Ben Taub ALOS - Current Month



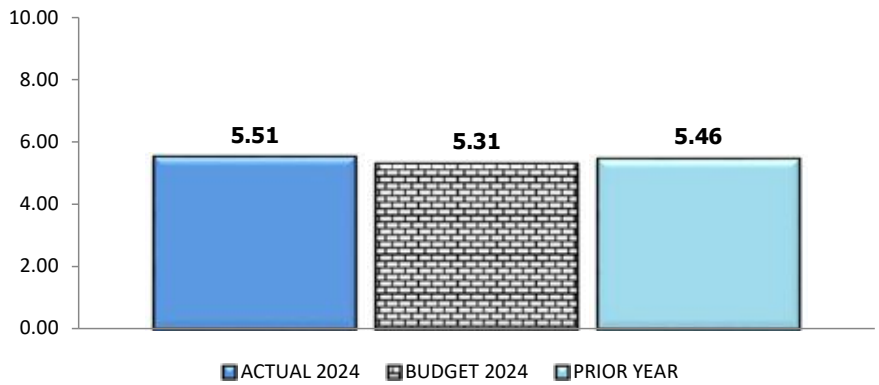
Lyndon B. Johnson ALOS - Current Month



Ben Taub ALOS - YTD



Lyndon B. Johnson ALOS - YTD



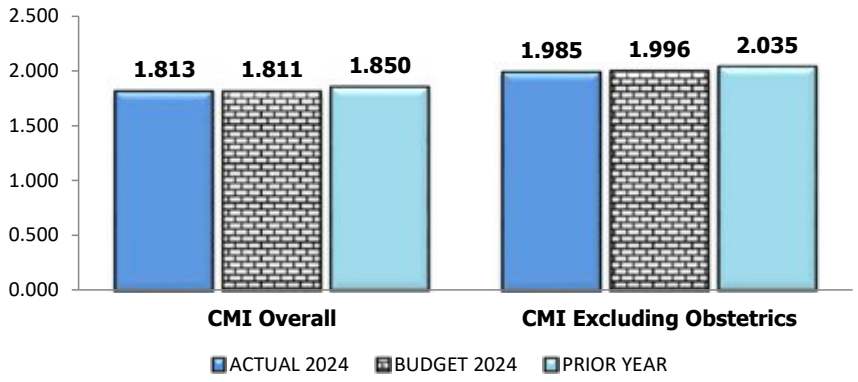
Harris Health System

Statistical Highlights - Case Mix Index (CMI)

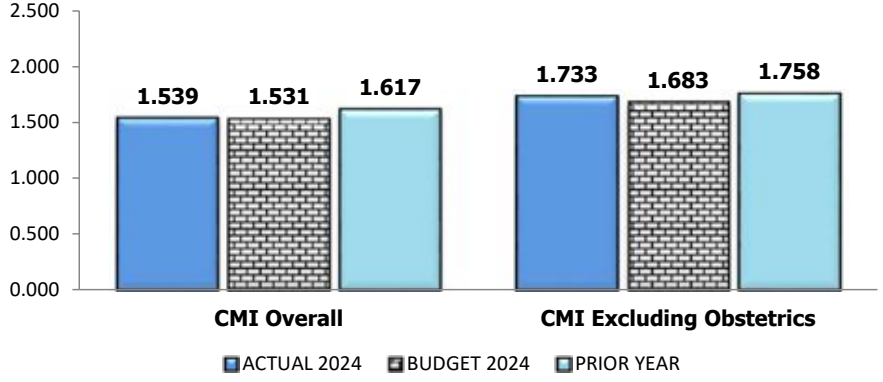
May FY 2024

BT Case Mix Index (CMI) - CM		BT Case Mix Index (CMI) - YTD		LBJ Case Mix Index (CMI) - CM		LBJ Case Mix Index (CMI) - YTD	
Overall	Excl. Obstetrics	Overall	Excl. Obstetrics	Overall	Excl. Obstetrics	Overall	Excl. Obstetrics
1.813	1.985	1.818	1.997	1.539	1.733	1.538	1.699

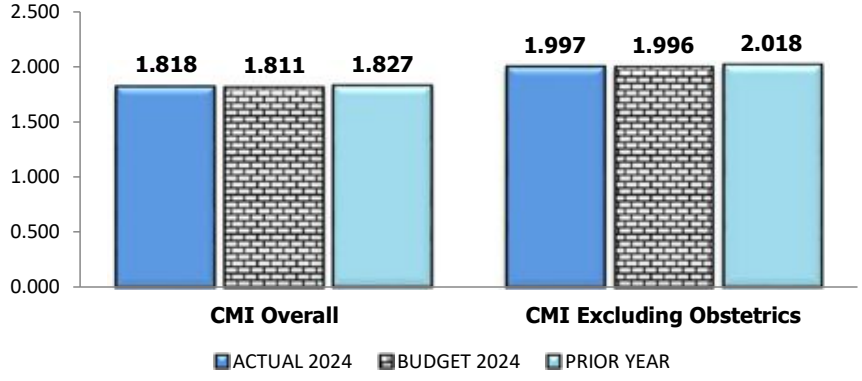
Ben Taub CMI - Current Month



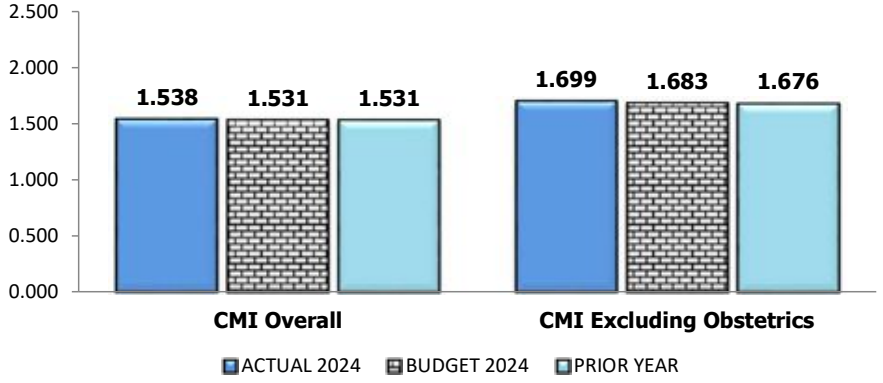
Lyndon B. Johnson CMI - Current Month



Ben Taub CMI - YTD



Lyndon B. Johnson CMI - YTD



Thursday, June 27, 2024

Consideration of Approval of payment for the contracted services specified in the Harris Health System Operating and Support Agreement with Baylor College of Medicine (BCM) for the Contract Year Ended June 30, 2025

Harris Health System and Baylor College of Medicine entered into an Operating and Support Agreement effective July 1, 2020 (the "Agreement") to provide funding to support faculty staff member positions at Harris Health System facilities and program support for BCM residency programs at the Harris Health facilities.

The funding for the annual staffing plan for all services under the Agreement for the contract year of July 1, 2024 through June 30, 2025, is projected to be approximately $250.0 million, considering historical position vacancy rates. If the vacancy rates decline in the new contract year, or if programs are modified to respond to patient demand, the net cost of physician services could be as much as $279.0 million (5% variance).

Administration recommends that the Board of Trustees approve the funding for the Harris Health System Operating and Support Agreement with Baylor College of Medicine in an amount not to exceed $279.0 million for the period July 1, 2024 through June 30, 2025.

Victoria Nikitin

Victoria Nikitin
Executive Vice President – Chief Financial Officer

Thursday, June 27, 2024

Consideration of Approval of payment for the contracted services specified in the Harris Health System Affiliation and Support Agreement with the University of Texas Health Science Center at Houston (UT Health) for the Contract Year Ended June 30, 2025

Harris Health System and UT Health entered into an Operating and Support Agreement effective July 1, 2020 (the "Agreement") to provide funding to support faculty staff member positions at Harris Health System facilities and program support for UT Health residency programs at the Harris Health facilities.

The funding for the annual staffing plan for all services under the Agreement for the contract year of July 1, 2024 through June 30, 2025, is projected to be approximately $194.0 million, considering historical position vacancy rates. If the vacancy rates decline in the new contract year, or if programs are modified to respond to patient demand, the net cost of physician services could be as much as $203.0 million (5% variance).

Administration recommends that the Board of Trustees approve the funding for the Harris Health System Operating and Support Agreement with UT Health in an amount not to exceed $203.0 million for the period July 1, 2024 through June 30, 2025.

Victoria Nikitin

Victoria Nikitin
Executive Vice President – Chief Financial Officer

Thursday, June 27, 2024

Consideration of Approval of an Increase to Payment for the Total Compensation Amount Not–to–Exceed $5,377,211 for the fifth Contract Year of the Oral and Maxillofacial Surgery Services Agreement with The University of Texas Health Science Center at Houston

Administration requests approval of payment of an increase to the Total Compensation Amount for the fifth Contract Year (July 1, 2024 through June 30, 2025) of the Oral and Maxillofacial Surgery Services Agreement ("Agreement") with The University of Texas Health Science Center at Houston (UTHealth) for UTHealth's provision of oral and maxillofacial surgery and orthodontic professional services (Services) for Harris Health patients. Total Compensation for UT Health's Services for the fifth Contract Year is increased by $68,471 and shall not exceed $5,377,211.

Administration recommends approval of payment of the Total Compensation Amount not-to-exceed $5,377,211 for the fifth Contract Year of this Agreement between Harris Health and UT Health.

Jennifer Small
Executive Vice President – Ambulatory Care Services

Thursday, June 27, 2024

Consideration of Approval of the Renewal of Dr. Tien Ko's Term of Appointment as Chief of Staff for LBJ Hospital

1. The renewal request is pursuant to Section 5.4.1 (b) of the Administration Service Agreement between the University of Texas Health Science Center and Harris Health System.
2. The term is for time period July 1, 2024 through June 30, 2026.

Patricia Darnauer, FACHE
Executive Vice President/Administrator, LBJ Hospital

Jennifer Small
Executive Vice President – Ambulatory Care Services

Thursday, June 27, 2024

Consideration of Approval to enter into an agreement with CenterPoint Energy to provide electrical services to the LBJ hospital expansion project

The current electrical services to the LBJ campus do not provide adequate redundancy and reliability, as evidenced by frequent power interruptions, resulting in disrupted patient care. In coordination with a sole provider (CenterPoint Energy), an agreement is proposed to provide Harris Health with the redundancy, reliability and design intent of the LBJ expansion project.

The agreement provides for a dedicated underground higher voltage system, this eliminating the outages associated with the above ground and shared services. The provider, CenterPoint Energy departments (Major Underground, Transmission, Sub-Station, Vaults) are to provide services to Harris Health at the one-time cost of Twenty-One Million, Eight Hundred Fifty Thousand dollars ($21,850,000) capitalized.

Patrick Casey
Senior Vice President – Facilities Construction & Systems Engineering

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH SYSTEM

Thursday, June 27, 2024

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

---

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

R. King Hillier
Senior Vice President, Public Policy & Government Relations

Harris Health System
4800 Fournace Place
Bellaire, Texas 77401

June 27, 2023
Board of Trustees Monthly Report

Federal Update

Front Line Hospital Alliance Update (FLHA)

Garnering a formal statutory designation for front line hospitals is the key priority for the FLHA and there are two companions bills that have been introduced - HR 7327 and S 3450 – to achieve that goal. The designation would codify a definition in federal law designating 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) to designate over 1,000 hospitals as "Essential Heath 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.

Additional FLHA government relations staff meetings were held in both April and May with the following readiouts:

- **FLHA Designation** – The goal is to get the DeGette bill reintroduced in the House and introduced in the Senate. The amended language would bring Medical Center Odessa in as a FLHA while pulling in financially distressed rural and suburban endangered and vulnerable hospitals. The FLHA recently met with John Henderson, CEO of the Texas Organization of Rural and Community Hospitals (TORCH), and he expressed his support and appreciation for the expanded definition.

  Sen. Braun's team has connected with Leader Schumer's and the Hospital Association of New York (HANY). AEH is continuing to push Schumer on its legislation, and Schumer is apparently receptive to AEH's position, but Braun should be good to go with the FLHA

language despite this. It is clear Braun's people are very motivated and leading the outreach effort with other offices. FLHA and GR staff have met with both HANY's and Schumer's policy staff. FLHA is talking to Sen. Bennett next week. He appreciated that we addressed the DSH concern. DeGette wants Rep. Bucshon to introduce the bill in the House next year and have DeGette join him as an original sponsor. Jeff Hill from UMC Lubbock said he was encouraged Braun's office was giving us direction and insight on next steps regarding the designation.

- **Site Neutral** – Sen. Cassidy and Rep. Casten will file a bill. They are interested in our definitions and ideas on it. FLHA has established a working group on Site Neutral to develop our preferred concepts and merge them with Cassidy's proposal.

- **340B** – HELP? Committee staff wants our preferred language ASAP. That draft legislation is expected to be completed by next week. Once completed meetings will be set with key stakeholders and congressional offices.

The following offices were met with to discuss site neutral, 340B, and revised designation language:

Sen. Maggie Hassan(D-NH): Jasmine Masand – Health Policy Advisor
Ways and Means Committee - Majority: Abigail Chance – Health Policy Professional Staff Member
Sen. Cassidy (R-LA): Parker Reynolds - Health Policy
Senate Labor HHS: Hannah Anderson - 340B
Sen. Murray (D-WA): Tara Hartnett--Legislative Aide
Sen. Braun (R-IN): Jacob Chebowski, Max Seltzer, and Erik Rasmussen- Senate Aging Committee
Rep. Guthrie (R-KY): Brian Fahey-Health Policy

Senator Cruz's office has expressed interest and we plan to visit with his office during the July fly-in. UMC Lubbock has worked with Congressman Arrington and his staff extensively and is making good progress with him.

Hannah Anderson is moving from the Senate HELP Committee to the America First Policy Institute which is the conservative think tank formed by former Vice President Mike Pence. Hannah' s new role is to advise the Institute on all matters related to Medicare, Medicaid, Behavioral Health, and other health policy matters. She will be advising members of the GOP on health policy and in the event of a new administration, she would be a health policy advisor to the transition team. Keeping Hannah informed regarding our work will be essential.

She specifically has asked that we stay in touch as she transitions into her new role in the private sector.

In her transition memorandum to her manager and successor, FLHA will be relayed as key innovated stakeholder in the 340B policy debate. She also will provide introductory handoff communications once her successor is appointed.

Through Hannah's kind introduction, we are now in the process of establishing communications with two stakeholders she has been working with through Leavitt Partners and PhRMA, and Monica Popp, a former E&C 340B staffer and John Cornyn policy aide. We will be sending our FLHA 340B RFI proposal draft language her way also.

Fly-in dates are July 10 and 11. The following confirmed CEOs that will be attending to date include:

Lisa Harris, MD - Eskenazi Health in Indianapolis
Mark Funderburk - UMC Lubbock
Dr. Aricia Steed – Metro Health in Cincinnati
Esmaeil Porsa, MD – Harris Health
Fred Cerise, MD – Parkland Health and Hospitals

Congressional and CMS Updates and Actions

Earlier in June, the House Committee on Energy and Commerce Subcommittee on Oversight and Investigations held a hearing to examine oversight of the 340B Drug Pricing Program.

Some subcommittee members and witnesses described existing definitions of 340B "patient" and patient eligibility as overly vague and expressed concern the definitions could lead to confusion and program misuse. There was support for establishing more precise definitions so the program could better target health care systems actively serving low-income, uninsured, and underinsured patients.

There also was disagreement about the level of transparency required in reporting by health systems. Some subcommittee members and witnesses argued for greater transparency for the amount and allocation of covered entities' 340B savings, while others said the program already maintains a high degree of transparency.

Some subcommittee members and hearing witnesses claimed health systems manipulate the program to qualify for 340B status without treating underserved patients and do this by acquiring practices to meet, but not exceed, the disproportionate share percentage required for eligibility. This, they said, argues for reforming the disproportionate share hospital calculation.

On May 16, the House Committee on Energy and Commerce Subcommittee on Health marked up 23 broad-ranging health care–related bills, including legislation concerning telehealth, the workforce, and Medicare and Medicaid payment fraud prevention. Of note, the panel advanced legislation to the full committee that would extend COVID-19 pandemic telehealth waivers for two additional years beyond the end of 2024.

Also on May 16, the Senate Committee on Finance held a hearing on rural health care access and quality. Committee members expressed interest in leveraging telehealth in to serve rural areas; address physician shortages in rural areas, including through graduate medical education and residency programs; stop hospital closures; and improve maternal care. Committee Chair Ron Wyden (D-Ore.) expressed support for extending some COVID-19–era telehealth flexibilities set to expire at the end of 2024.

State Update

Upcoming Texas Legislative Interim Hearings

TEXAS SENATE

Finance Committee, Sept. 4, 2024 – The committee will consider cutting property taxes. Potential strategies include increasing the amount for homestead exemptions and rate compression. The committee will also seek to establish and report on the cost of eliminating all property taxes and the potential state revenue reallocations this would necessitate.

Finance Committee, Sept. 5, 2024 – The committee will monitor the implementation of Senate Bill 30, passed in 2023's 88th Regular Session. SB 30 made appropriations for expanding mental health services and inpatient facilities in Texas. The committee will examine the pace of facility construction and the effectiveness of mental health spending.

Natural Resources & Economic Development Committee, Sept. 17, 2024 – The committee will examine the impact of cement production plants on local communities and make recommendations on properly locating these facilities. It will also consider and make recommendations on access to childcare as a way to support workforce productivity.

Health & Human Services Committee, Sept. 18, 2024 – The committee will consider available services for Texas children with high acuity mental and behavioral health needs and make recommendations for improvement. It will also consider access to primary and mental health care for all Texas patients and examine potential regulatory and licensing flexibilities that could improve access while maintaining safety.

House Human Services Committee Examines Managed Care Contracting

The House Committee on Human Services met on June 4, 2024, to discuss the state's recent procurement for Medicaid Managed Care Organization (MCO) contracts, which resulted in some significant changes in Medicaid coverage in certain areas of the state.

Chairman James Frank (R-Wichita Falls) stated he wants to make changes and strike statutory language mandating contracts for MCOs owned by hospital districts, though he is in favor of some sort of an as yet undefined contracting preference for such plans.

The committee also generally appeared to agree past performance should be considered in awarding the contracts.

Harris Health staff is working with the Teaching Hospitals of Texas on developing a proposal for lawmakers to consider over the interim and heading into next legislative session. The proposal will preserve patient choice and quality of care when it comes to selecting an MCO. The proposal would continue to give priority to 281 Hospital District owned MCOs. It would also give preferential treatment to non-profit community based MCOs when competing with national plans in their affiliated hospital's home region.

Texas Higher Education Coordinating Board (THECB) Healthcare Workforce Task Force

Governor Greg Abbott directed the THECB to create a task force to address healthcare workforce shortages to meet the demands of our growing state. It will seek to:

> *…provide opportunities and remove barriers that exist to expand healthcare programs at Institutions and provide students with the tools necessary to succeed in this field in Texas. Further, the task force should investigate challenges to establishing and maintaining sufficient clinical rotation sites and clinical placements and identify best practices to attract and retain qualified clinical instructors.*

The task force will issue a report by Oct., 1, 2024.

The 12-member task force will be supported by over 60 subject matter experts sitting on substantive advisory workgroups. Harris Health's very own Chief Nurse Executive, Dr. Jaqueline Brock, has been selected to serve on the advisory workgroups.

Some key details and logistics are as yet undetermined, but generally the Task Force will begin meeting in late June and the advisory workgroups will begin meeting in early July.

Trauma Rules from the Department of State Health Services (DSHS)

On April 26 the DSHS withdrew problematic proposed rules on trauma designations published in the Texas Register on Jan. 19, 2024.

With approximately 4,000 comments submitted, four major recommendations were identified:

- Align the trauma facility designation with the American College of Surgeons (ACS) standards and processes.
- Provide 12 to 18 months for trauma facilities to prepare for the new rules prior to implementation.
- Decrease the overall cost burden for trauma facility designation.
- Decrease the cost burden for the rural trauma facilities to maintain their designations.

DSHS is planning to host additional stakeholder meetings and publish a new rule for public comment with the targeted effective date was moved from Jan. 1, 2025 to Sept. 1, 2025.

Thursday, June 27, 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 – June 2024

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

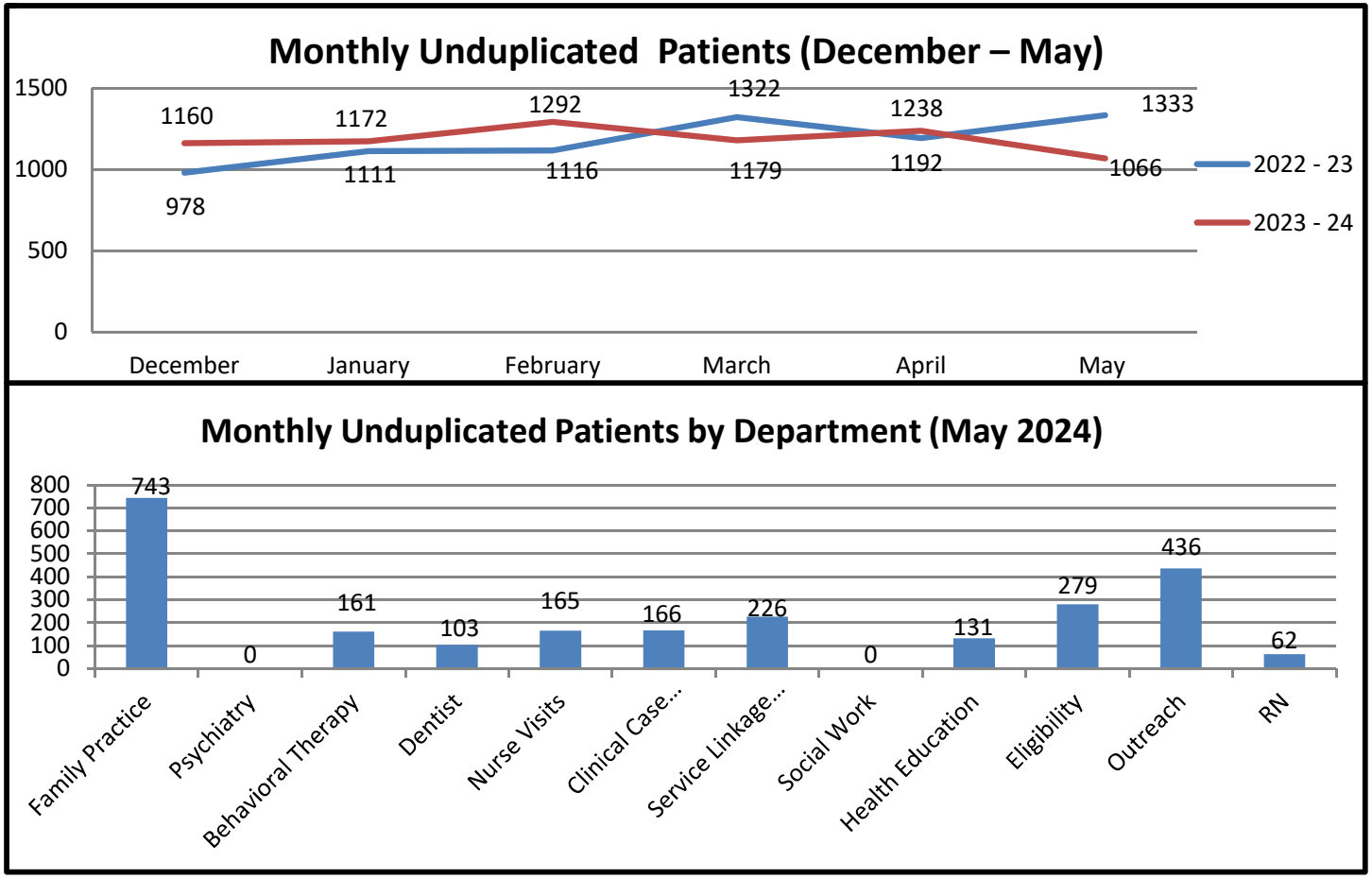
Agenda

- Operational Update
  - Productivity Report
  - Budget Summary Report
  - HCHP Credentialing and Privileging Policy
  - Community Engagement
  - Patient Satisfaction Report
  - Quality Management Report
  - 2024 Quality Management Plan

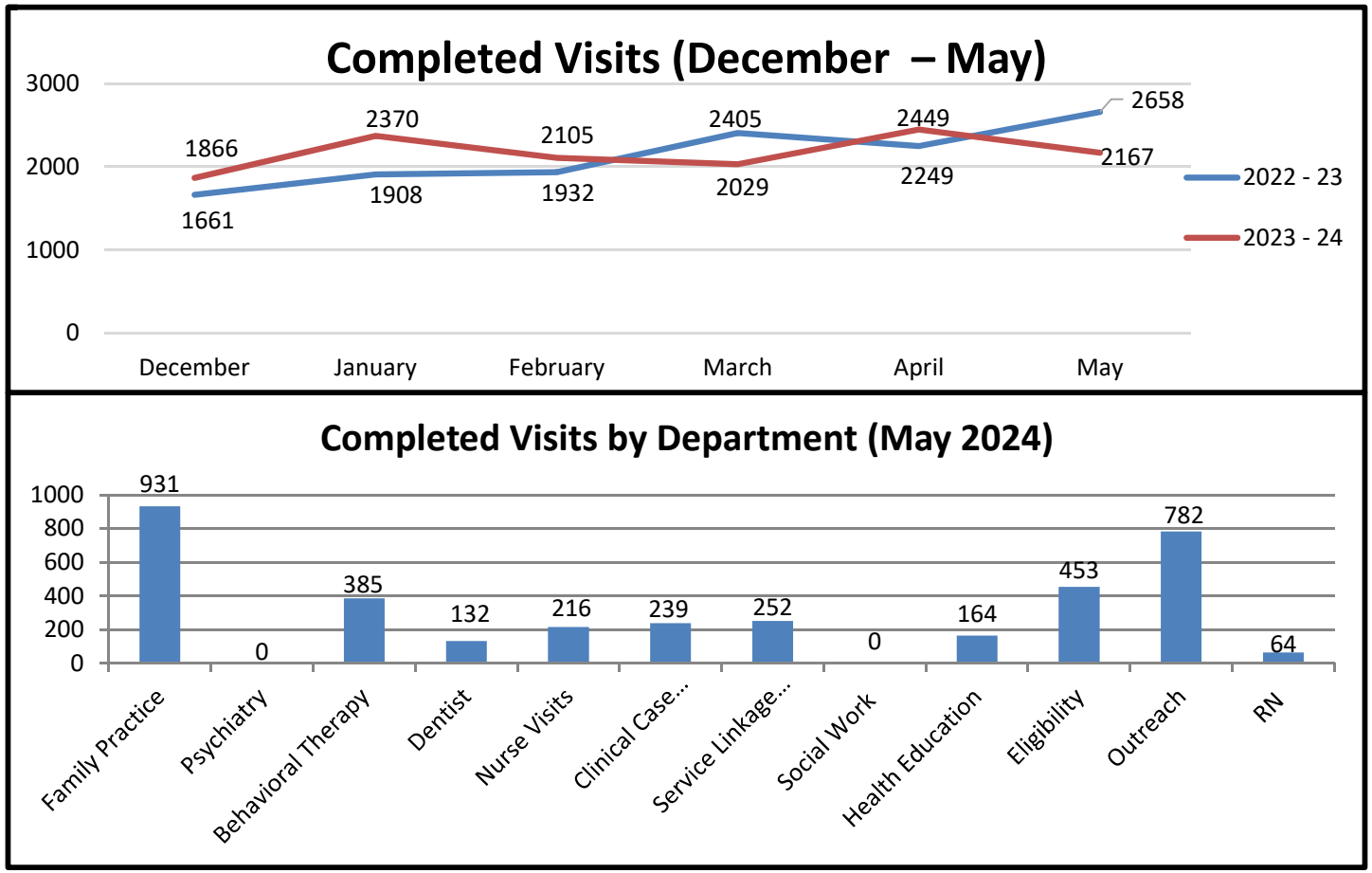
Patients Served

HRSA Unduplicated Patients Target:	HRSA Completed Visit Patients Target:
9775	**22,500**
YTD Unduplicated Patients:	YTD Total Completed Visits:
3,587	**11,927**

Operational Update



Operational Update



HARRISHEALTH SYSTEM

Operational Update

Homeless -Primary Grants and Harris Health Funding					
	Period: January 1, 2024 – December 31, 2024				
	Reporting Period: January 1, 2024 - March 31,2024				
	Line Item	**Multiple Award Year Budget**	**YTD Total Expense**	**Remaining Balance (budget-projected expense)**	**%Used YTD**
Operating	**Personnel/Fringe**	$5,708,260	$1,103,279	$4,604,981	19.3%
	Travel	$17,451	$3,759	$13,692	21.5%
	Supplies	$223,020	$72,535	$150,485	32.5%
	Equipment	$1,027,499	$848,152	$179,347	82.5%
	Contractual	$858,470	$47,814	$810,656	5.6%
	Other	$239,537	$46,155	$193,382	19.3%
	Total	**$8,074,237**	**$2,121,694**	**$5,952,543**	**26.3%**

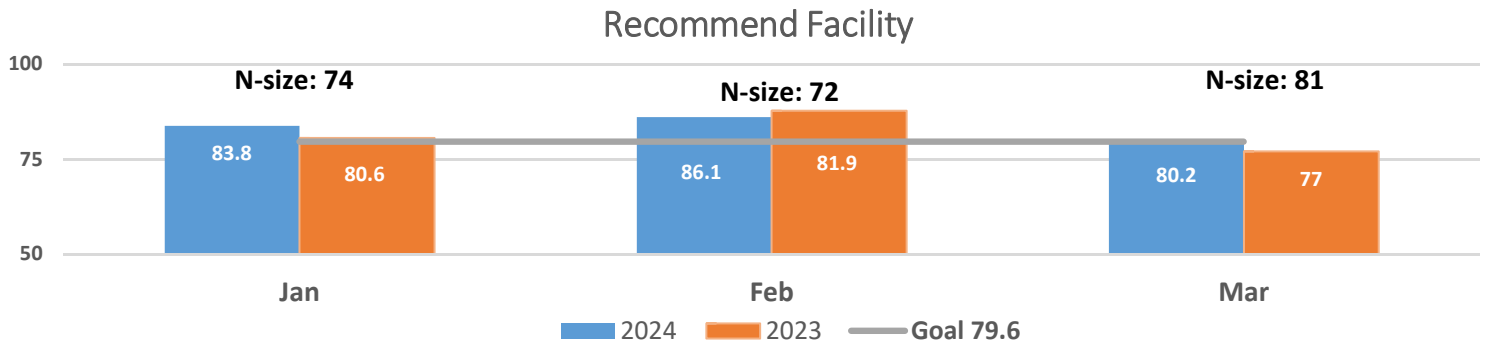
Operational Update

Credentialing And Privileging for Health Care For The Homeless Program Policy

The purpose of this policy is to outline the credentialing and privileging process for all clinical staff members providing services to Harris Health System's Health Care for the Homeless Program (HCHP) who are Harris Health employees, individual contractors, or volunteers.

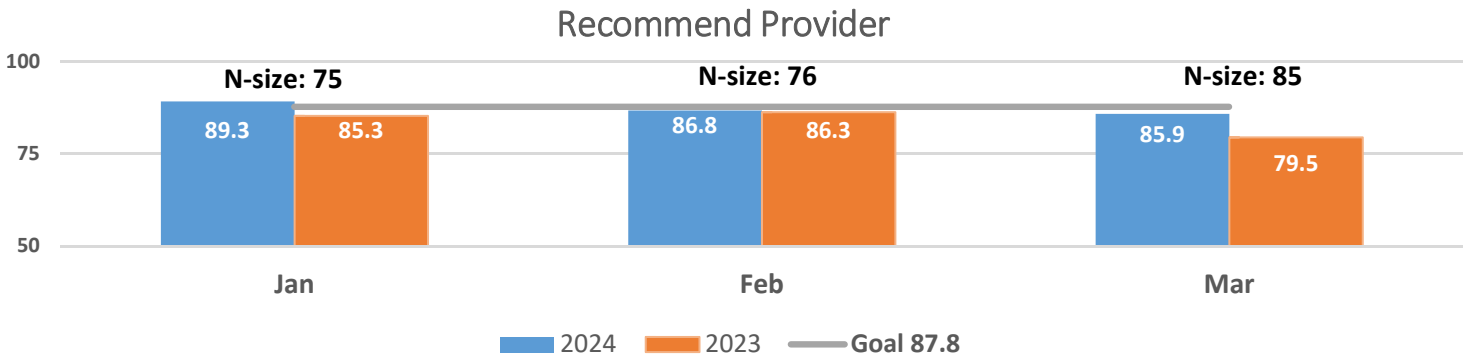
- All clinical staff members providing services to HCHP will undergo an initial credentialing and privileging process to be granted privileges prior to their start date, and recurring reviewing, at a minimum, every three years for reappointment
- Individuals will be credentialed and granted privileges during the initial employment process and updated, at minimum, every three years thereafter for re-appointment.
- Appendix A – Procedures: Maintenance of Records to polices personnel records and licensure/certification/registration for the maintenance of files and records for clinical staff that contain documentation of licensure, credentialing verification, and applicable privileges.
- Appendix B – Credentialing and privileging file review resource chart

HCHP Patient Satisfaction Trending Data Q1



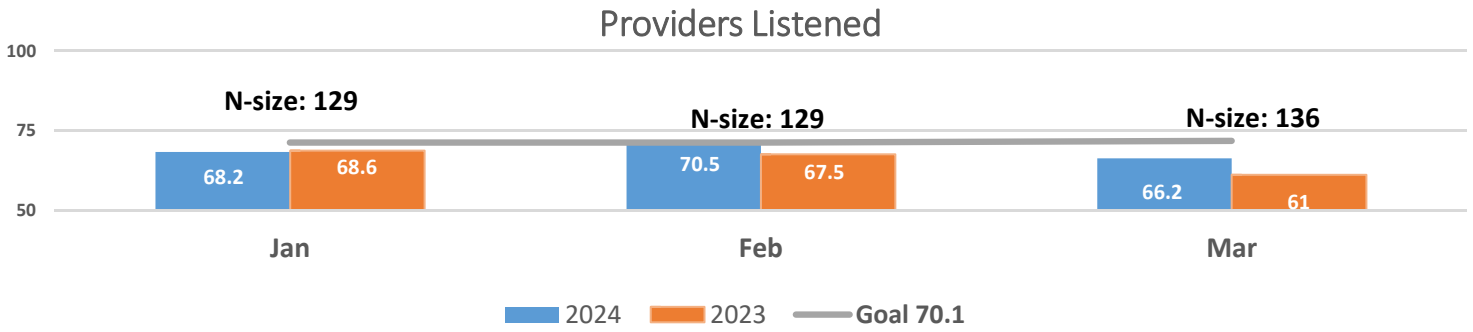
Q1 Average: 83.3

N-size: 227



Q1 Average: 87.3

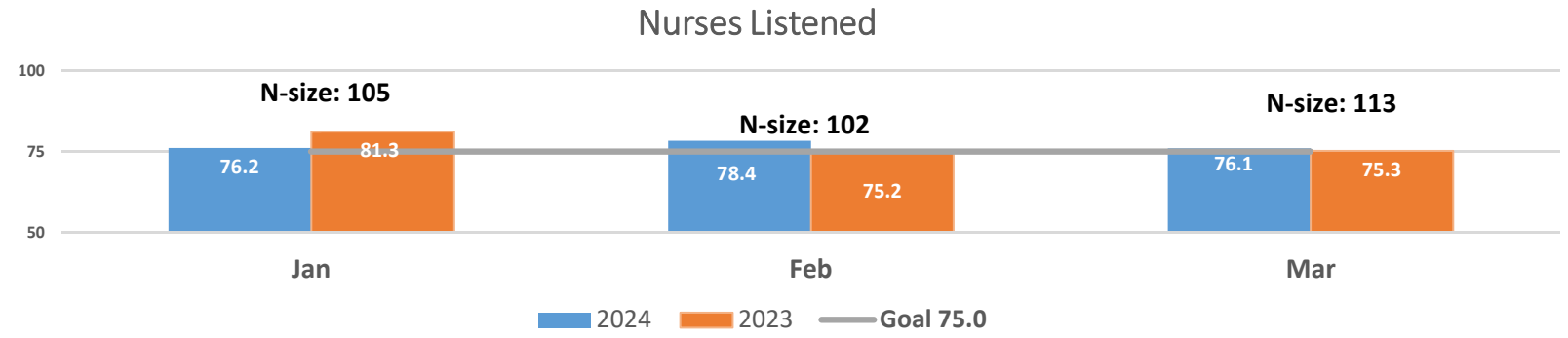
N-size: 236



Q1 Average: 68.3

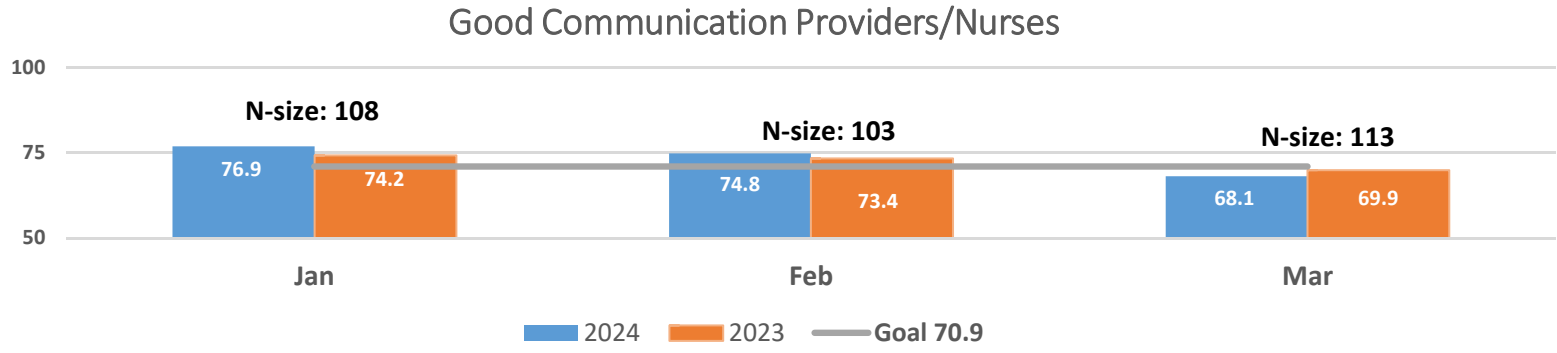
N-size: 394

HCHP Patient Satisfaction Trending Data Q1



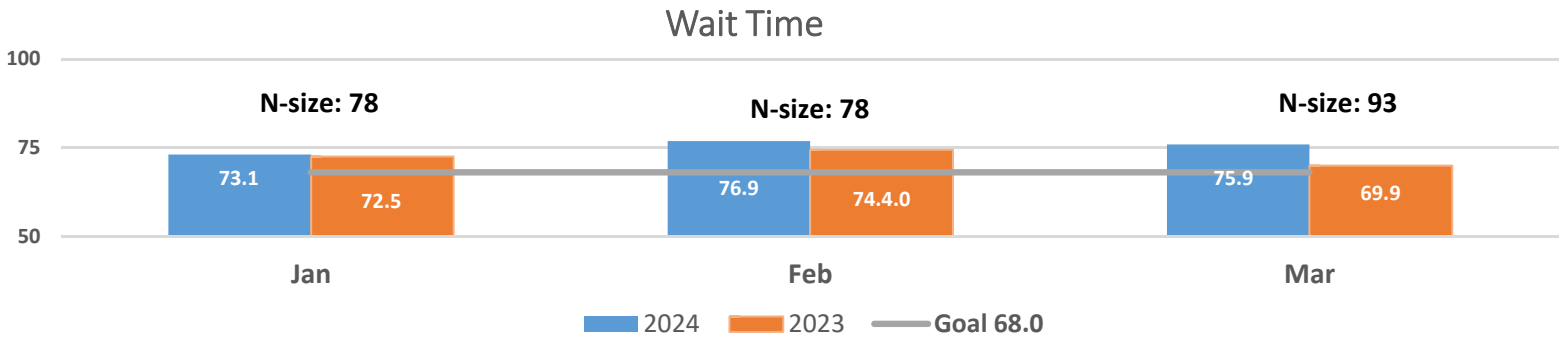
Q1 Average: 76.9

N-size: 320



Q1 Average: 73.2

N-size: 324



Q1 Average: 75.3

N-size: 249

Community Engagement

Black Men's Wellness Event

- Held April 27, 2024 from 7:00 AM – 12 PM
- Collaborated with the University of Houston
- Medical Director educated community on cancer screening

Settegast Resource Fair

•Held Saturday, June 1, 2024 from 11 AM – 3 PM
•Collaborated with the Second Annual Settegast Resource Fair & Block Party
•HCHP eligibility application assistance to the community

HARRIS HEALTH SYSTEM

Health Care for the Homeless
Quality Management Report – QTR 1 2024

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

HARRISHEALTH SYSTEM

Data Trending 2024 Q1

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			Q4 (2023)		
Quality Measures	**UDS Benchmark**	**HHS Goal**	**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)
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 **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.	**Responsible Persons:** LaResa Ridge, MD (Medical Director), Nurse Manager **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) **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)
Check (How will you measure effectiveness)	**ACT (Effective/Ineffective): Adopt, Adapt, or Abandon**
Via the monthly UDS Dashboard Report	ACTIONS: 1.) Depression Remission at 12 months: 0%, 0%, 0%, (Adapt) 2.) Childhood Immunization Status: 0%, 0%, 0%, (Adopt)

* = Metrics that are trending above the UDS Benchmark

Operational Update

HCHP 2024 Quality Management Plan

Goals and Objectives

The overall goal of the Quality Management (QM) Program is to assist in the identification and implementation of strategies to provide the best care possible to HCHP clients in accordance to national standards. An organized review of systems and processes will include assessment, design, evaluation, and implementation of improvement strategies to address identified opportunities for improvement. The goals and objectives of the annual QM activities are driven based on key focus areas of the organization as well as findings and/or recommendations in the following areas:

- Data collection/reporting related activities
- Internal system, structure and/or process
- Clinical, outreach, eligibility, and case management processes

These goals are influenced by Standards of Care (SOC) changes, Administrative Agency and/or Project Officer recommendations.

Operational Update

HCHP 2024 Quality Management Plan Updates

- Alignment of UDS clinical quality measures with the Centers for Medicare and Medicaid Services (CMS) electronic-specified clinical quality measures (eCQMs) designated for the 2024 reporting period.
- Screening age for colorectal cancer decreased from 50 to 45 to align with studies that support increased diagnosis of cancer in younger patients.
- Initiation of standardized family planning screening to enhance delivery of this services.
- Adjustment of dental metric that specified timing of treatment plans to increase support of independent practice

* All metric changes were at the direction of HRSA

Operational Update

HCHP 2024 Quality Management Plan

Quality Focus Areas of 2024

Pediatric immunizations – Improve vaccination rates by:

1. Close monitoring of this population
2. Increased involvement of HCHP resources
3. Customization of the Dashboard to ensure accurate analysis of the data.

Colorectal Cancer screening– Increase screening by 10% from the last measurement period by:

1. Initiating protocol to improve tracking the distribution of testing kits
2. Initiating protocol to monitor and support patient's returning the completed screening.

Thursday, June 27, 2024

Consideration of Approval of the HCHP Budget Summary Report

Attached for review and approval:

- **HCHP Budget Summary Report**

Administration recommends that the Board approve 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

ACS Grants -Homeless
Through March 2024

Type	Grant	Project ID	Grantor	Grant Start Date	Grant End Date	Expense Category	Award Budget	Expense through Dec 31, 2023	Budget/Balance Remaining as of Jan 1, 2024
Homeless	Homeless-Primary GYE 12/23	2936	HRSA Grant	**1/1/2024**	**12/31/2024**	Salary	3,179,078.00	-	$ 3,179,078.00
Homeless	Homeless-Primary GYE 12/23	2936	HRSA Grant			Benefits	762,978.00	-	$ 762,978.00
Homeless	Homeless-Primary GYE 12/23	2936	HRSA Grant			Travel	6,000.00	-	$ 6,000.00
Homeless	Homeless-Primary GYE 12/23	2936	HRSA Grant			Supplies	-	-	$ -
Homeless	Homeless-Primary GYE 12/23	2936	HRSA Grant			Equipment	-	-	$ -
Homeless	Homeless-Primary GYE 12/23	2936	HRSA Grant			Contractual	172,260.00	-	$ 172,260.00
Homeless	Homeless-Primary GYE 12/23	2936	HRSA Grant			Other	-	-	$ -
Homeless	Homeless-Dental GYE 12/23	2937	HRSA Grant	**1/1/2024**	**12/31/2024**	Salary	98,624.00	-	$ 98,624.00
Homeless	Homeless-Dental GYE 12/23	2937	HRSA Grant			Benefits	23,670.00	-	$ 23,670.00
Homeless	Homeless-Dental GYE 12/23	2937	HRSA Grant			Travel	270.00	-	$ 270.00
Homeless	Homeless-Dental GYE 12/23	2937	HRSA Grant			Supplies		-	$ -
Homeless	Homeless-Dental GYE 12/23	2937	HRSA Grant			Equipment		-	$ -
Homeless	Homeless-Dental GYE 12/23	2937	HRSA Grant			Contractual	169,680.00	-	$ 169,680.00
Homeless	Homeless-Dental GYE 12/23	2937	HRSA Grant			Other	-	-	$ -
Homeless	Amer Rescue Plan	1599	HRSA Grant	**4/1/2021**	**3/31/2024**	Salary	1,568,490.00	1,258,804.78	$ 309,685.22
Homeless	Amer Rescue Plan	1599	HRSA Grant			Benefits	376,439.00	244,542.59	$ 131,896.41
Homeless	Amer Rescue Plan	1599	HRSA Grant			Travel	9,500.00	4,743.94	$ 4,756.06
Homeless	Amer Rescue Plan	1599	HRSA Grant			Supplies	465,238.00	433,758.09	$ 31,479.91
Homeless	Amer Rescue Plan	1599	HRSA Grant			Equipment	1,362,468.00	455,648.00	$ 906,820.00
Homeless	Amer Rescue Plan	1599	HRSA Grant			Contractual	35,332.00	11,507.00	$ 23,825.00
Homeless	Amer Rescue Plan	1599	HRSA Grant			Other	143,658.00	43,696.90	$ 99,961.10
Homeless	ARP - Capital	1760	HRSA Grant	**9/15/2021**	**9/14/2024**	Salary	-	-	$ -
Homeless	ARP - Capital	1760	HRSA Grant			Benefits		-	$ -
Homeless	ARP - Capital	1760	HRSA Grant			Travel		-	$ -
Homeless	ARP - Capital	1760	HRSA Grant			Supplies		-	$ -
Homeless	ARP - Capital	1760	HRSA Grant			Equipment	120,679.00	-	$ 120,679.00
Homeless	ARP - Capital	1760	HRSA Grant			Contractual	471,800.00	-	$ 471,800.00
Homeless	ARP - Capital	1760	HRSA Grant			Other	21,000.00	-	$ 21,000.00
Homeless	Bridge Access Program	2689	Harris Health	**9/1/2023**	**12/31/2024**	Salary	31,126.00	1,917.88	$ 29,208.12
Homeless	Bridge Access Program	2689	Harris Health			Benefits	9,961.00	365.82	$ 9,595.18
Homeless	Bridge Access Program	2689	Harris Health			Travel	800.00	-	$ 800.00
Homeless	Bridge Access Program	2689	Harris Health			Supplies	14,361.00	-	$ 14,361.00
Homeless	Bridge Access Program	2689	Harris Health			Equipment	0.00	-	$ -
Homeless	Bridge Access Program	2689	Harris Health			Contractual	0.00	-	$ -
Homeless	Bridge Access Program	2689	Harris Health			Other	11,200.00	-	$ 11,200.00
Homeless	Homeless Ending the HIV Epidemic	2675	Harris Health	**9/1/2023**	**8/31/2024**	Salary	0.00	-	$ -
Homeless	Homeless Ending the HIV Epidemic	2675	Harris Health			Benefits	0.00	-	$ -
Homeless	Homeless Ending the HIV Epidemic	2675	Harris Health			Travel	0.00	-	$ -
Homeless	Homeless Ending the HIV Epidemic	2675	Harris Health			Supplies	45,000.00	-	$ 45,000.00
Homeless	Homeless Ending the HIV Epidemic	2675	Harris Health			Equipment	0.00	-	$ -
Homeless	Homeless Ending the HIV Epidemic	2675	Harris Health			Contractual	0.00	-	$ -
Homeless	Homeless Ending the HIV Epidemic	2675	Harris Health			Other	12,114.00	-	$ 12,114.00
Homeless Support	Mobile Unit Purch/Spt	793	HCHD Foundation	**8/1/2017**	**7/31/2024**	Salary	-	-	$ -
Homeless Support	Mobile Unit Purch/Spt	793	HCHD Foundation			Benefits		-	$ -

ACS Grants -Homeless
Through March 2024

Type	Grant	Project ID	Grantor	Grant Start Date	Grant End Date	Expense Category	Award Budget	Expense through Dec 31, 2023	Budget/Balance Remaining as of Jan 1, 2024
Homeless Support	Mobile Unit Purch/Spt	793	HCHD Foundation			Travel		-	$ -
Homeless Support	Mobile Unit Purch/Spt	793	HCHD Foundation			Supplies	10,000.00	5,270.52	$ 4,729.48
Homeless Support	Mobile Unit Purch/Spt	793	HCHD Foundation			Equipment	164,305.00	164,305.00	$ -
Homeless Support	Mobile Unit Purch/Spt	793	HCHD Foundation			Contractual		-	$ -
Homeless Support	Mobile Unit Purch/Spt	793	HCHD Foundation			Other	25,769.09	705.12	$ 25,063.97
Homeless Support	Shelter Support Dental	2939	Harris Health	**1/1/2024**	**12/31/2024**	Salary	11,000.00	-	$ 11,000.00
Homeless Support	Shelter Support Dental	2939	Harris Health			Benefits	2,640.00	-	$ 2,640.00
Homeless Support	Shelter Support Dental	2939	Harris Health			Travel	0.00	-	$ -
Homeless Support	Shelter Support Dental	2939	Harris Health			Supplies	15,000.00	-	$ 15,000.00
Homeless Support	Shelter Support Dental	2939	Harris Health			Equipment	0.00	-	$ -
Homeless Support	Shelter Support Dental	2939	Harris Health			Contractual	7,165.00	-	$ 7,165.00
Homeless Support	Shelter Support Dental	2939	Harris Health			Other	200.00	-	$ 200.00
Homeless Support	Shelter Support Medical	2938	Harris Health	**1/1/2024**	**12/31/2024**	Salary	927,328.00	-	$ 927,328.00
Homeless Support	Shelter Support Medical	2938	Harris Health			Benefits	222,557.00	-	$ 222,557.00
Homeless Support	Shelter Support Medical	2938	Harris Health			Travel	5,625.00	-	$ 5,625.00
Homeless Support	Shelter Support Medical	2938	Harris Health			Supplies	109,800.00	-	$ 109,800.00
Homeless Support	Shelter Support Medical	2938	Harris Health			Equipment	0.00	-	$ -
Homeless Support	Shelter Support Medical	2938	Harris Health			Contractual	13,740.00	-	$ 13,740.00
Homeless Support	Shelter Support Medical	2938	Harris Health			Other	70,000.00	-	$ 70,000.00
Homeless Support	Glucometers For The Homeless	2741	HCHD Foundation	**10/13/2023**	**10/12/2025**	Salary	-	-	$ -
Homeless Support	Glucometers For The Homeless	2741	HCHD Foundation			Benefits	-	-	$ -
Homeless Support	Glucometers For The Homeless	2741	HCHD Foundation			Travel	-	-	$ -
Homeless Support	Glucometers For The Homeless	2741	HCHD Foundation			Supplies	5,000.00	2,350.62	$ 2,649.38
Homeless Support	Glucometers For The Homeless	2741	HCHD Foundation			Equipment	-	-	$ -
Homeless Support	Glucometers For The Homeless	2741	HCHD Foundation			Contractual	-	-	$ -
Homeless Support	Glucometers For The Homeless	2741	HCHD Foundation			Other	-	2.07	$ (2.07)

Thursday, June 27, 2024

Consideration of Approval of the HCHP Credentialing and Privileging Policy

Attached for review and approval:

- **HCHP Credentialing and Privileging Policy**

Administration recommends that the Board approve the Healthcare for the Homeless Program Policy 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

Status **Pending** PolicyStat ID **14988322**

Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval
Owner	Nelson Gonzalez: Document Owner
Area	Ambulatory Care Services
References	Small, Jennifer

Credentialing And Privileging For Health Care For The Homeless Program

PURPOSE:

To outline the credentialing and privileging process for all clinical staff members providing services to Harris Health System's Health Care for the Homeless Program who are Harris Health employees, individual contractors, or volunteers.

POLICY STATEMENT:

As a recipient of funding under the Public Health Service Act, Section 330 (42 U.S.C.254b) from the United States Department of Health and Human Services Health Resources and Service Administration (HRSA), Harris Health is responsible for granting credentials and privileges under the Harris Health - Health Care for the Homeless Program ("HCHP").

POLICY ELABORATION:

A. DEFINITIONS

HARRIS HEALTH – HEALTH CARE FOR THE HOMELESS PROGRAM (HCHP): A program that provides outreach services to the Homeless Population through Harris Health's Ambulatory Care Services Community Health Program. The HCHP also provides comprehensive primary health services at shelter-

based clinics and mobile health and mobile dental units, on-site case management, financial eligibility determination, and registration for services, as well as, on-site mental health, substance abuse counseling, and residential treatment.

LICENSED INDEPENDENT PRACTITIONER (LIP): Any individual permitted by law and by Harris Health to provide care and services, without relevant direction or supervision, within the scope of the individual's license and consistent with individually granted clinical privileges.

OTHER LICENSED OR CERTIFIED PRACTITIONER (OLCP) : Any individual who is licensed or certified, such as, registered nurse, licensed vocational/practical nurse, certified medical assistant, registered dietician, psychologist, social worker, family therapist, alcohol and drug abuse counselor, dental therapist, dental hygienist, optometrist, pharmacist, pharmacy technician, and registered dietician.

OTHER CLINICAL STAFF (OCS): Positions that do not require licensure or certification in Texas, such as community health worker, outreach worker, peer recovery coach, service linkage worker, medical assistant, health educator, dental assistant, patient advocate, and dental technician.

B. GENERAL PROVISIONS:

All clinical staff members providing services to HCHP, including LIP, other licensed or certified practitioners, and other clinical staff providing services to HCHP, who are Harris Health employees, individual contractors, or volunteers will undergo an initial credentialing and privileging process to be granted privileges prior to their start date, and a recurring reviewing.

All Licensed Independent Practitioners (LIP) and other licensed staff who are hired or contracted directly by Harris Health will be subject to a credentialing process in which privileges are granted. Individuals will be credentialed and granted privileges during the initial employment process and updated accordingly.

C. PROCEDURES:

See Appendices A and B.

REFERENCES/BIBLIOGRAPHY:

Health Center Program Compliance Manual Health Resources and Services Administration (HRSA), Bureau of Primary Health Care

HRSA Health Center Program Site Visit Protocol (last updated April 13, 2023)

Policy 6.16 - Maintenance of Records

Policy 6.33 - Licensure/Certification/Registration

OFFICE OF PRIMARY RESPONSIBILITY:

Harris Health System – Health Care for the Homeless Program

APPENDIX A - PROCEDURES:

Maintenance of Records: Refer to policies Personnel Records 6.16 and Licensure/Certification/ Registration 6.33 for the maintenance of files and records for clinical staff (for example, employees, individual contractors, and volunteers) that contain documentation of licensure, credentialing verification, and applicable privileges.

A. Initial Credentialing for LIPs:
    1. All Licensed Independent Practitioners will submit the following documents (as applicable):
        a. Professional License, unrestricted in Texas
        b. Copy of certificates from relevant professional education and post graduate training
        c. Board certification
        d. Board certification in specialty, as applicable
        e. Resume
        f. DEA registration
        g. NPI Number
        h. Government-issued picture identification (Driver's License or Passport)
        i. Social Security number
        j. Hospital admitting privileges
        k. Fitness For Duty
        l. Life support training (CPR)
        m. Peer References
        n. Hepatitis B vaccination
        o. ECFMG certificate, as applicable
        p. 2. Primary Source Verification is required for current licensure, education, training, and competence either directly through Harris Health Medical Staff Services Department or through a credentials verification organization. Harris Health System's Medical Staff Services Department will also obtain a National Practitioner Data Bank query, American Medical Association query, and Office of the Inspector General Exclusion List query on each practitioner.

B. Renewal for LIP
    1. After initial credentialing, re-appointment will occur, at minimum, every three years. LIPs and other licensed staff will be primary source credentialed by the HR/

credentialing designee with the most current copy of any credentials as they are renewed. A National Practitioner Data Bank query will also be performed. Peer review, chart audits, patient satisfaction, and/or any relevant performance information will be utilized to determine renewal of clinical privileges. These documents involving clinical competence may be utilized in the process to modify or remove clinical privileges.

C. Initial Credentialing for Staff Who are Not LIPs:

1. All licensed and/or certified clinical staff will be credentialed upon employment and at a minimum every two years (unless license or certification is for a shorter period).

   Documents required, as applicable:

   a. Copy of License or Certification (Primary source credentialing)
   b. Education/Training
   c. Competency tests, review of a privileging form, or supervisory evaluation based on job description.
   d. Resume
   e. Government-issued picture identification (Driver's License or Passport)
   f. Social Security number
   g. Hepatitis B vaccination
   h. PPD/Tuberculosis test
   i. Fitness for Duty
   j. Life support training (CPR)
   k. National Data Bank Query (if applicable)

2. Renewal for Staff: Other licensed or certified staff re-appointments will occur every two years. Non-LIPs will be primary source credentialed by the HR/credentialing designee with the most current copy of any licenses, registrations, or certifications as they are renewed.
3. A National Practitioner Data Bank query will be performed on all licensed independent practitioners, other licensed or certified practitioners, and other clinical staff, including contracted or sub-recipient positions, and all other clinical staff. Verification of current clinical competence will be accomplished by a review of a position specific privileging form or supervisory evaluation per job description.

D. Independent Contractors

1. Any LIP staff of independent contractors who are assigned pursuant to a contract with Harris Health for the benefit of HCHP will provide complete primary source credentialing documentation to Harris Health Medical Staff Services Department.

   In addition, independent contractors must submit proof of malpractice insurance for employees working in the HCHP.

2. Volunteer LIPs must produce evidence of their own malpractice coverage prior to

any credentialing. Volunteers working as practitioners with independent contractors will undergo the same credentialing process as any other licensed or certified practitioner.

3. Independent contractors will supply copies of license and/or certification documentation for their non-LIP licensed or certified employees who are part of the Health Care for Homeless funded program to Harris Health Human Resources Department and Medical Staff Staff Services Department Licenses and/or certifications will be provided to Harris Health Human Resources Department and Medical Staff Services Department as they are renewed.

E. Privileging

1. The Medical Staff Services Director or designee will submit to the Board of Trustees the names of all credentialed LIPs for the purpose of delineation and granting of privileges to provide health care services within their scope of practice. Board privileging approval completes the credentialing process for employment or contract with the HCHP.

APPENDIX B - CREDENTIALING AND PRIVILEGING FILE REVIEW RESOURCE:

Credentialing or Privileging Activity	**Licensed or Certified Health Care Practitioner Licensed independent practitioner (LIP)** ***Examples: Physician, Dentist, Physician Assistant, Nurse Practitioner***	**Licensed or Certified Health Care Practitioner Other licensed or certified practitioner** ***Examples: Registered Nurse, Licensed Practical Nurse, Certified Medical Assistant, Registered Dietician, Behavioral Health***	**Other Clinical Staff** ***Medical Assistant, Dental Assistant.***
A. CREDENTIALING	**METHOD**	**METHOD**	**METHOD**
1. Verification of licensure, registration, or certification	Primary source	Primary source	Primary source
2. Verification of education	Primary source	Primary or secondary source	Primary or secondary source
3. Verification of training	Primary source	Secondary source	Secondary source
4. Verification of current competence	Primary source, written	Supervisory evaluation per job description	Supervisory evaluation per job description
5. Fitness for Duty	Confirmed	Confirmed statement	Confirmed

(physical and cognitive ability to perform the requested privileges)	statement signed by a licensed physician	signed by a licensed physician	statement signed by a licensed physician
6. Approval authority	Governing body or other appropriate individual (usually concurrent with privileging)	Supervisory function per job description	Supervisory function per job description
7. Government issued picture identification	Secondary source	Secondary source	Secondary source
8. Immunization and PPD status	Secondary source	Secondary source	Secondary source
9. Life support training (if applicable)	Secondary source	Secondary source	Secondary source
11. Drug Enforcement Administration (DEA) registration	Secondary source, if applicable	Secondary source, if applicable	Secondary source, if applicable
12. Hospital admitting privileges	Secondary source, if applicable	Secondary source, if applicable	Secondary source, if applicable
B. INITIAL GRANTING OF PRIVILEGES	**METHOD**	**METHOD**	**METHOD**
1. Verification of current competence to provide services specific to each of the organization's care delivery settings	Primary source, based on peer review and/or performance improvement data	Supervisory evaluation per job description	Supervisory evaluation per job description
2. Approval authority	Governing body or other appropriate individual (usually concurrent with credentialing)	Supervisory evaluation per job description	Supervisory evaluation per job description
C. RENEWAL OR REVISION OF PRIVILEGES	**METHOD**	**METHOD**	**METHOD**
1. Frequency	At least every 3 years	At least every 2 years	As applicable
2. Verification of current licensure, registration, or certification	Primary source	Primary source	Primary source
3. Verification of current	Primary source	Review of a position	Review of a position

competence	based on peer review and/or performance improvement data	specific privileging list or supervisory evaluation per job description	specific privileging list or supervisory evaluation per job description
4. Approval authority	Governing body or another appropriate individual	Supervisory function per job description	Supervisory function per job description
5. Appeal to discontinue appointment or deny clinical privileges	Medical Staff Bylaws	Optional, at Harris Health's discretion	Optional, at Harris Health's discretion

Approval Signatures

Step Description	Approver	Date
Policy SOS Committee	Lauren Banks: Executive Owner	Pending
Policy Owner	Nelson Gonzalez: Document Owner	6/13/2024
Workflow Start Notification	Nathan Peeples: Executive Owner	6/13/2024

Thursday, June 27, 2024

Consideration of Approval of the HCHP 2024 Quality Management Plan

Attached for review and approval:

- **HCHP 2024 Quality Management Plan**

Administration recommends that the Board approve the Healthcare for the Homeless Program Quality Management Plan 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

Quality Management Plan - 2024~~43~~

~~May~~ April 16~~9~~, 2024~~43~~

Table of Contents

Quality Statement

The Harris Health System's mission is to be "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." Health care for homeless persons in Harris County are provided through the Health Care for the Homeless Program (HCHP). The HCHP Quality Management Plan reflects the program's aim of establishing a comprehensive, coordinated process for continual evaluation and improvement of outpatient services. The goal of services is to improve the health status of HCHP clients through focused improvement activities. The Quality Management Plan provides direction for assessing quality and adherence to recommended standards of care for services provided.

The requirements of the Quality Management Plan and the Harris Health System Quality, Safety, and Performance Improvement Plans will work in ~~tangent~~ tandem for activities related to monitoring, assessment, evaluation, and implementation of improvement strategies. The information gathered from the abovementioned activities will help to enhance the care and treatment provided to HCHP clients.

Quality Infrastructure

Leadership

The overall responsibility and leadership for the HCHP Quality Management Program resides with the Center Director and Medical Director of HCHP. The Quality Assurance Coordinator will provide oversight for monitoring~~,~~ and ~~evaluation~~evaluating the ~~and~~ assessment~~,~~ related activities. The Quality Assurance Coordinator will serve as the liaison for all tiers of membership. The infrastructure is comprised of three (3) tiers

- an administrative tier (manager level),
- a center-based committee, and
- task-specific workgroup(s) as deemed necessary.

Quality Management (QM) related activities will be coordinated through a collaborative effort of the administrative staff of HCHP. The Quality Assurance Coordinator will work with all three (3) tiers of the QM Program. HCHP activities will be shared with the Harris Health System Performance Improvement program as directed.

The membership of the **administrative committee** may include but is not limited to the following persons:

- Medical Director
- Center Director
- Nursing Manager
- Grants Project Manager

The administrative committee is charged with providing direction for the Quality Management Program. Findings and outcomes are shared with leadership staff for recommendation of strategies to improve patient care and services.

Quality Management (QM) related activities are reviewed at least monthly. The facilitator of the second tier has the flexibility as needed to request additional support and/or direction from the Center Director and Medical Director as needed. Minutes of the administrative meetings are recorded and available for review.

The **second tier** of the Quality Management Program is the center-based Compliance and Performance Improvement Committee (CPIC). A medical provider will serve on the committee and the Grants Project Manager will serve as facilitator. The membership of the CPIC may include but is not limited to the following persons:

- Quality Assurance Coordinator
- Medical Provider
- Nursing Representative
- Case Management Representative
- Nurse Practitioner
- Eligibility Staff
- Health Educator
- Management

The role of the CPIC is to provide a comprehensive multi-disciplinary approach to address improvement opportunities identified through monitoring activities. The CPIC will meet monthly. Minutes will be recorded at each meeting and distributed to the membership for review and approval. The activities of the committee will be reported bi-directionally to the ~~Administrative~~administrative committee as well as in the monthly staff meetings. Other venues will also be utilized to share information regarding the activities/decisions of the committee.

The committee will review the findings and employ tools to analyze any fallouts. The committee will utilize the **Plan-Do-Check/Study-Act** (PDCA/PDSA) model for addressing opportunities for improvement. The model allows for action anywhere along the continuum based on the analysis of the data.


Act
Plan
Study
Do

The third (3rd) tier of the Quality Management Program is the **Task Specific Workgroup.**

A Task-Specific Workgroup is formed as deemed necessary. The administrative team and/or the CPIC has the ability to convene a task-specific workgroup. The roles and responsibilities of this group ~~is~~ are attached to very specific tasks. Information from the workgroup will be reported to the CPIC, who will report the findings/recommendations to the ~~Administrative~~administrative committee.

Membership will consist of persons who are owners of the identified area requiring improvement. The Quality Analyst will help to facilitate and serve as a resource to the selected group(s). A chair of the Task-Specific Workgroup is designated by the CPIC and/or administrative committee. The membership will remain fluid to ~~allowing~~ allow- for the entry and exit of persons throughout the assignment and completion of tasks. The continuance of the workgroup is based on goal and assignment completion.

Quality ~~m~~Management (QM) is also addressed through the daily huddles, with participation from all staff, and the daily clinic huddles, which are site-specific and with participation from all staff at each site~~.~~

Goals and Objectives

The overall goal of the Quality Management Program is to assist in the identification and implementation of strategies to provide the best care possible to HCHP clients in accordance ~~to~~ with national standards. An organized review of systems and processes will include assessment, design, evaluation, and implementation of improvement strategies to address identified opportunities for improvement. The goals and objectives of the annual QM activities are driven based on key focus areas of the organization as well as findings and/or recommendations in the following areas:

- Data collection/reporting-related activities
- Internal system, structure, and/~~or~~ process
- Clinical, outreach, eligibility, and case management processes

The goals are influenced by Standard of Care (SOC) changes, Administrative Agency, and/or Project Officer recommendations.

Participation of Stakeholders

The goal of the Quality Management Program is to include internal and external stakeholders. Internal stakeholders' representatives are the nursing, physician, and ancillary staff involved in the provision of client care, the Ambulatory Care Services (ACS) Quality Review Council (QRC), and the Harris Health Board of Trustees. External stakeholders include the HCHP Consumer Advisory Council. The council consists of clients and homeless service providers.

The Consumer Advisory Council group serves as the voice of the community. Membership of this committee serves on the Harris Health System At Large Advisory Council. Communication is bi-directional sharing with clients of HCHP, members of other Harris Health System Advisory Councils, and ~~as well as~~ leadership of Harris Health System. Representatives of HCHP participate in the monthly council meetings. Quality management data is reviewed at the council meetings.

Performance Measurement

The indicators and goals of performance measurement activities are based on the following:

- US Department of Health and Human Services guidelines
- Joint Commission/DNV standards
- NCQA PCMH standards
- Needs assessment
- National goals and benchmarks
- Internally identified areas with ~~opportunity~~ opportunities for improvement

The indicators and goals for performance will change based on internally identified areas of improvement and/or per the direction of the administrative agency/project officer. The performance measurements will include review activities for services provided.

The content of this plan embraces the requirements of Harris Health System Performance Improvement program as well as HRSA requirements in a combined approach. The intent of the plan is to incorporate requirements while operating under a single plan.

The information will be collected and analyzed by the Quality Assurance Coordinator. The findings will be disseminated to all tiers of the Quality committees as well as to staff. The Medical Director will aid in the communication of information to the physician and nurse practitioner provider staff. The findings will be utilized to determine further focuses ~~of~~ on quality activities.

The Harris Health System QM plan utilizes multiple sources of information to establish evaluation components related to the standards of care guidelines and indicators for medical care. Sources of information include but are not limited to:

- Harris Health System Ambulatory Care Services (ACS) Quality Review Council (QRC)
- Disease-~~-~~specific treatment guidelines established by the United States Public Health Service (USPHS), the United States Preventive Services Task Force (USPSTF), the Infectious Disease Society of America (IDSA), and similar sources.

Data Collection

Data collection will be conducted minimally on a monthly basis. The sample size used for chart review will comply with the DNV/Joint Commission recommendations for review-~~-~~related activities, USPHS guidelines, and HRSA Uniform Data System (UDS) requirements. A portion of the random sample, when available, will be generated from an internal download activity. Other sample data, when available for review purposes, will be generated from other internal sources (EMR-~~-~~requested reports).

Reports will be generated in compliance ~~to~~ with established reporting periods. Evaluation and findings of the information reviewed will be reported at the local, ACS, system, and board levels as deemed appropriate. Reports will be submitted quarterly or at a period designated to administrative agency or HRSA related agency. The Quality Assurance Coordinator and/or designee will present findings quarterly as specified by the Harris Health System PI plan.

Data collection will also include any other mandated performance measures.

Capacity Building

The Medical Director will work with the Quality Assurance Coordinator to engage medical staff in activities related to quality improvement. Quality Management (QM) related trainings will be provided to medical provider as well as all level of staffing. Topics will include basic QM principles as well as others based on need.

Technical assistance will be sought through the National Center for Quality Assurance, HRSA, and other approved sources.

Findings will be reported via staff meetings for internal customers. Multiple modes for communicating findings to external customers will be utilized.

Evaluation

An annual evaluation of the HCHP Quality Management Program will be conducted. The components of the program that will be evaluated will include:

- Effectiveness of the infrastructure of the committee (meetings as planned, effectiveness of the membership, appropriate makeup of the membership, necessary resources, etc.)
- Achievement of performance measurement goals

The various tiers of the program will be involved in an assessment process of the activities conducted during the grant year. Information at each level will be reviewed and aggregated to determine an overall assessment of the Quality Management Program. The outcomes will be reported at the committee and staff level. Staff members will also be engaged in the QM process when ~~as~~ deemed necessary and appropriate.

QM Plan Update

The QM plan will be reviewed annually and revised as needed. The Quality Analyst will work in collaboration with the administrative committee to review all recommendations from internal and external stakeholders. Proposed changes/updates will be circulated to internal and external stakeholders. Input from stakeholders will be incorporated into the plan as appropriate. The revised/updated plan will receive final approval from the Center Director. The final QM plan will be shared with the Harris Health System Performance Improvement Committee, internal and external stakeholders.

Communication

Information related to Quality Management (QM) activities will be shared with internal stakeholders via the monthly staff meetings. QM information with external stakeholders will be shared during monthly Consumer Advisory Council meetings and quarterly during ACS-QRC and board of trustees' meetings.

Minutes will be recorded for all QM-related committee activities. A copy of the minutes will be available electronically and manually. This information will be available to all staff.

QM-related activities will be shared during the monthly staff meetings. Findings to include graphs and charts will be posted for staff's review.

Performance Improvement Work Plan

A performance improvement work plan will be created based on several criteria, which include: HRSA Performance Measures, focuses/priorities identified by Harris Health System, and other grants related quality management activities. The improvement efforts will include the collection of data with analysis and aggregation of data. Further evaluation of the data will be conducted as necessary. Processes and systems for the delivery of services will also be monitored. Performance Improvement efforts will be implemented to facilitate improvement in the key areas.

Approval Page

This document has been revised by:

Nelson Gonzalez, DHA, MPH
Grants Project Manager
Harris Health System
Health Care for the Homeless Program

This document has been reviewed and approved by:

Tracey Burdine, MA, BSN
Health Center Director
Harris Health System
Health Care for the Homeless Program

This document has been reviewed and approved by:

LaResa Ridge, MD
Health Center Medical Director
Harris Health System
Health Care for the Homeless Program

Appendix A: Performance Measures Goals 2024~~23~~

~~2023~~ UDS, HEDIS, & MIPS Quality Measures
Child Weight Assessment

Percentage of patients 3–17 years of age who had an outpatient *medical* visit and who had evidence of height, weight, and body mass index (BMI) percentile documentation ***and*** who had documentation of counseling for nutrition ***and*** who had documentation of counseling for physical activity during the measurement period.
Childhood Immunization Status Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (Hib); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday
Ischemic Vascular Disease (IVD) and Aspirin Therapy Percentage of patients aged 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period, ***or*** who had an *active* diagnosis of IVD during the measurement period, and who had documentation of use of aspirin or another antiplatelet during the measurement period.
Blood Pressure Control Numerator: Patients whose most recent blood pressure reading was <140/90 during the measurement year. Denominator: Patients 18-75 had two OP visits with diabetes diagnosis in the past 24 months. Exclusions: Polycystic ovaries; steroid-induced diabetes; gestational diabetes. Documentation: Most recent BP –can be from another encounter. Representative BP – if there are multiple readings on the same date of service, lowest systolic and lowest diastolic reading will be used.
Controlling High Blood Pressure Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure was adequately controlled

(<140/90mmHg) during the measurement period
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period: *All patients who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), including an ASCVD procedure; ~~OR~~ *Patients aged ~~>=~~20 to 75 years who have ever had a low-density lipoprotein cholesterol (LDL-C) level >= 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia; *Patients aged 40 to 75 at the beginning of the measurement period with a 10-year ASCVD risk score of >= 20% during the measurement period'; OR *Patients aged 40-75 years with a diagnosis of diabetes
Colorectal Cancer Screening Percentage of patients 45-75 years of age who had appropriate screening for colorectal cancer: Appropriate screenings are defined by any *one* of the following criteria: - Fecal occult blood test (FOBT) during the measurement period - Fecal immunochemical test (FIT)-deoxyribonucleic acid (DNA) during the measurement period or the 2 years prior to the measurement period - Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period - Computerized tomography (CT) colonography during the measurement period or the 4 years prior to the measurement period - Colonoscopy during the measurement period or the 9 years prior to the measurement period.

Tobacco Use Screening and Cessation Counseling Percentage of patients aged 12~~18~~ years and older who were screened for tobacco use one or more times during the measurement period AND who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period if identified as a tobacco user.
Adult BMI Assessment and Follow-up Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the measurement period AND who had a follow-up plan documented if BMI was outside of normal parameters
Cervical Cancer Screening Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: * Women age 21-64 who had cervical cytology performed within the last 3 years * Women age 30-64 who had cervical human papillomavirus (HPV) testing performed within the last 5 years
HbA1c Testing Numerator: Patients whose most recent HbA1c was performed during the measurement year. Denominator: Patients 18-75 who had two OP visits Diabetes Diagnosis in the past 24 months. Exclusions: Polycystic Ovaries; Steroid Induced Diabetes; Gestational Diabetes. Documentation requirements/source: Diabetes Diagnosis & POC or Lab test.
Diabetes: HbA1c Poor Control (>9.0%) Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period
HIV Screening Percentage of patients aged 15-65 at the start of the measurement period who were between 15-65 years old when tested for Human

immunodeficiency virus (HIV) Because of the high-risk nature of persons experiencing homelessness and because of the Primary Care HIV Prevention grant, all patients should be tested once a year.
HIV Linkage to Care Percentage of patients newly diagnosed with HIV by the health center between December 1, of the prior year and November 30, of the measurement year and who were seen for follow-up treatment within 30 days of diagnosis.
Screening for Depression and Follow-Up Plan Percentage of patients aged 12 years and older screened for depression on the date of the visit or 14 days prior to the visit using an age-appropriate standardized depression-screening tool ***and,*** if positive, had a follow-up plan documented on the date of the visit.
Depression Remission at Twelve Months The percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event.
Breast Cancer Screening Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the Measurement Period
Dental Sealants for Children Percentage of children aged 6 - 9 years, at moderate to high risk of caries, who received a sealant on a first permanent molar during the

measurement period.
Early Entry to Prenatal Care Percentage of pregnant women beginning prenatal care in first trimester, who received or were referred for prenatal care services at any time during the reporting period.
Low Birth Weight Percentage of births less than 2,500 grams to health center patients: Report on *all* prenatal care patients who are either provided direct care or referred for care. Report all health center patients who delivered during the reporting period and all babies born to them.
Diabetes: Eye Exam Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period.
Diabetes: Foot Exam The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a foot exam (visual inspection and sensory exam with mono filament and a pulse exam) during the measurement year.
Diabetes: Medical Attention for Nephropathy The percentage of patients 18-75 years of age with diabetes who had a nephropathy-screening test or evidence of nephropathy during the measurement period.
Documentation of Current Medications in the Medical Record Percentage of visits for patients aged 18 years and older for which the eligible professional or eligible clinician attests to documenting a

list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.
Pneumococcal Vaccination Status for Older Adults Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.
Preventive Care and Screening: Influenza Immunization Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.
Adolescents Immunization (Meningococcal and Tdap) Percentage of patients aged 13 years of age who received meningococcal and Tdap by their 13th birthday. Documentation requirements: must be completed by their 13th birthday. Exclusions: contraindication to vaccine; anaphylactic reaction.

Thursday, June 27, 2024

Executive Session

Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Financial Performance for the Year to Date Ending April 30, 2024, Pursuant to Tex. Gov't Code Ann. §551.085.

Anna Mateja
CFO, Community Health Choice

- Pages 226-230 Were Intentionally Left Blank -