

# Special Meeting of the Bexar County Hospital District Board of Managers

Cypress Conference Room  
First Floor, University Hospital

Tuesday, 12/15/2020  
6:00 - 8:00 PM CT

1. Call to Order and Record of Attendance *Presented By: Jim Adams, Chair* (:01)
2. Invocation - Jeanene Atkinson, Chaplain, University Health *Presented By: Jim Adams, Chair* (:03)
3. Pledge of Allegiance *Presented By: Jim Adams, Chair* (:01)
4. Public Comment: (:01)
5. Special Introduction: (:20)
  - A. Sara Alger, President/CEO, University Health Foundation *Presented By: Leni Kirkman*  
*12.15.20 Sara Alger bio - Page 5*
6. Public Hearing of Proposed Mandatory Payment for the Bexar County Hospital District Local Provider Participation Fund for Fiscal Year 2021. *Presented By: Jim Adams, Chair* (:05)
7. Consideration and Appropriate Action Regarding a Resolution Setting the Maximum Rate of Mandatory Payment(s) for the Bexar County Hospital District's Local Provider Participation Fund through Fiscal Year 2021 *Presented By: George Hernández, Jr./Reed Hurley* (:05)  
*12.15.20 LPPF Board Write Up - Page 6*  
*12.15.20 Resolution Authorizing Setting the FY 2021 Rate of Mandatory Payments - Page 8*
8. Approval of Minutes of Previous Meetings: (:03)  
November 10, 2020 (Special Meeting)  
November 17, 2020 (Regular Meeting)  
*11.10.20 Minutes - Page 9*  
*11.17.20 Minutes - Page 19*
9. Report from UT Health San Antonio *Presented By: William Henrich, MD, President* (:10)
  - A. Acknowledgement of Staff
  - B. Upcoming Events
10. New Business: *Presented By: Jim Adams, Chair* (:15)  
Consent Agenda
  - A. Consideration and Appropriate Action Regarding Medical-Dental Staff Membership and Privileges *Presented By: Rajeev Suri, MD, President Medical/Dental Staff*  
*12.15.20 MD Staff Membership - Page 34*
  - B. Consideration and Appropriate Action Regarding Medical-Dental Staff Recommendations for Professional Practice Evaluations and Delineation of Privileges. *Presented By: Rajeev Suri, MD, President, Medical/Dental Staff*  
*12.15.20 MD Practice Evaluations and Delineation of Privileges - Page 63*
  - C. Consideration and Appropriate Action Regarding Reappointments to the University Health Foundation Board of Directors *Presented By: Jim Adams, Chair*  
*12.15.20 Foundation Board 4 ReAppointments Fraser-Linson-Yanta-Hasslochler - Page 85*  
*12.15.20 Foundation Jason Fraser Bio - Page 86*

*12.15.20 J. Hasslocher Bio - Page 87*

*12.15.20 UHS Foundation Appt - Dr Margaret-Kelley bio - Page 88*

*12.15.20 Foundation - Joe Earl Linson Bio - Page 89*

*12.15.20 Foundation - Judge Yanta Bio - Page 90*

D. Consideration and Appropriate Action Regarding an Appointment to the Community First Health Plans Board of Directors *Presented By: Jim Adams, Chair*

*12.15.20 CFHP Board Appointment - Anita Fernandez - Page 92*

*12.15.20 Anita L. Fernandez Bio - Page 93*

E. Consideration and Appropriate Action Regarding an Appointment to the University Health Pension Plan Board of Trustees *Presented By: Jim Adams, Chair*

*12.15.20 Pension Trustee Appointment-Hasslocher - Page 94*

*12.15.20 J. Hasslocher Bio - Page 95*

F. Consideration and Appropriate Action Regarding an Appointment to the Alamo Area Council of Governments Board of Directors *Presented By: Jim Adams, Chair*

*12.15.20 AACOG - Hasslocher and Fernandez - Page 96*

*12.15.20 J. Hasslocher Bio - Page 97*

*12.15.20 Anita L. Fernandez Bio - Page 98*

G. Consideration and Appropriate Action Regarding a Time Share Agreement at the Luckey Ranch Campus with Barrio Comprehensive Family Health Care Center, Inc. d/b/a CommuniCare Health Centers *Presented By: Ted Day*

*12.15.20 - Luckey Ranch Timeshare Agreement - Page 99*

H. Consideration and Appropriate Action Regarding an Amendment to University Medicine Associates' Bylaws *Presented By: Monika Kapur, MD*

*12.15.20 UMA Bylaws Amended - Write up - Page 102*

*12.15.20 UMA Bylaws - Page 106*

I. Consideration and Appropriate Action Regarding an Amendment to Community First Health Plans' Bylaws *Presented By: Theresa Scepanski*

*12.15.20 CFHP Bylaws Amended December 2020 - Page 135*

*12.15.20 CFHP Bylaws - Page 139*

J. Consideration and Appropriate Action Regarding Contracts with UT Health San Antonio for Services in the Juvenile Detention Healthcare Setting for: *Presented By: Theresa Scepanski*

*12.15.20 Adolescent Psychiatric (Juvenile) - Page 155*

*12.15.20 Family Community Medicine (Juvenile) - Page 158*

(1) Adolescent Psychiatry Services

(2) Medical Services

K. Consideration and Appropriate Action Regarding Purchasing Activities (See Attachment A) *Presented By: Antonio Carrillo/Travis Smith*

*12.15.20 Purchasing Consent Memo - Page 161*

*12.15.20 Purchasing Activities - Page 163*

11. Action Items: (:30)

A. Consideration and Appropriate Action Regarding Selected Items:

(1) Consideration and Appropriate Action Regarding an Agreement between University Medicine

Associates and UT Health San Antonio for Pediatric Cardiology and Cardio-Thoracic Surgery Services *Presented By: Ted Day/Monika Kapur, MD*

*12.15.20 Pedi Cardiology-CT Surgery UMA agreement - Page 173*

- (2) Consideration and Appropriate Action Regarding an Agreement with Metropolitan Contracting Company, L.L.C. to Provide Construction Services for the Substation 2 Replacement Project at University Hospital *Presented By: Don Ryden*

*12.15.20 Metropolitan Contract Co for Substation - Page 177*

- (3) Consideration and Appropriate Action Regarding an Agreement with Standard Parking Plus for Parking Services *Presented By: Jim Willis*

*12.15.20 Standard Parking - Page 180*

- (4) Consideration and Appropriate Action Regarding an Agreement with HHS Environmental Services, L.L.C. for Environmental Services Management *Presented By: Jim Willis*

*12.15.20 HHS Environmental Services - Page 183*

- (5) Southwest Texas Crisis Collaborative Presentation *Presented By: Ed Banos/Sally Taylor, MD*

*12.15.20 STCC Update - Page 188*

- (6) Memorandum of Understanding with the Southwest Texas Regional Advisory Council and Local Health Systems for Services Provided through the Southwest Texas Crisis Collaborative *Presented By: Ed Banos/Sally Taylor, MD*

*12.15.20 STRAC MOU for STCC - Page 194*

- (7) Consideration and Appropriate Action Regarding the Following Funding Agreements with Southwest Texas Regional Advisory Council for: *Presented By: Sally Taylor, MD*

*12.15.20 STRAC - Clarity - Crosspoint - Page 200*

(a) Clarity Child Guidance Center's Child/Adolescent Psychiatric Emergency Services

(b) Crosspoint, Inc.'s Behavioral Health Services

- (8) Consideration and Appropriate Action Regarding the Following Agreements with Bexar County Board of Trustees for Mental Health Mental Retardation Services, d/b/a The Center for Health Care Services for: *Presented By: Sally Taylor, MD*

*12.15.2020 BOM Memo CHCS CAIP and Pharmacotherapy - Page 205*

(a) Community Alternatives to Incarceration Program

(b) Pharmacotherapy Services

- B. Consideration and Appropriate Action Regarding the Financial Report for November 2020 *Presented By: Reed Hurley*

*12.15.20 Financial Highlights - Page 211*

*12.15.20 Financial Activities - Page 215*

12. Presentations and Education: (:20)

- A. Fourth Quarter Quality Report *Presented By: Bryan Alsip, MD*

*12.15.20 Quality Report - Page 223*

13. Information Only Items:

- A. Branding Update for University Health *Presented By: Leni Kirkman*

*12.15.20 Update on Branding - Page 229*

B. University Health Foundation Update *Presented By: Sara Alger*

*12.15.20 Foundation Update - Page 233*

C. Report on Recent Recognitions and Upcoming Events *Presented By: Leni Kirkman*

*12.15.20 Events and Recognition - Page 235*

D. Update on the Women's and Children's Hospital and Associated Projects *Presented By: Don Ryden*

*12.15.20 WC Hospital Update - Page 239*

14. Adjournment *Presented By: Jim Adams, Chair*

The Board of Managers may recess during the open meeting in order to hold a closed meeting. Alternatively, a closed meeting may be held before the open meeting or after its adjournment.

Closed Meeting: A closed meeting will be held pursuant to TEX. GOV'T CODE, Section 551.085 to receive information regarding pricing, market data and/or financial and planning information relating to the arrangement or provision of proposed new services and/or product lines.

Closed Meeting: A closed meeting will be held pursuant to TEX. GOV'T CODE, Section 551.085 to receive information regarding pricing or financial planning information relating to a bid or negotiation for the arrangement or provision of services or product lines to another person if disclosure of the information would give advantage to competitors of the hospital district.

Sara Alger  
University Health Foundation President



Sara Alger joined University Health as Foundation President in November of 2020. She brings 20+ year of fundraising experience and a proven track record of success in donor engagement, team building and comprehensive fundraising strategies.

Prior to joining University Health, she served as Vice President of Foundation Development for Advocate Aurora Health based in Wisconsin. Advocate Aurora Health is one of the 10 largest non-for-profit integrated health care systems in the U.S., with 27 hospitals and more than 500 clinics across two states. In this role, she established and led fundraising strategies for nine hospitals, and their affiliated clinics and programs.

Prior to joining Advocate Aurora Health Foundations, she was the Metro Executive Director for the Midwest Affiliate of the American Heart Association, directing short and long-term development plans for seven counties in the Milwaukee metropolitan area.

Sara is married with three daughters.



**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

**Tuesday, December 15, 2020**

**Consideration and Appropriate Action Regarding a Resolution Setting the  
Mandatory Payment Rate for the Bexar County Hospital District Local  
Provider Participation Fund for Fiscal Year 2021**

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**Background:**

Senate Bill (SB) 1545 signed by the Governor on June 10, 2019 authorized the establishment of a Local Provider Participation Fund (LPPF) for Bexar County. On June 25, 2019, the Board of Managers approved the creation of the Bexar County Hospital District LPPF which will be the source of Intergovernmental Transfer (IGT) funding for private hospitals in Bexar County. Based on estimated IGT needs, the LPPF can assess a fee not to exceed six percent on the annual net patient revenues of private hospitals in Bexar County. There are several required steps including publication of a notice of a public hearing on the assessment, which will take place at the Bexar County Hospital District Board of Managers meetings, and appropriate action of the Board of Managers to set the rate for the assessment.

**Analysis:**

To generate funding for IGTs due in 2021, the Bexar County Hospital District LPPF assessment is necessary. A notice for the public hearing was published in the San Antonio Express News on December 10, 2020 and the public hearing will be held at the December 15, 2020 Board of Managers meeting. The assessment will be due at various times in calendar year 2021, as IGTs are necessary.

**Fiscal Impact:**

The annual LPPF assessment is based on the maximum allowed annual percentage rate of 6.0 percent. The total assessment based on a rate of 6.0 percent of eligible hospitals net patient revenue, projected at \$4.2 billion, will generate up to \$252 million for the 2021 IGT needs for the Bexar County private hospitals. The actual assessment amounts invoiced to Bexar County hospitals during 2021 will depend on the IGT requirements to be determined as the year progresses.

**BCHD Board of Managers - Consideration and Appropriate Action Regarding a Resolution  
Setting the Mandatory Payment Rate for the Bexar County Hospital District Local Provider  
Participation Fund for Fiscal Year 2021  
Tuesday, December 15, 2020  
Page 2**

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There is no impact to Bexar County Hospital District taxpayers from the LPPF levy and paying providers may not add a surcharge to a patient bill.

**Recommendation:**

Staff recommends that the Board of Managers adopt the attached Resolution authorizing the Bexar County Hospital District to set the 2021 assessment rate for the Bexar County Hospital District Local Provider Participation Fund at 6.0 percent.

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Reed Hurley  
Executive Vice President/  
Chief Financial Officer

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George B. Hernández, Jr.  
President/Chief Executive Officer

**Resolution Setting a Maximum Rate of Mandatory Payment(s) For the Bexar County Hospital District's Local Provider Participation Fund Through Fiscal Year 2021**

**WHEREAS**, pursuant to Chapter 298F of the Texas Health and Safety Code, the Board of Managers (the "Board") of the Bexar County Hospital District (the "District") on June 25, 2019 authorized the District to participate in a Local Provider Participation Fund ("LPPF");

**WHEREAS**, the purpose of participation in a Bexar County LPPF 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 298F of the Texas Health and Safety Code, the Board on December 15, 2020 authorized the District to assess and collect mandatory payments from each institutional health care provider located in Bexar County; and

**WHEREAS**, pursuant to Section 298F.151 of the Texas Health and Safety Code, the Board desires to set the amount of the mandatory payments through fiscal year 2021. Now, therefore,

**Be it hereby resolved by the Board of Managers of the Bexar County Hospital District that:**

1. The District will determine the amount of the quarterly mandatory payment to be assessed at an amount not to exceed 6.00 percent of the net patient revenue of an institutional health care provider located in the District. The District will assess the approved mandatory payment amounts as it deems necessary beginning January 1, 2021 and ending December 31, 2021. The District must observe the collection procedures required by Section 298F of the Texas Health and Safety Code, unless the collection procedures are otherwise waived by the State.
2. The Board is authorized to take all other actions necessary to meet the requirements of Chapter 298F of the Texas Health and Safety Code.
3. This Resolution shall be in full force and effect from and after the date of its adoption.

**PASSED AND APPROVED BY THE BOARD OF MANAGERS OF THE BEXAR COUNTY HOSPITAL DISTRICT AT A SPECIAL MEETING HELD THIS 15<sup>TH</sup> DECEMBER, 2020, AT WHICH A QUORUM WAS PRESENT.**

**BEXAR COUNTY HOSPITAL DISTRICT:**

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James R. Adams  
Chairman, Board of Managers

**ATTEST:**

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Margaret Kelley, M.D.  
Secretary, Board of Managers  
(SEAL)





# University Health System

## BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

Tuesday, November 10, 2020  
6:00 p.m.  
Cypress Room, University Hospital  
4502 Medical Drive  
San Antonio, Texas 78229

### MINUTES

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#### **BOARD MEMBERS PRESENT:**

James R. Adams, Chair  
Ira Smith, Vice Chair  
Roberto L. Jimenez, M.D., Immediate Past Chair  
Margaret Kelley, M.D.  
Thomas C. ("TJ") Mayes, J.D.  
Anita L. Fernandez  
L.P. Buddy Morris

#### **OTHERS PRESENT:**

George B. Hernández, Jr., President/Chief Executive Officer, University Health System  
Bryan J. Alsip, MD, Executive Vice President/Chief Medical Officer, University Health System  
Edward Banos, Executive Vice President/Chief Operating Officer, University Health System  
Rob Hromas, MD, Dean, Long School of Medicine, UT Health San Antonio  
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health System  
Leni Kirkman, Executive Vice President/Chief Marketing, Communications & Corporate Affairs Officer  
& Interim President/University Health System Foundation  
Serina Rivela, Vice President/General Counsel, Legal Services, University Health System  
Travis Smith, Deputy Chief Financial Officer, University Health System  
Rajeev Suri, MD, Professor/Department of Radiology, UT Health; and President/Medical-Dental Staff,  
University Health System  
Laura Garcia, Business Reporter, San Antonio Express-News  
And other attendees.

#### **CALL TO ORDER:**

Mr. Adams called the meeting to order at 6:10 pm.

#### **INVOCATION AND PLEDGE OF ALLEGIANCE**

Mr. Jim Adams, Chairman of the Board, provided the invocation and led the pledge of allegiance.

**PUBLIC COMMENT:** None.

**DISCUSSION AND APPROPRIATE ACTION REGARDING BEXAR COUNTY HOSPITAL DISTRICT D/B/A UNIVERSITY HEALTH'S PRELIMINARY OPERATING, DEBT SERVICE AND CAPITAL BUDGETS FOR FISCAL YEAR 2021 — GEORGE B. HERNÁNDEZ, JR./ REED HURLEY**

**SUMMARY:**

Mr. Hernandez welcomed the Board and made some introductory remarks regarding the budget process from the point of Board approval today through approval and acceptance by Bexar County Commissioners Court approval. He yielded the floor to Mr. Hurley for review of the Fiscal Year 2021 budget process and a detailed presentation on the preliminary 2021 Operating, Debt Service. The preliminary 2021 budget was developed using the Triple Aim Plus as the guiding principles. Improving quality, safety and outcomes, improving the patient experience, improving efficiencies, and improving access to care, were all taken into consideration during the budget planning process. The preliminary 2021 budget incorporates many changes that are known or projected to occur during the coming year. The impact of the COVID-19 pandemic, changes in supplemental funding, optimization of the Epic system, ongoing large capital projects, and many planned operational improvements will impact revenues and expenses in the coming year.

**Capital Budgets:**

**Operating Revenue – Consolidated Total Operating Revenue: \$2.21 Billion**

- Property Taxes \$426.0 million
- Community First \$611.8 million
- Net Patient Revenue (NPR) \$817.8 million
- Disproportionate Share (DSH) \$26.9 million
- Network Access Improvement Program (NAIP) \$33.1 million
- Uncompensated Care \$86.4 million
- Delivery System Reform Incentive Payment (DSRIP) \$68.1 million
- Skilled Nursing Facilities (SNF) \$33.9 million
- Other Revenue \$103.6 million

**Operating Expense – Consolidated Operating Expenses: \$2.11 Billion**

- Medical Claims \$529.4 million
- Salaries \$609.7 million
- Benefits \$135.3 million
- Medical Services \$222.8 million
- Supplies \$301.4 million
- Purchased Services \$306.6 million

**Clinical Volume by Location**

	<u>2020 Projected</u>	<u>2021 Budget</u>	<u>Variance %</u>
○ Primary/Urgent Care	375,748 visits	460,219 visits	+ 22.5

Clinical Volume by Location

	<u>2020 Projected</u>	<u>2021 Budget</u>	<u>Variance %</u>
○ Specialty Care			
	415,590 visits	465,577 visits	+ 12.0
	65,480 treatments		+ 9.7
	7,556 procedures		+ 82.6
○ Preventive Care/ School-Based Clinics			
	41,522 visits	60,708 visits	+ 46.2
○ Mammography			
	27,376 procedures	30,488 procedures	+ 11.4
○ UH Emergency Care			
	86,377 visits	103,495 visits	+ 17.4
○ University Hospital			
	28,128 discharges	31,857 discharges	+13.3

Total discharges are projected to grow by 13.3 percent with 12.6 percent growth in adults and 20.6 percent in pediatrics. Outpatient ambulatory clinic volume is budgeted to achieve a 23.6 percent increase over 2020 projected activity. These volumes are in line with actual volumes achieved during 2019. The budget assumes that in early 2021, the pandemic will end and demand for healthcare services will return to normal levels.

2020 Projects

- Management of COVID Lockdown, Surge, and limited Reopening
- Epic Implementation – July 11 Go-live
- Women’s & Children’s Hospital – On schedule
- Advanced Diagnostics Center – Opening December 2020
- Pharmacy Growth – Retail Pharmacy & Meds to Beds
- Refunding of 2010 Bonds – Completed, Net Present Value savings of \$15 million
- Building Renovation & Repairs – Ambulatory Clinics & Roofs
- Premier Financial Software – January 1 Go-live

2021 Projects

- Grow Patient Volumes to 2019 level
- Optimize Epic
- Continue Women’s & Children’s Hospital Progress
- Expand Pharmacy Services – Retail Pharmacy & Specialty Pharmacy
- Focus on UT Health Partnership – Growth of Strategic Service Lines
- Continue Ambulatory facility repairs/upgrades – South Flores, Naco Perrin, Southeast, and others
- Implement Kronos Labor Management Software
- Address Supplemental Funding Changes

2021 Project: Grow Patient Volume - 2020 Impact vs. 2019 Average

Due to the public's fear of catching COVID-19, closings of schools and businesses, and State imposed restrictions on performing elective procedures, patient volumes dropped dramatically at University Health, as well as other health care providers across the country. In April, surgical volumes dropped by 50 percent and most other areas were down at least 30 percent. Over the summer and into the fall months, patient volumes have grown but have not fully returned to 2019 levels. For patient care areas, volumes are the main driver of revenue and expense. The preliminary 2021 budget assumes volumes will return to levels similar to those in 2019 with some variations due to known service line changes. The long term medical resource demands and financial impacts related to the COVID-19 pandemic are unknown at this time but are predicted to last several years.

2021 Budgeted COVID-19 Impacts

COVID Initiative	2021 Financial Impact
Revenue	
FMAP Deflation	(21.2) M
Medicare Sequestration	(1.6) M
CARES Payment Decrease	(22.8) M
<b>Total Revenue Impact</b>	<b>\$ (45.6) M</b>
Expense	
COVID Entrance Screeners: 54 FTE	2.1 M
COVID Pre-Procedure Testing: 14 FTE	0.6 M
COVID PPE	2.3 M
Pharmacy: COVID Vaccine	3.2 M
<b>Total Expense Impact</b>	<b>\$ 8.2 M</b>
<b>Total Financial Impact 2021 Budget</b>	<b>\$ (53.8) M</b>

2021 Project: Epic Optimization

The Epic Electronic Health Record went live on July 11, 2020, and has changed work flows in many areas. Optimization of the Epic system will improve many processes during 2021 and beyond. All of the Triple Aim *Plus* goals should improve due to the implementation of the Epic system. Mr. Hurley provided an industry benchmark comparison for a three-month period from July to October 2020. This is an opportunity-focused effort with a performance goal for University Health to be in the top 25 percentile. Many operational and quality improvements will occur as staff, physicians, and patients optimize use of the tool. University Health is on its way to being a top performer in two areas:

	<u>Ours</u>	<u>Median</u>	<u>Top 25%</u>
Pre-Services Collection	32.8	10	20.3
Aged 90+ Accounts	6.9	21.9	17.8

2021 Project: Retail Pharmacy Growth

Since January 2018 thru June 2020, outpatient pharmacy dispense indicates an 85 percent overall growth:

- Improved Management of CareLink/Grant patients
- University Health Prescription Savings Club
- Employee prescription fill growth: \$0 co-pay
- Expand service to insured patients: 300 percent increase

2021 Project: Specialty Pharmacy Partnership with Shields Pharmacy

- High cost drugs primarily used for Transplant, HIV, and Cystic Fibrosis patients
- Conservative Estimates included in 2021 Budget
- Specialty Pharmacy Revenue \$19.7 million
- Total Expense Impact \$19.3 million
- Total Financial Impact 2021 Budget \$0.4 million

2021 Project: Women's & Children's Hospital

- Groundbreaking 2019
- Significant Progress
- 2021 Campus Traffic Flow Disruptor
- Planned opening early 2023

2020/2021 Project: Ambulatory Facility Upgrade

- Planning, Design and Construction are budgeted with a \$4.1 million increase for repair and renovation of multiple ambulatory locations including South Flores, Naco Perrin, and the Southeast Clinic.

Clinical Services Division – 2021 Revenue Budget

- Total Operating Revenue \$1.6 Billion
- Property Taxes \$426 million
- Net Patient Revenue (NPR) \$817.8 million
- Disproportionate Share (DSH) \$26.9 million
- DSRIP \$68.1 million
- Uncompensated Care (UC) \$86.4 million
- NAIP \$33.1 million
- Skilled Nursing Facilities (SNF) \$33.9 million
- Other Revenue \$100.6 million

2021 University Health less CFHP Revenue Budget

- Mr. Hurley compared revenue sources projected for 2020 and preliminary for 2021 and respective amounts: Net Patient Service Revenue, Property Taxes, DSH, DSRIP, NAIP, SNF, UC, Tobacco Settlement Fund, and Other. Net Patient Services Revenue for 2020 is projected to be \$731,194, while the 2021 preliminary budget amount is \$817,773. Total Operating Revenues for 2020 projected to be \$1,568,943, while 2021 preliminary budget amount is \$1,592,729.

### Volume and Revenue

The Preliminary 2021 budget projects inpatient activity will increase by 13.3 percent and outpatient activity will increase by 23.6 percent compared to the volumes projected for 2020. The major assumptions for clinical volumes revolves around the COVID-19 pandemic. For budgeting purposes, the assumption is that the pandemic will ease in early 2021, as vaccines become available and demand for services will return to historical levels. There should be additional volume related to a backlog of elective procedures that were delayed due to the pandemic. Mr. Hurley provided additional details regarding activity in Exhibit 2, attached to the 2020 preliminary budget. The major factors contributing to this growth include:

- Assumption that patient volumes will return to 2019 levels.
- Growth in the Orthopedics, Transplant, and Heart/Vascular cases, due to delays in treatment during 2020.
- Women's service line enhancement will drive continued volume increases in both inpatient and outpatient settings.
- Total discharges are projected to grow by 13.3 percent with 12.6 percent growth in adults and 20.6 percent in pediatrics. These volumes are in line with actual volumes achieved during 2019.

### Payer Mix Summary – Patient Revenue

\$.8 Billion Gross Charges, \$818 million Net Patient Revenue (NPR):

- CareLink – 3 percent NPR
- Medicaid – 23 percent of NPR\*
- Commercial – 25 percent of NPR
- Medicare – 43 percent of NPR

*\*Approximately 80 to 85 percent are going to be Obstetrics and Gynecology patients.*

Commercial Insurance Rate Negotiations - Mr. Hurley reviewed negotiated reimbursement adjustments with the various managed care companies for the period 2014 through 2021. The largest increase adjustment across the board of approximately \$10.2 million is for FY 2021.

### Changes in Net Patient Revenue - \$86.6 million and Variance from Projected 2020

- 2020 Projected Net Patient Revenue is \$731.2 million
- Clinical volume increase: \$30.4 million
- Pharmacy volume increase: \$23.5 million
- Medicare rate improvement: \$19.1 million
- Managed Care Rate Improvement: \$10.2 million
- Cost Report: \$3.4 million\*
- 2021 Net Patient Revenue Budget: \$817.8 million

*\*The Medicare cost report is a financial report that is filed annually with CMS which identifies the cost and charges related to healthcare activities, and impacts reimbursement, much like a tax return.*

### 2021 Project: Supplemental Funding Programs Budget: \$206 Million

- \$54 million lower than the 2020 projection
- Major Program Changes
- Medicaid UC Decrease - \$15.5 million – Lower FMAP
- DSRIP Decrease - \$17.1 million  
(Program ends September 2021)

- DSH Decrease - \$17.3 million – Scheduled DSH cuts
- NAIP Decrease - \$1.6 million Lower FMAP

#### Clinical Services Division – 2021 Expense Budget

##### Total Operating Expense: \$1.58 Billion

- Skilled Nursing Facilities - \$33.1 million
- Salaries - \$580.9 million
- Benefits - \$128.7 million
- Medical Services - \$222.8 million
- Supplies - \$301.4 million
- Purchased Services - \$233.4 million

#### Operating Expense

##### 2020 Projected Total Operating Expense: \$1,418.7 million/% Variance

- Salaries: \$32.1 million/5.0
- Benefits: \$2.7 million/2.1
- Medical Services: \$13.6 million/6.5
- Purchased Services -\$6.6 million/-2.4
- Supplies: \$39.8/15.2
- Changes to Total Operating Expense: \$81.7 million/5.8
- 2021 Preliminary Budget Total Operating Expense: \$1,500.4 million

#### Employee Compensation

##### 2020 Projected Employee Compensation: \$674.8 million\*

- Merit Increase and Market Adjustment \$15.6 million
- Volume Impact \$6.3 million
- New Programs \$4.5 million
- Epic Impact \$3.7 million
- Specialty Pharmacy \$2.0 million
- Benefits \$2.7 million
- Changes to Employee Compensation Expense \$34.8 million
- Variance from Projected 2020 5.2%
- Total Employee Compensation Expense \$709.6 million

*\*Drivers for each item provided in written report.*

#### Medical Services

##### 2020 Projected Medical Services - \$209.2 million\*

- UT Master Services Increase: \$4.9 million
- Increased CareLink Utilization: \$4.9 million
- Physician Recruitment Support: \$2.1 million
- UMA Contracts with UT Health: \$1.8 million
- Changes to Medical Service Expense: \$13.6 million, or 6.5% variance

*\*Drivers for each item provided in written report.*

#### Purchased Services - 2020 Projected Purchased Service Expense: \$273.1 million

- Comprised management fees, planning, design and construction, transplant programs, community support, Epic project, maintenance contracts, net other purchased services, SNF expense. Changes to purchased service expense is -\$6.6 million,

or -2% variance. Total purchase service expense is \$266.5 million. Drivers for each item provided in written report.

Supply Expense – 2020 Projected Supply Expense: \$261.6 million

- Comprised of pharmaceuticals, specialty pharmaceutical drugs, implants, medical supplies, and non-medical supplies. Changes to Supply Expense: \$39.8 million, or 15.2% variance. Total Supply Expense: \$301.4 million.

University Health less CFHP:

	<u>2020 Projected</u>	<u>2021 Preliminary</u>	<u>Variance</u>
○ Bottom Line	\$98.5 million	\$8.4 million	-91.5%

Property Tax Revenue - (\$0.276235 of \$100 valuation) x \$181 billion in property values

- For 2021 this produces \$499 million in total assessments
- The \$0.27 rate covers M&O (operations) and I&S (debt service)
- 2021 total rate is projected to produce \$14.7 million more than 2020
- 2021 M&O Tax Revenue = \$426 million up \$11.6 million
- 2021 I&S Tax Revenue = \$73 million up \$3.1 million

Bond Debt

Debt on Sky Tower/RBG	\$518,625,000
Certificates of Obligation, Series 2018 & Series 2020	
<u>And Women’s and Children’s Hospital</u>	<u>\$413,405,000</u>
Total Balance of Debt at Par	\$932,030,000

<u>Debt Service</u>	<u>2020 Projected</u>	<u>2021 Preliminary</u>	<u>Variance</u>	<u>%</u>
Debt Service I&S	\$70.2 million	\$73.3 million	3.1	4.4
<u>Debt Service Payment</u>	<u>\$70.2 million</u>	<u>\$73.3 million</u>	<u>3.1</u>	<u>4.4</u>
Net Debt Service Revenue	-	-	-	0.0

Capital Asset Value - Assets in Service: \$1,962 million

- Land & Improvements: \$21million, Less Depreciation -\$10 million  
Asset Book Value: \$11 million
- Buildings: \$1,277 million, Less Depreciation -\$381million  
Asset Book Value: \$897 million
- Equipment: \$663 million, Less Depreciation -\$465 million  
Asset Book Value: \$198 million

Aged Capital Equipment – Replacement Plan by Year

- Detailed review of aged medical equipment & expected useful life
- Implemented replacement plan to smooth spikes
- Aged Medical Equipment = \$3 million

<u>2021 Routine Capital Requirements</u>	<u>Grand Total</u>
Essential: Cannot Function Without:	\$13,647,281 million
Important: Necessary for Improvement	\$28,520,675 million



Proactive: Necessary to avoid Problems	\$2,056,480 million
Total Clinical Services – Mandated:	\$2,991,010 million
Total Clinical Services – Replacement:	\$32,002,797 million
<u>Total Clinical Services – New</u>	<u>\$9,230,628 million</u>
Grand Total:	\$44,224,436 million

Grand total includes:

- Radiology Equipment Replacement = \$5.7M
- Rio and Horizon Fire Alarm Replacement = \$5.0M
- Facilities = \$3.6M
- Aged Medical Equipment = \$3M
- DaVinci Robot = \$2.3M

Consolidation of 2021 Budget

- o CFHP Budget Approved by CFHP Board 10/23
- o Presentation to University Health Board 10/27
- o University Health less CFHP

	<u>2020</u>	<u>2021</u>
	Projected	Preliminary/Variance
Total Operating Revenue	\$2,187.6 million	\$2,207.6 million/0.9%
Total Operating Expense	\$1,985.9 million	\$2,105.3 million/6.0%
Bottom Line		
Excluding Debt Service	\$149.8 million	\$19.9 million/86.8%
Debt Service	\$70.2 million	\$73.3 million/4.4%
Capital Requirements	\$44.1 million	\$44.4 million/0.7%

RECOMMENDATION:

Staff recommends Board of Managers’ approval of the proposed Operating, Debt Service and Capital Budgets for Fiscal Year 2021, and endorses it to Bexar County Commissioners Court for their final approval on December 1, 2020.

ACTION:

A **MOTION** to approve staff’s recommendation was made by Dr. Kelley, **SECONDED** by Mr. Morris, and **PASSED UNANIMOUSLY**.

EVALUATION:

Throughout the presentation, Board members engaged the staff in dialogue regarding staffing, absences related to COVID-19, and University Health’s paid time off policy. The Health System is well prepared to onboard additional nurses and/or providers should there be another surge of COVID-19 in the city. Frontline workers and providers who get sick are encouraged to stay home. A temporary change to the PTO policy allows for a negative balance up to 80 hours to avoid burnout of clinicians. The number of 2020 Projected FTE positions is 8,403. The preliminary 2021 budget indicates a total paid FTE count of 8,976.4, an FTE variance of 573.4; FTE growth of 6.8 percent, and Mr. Hurley referenced Exhibit 6 (2021 Budget FTE Change). Also discussed were the 2020 savings due to the delay of the Epic implementation, the improved impact on patient outcomes, and availability of Epic data. It was noted that the Epic system has eliminated approximately 90 subsystems, and University Health now has a seamless integration with UT Health. Savings in 2020 were due to cancelled travel and remote training during COVID-19. Dr. Jimenez asked about the interpretation of medical data and the diagnosing of patients when so many symptoms are alike, and intuition and experience play a major role. He asked if University Health has analytics experts available to interpret the data and what will University Health do with all the data that is collected. University Health has many reporting requirements with national and

state registries, for specific data, and Epic will be very helpful in this regard. Currently, there is a group working on dashboards, which can be customized and put into a work flow so that providers are reminded daily. Prior to Epic, data was manually pulled by report writers, whereas now Epic can provide almost 100 percent of that data. The staff is currently working on data validation which will take a period of time to ensure all of the fields are correct and to produce solid data. All agreed that the implication of data is for teaching, research, and particularly important, are the social determinants of disease. In addition, Epic has a national interface that allows any other healthcare organization in the country that uses Epic to access a patient's medical record and vice versa. Epic will also help to quantify the savings produced by having a large ambulatory network, to include improving the health of the community and the avoidance of emergency room visits. The Baptist Health System is the other healthcare organization in town that has implemented Epic. Mr. Ted Day is working with the Federally Qualified Health Centers in town to enroll them in Epic. In addition, Mr. Hernandez provided background information on the bond debt service and recalled that the Board made a \$120 million cash contribution towards the Sky Tower from Reserves Account. The 340B Drug Pricing Program, the establishment of a Geriatrics service line, hospital capacity, Medicare, Medicaid, and the CareLink financial assistance program were also discussed in great detail.

FOLLOW UP:

Mr. Morris requested historical income statement information going back five years. Mr. Adams suggested this information be shared with all the Board members.

**ADJOURNMENT:**

There being no further business, Mr. Adams adjourned the meeting at 8:11 pm.

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James R. Adams  
Chair, Board of Managers

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George B. Hernández, Jr.  
Acting Secretary, Board of Managers

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Sandra D. Garcia, Recording Secretary



**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

Tuesday, November 17, 2020  
6:00 p.m.  
Cypress Room, University Hospital  
4502 Medical Drive  
San Antonio, Texas 78229

**MINUTES**

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**BOARD MEMBERS PRESENT:**

James R. Adams, Chair  
Ira Smith, Vice Chair  
Roberto L. Jimenez, M.D., Immediate Past Chair  
Margaret Kelley, M.D.  
Anita L. Fernandez  
L.P. Buddy Morris

**OTHERS PRESENT:**

George B. Hernández, Jr., President/Chief Executive Officer, University Health System  
Bryan J. Alsip, MD, Executive Vice President/Chief Medical Officer, University Health System  
Tommye Austin, PhD, Senior Vice President/Chief Nurse Executive, University Health System  
Edward Banos, Executive Vice President/Chief Operating Officer, University Health System  
Don Ryden, Vice President/Project, Design, & Construction, University Health System  
Rob Hromas, MD, Dean, Long School of Medicine, UT Health San Antonio  
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health System  
Leni Kirkman, Executive Vice President/Chief Marketing, Communications & Corporate Affairs Officer  
& Interim President/University Health System Foundation  
Serina Rivela, Vice President/General Counsel, Legal Services, University Health System  
Rajeev Suri, MD, Professor/Department of Radiology, UT Health; and President/Medical-Dental Staff,  
University Health System  
Laura Garcia, Business Reporter, San Antonio Express-News  
And other attendees.

**CALL TO ORDER:**

Mr. Adams called the meeting to order at 6:08 pm.

**INVOCATION AND PLEDGE OF ALLEGIANCE**

Mr. Adams introduced invocation, Father Casimir Dike, Chaplain, University Health Spiritual Care Services, and he led the pledge of allegiance. Mr. Adams invited the Board members to tour University

Health's new \$56 million Advance Diagnostic Center (Heart/Vascular & Endoscopy Suite) after today's meeting.

**PUBLIC COMMENT** – None.

**REPORT FROM THE NOMINATING COMMITTEE AND ELECTION OF THE BOARD OF MANAGERS OFFICERS — IRA SMITH, CHAIR, NOMINATING COMMITTEE**

**SUMMARY:** The Board Bylaws call for the Chair to name an Officer Nominating Committee each fall. The Committee's role is to recommend to the Board a slate of officers (Chair, Vice Chair, and Secretary). The Board will consider that slate and any nominations from the floor and elect its officers to be effective immediately. Mr. Ira Smith, Dr. Margaret Kelley and Ms. Anita Fernandez agreed to serve on the committee; and Mr. Smith agreed to serve as its chair. Every Board member was asked provide input directly to any member of the Nominating Committee, who will then bring their recommendation to the full Board. Mr. Adams asked for nominations from the floor at this time.

**RECOMMENDATION:** Hearing no recommendation from the floor, the Nominating Committee on the Election of Officers, submitted the following slate of officers for 2020-2021:

- Chair, Mr. James R. Adams
- Vice Chair, Mr. Ira Smith
- Secretary, Dr. Margaret Kelley

**ACTION:** A **MOTION** to approve the Nominating Committee's recommendation was made by Mr. Ira Smith. There being **NO OBJECTION**, the **MOTION CARRIED**.

**EVALUATION:** Mr. Smith thanked Mr. Adams for the opportunity to work with Dr. Kelley and Ms. Fernandez.

**FOLLOW-UP:** None.

**APPROVAL OF MINUTES OF PREVIOUS MEETING(S): OCTOBER 27, 2020 (REGULAR MEETING)**

**SUMMARY:** The minutes of the regular meeting of Tuesday, October 27, 2020 were submitted for approval by the Board of Managers.

**RECOMMENDATION:** There being **NO OBJECTION**, the minutes were **APPROVED** as submitted.

**ACTION:** None.

**EVALUATION:** None.

**FOLLOW-UP:**

**REPORT FROM UT HEALTH SAN ANTONIO — WILLIAM HENRICH, M.D., PRESIDENT**

**SUMMARY:** Dr. Hromas provided an update on the COVID-19 vaccine. Moderna and Pfizer preliminary data indicates their respective vaccines are 95 and 90 percent effective against COVID-19. If the Food and Drug Administration grants an Emergency Use Authorization, the vaccines will be made available to the public, and could start to be distributed in San Antonio as early as two weeks after Thanksgiving. The Center for Disease Control and Prevention will be in charge of overseeing the vaccine's distribution to the public but states will

develop their own plans as well. Early prioritization puts healthcare workers and first responders at the front of the line. Moderna, which is part of the federal government's Operation Warp Speed, has publicly committed to making 100 million doses; and Pfizer is publicly reporting 75 to 80 million doses by the end of the year. There is no significant difference in efficacy between the vaccines; each patient will need two vaccines one month apart. However, widespread distribution is still months away. Elderly and high risk patients are not included in the first rounds of distribution. The challenge with the Pfizer vaccine is that it must be stored at minus 94 degrees Fahrenheit and requires extreme cold chain distribution and immediate use. Texas will receive a total of 150 million doses of vaccine enough for 750,000 individuals, while the Bexar county region will receive enough for about 75,000 people. Texas will receive about 60 percent Moderna brand and 40 percent Pfizer brand. University Health and UT Health will jointly distribute the vaccines but due to its many ambulatory clinics, University Health has applied to be an independent distribution site. UT Health is the shipping and receiving point for the Pfizer vaccine. The UT Health and University Health leadership will work closely to create an infrastructure that assures first responders and healthcare providers in Bexar County receive their vaccination as soon as possible, in the most efficient manner possible. In addition, both have agreed to publicize the importance of receiving the vaccine. Dr. Alsip helped to design the distribution algorithms through STRAC. Dr. Alsip noted that there are 40 more vaccines in the pipeline. There is no cost involved for the vaccines at this time; they will be free.

RECOMMENDATION:

ACTION:

EVALUATION:

This report was provided for informational purposes only.

No action was by the Board of Managers was required.

Mr. Adams cautioned that a lot of things are promised and not delivered; he asked the teams to be grateful for the number of vaccines that will be received, and also to be hopeful that the state and federal government follow through. Dr. Jimenez has been made aware that a vast number of nurses across the country have been infected with COVID-19 while working and Governors are concerned of the shortage this has created, they are shipping nurses from other parts of the country that have not been hit as hard. Dr. Austin agreed that a disproportionate number of health care workers have been infected while they work. University Health has been very fortunate, however; the leadership has been proactive in working with the nurses and Dr. Austin has been proactive regarding personal protective equipment for the nursing staff. Nurses have played a primary role during this pandemic. However, Dr. Austin informed the Board that she and Ms. Andrea Casas have a proposal that will ensure sufficient nursing coverage for next year, which they will present later in the evening

FOLLOW-UP:

None.

- At this time, Mr. Adams asked Dr. Tommye Austin to share an important announcement. Dr. Austin reported that University Health had received word earlier today that it has once again been designated as a Magnet facility by the American Nurses Credentialing Center (ANNC), a subsidiary of the American Nurses Association and the world's largest and most prestigious nurse credentialing organization. This is University Health's third re-designation and its 11<sup>th</sup> year as a Magnet

organization. The evaluators toured University Health facilities by iPad and performed interviews by WebEx due to the COVID-19 pandemic. The ANCC evaluation committee's decision was unanimous. University Health continues to be among a prestigious group of 554 Magnet institutions worldwide and one of just 51 in Texas. Only 24 percent of hospitals who apply for re-designation are awarded Magnet re-designation because it is a very rigorous process.

- Mr. Adams asked Ms. Kirkman to say a few words about how University Health observed Veterans' Day. This year, veterans were honored with a daylong World War II display in the main lobby at University Hospital. It is University Health's tradition to highlight the story and impact of a specific veteran during this annual event. This year, the event specifically honored Dr. Albert Hartman and Captain William Herald Taylor, Dr. Sally Taylor's father, who was a World War II pilot and prisoner of war. Dr. Albert Hartman's son, Mr. Al Hartman, had an opportunity to visit the display, which included memorabilia loaned by eight University Health staff members. Mr. Adams highlighted Dr. Jimenez's service in Vietnam, and thanked him again on behalf of the Board.
- Dr. Jimenez asked Dr. Austin to say a few words about Dr. Nelson Toazan, Assistant Chief Nursing Officer for Adult Services, who was officially inducted as a Fellow of the American Academy of Nursing during a virtual ceremony on October 31, 2020. Dr. Austin noted that an invitation to join the Fellowship is a tremendous honor in itself; it is the highest commendation for a nurse. Mr. Toazan is also a Magnet appraiser and an expert in infection control practices. He reflects all of the characteristics of a Fellow – he is a nursing leader in education, management, practice and research. The executive leadership is very proud of Dr. Toazan's accomplishments.

#### **NEW BUSINESS - CONSENT AGENDA – JIM ADAMS, CHAIR**

#### **CONSIDERATION AND APPROPRIATE ACTION REGARDING MEDICAL-DENTAL STAFF MEMBERSHIP AND PRIVILEGES — RAJEEV SURI, M.D., PRESIDENT, MEDICAL/DENTAL STAFF**

SUMMARY:

Pursuant to Article III, Section 3.3-1 of the Medical-Dental Staff Bylaws, initial appointments and reappointments to the Medical-Dental Staff of University Health shall be made by the Board of Managers. The Board of Managers shall act on initial appointments, reappointments, or revocation of appointments only after there has been a recommendation from the Executive Committee of the Medical-Dental Staff. If approval is granted by the Board of Managers, the clinical provider is placed on a two-year reappointment cycle. After 12 months' provisional review, the provider's status changes from Provisional to Active or Courtesy Staff depending on board certification and the frequency of patient encounters during the previous 12 months. The Credentials Committee met on October 26, 2020, and reviewed the credential files of the individuals listed in the written Credentials Committee Report provided to the Board of Managers. At its meeting of November 3, 2020, in accordance with University Health's credentialing and privileging process, the Executive Committee of the Medical-Dental Staff approved the Credentials Committee's recommendations for clinical privileges for staff membership. The Executive Committee recommends approval by the Board of Managers.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING MEDICAL-DENTAL STAFF RECOMMENDATIONS FOR PROFESSIONAL PRACTICE EVALUATIONS AND DELINEATION OF PRIVILEGES — RAJEEV SURJ, M.D., PRESIDENT, MEDICAL/DENTAL STAFF**

SUMMARY: The Credentials Committee met on October 26, 2020, and reviewed proposed revisions to Delineation of Privileges Reports and the Professional Performance Evaluation Reports and forms, which were provided to the Board of Managers. In its meeting of November 3, 2020, the Executive Committee of the Medical-Dental Staff approved the items below and recommends approval by the Board of Managers:

- 1) Delineation of Privileges
  - a. University Health System
    - i. Advance Practice Nurse – (Revised)
    - ii. Advance Practice Professional – Emergency Medicine (Revised)
    - iii. Physician Assistant – (Revised)
- 2) Focused/Ongoing Professional Performance Evaluation Reports

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT BETWEEN COMMUNITY FIRST HEALTH PLANS AND CHANGE HEALTHCARE, INC. FOR EVIDENCE-BASED CLINICAL DECISION SUPPORT THROUGH THE INTERQUAL SYSTEM — THERESA SCEPANSKI**

SUMMARY: The selection of an evidence-based clinical decision support vendor was competitively bid on August 18, 2020. One (1) response was received from Change Healthcare. Change Healthcare is one of only two (2) vendors who offer this decision support, the other being MCG. In the past, MCG also submitted a response; however, their cost was 2-3 times that of Change Healthcare. While only Change Healthcare responded to this competitive bid, they are an industry leader, most cost effective and the best value based on the overall services offered. Community First has utilized Change Healthcare for over 15 years and currently licenses their InterQual Criteria, Review Manager and Interrater Reliability tools. As compared to the previous 5-year contract awarded in 2015, the total estimated cost has increased by \$383,407 (includes new services and staff certification training and re-certification), or \$1,640,628, for a 5-year period beginning January 1, 2021 through December 31, 2025. The increase in annual fees is primarily due to the procurement of additional clinical content modules and staff training, which Ms. Scepaniski described in detail in her written report. The workforce composition data for Change Health was provided for the Board's review. Community First Board of Directors approved the selection of Change Healthcare at its regular Board meeting of October 23, 2020. Community First Board of Directors requests approval of the proposed agreement by the Board of Managers.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT BETWEEN COMMUNITY FIRST HEALTH PLANS AND INOVALON FOR HEALTH INFORMATION TECHNOLOGY SERVICES — THERESA SCEPANSKI**

SUMMARY:

To prepare for the Interoperability Rule Requirements as set forth in the 21<sup>st</sup> Century Cures Act, a contract for a health information technology services solution was competitively bid on August 18, 2020. A total of five (5) responses were received including bids from Change Healthcare, Cognizant, Edifecs, Inovalon and ZeOmega. The bids were compared utilizing a decision matrix and reviewed for responsiveness to the request for proposal (RFP) specifications. The bids were then equally weighed based on administrative and financial criteria. Inovalon provided the best value for the following reasons: (1) well-designed solution that meets the requirements of the Cures Act, (2) authentication and authorization meet and exceed required security standards, (3) extensive implementation support, (4) implementation timeline meets requirements, and; (5) highly competitive fees. Community First Health Plans Board of Directors approved the selection of Inovalon, for Health Information Technology Services, at its regular meeting of October 23, 2020, for a total amount of \$1,217,125 over a three-year period. Community First Board of Directors requests approval of the proposed agreement by the Board of Managers.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING AN INTERLOCAL AGREEMENT WITH EDGEWOOD INDEPENDENT SCHOOL DISTRICT FOR AN EMPLOYEE CLINIC — THERESA DE LA HAYA/TED DAY**

SUMMARY:

University Health began formally collaborating with local school districts in 2013 initially as a Delivery System Reform Incentive Payment (DSRIP) initiative to improve access to care for pediatric patients. Today, University Health operates school-based clinics at Harlandale ISD, Southwest ISD, and San Antonio ISD. Because of these established clinics and University Health's reputation within the community, Edgewood ISD desires to collaborate with University Health on an employee clinic for their staff and dependents through an interlocal agreement for healthcare services. Through an interlocal agreement, with University Health, Edgewood ISD can provide its employees and their dependents convenient access to care in proximity to their workplace at the University Health Edgewood Clinic. The services to be provided were outlined in the proposed agreement provided for the Board's review by Mr. Day. This is a revenue-generating agreement for University Health, in which Edgewood will pay a fixed rate of \$20,000 per month for their employees to access primary/walk-in services and select laboratory tests at the University Health Edgewood Clinic. The utilization and spend will be closely monitored in its first year and revisited as necessary to right-size for both current and future year agreements. Staff recommends Board of Managers' approval of an interlocal agreement with Edgewood Independent School District for a period beginning January 1, 2021 through December 31, 2022, to enable this new employee clinic relationship to be established.



**CONSIDERATION AND APPROPRIATE ACTION REGARDING PURCHASING ACTIVITIES (SEE ATTACHMENT A) — ANTONIO CARRILLO/TRAVIS SMITH**

**SUMMARY:** University Health’s Purchasing Consent agenda for the month of November 2020 includes five (5) proposed contracts with a total value of \$5,155,733. The ten (10) presented contracts have a total value of \$24,433,472. Out of the presented contracts, six (6) contracts are classified as a Small, Minority, Woman, or Veteran Owned Business Enterprises (SMWVBE), which are included in the November 2020 SMWVBE Status Report. A total of 15 contracts with a combined value of \$29,589,205 are submitted to the Board of Managers for approval during the November 2020 meeting.

**CONSENT AGENDA RECOMMENDATION:** Staff recommends approval of the items listed on the consent agenda.

**CONSENT AGENDA ACTION:** A **MOTION** to approve staff recommendation was made by Dr. Jimenez, **SECONDED** by Mr. Smith, and **PASSED UNANIMOUSLY**.

**CONSENT AGENDA EVALUATION:** None.

**ACTION ITEMS - CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED ITEMS:**

**CONSIDERATION AND APPROPRIATE ACTION REGARDING COMMISSIONING OF TWO PEACE OFFICERS FOR BEXAR COUNTY HOSPITAL DISTRICT — CHIEF A.J. SANDOVAL, III/EDWARD BANOS**

**SUMMARY:** Chief AJ Sandoval introduced two Peace Officer candidates to the Board of Managers – Mr. Felipe J. Moreno, III and Mr. Rene P. Ramirez. He reported that the he had examined and certified the respective credentials of each individual and both meet all of the requirements of a University Health Peace Officer, to include necessary training requirements.

**RECOMMENDATION:** Staff recommends Board approval to commission Felipe J. Moreno, III, and Rene P. Ramirez, as Bexar County Hospital District Peace Officers. Short bios are attached.

**ACTION:** A **MOTION** to approve staff recommendation was made by Mr. Smith, **SECONDED** by Mr. Morris, and **PASSED UNANIMOUSLY**.

**EVALUATION:** Board members expressed appreciation for the work performed by University Health peace officers, especially during these turbulent times; Mr. Smith commended Chief Sandoval for ensuring they receive appropriate mental health and de-escalation training. Dr. Jimenez noted that the initial mental health training for Peace Officers, San Antonio Police Department, and Bexar County Sherriff’s Office was established by The Center for Health Care Services for the Bexar County region. The region is most fortunate that it has not suffered a major police incident ibn the last 15 years. Dr. Kelley was especially grateful to have University Health police de-escalate a patient incident in her presence.

**FOLLOW-UP:** None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A MEMORANDUM OF UNDERSTANDING WITH FAMILY VIOLENCE PREVENTION SERVICES, INC. FOR THE BATTERED WOMEN AND CHILDREN'S SHELTER AND RELATED SUPPORT SERVICES — SALLY TAYLOR, M.D.**

**SUMMARY:** Established in 1977, Family Violence Prevention Services, Inc. (FVPS), has the mission to break the cycle of violence and to strengthen families by providing the necessary tools for self-sufficiency. It includes services provided at the Battered Women and Children's Shelter (BWCS), the only shelter in Bexar County designated by the Health and Human Services Commission to serve both adult and child victims of violence. The BWCS typically has the highest average daily census of any shelter in Texas per data collected by the Texas Council on Family Violence. The purpose of this Memorandum of Understanding is for University Health to provide funding support for FVPS to address multiple needs including staff, other support services (such as food, transportation, kennels), psychiatric treatment (with a target goal of 200 unduplicated adults and 200 unduplicated children, and includes telemedicine treatment), and a forensic nurse (for on-site initial assessments for an estimated 250 women who have suffered injuries, including strangulation). FVPS has set target metrics for each of these areas of support. The MOU provides funding for a 13-month agreement with Family Violence Prevention Services, Inc., beginning December 1, 2020 in the amount of \$650,000. This contract amount is included in the Health System's 2020 and proposed 2021 budget. The workforce data composition for FVPS was provided for the Board's review.

**RECOMMENDATION:** Staff recommends the Board of Managers authorize the President/CEO to execute a 13-month agreement beginning December 1, 2020 in the amount of \$650,000 with Family Violence Prevention Services, Inc., to support the Battered Women and Children's Shelter.

**ACTION:** A **MOTION** to approve staff recommendation was made by Dr. Kelley, **SECONDED** by Ms. Fernandez, and **PASSED UNANIMOUSLY**.

**EVALUATION:** Discussion ensued regarding statistics cited by Dr. Taylor from a Status of Women report released in May 2019, which indicates that Bexar County has the highest rate of murder of women by male intimate partners of any major city in Texas. From 2017 to 2018, there was a 4 percent increase in family violence incidents (Texas Department of Public Safety). These issues are exacerbated by the COVID-19 pandemic, with widespread concern regarding the mental health repercussions, including the inability for victims to seek help and limited access to normal coping mechanisms. Studies of previous natural disasters indicate that increased domestic violence can last for months after a catastrophic event. In addition, victims who survive a strangulation attempt are unlikely to survive another violent encounter. Dr. Kelley acknowledged that domestic abuse has long been an ugly secret in Bexar County and Mr. Smith described domestic violence as a complex issue that many do not understand. The Board was also informed that many domestic violence victims will not leave the perpetrator if they must leave pets behind. Dr. Kelley asked about the shelter's policy regarding the housing of adolescent boys. For planning purposes and to gauge the program's longevity and sustainability, Ms. Fernandez asked for the amount of FVPS' total budget for fiscal year

2021 to ascertain what percentage comes from University Health. Dr. Jimenez asked if legal services are made available to the residents of the shelter, and was interest in knowing how the shelter and the women interact with Child Protective Services (CPS). In years past, CPS took a hard stand against victims of domestic violence for allowing the perpetrator to remain in the home, and CPS would remove children from the mother's care. The shelter provides legal services on site and Dr. Taylor acknowledged a general lack of general understanding of these situations when CPS gets involved. When Dr. Taylor toured the shelter, Ms. Marta Pelae, CEO, cited several successful cases where the women and shelter staff work directly with a judge and others so that their children are not immediately taken away. This MOU will fund 0.5 FTE position for a Director of Community Integrated Services to provide oversight of programs and enhance liaison activities with CPS (target to serve 175 unduplicated persons/year). In addition, when she toured the shelter she witnessed young boys of all ages and was not made aware that children of any age are excluded. Dr. Taylor did not have FVPS 2021 budget amount available.

FOLLOW-UP:

Dr. Taylor will confirm the housing policy for adolescent boys and will obtain the budget amount requested by Ms. Fernandez. Mr. Adams thanked Dr. Taylor for her leadership in this serious issue and for setting specific metrics; he is delighted to have University Health involved in an issue that requires everyone's attention.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A STAFFING AGREEMENT WITH ACCOUNTABLE HEALTHCARE STAFFING, INC. — ANDREA CASAS/TOMMYE AUSTIN, PH.D.**

SUMMARY:

University Health has used temporary agency staff for a number of years. In 2020, University Health had a higher utilization due to COVID-19 and the EPIC roll-out. Due to the uncertainty of the COVID-19 pandemic in 2021, University Health estimates the use of agency nurses at 2020 levels. This is a request is to secure professional services of qualified, temporary agency healthcare staff from Accountable Healthcare Staffing to assure appropriate coverage for ICU nurses and other areas when workers get sick and need time off to quarantine. Training will include appropriate orientation, including awareness and compliance with University Health policies and procedures. This contract will also ensure that University Health continues to provide exceptional patient care for San Antonio, Bexar County and beyond, which supports immediate and emerging goals. The total estimated expense requested is \$5,025,280 (Average Temp RN Rate: \$60.40 x 40 temps x 2,080 hours = \$5,025,280). The term of this agreement will be from December 1, 2020 through December 31, 2021. This is a planned expense and is included in the 2021 operating budget. This item is exempt from competitive acquisition because temporary staffing services are utilized as occasioned by critical staffing shortages for professional services as needed on a daily basis to ensure the highest quality of patient care is provided. The workforce composition of Accountable Healthcare Staff was provided for the Board's review.

- RECOMMENDATION: Staff recommends the Board of Managers approve a 13-month contract with Accountable Healthcare Staffing for temporary staffing services in the amount not to exceed \$5,025,280.
- ACTION: A **MOTION** to approve staff recommendation was made by Dr. Jimenez, **SECONDED** by Mr. Morris, and **PASSED UNANIMOUSLY**.
- EVALUATION: Mr. Morris' asked if the staff had considered on-boarding specialized nurse recruiters who are able to connect University Health with nurses from all over the country, rather than pay the 23 percent agency fee. The advantage of a working with a staffing agency is that they network all the time and are already well-connected. Dr. Jimenez feels that it would take a while for University Health to develop the same talent that the staffing agencies offer. To Dr. Jimenez's question about the role of graduate nurses during the pandemic, Dr. Austin replied that the State Board of Nurse Examiners has issued temporary licenses to these nurses so that they are able to work during the COVID-19 pandemic. Some of these new graduate nurses staff the internal STARS float pool, and the State of Texas is also waiving Texas licensing requirements for those nurses with out of state licenses. University Health accepts those nurses with multi-state licenses. Currently, the STARS float pool has approximately 300 nurses available. This agreement serves as a buffer for the well-being of the nursing staff to avoid burn out and to ensure there are no lapse in patient care when there are vacancies, especially on the Medicine Unit, the Operating Room, and the Emergency Department. Use of temporary staff nurses will be the last resort after all other internal means have been exhausted. At the present time University Hospital has approximately 80 high need patients that need one to one care, and has received only three COVID-19 patients from El Paso, Texas. During this year, on average, the staffing agency has provided 20-30 nurses per month. Also noted was University Health's very robust on-boarding program for nurses accredited through the American Nurses Credentialing Center. This is a good place for nurses to work.
- FOLLOW-UP: Mr. Adams asked for Mr. Morris and Dr. Austin to visit with each other at some point regarding his insight on temporary nurse staffing.

**CONSIDERATION AND APPROPRIATE ACTION FOR THE WOMEN'S AND CHILDREN'S HOSPITAL AND ASSOCIATED PROJECTS REGARDING FUNDING OF MEDICAL EQUIPMENT, ACTIVE I.T., FURNITURE, FIXTURES AND INCIDENTAL COSTS; CONTRACT AMENDMENTS WITH BROADDUS & ASSOCIATES FOR PROJECT MANAGEMENT SERVICES; TERRACON CONSULTANTS, INC. FOR MATERIALS TESTING; ENGINEERING ECONOMICS INC. FOR COMMISSIONING SERVICES; PREMIER HEALTHCARE SOLUTIONS, INC. FOR LIFE SAFETY CONSULTING' AND A GUARANTEED MAXIMUM PRICE PROPOSAL (GMP #12B) FOR THE BIOMED BUILD-OUT WITH JOERIS+JE DUNN, A JOINT VENTURE — DON RYDEN**

- SUMMARY: In March 2020, the Board approved an increase to construction costs and design fees to align with programming increases including: Core and shell growth in the Tower, including six (6) new loading dock bays; Programming true-up of functional departmental areas; Mechanical/electrical infrastructure; 12<sup>th</sup> Floor addition (Core and Shell);

Build-out of Floors 8-12; and Podium Expansion (Core and Shell). Medical equipment (MEQ), active IT, and furniture, fixtures, and non-medical equipment (FFE) costs were excluded from the March funding for the build-out of floors 8-12 and the Podium expansion core and shell. Adjustments to these soft costs and other non-construction costs were deferred pending completion of the design and the Construction Manager's assessment of overall construction schedule based on the construction documents. Completion of the initial construction documents in August allowed the Architectural/Engineering team, in coordination with University Health staff, to jointly refine project budget estimates. Mr. Ryden presented detailed tabulated adjustment amounts for each item (projected cost to completion, current approved budget, and increase request amounts).

- A. Medical Equipment, Active I.T.; Furniture & Fixtures, and Incidental Costs, BioMed Build-Out, Consultant Fees, and Owner's Alliance.  
 Total increase requested: **\$86,025,167**
  
- B. Amendments to Supporting Consulting Contracts  
 Cumulative amount of additional services required: **\$10,255,830**  
 (Of this \$10.25 million, **\$6.91** million will fund consultant fees under A. above).
  
- C. Guaranteed Maximum Price (GMP #12B)  
 Proposal for BioMed Build-Out **\$5,625,167**  
 Total contract value for GMPs #1 through #11: **\$415,274,880**  
 Combined revised contract total: **\$420,900,047**

Services provided by Broaddus (Program Manager); Terracon (Construction Materials Testing); EEI (Commissioning Agent) and Premier (Life Safety Consultant) were originally budgeted for the base scope of work and as additional scope of work for the Women's and Children's Hospital and Associated Projects; however, the requirement for oversight and inspection services has increased across the duration of the project as indicated below:

Current contract value	<b>\$10,055,655</b>
Additional fees to be committed	<b><u>\$10,225,830</u></b>
Proposed contract value to completion	<b><u>\$20,281,485</u></b>

Staff recommends the cost for this increased scope of work be funded from the Board Designated Fund, of which the Board has \$170.3 million in unencumbered as of October 31, 2020:

This request:	<b>\$80.40 million</b>
GMP #12B	<b>\$5.6 million</b>
Increases total approved Project budget to:	<b>\$777.6 million</b>

The workforce composition data for Joeris+JE Dunn, a Joint Venture, Broaddus & Associates, Engineering Economics, Inc., Premier Healthcare Solutions, and Terracon was provided for the Board's review. In addition, Mr. Ryden provided an updated summary of the Board

- approved Project budget and the proposed increased funding for the Board's perusal.
- RECOMMENDATION: Staff recommends Board of Managers' approval for the President/Chief Executive Officer to execute respective contract amendments accordingly:
- A) Additional funding for Women's and Children's Hospital and Associated Projects for Medical Equipment, Active I.T., Furniture & Fixtures and Incidental Costs; and the BioMed Build-Out:  
**\$86,025,167**
  - B) Resulting amendments to the respective consultant contracts:
    - \* Broaddus & Associates \$7,893,602  
**New (Revised) Contract Amount: \$15,880,462**
    - \* Terracon Consultants, Inc. \$1,439,718  
**New (Revised) Contract Amount: \$2,235,888**
    - \* Engineering Economics, Inc. \$679,165  
**New (Revised) Contract Amount: \$1,750,075**
    - \* Premier Healthcare Solutions, Inc. \$213,345  
**New (Revised) Contract Amount: \$415,060**
  - C) Amendment to the Construction Manager at Risk Agreement with Joeris+JE Dunn, a Joint Venture, for GMP #12B for BioMed Build-Out (not to exceed):  
**\$5,625,167**

ACTION: A **MOTION** to approve staff recommendation was made by Ms. Fernandez, **SECONDED** by Mr. Morris, and **PASSED UNANIMOUSLY**.

EVALUATION: Mr. Adams asked Mr. Ryden about his role at University Health and whether he was happy with the quality of the team he has established for himself. Mr. Ryden is very pleased, overall, about his team after making a few staffing adjustments regarding project managers; he is happy with the Joeris+Dunn joint venture and the program manager. This is a huge project with lots of moving parts so he and Mr. Hernandez are absolutely pleased. Dr. Jimenez touched upon a past garage catastrophe and the failure that occurred during that project, and emphasized that faith and trust in all contractors involved is of the essence. Mr. Ryden recalled the incident and reported that he and his team try to learn from past mistakes, one of the team's first meeting was about lessons learned while constructing the Sky Tower, and he emphasized their due diligence process to replicate and improve where it's possible. Dr. Jimenez asked about the new hospital's impact on teaching and recruiting of physicians, to which Dr. Hromas replied that he has 13 pediatric specialists in the pipeline who want to come here, and eight (8) new obstetrics and gynecology physicians. Dr. Hromas is receiving inquiries from the very best nationally, renowned physicians due to the new Women's and Children's Hospital. For the newer Board members, Mr. Hernandez clarified that the current capital improvement project is comprised of four projects: the Women's & Children's Hospital, and the associated projects include the Advanced Diagnostic Center, the parking garage, and the podium. Also noted was the fact that every year since the Sky Tower opened in 2014, University Health has had double digit growth once marketing started for the Sky Tower, and that stripped some

resources. The 12<sup>th</sup> floor of the Women's and Children's Hospital was added because it was the least expensive way to add 30 more beds. Mr. Hernandez is proud that University Hospital is now ranked number one (up from #4) in the city because of the Sky Tower. As chair of the Board's committee, Dr. Kelley is astounded with the leadership, preparations, and oversight of the project. She is most impressed with the integration of nurses and physicians during the planning process, and the community outreach by UT Health, which she noted is different for an academic medical center than in other parts of the country. Dr. Kelley has had the opportunity to tour the mock labor and delivery rooms and neonatal intensive care unit (NICU) rooms. The Labor and Delivery Unit in the new hospital has been designed to accommodate the birth of 5,200 babies up from 2,200 in the old birthing area. Pediatrics is projected to double in capacity from 50 to 100 patients, and the NICU is projected to increase from 50 to 90. University Health staff is working with local Federally Qualified Health Centers (FQHCs) and the School of Medicine as this census is expected to increase. Pediatrics has the greatest opportunity for growth; University Hospital cannot grow right now and the new hospital is about two years away, so the staff is trying to grow incrementally due to current capacity. Mr. Smith asked if the new hospital would be closed to physicians outside of UT Health and UMA. Mr. Banos replied that University Health is in the process of credentialing a couple of subspecialists so that they can bring their practice on board, and also negotiating with CommuniCare on births, and working with the School of Medicine to build a stronger and larger maternal fetal program. Mr. Adams thanked Mr. Ryden for his work. He has a vast amount of experience and is demanding of the people who work with him, he runs a well-managed process and will produce a quality facility. The Board of Managers feels very comfortable with this and eagerly awaits the new hospital.

FOLLOW-UP:

None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONSTRUCTION SERVICES CONTRACT WITH THE PORRAS GROUP, LLC D/B/A BRYCO CONSTRUCTION FOR COUNTER TOP REPAIRS AND UPGRADES AT THE UNIVERSITY FAMILY HEALTH CENTER - SOUTHWEST — DON RYDEN**

SUMMARY:

University Health is continuing with a system-wide repair and upgrade of its outpatient clinics. The University Family Health Center - Southwest, located at 2121 S.W. 36<sup>th</sup> Street is 24 years-old and has experienced deterioration of the plastic laminate countertops in exam rooms, breakrooms, clean and soiled supply rooms and workstations with chipped, broken and missing laminate conditions found throughout. An assessment was made and it was determined to replace countertops with the University Health standard solid surface tops to include integral sinks in order to maintain a clean environment while minimizing the spread of infectious diseases. Procurement Services solicited formal bids (RFCSP-220-06-034-CNST) and received seven (7) responses. The pricing ranges from \$282,711 to \$741,998 and construction schedules, in calendar days, range from 60 to 280 days. The proposals were evaluated based on the criteria provided to the firms in the RFCSP. Of the firms

that responded, Bryco Construction is recommended for selection based on their competitive pricing in the amount of \$489,722, proposed schedule - 77 calendar days, healthcare experience and safety record. This purchase is to be funded from 2020 operational funds. The workforce composition data for Bryco was provided for the Board's review.

RECOMMENDATION: Staff recommends the Board of Managers approve the selection of Bryco Construction as Contractor for Counter Top Repairs and Upgrades at the Southwest Clinic and authorize the President/Chief Executive Officer to execute a contract with The Porras Group, LLC, d/b/a Bryco Construction in the amount of \$489,722.

ACTION: A **MOTION** to approve staff's recommendation was made by Mr. Smith, **SECONDED** by Ms. Fernandez, and **PASSED UNANIMOUSLY**.

EVALUATION: None.

FOLLOW-UP: None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING THE FINANCIAL REPORT FOR OCTOBER 2020 — REED HURLEY**

SUMMARY: In October, University Health operations continued to be significantly impacted by the COVID-19 crisis resulting in stay at home and social distancing directives reducing patient activity. Clinical activity (as measured by inpatient discharges) was down 7.3 percent for the month compared to budget. Community First Health Plans (CFHP) fully insured membership was up 12.3 percent to budget. On a consolidated basis, gain from operations was \$22.7 million, \$16.8 million better than budget. The consolidated bottom line gain (before financing activity) was \$17.9 million, \$16.2 million better than the budgeted gain of \$1.7 million. Higher other operating revenue partially offset by higher operating expense resulted in performance better than budget. CFHP experienced a bottom line gain of \$7.0 million, which was \$8.4 million better than the budgeted loss of \$1.4 million. Higher premium revenue accounted for the improved performance to budget. Mr. Hurley reviewed notable increases and/or decreases from the December 31, 2019 Consolidated Balance Sheet in detail with the Board.

RECOMMENDATION: Staff recommends approval of the financial report for the month of November, subject to audit.

ACTION: A **MOTION** to approve staff's recommendation was made by Mr. Smith, **SECONDED** by Ms. Fernandez, and **PASSED UNANIMOUSLY**

EVALUATION: Travel restrictions during the pandemic total approximately \$30 million in savings for University Health.

FOLLOW-UP: None.

**PRESENTATIONS AND EDUCATION:**

**OPERATIONS REPORT AND SOUTHWEST TEXAS CRISIS COLLABORATIVE UPDATE — ED BANOS/SALLY TAYLOR, M.D.**



SUMMARY: In the interest of time, this presentation was delayed until the December Board meeting. Instead, Board members were invited to tour University Health's new Advanced Diagnostic Center (Heart/Vascular & Endoscopy Suite).

RECOMMENDATION: None.

ACTION: None.

EVALUATION: None.

FOLLOW-UP: None.

**INFORMATION ONLY ITEMS:**

**3<sup>RD</sup> QUARTER SUPPLIER DIVERSITY REPORT — EDWARD CRUZ/ANTONIO CARRILLO**

**UNIVERSITY HEALTH SYSTEM FOUNDATION REPORT — LENI KIRKMAN**

**REPORT ON RECENT RECOGNITIONS AND UPCOMING EVENTS — LENI KIRKMAN**

**UPDATE ON THE WOMEN'S AND CHILDREN'S HOSPITAL AND ASSOCIATED PROJECTS — DON RYDEN**

SUMMARY: Mr. Adams directed his colleague's attention to the four informational reports above and urged them to contact staff members directly with questions and/or comments.

RECOMMENDATION: These reports were provided for informational purposes only.

ACTION: No action was required by the Board.

EVALUATION: None.

FOLLOW-UP: None.

**ADJOURNMENT:**

Mr. Adams reconvened the public meeting and there being no further business, adjourned the meeting at 8:20 pm.

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James R. Adams  
Chair, Board of Managers

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George B. Hernández, Jr.  
Acting Secretary, Board of Managers

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Sandra D. Garcia, Recording Secretary



**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

**Tuesday, December 15, 2020**

**Consideration and Appropriate Action Regarding Medical-Dental Staff  
Membership and Privileges**

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**Background:**

The Board of Managers of University Health System has approval authority for the appointment of clinical providers to the Medical-Dental Staff and the granting of clinical privileges for overseeing the quality of care and provision of treatment to patients. University Health System's Professional Staff Services department (PSS) is responsible for ensuring compliance regarding all applicants for the credentialing and privileging of providers. Operating under the strict standards, Professional Staff Services handles the Health System's credentialing and privileging process from beginning to end as outlined below.

**Credentialing Process:**

Requests for the credentialing and privileging of clinical providers are collected and reviewed by UHS Medical-Dental Staff Coordinators who ensure that all necessary information is included in the application. A properly completed application is then sent to the Central Verifications Office (CVO) staff, within the UHS Professional Staff Services department, to perform primary source verifications of all professional activities from graduation of medical school to the present.

Once the CVO staff has completed the primary source verifications, the UHS PSS staff assembles a complete file to be reviewed by the appropriate clinical Department Chair at the UT Health School of Medicine. Once approved by the Department Chair, the complete file is presented to the appropriate Medical-Dental Staff Committee – either the UHS Allied Health or UHS Physician Credentials Committee for review and approval.

Upon approval, Professional Staff Services for UHS will request temporary privileges for the provider. Approval from the following are required in order to grant the Pendency of Application for Temporary Privileges: Chief of Medical-Dental Staff; the Director of UHS Professional Staff Services department; the VP of Legal Services; President/CEO of

## Consideration and Appropriate Action Regarding Medical-Dental Staff Membership and Privileges

December 15, 2020

Page 2 of 2

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the Health System or designee (Chief Medical Officer); and the Executive Committee of the Medical-Dental Staff. The UHS Board of Managers has final approval of all applicant files.

If final approval is received from the Board of Managers, the provider is placed on a two-year reappointment cycle. After 12 months' provisional review, the provider's status changes from Provisional to Active or Courtesy Staff depending on board certification and the frequency of patient encounters during the previous 12 months.


Pursuant to Article III, Section 3.3-1 of the Medical-Dental Staff Bylaws, initial appointments and reappointments to the Staff shall be made by the Board of Managers. The Board of Managers shall act on initial appointments, reappointments, or revocation of appointments only after there has been a recommendation from the Executive Committee.

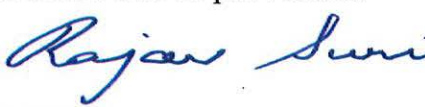
The Credentials Committee met on November 23, 2020 and reviewed the credential files of the individuals listed on the attached Credentials Report and the Professional Performance Evaluation Report. In its meeting of December 1, 2020, the Executive Committee of the Medical-Dental Staff recommended approval of the following:


### 1) Credentials Committee Report

#### Recommendation:

The following list of providers have been reviewed and approved in accordance with the Health System's credentialing and privileging process. We recommend the Board of Managers approve clinical privileges for the attached list of providers.

  
\_\_\_\_\_  
Bryan J. Alsip, M.D., M.P.H.  
Executive Vice President/  
Chief Medical Officer

  
\_\_\_\_\_  
Rajeev Suri, M.D.  
President, Medical-Dental Staff

  
\_\_\_\_\_  
George B. Hernández, Jr.  
President/Chief Executive Officer



# University Health System

## CREDENTIALS COMMITTEE

November 23, 2020

Revised December 1, 2020

Initial Appointments			
NAME	STATUS	DEPARTMENT/SECTION	COMMENTS
Berenson, Emily, MS	Pending	Pediatrics/Hematology-Oncology	
Causey, Marlin W., MD	Pending	Surgery/Vascular Surgery	
Devine, April, VT	Pending	Surgery/Vascular Surgery	6-Month Appointment
Fries, Charles Anton, MD	Pending	Surgery/Plastic Surgery	Dean's Waiver
Gutierrez, Maria I., RA	Pending	Medicine/Infectious Disease	
Hollsten, Jordan E., MD	Pending	Ophthalmology	
Kellogg Jr., Dean, MD	Pending	Medicine/Geriatrics	
Maglaski, Christine, RN	Pending	Medicine/Hematology-Oncology	
McEntire, Shane, MD	Pending	Surgery/Vascular Surgery	
Padilla, Katherine P. APRN-CNP	Pending	Family & Community Medicine	
Ruiz, Mario, MD	Pending	Radiology	
Trevino, Nicole, APRN, CNS	Pending	Medicine/Cardiology	6-Month Appointment
<b>The initial applications listed below were presented in an ad hoc committee on 11/12/2020</b>			
Cuvillier, James, MD	Pending	Medicine/Hospital Medicine	
Weber, Kasa L, PMHNP	Pending	Psychiatry	

ASC Medical Center			
NAME	STATUS	DEPARTMENT/SECTION	COMMENTS
Fries, Charles, MD	Pending	Surgery/Plastic Surgery	Dean's Waiver

ASC Robert B. Green			
NAME	STATUS	DEPARTMENT/SECTION	COMMENTS
None			

## REAPPOINTMENTS (December 14, 2020 – October 31, 2022)

ASC- Medical Center - Reappointment			
NAME	STATUS	DEPARTMENT/SECTION	COMMENTS
Benedikt, Amy C., MD	Courtesy	Anesthesiology	
Church-Hajduk, Robin, MD	Courtesy	Anesthesiology	
Gray, Lauren, CRNA	Advance Practice Nurse	Anesthesiology	
Kitchen, Dallas B., CRNA	Advance Practice Nurse	Anesthesiology	



Kraus, Stephen R., MD	Active	Urology	
Shepherd, John M., MD	Active	Anesthesiology	
Strehlow, Robert, MD	Active	Anesthesiology	
Wenzel, Michael P., MD	Active	Anesthesiology	

<b>ASC- Robert B. Green - Reappointment</b>			
<b>NAME</b>	<b>STATUS</b>	<b>DEPARTMENT/SECTION</b>	<b>COMMENTS</b>
Benedikt, Amy C., MD	Courtesy	Anesthesiology	
Church-Hajduk, Robin, MD	Courtesy	Anesthesiology	
Gray, Lauren A., CRNA	Advance Practice Nurse	Anesthesiology	
Kitchen, Dallas B., CRNA	Advance Practice Nurse	Anesthesiology	
Kraus, Stephen R., MD	Active	Urology	
Shepherd, John M., MD	Active	Anesthesiology	
Strehlow, Robert, MD	Active	Anesthesiology	
Wenzel, Michael P., MD	Active	Anesthesiology	

<b>Anesthesiology</b>			
<b>NAME</b>	<b>STATUS</b>	<b>DEPARTMENT/SECTION</b>	<b>COMMENTS</b>
Benedikt, Amy C., MD	Courtesy	Anesthesiology	
Cherry, Shane V., MD	Active	Anesthesiology	
Church-Hajduk, Robin, MD	Courtesy	Anesthesiology	
Gray, Lauren A., CRNA	Advance Practice Nurse	Anesthesiology	
Johnson, Wendell C., DO	Active	Anesthesiology	
Kitchen, Dallas B., CRNA	Advance Practice Nurse	Anesthesiology	
Shepherd, John M., MD	Courtesy	Anesthesiology	
Strehlow, Robert, MD	Courtesy	Anesthesiology	
Wenzel, Michael P., MD	Active	Anesthesiology	
Wilson, Travis D., MD	Active	Anesthesiology	

<b>Cardiothoracic Surgery</b>			
<b>NAME</b>	<b>STATUS</b>	<b>DEPARTMENT/SECTION</b>	<b>COMMENTS</b>
Donohue, Russell E., PF	Clinical Associate	Cardiothoracic Surgery	
Medina, Rebecca A., RN	Clinical Associate	Cardiothoracic Surgery	

<b>Emergency Medicine</b>			
<b>NAME</b>	<b>STATUS</b>	<b>DEPARTMENT/SECTION</b>	<b>COMMENTS</b>
Muck, Andrew E., MD	Active	Emergency Medicine	

<b>Family &amp; Community Medicine</b>			
<b>NAME</b>	<b>STATUS</b>	<b>DEPARTMENT/SECTION</b>	<b>COMMENTS</b>
Bolfing, Brandon L., MD	Active	Family & Community Medicine	
Cardona, Priscilla A., BS, CHW	Clinical Associate	Family & Community Medicine	
Das, Lloyd V., MD	Active	Family & Community Medicine	
Doty, Sue, MD	Active	Family & Community Medicine	Addition/Voluntary Reduction of Privileges

Emko, Nida J., MD	Active	Family & Community Medicine	Voluntary Reduction of Privileges
Escamilla, Daisy, RA	Research Associate	Family & Community Medicine	
Farrell, Nicole C., PharmD	Provisional	Family & Community Medicine	
Forster, Jacqueline N., LVN, RA	Research Associate	Family & Community Medicine	
George, Dinah S., MD	Active	Family & Community Medicine	
Gonzalez, Anny P., PA	Physician Assistant	Family & Community Medicine	
Hernandez, Daja, FNP	Advance Practice Nurse	Family & Community Medicine	References Only
Rodriguez, Yadira, PA-C	Physician Assistant	Family & Community Medicine	
Sanchez, Jeannette, CHW	Clinical Associate	Family & Community Medicine	

<b>Medicine</b>			
<b>NAME</b>	<b>STATUS</b>	<b>DEPARTMENT/SECTION</b>	<b>COMMENTS</b>
Agyin, Christina, FNP	Advance Practice Nurse	Medicine/Diabetes	
Alatrach, Mariam, RA	Research Associate	Medicine/Diabetes	
Anzueto, Antonio, MD	Provisional	Medicine/Pulmonary Diseases	
Bruder, Jan M., MD	Active	Medicine/Endocrinology	
Galindo, Marilyn B., MD	Active	Medicine/Hospital Medicine	
Hecht, Joan M., RN	Research Associate	Medicine/Cardiology	
Munoz, Adriana P., ACAGNP	Advance Practice Nurse	Medicine/Hospital Medicine	Voluntary Reduction of Privileges
Munoz, Betty, RA	Research Associate	Medicine/Diabetes	
Musi, Nicolas, MD	Active	Medicine/Diabetes	Addition of Privileges
Perkins, Wiley D., MD	Active	Medicine/Hospital Medicine	
Venkatesh, Aruna, MD	Active	Medicine/Endocrinology	

<b>Neurology</b>			
<b>NAME</b>	<b>STATUS</b>	<b>DEPARTMENT/SECTION</b>	<b>COMMENTS</b>
Carter, John E., MD	Active	Neurology	
Rhodes, Charlotte E., RA	Research Associate	Neurology	
Szabo, Charles A., MD	Active	Neurology	

<b>Neurosurgery</b>			
<b>NAME</b>	<b>STATUS</b>	<b>DEPARTMENT/SECTION</b>	<b>COMMENTS</b>
Molidor, Stephanie N., ACAGNP	Advance Practice Nurse	Neurosurgery	

<b>Pathology</b>			
<b>NAME</b>	<b>STATUS</b>	<b>DEPARTMENT/SECTION</b>	<b>COMMENTS</b>
Sharkey, Francis E., MD	Active	Pathology	
Walker, Jamie M., MD	Active	Pathology	

<b>Pediatrics</b>			
<b>NAME</b>	<b>STATUS</b>	<b>DEPARTMENT/SECTION</b>	<b>COMMENTS</b>
Arar, Mazen Y., MD	Courtesy	Pediatrics/Nephrology	
Assanasen, Chatchawin, MD	Active	Pediatrics/Hematology-Oncology	
Courand, Jon A., MD	Active	Pediatrics/Inpatient Pediatrics	
Goodson, Sarah A., FNP	Advance Practice Nurse	Pediatrics/Cardiology	
Grant-Vermont, Andrea J., MD	Active	Pediatrics/General Pediatrics	

Gurung, Meera, BS, RA	Research Associate	Pediatrics/Hematology-Oncology	
Hentschel-Franks, Karen A., DO	Courtesy	Pediatrics/Child Neurology	
Kashyap, Pooja, MD	Active	Pediatrics/Cardiology	
Long Parma, Dorothy A., RA	Research Associate	Pediatrics/Endocrinology	
Sanders, Robert S., DO	Active	Pediatrics/General Pediatrics	Addition to Privileges
Van Ramshorst, Ryan D., MD	Active	Pediatrics/General Pediatrics	

<b>Psychiatry</b>			
<b>NAME</b>	<b>STATUS</b>	<b>DEPARTMENT/SECTION</b>	<b>COMMENTS</b>
Ogburn, Kelin, MD	Active	Emergency Medicine	Addition to Privileges
Raj, Jeslina, PsyD	Affiliate	Psychiatry	

<b>Radiology</b>			
<b>NAME</b>	<b>STATUS</b>	<b>DEPARTMENT/SECTION</b>	<b>COMMENTS</b>
Banks, Kevin P., MD	Active	Radiology	
Benton, Christine E., MD	Active	Radiology	
Cerecero, Jennifer A., MS	Clinical Associate	Radiology	
Cone III, Robert O., MD	Active	Radiology	
Courtines, Michel-Alexis R., MD	Active	Radiology	
Duffy, Daniel H., MD	Active	Radiology	
Foster, Jeffrey L., MD	Active	Radiology	

<b>Rehabilitation Medicine</b>			
<b>NAME</b>	<b>STATUS</b>	<b>DEPARTMENT/SECTION</b>	<b>COMMENTS</b>
Harden, Jeannie, MD	Active	Rehabilitation Medicine	

<b>Surgery</b>			
<b>NAME</b>	<b>STATUS</b>	<b>DEPARTMENT/SECTION</b>	<b>COMMENTS</b>
Jaca, Evander L., BA, RA	Research Associate	Surgery/Trauma	
Kidd Jr., Joseph N., MD	Courtesy	Surgery/General Surgery	
Martinez, Joe A., ACAGNP	Advance Practice Nurse	Surgery/Trauma & Emergency Surgery	
Muir, Mark T., MD	Active	Surgery/Trauma & Emergency Surgery	
Welk, Dawn E., PNP	Advance Practice Nurse	Surgery/General Surgery	
Woodworth, Jillian L., RA	Research Associate	Surgery/Transplant	

<b>Urology</b>			
<b>NAME</b>	<b>STATUS</b>	<b>DEPARTMENT/SECTION</b>	<b>COMMENTS</b>
Kraus, Stephen R., MD	Active	Urology	

<b>Request for Waiver – Board Certification</b>			
<b>NAME</b>	<b>STATUS</b>	<b>DEPARTMENT/SECTION</b>	<b>COMMENTS</b>
Fries, Charles Anton, MD	Pending	Surgery/Plastic Surgery	Dean's Waiver

Updated DOP Form			
NAME	STATUS	DEPARTMENT/SECTION	COMMENTS
None			

Request for Additional Privileges/Voluntary Reduction			
NAME	STATUS	DEPARTMENT/SECTION	COMMENTS
Doty, Sue, MD	Active	Family & Community Medicine/BCDC	<b>Addition</b> Obstetrics Core Privileges (Ambulatory Only) <b>Reduction:</b> Pediatric Core Privileges; Newborn Core Privileges, Obstetrics Core Privileges
Emko, Nida J., MD	Active	Family & Community Medicine	<b>Reduction:</b> Adult Core Privileges: Administration of thrombolytics; Arthrocentesis; Aspiration breast cyst; Biopsy – cervix, endometrium, vaginal, vulva; Biopsy – intraoral, simple; Dilatation and curettage: Non-obstetrical/obstetrical; Endotracheal intubation; Evacuation, vulvar hematoma; Excision vulvar lesions; Extractions, dental – single uncomplicated; Flexible sigmoidoscopy; Fracture care, uncomplicated closed, minimally displaced and not involving joint; Incision and drainage – extra oral; Incision and drainage – marsupialization; Insertion of central line and IV; Lip surgery, extra oral – traumatic; Mechanical ventilation management; Parenteral hyperalimentation; Peripheral nerve blocks; Pulmonary function testing interpretation; Reduction – closed, simple fractures; Removal of foreign body, ophthalmic; Repair extra oral lacerations; Repair lacerations – cervical/uterine/vaginal; Repair tendon extensor; Revisions – scar; Shaves – lip; Spinal tap/lumbar puncture; Thoracentesis; Use of local/topical anesthesia; Vasectomies; Pediatric Core Privileges: Arterial puncture; Care of simple fractures or dislocation; Gastric lavage; Intraosseous needle placement; Lumbar puncture; Paracentesis; Peripheral IV placement for administration of intravenous therapy; Peripheral venous puncture with aspiration; Suprapubic bladder aspiration; Thoracentesis;



			Urethral catheterization Newborn Core Privileges: Arterial puncture; Care of simple fractures or dislocation; Circumcision; Gastric lavage; Incision and drainage; Intraosseous needle placement; Lumbar puncture; Peripheral IV placement for administration of intravenous therapy; Peripheral venous puncture with aspiration; Repair simple lacerations and suture removal; Suprapubic bladder aspiration; Urethral catheterization
Gonzalez, Rene R., FNP	Advance Practice Nurse	Surgery/General Surgery	<b>Reduction:</b> Drain Removal
Munoz, Adriana P., ACAGNP	Advance Practice Nurse	Medicine/Hospital Medicine	<b>Reduction:</b> Lumbar Puncture
Musi, Nicolas, MD	Active	Medicine/Diabetes	<b>Addition:</b> Interpret radionuclide localization of endocrine tissue
Ogburn, Kelin, MD	Active	Emergency Medicine	<b>Addition:</b> General Diagnostic procedures; General Therapeutic procedures; and Electroconvulsive Therapy
Sanders, Robert S., DO	Active	Pediatrics/General Pediatrics	<b>Additions:</b> Arterial puncture; Arthrocentesis for joint injection; Chest tube placement; Endotracheal intubation; Gastric lavage (such as to treat accidental ingestion); Performance of simple skin biopsy or excision; Placement of anterior and posterior nasal hemostatic packing; Suprapubic bladder aspiration; Thoracentesis; Umbilical artery and venous catheterization

Change of Status			
NAME	STATUS	DEPARTMENT/SECTION	COMMENTS
Bell, Keeley J., PA-C	Physician Assistant	Obstetrics/Gynecology	Change of Department to Surgery/Transplant and Supervising Physician to Elizabeth Thomas, DO
Fields, Kristina M., RA	Research Associate	Psychiatry	Return of Leave of Absence on 11/10/2020
Gonzalez, Rene R., FNP	Advanced Practice Nurse	Surgery/General Surgery	Change of Departments to Medicine/Infectious Diseases and Supervising Physician to Waridibo Evelyn Allison, MD
Martinez, Anna I., PMHNP	Advanced Practice Nurse	Psychiatry	Leave of Absence from 9/18/2020 to 01/04/2021
Romo, Terry Q., FNP	Advanced Practice Nurse	Medicine/Endocrinology	Change in Departments to Rehabilitation Medicine and Supervising Physician to Monica Verduzco-Gutierrez, MD

Medical Records Suspensions			
NAME	STATUS	DEPARTMENT/SECTION	FROM - TO
None			

Suspensions			
NAME	STATUS	DEPARTMENT/SECTION	COMMENTS
Duncan, James M., DDS	Active	Oral & Maxillofacial Surgery	Summary Suspension 11/02/2020
Kunavarapu, Chandrasekhar R., MD	Active	Medicine/Cardiology	Summary Suspension 11/02/2020


Reinstatements			
NAME	STATUS	DEPARTMENT/SECTION	COMMENTS
Duncan, James M., DDS	Active	Oral & Maxillofacial Surgery	Documentation Received 11/03/2020
Kunavarapu, Chandrasekhar R., MD	Active	Medicine/Cardiology	Documentation Received 11/11/2020

Ending of appointments		
NAME	DEPARTMENT/SECTION	ENDING DATE
Ahmad, Mohammed, MD	Medicine/Nephrology	09/01/2020
Ardhanari, Gnana, MD	Pediatrics/Critical Care	08/31/2020
Buell, Tamara, MD	Family & Community Medicine	10/01/2020
Crownover, Richard, MD	Radiation Oncology	10/30/2020
Dela Cerda, Jose, PA-C	Medicine	11/07/2020
Doris, Molly, RA	Urology	11/01/2020
Estrada, Angelita, FNP	Family & Community Medicine	11/12/2020
Gessay, Shawn, MS	Pediatrics/Hematology Oncology	08/07/2020
Gray, Angelica, LMSW	Family & Community Medicine	12/31/2019
Henry, James M., MD	Pathology	08/31/2020
Hernandez, Javier, MD	Urology	12/31/2020 ASC RBG & MC
Hughes, Grace S., FNP	Medicine/Cardiology	10/31/2020
Kincade Sr., John R., RN	Medicine/Diabetes	10/21/2020
Larios, Rose Marie, RA	Psychiatry	11/01/2020
Miller, Evelyn R., RN	Medicine/Infectious Disease	07/09/2020
Milroy, Stephanie RA	Surgery/Transplant	10/30/2020
Paetzol - Jacquelyn, DO	Anesthesiology	11/02/2020 ASC RBG & MC
Shah, Syed, MD	Pediatrics/Neonatology	10/08/2020
Subramanian, Sujata, MD	Cardiothoracic Surgery	10/26/2020
Taylor, Travis, MD	Anesthesiology	11/02/2020 ASC RBG & MC
Varner, James, PA-C	Family & Community Medicine	10/24/2020
Wang, Sean, MD	Emergency Medicine	10/31/2020
White, Carole, RA	Rehabilitation Medicine	10/31/2020

The above listed files have been reviewed by the members of the Credentials Committee and approved as submitted.

Prepared by:

 12-1-2020  
Gay Lynn Heaney Date  
Medical-Dental Staff Coordinator

 12/1/2020  
Mark T. Nadeau, MD Date  
Chairman, Credentials Committee

**Provider Profile**  
Emily A. Berenson, MS

**Personal Information**

Languages:

**Practice Information**

UT HEALTH SAN ANTONIO  
7703 FLOYD CURL DRIVE  
SAN ANTONIO, TX 78229

UT HEALTH SA PEDIATRICS HEMATOLOGY / ONCOLOGY  
4502 MEDICAL DRIVE  
SAN ANTONIO, TX 78229

**Licensure**

**State**

None

**Appointment**

**BEXAR COUNTY HOSPITAL DISTRICT**

Initial Appointment:  
Advancement:  
Last Reappointment:  
Next Appointment

Department: PEDIATRICS  
Division: HEMATOLOGY & ONCOLOGY  
Section:  
Status: PENDING

ID: 43264

**Board Certification**

**Certified**

**Initial Cert.**

**Expiration**

AMERICAN BOARD OF GENETIC COUNSELING

Pending

Specialty 1: GENETICS

Specialty 2:

**Professional Liability**

**From**

**To**

**Verified**

**Method**

**Negative**

Chapter 104 of Texas Civil Practice and Remedies Code  
Limits: \$100,000/\$300,000. | Terms:

07/06/2020 08/31/2021

**Medical/Professional Education**

**From**

**To**

Rhodes College

08/01/2011

05/16/2015

*Subject: BS of Neuroscience*

University of South Carolina School of Medicine

08/01/2018

05/09/2020

*Subject: MS of Genetic Counseling*

**Employment**

**From**

**To**

St. Jude Children's Research Hospital

06/01/2015

08/31/2015

University of Texas Southwestern Medical Center

08/03/2015

07/20/2018

University of South Carolina School of Medicine

09/03/2018

04/17/2020

*Gap: Moved from South Carolina to Texas*

05/15/2020

07/06/2020

UT Health San Antonio

07/06/2020

**Provider Profile**  
April R. Devine, VT

**Personal Information**

Languages:

**Practice Information**

UTHSCSA DEPT OF SURGERY, DIVISION OF VASCULAR SURGERY  
7703 FLOYD CURL DR, MC 7741  
SAN ANTONIO, TX 78229

UHS VASCULAR SURGERY CENTER  
4502 MEDICAL DRIVE, 3RD FLOOR  
SAN ANTONIO, TX 78229

MARC VASCULAR SUGERY CLINIC  
8300 FLOYD CURL DRIVE, 3RD FLOOR  
SAN ANTONIO, TX 78229

**Licensure**

**State**

**Appointment**

**BEXAR COUNTY HOSPITAL DISTRICT**

Initial Appointment:	Department:	DEPARTMENT OF SURGERY	ID: 43253
Advancement:	Division:	VASCULAR SURGERY	
Last Reappointment:	Section:		
Next Appointment:	Status:	PENDING	

**Board Certification**

**Certified Initial Cert. Expiration**

NOT BOARD CERTIFIED N

Specialty 1: Specialty 2:

**Professional Liability**

**From To Verified Method Negative**

UTHSCSA MALPRACTICE	09/14/202	12/31/205			
Limits: \$100,000-\$300,000.   Terms:	0	0			

**Medical/Professional Education**

**From To**

College of Healthcare Professions	03/14/2016	03/09/2018
Subject: Associates For Diagnostic Medical Sonography		

**Employment**

**From To**

Sonterra Cardiovascular Institute, PA	06/15/2018	08/31/2020
Goldenview Ultrasound	02/29/2020	03/11/2020
Goldenview Ultrasound	05/30/2020	09/30/2020
Healthgrade	07/20/2020	09/13/2020
UT Health San Antonio	09/01/2020	

**Hospital Affiliations**

**From To**

University Health System	Pending
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**Other**

**From To**

Gap: Subject: Seeking Employment After Graduation	03/09/2018	06/14/2018
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**Provider Profile**  
Charles A. Fries, MD

**Personal Information**

Languages:

**Practice Information**

7703 Floyd Curl Drive, MC 7844  
Division of Plastic Surgery  
San Antonio, TX 78229

8300 Floyd Curl Drive, 4th Floor - 4 A  
MARC Plastic Surgery  
San Antonio, TX 78229-3900

**Licensure**

**State**

State

TX

**Appointment**

**BEXAR COUNTY HOSPITAL DISTRICT**

Initial Appointment:

Department:

SURGERY

ID: 43154

Advancement:

Division:

PLASTIC & RECONSTRUCTIVE  
SURGERY

Last Reappointment:

Section:

Next Appointment

Status:

PENDING

**Board Certification**

**Certified**

**Initial Cert.**

**Expiration**

American Board of Plastic Surgery

Pending

Specialty 1: PLASTIC SURGERY

Specialty 2:

**Professional Liability**

**From**

**To**

**Verified**

**Method**

**Negative**

UTHSCSA MALPRACTICE

11/01/2020

08/31/2021

Limits: 500,000. - 1,500,000.. | Terms:

**Medical/Professional Education**

**From**

**To**

The University of Cambridge, Cambridge, DC  
Subject: *Bachelor of Medicine*

10/01/1998

01/24/2004

10/15/2020

On Line  
Query

N

The University of Cambridge, Cambridge, DC  
Subject: *Master of Arts*

04/02/2005

Chang Gung University, Taipei Taiwan,  
Subject: *MS - Reconstructive Microsurgery*

09/01/2016

01/31/2019

10/15/2020

Fax

N

UNIVERSITY OF CAMBRIDGE SCHOOL OF CLINICAL MEDICINE  
Subject: *PhD - pending degree*

09/01/2012

09/30/2019

10/23/2020

Degree  
Verify

N

**Training**

**From**

**To**

Residency The Royal Wolverhampton

06/08/2008

04/11/2008

10/26/2020

Fax

N

Subject: *ENT TRAINING*

Residency The Dudley Group, ,

11/01/2008

02/01/2009

10/23/2020

Memo to File

N

Subject: *Trauma and Orthopaedics CT1*

Residency The Royal Wolverhampton, ,

04/02/2009

04/08/2009

10/26/2020

Fax

N

Subject: *Vascular General Surgery*

Fellowship United States Army Institute of Surgical Research, San Antonio, TX

09/01/2012

03/31/2014

10/15/2020

Fax

N

Subject: *Research Program*

Fellowship Chang Gung Memorial Hospital, ,

10/01/2016

09/30/2017

10/13/2020

Fax

N

Subject: *Reconstructive Microsurgery*

Residency Health Education England,

09/01/2010

03/01/2018

10/19/2020

Fax

N

Subject: *Residency - Plastic Surgery*

**Employment**

**From**

**To**

Frontiers in Surgery

09/01/2014

Present

UT Health San Antonio, San Antonio, TX

11/01/2020

Present

Dr. Charles A. Fries, Oxford

11/01/2019

10/05/2020

University Hospitals Birmingham, Edgbaston, Birmingham

07/16/2018

12/01/2020

Oxford University Health, Garsington Road

01/09/2018

12/01/2020

**Provider Profile**  
Charles A. Fries, MD

**Hospital Affiliations**

	<b>From</b>	<b>To</b>
University Health System	Pending	
UHS Surgery Center – Medical Center	Pending	
Oxford Hospitals	07/01/2018	Present
Manor Hospital	10/01/2019	06/30/2020

**Provider Profile**  
 Maria I. Gutierrez, BS

**Personal Information**

Languages:

**Practice Information**

UT HEALTH SAN ANTONIO  
 7703 FLOYD CURL DR, MC 7881  
 MEDICINE/INFECTIOUS DISEASES  
 SAN ANTONIO, TX 78229

UNIVERSITY HEALTH SYSTEM  
 4502 MEDICAL DR  
 SAN ANTONIO, TX 78229

**Licensure State**

None

**Appointment**

**BEXAR COUNTY HOSPITAL DISTRICT**

Initial Appointment:	Department:	MEDICINE	ID: 43268
Advancement:	Division:	INFECTIOUS DISEASE	
Last Reappointment:	Section:		
Next Appointment:	Status:	PENDING	

**Board Certification Certified Initial Cert. Expiration**

NOT BOARD CERTIFIED N

Specialty 1: Specialty 2:

**Professional Liability From To Verified Method Negative**

Chapter 104 of Texas Civil Practice and Remedies Code 06/22/2020 12/31/2050  
 Limits: \$100,000-\$300,000. | Terms:

**Medical/Professional Education From To**

UNIVERSITY OF TEXAS AT SAN ANTONIO 08/01/2010 05/09/2015  
 Undergraduate

**Employment From To**

North East Independent School District	01/24/2012	07/13/2016
Joven	05/26/2015	08/11/2015
Employer Flexible	06/18/2016	06/18/2020
UT Health San Antonio	06/22/2020	

**Hospital Affiliations From To**

University Health System Pending



**Provider Profile**  
Jordan E. Hollsten, MD

**Personal Information**

Languages:

**Practice Information**

7703 FLOYD CURL DR, MS6230  
SAN ANTONIO, TX 78229

EYE & FACIAL PLASTICS SPECIALITIES  
4114 POND HILL RD, STE 100  
SAN ANTONIO, TX 78231

701 S. ZARZAMORA  
SAN ANTONIO, TX

**Licensure State**

State License TX

**Appointment**

**BEXAR COUNTY HOSPITAL DISTRICT**

Initial Appointment:	Department:	OPHTHALMOLOGY	ID: 33004
Advancement:	Division:		
Last Reappointment:	Section:		
Next Appointment:	Status:	PENDING	

**Board Certification**

	<b>Certified</b>	<b>Initial Cert.</b>	<b>Expiration</b>
AMERICAN BOARD OF OPHTHALMOLOGY	Current	06/10/2018	12/31/2028

Specialty 1: OPHTHALMOLOGY

Specialty 2:

**Professional Liability**

	<b>From</b>	<b>To</b>	<b>Verified</b>	<b>Method</b>	<b>Negative</b>
TEXAS MEDICAL LIABILITY TRUST Limits: 500,000-1,000,000.   Terms:	07/01/2020	07/01/2021			

**Medical/Professional Education**

	<b>From</b>	<b>To</b>
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER <i>Subject: Doctor Medicine</i>	04/18/2005	05/24/2009

**Training**

	<b>From</b>	<b>To</b>
Fellowship UT HEALTH SCIENCE CENTER AT SAN ANTONIO <i>Subject: Ophthalmic Plastic &amp; Reconstructive Surgery</i>	07/01/2014	06/30/2016
Residency SHANDS HOSPITAL UNIV OF FLORIDA <i>Subject: Ophthalmology</i>	07/01/2010	06/30/2013
Internship UNIVERSITY OF TENNESSEE MEDICAL CENTER <i>Subject: Transitional Year</i>	07/01/2009	06/30/2010

**Employment**

	<b>From</b>	<b>To</b>
UT Health San Antonio	12/14/2020	PRESENT
US DEPARTMENT OF VETERANS AFFAIRS	07/01/2016	PRESENT
DONALD A. HOLLSTEN, MD/DBA EYE FACIAL PLASTIC SPECIALIST	07/01/2013	PRESENT
UT HEALTH SAN ANTONIO, SAN ANTONIO, TX	07/25/2008	06/29/2016

**Hospital Affiliations**

	<b>From</b>	<b>To</b>
UNIVERSITY HEALTH SYSTEM, SAN ANTONIO, TX	Pending	Present
METHODIST HEALTHCARE SYSTEM HOSPITALS SAN ANTONIO	09/19/2013	Present
CHRISTUS SANTA ROSA, SAN ANTONIO, TX	09/01/2013	Present
UHS SURGERY CENTER - MEDICAL CENTER, SAN ANTONIO, TX	12/13/2016	07/01/2018
UNIVERSITY HEALTH SYSTEM-SAN ANTONIO, SAN ANTONIO, TX	12/16/2014	07/01/2018
UHS SURGERY CENTER - RBG CAMPUS, SAN ANTONIO, TX	12/13/2016	07/01/2018
BAPTIST HEALTH SYSTEM - SAN ANTONIO, SAN ANTONIO, TX	01/23/2014	Present

**Provider Profile**  
Jordan E. Hollsten, MD

METHODIST AMBULATORY SURGERY HOSPITAL - NORTHWEST

08/22/2013

05/08/2020

---

**Provider Profile**  
Christine A. Maglaki, RN

**Personal Information**

Languages:

**Practice Information**

UT HEALTH SAN ANTONIO  
7979 Wurzbach  
SAN ANTONIO, TX 78229

MAYS CANCER CENTER  
7979 WURZBACH RD  
SAN ANTONIO, TX 78229

**Licensure**

**State**

State License

TX

**Appointment**

**BEXAR COUNTY HOSPITAL DISTRICT**

Initial Appointment:

Department:

MEDICINE

ID: 43239

Advancement:

Division:

HEMATOLOGY  
& ONCOLOGY

Last Reappointment:

Section:

PENDING

Next Appointment

Status:

**Board Certification**

**Certified**

**Initial Cert.**

**Expiration**

NOT APPLICABLE

N

Specialty 1:

Specialty 2:

**Professional Liability**

**From**

**To**

**Verified**

**Method**

**Negative**

Chapters 101, 104, 108 Of TX Civil Practice & Remedies Code  
Limits: 100,000 - 300,000. | Terms:

12/31/2050

**Medical/Professional Education**

**From**

**To**

Baptist School of Health Professions

09/02/2014

05/01/2016

*Subject: Associates of Applied Science*

**Employment**

**From**

**To**

Hannah Home Health

07/01/2014

06/01/2016

Northeast Baptist Hospital

06/01/2015

Medtrust LLC

07/02/2018

09/15/2018

UT Health San Antonio

01/13/2020

**Hospital Affiliations**

**From**

**To**

University Health System

Pending

**Provider Profile**  
 Katherine P. Padilla, APRN

**Personal Information**

Languages:

**Practice Information**

UNIVERSITY MEDICINE ASSOCIATES  
 903 W MARTIN 2ND FLOOR MS 27-2  
 SAN ANTONIO, TX 78207

UNIVERSITY MEDICINE ASSOCIATES  
 200 N. Comal  
 Adult Detention Center  
 SAN ANTONIO, TX 78207

**Licensure State**

State License TX

**Appointment**

**BEXAR COUNTY HOSPITAL DISTRICT**

Initial Appointment: Department: FAMILY & COMMUNITY MEDICINE ID: 43318  
 Advancement: Division:  
 Last Reappointment: Section:  
 Next Appointment: Status: PENDING

**Board Certification Certified Initial Cert. Expiration**

AMERICAN ACADEMY OF NURSE PRACTITIONERS 19 09/24/2014 09/23/2024

Specialty 1: FAMILY NURSE PRACTITIONER Specialty 2:

**Professional Liability From To Verified Method Negative**

UNIVERSITY HEALTH SYSTEM SELF INSURANCE 11/01/2020 12/31/2050

Limits: 100,000. - 300,000.. | Terms:

**Medical/Professional Education From To**

UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER 08/28/2006 05/09/2008

Subject: BSN

**Employment From To**

UNIVERSITY MEDICINE ASSOCIATES 11/18/2020 Present

PARALLON WORKFORCE MANAGEMENT SOLUTIONS 11/08/2011 09/18/2012

UNIVERSITY HEALTH SYSTEM 06/23/2008 02/01/2013

MEDTRUST 03/12/2012 02/11/2014

HOMETOWN HEALTHCARE, LLC, TX 10/14/2014 08/20/2015

COMPHEALTH , CHNLE, AZ 09/14/2015 12/18/2015

COMPHEALTH , TSAILE, AZ 01/11/2016 03/04/2016

COMPHEALTH , DILLEY, TX 03/14/2016 10/06/2016

COMPHEALTH, PINON, AZ 10/24/2016 04/28/2017

INDIAN HEALTH SERVICES, FORT DEFIANCE, AZ 06/11/2017 01/07/2020

**Hospital Affiliations From To**

University Health System Pending

**Other From To**

GAP Subject: Taking time to study for testing 08/12/2014 10/13/2014

GAP Subject: Resigned nurse practitioner position to become primary caregiver for my newborn during COVID-19 pandemic 01/08/2020 11/01/2020

**Provider Profile**  
Marlin W. Causey, MD

**Personal Information**

Languages:

**Practice Information**

UT HEALTH SAN ANTONIO  
7703 FLOYD CURL DR MC 7741  
SAN ANTONIO, TX 78229

UT HEALTH SAN ANTONIO  
UHS - VASCULAR SURGERY CLINIC  
4502 MEDICAL DRIVE, 3RD FLOOR  
SAN ANTONIO, TX 78229

**Licensure**

**State**

State License

TX

**Appointment**

**BEXAR COUNTY HOSPITAL DISTRICT**

Initial Appointment:  
Advancement:  
Last Reappointment:  
Next Appointment:

Department: SURGERY ID: 43110  
Division: VASCULAR SURGERY  
Section:  
Status: PENDING

**Board Certification**

**Certified**

**Initial Cert.**

**Expiration**

American Board of Surgery  
American Board of Surgery/Vascular Sugery

Current 03/24/2014 12/31/2024  
Current 05/23/2017 12/31/2027

Specialty 1: General Surgery

Specialty 2: Vascular Surgery

**Professional Liability**

**From**

**To**

**Verified**

**Method**

**Negative**

UTHSCSA MALPRACTICE

10/01/2020 08/31/2021

Limits: 500,000. - 1,500,000.. | Terms:

**Medical/Professional Education**

**From**

**To**

MEDICAL COLLEGE OF GEORGIA SCHOOL OF MEDICINE  
*Subject: Doctor of Medicine*

08/11/2003 05/11/2007

US MILITARY ACADEMY  
*Subject: Bachelor of Science - Chemistry*

06/28/1999 05/31/2003

**Training**

**From**

**To**

Fellowship UNIVERSITY OF CALIFORNIA, SAN FRANCISCO  
*Subject: Vascular Surgery*

07/01/2013 06/30/2015

Residency MADIGAN ARMY MEDICAL CENTER  
*Subject: Internship & Residency - General Surgery*

07/01/2007 06/30/2013

**Employment**

**From**

**To**

Army  
San Antonio Military Medical Center  
Uniformed Services University Health Services  
Weatherby Locums  
Comp Health Locum Tenens  
San Antonio Vascular and Endovascular Clinic  
UT Health San Antonio

06/28/1999  
07/01/2015  
05/18/2016  
12/05/2016 12/05/2018  
02/17/2017 02/14/2020  
04/01/2019  
01/01/2020

**Hospital Affiliations**

**From**

**To**

University Health System  
Saint Mary's Hospital & Medical Center  
Madigan Army Medical Center  
Brooke Army Medical Center - Fort Sam  
Saint Vincent Hospital - Montana  
Santa Rosa Memorial Hospital

Pending  
07/31/2018  
06/30/2013  
07/31/2015  
10/24/2016 08/15/2018  
04/25/2017

**Provider Profile**  
Marlin W. Causey, MD

Baptist Medical Center	08/30/2018	
Mission Trail Baptist Hospital	08/30/2018	
Holy Rosary Healthcare	09/13/2018	02/20/2020
Southwest General Hospital	09/18/2018	
Christus Santa Rosa	06/15/2019	
Methodist Healthcare System	06/20/2019	

**Provider Profile**  
Dean L. Kellogg Jr, MD

**Personal Information**

Languages:

**Practice Information**

DEPARTMENT OF GERIATRICS MC7875  
7703 FLOYD CURL DRIVE  
SAN ANTONIO, TX 78229

DEPARTMENT OF GERIATRICS MC7875  
7703 FLOYD CURL DRIVE  
SAN ANTONIO, TX 78229

**Licensure State**

State License TX

**Appointment**

**BEXAR COUNTY HOSPITAL DISTRICT**

Initial Appointment:	Department:	MEDICINE	ID: 13022
Advancement:	Division:	GERIATRICS	
Last Reappointment:	Section:		
Next Appointment	Status:	PENDING	

**Board Certification**

	<b>Certified</b>	<b>Initial Cert.</b>	<b>Expiration</b>
AMERICAN BOARD OF INTERNAL MEDICINE	Current	09/12/1990	12/31/2023

Specialty 1: INTERNAL MEDICINE

Specialty 2:

**Professional Liability**

	<b>From</b>	<b>To</b>	<b>Verified</b>	<b>Method</b>	<b>Negative</b>
UTHSCSA MALPRACTICE	09/01/2019	08/31/2021			

Limits: 500,000-1,500,000. | Terms:

**Medical/Professional Education**

	<b>From</b>	<b>To</b>
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO Medical Education	Medical Education	08/01/1981

**Training**

	<b>From</b>	<b>To</b>
Fellowship UT HEALTH SCIENCE CENTER AT SAN ANTONIO <i>Subject: PHARMACOLOGY TRAINING</i>	07/01/1992	06/30/1994
Residency UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER - SA <i>Subject:</i>	07/01/1988	06/30/1990
Internship UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER - SA <i>Subject: Family Practice</i>	07/01/1985	06/30/1986

**Employment**

	<b>From</b>	<b>To</b>
UTHSCSA	07/01/1990	
VA Veterans Hospital	07/01/1994	

**Hospital Affiliations**

	<b>From</b>	<b>To</b>
University Health System	07/06/1990	01/01/2009
University Health System	Pending	
VA Medical Center	06/23/1994	

**Provider Profile**  
Shane P. McEntire, MD

**Personal Information**

Languages:

**Practice Information**

UT HEALTH SAN ANTONIO  
7703 FLOYD CURL DRIVE, MC 7741  
DEPARTMENT OF SURGERY VASCULAR SURGERY  
SAN ANTONIO, TX 78229

UT MEDICINE  
UHS - VASCULAR CLINIC  
4502 MEDICAL DRIVE  
SAN ANTONIO, TX 78238

**Licensure State**

State License TX

**Appointment**

**BEXAR COUNTY HOSPITAL DISTRICT**

Initial Appointment:	Department:	SURGERY	ID: 43157
Advancement:	Division:	VASCULAR SURGERY	
Last Reappointment:	Section:		
Next Appointment:	Status:	PENDING	

**Board Certification**

	<b>Certified</b>	<b>Initial Cert.</b>	<b>Expiration</b>
American Board of Surgery/Vascular Surgery	Current	05/22/2018	12/31/2028
American Board of Surgery	Current	01/30/2013	07/01/2023
Specialty 1: VASCULAR SURGERY	Specialty 2:	GENERAL SURGERY	

**Professional Liability**

	<b>From</b>	<b>To</b>	<b>Verified</b>	<b>Method</b>	<b>Negative</b>
UTHSCSA MALPRACTICE	01/01/2020	08/31/2021			

Limits: . | Terms:

**Medical/Professional Education**

	<b>From</b>	<b>To</b>
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES <i>Subject: Doctor of Medicine</i>	08/01/2001	08/01/2001
HENDRIX COLLEGE <i>Subject: Biology</i>	09/01/1996	05/01/2000

**Training**

	<b>From</b>	<b>To</b>
Fellowship CAROLINAS MEDICAL CENTER - GME <i>Subject: VASCULAR SURGERY (GENERAL SURGERY)</i>	07/01/2015	06/30/2017
Residency TRIPLER ARMY MEDICAL CENTER <i>Subject: GENERAL SURGERY</i>	07/01/2007	06/30/2012
Internship Eisenhower Army Medical Center <i>Subject: General Surgery Internship</i>	07/01/2005	06/30/2006

**Employment**

	<b>From</b>	<b>To</b>
UT HEALTH SAN ANTONIO, SAN ANTONIO, TX	11/05/2020	PRESENT
Preferred Solutions, LLC, Houston, TX	09/01/2018	PRESENT
Weatherby Healthcare, Fort Lauderdale, FL	04/01/2014	04/01/2015
Weatherby Healthcare,	05/17/2013	05/17/2015

**Hospital Affiliations**

	<b>From</b>	<b>To</b>
UNIVERSITY HEALTH SYSTEM	PENDING	
SAN ANTONIO MILITARY MEDICAL CENTER	07/17/2017	Present
WEED ARMY COMMUNITY HOSPITAL FORT IRWIN, CA	08/01/2006	07/01/2007
GENERAL LEONARD WOOD ARMY COMMUNITY HOSPITAL	07/01/2012	12/01/2013
ST VINCENT HOSP & HLTH CTR	09/04/2018	09/04/2018
ST. MARY'S MEDICAL CENTER	09/04/2018	09/04/2018
AUDIE L. MURPHY MEMORIAL VA HOSPITAL,	04/01/2019	04/01/2020



**Provider Profile**  
Trevino, Nicole M., AGNP, CNS

**Personal Information**

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Birthdate: 01/21/1982	Gender: F	Medicare: 590498YK00	UPIN:
Birth Place: San Antonio	Citizen: US	Medicare Sanctions:	Medicaid: 377621301
NPI: 1932649936			
Languages:			

**Practice Information**

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**CREDENTIALING CONTACT**

VERONICA RAMERIZ  
7703 FLOYD CURL DRIVE, DEPT OF MEDICINE,  
MC 7872  
SAN ANTONIO, TX 78229  
Telephone: (210) 567-4068 Fax Number: (210) 567-4123

**UH MAILING ADDRESS**

7703 FLOYD CURL DRIVE  
DEPT OF MEDICINE/Cardiology MC 7872  
SAN ANTONIO, TX 78229  
Telephone: (210) 567-4601 Fax Number: (210) 567-6960

**UH PRIMARY OFFICE ADDRESS**

UNIVERSITY HEALTH SYSTEM  
4502 Medical Dr  
SAN ANTONIO, TX 78229  
Telephone: (210) 358-4000 Fax Number: (210) 567-6960

**UH SECONDARY ADDRESS**

RBG CARDIOLOGY  
903 W MARTIN  
SAN ANTONIO, TX 78207  
Telephone: (210) 358-3555 Fax Number: (210) 358-5945

**UH SECONDARY ADDRESS**

UT HEALTH PHYSICIANS  
UT HEALTH HILL COUNTRY  
723 OLD FREDERICKSBURG RD  
BOERNE, TX 78015  
Telephone: (210) 450-6800 Fax Number: (210) 450-6801

**UH SECONDARY ADDRESS**

MARC CARDIOLOGY  
8300 FLOYD CURL DR 3RD FLOOR 3B  
SAN ANTONIO, TX 78229  
Telephone: (210) 450-4888 Fax Number: (210) 450-6018

Licensure	Number	State	Expires	Comments/Schedule
STATE LICENSE	752208	TX	01/31/2022	
STATE LICENSE	AP133043	TX	01/31/2022	
PRESCRIPTIVE RIGHTS	22316	TX	01/31/2022	
CPR	BLS	TX	09/14/2022	Required
DEA	Pending	TX		Pending Address Change

**Appointment**

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**BEXAR COUNTY HOSPITAL DISTRICT**

Initial Appointment:	Department:	DEPARTMENT OF MEDICINE	ID: 40347
Advancement:	Division:	CARDIOLOGY	Data Bank: 10/09/2020
Last Reappointment:	Section:	CARDIOLOGY	Query Results: PDS Status Report
Next Appointment	Status:		Category:

**Provider Profile**  
Trevino, Nicole M., AGNP, CNS

<b>Board Certification</b>	<b>Certified</b>	<b>Initial Cert.</b>	<b>Last Cert.</b>	<b>Expires</b>
AMERICAN NURSES CREDENTIALING CENTER (ADULT GERONTOLOGY NURSE PRACTITIONER)	CURRENT	10/12/2016		10/11/2021

Specialty 1: ADULT NURSE PRACTITIONER  
Specialty 3:

Specialty 2:  
Specialty 4:

<b>Professional Liability</b>	<b>From</b>	<b>To</b>	<b>Verified</b>	<b>Method</b>	<b>Negative</b>
CHAPTERS 101, 104, 108 OF TEXAS CIVIL PRACTICE AND REMEDIES CODE N/A Limits: 100,000 - 300,000   Terms: Upon Termination	11/01/2020	12/31/2050			

<b>Undergraduate Education</b>	<b>From</b>	<b>To</b>	<b>Verified</b>	<b>Method</b>	<b>Negative</b>
UNIVERSITY OF THE INCARNATE WORD SAN ANTONIO, TX <i>Subject: Bachelor of Science-Nursing</i>	04/01/2005	12/08/2007			

<b>Medical/Professional Education</b>	<b>From</b>	<b>To</b>	<b>Verified</b>	<b>Method</b>	<b>Negative</b>
UNIVERSITY OF THE INCARNATE WORD SAN ANTONIO, TX <i>Subject: Master of Science in Nursing</i>	01/01/2014	08/05/2016	10/02/2020	National Student Clearinghouse	N

<b>Employment</b>	<b>From</b>	<b>To</b>	<b>Verified</b>	<b>Method</b>	<b>Negative</b>
UT HEALTH SAN ANTONIO, SAN ANTONIO, TX	11/02/2020	Present	10/02/2020	Memo to File	N
METHODIST SPECIALTY AND TRANSPLANT SAN ANTONIO, TX	06/16/2008	04/23/2011	10/08/2020	On Line	N
ODESSA REGIONAL MEDICAL CENTER ODESSA, TX	04/25/2011	08/09/2013	10/02/2020	Online	N
SOUTHWEST GENERAL HOSPITAL SAN ANTONIO, TX	04/25/2011	08/09/2013	10/02/2020	Online	N
METHODIST STONE OAK SAN ANTONIO, TX	05/01/2014	07/31/2015	10/15/2020	Memo to File	N
TEXAS LIVER INSTITUTE SAN ANTONIO, TX	02/08/2017	06/21/2017	10/02/2020	On Line	N
METROPOLITAN METHODIST HOSPITAL SAN ANTONIO, TX	05/21/2007	08/24/2017	10/02/2020	On Line	N
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER SAN ANTONIO SAN ANTONIO, TX	06/26/2017	01/07/2019	10/02/2020	Online	N
ROLLING MEADOWS HOSPICE LLC, BEDFORD, TX	09/03/2019	10/04/2019	10/02/2020	On Line	N

<b>Hospital Affiliations</b>	<b>From</b>	<b>To</b>	<b>Verified</b>	<b>Method</b>	<b>Negative</b>
UNIVERSITY HEALTH SYSTEM-SAN ANTONIO SAN ANTONIO, TX	PENDING		10/02/2020	Memo to File	N
UNIVERSITY HEALTH SYSTEM SAN ANTONIO, TX	06/27/2017	01/08/2019	10/02/2020	Memo to File	N

<b>Other</b>	<b>From</b>	<b>To</b>	<b>Verified</b>	<b>Method</b>	<b>Negative</b>
GAP <i>Subject: Took care of Mom with terminal cancer and newborn baby.</i>	01/01/2019	10/31/2020	10/02/2020	Memo to File	N

**Provider Profile**  
 Mario E. Ruiz, MD

**Personal Information**

Languages:

**Practice Information**

18126 PRESTONSHIRE  
 SAN ANTONIO, TX 78258

KALAGA, P.A.  
 18126 PRESTONSHIRE  
 SAN ANTONIO, TX 78258

**Licensure State**

State License TX

**Appointment**

**BEXAR COUNTY HOSPITAL DISTRICT**

Initial Appointment:	Department:	Radiology	ID: 43378
Advancement:	Division:		
Last Reappointment:	Section:		
Next Appointment:	Status:	PENDING	

**Board Certification**

**Certified Initial Cert. Expiration**

American Board of Radiology/Diagnostic	11/04/1996	12/31/2050
American Board of Radiology/Pediatric	11/02/1998	03/15/2021

Specialty 1: Diagnostic Radiology

Specialty 2: Pediatric Radiology

**Professional Liability**

**From To Verified Method Negative**

UTHSCSA MALPRACTICE	11/01/2020	08/31/2021			
Limits: \$500,000/\$1,500,000.   Terms:					

**Medical/Professional Education**

**From To**

FRANCISCO MARROQUIN MEDICAL SCHOOL	Medical Education	08/01/1980
<i>Subject: Doctor of Medicine</i>		

**Training**

**From To**

Fellowship MEDICAL COLLEGE OF WISCONSIN	07/01/1994	06/30/1996
<i>Subject: PEDIATRIC RADIOLOGY</i>		
Residency MEDICAL COLLEGE OF WISCONSIN	02/01/1990	06/30/1994
<i>Subject: Radiology</i>		

**Employment**

**From To**

KALAG, PA	07/01/2004	
Concord Imaging	03/01/2008	
Edinburg Radiology	03/01/2018	
UT Health San Antonio	10/01/2020	
M&S Imaging Associates, PA	03/01/1999	06/30/2004
The Imaging Center at Stone Oak	08/01/2005	08/31/2007

**Hospital Affiliations**

**From To**

University Health System	Pending	
McAllen Heart Hospital	09/08/2004	11/01/2018
Edinburg Children's Hospital	09/28/2004	11/01/2018
Edinburg Regional Medical Center	09/28/2004	11/01/2018
Edinburg Regional Rehab Center	09/28/2004	11/01/2018
McAllen Medical Center	09/28/2004	11/01/2018
South Texas Behavior Center	09/28/2004	11/01/2018
Christus Santa Rosa Health Care	01/09/2013	11/30/2018
Christus Santa Rosa Children's Hospital	01/09/2013	
Christus Santa Rosa Hospital- Alamo Hospital	12/01/2014	10/31/2017
Children's Hospital at Providence	08/28/2019	

**Provider Profile**

**Mario E. Ruiz, MD**

The Hospital Providence Sierra Campus  
Sierra Providence East Medical Center  
The Hospitals of Providence Transmountain Campus  
Concord Imaging

08/29/2019  
08/29/2019  
02/07/2020  
12/01/2005

**Provider Profile**  
Kasa L. Weber, PMHNP

**Personal Information**

Languages:

**Practice Information**

UT HEALTH SCIENCE CENTER AT SAN ANTONIO  
7703 FLOYD CURL DRIVE, DEPT OF PSYCHIATRY  
SAN ANTONIO, TX 78229

CLARITY CHILD GUIDANCE  
8535 TOM SLICK DRIVE  
SAN ANTONIO, TX 78229

UT HEALTH PHYSICIANS  
7703 Floyd Curl Drive  
San Antonio, TX 78229

**Licensure**

**State**

State License

TX

**Appointment**

**BEXAR COUNTY HOSPITAL DISTRICT**

Initial Appointment:	Department:	PSYCHIATRY	ID: 43152
Advancement:	Division:		
Last Reappointment:	Section:		
Next Appointment	Status:	PENDING	

**Board Certification**

**Certified**

**Initial Cert.**

**Expiration**

AMERICAN NURSES CREDENTIALING CENTER

Current

08/28/2020

08/27/2025

Specialty 1: NURSE PRACTITIONER

Specialty 2:

**Professional Liability**

**From**

**To**

**Verified**

**Method**

**Negative**

CHAPTERS 101, 104, 108 OF TEXAS CIVIL PRACTICE

11/09/2020

12/31/2050

Limits: 250,000 - 500,000. | Terms:

**Medical/Professional Education**

**From**

**To**

Vanderbilt University

08/15/2018

08/07/2020

Subject: Master of Science in Nursing

Virginia Commonwealth University

08/01/2016

12/23/2017

Subject: Bachelor of Science - Psychology

**Employment**

**From**

**To**

UT HEALTH SAN ANTONIO

11/09/2020

**Hospital Affiliations**

**From**

**To**

UNIVERSITY HEALTH SYSTEM

Pending

**Other**

**From**

**To**

GAP Subject: Applying and preparing for graduate school at Vanderbilt.

01/01/2018

07/31/2018

GAP Subject: First year of graduate school at Vanderbilt completing RN education

08/01/2018

10/31/2019

GAP Subject: Attending VCO and worked as a research assistant

05/01/2017

10/31/2019

GAP Subject: Applying for license, preparing for licensure exam

08/01/2020

11/30/2020

**Provider Profile**  
James M. Cuvillier, MD

**Personal Information**

Languages:

**Practice Information**

UT HEALTH SAN ANTONIO  
7703 FLOYD CURL DRIVE  
SAN ANTONIO, TX 78229

UT HEALTH SAN ANTONIO  
7703 FLOYD CURL DRIVE  
SAN ANTONIO, TX 78229

**Licensure State**

**Appointment**

**BEXAR COUNTY HOSPITAL DISTRICT**

Initial Appointment:	Department:	MEDICINE	ID: 40774
Advancement:	Division:	HOSPITAL MEDICINE	
Last Reappointment:	Section:		
Next Appointment	Status:	PENDING	

**Board Certification**

	<b>Certified</b>	<b>Initial Cert.</b>	<b>Expiration</b>
AMERICAN BOARD OF INTERNAL MEDICINE	Pending		

Specialty 1: INTERNAL MEDICINE

Specialty 2:

**Professional Liability**

	<b>From</b>	<b>To</b>	<b>Verified</b>	<b>Method</b>	<b>Negative</b>
UTHSCSA MALPRACTICE	11/02/2020	08/31/2021			

Limits: 500,000 to 1,500,000. | Terms:

**Medical/Professional Education**

	<b>From</b>	<b>To</b>
UNIV OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO	07/29/2013	05/21/2017

Subject: Doctor of Medicine

**Training**

	<b>From</b>	<b>To</b>
Residency UT HEALTH SCIENCE CENTER AT SAN ANTONIO	01/08/2018	08/03/2020
Subject: Internal Medicine		
Internship UNIV OF TEXAS SOUTHWESTERN MEDICAL CENTER	07/01/2017	11/30/2017
Subject: Obstetrics and Gynecology		

**Employment**

	<b>From</b>	<b>To</b>
UT HEALTH SAN ANTONIO, SAN ANTONIO, TX	11/02/2020	

**Hospital Affiliations**

	<b>From</b>	<b>To</b>
UNIVERSITY HEALTH SYSTEM	Pending	
AUDIE L. MURPHY MEMORIAL VA HOSPITA	Pending	



**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

**Tuesday, December 15, 2020**

**Consideration and Appropriate Action Regarding Medical-Dental Staff  
Recommendations for Professional Practice Evaluations and Delineation of  
Privileges**

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**Background:**

The Board of Managers of University Health System has approval authority for the appointment of clinical providers to the Medical-Dental Staff and the granting of clinical privileges for overseeing the quality of care and provision of treatment to patients. University Health System's Professional Staff Services department (PSS) is responsible for ensuring compliance regarding all applicants for the credentialing and privileging of providers. Operating under the strict standards, Professional Staff Services handles the Health System's credentialing and privileging process from beginning to end and then monitors progress between appointment cycles.

**Credentialing Processes:**

As part of continuous quality improvement, and in alignment with Joint Commission standards, the Health System Professional Staff Services Office monitors the clinical privileges of all privileged providers through the Professional Practice Evaluation process. Professional Practice Evaluation is a process whereby Medical-Dental staff member(s) are evaluated in regards to his/her competency and professional performance. New privileges, results of Peer Review, and assessment of Supervision are all examples of Professional Practice Evaluation.

Also in alignment with Joint Commission standards, the Professional Staff Services Office maintains Delineation of Privileges (DOP) for the Medical-Dental Staff. The Delineation of Privileges is a process in which the organized Medical-Dental staff evaluates and recommends an individual practitioner be allowed to provide specific patient care services with well-defined training criteria.

The Credentials Committee met on November 23, 2020 and reviewed proposed revisions to Delineation of Privilege and the Professional Performance Evaluation

**Consideration and Appropriate Action Regarding Medical-Dental Staff  
Recommendations for Professional Practice Evaluations and Delineation of  
Privileges**

**December 15, 2020**

**Page 2 of 2**

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Report and forms. In its meeting of December 1, 2020, the Executive Committee of the Medical-Dental Staff recommended approval of the following:

- 1) Focused/Ongoing Professional Performance Evaluation Report

**Recommendation:**

We recommend the Board of Managers approve the proposed Delineation of Privileges and Professional Practice Evaluation Report.



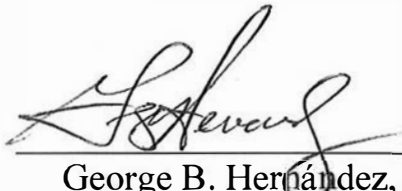
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Bryan J. Alsip, M.D., M.P.H.  
Executive Vice President/  
Chief Medical Officer



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Rajeev Suri, M.D.  
President, Medical-Dental Staff



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George B. Hernandez, Jr.  
President/Chief Executive Officer



**PROFESSIONAL PERFORMANCE EVALUATION REPORT  
NOVEMBER 2020**



**Recommendations:**

1. Satisfactory Completion no concerns or trends have been identified that would warrant further action.
2. Issues exist that require a focused professional practice evaluation.
3. Zero performance of privilege. Focused review when privilege is performed.

Name	Review Type	Spec	Dept	Status	Review Period	RECOMMENDATIONS			Credentials Committee Review	Executive Review	Comments
						1	2	3	Y - Yes	Y - Yes	
<b>MEDICAL STAFF</b>											
ANTHONY, ASHLEY R., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
ARREDONDO, JOHN CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
ASHU, DIXIE B., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
AWAGU, NNENNA N., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
BAZZY, MICHELLE L., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
BENEDIKT, AMY C., MD	OPPE	Anes	Anes	COURTESY	02/20 - 10/20	✓			Y	Y	
BERGER, COURTNEY M., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
BIRD, STEPHEN C., DO	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
BOIES, BRIAN T., MD	OPPE	Anes	Anes	COURTESY	02/20 - 10/20	✓			Y	Y	
BOYD, EMILY Z., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
BOYLAN, MARIOLA, CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
CARDENAS, LIGIA P., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
CARLISLE, LEE ANNE, MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
CENA, FRANCES K., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
CHENEY, MARK A., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
CHERRY, SHANE V., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
CHILDS, MARION T., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
CHURCH-HAJDUK, ROBIN, MD	OPPE	Anes	Anes	COURTESY	02/20 - 10/20	✓			Y	Y	
CULLING, BRADLEY V., DO	OPPE	Anes	Anes	COURTESY	02/20 - 10/20	✓			Y	Y	
CURBELO, JACQUELINE A., DO	OPPE	Anes	Anes	PROV	02/20 - 10/20	✓			Y	Y	
Davis, Lacsra B., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
DENTCHEV, DIMITAR I., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
DUBOIS, JOSHUA S., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	

## PROFESSIONAL PERFORMANCE EVALUATION REPORT

**NOVEMBER 2020**

ECKMANN, MAXIM S., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
ELENES, RAFAEL C., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
ESQUIBEL, RACHAEL L., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
ESQUIVEL, JACLYN F., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
FALK, MICHAEL R., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
FAUSETT, NICHOLAS S., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
FISHER, JENNIFER M., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
FLEMING, CHRISTINE L., MD	OPPE	Anes	Anes	COURTESY	02/20 - 10/20	✓			Y	Y	
FRANCO, EDVIRA, CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
FREEMAN, RACHEL M., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
FRICKE, JUSTIN S., MD	OPPE	Anes	Anes	PROV	02/20 - 10/20	✓			Y	Y	
FRITCHER, MICHAELANNE H., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
FURMAN, JOSEPH R., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
GANDHI, SAMIR J., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
GARCIA, MARIA A., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
GARDNER, KELLY A., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
GARZA III, RUDY, MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
GASKO, JOHN, CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
GOYAL, VARUN K., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
GRAY, LAUREN A., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
HARDEN, BROOKE G., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
HEATH, JAMES W., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
HENKES, HERMAN L., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
HIERHOLZER, KELLY J., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
HIRSCH, JOHN V., MD	OPPE	Anes	Anes	COURTESY	02/20 - 10/20	✓			Y	Y	
HOWARD, JONATHAN M., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
HUTTING, HALEY G., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
JACKSON, JEANETTE E., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
JOHNSON, WENDELL C., DO	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
JOYNER, MEGAN E., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
KING, SCOTT A., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
KITCHEN, DALLAS B., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
KOSTER, KIM R., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
KUNZ, BRIAN T., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
LAI, BRYAN K., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
LANGDON, DAVID B., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
LAO, VERONICA F., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
LEE, PIPER S., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
LEE, SHARON, MD	OPPE	Anes	Anes	COURTESY	02/20 - 10/20	✓			Y	Y	
LITTLE, MICHAEL B., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
LLAMAS, LUIS L., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	

**PROFESSIONAL PERFORMANCE EVALUATION REPORT  
NOVEMBER 2020**

LOH, TUAN-HSING J., MD	OPPE	Anes	Anes	PROV	02/20 - 10/20	✓			Y	Y	
LOPEZ, LAURIE E., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
MAESE, ADRIAN, CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
MALKOWSKI, RICHARD S., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
MAMIDI, MURALI K., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
MCCLURE, MATTHEW L., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
MCKNIGHT, TREVA R., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
MEHRA, NAVEEN K., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
MEHTA, TANIA V., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
MINA, MAGED M., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
NAGPAL, AMEET S., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
NAGY, CHRISTOPHER J., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
NATIVIDAD, MONICA, CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
OXFORD, DIANA L., MD	OPPE	Anes	Anes	COURTESY	02/20 - 10/20	✓			Y	Y	
PAETZOLD, JACQUELYN R., DO	OPPE	Anes	Anes	PROV	02/20 - 10/20	✓			Y	Y	
PATEL, SAMIR P., DO	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
PETERSON, ALISON R., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
PHILIP, ROSHNI A., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
POWELL, CYNTHIA L., CRNA, MSN	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
Rasch, Deborah D., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
RATHJEN, LESA, CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
READ, MATTHEW D., MD	OPPE	Anes	Anes	PROV	02/20 - 10/20	✓			Y	Y	
REED, JESSICA Z., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
ROBICHAUX, ANNETTE F., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
ROGERS, JAMES N., MD	OPPE	Anes	Anes	COURTESY	02/20 - 10/20	✓			Y	Y	
ROSINIA, FRANCIS A., MD	OPPE	Anes	Anes	PROV	02/20 - 10/20	✓			Y	Y	
SEHGAL, SAVITHA D., MD	OPPE	Anes	Anes	COURTESY	02/20 - 10/20	✓			Y	Y	
SHEPHERD, JOHN M., MD	OPPE	Anes	Anes	COURTESY	02/20 - 10/20	✓			Y	Y	
Sloan, Anne N., MD	OPPE	Anes	Anes	PROV	02/20 - 10/20	✓			Y	Y	
SLOGIC, KATHERINE M., MD	OPPE	Anes	Anes	PROV	02/20 - 10/20	✓			Y	Y	
SMITH, KIRBY E., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
SOLIMAN, SAMEER, MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
STEVENS, SAMUEL H., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
STOWERS, ASHLIE R., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
STREHLOW, ROBERT, MD	OPPE	Anes	Anes	COURTESY	02/20 - 10/20	✓			Y	Y	
SULLIVAN, MACKENZIE D., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
SURESH, TUNGA, MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
TABLIZO, KATHRYN R., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
TAYLOR, TRAVIS J., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
TEAS, TRACE P., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
TECUANHUEY, YOLANDA E., MD	OPPE	Anes	Anes	COURTESY	02/20 - 10/20	✓			Y	Y	



**PROFESSIONAL PERFORMANCE EVALUATION REPORT**  
**NOVEMBER 2020**

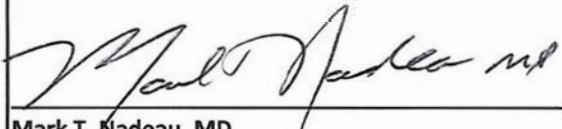
TIPPIN, LAURENCE W., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
TYLER, ALICIA A., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
VELA, VICTORIA A., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
VENTICINQUE, STEVEN G., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
VILLARREAL, TRACY C., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
WALKER, LEIGH R., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
Wallisch, Benjamin J., DO	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
WENZEL, MICHAEL P., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
WILSON, JUSTIN, MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
WILSON, TRAVIS D., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
WOLF, STEPHANIE L., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
YAZDANI, AMIR H., MD	OPPE	Anes	Anes	COURTESY	02/20 - 10/20	✓			Y	Y	
YBARRA, MANUEL, MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
ZARAGOZA, FERNANDO L., MD	OPPE	Anes	Anes	COURTESY	02/20 - 10/20	✓			Y	Y	
ZENTNER, KATHARINE H., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
ANDERSON, KENT L., MD	OPPE	Ophthal	Ophthal	ACTIVE	02/20 - 10/20	✓			Y	Y	
Bahadorani, SEPEHR, MD	OPPE	Ophthal	Ophthal	PROV	02/20 - 10/20	✓			Y	Y	
COLLINS, STEPHANIE, COA	OPPE	Clinical Assoc	Ophthal	AHP	02/20 - 10/20	✓			Y	Y	
FRY, CONSTANCE L., MD	OPPE	Ophthal	Ophthal	ACTIVE	02/20 - 10/20	✓			Y	Y	
GALLAGHER, JENNIFER R., MD	OPPE	Ophthal	Ophthal	PROV	02/20 - 10/20	✓			Y	Y	
GOLDSTEIN, JESSICA, COA	OPPE	Clinical Assoc	Ophthal	AHP	02/20 - 10/20	✓			Y	Y	
GOYAL, SUNALI, MD	OPPE	Ophthal	Ophthal	ACTIVE	02/20 - 10/20	✓			Y	Y	
HARPER, CLIO A., MD	OPPE	Ophthal	Ophthal	ACTIVE	02/20 - 10/20	✓			Y	Y	
ISTEITIYA, JIHAD S., MD	OPPE	Ophthal	Ophthal	PROV	02/20 - 10/20	✓			Y	Y	
JOHNSON, DANIEL A., MD	OPPE	Ophthal	Ophthal	ACTIVE	02/20 - 10/20	✓			Y	Y	
KELLAWAY, JUDIANNE, MD	OPPE	Ophthal	Ophthal	ACTIVE	02/20 - 10/20	✓			Y	Y	
KHALAF, HAMZAH S., MD	OPPE	Ophthal	Ophthal	ACTIVE	02/20 - 10/20	✓			Y	Y	
KHEIRKHAH, AHMAD, MD	OPPE	Ophthal	Ophthal	PROV	02/20 - 10/20	✓			Y	Y	
MORA, ANN-MARIE R., OD	OPPE	Ophthal	Ophthal	AFFILIATE	02/20 - 10/20	✓			Y	Y	
MORA, SEBASTIAN A., DO	OPPE	Ophthal	Ophthal	ACTIVE	02/20 - 10/20	✓			Y	Y	
NGUYEN, ANHTUAN H., MD	OPPE	Ophthal	Ophthal	PROV	02/20 - 10/20	✓			Y	Y	
NGUYEN, LILIAN, MD	OPPE	Ophthal	Ophthal	PROV	02/20 - 10/20	✓			Y	Y	
ROSENDE, CARLOS A., MD	OPPE	Ophthal	Ophthal	ACTIVE	02/20 - 10/20	✓			Y	Y	
SABOO, UJWALA S., MD	OPPE	Ophthal	Ophthal	PROV	02/20 - 10/20	✓			Y	Y	
SCHATZ, MARTHA P., MD	OPPE	Ophthal	Ophthal	ACTIVE	02/20 - 10/20	✓			Y	Y	
SCRIBBICK III, FRANK W., MD	OPPE	Ophthal	Ophthal	ACTIVE	02/20 - 10/20	✓			Y	Y	
SOHN, JEONG-HYEON, MD	OPPE	Ophthal	Ophthal	ACTIVE	02/20 - 10/20	✓			Y	Y	
VILLANUEVA, CELINA Y., OD	OPPE	Ophthal	Ophthal	AFFILIATE	02/20 - 10/20	✓			Y	Y	
WALDMAN, COREY W., MD	OPPE	Ophthal	Ophthal	ACTIVE	02/20 - 10/20	✓			Y	Y	

## PROFESSIONAL PERFORMANCE EVALUATION REPORT

**NOVEMBER 2020**

YOUNG, RYAN C., MD	OPPE	Ophthal	Ophthal	COURTESY	02/20 - 10/20	✓			Y	Y	
ZAYAC, EDWARD J., OD	OPPE	Ophthal	Ophthal	AFFILIATE	02/20 - 10/20	✓			Y	Y	

The above listed Professional Practice Evaluations have been reviewed by the members of the Credentials Committee and approved as submitted.



Mark T. Nadeau, MD  
Chairman, Credentials Committee

11/23/2020

Date



Christopher Copeland  
Executive Director, Professional Staff Services

12/02/2020

Date

## FOCUSED PROFESSIONAL PERFORMANCE EVALUATION REPORT



**NOVEMBER 2020**

**EVALUATION QUESTIONIER**

1. Did the practitioner demonstrate professional ethics and clinical competence?
2. Was this practitioners operating technique adequate and was competence evident?
3. Did this practitioner cooperate with colleagues, nurses and other hopsital staff?
4. Did this practitioner provide care for patients at a professional level of quality and efficiency?
5. Did this practitioner abide by the Medical-Dental Staff Bylaws and by all other standards, policies, rules and regulations of the University Health System?
6. Are you aware of any health problems that could interfere with patient care?
7. Are you aware of any pateint/staff complaints?
8. Are you aware of any peer review(s) conducted within the last 12 months?

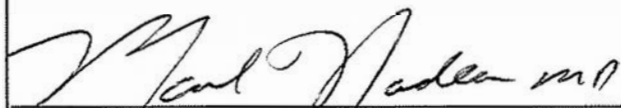
Name	Spec	Dept	Status	Review Period	Review Type	EVALUATIONS								Credentials Committee Review	Executive Review	Initial Appointment/ Additional Privilege
						1	2	3	4	5	6	7	8	Y - Yes	Y - Yes	
<b>MEDICAL STAFF</b>																
Agho, Rukevwe T., AGACNP	APN	FC Medi	AHP	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Initial Appointment
Allen, Stacey L., MD	Anes	Anes	PROV	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Initial Appointment
Compton, Morgan	Transp	Surgery	PROV	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Initial Appointment
De Los Santos, Felipe B., FNP	FNP	Emerg Medi	AHP	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Initial Appointment
Farrell, Brandi D., PNP	PNP	Pedi	AHP	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Initial Appointment
Fernandez, Marisa C., RN, RA	RA	OB/Gyn	AHP	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Initial Appointment
Hernandez, Daja C., FNP	FNP	FC Medi	AHP	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Initial Appointment
Hickman, Denise, PNP	PNP	Pedi	AHP	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Initial Appointment
Johnson, Varnell L., LCDC	Clinical Assoc	Psych	AHP	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Initial Appointment
Lowell, Wesley D., RA	RA	Neuro	AHP	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Initial Appointment
Merchant, Irfan, FNP	FNP	FC Medi	AHP	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Initial Appointment
Mikkilineni, Archana, MD	FC Medi	FC Medi	PROV	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Initial Appointment
Noorily, Allen D. MD	OTO	OTO	PROV	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Initial Appointment
Odie, Lolita A., AGNP	APN	FC Medi	AHP	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Initial Appointment

## FOCUSED PROFESSIONAL PERFORMANCE EVALUATION REPORT

Perez, Sylvia I., APRN	APN	Psych	AHP	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Initial Appointment
Roberts, Joelle A., NP	NP	Medicine	AHP	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Initial Appointment
Saligram, Shreyas, MD	Gastro	Medicine	PROV	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Initial Appointment
Sankary, Edward C., MD	Intern	Medicine	PROV	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Initial Appointment
Villarreal, Robert, RA	RA	Psych	AHP	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Initial Appointment
Amerson, Patricia A., PNP	APN	Pedi	AHP	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Pediatrics Special Procedure Privileges: Joint aspirations and injections
Elkhalili, Alia A., RA	RA	Pedi	AHP	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Provides participant education and instruction on use of study medication, including administration, storage, side effects and how to notify researcher of adverse drug reactions.
Elmi, Maryam, MD	Onc	Surgery	Active	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Core Privileges in General Surgery: Head and Neck; Endocrine system, including thyroid, parathyroid,
Ravi, Tharani, MD	FC Medi	FC Medicine	Active	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Basic Adult Core Procedures: Aspiration breast cyst; Biopsy – intraoral, simple; Mechanical ventilation management; Peripheral nerve blocks; Repair tendon extensor. Basic Obstetrics Core Procedures: Amniotomy; Induction of labor – medical; Spontaneous vaginal delivery
Wheeler, Allison J., RA	RA	Urology	AHP	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Prepares regulatory documents for UTHSCSA IRB, STVHCS R&D committee, UHS Research Committee and/or sponsor; Prepares study initiation program, materials and activities; Checks and records vital signs; Performs venipuncture to obtain specific specimens required by study protocol

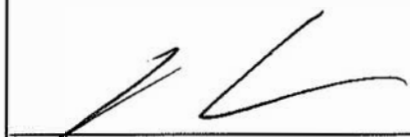
## FOCUSED PROFESSIONAL PERFORMANCE EVALUATION REPORT

The above listed Focused Professional Practice Evaluations have been reviewed by the members of the Credentials Committee and approved as submitted.

 11/23/2020

Mark T. Nadeau, MD  
Chairman, Credentials Committee

Date

 12/03/2020

Christopher Copeland  
Executive Director, Professional Staff Services

Date



# PROFESSIONAL PERFORMANCE EVALUATION REPORT NOVEMBER 2020



## Recommendations:

1. Satisfactory Completion no concerns or trends have been identified that would warrant further action.
2. Issues exist that require a focused professional practice evaluation.
3. Zero performance of privilege. Focused review when privilege is performed.

Name	Review Type	Spec	Dept	Status	Review Period	RECOMMENDATIONS			Credentials Committee Review	Executive Review	Comments
						1	2	3			
<b>MEDICAL STAFF</b>											
ANTHONY, ASHLEY R., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
Arredondo, John, CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
ASHU, DIXIE B., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
AWAGU, NNENNA N., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
BAZZY, MICHELLE L., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
BENEDIKT, AMY C., MD	OPPE	CRNA	Anes	COURTESY	02/20 - 10/20	✓			Y	Y	
BERGER, COURTNEY M., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
BOIES, BRIAN T., MD	OPPE	Anes	Anes	COURTESY	02/20 - 10/20	✓			Y	Y	
BOYLAN, MARIOLA, CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
CARDENAS, LIGIA P., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
CARLISLE, LEE ANNE, MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
CENA, FRANCES K., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
CHILDS, MARION T., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
CHURCH-HAUDUK, ROBIN, MD	OPPE	Anes	Anes	COURTESY	02/20 - 10/20	✓			Y	Y	
CURBELO, JACQUELINE A., DO	OPPE	Anes	Anes	PROV	02/20 - 10/20	✓			Y	Y	
Davis, Lacesa B., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
DUBOIS, JOSHUA S., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
ECKMANN, MAXIM S., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
ELENES, RAFAEL C., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
ESQUIBEL, RACHAEL L., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
ESQUIVEL, JACLYN F., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
FALK, MICHAEL R., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
FAUSETT, NICHOLAS S., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	

## PROFESSIONAL PERFORMANCE EVALUATION REPORT

**NOVEMBER 2020**

FISHER, JENNIFER M., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
FLEMING, CHRISTINE L., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
FRANCO, EDVIRA, CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
FREEMAN, RACHEL M., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
FRICKE, JUSTIN S., MD	OPPE	Anes	Anes	PROV	02/20 - 10/20	✓			Y	Y	
FRITCHER, MICHAELANNE H., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
FURMAN, JOSEPH R., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
GANDHI, SAMIR J., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
GARCIA, MARIA A., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
GARDNER, KELLY A., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
GARZA III, RUDY, MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
GASKO, JOHN, CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
GRAY, LAUREN A., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
HEATH, JAMES W., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
HENKES, HERMAN L., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
HIERHOLZER, KELLY J., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
HIRSCH, JOHN V., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
HUTTING, HALEY G., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
JACKSON, JEANETTE E., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
JOYNER, MEGAN E., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
KITCHEN, DALLAS B., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
KOSTER, KIM R., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
KUNZ, BRIAN T., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
LANGDON, DAVID B., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
LAO, VERONICA F., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
LEE, PIPER S., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
LEE, SHARON, MD	OPPE	Anes	Anes	COURTESY	02/20 - 10/20	✓			Y	Y	
LITTLE, MICHAEL B., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
LLAMAS, LUIS L., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
LOH, TUAN-HSING J., MD	OPPE	Anes	Anes	PROV	02/20 - 10/20	✓			Y	Y	
LOPEZ, LAURIE E., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
MAESE, ADRIAN, CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
MALKOWSKI, RICHARD S., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
MAMIDI, MURALI K., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
MCCLURE, MATTHEW L., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
MCKNIGHT, TREVA R., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
MEHRA, NAVEEN K., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
MEHTA, TANIA V., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
NAGPAL, AMEET S., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
NATIVIDAD, MONICA, CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
OXFORD, DIANA L., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	



**PROFESSIONAL PERFORMANCE EVALUATION REPORT**

**NOVEMBER 2020**

NGUYEN, ANHTUAN H., MD	OPPE	Ophthal	Ophthal	PROV	02/20 - 10/20	√			Y	Y
NGUYEN, LIJIAN, MD	OPPE	Ophthal	Ophthal	PROV	02/20 - 10/20	√			Y	Y
ROSENDE, CARLOS A., MD	OPPE	Ophthal	Ophthal	ACTIVE	02/20 - 10/20	√			Y	Y
SABOO, UJWALA S., MD	OPPE	Ophthal	Ophthal	PROV	02/20 - 10/20	√			Y	Y
SCHATZ, MARTHA P., MD	OPPE	Ophthal	Ophthal	ACTIVE	02/20 - 10/20	√			Y	Y
SCRIBBICK III, FRANK W., MD	OPPE	Ophthal	Ophthal	ACTIVE	02/20 - 10/20	√			Y	Y
SOHN, JEONG-HYEON, MD	OPPE	Ophthal	Ophthal	ACTIVE	02/20 - 10/20	√			Y	Y
WALDMAN, COREY W., MD	OPPE	Ophthal	Ophthal	ACTIVE	02/20 - 10/20	√			Y	Y

The above listed Professional Practice Evaluations have been reviewed by the members of the Credentials Committee and approved as submitted.

*Lee S. Carlisle MD*

Lee Carlisle, MD  
Medical Director, UHS Surgery Centers

*12.02.2020* Date

*Christopher Copeland*  
Executive Director, Professional Staff Services

*12/02/2020*  
Date



**FOCUSED PROFESSIONAL PERFORMANCE EVALUATION REPORT  
SURGERY CENTER MARC**



**University Health System**  
Surgery Center – Medical Center

**EVALUATION QUESTIONIER**

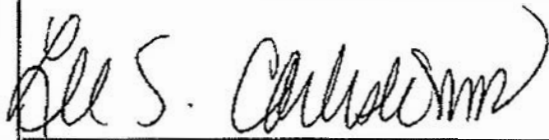
1. Did the practitioner demonstrate professional ethics and clinical competence?
2. Was this practitioners operating technique adequate and was competence evident?
3. Did this practitioner cooperate with colleagues, nurses and other hopsital staff?
4. Did this practitioner provide care for patients at a professional level of quality and efficiency?
5. Did this practitioner abide by the Medical-Dental Staff Bylaws and by all other standards, policies, rules and regulations of the University Health System?
6. Are you aware of any health problems that could interfere with patient care?
7. Are you aware of any pateint/staff complaints?
8. Are you aware of any peer review(s) conducted within the last 12 months?

**NOVEMBER 2020**

Name	Spec	Dept	Status	Review Period	Review Type	EVALUATIONS								Credentials Committee Review Y - Yes	Executive Review Y - Yes	Initial Appointment/Additional Privileges
						1	2	3	4	5	6	7	8			
Allen, Stacey L, MD	Anes	Anes	PROV	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Initial Appointment
Liu, Yang, MD	Gastro	Medicine	PROV	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Initial Appointment
Noorily, Allen D. MD	OTO	OTO	PROV	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Initial Appointment
Saligram, Shreyas, MD	Gastro	Medicine	PROV	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Initial Appointment
Elmi, Maryam, MD	Onc	Surgery	Active	4/30/20 - 10/31/19	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Anal condyloma excision; Appendectomy; Colonoscopy w/ or w/o biopsy; Common bile duct exploration; EGD w/ or w/o biopsy; Exam under anesthesia (EUA); Fistulectomy/Fissurectomy/ Fistulotomy; Hemorrhoid-ectomy; Hernia repair (open or laparoscopic); Lap cholecystectomy w or w/o IOC; Lap hernia repair w/ or w/o mesh; Laparoscopy (open or diagnostic); Open cholecystectomy w/ or w/o IOC; Pilonidal cystectomy; Proctoscopy/Sigmoidscopy

**FOCUSED PROFESSIONAL PERFORMANCE EVALUATION REPORT  
SURGERY CENTER MARC**

The above listed Focused Professional Practice Evaluations have been reviewed by the members of the Credentials Committee and approved as submitted.

  
\_\_\_\_\_  
Lee Carlisle, MD  
Medical Director, UHS Surgery Centers

12/02/2020  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Christopher Copeland  
Executive Director, Professional Staff Services

12/02/2020  
\_\_\_\_\_  
Date

**PROFESSIONAL PERFORMANCE EVALUATION REPORT  
NOVEMBER 2020**



**University Health System**  
Surgery Center – Robert B. Green Campus

**Recommendations:**

1. Satisfactory Completion no concerns or trends have been identified that would warrant further action.
2. Issues exist that require a focused professional practice evaluation.
3. Zero performance of privilege. Focused review when privilege is performed.

Name	Review Type	Spec	Dept	Status	Review Period	RECOMMENDATIONS			Credentials Committee Review	Executive Review	Comments
						1	2	3	Y - Yes	Y - Yes	
<b>MEDICAL STAFF</b>											
AKIN, TRAVIS T., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	√			Y	Y	
ANTHONY, ASHLEY R., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	√			Y	Y	
Arredondo, John, CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	√			Y	Y	
ASHU, DIXIE B., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	√			Y	Y	
AWAGU, NNENNA N., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	√			Y	Y	
BAZZY, MICHELLE L., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	√			Y	Y	
BELITSOS, THEODORE G., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	√			Y	Y	
BENEDIKT, AMY C., MD	OPPE	Anes	Anes	COURTESY	02/20 - 10/20	√			Y	Y	
BERGER, COURTNEY M., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	√			Y	Y	
BOIES, BRIAN T., MD	OPPE	Anes	Anes	COURTESY	02/20 - 10/20	√			Y	Y	
BOYD, EMILY Z., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	√			Y	Y	
BOYLAN, MARIOLA, CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	√			Y	Y	
CARDENAS, LIGIA P., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	√			Y	Y	
CARLISLE, LEE ANNE, MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	√			Y	Y	
CENA, FRANCES K., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	√			Y	Y	
CHILDS, MARION T., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	√			Y	Y	
CHURCH-HAJDUK, ROBIN, MD	OPPE	Anes	Anes	COURTESY	02/20 - 10/20	√			Y	Y	
CURBELO, JACQUELINE A., DO	OPPE	Anes	Anes	PROV	02/20 - 10/20	√			Y	Y	
Davis, Lacsres B., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	√			Y	Y	
DIAZ, PAUL M., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	√			Y	Y	
DUBOIS, JEFFERY C., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	√			Y	Y	
DUBOIS, JOSHUA S., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	√			Y	Y	
ECKMANN, MAXIM S., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	√			Y	Y	

# PROFESSIONAL PERFORMANCE EVALUATION REPORT

## NOVEMBER 2020

ELENES, RAFAEL C., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓				Y	Y
ESQUIBEL, RACHAEL L., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓				Y	Y
ESQUIVEL, JACLYN F., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓				Y	Y
FALK, MICHAEL R., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓				Y	Y
FAUSETT, NICHOLAS S., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓				Y	Y
FISHER, JENNIFER M., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓				Y	Y
FLEMING, CHRISTINE L., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓				Y	Y
FRANCO, EDVIRA, CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓				Y	Y
FREEMAN, RACHEL M., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓				Y	Y
FRICKE, JUSTIN S., MD	OPPE	Anes	Anes	PROV	02/20 - 10/20	✓				Y	Y
FRITCHER, MICHAELANNE H., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓				Y	Y
FURMAN, JOSEPH R., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓				Y	Y
GANDHI, SAMIR J., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓				Y	Y
GARCIA, MARIA A., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓				Y	Y
GARDNER, KELLY A., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓				Y	Y
GARZA III, RUDY, MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓				Y	Y
GASKO, JOHN, CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓				Y	Y
GOYAL, VARUN K., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓				Y	Y
GRAY, LAUREN A., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓				Y	Y
HARDEN, BROOKE G., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓				Y	Y
HARLE, MARK A., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓				Y	Y
HEATH, JAMES W., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓				Y	Y
HENKES, HERMAN L., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓				Y	Y
HIERHOLZER, KELLY J., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓				Y	Y
HIRSCH, JOHN V., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓				Y	Y
HUTTING, HALEY G., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓				Y	Y
JACKSON, JEANETTE E., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓				Y	Y
JOYNER, MEGAN E., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓				Y	Y
JURO, DAVID H., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓				Y	Y
KANE, SCOTT T., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓				Y	Y
KITCHEN, DALLAS B., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓				Y	Y
KLINGER, JONATHAN E., MD	OPPE	Anes	Anes	PROV	02/20 - 10/20	✓				Y	Y
KOSTER, KIM R., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓				Y	Y
KUNZ, BRIAN T., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓				Y	Y
LANGDON, DAVID B., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓				Y	Y
LAO, VERONICA F., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓				Y	Y
LAWLER, GREGORY T., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓				Y	Y
LEE, PIPER S., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓				Y	Y
LEE, SHARON, MD	OPPE	Anes	Anes	COURTESY	02/20 - 10/20	✓				Y	Y
LITTLE, MICHAEL B., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓				Y	Y
LLAMAS, LUIS L., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓				Y	Y



# PROFESSIONAL PERFORMANCE EVALUATION REPORT

## NOVEMBER 2020

LOH, TUAN-HSING J., MD	OPPE	Anes	Anes	PROV	02/20 - 10/20	✓			Y	Y	
LOPEZ, LAURIE E., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
MAESE, ADRIAN, CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
MALKOWSKI, RICHARD S., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
MAMIDI, MURALI K., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
MCCLURE, MATTHEW L., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
MCKNIGHT, TREVA R., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
MEHRA, NAVEEN K., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
MEHTA, TANIA V., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
NAGPAL, AMEET S., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
NATIVIDAD, MONICA, CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
OXFORD, DIANA L., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
PATEL, SAMIR P., DO	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
PETERSON, ALISON R., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
PHILIP, ROSHNI A., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
POWELL, CYNTHIA L., CRNA, MSN	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
Rasch, Deborah D., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
REED, JESSICA Z., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
ROBICHAUX, ANNETTE F., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
ROSINIA, FRANCIS A., MD	OPPE	Anes	Anes	PROV	02/20 - 10/20	✓			Y	Y	
SEHGAL, SAVITHA D., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
SHEPHERD, JOHN M., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
Sloan, Anne N., MD	OPPE	Anes	Anes	PROV	02/20 - 10/20	✓			Y	Y	
SLOGIC, KATHERINE M., MD	OPPE	Anes	Anes	PROV	02/20 - 10/20	✓			Y	Y	
SMITH, KIRBY E., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
STREHLOW, ROBERT, MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
SULLIVAN, MACKENZIE D., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
SURESH, TUNGA, MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
TAYLOR, TRAVIS J., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
TEAS, TRACE P., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
TECUANHUEY, YOLANDA E., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
TIPPIN, LAURENCE W., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
TYLER, ALICIA A., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
VAN WISSE, FRANCIS W., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
VENTICINQUE, STEVEN G., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
VILLARREAL, TRACY C., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
WALKER, LEIGH R., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	
Wallisch, Benjamin J., DO	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
WENZEL, MICHAEL P., MD	OPPE	Anes	Anes	PROV	02/20 - 10/20	✓			Y	Y	
WILSON, JUSTIN, MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	✓			Y	Y	
WOLF, STEPHANIE L., CRNA	OPPE	CRNA	Anes	AHP	02/20 - 10/20	✓			Y	Y	

**PROFESSIONAL PERFORMANCE EVALUATION REPORT**

**NOVEMBER 2020**

YAZDANI, AMIR H., MD	OPPE	Anes	Anes	COURTESY	02/20 - 10/20	√		Y	Y
ZARAGOZA, FERNANDO L., MD	OPPE	Anes	Anes	COURTESY	02/20 - 10/20	√		Y	Y
ZIMTNER, KATHARINE H., MD	OPPE	Anes	Anes	ACTIVE	02/20 - 10/20	√		Y	Y
KELLAWAY, JUDIANNE, MD	OPPE	Ophthal	Ophthal	PROV	02/20 - 10/20	√		Y	Y
SABOO, UIWALAS., MD	OPPE	Ophthal	Ophthal	PROV	02/20 - 10/20	√		Y	Y
SCHATZ, MARTHA P., MD	OPPE	Ophthal	Ophthal	ACTIVE	02/20 - 10/20	√		Y	Y

The above listed Professional Practice Evaluations have been reviewed by the members of the Credentials Committee and approved as submitted.

*Lee S. Carlisle MD*

*12-02-2020*

Lee Carlisle, MD  
Medical Director, UHS Surgery Centers

Date

*Christopher Copeland*

*12/02/2020*

Christopher Copeland  
Executive Director, Professional Staff Services

Date

**FOCUSED PROFESSIONAL PERFORMANCE EVALUATION REPORT  
SURGERY CENTER ROBERT B. GREEN**



**University Health System**  
Surgery Center – Robert B. Green Campus

**EVALUATION QUESTIONIER**

1. Did the practitioner demonstrate professional ethics and clinical competence?
2. Was this practitioners operating technique adequate and was competence evident?
3. Did this practitioner cooperate with colleagues, nurses and other hopsital staff?
4. Did this practitioner provide care for patients at a professional level of quality and efficiency?
5. Did this practitioner abide by the Medical-Dental Staff Bylaws and by all other standards, policies, rules and regulations of the University Health System?
6. Are you aware of any health problems that could interfere with patient care?
7. Are you aware of any pateint/staff complaints?
8. Are you aware of any peer review(s) conducted within the last 12 months?

**NOVEMBER 2020**

Name	Spec	Dept	Status	Review Period	Review Type	EVALUATIONS								Credentials Committee Review Y - Yes	Executive Review Y - Yes	Initial Appointment/ Additional Privileges
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Allen, Stacey L., MD	Anes	Anes	PROV	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Initial Appointment
Noorily, Allen D. MD	OTO	OTO	PROV	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Initial Appointment
Saligram, Shreyas, MD	Gastro	Medicine	PROV	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	Initial Appointment
Elmi, Maryam, MD																Anal condyloma excision; Appendectomy; Colonoscopy w/ or w/o biopsy; Common bile duct exploration; EGD w/ or w/o biopsy; Exam under anesthesia (EUA) Fistulectomy/Fissurectomy/ Fistulotomy; Hemorrhoid-ectomy; Hernia repair (open or laparoscopic); Lap cholecystectomy w or w/o IOC; Lap hernia repair w/ or w/o mesh; Laparoscopy (open or diagnostic); Open cholecystectomy w/ or w/o IOC; Pilonidal cystectomy; Proctoscopy/Sigmoidscopy
	Onc	Surgery	Active	4/30/20 - 10/31/20	FPPE	Y	Y	Y	Y	Y	N	N	N	Y	Y	

**FOCUSED PROFESSIONAL PERFORMANCE EVALUATION REPORT  
SURGERY CENTER ROBERT B. GREEN**

The above listed Focused Professional Practice Evaluations have been reviewed by the members of the Credentials Committee and approved as submitted.



12.02.2020



12/02/2020

Lee Carlisle, MD

Date

Christopher Copeland

Date

Medical Director, UHS Surgery Centers

Executive Director, Professional Staff Services



**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

**Tuesday, December 15, 2002**

**Consideration and Appropriate Action Regarding Re-Appointments to the Board of  
Directors of the University Health Foundation**

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**Background:**

The University Health Foundation, a 501(c)(3) charitable organization, was established in 1984 to solicit, receive and maintain funds exclusively for the benefit of University Health System and its community missions. A volunteer Board of Directors representing the community, University Health Board of Managers, and UT Health San Antonio, governs the Foundation. The Board takes an active role in all fundraising campaigns and special events, serving as a lifeline of support for patients and staff, by inspiring donors to participate in efforts to advance this mission. The following Foundation Board members represent the community, except as indicated, and have terms expiring on December 31, 2020:

- Mr. Jason Fraser (member since 2018)
- Mr. James C. Hasslocher (member since 2015)
- Dr. Margaret Kelley (member since 2020)
- Mr. Joe Linson (member since 2015)
- Judge Rene Yanta (member since 2015)

**Recommendation:**

I recommend the Board of Managers approve University Health Foundation's Board of Directors recommendation to re-appoint Mr. Fraser, Mr. Linson, Judge Yanta, Mr. Hasslocher, and Dr. Kelley to the Foundation Board of Directors for three-year terms each through December 31, 2023.

James R. Adams  
Chair, Board of Managers



## **Jason Fraser, J.D.**

Chief Financial Officer  
Valero Energy Corporation

Contact Information:

Email: [Jason.fraser@valero.com](mailto:Jason.fraser@valero.com)

Business: 210-345-2280

Cell: 210-410-9998

### **Jason Fraser, Executive Committee Member**

Jason Fraser serves as Executive Vice President and General Counsel of Valero Energy Corporation. Previously, he was Senior Vice President-Strategy, Public Policy and Investor Relations, coordinating Valero's public policy, long-term strategic planning and investor relations. He also has served as President of European Commercial Operations.

Jason began his career with Valero in 1999 when he joined the Legal Department. His practice focused on mergers and acquisitions, and commercial and antitrust law. In 2006, he was named Vice President-Specialty Products Marketing, with responsibility for the marketing of Valero's production of asphalt, lubricant base stocks, petrochemicals, natural gas liquids, petroleum coke and sulfur.

In 2013, Fraser returned to the Legal Department as Senior Vice President and Deputy General Counsel, responsible for the areas of international law, commercial law, employment law and trading compliance, before assuming his position in Europe. Fraser earned his Bachelor of Business Administration degree from the Business Honors Program at the University of Texas at Austin, and his Juris Doctor from Harvard Law School. Prior to attending college, he served in the U.S. Army in 1986-1990. Mr. Fraser is a member of the Executive Committee.



## Jimmy Hasslocher

Board Member

Bexar County Hospital District Board of Managers



Jimmy Hasslocher was nominated to the Bexar County Hospital District Board of Managers in 2015 by Precinct 1 Commissioner Sergio “Chico” Rodriguez.

Hasslocher brings a wealth of business and community experience to the Board. He is president of Frontier Enterprises Inc., a family business whose roots extend back almost 70 years, and includes the iconic Jim’s Family Restaurants, Magic Time Machine and La Fonda Alamo Heights. He served on the San Antonio City Council from 1981 to 1991.

Among his community activities, he serves as president of the Bexar Metro 9-1-1 Network District, past chair of SER Jobs for Progress of SA, a past-president and lifetime trustee of Boysville of Texas, and director-emeritus and lifetime member of the San Antonio Livestock Exposition. In the business community, he was a 2013 Junior Achievement of South Texas inductee into the San Antonio Business Hall of Fame, elected Outstanding Restaurateur of the Year in 2009 by the San Antonio Restaurant Association, and is a Hall of Honor member of the Texas Restaurant Association.

Hasslocher is also an avid outdoorsman, and serves on the board of the Texas Parks & Wildlife’s “Operation Game Thief” (an anti-poaching initiative), past president and CEO of the Texas Deer Association, and chairman/advisory member of the Wildlife Management Program at Southwest Texas Junior College.

## **Margaret A. Kelley, M.D., F.A.C.O.G.**

**Board Member**

**Bexar County Hospital District Board of Managers**



Dr. Margaret A. Kelley joined the Bexar County Hospital District Board of Managers in 2020. She was nominated by Bexar County Judge Nelson Wolff.

Dr. Kelley is a board-certified obstetrician and gynecologist who received her undergraduate degree from Brown University, her medical degree from the Warren Alpert Medical School of Brown University in Providence, R.I. She completed her OB-GYN residency at UT Health San Antonio in 2002. Since that time, she has practiced in San Antonio at Southeast OB-GYN Associates with her father, Dr. Harmon Kelley. She was a 1990 Summa Cum Laude graduate of Winston Churchill High School in the Northeast Independent School District.

Dr. Kelley has served as President of the Texas Association of Obstetricians and Gynecologists, and as Chairman of Section V, District XI of the American College of Obstetricians and Gynecologists. In 2007, as a Representative of the American College of Obstetricians and Gynecologists she testified before the U.S. House Committee on Small Business' Subcommittee on Regulations, Trade and Healthcare's Hearing on "The Value of Health Information Technology to Solo and Small Medical Practices."

Dr. Kelley has served on many community boards. She has previously served as a Trustee for the Center for Healthcare Services, Mental Health Authority for Bexar County. In addition, she has served on Board of Directors of Methodist Healthcare Ministries, the Alamo Public Telecommunications Council, and the Texas Blood and Tissue Center. She has also served as a member of the Vestry of St. Luke's Episcopal Church.

Dr. Kelley has received many honors. She was honored in 2011 as "40 under 40" Rising Star by the San Antonio Business Journal. She is a 2012 Graduate of the American College of Obstetricians and Gynecologists Robert Cefalo Leadership Institute. In 2019 Dr. Kelley was the recipient of the Outstanding Former Resident Award from the Department of Obstetrics and Gynecology at the UT Health San Antonio.

Dr. Kelley is a member of the San Antonio (TX) Chapter of The Links, Incorporated, where she has held several leadership positions. In addition, she is a member of Alpha Tau Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated and the Bexar County Medical Society.





## **Joe Earl Linson**

Vice President, Operations  
Chelsea's Catering and Bar Service, LLC

Contact Information:

Email: [joelinson2@aol.com](mailto:joelinson2@aol.com)

Business: 210-384-0808

Cell: 210-835-7151

### **Joe Earl Linson, Chair, Special Events Committee & Executive Committee Member**

Joe Earl Linson joined the Board in 2016. Mr. Linson is the managing general partner of Chelsea's Sandwiches of Texas, Inc., a full service catering and concessions company founded in 1997 by William and Sheila Franklin. Mr. Linson has an Associate of Arts and Sciences degree from Mountain View College and a Bachelor of Arts in Political Science from the University of Texas at Dallas.

Mr. Linson's civic responsibilities are many and varied. He is the former President of the Alamo City Black Chamber of Commerce and the San Antonio Food Bank, as well as former Chairman of the Greater Chamber of Commerce's Legislative Committee and former Chairman of the Youth Committee of the SA Chamber of the American Red Cross, and former Vice President of the local branch of the NAACP. Mr. Linson is a member of the Executive Committee.



## **Former Judge Renée A. Yanta**

Founder  
Law Office of Renée Yanta, PLLC

Contact Information:  
Email: [renee.yanta@gmail.com](mailto:renee.yanta@gmail.com)  
Business: 210-774-4088  
Cell: 210-289-9753

### **Renée Yanta**

Renée Yanta joined the Board in January of 2016. She received her undergraduate degree from the University of Texas and earned her J.D. from St. Mary's University School of Law in 1993. Following law school, Yanta worked in private practice as a litigator at Fulbright & Jaworski, and then as head of the Appellate Practice Group at Cox Smith. From 2009 to 2012, she was appointed by Governor Rick Perry to preside over the 73rd District Court. Elected in November of 2014, Yanta is a former judge of the 150th District Court in Bexar County.

Yanta served as Chairman for the San Antonio Bar Association, the USLAW Network, and the Child Guidance Center. She has also served as President of the William Sessions American Inns of Court, the Bexar County Women's Bar Association/Foundation, St. Mary's University School of Law Alumni Association, and Texas Women's Lawyers. Yanta is a founding member of PEARLS (aka Girls Court), a joint project of the Bexar County Civil District and Children's Courts and Girls Inc.





**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

**Tuesday, December 15, 2020**

**Consideration and Appropriate Action Regarding an Appointment to the  
Board of Directors of Community First Health Plans, Inc.**

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**Background:**

The Bylaws of Community First Health Plans state that the Board of Managers as the governing body for the sole member of the corporation shall approve the appointments of the Board of Directors to manage the affairs of the corporation. There are currently six Board members and one vacancy created by the departure of Thomas (“TJ”) Mayes in last month.

Ms. Anita L. Fernandez was appointed to the Board of Managers by Bexar County Commissioner Justin Rodriguez on September 15, 2020. Ms. Fernández is co-founder and co-owner of Our Community Inc., LLC, a social purpose consulting group focused on government relations and public affairs.

**Recommendation:**

The Nominating Committee recommends the appointment of Ms. Anita L. Fernandez to fill the unexpired term of Thomas (“TJ”) Mayes effective immediately through September 30, 2021. Ms. Fernandez will bring a wealth of knowledge and fresh perspective to all matters at Community First Health Plans, Inc. Her short bio is attached for the Board’s review.

Thank you.

James C. Hasslocher  
Chair, Nominating Committee

## **Anita L. Fernández**

**Board Member**

**Bexar County Hospital District Board of Managers**



Anita L. Fernández is co-founder and co-owner of Our Community Inc., LLC, a social purpose consulting group focused on government relations and public affairs. She joined the Bexar County Hospital District Board of Managers in 2020 after being nominated by Bexar County Commissioner Justin Rodriguez.

Fernández served as chief of staff for State Representative Diego M. Bernal, Texas House District 123, during which time she led the Capitol and District offices and various community and policy initiatives in the areas of Public Education, Transportation, Urban Affairs, Healthcare and Immigration. Prior to that position, she was director of college and career readiness at Brooks Academy of Science and Engineering.

Fernández graduated from Incarnate Word High School and earned her bachelor of arts degree at Southwestern University in Georgetown, Texas. She earned a master's in Latin American Studies at the University of Texas at Austin.

She currently serves as a board member for the Marianist Urban Students Program at Central Catholic High School, on the advisory board of the Institute of Texan Cultures and as a volunteer project administrator for the National Hispanic Institute.



**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

**Tuesday, December 15, 2020**

**Consideration and Appropriate Action Regarding An Appointment to the  
University Health Pension Plan Board of Trustees**

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The Bylaws of the University Health System Pension Plan Board of Trustees state that the Bexar County Hospital District Board of Managers, as the governing body, shall approve the appointments of Pension Plan Trustees. There are currently eight (8) Trustees and one vacancy created by the departure last month of Mr. Thomas (“TJ”) Mayes. His three-year term expires on December 31, 2020; however, this is a request for a new three-year term effective immediately through December 31, 2023.

Bexar County Judge Nelson Wolff appointed Mr. James C. Hasslocher for a new term on the Board of Managers on Tuesday, December 1, 2020. Mr. Hasslocher is the President/Chief Executive Officer of Frontier Drive-Ins and Jim’s Restaurant Division of Frontier Enterprises. He serves on the Board of Directors for the San Antonio Restaurant Association and is the immediate past President of the Texas Restaurant Association. He has served as President of the Bexar Metro 9-1-1 District since 1987, and is also the chairman of the Texas Parks and Wildlife Department’s Operation Game Thief Committee, and is a Lifetime Trustee for Boysville of Texas. Mr. Hasslocher is a very civic-minded individual and a highly respected business leader in the community with a wealth of knowledge to offer the Pension Plan Board of Trustees.

**Recommendation:**

I recommend that the Board of Managers approve the appointment of Mr. James C. Hasslocher to the Pension Plan Board of Trustees effective immediately through December 31, 2023. His short bio is attached for your review.

James R. Adams  
Chair, Board of Managers

## Jimmy Hasslocher

Board Member

Bexar County Hospital District Board of Managers



Jimmy Hasslocher was nominated to the Bexar County Hospital District Board of Managers in 2015 by Precinct 1 Commissioner Sergio "Chico" Rodriguez.

Hasslocher brings a wealth of business and community experience to the Board. He is president of Frontier Enterprises Inc., a family business whose roots extend back almost 70 years, and includes the iconic Jim's Family Restaurants, Magic Time Machine and La Fonda Alamo Heights. He served on the San Antonio City Council from 1981 to 1991.

Among his community activities, he serves as president of the Bexar Metro 9-1-1 Network District, past chair of SER Jobs for Progress of SA, a past-president and lifetime trustee of Boysville of Texas, and director-emeritus and lifetime member of the San Antonio Livestock Exposition. In the business community, he was a 2013 Junior Achievement of South Texas inductee into the San Antonio Business Hall of Fame, elected Outstanding Restaurateur of the Year in 2009 by the San Antonio Restaurant Association, and is a Hall of Honor member of the Texas Restaurant Association.

Hasslocher is also an avid outdoorsman, and serves on the board of the Texas Parks & Wildlife's "Operation Game Thief" (an anti-poaching initiative), past president and CEO of the Texas Deer Association, and chairman/advisory member of the Wildlife Management Program at Southwest Texas Junior College.



**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

**Tuesday, December 15, 2020**

**Consideration and Appropriate Action Regarding an Appointment to the  
Alamo Area Council of Governments Board of Directors**

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**Background:**

In March 2006, the Board of Managers approved: a) the transfer of the Center for Health Care Services Mental Retardation Authority (MRA) role to the Alamo Area Council of Governments (AACOG); and, b) redirection of the Health System's 10% local match from CHCS to the new AACOG MRA. The MRA transition also provided for continued Health System oversight of the new MRA through representation on the AACOG Board.

To fulfill the Health System oversight requirement, a position was created on the AACOG Board in June 2006, which a Board appointee has filled since then. Mr. Hasslocher and Mr. Engberg served as alternates for a number of years. Mr. Hasslocher previously served as the Board's primary representative since November 2015 through August 2020, when he was replaced on the AACOG Board by Mr. Thomas ("TJ") Mayes, who, as you know, no longer serves on this Board.

**Recommendation:**

After thoughtful consideration, I recommend the appointment of James C. Hasslocher to the AACOG Board of Directors as primary representative and Ms. Anita Fernandez as an alternate appointee. Mr. Hasslocher will finish the term left vacant by Mr. Thomas ("TJ") Mayes, effective immediately through June 30, 2022. Attached are both bios for your review.

James R. Adams  
Chairman, Board of Managers



## Jimmy Hasslocher

Board Member

Bexar County Hospital District Board of Managers



Jimmy Hasslocher was nominated to the Bexar County Hospital District Board of Managers in 2015 by Precinct 1 Commissioner Sergio "Chico" Rodriguez.

Hasslocher brings a wealth of business and community experience to the Board. He is president of Frontier Enterprises Inc., a family business whose roots extend back almost 70 years, and includes the iconic Jim's Family Restaurants, Magic Time Machine and La Fonda Alamo Heights. He served on the San Antonio City Council from 1981 to 1991.

Among his community activities, he serves as president of the Bexar Metro 9-1-1 Network District, past chair of SER Jobs for Progress of SA, a past-president and lifetime trustee of Boysville of Texas, and director-emeritus and lifetime member of the San Antonio Livestock Exposition. In the business community, he was a 2013 Junior Achievement of South Texas inductee into the San Antonio Business Hall of Fame, elected Outstanding Restaurateur of the Year in 2009 by the San Antonio Restaurant Association, and is a Hall of Honor member of the Texas Restaurant Association.

Hasslocher is also an avid outdoorsman, and serves on the board of the Texas Parks & Wildlife's "Operation Game Thief" (an anti-poaching initiative), past president and CEO of the Texas Deer Association, and chairman/advisory member of the Wildlife Management Program at Southwest Texas Junior College.

## **Anita L. Fernández**

**Board Member**

**Bexar County Hospital District Board of Managers**



Anita L. Fernández is co-founder and co-owner of Our Community Inc., LLC, a social purpose consulting group focused on government relations and public affairs. She joined the Bexar County Hospital District Board of Managers in 2020 after being nominated by Bexar County Commissioner Justin Rodriguez.

Fernández served as chief of staff for State Representative Diego M. Bernal, Texas House District 123, during which time she led the Capitol and District offices and various community and policy initiatives in the areas of Public Education, Transportation, Urban Affairs, Healthcare and Immigration. Prior to that position, she was director of college and career readiness at Brooks Academy of Science and Engineering.

Fernández graduated from Incarnate Word High School and earned her bachelor of arts degree at Southwestern University in Georgetown, Texas. She earned a master's in Latin American Studies at the University of Texas at Austin.

She currently serves as a board member for the Marianist Urban Students Program at Central Catholic High School, on the advisory board of the Institute of Texan Cultures and as a volunteer project administrator for the National Hispanic Institute.



**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

**Tuesday, December 15, 2020**

**Consideration and Appropriate Action Regarding a Time Share Agreement at  
the Luckey Ranch Campus with Barrio Comprehensive Family Health Care  
Center, Inc. d/b/a CommuniCare Health Centers**

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**Background:**

The healthcare market in San Antonio and South Texas is highly competitive for both adult and children's services. University Health's ability to successfully grow market share and geographic reach for key service lines is dependent upon a number of factors including the reputation of our clinical team, our facilities, and our capacity to provide timely access to needed services. This reality is especially true in the provision of ambulatory care in locations convenient to patient populations. University Health has historically enjoyed the benefit of a number of standalone service locations for providing ambulatory care. In recent years, opportunities to partner with other provider organizations have presented themselves as unique opportunities to co-locate complementary services. CommuniCare Health Centers is one such example of partnership, where University Health has previously partnered to co-locate women's services at their Callaghan location. A new opportunity with this organization is to complete another service co-location project at a new clinic that they will begin leasing shortly.

**Analysis:**

University Health proposes to pursue a new location for deployment of urgent care and select specialty services in concert with University Medicine Associates (UMA) physicians. That organization has assessed the opportunity to provide adult and pediatric primary care and related services in southwestern Bexar County, a quickly growing area within San Antonio. The specific location is a new physician office clinic being developed and leased by CommuniCare Health Centers in the area of Luckey Ranch, off of Highway 90. Their plan is to provide family medicine, pediatrics, and women's health services at this location. University Health would provide complementary services of after-hours urgent care and part-time, rotating day clinic specialty services. The proposed time share agreement would enable University Health to have somewhat flexible access to approximately 3,000 square feet, with designated exam rooms, dedicated storage, and shared access to common

spaces for nursing and provider documentation, point of care testing, patient intake, and other areas as needed for routine clinic operations. This clinic will have signage showing branding for both organizations.

**Quality Note:**

All outreach activities, including the creation of this new urgent care and specialty clinic, are strategically linked to University Health's Triple Aim *Plus* goals to increase access to high quality healthcare, in ways that are patient-centered and efficient. The operations, outreach, and marketing teams will coordinate to maximize this opportunity to strategically increase volume of quality care in this growing area of the community and, by extension, to expand the reach of University Health within the community.

**Fiscal Impact:**

The time share agreement is slated to begin in January, 2021, and will continue for ten years. The total amount due for the ten year period is \$300,000, payable at a rate of \$2,500.00 per month.

**Strategic Note:**

University Health continues to pursue its vision to be one of the nation's most trusted health institutions. Local partnerships like this provide University Health the opportunity to serve the community more broadly through an additional location and also affords access to an expanded patient base, not only from CommuniCare, but also potentially from other primary care practitioners within that area of town by making both urgent care and specialty services available to them closer to home. To that end, University Health staff have already developed a geographic-specific outreach plan to support the success of these specialty services.

**Community Outreach Plan/Workforce Composition:**

Barrio Comprehensive Family Health Care Center d/b/a CommuniCare Health Centers has 525 employees. The workforce composition data is as follows:

<b>NON PROFESSIONAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	
#	1	8	28	350	39	0	426
%	.2%	1.5%	5.4%	66.7%	7.4%	0%	81.2%
<b>PROFESSIONAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	
#	0	9	8	41	41	0	99
%	0%	1.7%	1.5%	7.8%	7.8%	0%	18.8%
<b>TOTAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	<b>TOTAL</b>
#	1	17	36	391	80	0	525
%	0.2%	3.2%	6.9%	74.5%	15.2%	0%	100%

**Recommendation:**

Staff recommends Board of Managers approval to negotiate and execute a time share agreement with Barrio Comprehensive Family Health Care Center d/b/a CommuniCare Health Centers in the amount of \$300,000 for a ten year term.

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Don Ryden  
Vice President, Planning, Design & Construction

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Ted Day  
Executive Vice President/Strategic Planning & Business Development

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Edward Banos  
Executive Vice President/Chief Operating Officer

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George B. Hernández, Jr.  
President/Chief Executive Officer



**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

**Tuesday, December 15, 2020**

**Consideration and Appropriate Action Regarding an Amendment to  
University Medicine Associates Bylaws**

---

**Background:**

In 1999, University Health created a 5.01a nonprofit healthcare organization certified by the Texas Medical Board which allowed the employment of primary care and multi-specialty physicians to serve as University Health's physician practice group. As a nonprofit health care organization, Community Medicine Associates d/b/a University Medicine Associates (CMA) operates pursuant to Bylaws which were last reviewed and amended in 2015.

As outlined in Article XI of the Bylaws, every five years a Special Committee will be created by the CMA Board to review the Bylaws and propose recommended changes. On November 18<sup>th</sup> 2020, the attached amendments to the Bylaws were unanimously approved by CMA's Board of Directors. The amendment to the Bylaws are now presented to University Health's Board of Managers for final approval.

**Analysis:**

Due to the number of proposed changes, the Bylaws, in their entirety, are attached hereto with the recommended changes clearly visible with underlined edits and any proposed deletions noted in ~~overstrike~~. The changes to the Bylaws are outlined below and are as follows:

**Preamble.**

- No changes made.

**Article I. Name, Purpose and Mission.**

- Minor changes made.

## **Article II. Offices.**

- Minor changes made.

## **Article III. Members.**

The Bylaws of CMA reserve certain powers or rights to University Health, its sole member owner. The reservation of powers, set forth in Article II, provides University Health with the control necessary to assure that CMA operates in accordance with the public mission or purpose of the University Health while still preserving the independent medical judgement of CMA's physicians.

Suggested updates to these reserve powers are set forth below:

- Reorganization of the reserved powers in Section 3.08 A-J so that the powers follow a similar format and placement of those reserved powers set forth in Community First Health Plan's Bylaws
- Global revisions to the reserved powers so that the Member's monetary thresholds mirror the same approval authority as University Health's President/CEO;
- Revisions so that the Member maintains an ongoing review of financial performance as compared to the annual operating and capital budget;
- The approval of the adoption, amendment, or repeal of the Articles of Incorporation or Bylaws of CMA subject to approval by at least a majority of the Board of Directors unless required by law (including requirements to obtain or maintain tax exemption);
- The approval of any action of CMA that Member determines is likely to cause the CMA to lose its status as an organization described in Section 501(c)(3) of the Act classified as a public charity under 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code;
- The execution or termination of any management, employment, or service contract; provided that, the termination of any physician providing medical services on behalf of CMA is accomplished by the CMA President as the Board of Directors' designee in accordance with CMA's current due process procedures;

**Article IV. Board of Directors.**

- Elected Directors. There shall be no more than eight and no less than three Directors elected pursuant Section 4.3 below. The Elected Directors shall have voting privileges and all other rights, privileges and duties of a director as set forth herein.
- CMA Chair Director. At all times, the individual serving as the Executive Vice President, Chief Medical Officer of the Member shall be designated to serve as a director of CMA provided that such individual meets the general qualifications for directors as are set forth in these Bylaws, the Texas Medical Practices Act and the Texas Medical Board rules as amended from time to time (the “CMA Chair Director”). The CMA Chair Director shall have voting privileges and all other rights, privileges and duties of a director and shall further to serve as the Chairperson of the Board of Directors.
- Affiliate Members. The Board of Directors shall have the power to appoint Affiliate Members of the Board of Directors. All Affiliate Members of the Board of Directors shall be ex-officio Members of the Board of Directors in a non-voting capacity and will be exclude from closed session meetings, if any. Minor changes made.

**Article V. Committees.**

- Minor changes made.

**Article VI. Notices and Telephone Meetings.**

- No changes made.

**Article VII. Corporate Officers.**

- Minor changes made.

**Article VIII. Books and Records.**

- No changes made.



**Article IX. Protection of Officers, Board of Directors and Employees.**

- No changes made.

**Article X. Amendments to Bylaws by Member.**

- Minor changes made.

**Article XI. Review of Bylaws.**

- No changes made.

**Article XII. Interpretation.**

- No changes made.

**Article XIII. Other Provisions.**

- No changes made.

**Recommendation:**

The Community Medicine Associates Board of Directors recommends the University Health Board of Managers approve the proposed amendment to the Community Medicine Associates Bylaws.

Attachment: Proposed Amendment to Bylaws of Community Medicine Associates

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Monika Kapur, M.D.  
President/Chief Executive Officer  
University Medicine Associates

---

Bryan Alsip, M.D., MPH, FACPM  
Executive Vice President/Chief Medical  
Officer, University Health; and Chair, University  
Medicine Associates Board of Directors

---

George B. Hernández, Jr.  
President/Chief Executive Officer  
University Health

BYLAWS  
OF  
COMMUNITY MEDICINE ASSOCIATES

As Amended and Restated on \_\_\_\_\_, 2020

BYLAWS  
OF  
COMMUNITY MEDICINE ASSOCIATES

TABLE OF CONTENTS

	Page
PREAMBLE .....	5
ARTICLE I.....	5
1.01. <u>Name</u> .....	5
1.02. <u>Purpose</u> .....	5
ARTICLE II.....	6
2.01. <u>Principal Office</u> .....	6
2.02. <u>Other Offices</u> .....	6
ARTICLE III.....	6
3.01. <u>Rights and Duties</u> .....	6
3.02. <u>Membership</u> .....	6
3.03. <u>Annual Meeting</u> .....	6
3.04. <u>Special Meeting</u> .....	6
3.05. <u>Conflicts of Interest</u> .....	6
3.07. <u>Term of Membership</u> .....	6
3.08. <u>Transfer of Membership</u> .....	7
3.09. <u>Powers of Members</u> .....	7
3.10. <u>Action by Written Consent</u> .....	8
3.11. <u>Action by Members</u> .....	8
3.12. <u>Non-Liability of Members</u> .....	8
ARTICLE IV.....	8
4.01. <u>General Powers</u> .....	8
4.02. <u>Number, Tenure and Qualifications and Requirements</u> .....	9
4.03. <u>Election</u> .....	11
4.04. <u>Removal</u> .....	12
4.05. <u>Resignation</u> .....	12
4.06. <u>Vacancies</u> .....	13
4.07. <u>Place of Meetings</u> .....	13
4.08. <u>Regular Meetings</u> .....	13
4.09. <u>Special Meetings</u> .....	13
4.10. <u>Quorum</u> .....	13
4.11. <u>Voting</u> .....	13

3.05.	<u>Conflicts of Interest</u> .....	13
4.12.	<u>Action by Written Consent</u> .....	16
4.13.	<u>Procedure at Meeting</u> .....	17
4.14.	<u>Financial Relationship</u> .....	17
4.16.	<u>Compensation</u> .....	17
4.17.	<u>Termination of Physicians</u> .....	18
4.18.	<u>Minutes of Meetings</u> .....	18
ARTICLE V .....		18
5.01.	<u>Members Committees</u> .....	18
5.02.	<u>Board Committees</u> .....	18
5.03.	<u>Quorum</u> .....	20
5.04.	<u>Meetings and Notices</u> .....	20
5.05.	<u>Removal and Resignation</u> .....	20
5.06.	<u>Vacancies</u> .....	20
ARTICLE VI.....		20
6.01.	<u>Notice of Meetings</u> .....	20
6.02.	<u>Waiver of Notice</u> .....	21
6.03.	<u>Telephone Meetings</u> .....	21
ARTICLE VII.....		21
7.01.	<u>Officers</u> .....	21
7.02.	<u>Election and Term of Office</u> .....	21
7.03.	<u>Resignation</u> .....	22
7.04.	<u>Removal</u> .....	22
7.05.	<u>Attendance at Meetings</u> .....	22
7.06.	<u>Duties of the Officers</u> .....	22
7.07.	<u>Vacancies</u> .....	23
ARTICLE VIII.....		24
8.01.	<u>Books and Records</u> .....	24
8.02.	<u>Voting Members' List For Meeting</u> .....	24
ARTICLE IX.....		24
9.01.	<u>Indemnification</u> .....	24
9.02.	<u>Transactions Between the Corporation and an Officer, Director or Members</u> .....	27
ARTICLE X .....		28

ARTICLE XI.....28

ARTICLE XII.....28

    12.01. Fiscal Year.....28

    12.02. Seal.....28

    12.03. Severability.....29

    12.04. Permanent Incapacity.....29

**BYLAWS**  
**OF**  
**COMMUNITY MEDICINE ASSOCIATES**

**PREAMBLE**

Community Medicine Associates is a 501(c)(3) non-profit corporation under the Texas Business Organizations Code (the “Act”) classified as a public charity under 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code and is a certified 162.001(b) non-profit health organization by the Texas State Board of Medical Examiners. In order to provide for the orderly implementation of the provisions of the law and to carry out the authority granted to Community Medicine Associates in accordance with the Act, the Internal Revenue Code, and the Texas Health and Safety Code Section 281.0284, the Board of Directors and the Member hereby adopt the following Bylaws:

**ARTICLE I**  
**NAME, PURPOSE AND MISSION**

1.01. Name. The name of the corporation is Community Medicine Associates d/b/a University Medicine Associates (hereinafter referred to as “CMA” or the “Corporation”).

1.02. Mission. The Mission of CMA is to provide the highest quality and compassionate healthcare that is accessible, comprehensive, promotes medical education, and empowers individuals and families to achieve optimal health.

1.03 Purpose. CMA is formed for any and all of the following purposes:

- A. facilitating the management of the Member’s health care program pursuant to Section 281.0565 of the Texas Health and Safety Code;
- B. engaging in the instruction of the general public in the area of medical science, public health, and hygiene, and related instruction useful to the individual and beneficial to the community;
- C. delivering of health care to the public;
- D. carrying out of scientific research and research projects in the public interest in the fields of medical sciences, medical economics, public health, sociology, and related areas;
- E. supporting of medical education in medical schools through grants and scholarships ; and
- F. improving and developing of the abilities of individuals and institutions studying, teaching, and practicing medicine.

ARTICLE II  
OFFICES

2.01. Principal Office. The principal office of CMA shall be located at San Antonio, Texas.

2.02. Other Offices. CMA may have offices at such other places, either within or without the State of Texas as the affairs of CMA may require.

ARTICLE III  
MEMBERS

3.01. Rights and Duties. CMA shall have members (Member), and, until changed by amendment to these Bylaws, the number of Member constituting the membership of CMA shall be one (1), which the Member shall exercise such rights and perform such duties as may be provided by law, CMA's Articles of Incorporation, or these Bylaws. As used herein, with regard to the use of the word "Member," the plural includes the singular and the singular includes the plural as necessary to appropriately represent the then-existing circumstances.

3.02. Membership. The Member of CMA shall be Bexar County Hospital District, doing business as University Health System.

3.03. Annual Meeting. The annual meeting of the Member of CMA shall be held annually at such date and time as shall be designated from time to time by the Member, for the transaction of such business as may lawfully come before the meeting. Ten (10) days' notice of the time, place, date and purpose for which the meeting is called shall be given to the Member of CMA and to each member of CMA's Board of Directors. Notwithstanding the foregoing, when the Bylaws provide for only one (1) Member, no Annual Meeting shall be required.

3.04. Special Meeting. Special meetings of the Member shall be called by or at the request of the President/CEO of CMA or the Member. Ten (10) days' notice of the time, place, date and purpose for which the meeting is called shall be given to the Member of CMA and to each member of CMA's Board of Directors.

3.05. Conflicts of Interest. In the event that the Corporation has more than one Member and one Member has a conflicting fiduciary or contracting obligation due to a third party, that Member may not participate in any decision of CMA unless such conflict is disclosed to the other Member and the other Member consents to the Member's participation in such decision.

3.06. Term of Membership. Unless a shorter term shall be specified by the other Member at the time of election, the term of office of any Member shall be for so long as the Member is authorized to do business in the state of Texas.

3.07. Transfer of Membership. Membership in this Corporation is not transferable or assignable, except as otherwise provided herein or in the Corporation's Membership Interest Purchase and Transfer Restriction Agreement, if any.

3.08. Powers of Member. The following actions shall require the consultation by the Board of Directors or their designee and the specific approval of the Member:

- A. the approval of the adoption, amendment, or repeal of the Articles of Incorporation or Bylaws of CMA; provided that, the adoption, amendment or repeal must also be approved by at least a majority of the Board of Directors unless required by law (including requirements to obtain or maintain tax exemption);
- B. the merger, dissolution, or consolidation of CMA;
- C. the approval of new Membership interests;
- D. the creation of, or investment in, any subsidiary entity;
- E. the ongoing review of the financial performance compared to the annual operating and capital budgets of CMA;
- F. the approval of any action of the CMA that Member determines is likely to cause the CMA to lose its status as an organization described in Section 501(c)(3) of the Act classified as a public charity under 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code;
- G. the approval of any action of the CMA that Member determines could impact its certification as a 162.001(b) non-profit health organization under the Texas Occupations Code;
- H. the ongoing review of financial performance compared to the annual operating and capital budget;
- I. the approval of the mortgage, lease or other encumbrance of any property (real, personal, or mixed) of CMA in excess of \$250,000 in any single or series of transactions;
- J. the lease, sale, gift, or other disposition of any property, real, personal, or mixed, of CMA exceeding \$250,000 in any single or series of transactions the sale of substantially all the assets;
- K. the approval of the purchase, lease, or acquisition of any property (real, personal, or mixed) by CMA exceeding \$250,000 in any single or series of transactions;



- L. the execution or termination of any management, employment, or service contract; provided that, the termination of any physician providing medical services on behalf of CMA is accomplished by the CMA President as the Board of Directors' designee in accordance with CMA's current due process procedures;
- M. any loans, guaranties, grants or other payments not included and approved as part of CMA's annual operating and capital budgets;
- N.. the request of additional capital contributions of Member;
- O. the termination of Memberships;
- P. the authorization of the sale of existing Membership interests;
- Q. physician compensation and benefits; and
- R. execution, amendment or termination of any risk sharing agreement.

and must, prior to implementation, be approved by the Member by the affirmative vote of a majority of the votes entitled to be cast at a meeting of the Member or by written consent as set forth in Section 3.10 hereof. Notwithstanding any other provision contained in these Bylaws, the Member shall not have the power to make any decision or policy concerning credentialing, quality assurance, utilization review, peer review, or the practice of medicine.

3.09. Action by Written Consent. Any action required to, or which may, be taken at a meeting of the Membership, may be taken without a meeting in the manner set forth in the Articles of Incorporation.

3.10. Action by the Member. Any action which may be required by law, CMA's Articles of Incorporation, or these Bylaws to be taken by the Membership as the Member of CMA, shall be evidenced in writing, signed by the President/CEO or any other officer with signing authority for and on behalf of CMA and shall be filed in the minute book of CMA as part of the permanent records of CMA.

3.11. Non-Liability of the Member. Any Member of CMA shall not be personally liable for the debts, liabilities, or obligations of CMA.

#### ARTICLE IV BOARD OF DIRECTORS

4.01. General Powers. The business and affairs of CMA shall be managed by its Board of Directors, which may exercise all powers of CMA and do all lawful acts and things as are not by statute, the Articles of Incorporation, or these Bylaws, directed or required to be exercised or done by the Member. The Board of Directors has the sole authority to direct the medical,

professional, and ethical aspects of CMA's practice of medicine. All credentialing, quality assurance, utilization review, and peer review policies shall be made exclusively by the Board of Directors.

4.02. Number, Composition, Tenure, Qualifications and Requirements and Statements and Reports.

A. Number. There shall be a Board of Directors which shall consist of no fewer than three (3) and no more than nine (9) persons. The number of Directors may be increased or decreased by action of the Membership, or by a majority of the total number of Directors, including vacancies, entitled to vote, but the number of Directors may not be decreased to fewer than three (3) nor increased to greater than nine (9), of whom a fifty-one percent (51%) shall always consist of physicians employed by the Member but practice through CMA, the majority of which shall be primary care physicians. "Primary care physician" as used herein shall mean a physician who holds an unrestricted license to practice allopathic or osteopathic medicine in the State of Texas and represents that he or she is actively engaged in the clinical practice of general internal medicine, general pediatrics, family medicine, geriatrics, preventive medicine and public health or obstetrics/gynecology. No decrease in the number of Directors shall shorten the term of any incumbent Director. .

B. **Composition.**

1. **Elected Directors.** There shall be no more than eight and no less than three Directors elected pursuant Section 4.3 below. The Elected Directors shall have voting privileges and all other rights, privileges and duties of a director as set forth herein.

2. **CMA Chair Director.** At all times, the individual serving as the Executive Vice President, Chief Medical Officer of the Member shall be designated to serve as a director of CMA provided that such individual meets the general qualifications for directors as are set forth in these Bylaws, the Texas Medical Practices Act and the Texas Medical Board rules as amended from time to time (the "CMA Chair Director"). The CMA Chair Director shall have voting privileges and all other rights, privileges and duties of a director and shall further to serve as the Chairperson of the Board of Directors. Notwithstanding Section 4.03, the CMA Chair Director shall serve for as long as such individual serves in the capacity of the Executive Vice President, Chief Medical Officer of the Member.

3. **Affiliate Members.** The Board of Directors shall have the power to appoint Affiliate Members of the Board of Directors. All Affiliate Members of the Board of Directors shall be ex-officio Members of the Board of Directors in a non-voting capacity and will be exclude from closed session meetings, if any.

C. Tenure. The tenure of the CMA Chair Director is set forth in 4.02(B)(2), and shall have no terms of office. All of the other Directors, shall serve for his or her term of office and until his or her successor shall have been duly elected and qualified unless he or she is sooner removed in the manner specified in Section 4.04 of these Bylaws or until the earlier of the failure of the Director to be eligible to serve in accordance with paragraph C of this Section 4.02 of these Bylaws as Director of CMA or his or her death or resignation. A Director may not serve for more than two (2) full terms consecutively. For purposes of these Bylaws, a full term shall be defined as an eight (8) year term. A Director needs to be re-elected at the end of their term. A former Director who has served two (2) consecutive full terms shall be eligible for re-election as a Director after an absence from serving as a Director for CMA for a period of one (1) year or more or alternatively may be considered for appointment as an Affiliate Member. Each Director whose term has expired shall be elected in the manner specified in Section 4.02 and Section 4.03 of these Bylaws, and each such Director shall hold office for a full eight (8) year term commencing upon the date of his or her election and ending upon the date of the eighth annual meeting of the Member following the date of his or her election, except that, in the case of an election to fill a vacancy in a seat on the Board of Directors, the term of the successor shall be for the unexpired term of the former occupancy thereof.

D. Qualifications and Requirements.

(a) Generally. Each Director shall at all times:

1. Be a resident of Texas
2. Be licensed by the Texas Medical Board and actively engaged in the practice of medicine. The term “actively engaged in the practice of medicine” as used in these Bylaws shall mean that the Director is engaged in diagnosing, treating, or offering to treat any mental or physical disease or disorder or any physical deformity or injury or performing such actions with respect to individual patients for compensation and shall include clinical medical research, the practice of clinical investigative medicine, the supervision or training of medical students or residents in a teaching facility or program approved by the Liaison Committee on Medical Education of the American Medical Association, the American Osteopathic Association, or the Accreditation Council for Graduate Medical Education, and professional managerial, administrative, or supervisory activities related to the practice of medicine or the delivery of health care services;
3. Comply with all relevant provisions of the Texas Medical Practice Act and the Texas Medical Board rules;

4. Exercise independent judgment as a Director in all matters relating to credentialing, quality assurance, utilization review, peer review, and the practice of medicine; and

5. No person shall serve as a Director if such person is employed by, contracts with, has an interest in, or receives compensation from any person, Corporation, partnership or other entity that competes with the business of the Member; however, such person may serve as Director if such information is disclosed to the Board in its entirety and the Board consents to the individual serving as Director; and

6. All Directors must meet the requirements set forth in Section 4.02 E.

E. Statements and Reports. Each candidate for directorship shall deliver to the Texas Medical Board and CMA a sworn statement executed by that individual attesting to compliance with the qualifications for Directors set forth in the Articles of Incorporation, and further stating:

1. he or she is actively engaged in the practice of medicine as defined by the rules of the Texas Medical Board ( and as used in these bylaws);
2. in serving as a Director of CMA, he or she shall comply with all relevant provisions of the Texas Medical Practice Act and Texas Medical Board rules;
3. he or she shall exercise independent judgment as a Director in all matters relating to credentialing, quality assurance, utilization review, peer review, and the practice of medicine;
4. he or she shall immediately report to the Texas Medical Board any act or event which such Director reasonably and in good faith believes constitutes a violation or attempted violation of the Texas Medical Practice Act or rules of the Texas Medical Board; and
5. such other statements as may be required pursuant to Texas Medical Board rules.

Directors shall disclose financial relationships in accordance with Section 4.13 hereof.

4.03. Election. With the exception of the CMA Chair Director whose appointment is set forth in Section 4.02(B)(2), , the Membership shall nominate and the Board shall approve at

each annual meeting qualified individuals for each open position on the Board of Directors. At all times, Primary Care Physicians employed by the Member through CMA shall constitute a majority of the fifty-one percent (51%) representation on the Board. Further, at least one of the qualified individuals appointed on the Board of Directors shall be nominated by a majority of the providers of CMA which is subject to Member approval.

4.04. Board Orientation and Continuing Education.

A. Board Orientation to Corporation and Member. Board orientation shall be arranged for newly appointed Directors to include an on-site tour of CMA and the Member's facilities and shall further provide an overview of CMA's history as well as the current and future work of CMA. Additionally, the orientation will provide an overview of the role, responsibilities and legal liabilities of the Board as defined by local, county, state and federal law and practice.

B. Continuing Education. Utilizing the principles of CMA's Mission, Vision and Values, continuing education seminars shall be periodically conducted on various topics, including, but not limited to, the following: (i) Board's fiduciary responsibility; (ii) areas of the law impacting the Board; (iii) corporate policies; and (iv) conflicts of interest training which will further provide an in-depth review of the applicable requirements in disclosing conflicts of interest, and shall generally include standards of conduct required for all Board members, financial disclosure requirements, and procedures for seeking advisory opinions from the Integrity Services.

4.05. Removal.

A. Removal by the Member. Any one or more or all of the Directors may be removed with cause at any time by the affirmative vote of the Membership. Cause for removal shall be limited to (i) a breach of the Director's duty of loyalty to CMA or its Member, (ii) a breach of the Director's duty of care to CMA or its Member, (iii) an act or omission that involves intentional misconduct or a knowing violation of the law. Written notice of such removal shall be given to any Director so removed. Any Director who ceases to meet the qualifications set forth in Section 4.02 of these Bylaws shall be automatically removed effective as of the date such qualifications cease to be met.

B. Removal by Directors. Except for the CMA Chair Director, whose tenure is set as set forth in Section 4.02(B)(2), any one or more of the Directors may be removed without cause at any time by action of a 2/3 majority of the Board, not including the Director sought to be removed. Except for the CMA Chair Director, whose tenure is set as set forth in Section 4.02(B)(2), any one or more of the Directors may be removed with cause at any time by action of a majority of the Board, not including the Director sought to be removed. Such removal shall require the approval of the Member.

4.06. Resignation. Any Director may resign at any time by giving written notice to the Board chairperson and the President/CEO of CMA. Such resignation shall take effect at the time

specified therein, and unless otherwise specified therein, no acceptance of such resignation shall be necessary to make it effective.

4.07. Vacancies. A vacancy shall be declared in any seat on the Board of Directors upon the death, resignation or removal of the occupant thereof, upon the incapacity of the occupant rendering him or her permanently incapacitated (as defined in Section 13.05 of these Bylaws), or at such time that the occupant is no longer qualified under Section 4.02(B) or (C) to serve as a Director of CMA. Except for the CMA Chair Director, whose appointment is set forth in Section 4.02(B)(2), all vacancies on the Board of Directors shall be filled by the nominating process described in Section 4.03 above.

4.08. Place of Meetings. Regular or special meetings of the Board of Directors may be held either within or without the State of Texas.

4.09. Regular Meetings. A regular annual meeting of the Board of Directors shall be held during the first Board meeting of the year without other notice than these Bylaws. The Board of Directors may provide by resolution the time and place, either within or without the State of Texas, for the holding of additional regular meetings of the Board without other notice than such resolution.

4.10. Special Meetings. Special meetings of the Board of Directors may be called by or at the request of the President/CEO, the Membership, or any two Directors. The person or persons authorized to call special meetings of the Board may fix any place, either within or outside the State of Texas, as the place for holding any special meetings of the Board called by them. It shall be the duty of the secretary of CMA to give each Director at least ten (10) days' notice of the date, time, place, and purpose of such special meeting.

4.11. Quorum. A majority of the Board of Directors shall constitute a quorum for the transaction of business at any meeting of the Board; but if less than a majority of the Directors are present at said meeting, a majority of the Directors present may adjourn the meeting from time to time without further notice.

4.12. Voting. Each Director shall be qualified to originate and take part in the discussion of any subject that may properly come before the meeting of the Board of Directors, and each Director personally present at any meeting shall be entitled to cast one (1) vote. The affirmative vote of a majority of the Directors present at a meeting at which a quorum is present shall constitute a formal act of the Board of Directors, unless the act of a greater number is required by law, these Bylaws, or the Articles of Incorporation.

4.13. Conflicts of Interest.

A. Guiding Principles.

1. Board of Directors recognizes fundamental legal and fiduciary duties that are owed by virtue of their membership on the Board.

These duties are as follows:

(i). The duty of obedience to CMA's purpose and Mission, which requires that Board of Directors ensure that CMA operates within its statutory authority.

(ii). The duty of care, which requires that Board of Directors act in a conscientious and informed manner with respect to all Board decisions. They must act in good faith at all times.

(iii). The duty of loyalty, which requires that every Board decision be made in the best interests of CMA, its Mission and its Vision and not in the interests of individuals or external constituencies.

(iv). The duty of civility, which requires that Board of Directors uphold, promote and demand the highest standards of civility in all business dealings with their fellow Board members, staff and employees of CMA.

B. Definitions.

1. Certain business or employment relationships: A Director, or Director's immediate family member, shall be deemed to have a business or employment relationship with a person or business entity seeking to do business or doing business with CMA if the relationship results in the receipt of taxable income in excess of \$2,500.00 within a 12 month period.
2. Immediate family member: Husband or wife; natural or adoptive parent, child or sibling; stepparent, stepchild, stepbrother, or stepsister, father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law, or sister-in-law; grandparent or grandchild; and spouse of grandparent or grandchild.
3. Substantial interest in business entity: A Director, or Director's immediate family member, shall be deemed to have a substantial business interest if: (i) the individual owns 10 percent or more voting stocks/shares of a business entity; or (ii) the individual owns at least 10 percent or \$15,000 of the fair market value of a business entity; or (iii) the individual received funds from a business entity which exceeds 10 percent of the individual's gross income for the previous year.

4. Substantial interest in real property: A Director, immediate family member, shall be deemed to have a substantial interest in real property if the interest is an equitable or legal ownership with a fair market value of \$2,500.00 or more.

C. Duty to Disclose.

1. To avoid any appearance or risk of impropriety, a Director shall not take any action that (s)he knows, or in the exercise of reasonable care should know, is likely to be in conflict with a Director's fiduciary duty to CMA or is likely to affect his/her interest, or that of their immediate family, as defined above, and shall immediately disclose any potential conflict of interest to the designated Integrity Officer of the Health System.
2. Upon disclosure of a potential conflict of interest, the Integrity Officer will exercise due diligence to determine whether or not an actual conflict of interest exists and will advise the Director, as well as the President/CEO and the Member of CMA accordingly.
3. In addition to disclosure, a Board of Director who has made a disclosure as provided herein shall immediately refrain from further participation in the matter, shall not use his or her personal influence on the matter nor will (s)he have any discussions on the matter with any persons.

D. Disclosure of Certain Business and Employment Relationships and Gifts.

1. The Board of Directors shall report certain business and employment relationships, as defined hereinabove, and receipt of certain gifts by filing conflicts disclosure statements with the designated Integrity Officer of the Health System. The Integrity Officer of the Health System will provide the conflicts disclosure statement to a Director upon request.
2. Procedure. A conflicts disclosure statement by a Director is required when:
  - (i). The Director, or Director's immediate family member, has an employment or other business relationship with a person who has entered, or is seeking to enter into, a contract with CMA that results in the receipt of taxable income in excess of \$2,500.00 in the 12 month period preceding the date that the Director becomes aware that the person has executed a contract with CMA, or, Corporation



is considering executing a contract with the person; or

(ii). The person has given the Director, or Director's immediate family member, one or more gifts that have an aggregate value of more than \$250.00 in the 12 month period preceding the date the Director becomes aware of the execution of a contract with the person, or, that CMA is considering executing a contract with the person.

(iii). The Director shall file the conflicts disclosure statement with the Integrity Officer no later than 5:00 p.m. on the seventh business day after the date on which the Director becomes aware of the situation requiring the disclosure. The Integrity Office shall maintain the conflicts disclosure statement in accordance with the Health System's records retention policy.

E. Substantial Interest Disclosure and Abstention.

1. *Affidavit.* If a Director has a substantial interest in a business entity or in real property, as defined hereinabove, (s)he shall file an affidavit with the Integrity Officer of the Health System before a vote or decision on any matter involving the business entity or real property is made. The affidavit must state the nature and extent of the interest in the business entity and/or real property.
2. *Abstention from Participation.* The Director shall abstain from any further participation, including voting, in the matter if the action on the matter will have a special economic effect on the business entity, or, in the case of real property, will have a special economic effect on the value of the property. Further, (s)he shall not ordinarily be counted in determining the quorum for the meeting. The minutes of the meeting will reflect that a disclosure was made, the abstention from voting and the quorum situation.

4.14. Adverse Action. A Director, while serving on the Board, shall not directly or indirectly, initiate, solicit, negotiate, encourage, consider, or discuss any proposal or offer to bring about a transaction with any other person or entity that might adversely affect the long-term operation of CMA or have an adverse effect on the Director's fiduciary duty to CMA.

4.15. Action by Written Consent. Any action required or permitted to be taken at a meeting of the Board of Directors or any committee may be taken without a meeting if written consent, setting forth the actions so taken, is signed by all of the Members of the Board of Directors or such committee, as the case may be.

4.16. Procedure at Meeting.

A. Chairperson. The CMA Chair Director shall assume the role to serve as the chair of the Board.

B. Election of Vice-Chairperson. Every four years , at the annual meeting of the Board of Directors, the Board of Directors shall elect a Director to serve as the as vice-chairperson for a four -year term or until a replacement is elected. The vice-chairperson of the Board is limited to two consecutive, four -year terms upon which a new Director shall be elected by the Board to serve in the capacity of vice-chairperson. The vice-chairperson may be removed at any time by the Board of Directors. Any vacancy in the office of vice-chairperson shall be filled by the Board of Directors.

B. Procedure. The chairperson of the Board, or in his or her absence the vice-chairman, shall preside at all meetings of the Board of Directors (and each shall have such other rights and duties as the Board of Directors may delegate). The secretary of CMA shall act as a secretary at all meetings of the Board, or in his or her absence the presiding officer of the meeting may designate any person to act as secretary. At meetings of the Board of Directors, business shall be transacted in such order as from time to time the Board may determine.

4.17. Financial Relationship. If a Director or a nominee for Director has a financial relationship with any Member of CMA, any other Director, any Supplier (as defined below) of CMA, or any affiliate of any Member, other Director, or Supplier of CMA, then the existence of such relationship shall be disclosed by the Director or nominee to the Member and the Board of Directors of CMA at the time of nomination, appointment, selection, and election, and to the Texas Medical Board in CMA's initial application for certification under Texas Occupations Code, Section 162.001(b) and thereafter in any annual statement to the Texas Medical Board. The term "Supplier" as used in these Bylaws means (i) a physician retained to provide medical services to or on behalf of CMA, or (ii) any other person providing or anticipated to provide services or supplies to or on behalf of CMA in excess of \$10,000 during a twelve-month period

4.18. Credentialing and Quality Assurance. All credentialing, quality assurance, utilization review and peer review policies shall be made exclusively by the board of directors; however, following consultation with the board of directors, the Membership shall retain the right to approve any financial decision of the CMA, including, but not limited to, decisions regarding capital and operating budgets, physician compensation and benefits, expenditures of monies, and managed care contracts in which the CMA is at financial risk.

4.19. Compensation. Directors shall not receive any stated salaries for their services as Directors, but may, by resolution of the Board of Directors, receive a fixed sum and their expenses, if any, for attendance at each regular or special meeting of the Board; but nothing contained herein shall be construed to preclude any Director from serving CMA in any other capacity and receiving compensation therefore.

4.20. Termination of Physicians. The termination of the retention of any physician who provides medical services on behalf of CMA during the term of the physician's retention may be accomplished by the majority of the Board of Directors or its physician designee, the President/CEO of CMA, and such termination shall be subject to due process as provided in applicable Member policies or as provided by the Physician Employment Agreement between CMA and the physician.

4.21. Minutes of Meetings. The Board of Directors shall keep regular minutes of its proceedings and such minutes shall be placed in the minute book of CMA.

## ARTICLE V COMMITTEES

5.01. Member Committees. [none specified]

5.02. Board Committees. The Board of Directors may designate one or more special committees as are necessary and which are not in conflict with other provisions of these Bylaws. The duties of any such special committees shall be prescribed by the Board of Directors upon their designation. No such committee shall have the authority of the Board of Directors in reference to (i) amending, altering, or repealing these Bylaws; (ii) electing, appointing or removing any member of any such committee or any Director or officer of CMA; (iii) credentialing, quality assurance, utilization review and peer review policies; (iv) authorizing the sale, lease, exchange or mortgage of all or substantially all of the property and assets of CMA; (v) authorizing the voluntary dissolution of CMA or revoking proceedings therefore; (vi) adopting a plan for the distribution of the assets of CMA; or (vii) amending, altering or repealing any resolution of the Board of Directors which by its terms provides that it shall not be amended, altered or repealed by such committee. Each special committee shall consist of two or more persons appointed by the chairperson of the Board of Directors, who may, but need not be, Directors of CMA. A special committee shall limit its activities to the accomplishment of the tasks for which it is designated and shall have no power to act except as specifically conferred by action of the Board of Directors. The President/CEO of CMA or his or her designee shall serve as an ex-officio non-voting member of each special committee of CMA. Upon the completion of the task for which designated, such special committee shall stand dissolved.

A. Standing Committees. The Board of Directors, by resolution passed by a majority of the entire Board of Directors, may from time to time, as appropriate, designate members of the Board of Directors to constitute committees of the Board of Directors including, but not limited to, the committees listed below. A majority of all the members of any such committee may determine its action and fix the time and place of any meeting, unless the Board of Directors shall otherwise direct. The Board of Directors shall have power at any time to change the number and the members of any such committee, to fill vacancies, and to discharge any such committee. No such committee shall have the authority of the Board of Directors in reference to (i) amending, altering, or repealing these Bylaws; (ii) electing, appointing or removing any member of any such committee or any Director or officer of CMA; (iii) credentialing, quality assurance, utilization review and peer review policies; (iv) authorizing the sale, lease, exchange or mortgage of all or substantially all of

the property and assets of CMA; (v) authorizing the voluntary dissolution of CMA or revoking proceedings therefore; (vi) adopting a plan for the distribution of the assets of CMA; or (vii) amending, altering or repealing any resolution of the Board of Directors which by its terms provides that it shall not be amended, altered or repealed by such committee. The failure of the Board of Directors to establish and appoint membership to a specific committee shall be deemed to be retention of the responsibilities of such committee by the Board of Directors itself.

1. Executive Committee. An executive committee is established that shall consist of such number of Directors (not less than two(2)) and shall have and may exercise such powers as the Board of Directors may determine and specify in the respective resolutions appointing the memberships of such executive committee, except as such delegation of power may be limited by Section 22.204 of the Texas Business Organizations Code, as amended.
2. Continuous Quality Improvement Committee A Continuous Quality Improvement Committee is established that shall consist of at least two (2) directors to assess and review the quality of medical and health care services rendered to patients and shall address over-utilization, under-utilization, and inefficient scheduling of resources. The committee's functions shall include, but not be limited to, review and audit of medical records, peer review, and prospective, concurrent, and retrospective review of medical services and supplies provided to patients. A majority of the Continuous Quality Improvement Committee may determine its actions and fix the time and place of its meetings unless the Board of Directors shall otherwise provide. The Board of Directors, by an affirmative vote, shall have the power at any time to change the powers and members of the Continuous Quality Improvement Committee and to fill vacancies, provided that the Board of Directors may confer the power to decide these matters to another committee of CMA. All records, minutes, and determinations of, and all written or oral communications to the committee or its subcommittees regarding peer review are confidential and subject to the provisions of the Texas Medical Practice Act, as may be amended from time to time. However, all credentialing, quality assurance, utilization review and peer review policies shall be made exclusively by the Board of Directors.
3. Credentialing Committee. A Credentialing Committee is established that shall consist of at least two (2) directors to monitor, review and report to the Board of Directors the ongoing compliance with existing credentialing criteria and to recommend

to the Board of Directors any suggested or proposed changes to such criteria of CMA and any entity with which CMA has or is proposed to have any contractual relationship, including licensure, certification, continuing medical education, practice privileges and similar matters as may be determined by the Board of Directors. However, all credentialing, quality assurance, utilization review and peer review policies shall be made exclusively by the Board of Directors.

4. Finance Committee. A Finance Committee may be established that shall consist of at least two (2) Directors selected by the Board of Directors; the Chief Financial Officer of the Member, or his/her designee; and at least one (1) representative appointed by the Member in addition to the CFO or designee, Only those Committee members who are Directors shall be authorized to vote on actions of the Finance Committee.

5.03. Quorum. A majority of the voting members of the committee shall constitute a quorum for the transaction of business at any meeting of such committee. The act of a majority of the voting members of the committee present at a meeting at which a quorum is present shall constitute a formal action of the committee.

5.04. Meetings and Notices. Meetings of a committee may be called by or at the request of the President/CEO of CMA or the chairperson of the committee or any two (2) committee members. Each committee shall meet as often as is necessary to perform its duties. Notice may be given at any time and in any manner reasonably designated to inform the members of the time and place of the meetings. Each meeting shall keep minutes of its proceedings.

5.05. Removal and Resignation. Any member may resign by giving notice to the chairperson of the committee or the President/CEO of CMA. Unless otherwise specified in the notice, such resignation shall take effect upon receipt thereof, and the acceptance of such resignation shall not be necessary to make it effective. The Board of Directors may remove at any time, with or without cause, any member of any standing committee. The Board of Directors or the chairperson of the Board of Directors may remove, at any time with or without cause, any member of a special committee.

5.06. Vacancies. A vacancy on a committee shall be filled for the unexpired portion of the term of the former occupant in the same manner in which an original appointment to such committee.

## ARTICLE VI NOTICES AND TELEPHONE MEETINGS

6.01. Notice of Meetings. Notice stating the place, day and hour of any meeting and in the case of a special Directors' meeting or special Member's meeting, the purpose or purposes for

which the meeting is called shall be delivered not less than ten (10) days nor more than fifty (50) days before the date of an annual Directors' meeting and not less than two (2) days nor more than thirty (30) days before the date of a special meeting, either personally by mail, facsimile, electronic message, charges prepaid, by or at the direction of the President/CEO, secretary, or the officer or the person calling the meeting to each Director and to the Members. Such further or earlier notice shall be given as may be required by law.

6.02. Waiver of Notice. Any notice required to be given may be subject to a waiver thereof in writing signed by the person or persons entitled to receive such notice, whether before or after the time stated therein, and such waiver shall be deemed equivalent to the giving of such notice in a timely manner. Any such signed waiver of notice, or a signed copy thereof, shall be placed in the minute book of CMA. Attendance of such persons at any meeting shall constitute a waiver of notice of such meetings, except where the persons attend for the express purpose of objecting that the meeting is not lawfully convened.

6.03. Telephone Meetings. Subject to the requirements of the Texas Business Organizations Code, as amended, or these Bylaws for notice of meetings, the Member, Directors, or members of any committee designated by such Board of Directors may participate in and hold a meeting of such Member, Board of Directors or committee by means of a conference telephone or similar communications equipment, including email or Internet, by means of which all persons participating in the meeting can hear each other, and participation in a meeting pursuant to this Section 6.03 and shall constitute presence in person at such meeting, except where a person participates in the meeting for the express purpose of objecting to the transaction of any business on the ground that the meeting is not lawfully called or convened.

## ARTICLE VII CORPORATE OFFICERS

7.01. Officers. The officers of CMA shall be a President/CEO, a senior vice president, a secretary, a treasurer, allied health professional representatives, and such other officers as may be selected in accordance with the provisions of these Bylaws.

7.02. Selection and Term of Office. The President/CEO, senior vice president, secretary, and treasurer, shall be selected by a majority of the Board and approved by the President/CEO of the Member. To the extent that the President/CEO of the Member does not approve any individual nominated by the Board of Directors, the Board of Directors must nominate a new individual to fill such office. The allied health professional representative will be nominated by the majority of the providers of CMA which is subject to the Member approval. Each representative so selected shall take office on the date of his or her appointment and shall hold office for a term of three years or until such officer resigns or is removed, whichever occurs first. At the expiration of each three year term, it shall automatically renew unless such officer resigns or is removed under Section 7.04. The same person may hold any two or more offices, except that the same person may not hold the offices of President/CEO and secretary nor may the same person hold a position of President/CEO of CMA while also serving as a Director of CMA.

7.03. Resignation. Any officer may resign at any time by giving written notice thereof to the President/CEO or secretary of CMA and a copy to the President/CEO of the Member. Unless otherwise specified in the notice, the resignation shall take effect upon receipt thereof, and the acceptance of the resignation shall not be necessary to make it effective.

7.04. Removal. Any officer may be removed by the President/CEO of the Member, with or without cause, at any time after consultation with the Board of Directors. However, such removal shall be without prejudice to the contract rights, if any, of the officer so removed.

7.05. Attendance at Meetings. The President/CEO, and in his or her absence the senior vice president, shall attend meetings of the Board of Directors. The secretary of CMA shall act as secretary of all such meetings. In the absence of the secretary, the President/CEO may appoint any person present to act as secretary of the meeting.

7.06. Duties of the Officers.

A. President/CEO. The President/CEO shall be the chief executive officer of CMA, and, subject to the control of the Board of Directors and the Member, shall have general charge and supervision of the administration of the activities and affairs of CMA. The President/CEO shall see that all actions and resolutions of the Board of Directors and the Member of CMA are carried into effect. Subject to the powers reserved to the Member or the Board of Directors as provided herein, the President/CEO shall have the authority to sign and execute all legal documents and instruments in the name of CMA. The President/CEO shall also prepare an annual budget showing expected receipts and expenditures for consideration by the Board of Directors and approval by the Member, and shall perform such other duties as may be prescribed from time to time by the Board of Directors or the Member. The President/CEO shall further have the power to appoint and remove subordinate employees. The President/CEO shall submit to the Board of Directors and the Member plans and suggestions for the activities of CMA shall direct its general correspondence and shall present recommendations in each case to the Board of Directors and the Member for decision. The President/CEO shall also submit a report of the activities and affairs of CMA at each annual meeting of both the Board of Directors and the Member and at other times when called upon to do so by the Board of Directors or the Member.

B. Senior Vice President. The senior vice president shall discharge the duties of the president in the event of the president's absence or incapacity, as defined in Section 13.05, for any cause whatever. The senior vice president shall also perform such additional duties as may be prescribed from time to time by the Board of Directors.

C. Secretary. The secretary shall discharge the duties of the President/CEO in the event of both the President/CEO's and senior vice president's absence or incapacity, as defined in Section 13.05, for any cause whatever. The secretary shall also perform such additional duties as may be prescribed from time to time by the Board of Directors. The secretary shall also have charge of the records and correspondence of CMA under the direction of the President/CEO, and shall be the custodian of the seal of CMA, if any. The secretary shall attend all meetings of the Board of Directors and give notice of meetings as is required by these Bylaws. The secretary shall

take and keep true minutes of all meetings of the Board of Directors. The secretary shall discharge such other duties as shall be prescribed from time to time by the President/CEO or the Board of Directors. In case of a prolonged absence or incapacity, as defined in Section 13.05, of the secretary, the Board of Directors may appoint an assistant secretary to perform the duties of the secretary during such absence or incapacity, as defined in Section 13.05.

D. Treasurer. At the discretion of the Board of Directors, a treasurer may be appointed. If a treasurer is so appointed, the treasurer shall keep account of all monies, credits and property of CMA that shall come into the treasurer's hands and keep accurate account of all monies received and discharged. Except as otherwise ordered by the Board of Directors, the treasurer shall have the custody of all the funds and securities of CMA and shall deposit the same in such banks and depositories as the Board of Directors and Members shall designate. The treasurer shall keep proper books of account and other books showing at all times the amount of the funds and other property belonging to CMA, all of which books shall be open at all times to the inspection of the Board of Directors and Members. The treasurer shall also submit a report of the accounts and financial condition of CMA at each annual meeting of the Board of Directors and the Member. The treasurer shall, under the direction of the Board of Directors or Members, as applicable, disburse all monies and sign all checks and other instruments drawn on or payable out of the funds of CMA. In general, the treasurer shall perform all the duties which are incident to the office of treasurer, subject to the instruction of the Board of Directors or Members, as applicable, and shall perform such additional duties as may be prescribed from time to time by the Board of Directors or the President/CEO. The Members may require the treasurer to give a bond for the faithful discharge of his or her duties in such sum and with such surety or sureties as the Members shall determine. In the case of absence or incapacity, as defined in Section 13.05, of the treasurer, the Members may nominate an assistant treasurer for election to the office by the approval of at least a majority of the members of the Board of Directors, to perform the duties of the treasurer during such absence or incapacity.

E. Allied Health Professional Representative(s). The Allied Health Professional Representative(s) may participate in the Board of Directors meetings at the sole discretion of the Board of Directors and serve as a liaison between the Board and Allied Health Professionals (Advanced Nurse Practitioner, Physician Assistant, Licensed Clinical Social Worker, Clinical Psychologist, etc.) employed by the Member through CMA. The Allied Health Professional Officer(s) shall provide leadership in the development of this field and shall also perform such additional duties as may be prescribed from time to time by the Board of Directors.

7.07. Vacancies. Whenever a vacancy shall occur in any office of CMA, such vacancy shall be filled as provided in Section 7.02 above.



ARTICLE VIII  
BOOKS AND RECORDS

8.01. Books and Records. CMA shall keep correct and complete books and records of account and shall keep minutes of the proceedings of its Member, Board of Directors, and committees having any authority of the Board of Directors and shall keep at the registered office or principal office a record of the names and addresses of the Member of CMA entitled to vote. A Member of CMA, on written demand stating the purpose of the demand, has the right to examine and copy, in person or by agent, accountant, or attorney, at any reasonable time, for any proper purpose, the books and records of CMA relevant to that purpose, at his or her expense.

8.02. Voting Members' List for Meeting. After fixing a record date for the notice of a meeting, CMA shall prepare an alphabetical list of names of all its Members of CMA who are entitled to notice of the meeting. The list must show the address and number of votes each Member of CMA is entitled to cast at the meeting. CMA shall maintain, through the time of the Member meeting, a list of Members who are entitled to notice of the meeting. . Not later than two (2) business days after the date notice is given of a meeting for which a list was prepared, and continuing through the meeting, the list of Members of CMA must be available for inspection by any Member of CMA for the purpose of communication with other Members concerning the meeting, at CMA's principal office or at a reasonable place identified in the meeting notice in the city where the meeting will be held. A Member or a Member's agent or attorney is entitled on written demand to inspect and copy the list, in person or by agent, accountant, or attorney at a reasonable time, for any proper purpose, and at the Member's expense during the period it is available for inspection. CMA shall make the list of Members of CMA available at the meeting, and any Member or Member's agent or attorney is entitled to inspect the list at any time during the meeting or any adjournment.

ARTICLE IX  
PROTECTION OF OFFICERS, BOARD OF DIRECTORS AND EMPLOYEES

9.01. Indemnification

A. CMA may indemnify a person who was, is, or is threatened to be made a named defendant or respondent in a proceeding because the person is or was a Director of CMA only if it is determined in accordance with paragraph E of this Section 9.01 that the person:

1. conducted him or her in good faith;
2. reasonably believed:
  - a. in the case of conduct in his or her official capacity as a Director of CMA, that his or her conduct was in CMA's best interest; and
  - b. in all other cases, that his or her conduct was at least not opposed to CMA's best interests; and

3. in the case of any criminal proceeding, had no reasonable cause to believe his or her conduct was unlawful.

B. A Director may not be indemnified under paragraph A of this Section 9.01 for obligations resulting from a proceeding:

1. in which the person is found liable on the basis that personal benefit was improperly received by him or her, whether or not the benefit resulted from an action taken in the person's official capacity;
2. in which the person is found liable to CMA.

C. The termination of a proceeding by judgment, order, settlement, or conviction, or on a plea of *nolo contendere* or its equivalent is not of itself determinative that the person did not meet the requirements set forth in paragraph A of this Section 9.01.

D. A person may be indemnified under paragraph A of this Section 9.01 against judgments, penalties (including excise and similar taxes), fines, settlements, and reasonable expenses actually incurred by the person in connection with the proceeding; but if the proceeding was brought by or on behalf of CMA, the indemnification is limited to reasonable expenses actually incurred by the person in connection with the proceeding.

E. A determination of indemnification under paragraph A of this Section 9.01 must be made:

1. by a majority vote of a quorum consisting of Directors who at the time of the vote are not named defendants or respondents in the proceeding;
2. if such quorum cannot be obtained, by a majority vote of a committee of the Directors, designated to act in the matter by a majority vote of all Directors, consisting solely of two or more Directors who at the time of the vote are not named defendants or respondents in the proceeding;
3. by special legal counsel selected by the Directors or a committee of the board by vote as set forth in subparagraph (1) or (2) of this paragraph E, Section 9.01, or, if such a quorum cannot be obtained and such a committee cannot be established, by a majority vote of all Directors; or
4. by the Member.

F. Authorization of indemnification and determination as to reasonableness of expenses must be made in the same manner as the determination that indemnification is permissible, except that if the determination that indemnification is permissible is made by special legal counsel, authorization of indemnification and determination as to reasonableness of expenses must be made in the manner specified by subparagraph (3) of paragraph E, Section 9.01 for the selection of special legal counsel.

G. CMA shall indemnify a Director against reasonable expenses incurred by him or her in connection with a proceeding in which he or she is a party because he or she is a Director, if he or she has been wholly successful, on the merits or otherwise, in the defense of the proceeding.

H. Reasonable expenses incurred by a Director who was, is, or is threatened to be made a named defendant or respondent in a proceeding may be paid or reimbursed by CMA in advance of the final disposition of the proceeding after:

1. CMA receives a written affirmation by the Director of his or her good faith belief that he or she has met the standard of conduct necessary for indemnification under this Section 9.01 and a written undertaking by or on behalf of the Director to repay the amount paid or reimbursed if it is ultimately determined that he or she has not met those requirements; and
2. a determination that the facts then known to those making the determination would not preclude indemnification under this Section 9.01.

I. The written undertaking required by paragraph H of this Section 9.01 must be an unlimited general obligation of the Director but need not be secured. It may be accepted without reference to financial ability to make repayment. Determinations and authorizations of payments under paragraph H of this Section 9.01 must be made in the manner specified in paragraph E of this Section 9.01 for determining that indemnification is permissible.

J. Notwithstanding any other provision of this Section 9.01, CMA may pay or reimburse expenses incurred by a Director in connection with his or her appearance as a witness or other participation in a proceeding at a time when he or she is not a named defendant or respondent in the proceeding.

K. An officer of CMA shall be indemnified as, and to the same extent, provided in paragraph G of this Section 9.01 for a Director and is entitled to seek indemnification under that paragraph to the same extent as a Director. CMA may indemnify and advance expenses to an officer, employee, or agent of CMA to the same extent that it may indemnify and advance expenses to Directors under this Section 9.01.

L. CMA shall secure and maintain insurance on behalf of any person who is or was a Director, officer, manager, agent, nominee, or designee of CMA or who is or was serving at the request of CMA as a Director, officer, or agent, against any liability asserted against him or her and incurred by him or her in such a capacity or arising out of his or her status as such a person.

M. Any indemnification of or advance of expenses to a Director in accordance with this Section 9.01 shall be reported in writing to the Member at least thirty (30) days prior to the date of indemnification or advance.

9.02 Definitions: As used in these Bylaws, the following terms have the meanings set forth below:

- A. “Corporation” means Community Medicine Associates d/b/a University Medicine Associates.
- B. “Board of Director” means any person who is or was on the Board of Directors of CMA vested with the management of the affairs of CMA.
- C. “Expenses” include court costs and attorneys’ fees.
- D. “Official capacity” means
  - 1. when used with respect to a Director, the office of Director in CMA; and
  - 2. when used with respect to a person other than a Director, the elective or appointive office in CMA held by the officer or the employment or agency relationship undertaken by the employee or agent on behalf of CMA.
- E. “Proceeding” means any threatened, pending, or completed action, suit, or proceeding, whether civil, criminal, administrative, arbitrative, or investigative, any appeal in such an action, suit, or proceeding, and any inquiry or investigation that could lead to such an action, suit, or proceeding.

9.03. Transactions between CMA and an Officer, or Director. With respect to any proposed contract or other transaction between CMA and any of its Directors or officers, or any association, professional association, corporation, limited liability company, professional limited liability company, or firm in which a Director or officer is directly or indirectly interested, or a family member of the Director or officer is directly or indirectly interested as determined the applicable Internal Revenue Code regulations relating to Excess Benefit Transactions, the Director or Officer shall disclose the material facts of the relationship or interest of such Director or officer to the Member. This Section shall not be construed to invalidate a contract or transaction that would be valid in the absence of this section.

ARTICLE X  
AMENDMENTS TO BYLAWS BY MEMBER

The Member present at any regular or special meeting may alter, amend, or repeal the existing Bylaws and adopt new Bylaws without the consent of the Directors of CMA to the extent necessary to secure or retain federal tax exemption for CMA under Section 501 (c) (3) or (c) (4) of the Internal Revenue Code. Otherwise, the bylaws may be amended by a majority of the the Board of Directors then in office and ratification by the Member. The Member shall provide the Directors of CMA at least two (2) days written notice of their intention to alter, amend, or repeal these Bylaws or to adopt new Bylaws at such meeting.

ARTICLE XI  
REVIEW OF BYLAWS

A Special Committee appointed by the Chair of CMA shall be tasked with review of CMA's Bylaws at a minimum of at least once every five (5) years. The Special Committee shall provide recommendations to the Board. Upon the Board's consideration of said recommendations, the Bylaws will be revised as necessary and dated to indicate time of last review and approval of amendments and alterations by the Member and the Board. Upon completion of review of CMA's Bylaws, such Special Committee shall stand discharged.

ARTICLE XII  
INTERPRETATION

These Bylaws shall be interpreted in a manner that reserves to physicians the sole authority to engage in the practice of medicine and reserves to CMA's Directors the sole authority to direct the medical, professional, and ethical aspects of the practice of medicine. These Bylaws shall also be interpreted in a manner that recognizes the intent of CMA to comply with the rules promulgated by the Texas Medical Board as they relate to non-profit health organizations certified under chapter 162.001 of the Texas Occupations Code (formerly section 5.01(a) of the Medical Practice Act).

ARTICLE XIII  
OTHER PROVISIONS

13.01. Fiscal Year. The fiscal year of CMA shall, unless otherwise fixed by resolution of the Directors, be the calendar year.

13.02. Seal. CMA's seal shall be in such form as may be prescribed by the Board of Directors. The seal may be used by causing it or a facsimile thereof to be impressed or affixed or in any manner reproduced. The seal need not be affixed to any document signed on behalf of CMA unless specifically required by resolution of the Board of Directors.

13.03. Severability. If any portion of these Bylaws shall be invalid or inoperative, then, so far as is reasonable, the remainder of these Bylaws shall be considered valid and operative and effect shall be given to the intent manifested by the portion held invalid or inoperative.

13.04. Conflict of Bylaws. If any provision of these Bylaws is now or hereafter in conflict with any Statute or any other law of the State of Texas, such Statute or other law, as long as it is in effect, shall take precedence over these Bylaws.

13.05. Permanent Incapacity. Any Director who shall be incapable of participating in the management and affairs of CMA for a continuous period of six (6) months shall be deemed to be “permanently incapacitated” within the meaning of that term as used in these Bylaws.

**I, the undersigned, being the secretary of CMA DO HEREBY CERTIFY THAT the foregoing are the amended Bylaws of said Corporation, as approved by the Directors of said Corporation as of the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, and approved by the Member.**

\_\_\_\_\_  
Secretary of CMA      date

APPROVED BY THE MEMBER  
UNIVERSITY HEALTH SYSTEM:

By: \_\_\_\_\_  
George B. Hernández, Jr.  
President/Chief Executive Officer of the Member  
University Health System



**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

**Tuesday, December 15, 2020**

**Consideration and Appropriate Action Regarding an Amendment to  
Community Health Plans, Inc. Bylaws**

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**Background:**

In September of 1993, the Texas Legislature authorized certain hospital districts to create health maintenance organizations (HMOs) to provide or arrange for health services. In May of 1994 University Health established Community First Health Plans, Inc. (Community First), in the form of a Texas nonprofit corporation, to serve as University Health's HMO. As a nonprofit corporation, Community First operates pursuant to Bylaws which were last reviewed and amended in 2010.

As outlined in Article XI, Amendment to Bylaws, these bylaws may be altered, amended or repealed and new bylaws may be adopted by two-thirds (2/3) of the Directors which is subject to approval of the Board of Managers of the University Health. On October 23, 2020, the attached amendments to the Bylaws were unanimously approved by Community First's Board of Directors. The amendment to the Bylaws are now presented to University Health's Board of Managers for final approval.

**Analysis:**

Due to the number of proposed changes, the Bylaws, in their entirety, are attached hereto with the recommended changes clearly visible with underlined edits and any proposed deletions noted in ~~overstrike~~.

The changes to the Bylaws are outlined below and are as follows:

**Preamble.**

- Minor changes made.

**Article I. Offices.**

- Minor changes made.

## **Article II. Members.**

The Bylaws of Community First reserve certain powers or rights to University Health, its sole member owner. The reservation of powers, set forth in Article II, provides University Health with the control necessary to assure that Community First operates in accordance with the public mission or purpose of the University Health.

Suggested updates to these reserve powers are set forth below:

- Approval of any action of the Corporation regarding the filing of an application for or an amendment to any contract with an agency of the State of Texas to offer or administer a health care program including, but not limited to, any Medicaid managed care program or the Children's Health Insurance Program;
- Global revisions to the reserved powers so that the Member's monetary thresholds mirror the same approval authority as University Health's President/CEO;
- Revisions so that the Member maintains an ongoing review of Community First financial performance as compared to the annual operating and capital budget;
- Approval of the Corporation's policies and procedures relating to the employment of all the Corporation's personnel, which shall conform to University Health's policies and procedures;
- Selection of the investment manager and bank for the Corporation; and
- Approval of the Corporation's compliance plans and practices, which shall conform to those of University Health.<sup>1</sup>

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<sup>1</sup> See Article II, Section 3. Member's Rights



**Article III. Board of Directors.**

- Subject to the requirements of the Texas Business Organizations Code, as amended, or these bylaws for notice of meetings, the Board of Directors may participate in and hold a meeting of such Board of Directors by means of a conference telephone or similar communications equipment, including email or Internet, by means of which all persons participating in the meeting can hear each other, and participation in a meeting pursuant to this Section 6 and shall constitute presence in person at such meeting, except where a person participates in the meeting for the express purpose of objecting to the transaction of any business on the ground that the meeting is not lawfully called or convened.<sup>2</sup>
- Member may appoint individuals to fill any vacancy on the Board of Directors.<sup>3</sup>
- Corporation, at the Corporation's sole expense, shall maintain in force a fidelity bond in its own name on its Directors, officers and employees in amount prescribed by the Texas Department of Insurance.<sup>4</sup>

**Article IV. Officers.**

- Minor changes made.

**Article V. Committees.**

- Minor changes made.

**Article VI. Contracts, Checks, Deposits, and Funds.**

- Minor changes made.

**Article VII. Books and Records.**

- Minor changes made.

**Article IX. Waiver of Notice.**

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<sup>2</sup> See Article III, Section 6. Telephone Meetings

<sup>3</sup> See Article III, Section 9. Vacancies

<sup>4</sup> See Article III, Section 13. Officer and Employee Bonds

- Minor changes made.

**Article XI. Amendments to Bylaws.**

- Minor changes made.

**Article XII. Adoption of Bylaws.**

- Minor changes made.

**Recommendation:**

The Community First Health Plans Board of Directors recommends the University Health Board of Managers approve the proposed amendment to the Community First Health Plans Bylaws.

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Theresa Scepanski  
President/Chief Executive Officer  
Community First Health Plans, Inc.

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George B. Hernández, Jr.  
President/Chief Executive Officer  
University Health System

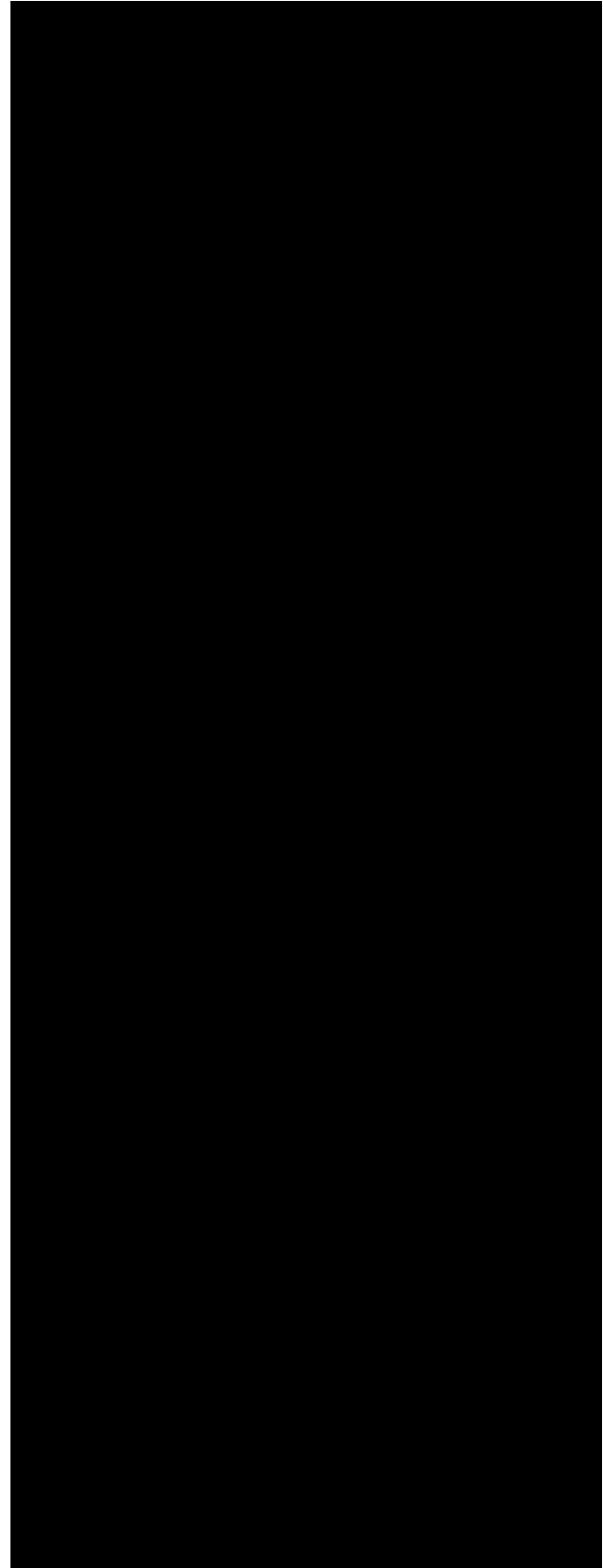
*BYLAWS*

*of*

*Community*

*First Health*

*Plans, Inc.*



HB: ~~4852-7759-1755.1~~[4852-7759-1755.4](#)

SUBJECT INDEX

PREAMBLE ..... 1

ARTICLE I - OFFICES ..... 1

ARTICLE II - MEMBERS ..... 2

    Section 1. Number, Powers and Duties ..... 2

    Section 2. Member ..... 2

    Section 3. Member's Rights of Approval ..... 2

    Section 4: Non-Liability of Member ..... 3

    Section 5: Transfer of Membership ..... 3

ARTICLE III - BOARD OF DIRECTORS ..... 3

    Section 1: General ..... 3

    Section 2: Qualifications, Number, and Tenure ..... 3

    Section 3: Regular Meetings ..... 3

    Section 4: Special Meetings ..... 4

    Section 5: Notice ..... 4

    Section 6: Quorum ..... 4

    Section 7: Manner of Acting ..... 4

    Section 8: Vacancies ..... 4

    Section 9: Action by Written Consent ..... 5

    Section 10: Indemnity and Insurance ..... 5

    Section 11: Conflict of Interest ..... 5

    Section 12: Officer and Employee Bonds ..... 6

ARTICLE IV - OFFICERS ..... 6

    Section 1: Officers ..... 6

    Section 2: Removal of the President/CEO ..... 6

    Section 3: Vacancies ..... 6

    Section 4: President/CEO ..... 6

    Section 5: Vice President ..... 7

    Section 6: Treasurer ..... 7

    Section 7: Secretary ..... 7

ARTICLE V - COMMITTEES ..... 7

    Section 1: Committees of Directors ..... 7

    Section 2: Term of Office ..... 8

Section 3: Chairman.....	8
Section 4: Vacancies.....	8
Section 5: Quorum.....	8
Section 6: Rules.....	8
 ARTICLE VI - CONTRACTS, CHECKS, DEPOSITS, AND FUNDS .....	 8
Section 1: Contracts.....	8
Section 2: Checks and Drafts.....	9
Section 3: Deposits .....	9
Section 4: Gifts .....	9
 ARTICLE VII - BOOKS AND RECORDS .....	 9
 ARTICLE VIII - FISCAL YEAR.....	 9
 ARTICLE IX - WAIVER OF NOTICE .....	 10
 ARTICLE X - PARLIAMENTARY AUTHORITY .....	 10
 ARTICLE XI - AMENDMENTS TO BYLAWS.....	 10
 ARTICLE XII - ADOPTION OF BYLAWS .....	 11

BY LAWS  
OF  
COMMUNITY FIRST HEALTH PLANS, INC.

PREAMBLE

It shall be the mission of the Corporation to arrange or provide healthcare services for the communities served by the Bexar County Hospital District d/b/a/ University Health System by establishing a Health Maintenance Organization (HMO) committed to:

- a. Promoting individual and family health by making available comprehensive healthcare services to meet the needs of the persons served;
- b. Developing community-oriented primary care and preventive health programs which reduce the incidence of illness and injury and promote wellness; and
- c. Establishing linkages between community providers and the HMO which serve to improve accessibility and quality while reducing the cost of service.

ARTICLE I

OFFICES

The principal office of the Corporation shall be in the State of Texas and located in San Antonio, Texas. The Corporation may have such other offices, within the State of Texas, as the Board of Directors may determine or as the affairs of the Corporation may require from time to time.

The Corporation shall have and continuously maintain in the State of Texas a registered office and a registered agent whose office is identical with such registered office as required by the Texas Business Organizations Code. The registered office may be, but does not need to be, identical with the principal office in the State of Texas, and the address of the principal office and the registered office may be changed from time to time by the Board of Directors.

## ARTICLE II

### MEMBERS

#### Section 1. Number, Powers and Duties

This Corporation shall have members, and, until changed by amendment to these bylaws, the number of members constituting the membership of the Corporation shall be one, which member shall exercise such rights and perform such duties of members as may be provided by law, the Corporation's Articles of Incorporation, or these bylaws.

Section 2. Member. The sole member of the Corporation is the Bexar County Hospital District, hereinafter called "University Health System" or "University Health."

#### Section 3. Member's Rights

The University Health shall have the following rights as the member of the Corporation, in addition to those provided by law:

- (a) The approval of the adoption, amendment or repeal of the articles of incorporation or bylaws of the Corporation;
- (b) The approval of the merger, dissolution, or consolidation of the Corporation;
- (c) The ~~approval of the~~ appointment or removal of Directors of the Corporation, with or without cause;
- (d) The approval of new membership interests;
- (e) The creation of, or investment in, any subsidiary entity to the Corporation;
- (f) The approval of any action of the Corporation that ~~the~~ University Health determines is likely to cause the Corporation or any subsidiary entity to lose its status as an organization described in Section 501(c)(4) of the Code of its federal tax exemption under Section 501(a) of the Code;
- (g) The approval of any action of the Corporation regarding the filing of an application for or a service area amendment to a certificate of authority to do business as a Health Maintenance Organization in the State of Texas;
- (h) The approval of any action of the Corporation regarding the filing of an application for or an amendment to any contract with an agency of the State of Texas to offer or administer a health care program including, but not limited to, any Medicaid managed care program or the Children's Health Insurance Program;
- (i) ~~(h)~~ The approval of any action of the Corporation that the University Health determines is likely to cause the Corporation to lose or jeopardize its certificate of authority to do business as a Health Maintenance Organization in the State of Texas;
- (j) ~~(i)~~ The approval of the annual operating and capital budgets of the Corporation;



- (k) ~~(j)~~ The ongoing review of financial performance compared to the annual operating and capital budget;
- (l) ~~(k)~~ The approval of the mortgage, lease, or other encumbrance of any property, (real, personal, or mixed) of the Corporation in excess of TWO HUNDRED FIFTY THOUSAND AND NO/100 DOLLARS (\$250,000.00) in any single or series of related transactions;
- (m) ~~(l)~~ The approval of the sale, gift, or other disposition of any property, (real, personal or mixed) of the Corporation exceeding TWO HUNDRED FIFTY THOUSAND AND NO/100 DOLLARS (\$250,000.00) in any single or series of related transactions;
- (n) ~~(m)~~ The approval of the purchase, lease, or acquisition of any property, (real, personal or mixed) by the Corporation exceeding TWO HUNDRED FIFTY THOUSAND AND NO/100 DOLLARS (\$250,000.00) in any single or series of related transactions;
- (o) ~~(n)~~ The approval of the Corporation's policies and procedures relating to the employment of all the Corporation's personnel ~~in accordance with, which shall conform to~~ University Health's policies and procedures;
- (p) ~~(o)~~ ~~(p)~~ The selection of the investment manager and bank for the Corporation; and
- (q) The ~~establishment of University Health policies and procedures, including~~ approval of the Corporation's compliance plans and practices, ~~applicable to the Corporation~~ which shall conform to those of University Health.

Section 4: Non-Liability of Member. The University Health shall not be personally liable for the debts, liabilities, or obligations of the Corporation.

Section 5: Transfer of Membership

This is a non-stock Corporation. Membership in this Corporation is not transferable or assignable. Any transfer or assignment shall be void.

ARTICLE III

BOARD OF DIRECTORS

Section 1: General

The affairs of the Corporation shall be managed by its Board of Directors. Directors shall not receive compensation for their services, but by resolution of the Board of Directors may be reimbursed for expenses of attendance, if any, at each regular or special meeting of the Board; but nothing herein contained shall be construed to preclude any Director from serving the Corporation in any other capacity and receiving compensation therefor.

Section 2: Qualifications, Number, and Tenure

Directors shall be at least twenty-one (21) years of age, of good standing in the community, and residents of the State of Texas for at least three (3) months before the date of the Director's appointment. The initial Board of Directors of the Corporation consists of three (3) directors as named in the Articles of Incorporation. The number of Directors shall be set by a resolution, but the number set shall not be less than three (3) and not more than seven (7) whose terms of office shall be staggered so that not less than one-half (1/2) nor more than two-thirds (2/3) of the directors shall be appointed for an initial one (1) year term and the remainder for a two (2) year term each commencing on October 1st. Thereafter, each Director shall be appointed to hold office for a two (2) year term commencing October 1st or until a successor shall have been appointed and qualified.

### Section 3: Regular Meetings

An annual meeting of the Board of Directors shall be held every year at which meeting the Directors shall elect among themselves a chairman and vice chairman. The chairman shall preside at all meetings of the Directors. In the absence or incapacitation of the chairman, the vice chairman shall preside at meetings of the Directors. The Board of Directors may provide by resolution the time and place, within Texas, for the holding of the annual meeting and additional regular meetings of the Board, which meetings shall be set not less quarterly.

### Section 4: Special Meetings

Special meetings of the Board of Directors may be called by or at the request of the Chairman of the Board or any two Directors. The person or persons authorized to call special meetings of the Board may fix any place, within Bexar County, Texas, as the place for holding any special meeting of the Board called by them.

### Section 5: Notice

Notice of any special meeting of the Board of Directors shall be given at least twenty-four (24) hours before the meeting by written notice either delivered personally, by mail, facsimile, or by electronic message to each Director at his address as shown by the records of the Corporation. Notice of a meeting shall include a reasonable description of the business to be transacted at such meeting. If notice is given by facsimile or by electronic message, such notice shall be deemed to be delivered when the facsimile or by electronic message is confirmed or received. Any Director may waive notice of any meeting. The attendance of a Director at any meeting shall constitute a waiver of notice of such meeting, except where a Director attends a meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened.

### Section 6: Telephone Meetings.

Subject to the requirements of the Texas Business Organizations Code, as amended, or these bylaws for notice of meetings, the Board of Directors may participate in and hold a meeting of such Board of Directors by means of a conference telephone or similar communications equipment, including

email or Internet, by means of which all persons participating in the meeting can hear each other, and participation in a meeting pursuant to this Section 6 and shall constitute presence in person at such meeting, except where a person participates in the meeting for the express purpose of objecting to the transaction of any business on the ground that the meeting is not lawfully called or convened.

#### Section 7: Quorum

A majority of the Board of Directors shall constitute a quorum for the transaction of business at any meeting of the Board.

#### Section 8: Manner of Acting

The act of a majority of the Directors present at a meeting at which a quorum is present shall be the act of the Board of Directors, unless the act of a greater number is required by law or by these bylaws.

#### Section 9: Vacancies

The Member may appoint individuals to fill any vacancy on the Board of Directors. A Director appointed to fill a vacancy shall be appointed for the unexpired term of his predecessor in office.

#### Section 10: Action by Written Consent

Any action required by law to be taken at a meeting of Directors, or any action which may be taken at a meeting of Directors, may be taken without a meeting if a consent in writing, setting forth the action so taken, shall be signed by all of the Directors.

#### Section 11: Indemnity and Insurance

The Corporation agrees to indemnify, hold harmless, and to secure sufficient insurance, at the Corporation's sole expense to protect all officers and Directors from and against all claims or causes of action of any character, type, or description brought or made on account of any injuries or damages received or sustained by any person or persons or property of any person or persons arising out of, or occasioned by the negligent acts of an officer or Director when performing his or her duties on behalf of the Corporation.

#### Section 12: Conflict of Interest

(a) General. The purpose of this Corporation is to provide for the orderly implementation of the Authority granted the Board of Managers of ~~the~~ University Health to establish a Health Maintenance Organization to carry out ~~the~~ University Health's responsibilities of providing for health care services to residents of the district. Accordingly, no conflict exists between the interest

of ~~the~~ University Health and the interest of the Corporation and Board members, officers and employees of the University Health may serve as Directors or officers of the Corporation.

(b) If a Director has a substantial interest in a business entity or real property, the Director shall disclose such interest before a vote or decision on any matter involving the business entity or real property and shall abstain from participation in the matter.

A Director has a substantial interest in real property if the interest is an equitable or legal ownership with a fair market value of TWO THOUSAND FIVE HUNDRED AND NO/100 DOLLARS (\$2,500.00) or more. A Director has a substantial interest in a business entity if:

(1) the Director owns ten percent (10%) or more of the voting stock or shares of the business entity or owns either ten percent (10%) or more of FIVE THOUSAND AND NO/100 DOLLARS (\$5000.00) or more of fair market value of the business entity; or

(2) funds received by the Director from the business entity exceed ten percent (10%) of the person's gross income for the previous year.

### Section 13: Officer and Employee Bonds

The Corporation, at the Corporation's sole expense, shall maintain in force a fidelity bond in its own name on its Directors, officers and employees in an ~~amount not less than ONE HUNDRED THOUSAND AND NO/100 DOLLARS (\$100,000.00) or other~~ amount prescribed by the Texas Department of Insurance.

## ARTICLE IV

### OFFICERS

#### Section 1: Officers

The officers of the Corporation shall include a President/CEO, who shall be appointed by the Board of Directors. The President shall appoint one or more Vice Presidents, a Secretary, and a Treasurer who shall each be confirmed by the Board. Each officer shall hold office until a successor shall have been duly appointed and qualified.

#### Section 2: Removal of the President/CEO

The President/CEO may be removed by the Board of Directors whenever in its judgment the best interests of the Corporation would be served thereby, but such removal shall be without prejudice to the contract rights, if any, of the President/CEO.

### Section 3: Vacancies

A vacancy in the office of the President/CEO because of death, resignation, removal, disqualification or otherwise, shall be filled by the Board of Directors.

### Section 4: President/CEO

The President/CEO shall be the principal executive officer of the Corporation and shall in general supervise and control all of the business and affairs of the Corporation. In accordance with these bylaws, he or she may sign, with the Secretary or any other proper officer of the Corporation, any deeds, mortgages, bonds, contracts, or other instruments which the Board of Directors has authorized to be executed, except in cases where the signing and execution thereof shall be expressly delegated by the Board of Directors or by these bylaws or by statute to some other officer or agent of the Corporation, and in general he or she shall perform all duties incident to the office of President/CEO and such other duties as may be prescribed by the Board of Directors from time to time.

### Section 5: Vice President

In the absence of the President/CEO or in the event of his or her incapacitation, the designated Vice President shall perform the duties of the President/CEO, and when so acting, shall have all the powers of and be subject to all the restrictions upon the President/CEO.

### Section 6: Treasurer

The Treasurer shall have charge and custody of and be responsible for all funds and securities of the Corporation; receive and give receipts for moneys due and payable to the Corporation from any source whatsoever, and deposit all such moneys in the name of the Corporation in such banks, trust companies or other depositories as shall be selected in accordance with the provisions of Article VI of these bylaws; and in general perform all the duties as from time to time may be assigned to him or her by the President/CEO.

### Section 7: Secretary

The Secretary shall keep the minutes of the Board of Directors in one or more books provided for that purpose; see that all notices are duly given in accordance with the provisions of these bylaws or as required by law; be custodian of the corporate records; keep a register of the post office address of each Director which shall be furnished to the Secretary by such Director; and in general perform all duties incident to the office of Secretary and such other duties as from time to time may be assigned to him or her by the President/CEO or by the Board of Directors.

## ARTICLE V

### COMMITTEES

#### Section 1: Committees of Directors

The Board of Directors, by resolution adopted by a majority of the Directors in office, may designate and appoint one or more committees, each of which shall consist of two or more Directors, which committees, to the extent provided in said resolution, shall have and exercise the authority of the Board of Directors in the management of the Corporation, except that no such committee shall have the authority of the Board of Directors in reference to amending, altering or repealing the bylaws; electing, appointing or removing any Director or officer of the Corporation; amending the articles of incorporation; restating articles of incorporation; adopting a plan of merger or adopting a plan of consolidation with another corporation; authorizing the sale, lease, exchange or mortgage of all or substantially all of the property and assets of the Corporation; authorizing the voluntary dissolution of the Corporation or revoking proceedings therefore; adopting a plan for the distribution of the assets of the Corporation; or amending, altering or repealing any resolution of the Board of Directors which by its terms provides that it shall not be amended, altered or repeated by such committee. The designation and appointment of any such committee and the delegation thereto of authority shall not operate to relieve the Board of Directors, or any individual Director, of any responsibility imposed upon it or him or her by law.

#### Section 2: Term of Office

Each member of a committee shall continue as such until the next annual meeting of the Directors of the Corporation or until his successor is appointed, unless the committee shall be sooner terminated, or unless such member is removed from such committee, or unless such member cease to qualify as a member thereof.

#### Section 3: Chairman

One person of each committee shall be appointed chairman by the Board of Directors.

#### Section 4: Vacancies

Vacancies in the membership of any committee may be filled by appointments made in the same manner as provided in the case of the original appointments.

#### Section 5: Quorum

Unless otherwise provided in the resolution of the Board of Directors designating a committee, a majority of the whole committee shall constitute a quorum and the act of a majority of the members present at a meeting at which a quorum is present shall be the act of the committee.

### Section 6: Rules

Each committee may adopt rules for its own government not inconsistent with these bylaws or with rules adopted by the Board of Directors.

## ARTICLE VI

### CONTRACTS, CHECKS, DEPOSITS, AND FUNDS

#### Section 1: Contracts

Subject to the powers reserved to ~~the~~ University Health in Article II, and the policy of the Board of Directors, the President/CEO or a designee of the President/CEO may enter into any contract or execute and deliver any instrument in the name of and on behalf of the Corporation, and such authority may be general or confined to specific instances.

#### Section 2: Checks and Drafts

All checks, drafts or orders for the payment of money, notes or other evidences of indebtedness issued in the name of the Corporation, shall be signed by such officer or officers, agent or agents of the Corporation and in such manner as shall from time to time be determined by resolution of the Board of Directors. In the absence of such determination by the Board of Directors, such instruments shall be signed by the Treasurer and countersigned by the President/CEO or Vice President of the Corporation.

#### Section 3: Deposits

All funds of the Corporation shall be deposited from time to time to the credit of the Corporation in such banks, trust companies, or other depositories as the Board of Directors may select and ~~the~~ University Health may approve.

#### Section 4: Gifts

The Board of Directors may accept on behalf of the Corporation any contribution, gift, bequest or devise for the general purposes or for any special purpose of the Corporation.

## ARTICLE VII

## BOOKS AND RECORDS

The Corporation shall keep correct and complete books and records of account and shall also keep minutes of the proceedings of its Board of Directors and committees having any of the authority of the Board of Directors, and shall keep at its registered or principal office a record giving the names and addresses of the Directors entitled to vote. All books and records of the Corporation may be inspected by ~~the~~ University Health, or its agent or attorney, for any proper purpose at any reasonable time.

## ARTICLE VIII

### FISCAL YEAR

The fiscal year of the Corporation shall begin on January 1st and end on December 31st in each year.

## ARTICLE IX

### WAIVER OF NOTICE

Whenever any notice is required to be given under the provisions of the Texas Business Organizations Code or under the provisions of the articles of incorporation or the bylaws of the Corporation, a waiver thereof in writing signed by the person or persons entitled to such notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

## ARTICLE X

### PARLIAMENTARY AUTHORITY

The rules contained in the Modern Edition of *Robert's Rules of Order* shall govern the proceedings of meetings of the Board and its Committees in all cases except when such rules are in conflict with these bylaws or the laws of this State. In the event of conflict, the bylaws shall control unless the laws of this State otherwise specifically provide.

## ARTICLE XI

### AMENDMENTS TO BYLAWS

HB: ~~4852-7759-1755.1~~[4852-7759-1755.4](#)



These bylaws may be altered, amended or repealed and new bylaws may be adopted by two-thirds (2/3) of the Directors if at least two days' written notice is given of intention to alter, amend or repeal or to adopt new bylaws at such meeting. An amendment of this Corporation shall become effective upon approval of the amendment, alteration or new bylaws by Resolution of the Board of Managers of the University Health .

ARTICLE XII

ADOPTION OF ~~BYLAW~~BYLAWS

I hereby certify that I am the secretary of Community First Health Plans, a Texas corporation and that the foregoing amended Bylaws of this Corporation were adopted by the Directors on \_\_\_\_\_, 2020.

By: \_\_\_\_\_

Secretary, Community First Health Plans, Inc.

Dated: \_\_\_\_\_





**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

**Tuesday, December 15, 2020**

**Consideration and Appropriate Action Regarding a Contract with UT Health  
San Antonio, Department of Psychiatry for Adolescent Psychiatry Services in  
the Juvenile Detention Healthcare Setting**

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**Background:**

The Mission of Detention Health Care Services is to provide basic health care services, to include health education, mental health care and preventative care to detained persons who are in the Bexar County Adult and Juvenile Detention Centers.

Juvenile Services staff members provide all medical, dental and mental health services for juveniles at the Juvenile Detention Center and the Cyndi Krier Center on a continuous basis.

- The Juvenile Detention Center is a 300 bed facility located on Mission Road.
- The Cyndi Krier Center is a 96 bed facility located on Southton Road.

Psychiatrists associated with the Division of Child and Adolescent Psychiatry, UT Health San Antonio provide psychiatric assessment and medication management. Psychological evaluations are conducted to assist the Juvenile Probation Department and the Juvenile Courts in securing proper placement of juveniles in residential, treatment and educational programs. "Fitness to Proceed (competency)" and "Responsibility for the Offense or Conduct (sanity)" evaluations are also conducted as ordered by the Courts whenever such questions are raised during the judicial process. "Certification and Transfer" evaluations are performed on all youths for whom the Juvenile Courts are considering waving its jurisdiction and transferring the juvenile to an adult or criminal court.

Counselors manage crisis and routine care on an individual as well as group basis 24 hours daily. They also conduct group sessions on such topics as substance abuse

prevention, social skills, problem solving, placement orientation and orientation to the Texas Youth Commission.

**Analysis:**

This is a professional services contract with UT Health through the Department of Psychiatry. This contract provides faculty physicians specializing in psychiatry, to render direct clinical patient care services at the Bexar County Juvenile Detention Center for a total of twenty-four (24) hours per month and the Cindy Taylor Krier Center for a total of eight (8) hours per month. Psychiatrists associated with the Division of Child and Adolescent Psychiatry provide psychiatric assessments and medication management. Direct patient care services at the Centers are provided during the hours of 8:00 a.m. through 5:00 p.m., Monday through Friday. At other times, Psychiatrists shall provide University Health System with on-call physician coverage seven (7) days a week on a shared rotational call schedule.

The current contract with UT Health San Antonio, Department of Psychiatry for Adolescent Psychiatry Services allows for up to two successive one-year renewals. This contract exercises the first renewal option.

**Quality:**

Detention Health Care Services staff continuously monitor the quality of service provided by the Department of Psychiatry through monthly meetings to review the continuous quality metrics, patient treatment plans and outcomes. Staff and providers meet regularly to ensure the highest quality of care is delivered to patients at both detention facilities.

**Fiscal Impact:**

The annual contract amount is \$49,920. This is a planned expense and has been included in the 2021 Annual Operating Budget. The contract renewal period shall be for a one-year term beginning January 1, 2021 and ending December 31, 2021, unless terminated pursuant to the University Health System Standard Purchase Terms and Conditions.

**Strategic Note:**

Upon admission into a center, the nursing staff medically screens each juvenile for medical or mental health problems. Licensed counselors conduct mental status evaluations within the initial 24 hours on all youths. Psychiatrists associated with the Division of Child and Adolescent Psychiatry provide psychiatric assessments and medication management.

**Workforce Composition:**

UT Health San Antonio, Department of Psychiatry has a total of 111 employees. The Workforce Composition data is as follows:

Category	Asian American		African American		Hispanic		White	
	#	%	#	%	#	%	#	%
Non Professional	-	-	1	0.9%	9	8.1%	4	3.6%
Professional	8	7.1%	2	1.8%	41	37.0%	46	41.5%
Total	8	7.1%	3	2.7%	50	45.1%	50	45.1%

**Recommendation:**

Staff recommends the Board of Managers approve the contract renewal for professional services with UT Health San Antonio, Department of Psychiatry in the amount of \$49,920 for a one-year renewal period.

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Theresa Scepaniski  
Administrator,  
Detention Healthcare Services

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Reed Hurley  
Executive Vice President/  
Chief Financial Officer

---

Edward Banos  
Executive Vice President/  
Chief Operating Officer

---

George B. Hernández, Jr.  
President/Chief Executive Officer  
University Health System



**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

**Tuesday, December 15, 2020**

**Consideration and Appropriate Action Regarding a Contract with UT Health  
San Antonio, Department of Family & Community Medicine for Medical  
Services in the Juvenile Detention Healthcare Setting**

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**Background:**

The Mission of Detention Health Care Services is to provide basic health care services, to include health education, mental health care and preventative care to detained persons who are in the Bexar County Adult and Juvenile Detention Centers.

Juvenile Services staff members provide all medical, dental and mental health services for juveniles at the Juvenile Detention Center and the Cyndi Krier Center on a continuous basis.

- The Juvenile Detention Center is a 300 bed facility located on Mission Road.
- The Cyndi Krier Center is a 96 bed facility located on Southton Road.

Upon admission into a center the nursing staff will medically screen each juvenile for medical or mental health problems. Physicians from UT Health San Antonio, Department of Family Practice, provide sick call and examinations.

**Analysis:**

This is a professional services contract with UT Health through the Department of Family & Community Medicine. Medical Care services provided by physicians from the Department of Family & Community Medicine include but are not limited to: physical exams, health classes, screening and counseling, prenatal care, suicide observations, and referrals to external agencies. This contract provides family practice physician services to the Bexar County Juvenile Detention Center and the Cindy Taylor Krier Center, up to fifteen (15) hours per week, with consultation services by phone after hours, on weekends and holidays.

This is a new annual contract with UT Health San Antonio, Department of Family & Community Medicine for Juvenile Medical Services that allows for up to two successive one-year renewals.

**Quality:**

Detention Health Care Services staff continuously monitor the quality of service provided by the Department of Family & Community Medicine through monthly meetings to review the quality metrics, patient treatment and outcomes. Staff and providers meet regularly to ensure the highest quality of care is delivered to patients at both detention facilities.

**Fiscal Impact:**

The annual contract amount is \$132,000. This is a planned expense and has been included in the 2021 Annual Operating Budget. The contract renewal period shall be for a one-year term beginning January 1, 2021 and ending December 31, 2021, unless terminated pursuant to the University Health System Standard Purchase Terms and Conditions.

**Strategic Note:**

Medical care is provided by physicians from UT Health San Antonio, Department of Family Practice. Additionally, the Juvenile medical staff provides:

- Physical and dental exams
- Health classes
- STD/HIV screening and counseling
- Prenatal care
- Suicide observations
- Training for Detention and Probation officers
- Referrals to external agencies as required

**Workforce Composition:**

UT Health San Antonio, Department of Family & Community Medicine has a total of 161 employees. The Workforce Composition data is as follows:

Category	American Indian		Asian American		African American		Hispanic		White	
	#	%	#	%	#	%	#	%	#	%
Non Professional	1	0.6%	1	0.6%	-	-	35	21.7%	23	14.3%
Professional	-	-	5	3.1%	3	1.9%	27	16.8%	66	41.0%
Total	1	0.6%	6	3.7%	3	1.9%	62	38.5%	89	55.3%

**Recommendation:**

Staff recommends the Board of Managers approve the contract for professional services with the UT Health San Antonio, Department of Family & Community Medicine in the amount of \$132,000 for a one-year period.

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Theresa Scepanski  
 Administrator,  
 Detention Healthcare Services

---

Reed Hurley  
 Executive Vice President/  
 Chief Financial Officer

---

Edward Banos  
 Executive Vice President/  
 Chief Operating Officer

---

George B. Hernández, Jr.  
 President/Chief Executive Officer  
 University Health System





**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

**Tuesday, December 15, 2020**

**Consideration and Appropriate Action Regarding Consent Agenda  
Purchasing Activities**

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**Background:**

University Health's Purchasing Consent package, following this memo, includes new contracts or modifications of existing contracts that meet University Health's purchasing policy approval threshold requiring Board of Managers review and action. The Purchasing Consent items generally contain supply and third party service contracts that are not considered out of the ordinary for daily business operations in support of care delivery. Each of the proposed contracts in the Purchasing Consent can be considered by the Board of Managers independently or approved together as a single action item with the other consent agenda items.

**Analysis:**

The Purchasing Consent package includes a financial summary of items under consideration by the Board of Managers, Attachment A, and includes the categorization of proposed spend of both presented and consent items within the following vendor categories: SMWVBE, Local, or Not-for Profit. A financial summary of the month and year-to-date activities is included. Following the financial summary, Attachment B details the SMWVBE, Local, or Not-For-Profit payments that have occurred in the last month and year-to-date. The following pages detail the items under consideration within the Purchasing Consent. A summary page briefly details the proposed company, category of service or supply being considered, the proposed award amount, and basis of the proposed contract award. Subsequent pages, numbered to follow reference in the summary, provide additional context and detail for each proposed contract within the Purchasing Consent.

**Fiscal Impact:**

University Health's Purchasing Consent attachment for the month of December 2020 includes 7 proposed contracts for Board of Managers action. The total requested Board of Managers approval for these 7 contracts is \$5,651,873.

**Recommendation:**

Staff recommends Board of Manager's approval of Purchasing Consent items in the amount of \$5,651,873.

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Travis Smith  
Deputy Chief Financial Officer

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Antonio Carrillo  
Executive Director of Supply Chain

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Reed Hurley  
Executive Vice President/  
Chief Financial Officer

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George B. Hernández, Jr.  
President/Chief Executive Officer

**SUMMARY OF PURCHASING ACTIVITY**

A total of 19 contracts with a value of \$26,266,846 are being presented to the Board of Managers during the December 2020 meeting.

The following contracts require approval by the BCHD Board of Managers

7 Consent Contracts with a total value of \$5,651,873

12 Presented Contracts with a total value of \$20,614,973

**During the month of December 2020 there were 2 contracts classified as a Small, Minority, Woman, or Veteran Owned Business Enterprises (SMWVBE).**

December 2020 SMWVBE Status Report (reflects items being submitted for Board approval)

Available Opportunity Proposed Award	SMWVBE	% SMWVBE	Local	% Local	SMWVBE Breakout		
\$8,977,331	\$532,798	5.9%	\$6,118,808	68.2%	Small	\$ 95,298	17.9%
					Hispanic	\$ 437,500	82.1%
					African American	\$ -	0.0%
					Asian	\$ -	0.0%
					Woman	\$ -	0.0%
					Veteran	\$ -	0.0%
Non-Opportunity Awarded	Local	% Local	Non Profit	Non Profit %			
\$17,289,515	\$13,703,572	79.3%	\$13,703,572	52.2%			

Board Approved YTD SMWVBE Status Report as of the December 2020 Board of Managers Meeting.

Available Opportunity	SMWVBE	% SMWVBE	Local	% Local	SMWVBE Breakout		
\$640,454,662	\$38,665,389	6.0%	\$507,667,907	79.3%	Small	\$12,517,439	32.4%
					Hispanic	\$5,804,348	15.0%
					African American	\$ -	0.0%
					Asian	\$2,536,928	6.6%
					Woman	\$7,393,072	19.1%
					Veteran	\$10,413,602	26.9%
Non-Opportunity Awarded (Non-CIP)	Local	% Local	Non Profit	Non Profit %			
\$251,334,129	\$ 207,094,190	82.4%	\$188,569,834	21.1%			

**RECOMMEND APPROVAL:**

Travis Smith  
Deputy Chief Financial Officer

Reed Hurlev  
Executive Vice  
Chief Financial

George Hernández, Jr.  
President/Chief Executive Officer

**SMWVBE 2020 Payments - Category**

**November 2020**

Total Utilization \$ 65,991,852

## SMWVBE Payments: Total

	Certified Vendor Payment (\$)	Opportunity (%)
African American	\$ 376	0.0%
Asian	\$ -	0.0%
Hispanic	\$ 539,395	0.8%
Native American	\$ 5,058	0.0%
Small	\$ 376,352	0.6%
Veteran	\$ 169,933	0.3%
Woman	\$ 642,414	1.0%
Other Minority	\$ 80,515	0.1%
Total*	<u>\$ 1,814,042</u>	<u>2.7%</u>

Local Spend \$19,568,336 29.7%  
Community Not for Profit \$6,647,202 10.1%

**Year to Date 2020**

Total Utilization YTD \$ 778,837,398

## SMWVBE Payments: YTD

	Certified Vendor Payment (\$)	Opportunity (%)
African American	\$ 28,153	0.0%
Asian	\$ 6,426	0.0%
Hispanic	\$ 4,055,048	0.5%
Native American	\$ 25,032	0.0%
Small	\$ 7,895,351	1.0%
Veteran	\$ 1,911,500	0.2%
Woman	\$ 5,230,360	0.7%
Other Minority	\$ 3,914,269	0.5%
Total*	<u>\$ 23,066,140</u>	<u>3.0%</u>

Local Spend YTD \$324,114,309 41.6%  
Community Not for Profit YTD \$197,419,129 25.3%

\* Totals include verified payments to 2<sup>nd</sup> tier vendors during current period valued at \$590K at 1.0% for August and \$1.6M at 0.3% for YTD



**BCHD BOARD OF MANAGERS**  
**Tuesday, December 15, 2020**  
**CONSIDERATION OF PURCHASING ACTIVITIES**

**THE FOLLOWING CONTRACTS ARE PRESENTED FOR APPROVAL BY THE BOARD OF MANAGERS AS CONSENT ITEMS:**

<b>PAGE</b>	<b>COMPANY</b>	<b>CATEGORY</b>	<b>P.O./CONTRACT#</b>	<b>TOTAL AWARD</b>	<b>AWARD BASIS</b>
4	API HEALTHCARE CORPORATION	CONTRACT FOR SOFTWARE MAINTENANCE AGREEMENT - WORKFORCE MANAGEMENT	21902023-IE, Mod #2	\$95,298	Exempt
5	CINTAS CORPORATION NO. 2	CONTRACT FOR SUPPLY AGREEMENT- REUSABLE ISOLATION GOWNS	TBD	\$1,352,880	Exempt, GPO
6	ECOLAB, INCORPORATED	CONTRACT FOR SERVICE AGREEMENT- PEST CONTROL	21608130-IG Mod #2	\$180,252	Exempt
7	HEALTHSTREAM INCORPORATED	CONTRACT FOR SOFTWARE MAINTENANCE AGREEMENT - LEARNING MANAGEMENT	22011291-IE	\$1,738,733	Exempt
8	INO THERAPEUTICS, LLC D/B/A MALLINCKRODT PHARMACEUTICALS	CONTRACT FOR SUPPLY AGREEMENT - NITRIC OXIDE	21911303-IE Mod #1	\$1,556,100	Exempt
9	MASS MEDICAL STORAGE, LLC	CONTRACT FOR MINOR EQUIPMENT - MEDICAL SUPPLY CABINETS	TBD	\$437,500	Exempt, GPO
10	PHILIPS HEALTHCARE A DIVISION OF PHILIPS NORTH AMERICA, LLC	CONTRACT FOR SERVICE AGREEMENT - IMAGING SYSTEM MAINTENANCE	21610173-IE Mod #4	\$291,110	Exempt
<b>GRAND TOTAL FOR BOARD APPROVAL</b>				<b>\$5,651,873</b>	

**BCHD BOARD OF MANAGERS**

December 2020

**COMPANY TO BE AWARDED:**                      **TOTAL AWARD:**                      **CONTRACT PERIOD:**  
 API Healthcare Corporation                      \$95,298                      One Year

Your approval is requested to exercise the final renewal option of the Workforce Management software maintenance agreement. This contract provides nursing staff scheduling software to improve workforce management and the use of technology to drive staffing decisions.

**CATEGORY**

Software Maintenance Agreement - Workforce Management

**COMPETITIVELY BID:**

Exempt

**AWARD BASIS:**

This contract is being awarded as exempt because University Health has made a decision to standardize to this high end technology software.

**CONTRACT #:**

21902023-IE, Mod #2

**FISCAL NOTES:**

1. This is a planned expense and funding has ben included in the 2021 Annual Operating Budget.
2. The original contract in the amount of \$85,366 was approved February 2019. Modification #1 in the amount of \$89,653 exercised the first renewal option. The total value of the contract with Modification #2 is \$270,257.
3. As compared to the previous annual cost, there is an increase of 6.4%, \$5,734, due to an increase in licensed users and CPI.

Contract	Vendor	Start Date	Term Date	Total Amount	# of Years	Ave Cost	% change
Original	API Healthcare Corp.	2/1/2019	1/31/2020	\$ 85,366	1	\$ 85,366	
Mod #1	Renewal	2/1/2020	1/31/2021	\$ 89,563	1	\$ 89,563	
Proposed Mod #2	Final Renewal	2/1/2021	1/31/2022	\$ 95,297	1	\$ 95,297	
<b>Total Contract Value</b>				<b>\$ 270,226</b>		<b>\$ 5,734</b>	<b>6.4%</b>

**SUPPLIER DIVERSITY:**

1. API Healthcare Corporation has an Affirmative Action Policy in effect.
2. API Healthcare Corporation is classified as a SMWVBE vendor.
3. API Healthcare Corporation has a total of 720 employees. The Workforce Composition Data is as follows:

Category	Other, Not Specified		Asian American		African American		Hispanic		White	
	#	%	#	%	#	%	#	%	#	%
Non Professional	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Professional	204	28.3%	17	2.4%	21	2.9%	24	3.3%	454	63.1%
Total	204	28.3%	17	2.4%	21	2.9%	24	3.3%	454	63.1%

BCHD BOARD OF MANAGERS

December 2020

**COMPANY TO BE AWARDED:**

Cintas Corporation No. 2

**TOTAL AWARD:**

\$1,352,880

**CONTRACT PERIOD:**

Three Years

Your approval is requested for a supply agreement for reusable gowns. University Health has experienced an increase in utilization of isolation gowns due to COVID-19. Isolation gowns are required personal protective equipment (PPE) for preventing high-risk infection transmission and ensuring employee, patient and visitor safety. University Health fulfills these infection control and clinical safety requirements by providing disposable isolation gowns, approximately 200,000 per month, but procuring disposable gowns has become increasingly difficult in recent months due to industry wide supply shortages. This agreement will supply University Hospital 14,000 reusable isolation gowns every week with an additional 14,000 circulating through the laundry or delivery process at a cost of \$0.30 per gown per week. These gowns can be cleaned and reprocessed up to 100 times and the Cintas program tracks and replaces damaged or worn gowns as necessary. The price per reusable isolation gown is significantly less than the \$2.03 average cost per disposable gown. This program is expected to reduce the overall cost of PPE and along with the continued purchases of disposable gowns will ensure that we meet the PPE needs of University Health.

**CATEGORY**

Supply Agreement- Reusable Isolation Gowns

**COMPETITIVELY BID:**

Exempt, GPO

**AWARD BASIS:**

This contract is being awarded based on the best value, which includes favorable Group Purchasing Organization pricing.

**PURCHASE ORDER #:**

TBD

**FISCAL NOTES:**

1. This is a planned expense and funding has been included in the 2021 Annual Operating Budget.
2. This is a new contract.

**SUPPLIER DIVERSITY:**

1. Cintas Corporation No. 2 has an Affirmative Action Policy in effect.
2. Cintas Corporation No. 2 has a total of 33 employees. The Workforce Composition Data is as follows:

Category	African American		Hispanic		White	
	#	%	#	%	#	%
Non Professional	3	9.1%	8	24.2%	7	21.2%
Professional	1	3.0%	5	15.2%	9	27.3%
Total	4	12.1%	13	39.4%	16	48.5%

**BCHD BOARD OF MANAGERS**

December 2020

**COMPANY TO BE AWARDED:**

Ecolab, Incorporated

**TOTAL AWARD:**

\$180,252

**CONTRACT PERIOD:**

One Year

Your approval is requested to exercise the final renewal option for the pest control service contract. The contract provides routine pest control services for all University Health facilities. Routine Services include: extermination of roaches, mice, gnats, beetles and ants. Ecolab inspects University Hospital weekly and all other locations on a monthly basis. The program includes scheduled visits to assess areas, set traps/bait stations for pest activity and provide pest extermination. Supplies and equipment required for services are included in the monthly price. Non-routine service for special requests are provided for additional cost based on the type of service call. Ecolab responds to calls within one hour and can be on-site in less than 24 hours.

**CATEGORY**

Service Agreement- Pest Control

**COMPETITIVELY BID:**

Exempt

**AWARD BASIS:**

This contract is being awarded based on the best value, which includes favorable pricing utilizing State of Texas Multiple Award Schedule (TXMAS) contract.

**CONTRACT #:**

21608130-IG Mod #2

**FISCAL NOTES:**

1. This is a planned expense and operating funds have been included in the Year 2021 Operating Budget.
2. The original contract value in the amount of \$284,415 was approved by the Board of Managers in October 2016. Modification #1 in the amount of \$217,729 exercised the first one-year renewal. The total value of the contract including Modification #2 is \$682,396.
3. As compared to the previous annual cost, there is an increase of 65.6%, \$71,387, due to the addition of three new clinics and a contingency fund to accommodate non-routine services. The fees per location remain unchanged.

Contract	Vendor	Start Date	Term Date	Total Amount	# of Years	Ave Cost	% change
Original	Ecolab Inc.	11/1/2016	10/31/2019	\$ 284,415	3	\$ 94,805	
Mod #1	Renewal	11/1/2019	12/31/2020	\$ 217,729	2	\$ 108,865	
Mod #2	Renewal	1/1/2021	12/31/2021	\$ 180,251	1	\$ 180,251	
<b>Total Contract Value</b>				<b>\$ 682,395</b>		<b>\$ 71,387</b>	<b>65.6%</b>

**SUPPLIER DIVERSITY:**

1. Ecolab, Incorporated has an Affirmative Action Policy in effect.
2. Ecolab, Incorporated has a total of 20,738 employees. The Workforce Composition Data is as follows:

Category	American Indian		Asian American		African American		Hispanic		White	
	#	%	#	%	#	%	#	%	#	%
Non Professional	33	0.2%	195	0.9%	1,086	5.2%	1,138	5.5%	3,591	17.3%
Professional	68	0.3%	777	3.7%	740	3.6%	1,272	6.1%	11,489	55.4%
<b>Total</b>	<b>101</b>	<b>0.5%</b>	<b>972</b>	<b>4.7%</b>	<b>1,826</b>	<b>8.8%</b>	<b>2,410</b>	<b>11.6%</b>	<b>15,080</b>	<b>72.7%</b>

Category	Other	
	#	%
Non Professional	143	0.7%
Professional	206	1.0%
<b>Total</b>	<b>349</b>	<b>1.7%</b>



**BCHD BOARD OF MANAGERS**

December 2020

**COMPANY TO BE AWARDED:** HealthStream Incorporated      **TOTAL AWARD:** \$1,738,733      **CONTRACT PERIOD:** Three Years

Your approval is requested for a Learning Management software contract for Learning Central Continued Education Courses. These education courses allows unlimited hours of course credits for Registered Nurses and other staff throughout University Health. This solution has been implemented by the Health System since 2013.

**CATEGORY**

Software Maintenance Agreement - Learning Management

**COMPETITIVELY BID:**

Exempt

**AWARD BASIS:**

This contract is being awarded as exempt because University Health has made a decision to standardize to this high end technology software.

**CONTRACT #:**

22011291-IE

**FISCAL NOTES:**

1. This is a planned expense and operating funds have been included in the Year 2021 Operating Budget.
2. This is a new contract with the same vendor. Compared to the previous contract, there is an average annual increase of 106%, \$297,812 due to an increase in licenses attributed to employee growth, the addition of UT contingent workers for Epic training, consolidation and cotermed of several other products and the addition of revenue cycle training

Contract	Vendor	Start Date	Term Date	Total Amount	# of Years	Annual Cost	% change
Original	HealthStream Inc.	2/18/2018	2/17/2021	\$ 845,298	3	\$ 281,766	
Proposed	HealthStream Inc.	3/1/2021	2/29/2024	\$1,738,733	3	\$ 579,578	
<b>Total Contract Value</b>				<b>\$ 893,435</b>		<b>\$ 297,812</b>	<b>105.69%</b>

**SUPPLIER DIVERSITY:**

1. HealthStream, Incorporated does not have an Affirmative Action Policy in effect. However, the vendor has provided a copy of their Equal Opportunity Statement and Policy.
2. HealthStream, Incorporated has a total of 1,132 Employees. The Workforce Composition Data is as follows:

Category	American Indian		Asian American		African American		Hispanic		White	
	#	%	#	%	#	%	#	%	#	%
Non Professional	2	0.2%	7	0.6%	172	15.2%	28	2.5%	136	12.0%
Professional	3	0.2%	77	6.8%	56	4.9%	23	2.0%	628	55.5%
<b>Total</b>	<b>5</b>	<b>0.4%</b>	<b>84</b>	<b>7.4%</b>	<b>228</b>	<b>20.1%</b>	<b>51</b>	<b>4.5%</b>	<b>764</b>	<b>67.5%</b>

BCHD BOARD OF MANAGERS

December 2020

<b>COMPANY TO BE AWARDED:</b>	<b>TOTAL AWARD:</b>	<b>CONTRACT PERIOD:</b>
INO Therapeutics, LLC d/b/a Mallinckrodt Pharmaceuticals	\$1,556,100	One Year

Your approval is requested to exercise the first of two one-year renewal options of the inhaled nitric oxide gas agreement. This contract provides nitric oxide for the treatment of hypoxic respiratory failure in neonates, pulmonary hyperextension in adults with acute respiratory distress syndrome as well as patients undergoing live organ transplant surgery. This contract will establish an agreed price for the purchase of inhaled nitric oxide as well as all of the materials and equipment required to deliver the medication to our patients.

**CATEGORY**

Supply agreement - Nitric Oxide

**COMPETITIVELY BID:**

Exempt

**AWARD BASIS:**

This contract is being awarded as sole source because INO Therapeutics is the only company recognized by the FDA to provide inhaled nitric oxide.

**CONTRACT #:**

21911303-IE Mod #1

**FISCAL NOTES:**

1. This is a planned expense and operating funds have been included in the Year 2021 Operating Budget.
2. The original contract in the amount of \$1,556,100 was approved by the Board of Managers November 2019. The total value of the contract with Modification #2 is \$3,112,200.
3. As compared to the previous annual cost, there is no change in cost. The monthly fee remains the same.

Contract	Vendor	Start Date	Term Date	Total Amount	# of Years	Annual Cost	% change
Original	INO Therapeutics, LLC	12/1/2019	11/30/2020	\$1,556,100	1	\$ 1,556,100	
Proposed	Mod #1 - Renewal	12/1/2020	11/30/2021	\$1,556,100	1	\$ 1,556,100	
<b>Total Contract Value</b>				<b>\$3,112,200</b>	<b>Increase</b>	<b>\$ -</b>	<b>0.00%</b>

**SUPPLIER DIVERSITY:**

1. INO Therapeutics, LLC d/b/a Mallinckrodt Pharmaceuticals has an Affirmative Action Policy in effect.
3. INO Therapeutics, LLC d/b/a Mallinckrodt Pharmaceuticals has a total of 4,741 employees. The Workforce Composition Data is as follows:

Category	American Indian		Asian American		African American		Hispanic		White	
	#	%	#	%	#	%	#	%	#	%
Non Professional	3	0.1%	40	0.8%	392	8.3%	43	0.9%	1,213	25.6%
Professional	8	0.2%	174	3.7%	167	3.5%	88	1.9%	2,613	55.1%
Total	11	0.2%	214	4.5%	559	11.8%	131	2.8%	3,826	80.7%

BCHD BOARD OF MANAGERS

December 2020

**COMPANY TO BE AWARDED:**

Mass Medical Storage, LLC

**TOTAL AWARD:**

\$437,500

**CONTRACT PERIOD:**

Purchase Order

Your approval is requested for the purchase of 84 medical supply storage cabinets. This purchase provides medical supply storage cabinets to replace the current Pyxis Automated medical supply cabinets in the Surgical Services Department. The Pyxis cabinets were installed in 2013 to automate the billing of supplies and implants between PICIS and the legacy EMR but the automation never functioned to its intended capability. With the process change of utilizing the Epic EMR bar coding ability for patient billing and the integration with the Premier ERP for automated ordering and the decrementing of supplies, the Pyxis cabinets are no longer needed. Therefore, the Pyxis lease agreement will be cancelled and the Pyxis cabinets will be replaced with standard storage cabinets. Cancelling the lease will save University Health \$33,354 per month or \$400,248 per year. This will result in a breakeven within 11 months and there will be no further costs for maintenance of the cabinets going forward. An additional 10 cabinets are included in this request to cover the new operating rooms and additional storage needs for catheter and suture supplies.

**CATEGORY**

Minor Equipment - Medical Supply Cabinets

**COMPETITIVELY BID:**

Exempt, GPO

**AWARD BASIS:**

This contract is being awarded based on the best value, which includes favorable Group Purchasing Organization pricing.

**PURCHASE ORDER #:**

TBD

**FISCAL NOTES:**

1. This is a planned expense and funding has been included in the 2020 Annual Operating Budget.

**SUPPLIER DIVERSITY:**

1. Mass Medical Storage, LLC does not have an Affirmative Action Policy in effect. However, the vendor has provided a copy of their Equal Opportunity Statement and Policy.
2. Mass Medical Storage, LLC is classified as a SMWVBE vendor.
3. Mass Medical Storage, LLC has a total of 27 employees. The Workforce Composition Data is as follows:

Category	African American		Hispanic		White	
	#	%	#	%	#	%
Non Professional	2	7.4%	1	3.7%	5	18.5%
Professional	1	3.7%	5	18.5%	13	48.1%
Total	3	11.1%	6	22.2%	18	66.7%

**BCHD BOARD OF MANAGERS**

December 2020

<b>COMPANY TO BE AWARDED:</b>	<b>TOTAL AWARD:</b>	<b>CONTRACT PERIOD:</b>
Philips Healthcare a Division of Philips North America, LLC	\$291,110	Five Years

Your approval is requested to add additional equipment to the current Radiology department equipment maintenance service agreement. The modification will provide maintenance support and firmware upgrades for the MRI, Ultrasound and the iCT systems in Radiology.

**CATEGORY**

Service Agreement - Imaging System Maintenance

**COMPETITIVELY BID:**

Exempt

**AWARD BASIS:**

This contract is being awarded based on the best value, which includes favorable Group Purchasing Organization pricing. Also, University Health has made a decision to standardize to Philips equipment.

**CONTRACT #**

21610173-IE Mod #4

**FISCAL NOTES:**

1. This is a planned expense and operating funds have been included in the Year 2020 Operating Budget.
2. The original contract value in the amount of \$6,614,767 was approved by the Board of Managers in November 2016. Modifications #1-3 totaled \$1,280,075. The total value of this contract including Modification #6 is \$8,185,952.
3. As compared to the previous contract there is a 3.7%, \$291,110, increase in cost due to the upgrade maintenance support for expired warranty equipment used in the term of the service agreement.

Contract	Vendor	Start Date	Term Date	Total Amount	# of Years	Ave Cost	% change
Original	Philips Healthcare	12/1/2016	11/30/2021	\$6,614,767	3	\$ 2,204,922	
Mod #1-3	Renewal and modify equipment list	11/30/2019	11/30/2021	\$1,280,075	1	\$ 1,280,075	
Mod #4	Add funds	11/30/2020	11/30/2021	\$ 291,110	1	\$ 291,110	
<b>Total Contract Value</b>				<b>\$8,185,952</b>			<b>3.7%</b>

**SUPPLIER DIVERSITY:**

1. Philips Healthcare a Division of Philips North America, LLC has an Affirmative Action Policy in effect.
2. Philips Healthcare a Division of Philips North America, LLC has a total of 181 employees. The Workforce Composition Data is as follows:

Category	Asian American		African American		Hispanic		White	
	#	%	#	%	#	%	#	%
Professional	12	6.6%	2	1.1%	12	6.6%	155	85.6%
Total	12	6.6%	2	1.1%	12	6.6%	155	85.6%



**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

**Tuesday, December 15, 2020**

**Consideration and Appropriate Action Regarding an Agreement between  
University Medicine Associates and UT Health San Antonio for Pediatric  
Cardiology and Cardiothoracic Surgery Services**

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**Background:**

University Health established a comprehensive Children's Heart Program as a signature service line in 2013 under the leadership of UT Health pediatric cardiothoracic surgeon Dr. Adil Husain. This is an all-encompassing heart program that treats pediatric patients who have very complicated or high-risk heart conditions. With outcomes far exceeding national averages our vision is to grow our reputation regionally and nationally. Unfortunately, as those plans began to take shape, Dr. Husain was recruited to another prestigious program out of state and close to his family. Over the last year University Health has worked closely with UT Health San Antonio to jointly recruit new leadership for the program. This is particularly important given the completion of the Advanced Diagnostic Center and the progress on the Women's & Children's Hospital.

Under the proposed arrangement, University Health proposes to fund, through a physician lease executed by University Medicine Associates (UMA), one pediatric cardiology physician and one cardiothoracic surgery physician to lead the pediatric heart program. University Health and UMA have historically collaborated with the UT Department of Pediatrics by leasing physicians to assure high quality care in neonatology, general pediatrics, and hematology/oncology services. This partnership has facilitated the recruitment of board-certified primary care and pediatric specialists and provided a mechanism for UMA to bill for these services and collect patient revenue.

Recruiting high-caliber pediatric heart specialists is extremely difficult and highly competitive. Aside from one short-term appointment of a pediatric cardiothoracic surgeon in 2019, Dr. John Calhoon has been serving as the sole surgeon for our

Children's Heart Center since Dr. Husain's departure. This model is unsustainable and investment is required to realize this vision and reestablish this signature service.

**Analysis:**

The children's heart program at University Children's Health remains competitive with other programs serving the South Texas region, and has seen stable inpatient activity in comparison to local market competitors between the two calendar years of 2018 and 2019. In order to remain competitive and, more importantly, to serve our infant and child patients well, we need to recruit and retain physicians in key roles. These two newly-recruited physicians will fill needs for leadership and clinical delivery in the key areas of medical and surgical management of children's heart disease in various places of service at University Health. Further, these physician leaders will help to continue and growth outreach clinic services where warranted to expand the reach of services in South Texas. University Health, as the purchaser of these services through this lease, will require agreement on the amount of time spent in different places of service.

**Quality Note:**

Entering into this agreement between UMA and UT Health San Antonio will ensure that there are a sufficient number of qualified providers in these subspecialty areas available to provide high quality specialty heart care to the neonates and children seen by University Children's Health. This agreement assumes that both direct clinical care and appropriate medical direction will be delivered by these physicians. Quality metrics for the performance of these services covered under this agreement will be developed in discussion with the relevant leaders over these areas and these physicians as they start practice.

**Fiscal Impact:**

UMA will compensate UT Health San Antonio an amount not to exceed \$1,217,000 per year, which includes salary and fringe benefits for these new physicians. The nature of the agreement requires that University Health is able to bill the professional collections for these two physicians and keep those funds as an offset for the expense. They are joining UT Health San Antonio in the near future and will be ramping up their practices in 2021 and 2022. An estimate of their combined collections, exclusive of hospital billing and collections, grows from about \$175K in the first partial year to about \$500K in subsequent years. UMA plans to bill for and retain all

collections from payers and patients for services rendered by these physicians, regardless of the locations of those services. To the extent that some of their services are provided in a UT Health San Antonio-managed ambulatory clinic, then a companion lease agreement will be put in place to facilitate the collection of necessary data for appropriate billing from that site on which UMA can collect. This is a planned expense and is included in the 2021 operating budget.

**Strategic Note:**

Entering into this agreement supports the University Health strategic goal of providing access to the highest quality children’s heart services in University Children’s Health, in partnership with UT Health San Antonio. Effective children’s heart services are an integral part of the full service Women’s and Children’s Hospital. Further, these services enable the partnership to remain competitive in the region for delivering such integrated services to the community.

**Workforce Composition:**

UT Health San Antonio has a total of 5,245 employees. The workforce composition data are:

<b>NON PROFESSIONAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	
#	7	46	93	1332	527	111	2116
%	0%	2%	4%	63%	25%	5%	100%
<b>PROFESSIONAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	
#	12	412	96	860	1593	156	3129
%	0%	13%	3%	27%	51%	5%	100%
<b>TOTAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	<b>TOTAL</b>
#	19	458	189	2192	2120	267	5245
%	0%	9%	4%	42%	40%	5%	100%

**Recommendation:**

Staff recommends Board of Managers' approval to execute a two-year agreement with UT Health San Antonio for 1.0 FTE pediatric cardiology and 1.0 FTE pediatric cardiothoracic surgery physicians at an amount not to exceed \$1,217,000 combined per year. The total contract is for an amount not to exceed \$2,434,000 for the two-year period from January 1, 2021 – December 31, 2022. UMA will keep professional collections as a partial offset to these expenses.

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Monika Kapur, MD, MBA  
President/Chief Executive Officer  
University Medicine Associates

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Ted Day  
Executive Vice President  
Strategic Planning and  
Business Development

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Edward Banos  
Executive Vice President/  
Chief Operating Officer

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George B. Hernández, Jr.  
President/Chief Executive Officer  
University Health





**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

**Tuesday, December 15, 2020**

**Consideration and Appropriate Action Regarding an Agreement with  
Metropolitan Contracting Company, LLC, to Provide Construction Services  
for the Substation 2 Replacement Project at University Hospital**

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**Background:**

The existing, 50+ year old Electrical Substation 2 located on the ground level of Rio Tower is obsolete without availability of parts and places the areas and departments serviced at high risk in case of equipment failure. The Substation, consisting of transformers, circuit breakers and associated devices, converts the high voltage from CPS Energy to lower voltage feeding the hospital via branch electrical circuits.

**Analysis:**

Staff engaged Cleary Zimmermann Engineers to evaluate and design the Substation 2 replacement project so that the change-out of old electrical gear for the new substation would not disrupt operations and minimize down time during load transfer. Equipment layouts and project phasing were designed with construction documents prepared in accordance with local, state and national codes.

The scope of work will include the demolition and removal of out-of-service mechanical units, the re-routing of outside air ductwork, modification of existing fire systems, preparation and installation of new electrical gear and transformer, installation of new substation and tie-in to one side of the existing double ended substation, transfer loads from old substation to new substation, demolition of old substation and complete tie-in of new substation and complete finish work in existing mechanical room.

Procurement Services solicited Request for Proposals (RFCSP#220-07-042-CNST) for Construction Services with four (4) firms responding. The spread from highest to lowest bid, was \$779,861 in construction costs, and 260 calendar days to complete the project.

All four (4) firms participated in Oral Interviews as part of the evaluation process to clarify their submitted bid responses, discuss their identified Project Team's expertise and planned ability to keep to their submitted project budget and schedule.

Metropolitan was selected based on their competitive pricing (\$2,428,134), proposed schedule (595 calendar days), healthcare experience and safety record. The Metropolitan Contracting Project Team was well prepared, highly skilled, experienced, and demonstrably capable to do the detailed work for this project resulting in the highest overall evaluation scores.

**Quality Note:**

The Contractor will provide services that will optimize the use of available funds while providing the highest quality construction within the established project schedule and budget. Metropolitan will have an on-site superintendent to ensure that the labor force is adhering to construction standards and schedules, while providing regular project updates.

**Fiscal Impact:**

Staff has reviewed the Metropolitan pricing for construction services and recommends approval of their proposal in the amount of \$2,428,134. This project will be funded from designated 2020 capital funds.

<b>Project Budget Summary</b>	
<b>Scope</b>	<b>Cost</b>
Design Services	\$ 205,200
Construction Cost (This request)	\$ 2,428,134
Total	\$ 2,633,334

**Strategic Note:**

This project will support staff in achieving the Triple Aim Plus objectives by improving efficiencies in the infrastructure maintenance of the facility, safety and providing a positive impact on quality and outcomes.

**Community Outreach Plan/Workforce Composition:**

Metropolitan Contracting Company, LLC has a total of 61 employees. The workforce composition data is as follows:

**BCHD Board of Managers - Agreement with Metropolitan Contracting Company, LLC to Provide Construction Services for the Substation 2 Replacement Project at University Hospital**

**Tuesday, December 15, 2020**

**Page 3 of 3**

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<b>Non—Professional Workforce</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Total</b>
Female	0	0	0	0	0	0
Male	0	0	1	17	16	34
Combined Non-Professional Total	0	0	1	17	16	34
<b>Professional Workforce</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>TOTAL</b>
Female	0	0	0	4	5	9
Male	0	0	0	3	15	18
Combined Professional Total	0	0	0	7	20	27
<b>Total Workforce</b>	0	0	1	24	36	61
	0%	0%	1.6%	39.3%	59.1%	100%

**Recommendation:**

Staff recommends the Board of Managers approve the selection of Metropolitan Contracting Company, LLC as Contractor for the Substation 2 Replacement Project and authorize the President/Chief Executive Officer to execute a Construction Services Agreement with Metropolitan Contracting Company, LLC in the amount of \$2,428,134.

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Don Ryden  
Vice President, Planning, Design &  
Construction

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Edward Banos  
Executive Vice President/  
Chief Operating Officer

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George B. Hernández, Jr.  
President/Chief Executive Officer



**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

**Tuesday, December 15, 2020**

**Consideration and Appropriate Action Regarding an Agreement with  
Standard Parking Plus Healthcare Services for Parking Services**

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**Background:**

Since November 26, 2013, Standard Parking Plus Healthcare Services (Standard Parking) has provided parking services for locations at University Hospital, Robert B. Green Campus and University Family Health Center Southwest. This contract was awarded to Standard Parking by request for proposal (RFP) #213-01-003-SVC. There has been five subsequent amendments to the contract with the current amendment expiring December 31, 2020. Under the terms of the current agreement, Standard Parking has successfully provided:

- Onsite team members to assist patients and visitors at all parking entry points for University Hospital to include directing cars to open lanes, exit assistance, and monitoring queueing
- 24/7 remote monitoring services at all gated entrances throughout University Health to provide visitors with access to a live representative for assistance
- Daily inspections of gates, ticket dispensers, pay lanes and pay-on-foot machines to include servicing and maintenance of equipment
- Maintenance of printed daily logs of all validation tickets
- Revenue collection

Most recently, Standard Parking provided operational assistance with the closure of visitor parking within the North Garage and surface lots at University Hospital for the planned construction of the new Women's and Children's Tower. All patient and visitor parking from the North Garage and surface lots were moved into the employee garage (West Garage). This change has required ongoing increased monitoring of the West Garage as patients and visitors must navigate a larger and more complex garage alongside parking with 3,000 daily staff members.

**Analysis:**

Staff is requesting a final amendment to the current contract with Standard Parking Plus for an extension through December 31, 2022 valued at \$792,593. This amendment will allow University Health to retain the existing management team until the new parking structure serving the Women’s and Children’s Tower is near completion. University Health will post a new RFP for parking services in early 2022. This extension will allow the Garage Operations Department sufficient time to analyze the future needs of parking services for all of University Health System to include expanded scope of services and replacement of aging parking equipment throughout the organization.

**Quality Note:**

Quality parking services will continue through daily inspections of all gates and electronic equipment to ensure reliability and functionality. Services include basic repair and preventative maintenance. Standard Parking will continue to provide onsite staffing 17 hours per day offering customer assistance and monitoring lanes to avoid queueing within parking structures.

**Fiscal Impact:**

The value of this two-year contract amendment with Standard Parking is \$792,593. There are no increased expenses from the previous contract. All contract expenses are budgeted operational expense. The cost of this contract is offset by parking revenue of approximately \$956,000 per year. Associated costs of the contract break down as follows:

Salaries & Benefits	\$ 489,252
RMS Fees	\$ 111,228
General Liability	\$ 74,345
Operational Expenses	\$ 87,318
Management Fee	\$ 30,450
2 Year Total =	\$ 792,593
Yearly Total =	\$ 396,296

**Strategic Note:**

This contract amendment with Standard Parking supports all aspects of Triple Aim Plus. The patient experience begins upon arrival at any University Health location. The parking team welcomes visitors to University Hospital upon arrival. Access is

enhanced for all by providing visitors with accurate directions. Efficiency is enhanced by ensuring that all individuals entering or exiting the garage are able to reach their appointments and destinations with little to no delay.

**Workforce Composition:**

Standard Parking Plus has 11,168 employees. The workforce composition data is as follows:

<b>NON PROFESSIONAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	
#	115	530	3,385	2,617	2,356	376	9,379
%	1%	6%	36%	28%	25%	4%	100%
<b>PROFESSIONAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	
#	27	102	384	381	845	50	1,789
%	2%	6%	21%	21%	47%	3%	100%
<b>TOTAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	<b>TOTAL</b>
#	142	632	3,769	2,998	3,201	426	11,168
%	1%	6%	34%	27%	29%	4%	100%

**Recommendation:**

Staff recommends that the Board of Managers approve a parking services contract amendment for two years not to exceed **\$792,593** with Standard Parking Plus Healthcare Services.

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James Willis  
Vice President/Associate Administrator  
University Hospital

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Michael Roussos  
Hospital Administrator  
University Hospital

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Edward Banos  
Executive Vice President/  
Chief Operating Officer

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George B. Hernández, Jr.  
President/Chief Executive Officer  
University Health



**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

**Tuesday, December 15, 2020**

**Consideration and Appropriate Action Regarding an Agreement with HHS  
Environmental Services, LLC for Environmental Services Management**

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**Background:**

University Health has experienced phenomenal growth over the past five years. This growth in turn has driven the need for a higher level of expertise for the delivery of environmental services. This contract will provide University Health with best-in-class services to provide innovation and elevate the University Health brand. This contract is also consistent with the recent change to provide high quality environmental services (EVS) to the smaller ambulatory clinics. On September 24, 2019, the Board of Managers approved a three-year contract with a small local vendor to provide janitorial services at 23 University System clinics located throughout Bexar County.

On June 10, 2020, University Health posted request for proposal #220-06-030-SVC (RFP) to solicit qualified respondents to provide oversight and management services of Environmental Services supporting 2.8 million square feet of clinical and office space located at University Hospital, Robert B. Green, Texas Diabetes Institute, Pavilion and three dialysis centers. This contract will be inclusive in scope of future additional expansion projects to include the Advanced Diagnostic Center as well as the Women's and Children's Hospital.

**Analysis:**

An evaluation committee comprised of leaders from both hospital and ambulatory operations was formed to evaluate RFP submittals. Evaluation and scoring criteria for this award included the following:

- Experience and qualifications demonstrating vendor's current and future strength and stability
- Experience delivering services to healthcare facilities of similar size and complexity
- Provision of a staffing plan for existing hourly labor to perform required

operations

- Provision of a written plan demonstrating how the vendor will provide efficient and affordable management services to meet, or exceed University Health requirements
- Pricing

On July 2, 2020, three responsive submittals were received by Procurement for RFP #220-06-030-SVC from the following vendors:

- ABM Healthcare – *St. Clair Shores, MI*
- Crothall Healthcare – *Wayne, PA*
- HHS Environmental Services, LLC – *Dripping Springs, TX*

All submittals were reviewed by the evaluation committee. Subsequently, all three vendors were invited to provide the evaluation committee with a full presentation. Presentations were completed on August 28, 2020. Upon completion of the presentations, all three vendors returned for a mandatory tour of the facilities covered under the RFP on September 17, 2020. Vendors were encouraged to incorporate additional operational knowledge acquired from the tours in order to submit their best and final offer. Along with the submission of best and final, all vendors were required to provide additional written responses to the evaluation committee for the following:

- Acceptance of a final leadership structure as determined by the evaluation committee
- Acceptance and an “at risk” compensation model based on measurable key performance indicators
- Provision to the committee each vendor’s HCAHPS cleanliness scores for other existing accounts over the past two years
- Provision to the committee a detailed company workforce composition

After careful consideration and review, the recommendation of the evaluation committee was to award the environmental services management contract to HHS Environmental Services, LLC (HHS). Final scores for the three vendors were as follows:



- HHS Environmental Services, LLC – 91.25 points
- Crothall Healthcare – 88.88 points
- ABM Healthcare – 87.33 points

HHS provided University Health with the best overall detailed proposal addressing leadership transition, training, education, implementation of new operational processes, and rigorous quality control at a competitive price. HHS will provide on-going leadership training through their state-of-the-art training facility located in Dripping Springs, Texas. HHS Environmental Services demonstrated the greatest depth of experience related to complex healthcare environments by providing services to 500+ accounts with 13,675 employees. In the local market, HHS provides environmental services to Christus Healthcare (Children's, Medical Center, Alamo Heights, New Braunfels, Westover, and San Marcos), Methodist Hospital and Methodist South. HHS has an extensive portfolio of accounts throughout Texas as well as numerous large academic facilities.

HHS provided the selection committee with their corporate diversity, inclusion and equity statement. HHS has a strong commitment to creating a non-discriminatory workplace that provides equal opportunity for employment and advancement. Commitment to diversity is also part of the HHS corporate mission statement. HHS values diverse life experiences and heritages. In their quest to provide management positions for University Health, HHS has stated they will strive to provide University Health with qualified and diverse candidates reflective of community served.

**Quality Note:**

HHS provides customers with an extensive quality assurance program driven by strong process improvement protocols. Protocols provide for daily leadership rounding and utilization of electronic tools to identify trends and opportunities. All findings are incorporated into leadership evaluations. Quality assurance monitoring utilizes proprietary electronic tools to provide real time feedback related to patient satisfaction, performance improvement, and service requests. Infection control practices will be monitored with ATP testing which electronically identifies the presence of biological contaminants on surfaces to evaluate efficacy of cleaning of each EVS associate. HHS will also introduce new technology to University Health in the form of autonomous robotic floor cleaning systems (AvidBots).

In order to drive and sustain quality improvement, HHS has agreed to place 100% of their yearly management fee at risk based on mutually agreed upon key performance indicators (KPIs). The amount at risk each year is \$143,244. Potential KPIs will

include goals for HCAHPS scoring for overall hospital cleanliness, ED cleanliness, employee retention, and productivity.

**Fiscal Impact:**

The value of a three-year contract with HHS is \$4,120,405. Associated costs break down as follows:

Salaries & Benefits	\$2,373,753
General Liability	\$225,066
Robotics	\$158,409
Overhead	\$503,715
Management Fee	\$429,731
Potential Bonus	\$429,731
3 Year Total =	<b>\$4,120,405</b>
Yearly Total=	\$1,373,468

These contract costs are a budgeted operational expense beginning in 2021. The contract will provide onsite 24/7 management 7 days a week to enhance services and ensure quality across 2.8 million square feet of space. A total of \$429,731 in management fees will be at risk during the term of the contract with accountability tied to measureable KPIs detailed above.

**Strategic Note:**

This contract supports Triple-Aim Plus. Quality will be improved through formal inspection processes utilizing technology to ensure facilities are clean. Patient experience will be enhanced when encountering clean, fresh, and inviting facilities. In turn, patient experience will be measured in real time utilizing electronic tools. Operational efficiencies will be achieved by introducing vendor expertise, timely preventative maintenance schedules and ensuring that staffing levels coalesce with patient/hospital activity.

**Workforce Composition:**

HHS Environmental Services, LLC has a total of 13,675 employees. The workforce composition data is as follows:

**BCHD Board of Managers - Agreement with HHS Environmental Services, LLC**

Tuesday, December 15, 2021

Page 5 of 5

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<b>NON PROFESSIONAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	
#	31	181	3610	1826	1570	1721	12827
%	<b>0%</b>	<b>1%</b>	<b>28%</b>	<b>14%</b>	<b>12%</b>	<b>44%</b>	<b>%</b>
<b>PROFESSIONAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	
#	6	11	191	106	275	259	848
%	<b>1%</b>	<b>1%</b>	<b>23%</b>	<b>13%</b>	<b>32%</b>	<b>31%</b>	<b>100%</b>
<b>TOTAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	<b>TOTAL</b>
#	37	192	3801	1932	1845	5868	13675
%	<b>0%</b>	<b>1%</b>	<b>28%</b>	<b>14%</b>	<b>13%</b>	<b>43%</b>	<b>0%</b>

**Recommendation:**

Staff recommends that the Board of Managers approve an environmental management contract for three years not to exceed **\$4,120,405** with HHS Environmental Services, LLC with the option for two one-year renewals.

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James Willis  
Vice President/Associate Administrator  
University Hospital

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Michael Roussos  
Hospital Administrator  
University Hospital

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Edward Banos  
Executive Vice President/  
Chief Operating Officer

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George B. Hernández, Jr.  
President/Chief Executive Officer  
University Health



**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

**Tuesday, December 15, 2020**

**Southwest Texas Crisis Collaborative Presentation**

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**Background:**

The Southwest Texas Regional Advisory Council (STRAC) is designated by the Texas Department of State Health Services (DSHS) to develop, implement and maintain the regional trauma and emergency healthcare system for the 22 counties in Trauma Service Area- P. Given the problem faced by local hospital emergency departments with psychiatric patients boarding, the delay of definitive care in an appropriate behavioral health setting, and over-utilization of hospital emergency department and inpatient settings, mental health service, in 2015 stakeholders and Bexar County health systems collaborated to formalize an innovative, private/public payor coalition, namely the Southwest Texas Crisis Collaborative (STCC), a division of STRAC.

Bexar County health systems, including University Health, Methodist Healthcare System, Baptist Health System, CHRISTUS Santa Rosa Health System, Nix Hospitals System, Southwest General Hospital, along with Methodist Healthcare Ministries of South Texas, STRAC, Haven for Hope and the Center for Health Care Services, make up the membership of the STCC. As a group, these stakeholders, through a STCC Steering Committee, identified the need for a coordinated effort to focus on development of a comprehensive, integrated crisis intervention system across all major public payors, philanthropy, non-profit organizations, hospital providers, and behavioral health providers. A study was conducted by Capital Health Planning (CHP) to quantify the impact of the safety net population and the sub set of mental health and homelessness within that population.

As a whole, Bexar County hospitals provide over \$1.15 billion in health care costs to the safety net population, within this population those experiencing homelessness and mental health illness costs are \$234 million. Additionally, the CHP study included a detailed analysis breakdown, which showed that 5,000 of these patients used \$190 million of healthcare costs with approximately 82,446 encounters within

Bexar County health systems facilities. University Health provided 33,700 encounters and over \$100 million in cost. The STCC's goal is to improve access for patients in the appropriate care settings for both behavioral and physical health needs. The ultimate goal of the committee is to decrease preventable emergency department and inpatient visits by proactively identifying and managing these patients early and in the most appropriate clinical setting. In addition, the plan is to improve the overall quality of life of patients trying to manage these conditions by addressing their social determinants of health. Linking the continuum of care, while also streamlining processes, and identifying evidence-based practices for start-up and expansion are guiding principles.

### **Analysis:**

The services the committee developed include:

1. **MEDCOM/LE Navigation:** When mental health patients are taken to emergency departments, many end up boarding for extensive periods of time. STRAC MEDCOM provides Law Enforcement Navigation of medically stable patients who are emergently detained for psychiatric emergencies to appropriate psychiatric facilities. Facilities include free-standing psychiatric hospitals along with general medical hospitals with inpatient psychiatric units. Patients are navigated to age-appropriate facilities including those for pediatrics, adults and the elderly. From January 1 through October 31, 2020, MEDCOM navigated to behavioral health facilities 9,814 persons (32 per day) in acute mental health crises who were emergently detained by law enforcement. Of those navigated, University Health received approximately 12.2%. In addition, more patients are being connected to treatment as less than 1% of potential navigation requests result in a transport to jail.
2. **Psychiatric Emergency Services (PES):** These evaluation and assessment centers are designed to decompress local emergency departments and to remain available for those patients navigated by MEDCOM. The PES provides an alternative to inpatient beds. Their purpose is to stabilize patients in crisis so that those patients needing hospital admission have increased access to inpatient beds. For adults, these services are being provided at Southwest General Hospital, Methodist Specialty and Transplant Hospital, and San Antonio Behavioral Healthcare Hospital, and for children at Clarity Child Guidance (PES beds at Clarity opened in April 2020). The goal is to

stabilize patients within 48 hours or to transition the patient to the next appropriate level of care. By accepting patients directly from Bexar County emergency departments boarding of patients with emergent psychiatric needs is reduced. Access to these services are managed through MEDCOM. Clinicians are now embedded in MEDCOM in order to help facilitate appropriate use of PES beds. In addition, a Center for Health Care Services Liaison is embedded onsite at each PES location to help coordinate care to outpatient services. From January 1 through October 31, 2020, a total of 2,596 transfers to PES beds for adult patients and 96 transfers for children/adolescents were completed, including 344 adults and 10 children transferred from University Health.

3. **Program for Intensive Care Coordination (PICC)**: Launched July 1, 2019, the PICC program offers an intensive team approach to more adequately address the unique needs of a population of patients who are more difficult to engage, and utilize hospital services at a higher rate. The PICC team consists of a partnership with San Antonio Fire Department Mobile Integrated Healthcare, San Antonio Police Department Mental Health Unit, and the Center for Health Care Services. STCC identified individuals who were emergently detained six or more times in one year in order to provide PICC interventions which may include ongoing engagement, case management, medication management, psychosocial rehabilitation, transportation and connection to other needed community resources. The spirit of the model is to “meet the patient where they are at”, both physically and mentally. The current caseload for the PICC team is 85 persons, and from January 1 through October 31, 2020 they have provided 7,526 contacts. For 90 patients enrolled since launch in 2019, the average number of emergency detentions per person/month for the three months pre-enrollment has decreased from 1.1 to 0.4/person/month after nine months in the program.
4. **Acute Care Station (ACS) at Haven for Hope Campus**: As the largest homeless shelter in San Antonio, Haven for Hope has an average of 1,400 people on campus daily. It was noted to be the number one address for 9-1-1 calls to originate within San Antonio, and approximately 1,800 transports occurred from April 2015 – March 2016. San Antonio Fire Department Mobile Integrated Health, Haven for Hope, and CentroMed partnered to intercept these 9-1-1 calls and create access to care on the campus, and the ACS launched in July, 2018. In 2020, the ACS began to offer over-the-counter and prescription medications for minor medical conditions. All of

these efforts mitigate the need for emergency department visits. From January 1 through October 31, 2020, Haven for Hope had 441 calls to 9-1-1 and of these only 94 resulted in a transport to local emergency departments.

5. **Crosspoint**: In September 2018, Crosspoint opened a behavioral health diversion program for men, followed by one for women, who have mental health diagnoses and need transition out of jail or an inpatient hospitalization. This program provides 24/7 residential support and outpatient behavioral health treatment. Length of stay of up to 120 days help facilitate greater opportunities for engagement, long-term stabilization and to address social determinants of health such as housing. From January 1 – October 31, 2020, Crosspoint maintained an average daily census of 30 men (82% occupancy rate), and an average of 7 women (79% occupancy rate) and served a total of 323 unduplicated patients, including 14 referred from University Hospital. Of those served, 85% were uninsured.
6. **Specialized Multidisciplinary Alternate Response Team (SMART)**: In October 2020, the newest program introduced for Bexar County is **SMART**. This program is an alternative response model created through a partnership between the Center for Health Care Services (CHCS), Bexar County Sheriff's Office (BCSO), Acadian Ambulance, and STRAC. The team is comprised of a mental health professional, a peer support specialist, a mental health deputy, and a paramedic. Triage criteria have been developed for use by Bexar County Dispatch to identify low level, non-violent 9-1-1 mental health related calls in order to dispatch the team to respond with the most appropriate intervention and to help those in need of access to treatment. Once the team is on scene and interacting with an individual in need of service, several outcomes could result including accommodating immediate social needs, connecting the individual to mental health outpatient services, case management and peer support, and if necessary, completing an emergency detention for transport to a behavioral health facility. The ultimate goal of the response is to effectively treat the patient using the least restrictive approach with the clinical team at the forefront.
7. **Behavioral Health Rapid Access Clinic**: In March 2020, a City of San Antonio and Bexar County Mental Health Systems Collaborative Gap Analysis identified rapid access to outpatient behavioral health treatment as a needed service in Bexar County. Access to timely pre-crisis outpatient care is often difficult to obtain, regardless of the funding status of the patient, or when

patients have diagnoses that do not meet state targeted priority population diagnoses best served by the Local Mental Health Authority. This funding agreement supports a Behavioral Health Rapid Access Clinic (renamed the NOW Clinic “New Opportunities for Wellness” Clinic) operated by the UT Health San Antonio Department of Psychiatry and modeled after the UT Health San Antonio Department of Psychiatry Transitional Care Clinic which has provided evidenced-based counseling and psychiatric treatment for many years. Funding the NOW clinic through the STCC gives this treatment service broad visibility as a community service and transparency to the community in treatment outcomes and performance. This clinic began providing treatment in October 2020, and has served. In the first few days of operation, the psychiatrist who is providing both medical director leadership and clinical care, provided treatment for ten new referrals, nine of which were healthcare workers. Currently an estimated 15% of patients seen are healthcare workers. This clinic has the potential to provide quick access to University Health employees and others who have been affected by the COVID-19 pandemic.

**Quality Note:**

The STCC services address a known and recognized gap in the community for behavioral health crisis stabilization services and improved access to care. In addition, the MEDCOM Law Enforcement Navigation program offers patients the right care in the right setting at the right time, namely, a behavioral health facility for those who do not require the level of care of a hospital emergency department. The STCC infrastructure maintains the focus on quality and fiscal outcomes for most efficient use of funding, and to monitor these. In addition, certain STRAC covered entities, including University Health, have elected to form an Organized Health Care Arrangement (OHCA) pursuant to HIPAA. Those covered entities who have executed an OHCA Participation Agreement and a Business Associate Agreement, may share information in support and in furtherance of designated specific community-health focused initiatives.

**Fiscal Impact:**

All the Bexar County health systems and Methodist Healthcare Ministries have agreed to fund the services outlined with the cost split agreed upon by all the Systems’ CEOs based on net revenue market share. University Health has with Board approval in 2019, expanded our support. All the participating hospitals will expect savings far greater than the initial investment. Early results from the Capital



Healthcare Planning data shows the average admissions per year dropped from 3.1 to 1.2, ED visits fell from 4.9 to 2.7, and outpatient clinical visits decreased from 11.9 to 10.5. The conversion of University Health to Epic will further assist in getting more accurate data in a timely manner.

**Strategic Note:**

These services contribute to promote the good health of the community by providing the highest quality of care to patients. The PES and Law Enforcement Navigation address an urgent community need for access to the right care at the right time for those with high-acuity behavioral health needs. The PICC and SMART projects provide real-time intervention to attempt to engage the patient in ongoing outpatient care. The Haven for Hope Acute Care Station decreases the demand for ambulance service from their location. All these initiatives improve throughput and decreases utilization in all Bexar County hospital Emergency Departments, improving quality and access for all that need emergency care.

**Recommendation:**

This item is presented for informational purposes only; no action is requested.

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Sally Taylor, M.D  
Senior Vice President,  
Chief of Behavioral Medicine

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Edward Banos  
Executive Vice President,  
Chief Operating Officer

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George B. Hernández, Jr.  
President/Chief Executive Officer



**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

**Tuesday, December 15, 2020**

**Consideration and Appropriate Action Regarding a Memorandum of  
Understanding with the Southwest Texas Regional Advisory Council and  
Local Health Systems for Services provided through  
the Southwest Texas Crisis Collaborative**

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**Background:**

The Southwest Texas Regional Advisory Council (STRAC) is designated by the Texas Department of State Health Services (DSHS) to develop, implement and maintain the regional trauma and emergency healthcare system for the 22 counties in Trauma Service Area-P. Given the problem faced by local hospital emergency departments with psychiatric patients boarding, the delay of definitive care in an appropriate behavioral health setting, and potentially preventable use of hospital emergency department and inpatient settings, mental health service stakeholders and Bexar County health systems collaborated to formalize an innovative, private/public payor coalition, namely the Southwest Texas Crisis Collaborative (STCC), a division of STRAC.

An initial study and subsequent update for 2018-2019 by Capital Healthcare Planning, regarding the incidence of homelessness, chronic physical health and mental health/substance related conditions in those patients receiving care from emergency departments and hospital inpatient services, found that annually Bexar County hospitals as a whole provide over \$1.15 billion to the safety net population, including \$234 million in cost for those experiencing homelessness and mental health related issues. University Health provides over \$100 million annually in cost to care for these populations. Just under 5,000 patients used \$190 million of health care costs for approximately 82,446 encounters with health systems and providers.

Bexar County health systems, including University Health, Methodist Healthcare System, Baptist Health System, CHRISTUS Santa Rosa Health System, Southwest General Hospital, along with Methodist Healthcare Ministries of South Texas, STRAC, Haven for Hope and the Center for Health Care Services, make up the membership of the STCC Steering Committee, and as a group, these stakeholders identified the need for a coordinated effort to focus on development of a comprehensive, integrated crisis intervention system across all major public payors, philanthropy, non-profit organizations, hospital providers, and behavioral health providers with the goal to improve access for

patients in the right care settings for both behavioral and physical health needs. The ultimate goals are to decrease preventable emergency department and inpatient visits and to improve the overall quality of life of persons suffering from these conditions by addressing their social determinants of health. Linking the continuum of care while also streamlining processes and identifying evidence-based practices for these patients, are guiding principles.

The STCC Steering Committee has determined funding is needed to sustain STCC staffing to deliver ongoing data analyses, technology tools, and personnel, but also to fund certain programs essential to meet the defined goals. The programs funded by the 2020 Memorandum of Understanding (MOU) included MEDCOM/Law Enforcement Navigation (LE NAV), Adult Psychiatric Emergency Services (PES), the Program for Intensive Care Coordination (PICC), and STCC Infrastructure.

The current request is to continue funding in 2021 for the 2020 programs along with additional funding to contract with Meadows Mental Health Policy Institute to serve as a strategic policy advisor to STRAC/STCC.

**Analysis:**

The 2021 STCC MOU includes funding from several entities. Funding is based on net revenue market share; however, in 2020 University Health further contracted with STRAC to support additional services through MEDCOM, namely the Clarity Child Guidance children’s Psychiatric Emergency Services, and for STCC to provide community coordination, visibility and collaborative oversight for the newly opened UT Health Department of Psychiatry Behavioral Health NOW (“New Opportunities for Wellness”) which provides rapid access from the community for adults needing outpatient behavioral health treatment. The funding distribution in 2021 is as follows:

Methodist Healthcare System	\$1,620,450
Baptist Health System	\$810,225
Tenet Healthcare Foundation	\$810,225
University Health	\$1,920,450
CHRISTUS Santa Rosa Health System	\$875,300
Southwest General Hospital	\$173,000
<b>TOTAL*</b>	<b>\$6,209,650</b>

*\*Note: In addition, Methodist Healthcare Ministries has committed \$4.9M to STRAC for other related projects such as the Haven for Hope Acute Care Station, Adult PES beds, and Crosspoint residential treatment services while Bexar County has committed to provide \$1.9M to support Signify Health, STRAC Administration and a newly created Specialized Multidisciplinary Alternate Response Team (SMART).*

The 2021 STCC MOU proposes to fund the following programs (with any reasonable variances as agreed to by the STCC Steering Committee) with University Health contribution to overall costs of each program:

1. MEDCOM/Law Enforcement Navigation (University Health's contribution is \$848,408 out of a total cost for the program of \$2,300,000): Provides Law Enforcement Navigation (LE NAV) of medically stable patients who are emergently detained for psychiatric emergencies in rotation to appropriate age-appropriate behavioral health facilities, while potentially saving officer time by reducing wait times in emergency departments. Facilities include free-standing psychiatric hospitals along with general medical hospitals with inpatient psychiatric units. In addition, MEDCOM has embedded Center for Health Care Services licensed clinicians to provide an initial screening and facilitate transfer requests for PES beds and to facilitate/coordinate transfers to state funded contract beds. MEDCOM also brokers inter-facility transfers of children and adolescents from local emergency departments to the Clarity Child Guidance PES (launched in April 2020).

From January through October, 2020, MEDCOM navigated 9,814 persons (32 per day), including 1,147 children in mental health crises to behavioral health facilities. Of those navigated, University Hospital received 1,194 (12%). In addition, more patients are being connected to treatment as <1% of potential navigation requests result in a transport to jail.

2. Adult Psychiatric Emergency Services System of Care (PES) (University Health's contribution is \$386,952 out of a total cost for the program of \$1,411,181): Initially funded through 1115 Waiver funding, this service provided at Nix Behavioral Health Care Hospital proved to fill an important gap in the behavioral health continuum, and when this DSRIP project ended, funding support through STCC continued. Designed to decompress local emergency departments through inter-facility transfers of those patients not requiring inpatient level of care, and to provide enhanced access to law enforcement for those patients navigated by MEDCOM. The goal is to stabilize patients in crisis within 48 hours as a possible alternative to inpatient admission. To ensure the funding is effectively being utilized, monthly meetings are held between hospital CFO's, STRAC and PES leadership to openly discuss operations, fiscal results, and outcomes. Performance standards and quality monitoring agreed upon by the STCC Steering Committee is outlined in the provider agreement/agreements between STRAC and PES providers. The PES System of Care includes aggressive referral, linkage and transition to next level of care. Center for Health Care Services liaisons are assigned to each of the PES locations to engage patients at discharge who are transitioning to outpatient care, and to coordinate transfer to state funded inpatient beds when needed. Transportation is provided by

Alternative Transport Solutions, Inc., as an alternative to using ambulance transports for those patients needing transfer to state funded inpatient beds.

In May 2019, twenty PES beds were relocated from the Nix to San Antonio Behavioral Healthcare Hospital, Southwest General Hospital and Methodist Specialty and Transplant Hospital. In 2021, these beds will reduce to fourteen total beds with seven at Methodist Specialty and Transplant Hospital and seven at Southwest General Hospital and the rate will increase from \$550 to \$677 per diem. From January through October, 2020, a total of 2,596 adults received care in adult PES beds including 344 adults (13%) transferred from University Hospital.

3. Program for Intensive Care Coordination (PICC) (University Health's contribution is \$394,434 out of a total cost for the program of \$1,438,469): Also considered part of the Adult PES System of Care and launched in July, 2019, PICC was developed in partnership with San Antonio Fire Department Mobile Integrated Healthcare, San Antonio Police Department Mental Health Unit, and the Center for Health Care Services and offers an intensive team approach to more adequately address the unique needs of a population of patients who are typically more difficult to engage and utilize hospital services at a higher rate. STCC identifies those patients who are emergently detained by Law Enforcement more than six times per year, and interventions include ongoing engagement, case management, medication management, psychosocial rehabilitation, transportation and connection to needed resources. The spirit of the model is to "meet the patient where they are at", both physically and mentally.

The current caseload of the PICC team is 85 persons (maximum caseload is 100 persons), and from January through October, 2020, the team has provided 7,526 contacts. For a group of 90 patients who have been enrolled in the program since launch in 2019, the average number of emergency detentions per month per person has decreased from 1.1/month for the three months pre-enrollment in the program to 0.4/month in the ninth month post-enrollment. As the program matures, more outcomes for this population will become visible. The team responds real time to patients who present to University Hospital in order to provide continuity of care, connection to outpatient resources, and options to inpatient care when appropriate.

4. Meadows Mental Health Policy Institute (University Health's contribution is \$16,452 out of total cost of \$60,000): to provide as a strategic policy advisor to STRAC/STCC and to develop linking STCC strategic goals through data to evaluate investments, outcomes in filling gaps in the continuum of care, and leveraging MMHPI's work across the state as part of the evaluation and application of evidence-based models of care and treatment. This activity is particularly important as Texas enters a legislative session.

5. STCC Infrastructure (University Health's contribution is \$274,204 out of a total cost of \$1,000,000): Works on behalf of and in support of STCC and the STCC Steering Committee, and includes, but is not limited to, personnel for IT, HR, Finance, etc. The STCC delivers data analyses, software, technology tools, and personnel to manage and monitor LE NAV along with monitoring of the system solutions agreed upon by the Steering Committee. The Steering Committee meets monthly and oversees the outcomes of programs and services related to this population. In order to continue to monitor outcomes of the above programs, and strategically plan for future expansion of programs to address gaps that lead to higher cost emergency and inpatient unit admissions, STCC requires sustained operational funding. This infrastructure monitors the metrics for all contracts for the STCC committee members.

**Quality Note:**

These services address a recognized gap in available services in the community, namely behavioral health crisis stabilization services and access to care in an appropriate setting for the target population. The MEDCOM Law Enforcement Navigation program offers patients the right care in the right setting at the right time, namely, a behavioral health facility. Monthly meetings are held between hospital's providing PES related services and STRAC to openly discuss operations, fiscal results and outcomes. The STCC infrastructure maintains the focus on quality and fiscal outcomes for most efficient use of funding, and monitors these. In addition, certain STRAC covered entities, including University Health, have elected to form an Organized Health Care Arrangement (OHCA) pursuant to HIPAA, which along with a Business Associate Agreement, allows for sharing of information in support and furtherance of designated specific community-health focused initiatives.

**Fiscal Note:**

All the Bexar County health systems and Methodist Healthcare Ministries have agreed to fund the services outlined with the cost split agreed upon by all the System's CEOs based on net revenue market share. University Health has, with Board of Managers approval in 2019, expanded our support in 2020 for various behavioral health programs. The agreement provided by this MOU will be for January 1, 2021 and ending December 31, 2021. The financial outlay for this MOU is \$1,920,450 which is a \$300,000 increase from 2020. This contract amount is included in the proposed 2021 budget.

**Strategic Note:**

This MOU supports the Triple Aim *Plus* to promote access to the right care at the right time in addition to quality of care to patients. The PES and LE NAV address an urgent community need for outpatient care for adults with high-acuity behavioral health needs,

thus improving access. The services offered to Bexar County residents through this agreement improve throughput and decrease utilization in all Bexar County hospital emergency departments and guide patients to the most appropriate clinical resource to meet the acute need for treatment.

**Recommendation:**

Staff recommends the Board of Managers authorize the President/CEO to execute a 12-month agreement beginning January 1, 2021 in the amount of \$1,920,450 with the Southwest Texas Regional Advisory Council for support of the Southwest Texas Crisis Collaborative for MEDCOM, Law Enforcement Navigation, Adult Psychiatric Emergency Services System of Care, Program for Intensive Care Coordination, Meadows Mental Health Policy Institute and STCC Infrastructure.

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Sally E. Taylor, MD  
Senior Vice President/  
Chief of Behavioral Medicine

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Edward Banos  
Executive Vice President/  
Chief Operating Officer

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Reed Hurley  
Executive Vice President/  
Chief Financial Officer

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George B. Hernández, Jr.  
President/Chief Executive Officer



**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

**Tuesday, December 15, 2020**

**Consideration and Appropriate Action Regarding Funding Agreements with  
the Southwest Texas Regional Advisory Council for Clarity Child Guidance  
Center's Child/Adolescent Psychiatric Emergency Services and Crosspoint,  
Inc.'s Behavioral Health Services**

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**Background:**

The Southwest Texas Regional Advisory Council (STRAC) is designated by the Texas Department of State Health Services (DSHS) to develop, implement and maintain the regional trauma and emergency healthcare system for the 22 counties in Trauma Service Area-P. Given the problem faced by local hospital emergency departments with psychiatric patients boarding, the delay of definitive care in an appropriate behavioral health setting, and potentially preventable use of hospital emergency department and inpatient settings, in 2017 mental health service stakeholders and Bexar County health systems collaborated to formalize an innovative, private/public payor coalition, namely the Southwest Texas Crisis Collaborative (STCC), a division of the STRAC, of which University Health is a member.

Through this collaborative effort, the STCC has coordinated funding of programs serving those with behavioral health needs in Bexar County with the ultimate goals of decreasing preventable hospital emergency department and inpatient visits and improving the overall quality of life of persons suffering from these conditions by addressing their social determinants of health. As part of University Health's 2020 expansion of funding support for behavioral health services across the continuum of care, two such programs funded through STRAC included Clarity Child Guidance Center's Child/Adolescent Psychiatric Emergency Services (CAD-PES) and Crosspoint Inc.'s Behavioral Health Services transition program.

The agreements proposed for 2021 include continued funding as follows:



1. Clarity Child Guidance (Clarity CGC) Child/Adolescent Psychiatric Emergency Services (CAD-PES): The need for a child/adolescent focused PES was determined by the STCC Steering Committee and other community stakeholders to be a high priority to assure that this population has ready access to emergent/urgent evaluation when in a mental health crisis, particularly in light of the current COVID-19 pandemic and its potential mental health effects on youth. The CAD-PES launched in April 2020 on the Clarity CGC main campus in a specifically designated area, and operates four beds 365 days per year, operational 24/7.

Clarity CGC is the only nonprofit in South Texas providing a continuum of behavioral health care for children ages 3 – 17 years, regardless of ability to pay. The CAD-PES provides for access to behavioral health assessment and stabilization both for patients transferred from local hospital emergency departments and for those who are transported via law enforcement directly to Clarity CGC via emergency detention. University Hospital's Pediatric Emergency Department accesses the CAD-PES for patients who need further behavioral health assessment and stabilization. In addition, Center for Health Care Services liaisons are embedded 7 days per week at Clarity CGC to provide linkage to outpatient care and to assess children for the need for inpatient state funded contract beds which are also located on the Clarity campus. In total, University Health provided \$940,000 of support for the CAD-PES in 2020 and the agreement proposed for 2021 is for the same level of support to continue.

2. Crosspoint, Inc., Behavioral Health Services: More recently the focus of the STCC has broadened toward expanding the continuum of care, including Crosspoint Inc.'s supported transitional housing facility and outpatient behavioral health treatment as an alternative to inpatient psychiatric admission or as a step-down from inpatient units. Crosspoint, Inc. has been providing outpatient and residential services since 1963, and in 2018 opened a behavioral health program for those with mental health and/or substance use disorders who transition out of jail or inpatient hospitalization. During 2020, University Health provided \$288,000 in support through STCC for the Crosspoint men's program, and proposes to increase support in the 2021 agreement to \$358,000 which in total will provide for treatment personnel for both the men's and women's programs.

**Analysis:**

1. Clarity CGC CAD-PES: From January through October 2020, Clarity CGC received 472 patients (out of 1,147 total) who were emergently detained by law enforcement and navigated through STRAC MEDCOM. From April through October 2020, the CAD-PES provided treatment for 96 patients with the largest number presenting during October, and including 10 patients transferred from University Hospital's Pediatric Emergency Department. The average length of stay was 11.2 hours and 68% of patients transitioned to inpatient care with the remaining 32% being discharged to outpatient care, thus avoiding unnecessary inpatient admissions. Initially the COVID-19 pandemic created difficulty with implementation and marketing; however, in October, 2020, a Medical Director for Clarity Crisis Services was designated and activity has increased with higher community visibility. The addition of the embedded Center for Health Care Services liaisons has been vital to connecting patients and their families to outpatient care and to provide onsite evaluation for inpatient state funded contract beds. The liaisons have provided assessments for 95 CAD-PES patients, and an additional 225 Clarity inpatients. The liaisons scheduled 81 new intake appointments and 114 follow up appointments, and completed 29 intakes prior to the patient's release from Clarity.
2. Crosspoint, Inc.: From January through October 2020, Crosspoint served 323 unduplicated patients, including 14 referred directly from University Hospital. Of those served 85% were uninsured. Other outcomes included: 47% considered successfully discharged, 29% connected to stable housing, 11% obtained employment, 86% were connected with treatment providers, and 71% had started the process to secure benefits.

**Quality Note:**

These services address a broadly recognized gap in available services in the community, namely behavioral health services in an appropriate care setting for the target population. In addition, access to care at an appropriate alternative setting to hospital inpatient units or emergency departments supports the efficient and cost effective use of resources. The STCC Steering Committee monitors quality and outcome metrics along with fiscal outcomes for the most efficient use of funding.

**Fiscal Note:**

The agreement provided by the STRAC contract for the Clarity CGC Child/Adolescent PES is for a 12-month period beginning January 1, 2021 and ending December 31, 2021, with automatic renewals for up to two successive one-year terms, with a maximum financial outlay of \$940,000 annually, or \$2,820,000 over the entire three-year contract term. This contract is included in University Health's 2021 budget.

The agreement provided by the STRAC contract for Crosspoint, Inc. is for a 12-month period beginning January 1, 2021 and ending December 31, 2021, with automatic renewals for up to two successive one-year terms, with a maximum financial outlay of \$358,000 annually, or \$1,074,000 over the entire three-year contract term. University Health's support accounts for approximately 18% of Crosspoint's total budget. This contract is included in University Health's 2021 budget.

**Strategic Note:**

These agreements support the Triple Aim *Plus* by promoting access to the right care at the right time by providing an alternative to more expensive hospital based services, and to improve throughput and efficiency for patients both admitted to hospital inpatient units and seen in emergency departments. In addition, quality of care is provided by the appropriate treatment team well-trained in behavioral health interventions for the specific population served.

**Community Outreach Plan/Workforce Composition:**

Clarity Child Guidance Center has a total of 275 employees. The workforce composition data is as follows:

<b>NON PROFESSIONAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	
	0	2	18	88	39	6	153
	0%	1.3%	11.7%	57.5%	25.5%	4.0%	100%
<b>PROFESSIONAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	
	1	2	7	51	58	3	122
	0.8%	1.6%	5.7%	41.9%	47.5%	2.5%	100%
<b>TOTAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	<b>TOTAL</b>
	1	4	25	139	97	9	275
	0.3%	1.4%	9.1%	50.6%	35.3%	3.3%	100.0%

Crosspoint, Inc. has a total of 99 employees. The workforce composition data is as follows:

<b>NON PROFESSIONAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	
	0	0	0	2	0	0	2
	0%	0%	0%	2%	0%	0%	2%
<b>PROFESSIONAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	
	1	0	16	64	14	2	97
	1%	0%	16%	65%	14%	2%	98%
<b>TOTAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	<b>TOTAL</b>
	1	0	16	66	14	2	99
	1%	%	16%	67%	14%	2%	100.0%

**Recommendation:**

Staff recommends the Board of Managers authorize the President/CEO to execute a 12-month agreement beginning January 1, 2021, which shall automatically renew for up to two successive one-year terms, in the amount of \$940,000 annually, or \$2,820,000 for the entire three-year term, with the Southwest Texas Regional Advisory Council, specifically for support of Clarity Child Guidance Center’s Child/Adolescent Psychiatric Emergency Services.

Staff recommends the Board of Managers authorize the President/CEO to execute a 12-month agreement beginning January 1, 2021, which shall automatically renew for up to two successive one-year terms in the amount of \$358,000 annually, or \$1,074,000 for the entire three-year term, with the Southwest Texas Regional Advisory Council, specifically for support of Crosspoint, Inc.’s Behavioral Health Services.

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Sally E. Taylor, MD  
 Senior Vice President/  
 Chief of Behavioral Medicine

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Edward Banos  
 Executive Vice President,  
 Chief Operating Officer

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Reed Hurley  
 Executive Vice President/  
 Chief Financial Officer

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George B. Hernández, Jr.  
 President/Chief Executive Officer



**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

**Tuesday, December 15, 2020**

**Consideration and Appropriate Action Regarding Agreements with Bexar  
County Board of Trustees for Mental Health and Mental Retardation  
Services, d/b/a The Center for Health Care Services for the Community  
Alternatives to Incarceration Program and Pharmacotherapy Services**

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**Background:**

The Center for Health Care Services (the Center) is the Local Mental Health Authority for Bexar County, providing treatment for persons with mental illness, intellectual and developmental disabilities, and substance use disorders at various locations throughout Bexar County.

Since 2000, through an Inter-local Agreement, University Health along with Bexar County became dual sponsors of the Center to promote coordination of behavioral health services, create funding stability by considering the needs in the Sponsoring Agencies' budgetary cycles on an annual basis, and maintain continued accountability to an elected governmental body with county-wide jurisdiction. Additionally through this partnership, University Health contractually supports funding for various behavioral health services provided by the Center for the community. The agreements outlined below are two such funding agreements, namely the Community Alternatives to Incarceration Program and Pharmacotherapy Services.

1. Community Alternatives to Incarceration Program (CAIP): In December 2011, the Centers for Medicare and Medicaid Services approved the Texas Health and Human Service's request for the Texas Healthcare Transformation and Quality Improvement Program in accordance with Section 1115 of the Social Security Act, known as the Section 1115 Waiver. Through the Delivery System Reform Incentive Payment (DSRIP) Program, the Center established a Deferred Institutionalization Program (DIP) designed to provide behavioral health treatment and support to individuals with mental illness who are involved in the criminal justice system. The DIP was comprised of multiple treatment services including, but not limited to,

psychiatric evaluations, pharmacological management, coordination of care and referrals to other Center programs as needed, and individual or group counseling/training. When the DSRIP program was revised for Community Mental Health Centers in 2018, DIP was no longer eligible for funding through the DSRIP program. Therefore since September 2018 University Health has provided funding for the Center to allow continuation of the Deferred Institutionalization Program, renamed the Community Alternatives to Incarceration Program. The current agreement ends December 31, 2020.

The Center's wraparound treatment approach in CAIP targets improving psychiatric symptoms, reducing recidivism rates and improving quality of life for those with mental illness who are on probation or in pre-trial status. In the 2019 contract, housing support was added to assist individuals in accessing or maintaining safe and affordable housing including rental application fees, start-up household supplies to help facilitate independent living, initial rent/utilities or temporary rental/utilities assistance related to the individual's recovery/treatment plan. University Health has provided \$1,207,734 annually for CAIP, and the current agreement proposes the same level of support in 2020.

2. Pharmacotherapy Services: In addition, since February 1996, University Health has contracted with the Center to assist in subsidizing Level IV Pharmacotherapy Services, also known as medication-assisted treatment (MAT) for those with opioid use disorders, for male and female adults. The provision of MAT is evidence-based and additionally diminishes risk for women who have opioid use disorder during pregnancy. The Center operates a MAT program, referred to as the Opioid Addiction Treatment Services (OATS), by providing methadone maintenance to those enrolled in the program. Funding for the Center's MAT program is derived primarily from the Department of State Health Services (DSHS), and the Center secures additional funding for the program from private and other public payors. The Center's program serves to help reduce the incidence and cost of injury and illness borne by University Health and other medical providers for those with untreated severe substance use disorders. The program has required outcome metrics defined by DSHS which include length of time in the program, arrest rates, and abstinence rates. These are also reported by the Center to University Health. The agreement proposed is to continue to assist the Center by providing funds to support the current MAT program as a payor of last resort. University Health provides up to a maximum of \$450,000 annually, and the agreement proposed for 2021 is for the same level of support.

**BCHD Board of Managers - Agreements with Bexar County Board of Trustees for Mental Health Mental Retardation Services, d/b/a The Center for Health Care Services (CHCS) for the Community Alternatives to Incarceration Program and Pharmacotherapy Services**

Tuesday, December 15, 2020

Page 3 of 6

**Analysis:**

1. CAIP: For the preceding 12 months through September 2020, CAIP has served 397 unduplicated patients, and is projected to serve approximately 489 patients by the end of 2020. The percentage of patients showing improvement in treatment outcome scores has increased with an average of 48% of patients improved on various measures (behavioral health symptoms, life functioning and risk-taking behaviors). However, the recidivism rate (new arrests) averaged 22.3% (target of 15%). Additionally, 240 patients completed satisfaction surveys, with scores averaging 6.9 on a 7.0 point scale.
2. Pharmacotherapy Services: From January through November 2020, the Center provided Pharmacotherapy Services to 894 unduplicated patients. The percentage of patients with a length of service of least one year was 75%, exceeding the goal of 40%. The percentage of patients with no arrest since admission to the program is 99%, exceeding the goal of 85%. The rate of abstinence fell short of the target goal of 65%, averaging 61%.

University Health is the payor of last resort for the Pharmacotherapy Services covered by this agreement. The Center has provided the following funding mix information:

Funding Source	CY18		CY19		CY20*	
	Revenue	Percentage	Revenue	Percentage	Revenue	Percentage
Miscellaneous Income	\$ 37.50	0.0%	\$ 81.50	0.0%	\$ -	0.0%
Client Fees Collected	\$ 5,392.91	0.2%	\$ 5,382.00	0.2%	\$ 984.00	0.0%
Medicare	\$ 2,300.56	0.1%	\$ 1,913.28	0.1%	\$ 457,088.00	14.5%
Medicaid	\$ 1,012,691.39	31.0%	\$ 771,563.12	25.4%	\$ 472,670.05	14.9%
Other Insurance	\$ 21,355.18	0.7%	\$ 18,385.37	0.6%	\$ 11,259.28	0.4%
CARE LINK REVENUE	\$ 140.83	0.0%	\$ 19.79	0.0%	\$ -	0.0%
Administrative Claiming	\$ 104,116.17	3.2%	\$ 134,410.19	4.4%	\$ 167,582.84	5.3%
Youth Empowerment Services	\$ (201.44)	0.0%	\$ -	0.0%	\$ -	0.0%
UHS-Methadone	\$ 455,906.03	14.0%	\$ 317,286.37	10.5%	\$ 154,807.48	4.9%
DSHS - NAS	\$ 90,311.00	2.8%	\$ 84,762.00	2.8%	\$ 74,748.51	2.4%
DSHS - NAS OTS	\$ 33,873.07	1.0%	\$ -	0.0%	\$ -	0.0%
DSHS - Methadone	\$ 1,542,053.79	47.2%	\$ 1,701,362.95	56.1%	\$ 1,824,056.89	57.7%
<b>Total</b>	<b>\$ 3,267,976.99</b>	<b>100.0%</b>	<b>\$ 3,035,166.57</b>	<b>100.0%</b>	<b>\$ 3,163,197.05</b>	<b>100.0%</b>

\*Calendar Year 2020 figures are projected from data covering January through September.

Under the previous contracts, University Health reimbursed the Center based on the Texas Medicaid reimbursement rate of \$11.76 per methadone dose. In State FY

2020, this rate increased to \$17.79 per methadone dose. Additionally, University Health wants to support the use of buprenorphine (another evidence-based medication for treating patients with opioid use disorder) by the Center. Buprenorphine, a partial opioid agonist and a Schedule III medication (methadone is Schedule II), has increased safety in cases of overdose, and lower potential for misuse. The Texas Medicaid reimbursement rate for buprenorphine is \$25.12. The maximum financial obligation by University Health will remain \$450,000 for 2021.

**Quality Note:**

These services address broadly recognized gaps in available services in the community. The CAIP provides behavioral health services in an appropriate care setting for the target population, with the aim of improving psychiatric symptoms, reducing arrest/incarceration recidivism rates, and improving quality of life for those with mental illness who are on probation or in pre-trial status. The Pharmacotherapy Services program serves to help reduce the incidence and cost of injury and illness borne by the Health System and other medical providers for those with untreated severe substance use disorders, in addition to the improved quality of life realized with sobriety and evidence-based treatment.

**Fiscal Note:**

1. CAIP: The agreement for the Community Alternatives to Incarceration Program is for a 12-month period beginning January 1, 2021 and ending December 31, 2021, with automatic renewals for up to two successive one-year terms at the same amount for each year, with a maximum financial outlay of \$1,207,734 annually, or \$3,623,202 over the entire three-year contract term. This contract is included in University Health's 2021 budget.
2. Pharmacotherapy Services: The agreement for Pharmacotherapy Services is for a 12-month period beginning January 1, 2021 and ending December 31, 2021, with automatic renewals for up to two successive one-year terms at the same amount for each year, with a maximum financial outlay of \$450,000 annually, or \$1,350,000 over the entire three-year contract term. Under the new contract, University Health reimburses the Center based on the 2020 Texas Medicaid reimbursement rate of \$17.79 per methadone dose and \$25.12 per buprenorphine dose. This contract is included in University Health's 2021 budget.



**Strategic Note:**

The ongoing community relationship created by these agreements aligns with University Health’s strategic plan and with the principles of Triple-Aim *Plus* by improving access to the continuum of care within the community for specialty behavioral health services, in appropriate locations and at the time of clinical need, and ultimately complements University Health’s population health initiatives. The continuation of these services within Bexar County provides much needed capacity that would otherwise be insufficient.

**Community Outreach Plan/Workforce Composition:**

The Center has a total of 988 employees. The workforce composition is as follows:

<b>NON PROFESSIONAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	<b>TOTAL</b>
	<b>0</b>	<b>1</b>	<b>67</b>	<b>238</b>	<b>57</b>	<b>15</b>	<b>378</b>
	<b>0.00%</b>	<b>0.10%</b>	<b>6.78%</b>	<b>24.09%</b>	<b>5.77%</b>	<b>1.52%</b>	<b>38.26%</b>
<b>PROFESSIONAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	<b>TOTAL</b>
	<b>4</b>	<b>16</b>	<b>81</b>	<b>319</b>	<b>168</b>	<b>22</b>	<b>610</b>
	<b>0.40%</b>	<b>1.62%</b>	<b>8.20%</b>	<b>32.29%</b>	<b>17.00%</b>	<b>2.23%</b>	<b>61.74%</b>
<b>TOTAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	<b>TOTAL</b>
	<b>4</b>	<b>17</b>	<b>148</b>	<b>557</b>	<b>225</b>	<b>37</b>	<b>988</b>
	<b>0.40%</b>	<b>1.72%</b>	<b>14.98%</b>	<b>56.38%</b>	<b>22.77%</b>	<b>3.74%</b>	<b>100.00%</b>

**Recommendations:**

Staff recommends the Board of Managers authorize the President/CEO to execute a 12-month agreement beginning January 1, 2021, which shall automatically renew for up to two successive one-year terms at the same amount for each year, in the amount of \$1,207,734.00 annually, or \$3,623,202.00 for the entire three-year term, with the Center for Health Care Services, specifically for support of the Community Alternatives to Incarceration Program.

Staff recommends the Board of Managers authorize the President/CEO to execute a 12-month agreement beginning January 1, 2021, which shall automatically renew for up to two successive one-year terms at the same amount for each year, in the amount

**BCHD Board of Managers - Agreements with Bexar County Board of Trustees for Mental Health  
Mental Retardation Services, d/b/a The Center for Health Care Services (CHCS) for the Community  
Alternatives to Incarceration Program and Pharmacotherapy Services**

**Tuesday, December 15, 2020**

**Page 6 of 6**

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of \$450,000.00 annually, or \$1,350,000.00 for the entire three-year term, with the Center for Health Care Services, specifically for support of Pharmacotherapy Services.

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Sally E. Taylor, MD  
Senior Vice President/  
Chief of Behavioral Medicine

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Edward Banos  
Executive Vice President,  
Chief Operating Officer

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Reed Hurley  
Executive Vice President/  
Chief Financial Officer

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George B. Hernández, Jr.  
President/Chief Executive Officer



**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

**Tuesday December 15, 2020**

**November 2020 Financial Report**

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In November, University Health operations continued to be significantly impacted by the COVID-19 crisis resulting in stay at home and social distancing directives reducing patient activity. Clinical activity (as measured by inpatient discharges) was down 10.7% for the month compared to budget. Community First Health Plans (CFHP) fully insured membership was up 13.8% to budget. On a consolidated basis, gain from operations was \$36.1 million, \$27.9 million better than budget. The consolidated bottom line gain (before financing activity) was \$29.6 million, \$25.6 million better than the budgeted gain of \$4.0 million. Higher supplemental and CFHP premium revenue slightly offset by higher operating expense resulted in performance better than budget. CFHP experienced a bottom line gain of \$8.5 million, which was \$8.4 million better than the budgeted loss of \$48 thousand. Higher premium revenue accounted for the improved performance to budget.

Notable increases or decreases from the December 31, 2019 Consolidated Balance Sheet (Monthly Financial Report page 2) are as follows:

- Cash, cash equivalents and long-term investments decreased \$131.2 million due primarily to the reserve rebalance payment into board designated accounts, the timing of property tax collections and offset by the collection of provider fees for the LPPF.
- Other receivables and prepaid expenses decreased \$54.2 million due primarily to decreases in prepaid UHRIP IGT \$2.1 million, supplemental revenue receivable \$23.8 million and prepaid expense \$33.3, offset by increases in prepaid pension \$1.8 million and prepaid maintenance of \$3.2 million.
- Board designated accounts increased \$142.9 million due primarily to the annual reserve rebalance.
- Restricted accounts related to the bond proceeds and payments increased \$70.1 million due primarily to the issuance of Series 2020 Certificates of Obligation (COs) and collection of property tax for debt service offset by disbursements for construction costs.
- Net property, plant and equipment increased \$110.4 million as capitalized purchases exceeded depreciation expense. Capital assets placed in service increased \$91.1 million. Capital Improvement Project in progress increased \$89.0 million. Regular capital in progress decreased \$9.2 million, primarily the Epic project. Accumulated depreciation increased \$60.5 million.

**Bexar County Hospital District Board of Managers**  
**November 2020 Financial Report**  
**Tuesday, December 15, 2020**  
**Page 2**

- Accounts payable decreased \$20.6 million primarily due to \$32.1 million decrease in amounts due for Medicaid Supplemental Liabilities and an \$11.5 million increase in amounts due to vendors.
- Long-term debt increased \$133.1 million due to the net of: refunding the Series 2010B COs; issuance of the Series 2020 Limited Refunding bonds; issuance of the Series 2020 COs; and the current principle payment due in 2021.
- University Health’s Net Asset Value increased \$192.5 million on a Generally Accepted Accounting Principles (GAAP) basis including debt service tax revenue, Build America Bonds (BABs) subsidy and interest expense on bonds.
- Financial performance for the year is subject to audit.

Significant items to note from the Monthly Consolidated Statement of Revenues and Expenses (Monthly Financial Report page 3) include the following:

**Actual to Budget**  
**(Dollars in 000's)**

	<b>MTD</b>	<b>Plan</b>	<b>Variance</b>	<b>YTD</b>	<b>Plan</b>	<b>Variance</b>
<b>Operating Gain</b>	\$36,113	\$8,242	\$27,871	\$211,446	\$55,300	\$156,146
<b>Depreciation Expense</b>	(\$6,880)	(\$6,405)	(\$475)	(\$62,246)	(\$70,546)	\$8,300
<b>Other Non-operating</b>	\$407	\$2,142	(\$1,735)	\$19,622	\$24,758	(\$5,136)
<b>Bottom Line</b>	<b>\$29,639</b>	<b>\$3,979</b>	<b>\$25,661</b>	<b>\$168,823</b>	<b>\$9,513</b>	<b>\$159,310</b>

- Net patient revenue of \$63.0 million in November was lower than budget by \$1.2 million and down \$35.4 million year to date due to lower activity related to COVID-19 disruptions.
- Skilled Nursing Facility (SNF) patient revenue was up \$505 thousand from budget for the month. SNF operating expense, included in Purchased Services, was up \$497 thousand for the month. The table below illustrates the results of the SNF program.

**SNF Program**  
**Actual to Budget**  
**(Dollars in 000's)**

	<b>MTD</b>	<b>Plan</b>	<b>Variance</b>	<b>YTD</b>	<b>Plan</b>	<b>Variance</b>
<b>SNF Supplemental Revenue</b>	65	58	8	3,390	633	2,757
<b>SNF Operating Revenue</b>	3,262	2,765	497	38,836	30,415	8,421
<b>Total Operating Revenue</b>	<b>3,327</b>	<b>2,823</b>	<b>505</b>	<b>42,226</b>	<b>31,048</b>	<b>11,178</b>
<b>SNF Operating Expense</b>	3,262	2,765	(497)	41,538	30,415	(11,123)
<b>Operating Gain</b>	<b>\$65</b>	<b>\$58</b>	<b>\$8</b>	<b>\$687</b>	<b>\$633</b>	<b>\$55</b>

- Other operating revenue was over budget \$25.5 million for November due to the CFHP premium revenue exceeding budget by \$10.8 million, UC revenue up \$3.9 million, NAIP revenue up \$3.4 million, DSH revenue up \$2.6 million, and DSRIP revenue up \$5.1 million. Year to date, other operating revenue was over budget \$125.5 million due to CFHP premium revenue up \$50.2 million, DSH revenue up \$20.5 million, recognition of \$16.3 million of CARES Act funds received in April and September, UC revenue up \$22.2 million, DSRIP revenue up \$12.2 million and SNF revenue up \$11.2 million.
- Employee compensation was under budget \$1.3 million or 2.2% for November and under budget \$23.9 million year to date. Salaries were over budget \$730 thousand for the month and under budget \$13.7 million year to date due primarily to lower Epic costs and patient activity due to COVID-19. Benefits were under budget \$2.0 million in November due primarily to retirement plan costs and employee health costs. Benefits were under budget year to date \$10.2 million year to date due to lower retirement plan expense offset by higher employee health plan costs.
- Purchased services were over budget \$2.0 million or 7.7% for the month and under budget \$5.0 million year to date. The monthly variance is related to higher other purchased services cost for PDC of \$2.2 million. Year to date is under budget due to lower Epic costs of \$20.8 million, PDC costs of \$3.6 million and transplant costs of \$2.6 million offset by higher SNF costs of \$11.1 million, CFHP admin costs of \$7.7 million and utilities \$2.6 million.
- Supply costs were over budget \$1.7 million or 7.8% in November and under budget \$7.4 million year to date. The variance to budget is the result of higher medical supplies of \$2.5 million offset by lower pharmacy costs of \$391 thousand. Year to date pharmaceuticals were under budget \$10.3 million and implant costs were under \$10.4 million offset by medical supplies over budget \$11.7 million, and non medical supplies \$1.5 million.
- Gain from operations in November of \$36.1 million was \$27.9 million above the budgeted gain of \$8.2 million.
- Investment income was under budget \$2.1 million in November due to lower interest rates.
- Unrealized loss on investments was \$232 thousand due to falling interest rates in November.
- Gain before financing activity of \$29.6 million was \$25.6 million above the budgeted gain of \$4.0 million in November.

Exhibit A is provided to reflect the consolidating financial summary of UH less CFHP and CFHP.

Thank you.

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Reed Hurley  
Executive Vice President/CFO

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George B. Hernández, Jr.  
President/Chief Executive Officer

**Exhibit A**  
**University Health**  
**Consolidating Financial Summary**  
**November 2020**  
 (Dollars in 000's)

	UH less CFHP	CFHP	Consolidated
Operating Revenue	\$142,923	\$56,316	\$199,238
Operating Expense	\$114,984	\$48,142	\$163,126
Operating Gain (Loss)	\$27,939	\$8,174	\$36,113
Depreciation Expense	(\$6,743)	(\$137)	(\$6,880)
Other Non Operating	(\$8)	\$415	\$407
Bottom Line	\$21,188	\$8,452	\$29,639
Budget	\$3,931	\$48	\$3,979
Budget Variance	\$17,257	\$8,403	\$25,661

**University Health**  
**Consolidating Financial Summary**  
**November Year to Date 2020**  
 (Dollars in 000's)

	UH less CFHP	CFHP	Consolidated
Operating Revenue	\$1,419,920	\$578,461	\$1,998,381
Operating Expense	\$1,264,105	\$522,830	\$1,786,935
Operating Gain (Loss)	\$155,816	\$55,631	\$211,446
Depreciation Expense	(\$60,718)	(\$1,527)	(\$62,246)
Other Non Operating	\$18,074	\$1,548	\$19,622
Bottom Line	\$113,171	\$55,651	\$168,823
Budget	\$5,400	\$4,113	\$9,513
Budget Variance	\$107,771	\$51,539	\$159,310



**MONTHLY FINANCIAL REPORT**  
**November 2020**

**TABLE OF CONTENTS**

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<b>Monthly Performance Report</b>	<b>1</b>
<b>Consolidated Balance Sheet</b>	<b>2</b>
<b>Consolidated Statement of Revenue and Expenses</b>	<b>3</b>
<b>Consolidated Statement of Cash Flows</b>	<b>4 - 5</b>
<b>Notes to the Financial Statements</b>	<b>6</b>
<b>Budget to Actual Analysis</b>	<b>7</b>



BENCHMARK PERFORMANCE REPORT

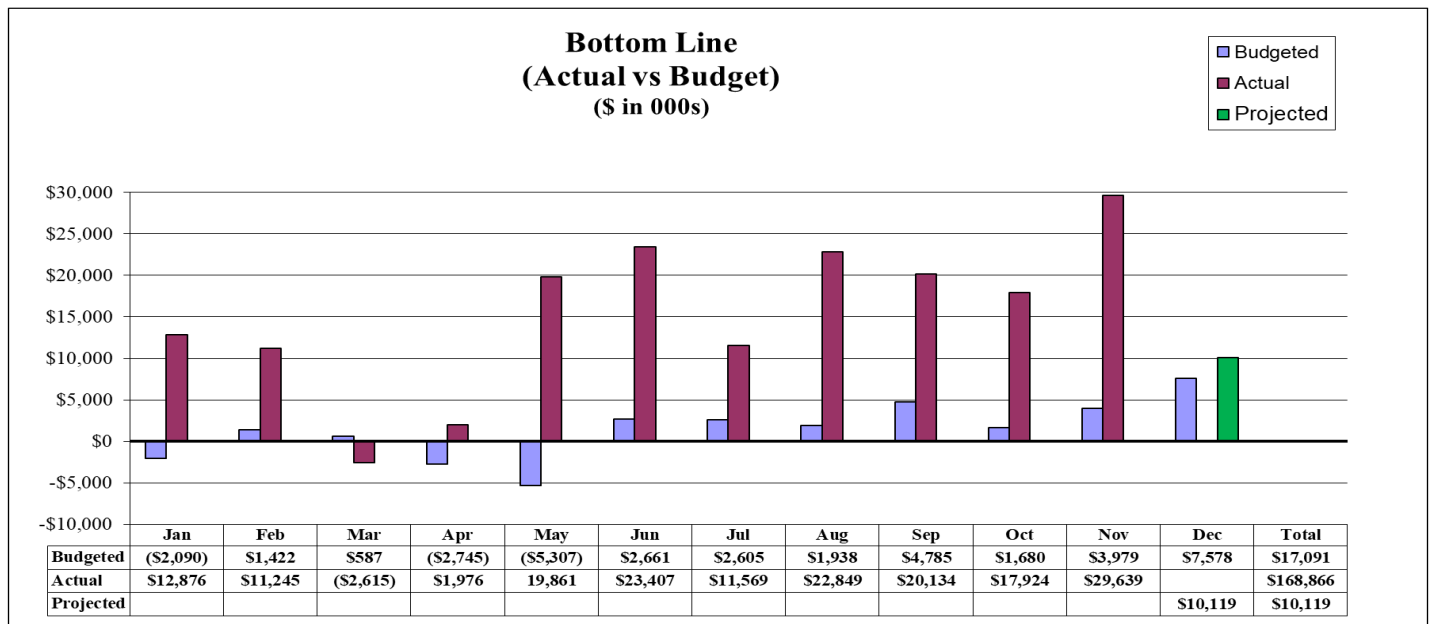
November

(UH Consolidated) Dollars in Thousands	Month	Budget	% Variance	YTD	YTD Budget	% Variance
<b>Bottom Line</b>	\$29,639	\$3,979	644.9%	\$168,822	\$9,513	1674.7%
<b>Gain(Loss) from Operations</b>	\$36,112	\$8,242	338.2%	\$211,446	\$55,300	282.4%
<b>Non-operating Income(Expense)</b>	(\$6,473)	(\$4,263)	-51.8%	(\$42,624)	(\$45,787)	6.9%
<b>Days Cash on Hand</b>	214.8	199.1	7.9%	214.8	199.1	7.9%

	Actual 2019 Year End	Actual	Goal	% Variance
<b>Days Revenue in Accounts Receivable excluding Carelink</b>	66.72	71.97	66.00	-9.0%
<b>Days Revenue in Accounts Receivable excluding SNF and CareLink</b>	61.37	66.47	61.00	-9.0%

(UH Less CFHP)	Prior Year	Month	Budget	% Variance	YTD	YTD Budget	% Variance
<b>Adjusted Discharges</b>	5,532	4,302	5,497	-21.7%	50,299	64,267	-21.7%
<b>Net Patient Revenue per AD</b>	\$11,770	\$14,644	\$11,673	25.4%	\$12,982	\$10,711	21.2%
<b>Salary Cost per AD</b>	\$7,807	\$10,653	\$8,215	-29.7%	\$9,849	\$7,908	-24.6%
<b>Supply Cost per AD</b>	\$3,700	\$5,513	\$4,000	-37.8%	\$4,761	\$3,841	-24.0%
<b>Total Expense per AD (1)</b>	\$18,311	\$25,968	\$20,971	-23.8%	\$24,306	\$20,002	-21.5%
<b>Gain(Loss) from Operations per AD</b>	\$3,323	\$6,494	\$1,508	330.5%	\$3,098	\$831	272.9%
<b>Medicare CMI</b>	1.757	1.937	1.809	7.1%	1.879	1.809	3.9%

(1) Excludes SNF Expenses





**UNIVERSITY HEALTH**  
**Unaudited Consolidated Balance Sheet**  
November 30, 2020

(In Thousands)	<u>Assets</u>	
	<u>11/30/2020</u>	<u>12/31/19</u>
<b>Assets</b>		
<b>Current Assets:</b>		
Cash and cash equivalents	\$ 167,395	\$ 310,462
Investments	38,947	29,476
Investments (Taxes)	58,855	134,447
Assets Limited as to Use	16,423	9,623
Patient receivables, net	120,177	126,847
Property taxes receivable	472,618	242,075
Inventory	30,566	24,371
Other receivables and prepaid assets	150,904	205,107
<b>Total current assets</b>	<b>\$ 1,055,885</b>	<b>\$ 1,082,408</b>
Long Term Investments (Note-1)	96,438	25,244
<b>Other Assets:</b>		
Long-term patient receivables- net	12,657	12,657
Board Designated Accounts	727,915	585,021
Restricted Accounts	395,013	324,961
Property, plant, and equipment, net	1,275,352	1,164,943
Other Assets	76,498	87,608
<b>Total assets</b>	<b>\$ 3,639,759</b>	<b>3,282,843</b>
<b>Current liabilities:</b>		
Accounts payable	\$ 161,232	\$ 181,802
Accrued Interest	12,645	15,095
Due to third-party payors, net	9,344	6,949
Compensated absences	22,129	20,945
Accrued liabilities	221,197	235,828
Claims payable	63,281	63,424
Current maturities of long-term debt	29,900	31,325
<b>Total current liabilities</b>	<b>\$ 519,728</b>	<b>\$ 555,368</b>
Long-term debt, less current maturities	1,010,255	878,253
Estimated self-insurance costs	1,667	1,667
Deferred tax	544,923	485,799
Deferred other	11,034	2,097
<b>Total Long Term Liabilities</b>	<b>\$ 1,567,880</b>	<b>\$ 1,367,817</b>
Fund balance-Unrestricted	1,545,156	1,352,677
Fund balance-Restricted	6,995	6,981
<b>Total liabilities and fund balance</b>	<b>\$ 3,639,759</b>	<b>3,282,843</b>

**UNIVERSITY HEALTH**  
**Unaudited Consolidated Statement of Revenues and Expenses**  
**November 30, 2020**

(In Thousands)	MTD Actual	MTD Budget	\$ Variance	% Variance	YTD Actual	YTD Budget	\$ Variance	% Variance
<b>Net Patient Service Revenue</b>	\$ 63,004	\$ 64,173	\$ (1,169)	-1.8%	\$ 652,956	\$ 688,348	\$ (35,393)	-5.1%
<b>Other Revenue:</b>								
Property Tax M & O	\$ 33,954	\$ 34,891	\$ (937)	-2.7%	\$ 381,930	\$ 383,803	\$ (1,873)	-0.5%
Disproportionate Share Revenue	4,369	1,711	2,658	155.3%	39,309	18,820	20,488	108.9%
Uncompensated Care/UPL Revenue	10,246	6,397	3,850	60.2%	92,600	70,362	22,238	31.6%
DSRIP Revenue	11,310	6,185	5,125	82.9%	80,244	68,035	12,209	17.9%
SNF PT Revenue	3,327	2,823	505	17.9%	42,226	31,048	11,178	36.0%
Graduate Medical Education Revenue	1,088	646	442	68.4%	7,861	7,102	759	10.7%
NAIP	5,872	2,461	3,411	138.6%	34,053	27,072	6,982	25.8%
Tobacco Settlement Fund	777	683	94	13.7%	8,261	7,511	750	10.0%
CFHP Premium Revenue	59,074	48,321	10,753	22.3%	586,658	536,462	50,195	9.4%
Other	6,219	6,612	(393)	-5.9%	72,284	69,761	2,523	3.6%
<b>Total Operating Revenue</b>	\$ 199,238	\$ 174,901	\$ 24,337	13.9%	\$ 1,998,380	\$ 1,908,323	\$ 90,057	4.7%
<b>Operating Expense:</b>								
Employee Compensation	\$ 56,481	\$ 57,753	\$ 1,272	2.2%	\$ 625,092	\$ 649,005	\$ 23,913	3.7%
Medical Services	12,430	17,537	5,107	29.1%	183,381	192,824	9,443	4.9%
Purchased Services	28,094	26,076	(2,018)	-7.7%	281,648	286,630	4,981	1.7%
Supplies	23,718	21,992	(1,726)	-7.8%	239,490	246,856	7,366	3.0%
Medical Claims Expense	42,402	43,301	899	2.1%	457,323	477,709	20,385	4.3%
<b>Total Operating Expense</b>	\$ 163,126	\$ 166,659	\$ 3,534	2.1%	\$ 1,786,934	\$ 1,853,023	\$ 66,089	3.6%
<b>Gain/(Loss) from Operating Activities</b>	\$ 36,112	\$ 8,242	\$ 27,871	338.2%	\$ 211,446	\$ 55,300	\$ 156,146	282.4%
<b>NonOperating Revenue/(Expense):</b>								
Investment Income	32	2,142	(2,109)	-98.5%	16,301	23,558	(7,257)	-30.8%
Unrealized Gain/Loss	232	0	232	100.0%	3,052	0	3,052	100.0%
Premium Deficiency Reserve	143	0	143	100.0%	269	1,200	(931)	-77.6%
Depreciation And Amortization	(6,880)	(6,405)	(475)	-7.4%	(62,246)	(70,546)	8,300	11.8%
<b>Total NonOperating Revenue</b>	\$ (6,473)	\$ (4,263)	\$ (2,210)	-51.8%	\$ (42,624)	\$ (45,787)	\$ 3,164	6.9%
<b>Gain/(Loss) before Financing Activities</b>	\$ 29,639	\$ 3,979	\$ 25,660	644.9%	\$ 168,822	\$ 9,513	\$ 159,309	1674.7%

**University Health**  
**Unaudited Consolidated Statement of Cash Flows**  
**November 30, 2020**

	<b>November</b> <b>2020</b> <i>(In Thousands)</i>
<b>Operating Activities</b>	
Gain (Loss) from Operations	\$ 211,446
Adjustments to Reconcile Gain (Loss) from Operations to Net Cash Used in Operating Activities:	
Property Tax Revenue Considered Noncapital Financing Activity	64,220
Tobacco Fund Revenue	8,261
Interest Expense Considered Financing Activity	41,016
Changes in Operating Assets and Liabilities:	
(Increase) Decrease in Patient Receivables	6,670
(Increase) Decrease in Prepaid Assets / Other Current Assets	48,009
(Increase) Decrease in Intangible Assets	11,111
Increase (Decrease) in Accounts Payable	(20,570)
Increase (Decrease) in Compensated Absences	1,184
Increase (Decrease) due to Third-Party Payor Settlements	2,396
Increase (Decrease) in Accrued Liabilities	(14,631)
Increase (Decrease) in Medical Claims Payable	125
Increase (Decrease) in Deferred Revenue	8,937
Record OPEB under GASB75	-
<b>Net Cash Used in Operating Activities</b>	<b>\$ 368,173</b>
<b>Noncapital Financial Activities</b>	
Receipt of Property Taxes in Support of Operating Activity	(210,902)
Proceeds from Tobacco Settlement	(8,261)
<b>Net Cash Provided by Noncapital Financial Activities</b>	<b>\$ (219,177)</b>

**University Health**  
**Unaudited Consolidated Statement of Cash Flows**  
**November 30, 2020**

	<b>November</b> <b>2020</b> <hr/> <i>(In Thousands)</i>
<b>Capital and Related Financing Activities</b>	
Receipt of Property Taxes in Support of Long-Term Debt	\$39,484
Repayment of Long-Term Debt	(193,635)
Interest on Long-Term Debt	(84,016)
Acquisition of Property, Plant, and Equipment	(188,053)
Acquisition of Property, Plant, and Equipment Bond Projects	4,068
Acquisition of Restricted Assets	14
Issuance of CO Series 2020	277,105
Premium on Series 2020	58,437
	<hr/>
<b>Net Cash Used in Capital and Related Financing Activities</b>	<b>(86,596)</b>
<b>Investing Activities</b>	
Investment Income	16,301
(Purchase) / Sale of Investments, Net	(2,022)
(Increase) Decrease Assets Limited as to Use	(219,745)
	<hr/>
<b>Net Cash Provided by (used in) Investing Activities</b>	<b>\$ (205,466)</b>
<b>Net Increase (Decrease) in Cash and Cash Equivalents</b>	<b>\$ (143,066)</b>
<b>Cash and Cash Equivalents, Beginning of Year</b>	<hr/> <b>310,462</b>
<b>Cash and Cash Equivalents, End of Period</b>	<hr/> <b>\$ 167,395</b> <hr/>

**UNIVERSITY HEALTH**  
**Unaudited Notes to Financial Statements**  
**November 30, 2020**

(In thousands)

	CFHP	Foundation	Clinical Services	Total
<b>1. Cash &amp; Investments</b>				
Cash (1)	\$104,711		\$62,684	\$167,395
Investments- Short Term (1)(4)	\$38,947		\$58,855	\$97,802
Assets Limited as to Use (1)	\$0	\$10,249	\$6,174	\$16,423
Investments- Long Term (2)	\$57,686		\$38,752	\$96,438
	\$201,345	\$10,249	\$166,465	\$378,058
 <b>2. Patient Receivables - are net of allowance for charity and uncollectibles as follows:</b>				
Accounts Receivable-Patients				\$498,073
Less: Allowance			-75.87%	(\$377,896)
Net Patient Receivables				\$120,177
 <b>3. Board Designated Accounts</b>				
Encumbered Capital (1)(4)				\$26,363
Future Capital Needs (1)(4)				\$172,286
Capital committed in 2020				(\$17,081)
Capital Account Balance Committed to Women's and Children's (1)(4)				\$220,450
Capital Reserves Committed to Epic (1)(4)				\$6,235
Emergency Operating Account (2)				\$314,200
Self Insurance Account (3)				\$5,464
			<b>Total Board Designated Accounts</b>	<b>\$727,915</b>
 <b>4. Restricted Accounts:</b>				
Certificate Fund-Securities (1)(4)				\$7,177
Project Fund Certificate Series 2018				\$217,338
Project Fund Certificate Series 2020				\$170,498
			<b>Total Restricted Accounts</b>	<b>\$395,013</b>
 <b>5. Net PP&amp;E</b>				
Placed In Service				\$1,102,940
Non-Bond Projects - In Progress				\$133,585
Bond Projects - In Progress				\$38,827
				\$1,275,352
 <b>6. Other Assets</b>				
Investments in and advances to affiliates				\$2,115
Deferred Outflow of Resources				\$51,382
Deferred Outflow-Debt Refin 2016				\$12,128
OPEB - Deferred Outflow of Resources				\$9,065
Tax Fund Deferred Outflow Loss				\$1,808
			<b>Total Other Assets</b>	<b>\$76,498</b>

(1) Frost Trust - Money Market

(2) Frost Trust - Gov't Securities Invested in Gov't Securities compliant with Public Funds Investment Act

(3) Broadway Bank Trust - Invested in Gov't Securities compliant with Public Funds Investment Act

(4) Local Government Pools

**University Health  
Budget to Actual Variance  
November 30, 2020**

November 2020 Budgeted Bottom Line	\$4.0	November YTD 2020 Budgeted Bottom Line	\$9.5
<b>Revenue Impacts</b>		<b>Revenue Impacts</b>	
Supplemental Revenue (DSH, UC, DSRIP, GME, & NAIP)	\$15.5	Supplemental Revenue (DSH, UC, DSRIP, GME, & NAIP)	\$62.7
CFHP Premium Revenue	\$10.8	CFHP Premium Revenue	\$50.2
CARES Act Revenue	\$2.0	CARES Act Revenue	\$16.3
CFHP Reserve	(\$3.0)	SNF Pt Revenue	\$11.2
Net Patient Revenue	(\$1.2)	Net Patient Revenue	(\$35.4)
Property Tax Revenue	(\$0.9)	CFHP Reserve	(\$10.9)
Net Other Changes	\$1.2	Net Other Changes	(\$3.9)
<b>Revenue Variance to Budget</b>		<b>Revenue Variance to Budget</b>	
\$24.3		\$90.1	
<b>Operating Expense Impacts</b>		<b>Operating Expense Impacts</b>	
Medical Services (Medicaid Supplemental)	\$5.1	Epic Implementation	\$34.7
Epic Implementation	\$2.0	CFHP Claims Expense	\$20.4
Employee Compensation	\$1.2	Employee Compensation	\$12.1
CFHP Claims Expense	\$0.9	Implants	\$10.4
Medical Supplies	(\$2.5)	Pharmaceuticals	\$10.3
Planning, Design & Construction	(\$2.2)	Medical Services	\$9.4
CFHP Admin Expense	(\$0.4)	Management Fees	\$2.7
		Medical Supplies	(\$15.4)
		SNF Expense	(\$11.1)
		CFHP Admin Expense	(\$7.7)
Net Other Expense Changes	(\$0.7)	Net Other Expense Changes	\$0.4
<b>Operating Expense Variance to Budget</b>		<b>Operating Expense Variance to Budget</b>	
\$3.5		\$66.1	
<b>Non-Operating Expense Impacts</b>		<b>Non-Operating Expense Impacts</b>	
Unrealized Gain/Loss	\$0.2	Depreciation and Amortization	\$8.3
Premium Deficiency Reserve	\$0.1	Unrealized Gain/Loss	\$3.1
Investment Income	(\$2.1)	Investment Income	(\$7.3)
Depreciation and Amortization	(\$0.5)	Premium Deficiency Reserve	(\$0.9)
<b>Non-Operating Expense Variance to Budget</b>		<b>Non-Operating Expense Variance to Budget</b>	
(\$2.2)		\$3.2	
<b>Bottom Line Reported</b>		<b>Bottom Line Reported</b>	
\$29.6		\$168.8	



**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

**Tuesday, December 15, 2020**

**Quality Report**

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The University Health Quality Report includes a review of quality metric performance with updates regarding initiatives to improve University Health's publicly reported quality data. This report details data from January-October 2020. The University Health quality metrics for 2020 include the following performance categories:

- Length of stay (LOS)
- Sepsis LOS
- Mortality
- Hospital readmissions
- PSI-90
- Patient safety composite
- Hospital-Acquired Infections (HAI)
- Sepsis bundle compliance (SEP-1)
- Cesarean section core measure (PC-02)
- Quality process composite

Metrics within these categories comprise a majority of items that are represented in the Leapfrog Hospital Safety Grade and data on hospitals that are publicly reported by the Centers for Medicare & Medicaid Services (CMS).

**Length of Stay and Sepsis LOS**

Length of stay for all inpatients is calculated as the ratio of observed length of stay (LOS) to expected LOS. Outcomes with an observed to expected ratio (O:E) less than 1.0 are performing better than expected and those greater than 1.0 are performing worse than expected. Our goal for 2020 for all inpatient length of stay is a ratio of 0.81 as compared to 2019 baseline performance of 0.85. This metric is currently at a value of 0.85. Our goal for 2020 for sepsis length of stay is 13.33 days as compared to 2019 baseline performance of 14.54 days. This metric is currently at a value of 16.88 days. Both of these metrics were negatively impacted by the

extended length of stay observed among COVID-19 positive inpatients admitted to University Hospital during the second and third quarter.

## **Mortality**

Mortality is calculated as an observed to expected ratio based on national data for patient diagnoses and severity of illness. Our goal for 2020 for mortality is a ratio of 0.66 as compared to 2019 baseline performance of 0.67. This metric is currently at a value of 0.77. Although increased from baseline, this mortality ratio continues to rank well compared to national benchmarks. This metric was negatively impacted by the COVID-19 positive inpatients admitted during the second and third quarter. Despite this effect, the mortality observed to expected ratio has decreased from its peak value in July during the past three months. Our primary strategy to improve this metric lies with efforts to continue to improve clinical documentation to properly reflect the severity of illness of inpatients, the use of other appropriate healthcare settings such as hospice, and an increased focus on improving outcomes of patients with sepsis.

## **Hospital Readmissions**

Hospital readmissions are measured as an observed to expected ratio of readmissions to the hospital within 30 days of the initial admission for the eight readmission diagnoses incorporated into the CMS Readmission Reduction Program including the following: all acute-care patients (ACA); acute myocardial infarction (AMI); congestive heart failure (CHF); chronic obstructive pulmonary disease (COPD); pneumonia (PNE); stroke; coronary artery bypass graft surgery (CABG); and hip and knee joint replacement surgery (THA/TKA).

Our goal for 2020 for hospital readmissions is a ratio of 0.84 as compared to 2019 baseline performance of 0.98. This metric is currently at a value of 0.97. Improvements have been made as a result of using patient navigators to conduct focused patient and family education, scheduling follow-up appointments, post-acute care follow-up calls, and dedicated handoffs to ambulatory patient navigators. These efforts improve the patient experience and help ensure more effective transitions of care.

## **University Health Patient Safety Composite and PSI-90**

The University Health patient safety composite metric was revised in 2020 to reflect an increased focus on specific components of the Leapfrog Hospital Safety Score



and the Patient Safety Indicator (PSI) metric (PSI-90), which also impacts the CMS Hospital Star Rating program. PSIs are specific, hospital-acquired patient outcomes used to measure safety. PSI-90 is a calculated, risk-adjusted observed to expected ratio determined from clinical documentation coding and is composed of ten separate metrics to include the following:

- Pressure Ulcer - Per 1000 Inpatients
- Iatrogenic Pneumothorax - Per 1000 Inpatients
- In Hospital Fall with Hip Fracture - Per 1000 Inpatients
- Perioperative Hemorrhage or Hematoma - Per 1000 Inpatients
- Postoperative Acute Kidney Injury Requiring Dialysis - Per 1000 Inpatients
- Postoperative Respiratory Failure - Per 1000 Inpatients
- Perioperative Pulmonary Embolism or DVT - Per 1000 Inpatients
- Postoperative Sepsis - Per 1000 Inpatients
- Postoperative Wound Dehiscence - Per 1000 Inpatients
- Accidental Puncture or Laceration - Per 1000 Inpatients

Our goal for 2020 for the PSI-90 metric is a ratio of 0.70 as compared to 2019 baseline performance of 0.84. This metric is currently at a value of 0.72. This represents a significant improvement over baseline and 98% to target goal.

In addition to PSI-90 performance, University Health is focused on six additional PSI metrics in University Health's Patient Safety Composite for 2020 including:

- Pressure Ulcer (PSI-3)
- Perioperative Hemorrhage or Hematoma (PSI-9)
- Postoperative Respiratory Failure (PSI-11)
- Perioperative Pulmonary Embolism or DVT (PSI-12)
- Postoperative Sepsis (PSI-13)
- Accidental Puncture or Laceration (PSI-15)

To date, five of these six metrics, PSI-9, PSI-11, PSI-12, PSI-13 and PSI-15, are better than 2019 baseline performance targeted goals. A significant opportunity remains with PSI-3. A renewed effort was recently established by nursing leadership and physician champions to improve the assessment, documentation, and performance regarding the prevention of pressure ulcers in order to reduce these adverse outcomes.

## Hospital-Acquired Infections Composite

University Health’s Hospital-Acquired Infections (HAIs) Composite metric includes the following:

- Central Line Associated Blood Stream Infections (CLABSI)
- Catheter Associated Urinary Tract Infections (CAUTI)
- Methicillin-Resistant *Staphylococcus aureus* bloodstream infection (MRSA)
- Hospital-Acquired *Clostridioides difficile* colitis (CDI)
- Deep and organ-space Surgical site infections (SSI) for colon and hysterectomy surgical patients

Performance for these indicators is measured as a Standardized Infection Ratio (SIR) benchmarked against national data and as a rate per patient day, per device day, or per procedure. Performance during 2019 for all HAIs was substantially better than national benchmarks in all categories of infections. To date in 2020, performance for all HAI metrics for 2020 is at 71% of target and worse than 2019 baseline with the exception of CDI and SSIs for colon surgical patients, both of which are better than the 2019 baseline. The trend for all HAI metrics improved in September and October 2020 as compared to July and August 2020.

The reversal of the negative trend validates our efforts to address the unfavorable performance in July and August 2020. These actions include the partnership between nursing and infection prevention leaders who identified opportunities for improvement. We have also successfully addressed several initial challenges posed by the July implementation of the new Epic electronic health record including changes in workflow that negatively impacted the performance of daily HAI prevention care bundles and prompt removal of devices such as central lines and urinary catheters.

In September 2020, we also began a new initiative designed to engage the inpatient medical directors as key drivers of HAI prevention bundle compliance through weekly multi-disciplinary leadership rounding with infection control, senior medical and nursing leadership, and unit nursing directors. We continue to highlight University Health’s Achieving Zero program and annual awards, which identify the inpatient nursing units that prevent one or more hospital acquired infections for one or more years.

## **Quality Processes Composite**

Three CMS-defined patient core measures comprise the University Health process composite metric, which include:

- Venous thromboembolism prophylaxis (VTE-6)
- Influenza vaccination (IMM-2)
- Early elective delivery (PC-01).

Performance to date is excellent for these metrics and is significantly better than 2019 baseline and well beyond target goal performance.

## **Cesarean Section Rate**

The Cesarean section rate core measure (PC-02) examines the rate of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth. Our 2020 goal for this core measure is 23%. The current value is 26%, better than 2019 baseline performance of 29%. Improvement in this metric has been supported by the review of all cases in this category with the medical director of Obstetrics in order to identify opportunities for clinical documentation improvement or refinement of the clinical selection of patients for Cesarean section.

## **Sepsis Bundle Compliance**

The sepsis bundle compliance (SEP-1) is measured by the review of a random sample population of adult patients 18 years and older with a final coded diagnosis of severe sepsis or septic shock. The first three clinical interventions must occur and be documented within 3 hours of severe sepsis onset, while the remaining interventions must occur and be documented within 6 hours of septic shock onset.

Our goal for 2020 for the sepsis bundle compliance is 54% as compared to 2019 baseline performance of 38%. This metric is currently at a value of 49.3%. University Health has placed increased focus on improving this metric with the use of key performance indicators, the development of nurse driven protocols to accelerate care, greater collaboration between staff and UT Health providers, and the implementation of Epic tools to monitor and manage patients with early sepsis.

### **Survey on Patient Safety Culture:**

University Health regularly surveys staff utilizing a tool built by Agency for Healthcare Research and Quality (AHRQ) to assess staff and provider perceptions regarding patient safety. In November 2020, this survey was sent to all University Health staff, including providers with University Medicine Associates and UT Health San Antonio. Performing this survey helps the Health System leadership to highlight successes and identify opportunities for improving care and patient safety. Analysis of these data is underway and will help inform our strategic planning for the coming year.

**This report is provided for informational purposes only; no action is required by the Board of Managers.**

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Brian N. Lewis, MBA  
Vice President, Quality and Clinical  
Outcomes

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Emily E. Volk, MD, MBA, FCAP  
Senior Vice President, Clinical Services

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Bryan J. Alsip, MD, MPH, FACPM  
Executive Vice President  
Chief Medical Officer

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George B. Hernandez, Jr.  
President/Chief Executive Officer



**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

**Tuesday, December 15, 2020**

**Branding Update for University Health**

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**Background:**

The Bexar County Hospital District began doing business as University Health System in 1994. The goal of this change was to better position our organization as the region's academic medical center in partnership with the University of Texas Health Science Center San Antonio.

Academic medical centers are uniquely important resources, providing a wide range of specialized services, advancing the practice of medicine through clinical research, training the next generation of health care providers, and serving their communities and regions with unique capabilities such as level I trauma and burn care.

**Analysis:**

Over the past 15 years, our success in building a highly skilled and compassionate workforce dedicated to delivering high quality, patient-centered and culturally competent care has laid a strong foundation as we seek to lead the way as one of the nation's most trusted health institutions. Additionally, the Capital Improvement Program, completed in 2014, resulted in the transformation of our downtown and medical center campuses, and set the stage for the next phase of our strategic branding efforts, which began in 2015.

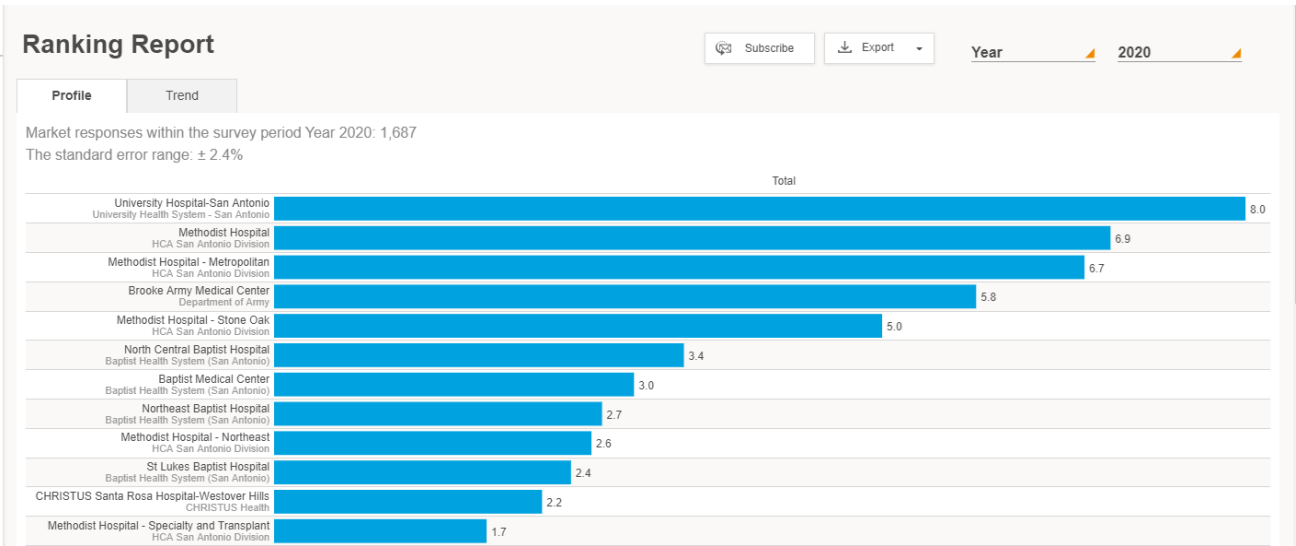
Since that time, we have made enormous strides in patient experience feedback, the percent of patients with health coverage choosing University Health, as well as consumer opinion research.

The charts below reflect NRC Market Insights consumer survey responses for 2020. Question: If you or a household member were in need of a hospital, to which hospital/facility would you prefer to go?

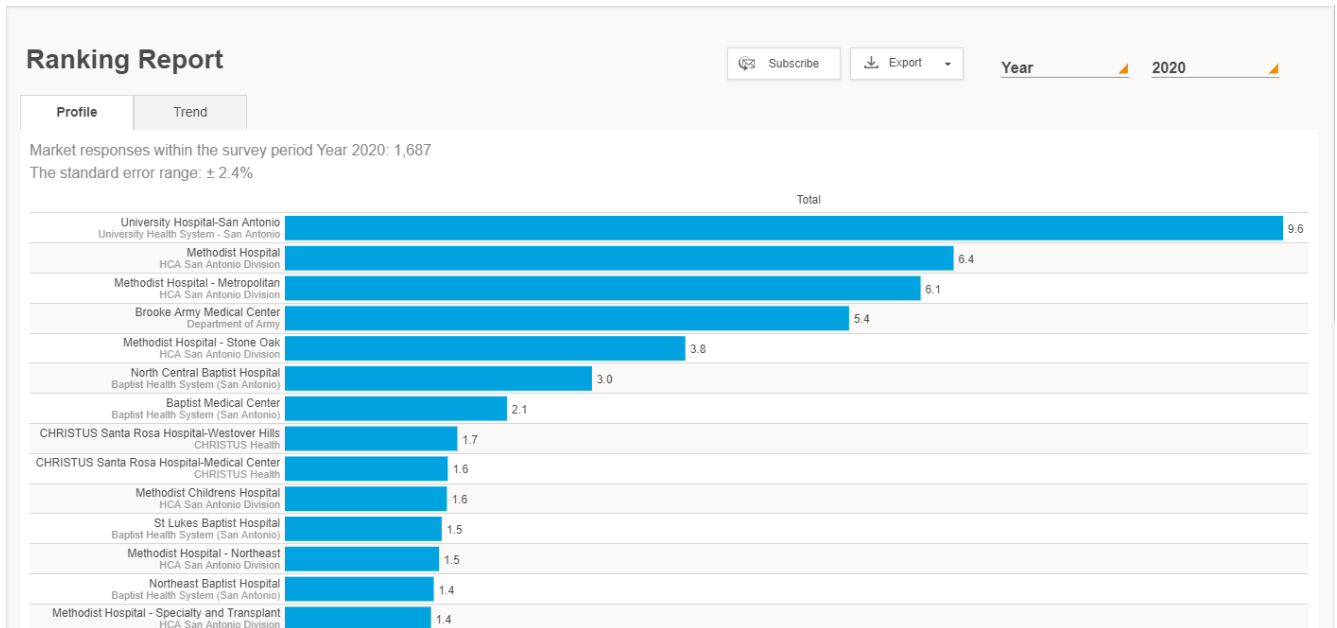
# BCHD Board of Managers – Branding Update for University Health

Tuesday, December 15, 2020

Page 2 of 4



Question: Which hospital/facility has the best image/reputation?



As we move forward, our goal is to build upon this momentum, and the extraordinary work our teams are doing to lead and serve during this pandemic. We strive to make our brand as visible and accessible as possible across all touch points, to make it easier for people to find us online or in their neighborhood, and to help connect those in need of care to our services.

Health care is complex, and we are a large and complex organization. In late 2019, as we considered the upcoming openings of new ambulatory care locations, the new

Women’s and Children’s hospital on the horizon, and the potential for future expansion, we saw an opportunity to simplify and better connect our large network of locations through a master-brand strategy.

We brought in an experienced brand/nomenclature consultant to help us establish a plan for consistent use of a master-brand logo, as well as a simplified, consumer-friendly plan for naming locations and services. Monigle is the nation’s largest brand consultancy firm, and has worked with more than 450 academic medical centers and health systems across the country since 1971. Following a process of stakeholder interviews and consumer studies, Monigle recommended simplifying our dba from University Health System to University Health.

Dropping the word “system” is a trend happening across the country as health organizations strive to be clear, concise and consistent in how they present themselves. “System,” meant to convey a large scope of services and coordination as hospitals were expanding to create networks across the continuum of care, is no longer necessary, as most large health organizations are moving toward a master-brand approach, i.e., it is clear to patients that University Health today includes a hospital as well as a network of coordinated care.

**Quality Note:**

Patient experience is not only a visit to the clinic or hospital – every touch point matters – signage, websites, social media, etc. Simplifying our naming conventions and removing a word from our name allows us our logo to be more prominent, making it easier for first-time patients to find our locations and for people to recognize that a University Health location is in their neighborhood.

**Fiscal Impact:**

The University Health star, color and font remain unchanged. In order to be wise in the use of resources and because the difference is subtle, we will use the new logo on new items, but only replace signs and other branded items as they need to be replaced or replenished.

**Strategic Note:**

As our organization continues to innovate and evolve to meet the needs of our growing region, the simplification of our name, along with consistent logo usage and

clinical site naming conventions, builds a foundation that positions us well to be agile, yet unified.

This brand refresh allows University Health to continue building, learning and leading – ready to face whatever changes await us today and in the future.

**This item is presented for informational purposes only; no action is requested.**

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Leni Kirman  
Executive Vice President/  
Chief Marketing, Communications  
& Corporate Affairs Officer

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George B. Hernández, Jr.  
President/Chief Executive Officer





**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

**Tuesday, December 15, 2020**

**University Health Foundation Update**

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**COVID-19 Response Efforts**

Donations of meals and other items from the community in support of our health care team have slowed. This week, all new COVID-19 donors received a copy of the book “*University Health System at 100*” with a holiday card to show our gratitude. As of December 10, 2020, the Foundation has coordinated and secured:

- COVID-19 Relief Fund Grants and Donations: \$266,464
- Direct patient assistance of \$25,174 (Lodging, HEB and Valero cards)
- In-kind gifts totaling \$363,664, including: 88,185 masks; 107,033 gloves; 1,237 other personal protective equipment, teddy bears, flowers, shoes, art supplies, and more
- 250 deliveries, totaling 26,353 meals for University Health staff members
- 15,284 snacks and beverages

**Baptist Health Foundation of San Antonio Grant Award**

The Foundation received a \$75,000 grant from the Baptist Health Foundation of San Antonio for the Family Nurture Intervention (FNI) Program in the NICU at University Hospital. FNI is defined as mother-infant nurture interactions that can lead to improved infant brain development and long term social-emotional readiness in a pre-term infant. The FNI is a nurse driven protocol for repairing the severed emotional connection between mothers and infants that occurs when a baby is sick and needs intensive medical care. It uses a no-technology, low-cost, sustainable series of activities.

**San Antonio Food Bank Distribution December 8 and 22, 2020**

Following the successful World Diabetes Day food distribution in November, the San Antonio Food Bank approached University Health to be part of the final CARES Act distributions. The first distribution took place December 8 at University Hospital for the pediatric nephrology, transplant, endocrinology, comprehensive care, dialysis patients and at the Robert B. Green Campus targeting the Carelink patients.

**Lifeline Grant Awards**

Since 2012, the University Health Foundation’s Grants Program has funded meaningful projects and programs that enhance the health and wellness of patients, families, and employees and create a lasting and measureable impact in the community. This year 16 qualifying proposals went forward to the committee. Each grant was scored on eight different criteria: leadership approval

signatures; background and needs statement; focus area and mission alignment; project description and scope of work; COVID-19 considerations; staffing; project outcomes and evaluation; and project budget detail, earning up to 100 points. The Board approved the Appropriations Committee recommendation to grant \$58,927 in funds to the 16 grant applicants and \$7,500 for Human Resources to a Non-Competitive Emergency Employee Assistance Fund, totaling \$66,427.

### **Women’s and Children’s Hospital Capital Campaign**

We are currently conducting virtual board training sessions on fundraising, capital campaign, and board roles and responsibilities. The Leadership Recruitment Phase of the Campaign Executive Committee continues, with a tentative kickoff in January to launch the quiet phase. In addition, a gift table has been established as we begin to develop the gift pyramid of prospective donors.

### **National Philanthropy Day & Giving Tuesday**

National Philanthropy Day is an annual day industrywide to celebrate philanthropy and donors across the nation. This year’s National Philanthropy Day took place on November 15, and the Foundation celebrated by mailing specially made postcards along with a University Health facemask and Fiesta medal to our top donors and restaurants who supported healthcare workers throughout the summer with meals.

Throughout the month of November, the Foundation shared stories of impact and thanks from healthcare workers from the Intensive Care Unit, Pediatrics, and Child Life on our Facebook page leading up to Giving Tuesday on December 1.

This report is provided for information only. No action is required.

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Sara Alger  
President, University Health Foundation

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Leni Kirkman  
Executive Vice President/  
Chief Marketing Communications  
& Corporate Affairs Officer

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George B. Hernández, Jr.  
President/Chief Executive Officer  
University Health



**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

**Tuesday, December 15, 2020**

**Report on Recent Recognitions and Upcoming Events**

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**Recognition**

- University Health is the first and only health system in San Antonio and South Texas to be designated for a third time as Magnet by the American Nurses Credentialing Center (ANCC). We are now among an elite group of healthcare institutions that have earned this designation for more than 10 straight years. There are currently 554 Magnet institutions worldwide and 51 in Texas. This affirmation follows an exhaustive review of thousands of documents and remote site visit interviews with more than 700 University Health nurses, physicians, staff and members of the community. Magnet is referred to as the “gold standard” in measuring the quality of care that healthcare consumers can expect to receive. The ANCC created the Magnet Recognition Program in 1983 to distinguish the top nursing institutions from their peers. According to studies conducted by the Journal of Nursing Administration, Magnet hospitals achieve better outcomes and rank significantly higher in organizational support, workload and satisfaction among nursing staff than non-Magnet hospitals. University Hospital was the first in San Antonio to earn Magnet status in 2010.
- The Texas Department of State Health Services has officially redesignated University Hospital as a Level IV (Advanced Neonatal Intensive Care Unit) Neonatal Facility in Perinatal Care Region-P. This is the highest-level designation, signifying that our NICU provides the most advanced care, following evidence-based protocols and policies. This state designation is valid until November of 2023. The surveyors commended our team for its ongoing commitment to ensure quality care is available for neonatal patients. The state also specifically thanked our staff for the leadership role they have assumed in the development of the state neonatal system.

- All University Health dialysis locations have once again earned 5-star recognition from the Centers for Medicare and Medicaid. The Dialysis Facility Compare Star Program is a rating system that assigns 1 to 5 stars to dialysis facilities by comparing the health of the patients in their clinics to the patients in other dialysis facilities across the country. These ratings are based solely on health statistics in nine areas related to quality of care and outcomes.
- University Health Transplant Center performed its 5,000<sup>th</sup> solid organ transplant on Thursday, November 12. The 5000<sup>th</sup> operation was a living-donor kidney transplant performed on a teenaged boy from Austin. The case was staffed by an all-female surgical and anesthesia team. The University Health Transplant Center is also celebrating its 50<sup>th</sup> anniversary this year, and highlighting the many “firsts” and accomplishments that have earned it a place among the world’s leading centers for organ transplantation.
- Blue Cross Blue Shield of Texas has extended Blue Distinction + designation for the University Health Maternity Program. This awards program recognizes health care organizations across the country for providing quality care, treatment expertise, better patient outcomes as well as demonstrating more affordable care. Distinction + is the highest designation.
- The Valve and Structural Heart Disease team at University Hospital has become the first in San Antonio to perform a new type of the minimally invasive heart transcatheter aortic valve replacement, or TAVR, procedure. The transcaval TAVR, performed at University Hospital on December 3 expands access of TAVR for patients who would not traditionally be candidates for the procedure. TAVR procedures use a catheter to replace a narrow heart valve that fails to open properly. In some cases, TAVRs are the only method of treatment for patients who are not candidates for open-heart surgery. The transcaval procedure is an option for some patients who are not able to undergo the traditional TAVR procedure because of damage or lack of access to their femoral arteries. The new transcaval TAVR bypasses the femoral and iliac arteries altogether and carries a lower risk of stroke and complications. University Hospital’s Cardiac Cath lab is accredited by the American Academy of Cardiologists. University Health is a repeat recipient of numerous awards and accreditations from the American Heart Association & American Stroke Association.

- The National Committee for Quality Assurance has awarded University Health's NurseLink program with NCQA Health Information Line certification for another two years. This certification verifies that the health information provided through our NurseLink team is high quality and follows best practice standards.

### **Media Highlights – November 2020**

**Major topics:** Feature on University Hospital COVID unit nurse, new treatment for COVID-19, Importance of blood donations, COVID-19 spike concerns, Rep. Ray Lopez talks about his heart attack and treatment at University Hospital, University Health holds flu shot drives, University Health 2021 budget, diabetes and COVID-19, University Health brand refresh, Need for Medicaid expansion, TDI diabetes research, COVID-19 vaccine on the horizon, University Health tests election workers for COVID-19, Tragic story of family battling COVID-19, University Health plans for COVID-91 distribution, University Health to bring in more staff, Economic impact of health care industry specifically highlights University, Warnings about holiday gatherings during the pandemic, teen battling cancer hosts toy drive for University Hospital patients, Concerns of mental health challenges among health care workers, University Health marks World Diabetes Day with food distribution, Remembering those killed on Texas roadways with release of new video, San Antonio hospitals treating COVID-19 patients from El Paso, Consider quarantining before gathering with family on Thanksgiving, Traveling during the holidays, Double-lung transplant performed on COVID-19 patient (first in Texas), Pediatric cancer patient celebrates being cancer-free,

November news coverage metrics are not yet available and will be reported in January.

### **University Health System Events:**

- University Health will mark the opening of the Advanced Diagnostic Center at University Hospital with a series of small-group tours and a virtual ribbon cutting January 4 -8. Invitations will be sent by email.
- University Health Foundation is partnering with the San Antonio Food Bank to hold a series of food drives at University Health locations to serve patients identified to have food insecurities. Funding for this effort is thanks to the generosity of the University Health staff through the annual Employee Giving Campaign as well as CARES funding received by the Food Bank.

- University Health is working with all area hospitals to prepare for San Antonio's Baby New Year 2021. This annual tradition started in 2001. All hospitals, as well as University of the Incarnate Word and Community First Health Plans provide a generous gift package to the first baby born naturally in San Antonio each year.

**Upcoming Sponsorships/Community Events:**

University Health System is proud to support our community and important causes by sponsoring the following nonprofit virtual & drive- thru events:

- The Center for Health Care Services Time2Tee Golf Tournament on Friday, Dec. 18 at Brackenridge Park

**This report is submitted for informational purposes only.**

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Leni Kirkman  
Executive Vice President  
Chief Marketing Communications  
& Corporate Affairs Officer

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George B. Hernández, Jr.  
President/Chief Executive Officer  
University Health



**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

**Tuesday, December 15, 2020**

**Update on the Women's and Children's Hospital and Associated Projects**

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**Background:**

The architectural and engineering (A/E) team of Marmon Mok Architecture, L.L.P. (a.k.a. Marmon Mok/ZGF) was selected by University Health System (University Health) for the design and planning services for the Women's and Children's Hospital and Associated Projects (Project). The A/E team was authorized and engaged in March 2018 to provide the first phase (Phase I) of design and planning services for the Project. Phase I included master planning, program validation, scope alignment, site investigations, and budget development. In July 2018, the A/E team commenced full architectural and engineering design services for the Project.

The Project's initial design phase is complete and the final Construction Documents (CDs) for the Garage and the Women's and Children's Hospital were delivered for permit review in mid-August, including floors 8-11 that accommodate the inpatient programs identified in the Blue Cottage Clinical Space Program and 12<sup>th</sup> floor Core and Shell and Podium Expansion Core and Shell spaces. Permit reviews are complete, and permits are in hand. In June 2020, the Board authorized additional design funding to add design scope including the build out of floor 12 for an additional thirty (30) private inpatient rooms, and the Kitchen, Served, Dining Room, and Conference Rooms in the Podium expansion. These design packages are expected in early 2021.

The Construction Manager (Joeris + JE Dunn, a Joint Venture) commenced work on site in June 2019 for the Advanced Diagnostic Center (formerly the Heart/Vascular & Endoscopy Center) and started other enabling projects in August 2019. Work on the Women's and Children's Hospital and the new garage commenced in early 2020. The Underground Utility Reroute and North Garage Demolition are complete. The Advanced Diagnostic Center is on track to be fully open by January 2021. The hospital and garage are projected to be complete in early to mid-2023.

**Analysis:**

Construction is complete except for architectural punch list items at the Advanced Diagnostic Center. Final inspections, commissioning and activation are in progress, with a rolling opening for patient care planned for mid-December 2020. Work on the Women's and Children's Hospital continues with below grade work and concrete placement. Concrete columns and grade preparations continue for concrete slab work scheduled to start later this month with vertical construction beginning in early 2021.

The Construction Manager is coordinating with the A/E team to refine construction cost estimates for remaining portions of the work not yet issued. The final Guaranteed Maximum Price package (GMP #13) is projected to be presented in February 2021 and will include interior finishes, specialty construction, interior glazing, landscaping and final sitework, signage, traffic and pavement markings, and miscellaneous support work.

The A/E team continues with preliminary design planning for the additional patient rooms on the 12<sup>th</sup> floor, and the future support services (kitchen, servery, dining, etc.) that will move to the Podium expansion. This planning includes coordination with the Construction Manager's schedule to ensure continuity of efficient construction progress. Ensuring that the design deliverables are available before permanent construction of lower level structural and utility elements will preserve the ability for University Health to incorporate this potential additional scope at best cost and without undue impact to the overall completion schedule.

In November 2020, the Board approved an increase to Project funding of \$80.4 million for soft costs including medical equipment (MEQ), active IT, and fixtures, furnishings, and equipment (FFE), and also \$5.63 million for the BioMed Buildout Associated Project. The current approved Project budget as of November 30, 2020 is \$777.6 million and is summarized in Attachment "A".

**Progress Update:**

- a) Advanced Diagnostic Center (formerly Heart/Vascular & Endoscopy Center)
  - Procurement, deployment and installation of medical equipment, furniture, and active IT equipment has been completed.
  - Construction, artwork installations, final inspections, city inspections and architectural punch list inspections have been completed. Certificate of occupancy by the City of San Antonio has been received. Report from the Final state inspection held December 3, 2020 is forthcoming.



- Terminal cleaning of procedure rooms, stocking of medical supplies and training of staff personnel on use of new medical equipment is in progress.
- Coordination for space activation and occupancy continue; First department moves, and relocations are scheduled for the week of December 15, 2020 and will continue through January 2021.

**b) Women's & Children's Hospital**

- Completed work includes drilled piers, utility tie-ins to the existing plant, underground utility work, elevator pit construction and pier cap placement.
- Grade preparations for slab on grade concrete is underway.
- Significant coordination for beginning vertical construction continues with work expected to commence in early 2021.
- Plans to test the building envelope (curtain walls, windows, metal panels, etc.) in both laboratory and field settings are scheduled to start in January 2021.

**c) Garage**

- Installation of underground utilities, additional under slab drainage features to collect and remove excess groundwater, and pier caps are complete.
- Structural concrete columns and grade preparations for slab on grade concrete pours are in progress.
- Upcoming work includes slab on grade concrete pours scheduled for late December 2020.

**d) Podium Expansion**

- Focused user group meetings to inform Schematic Design of the Phase 1 Buildout (Kitchen, Seryery, Conference Rooms) were conducted in November 2020 with a final round scheduled for December 2020.
- Discussions regarding University Health vision for franchise/branded food service concepts in the Seryery are ongoing.
- Schematic Design is anticipated by March 2021, followed by Design Development in summer 2021 and Construction Documents in fall 2021.

**Community Outreach/SMWVBE:**

The outreach tracking information noted below for the Construction Manager at Risk is current as of early December and reflects trade partners required by the scope of the Project through GMP 11.

Small	Hispanic	African American	Other Minority	Woman	Veteran	SMWVBE Total	Local
10.48%	3.93%	5.69%	0.02%	7.13%	4.73%	31.98%	82.36%

**This report is presented for information only. No action is required by the Board of Managers.**

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Don Ryden  
Vice President  
Planning Design and Construction

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Edward Banos  
Executive Vice President/  
Chief Operating Officer

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George B. Hernández, Jr.  
President/Chief Executive Officer

Attachment A

**WOMEN'S AND CHILDREN'S HOSPITAL & ASSOCIATED PROJECTS  
 BOARD APPROVED PROJECT BUDGET SUMMARY**

(in millions)

December 15, 2020

	Current Approved Budget	Funded	Projected Funding Request
<b>ADVANCED DIAGNOSTIC CENTER</b>			
Construction (Shell & Finish-Out)	\$ 20.0	Yes	
A/E Fees	\$ 1.9	Yes	
Other Fees/Permit/Contingency/Misc	\$ 1.1	Yes	
FFE/IT	\$ 2.5	Yes	
Medical Equipment	\$ 31.5	Yes	
<b>Sub Total Advanced Diagnostic Center</b>	<b>\$ 56.9</b>		
<b>WOMEN'S &amp; CHILDREN'S HOSPITAL</b>			
Construction (Shell & Finish-Out)	\$ 396.0	Yes	
A/E Fees	\$ 37.3	Yes	
Other Fees/Permit/Contingency/Misc	\$ 43.5	Yes	
FFE/IT	\$ 54.5	Yes	
Medical Equipment	\$ 56.9	Yes	
<b>Subtotal Women's and Children's Hospital</b>	<b>\$ 588.3</b>		
<b>PARKING STRUCTURE</b>			
Construction	\$ 44.5	Yes	
A/E Fees	\$ 1.9	Yes	
Other Fees/Permit/Contingency/Misc	\$ 2.7	Yes	
FFE/IT	\$ 2.1	Yes	
<b>Sub Total Parking Structure</b>	<b>\$ 51.2</b>		
<b>PODIUM EXPANSION - Core/Shell</b>			
Construction (Shell)	\$ 40.2	Yes	
A/E Fees	\$ 8.6	Yes	
Other Fees/Permit/Contingency/Misc	\$ 3.2	Yes	
FFE/IT	\$ 0.6	Yes	
Kitchen, Dining, Conference (Finish Out Equipment)	\$ 50.2	No	3rd Qtr 2021
<b>Sub Total Podium Expansion</b>	<b>\$ 102.8</b>		
<b>BOARD CONTINGENCY</b>	<b>\$ 23.0</b>	<b>Yes</b>	
<b>BioMed</b>	<b>\$ 5.6</b>	<b>Yes</b>	
<b>TOTAL FUNDED</b>	<b>\$ 777.6</b>	<b>Yes</b>	
<b>TOTAL UNFUNDED + FUNDED</b>	<b>\$ 827.8</b>		