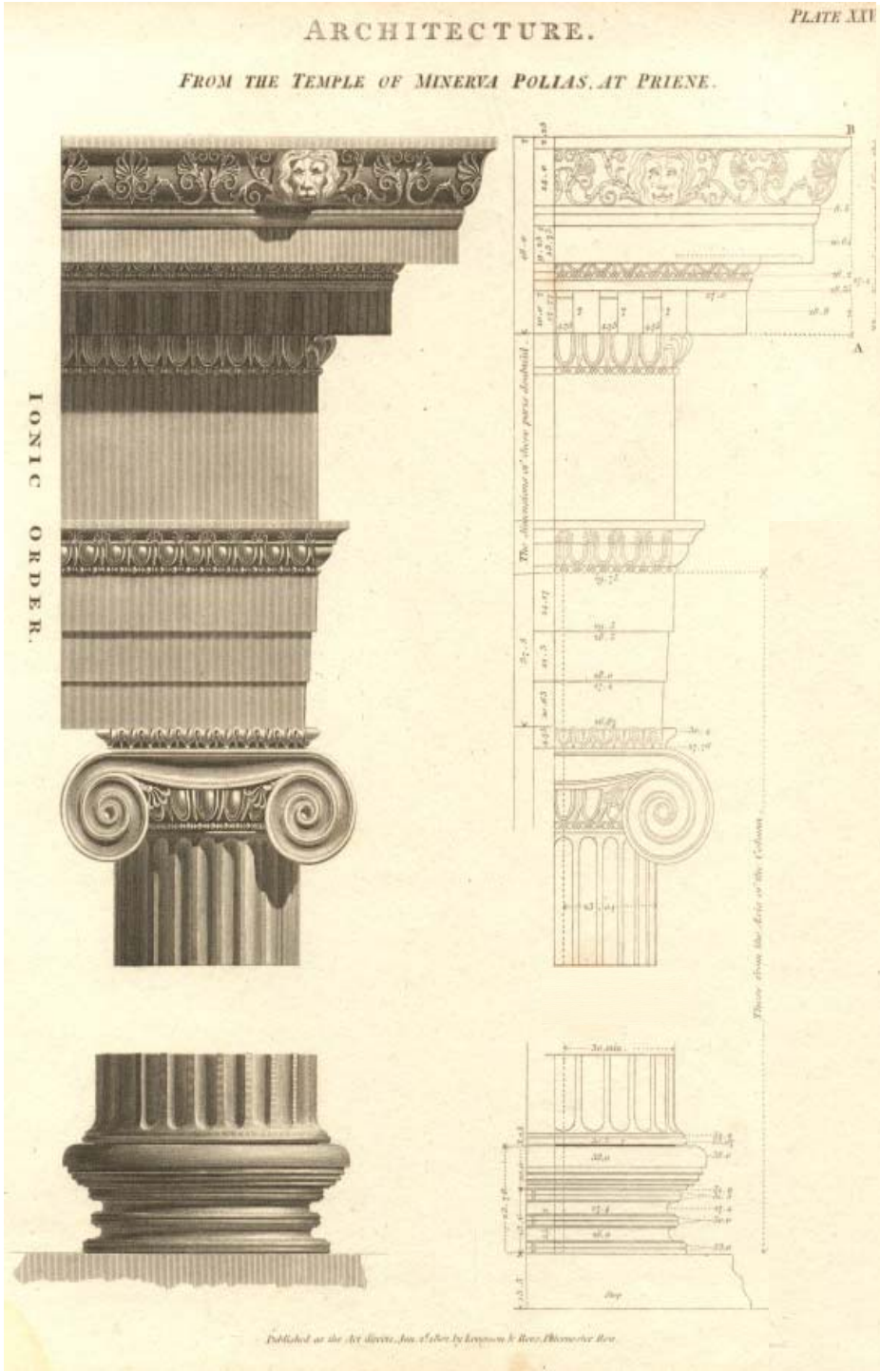


Methodist Healthcare Ministries

San Antonio, Texas

Uninsured Market Assessment
Bexar County

Primary Care

CAPITAL HEALTHCARE PLANNING

Table of Contents

I. Introduction

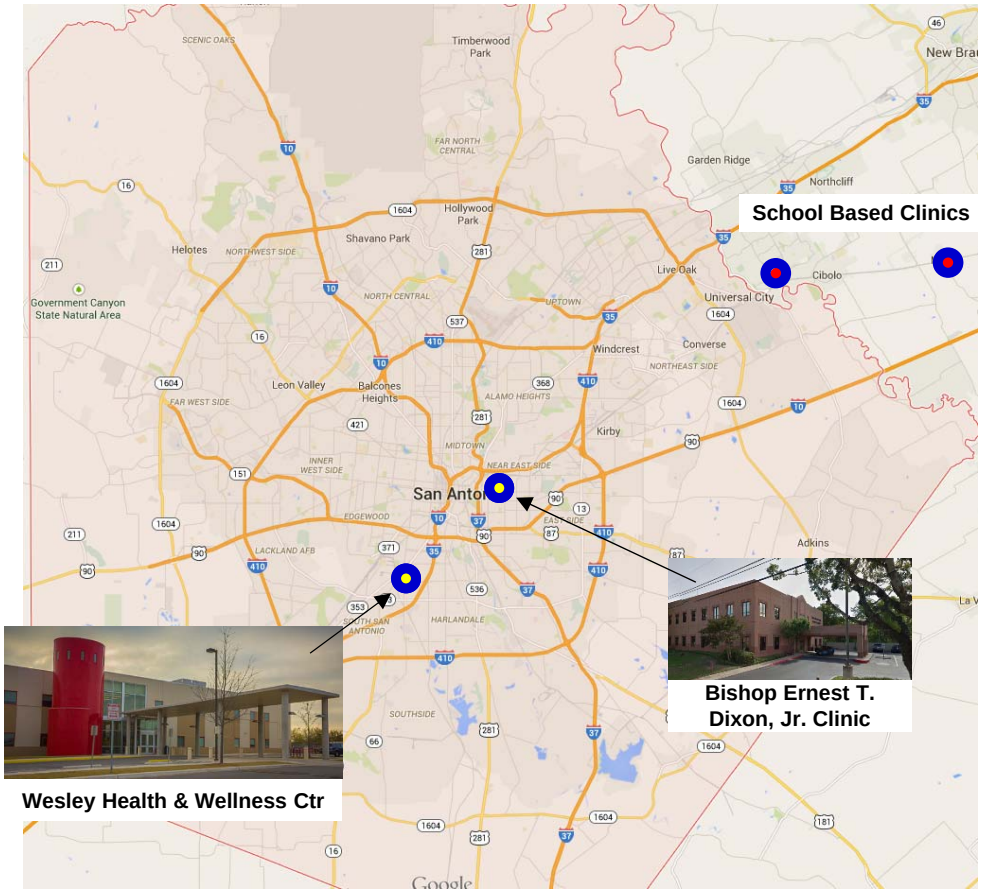
Project Objectives

- Identify and determine high level needs of at-risk populations across the greater San Antonio marketplace
- Understand the current provision of care to at-risk populations within these markets
- Identify major gaps in care that might suggest opportunity for Methodist Healthcare Ministries to provide additional resources
  - Determine if investment in the market provided for by the existing Bishop Ernest T. Dixon, Jr. Clinic is the best / only area in which Methodist Healthcare Ministries should allocate resources
  - Identify additional / alternative locations for development of future facilities and / or services as determined by selection criteria
- To work with MHM leadership to develop consensus around developing a model and plan for service delivery

I. Introduction

Methodist Healthcare Ministries – Bexar County

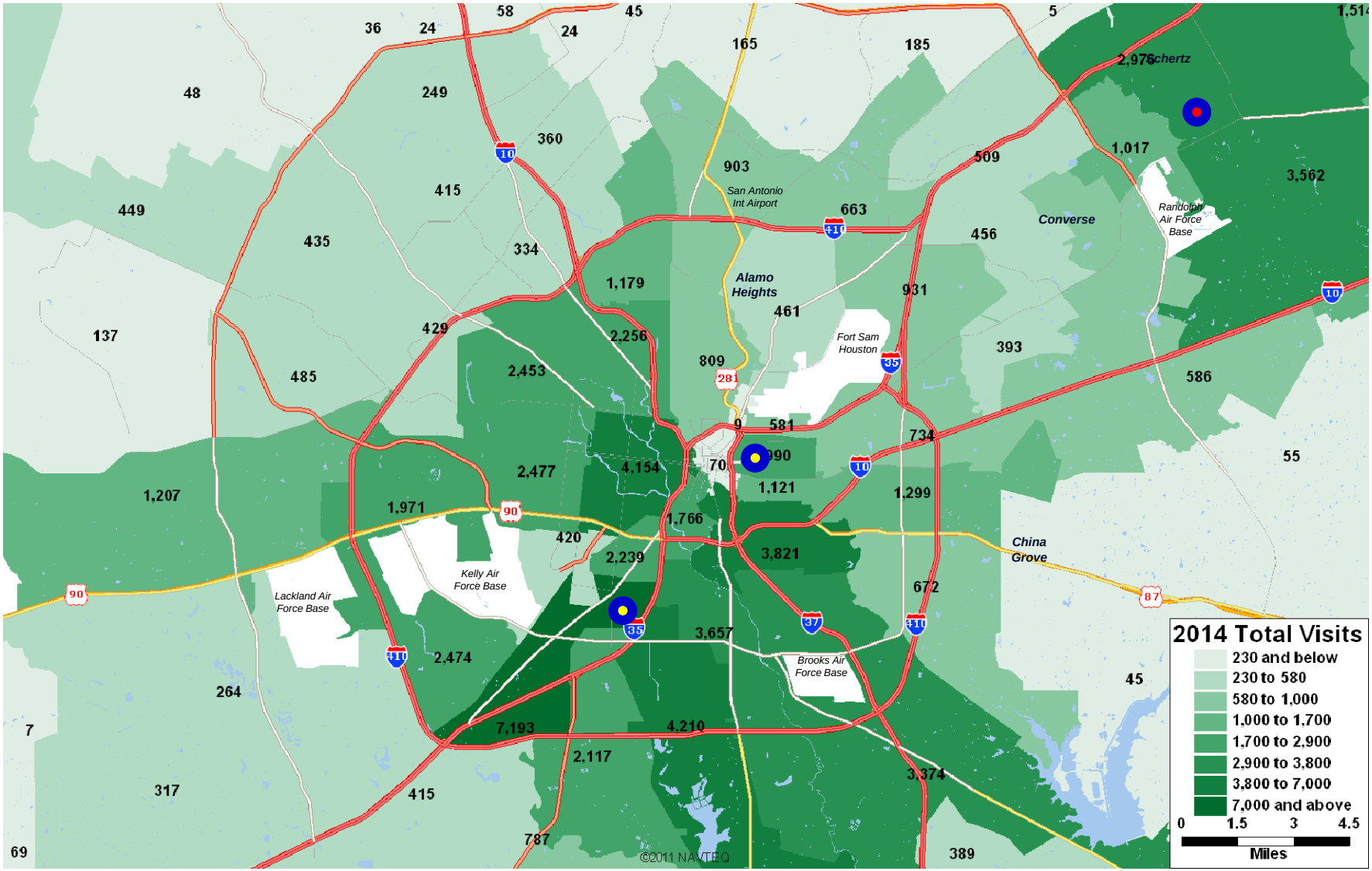
- Wesley Health & Wellness Center offers services including: medical, dental, case management / counseling, nutrition and health education to San Antonio's South Side and surrounding community[1]
- Bishop Ernest T. Dixon, Jr. Clinic offers services including: medical, case management / counseling, and health education to San Antonio's East Side and surrounding community[1]
- MHM also owns and operates two school based center locations in Guadalupe County
- In 2014 MHM providers cared for ~7,200 unique patients with ~81K individual patient visits up ~10% from 2013[2]



Source: (1) MHM Website
(2) MHM Internal Data, August 2014 annualized for 2014

I. Introduction - Methodist Healthcare Ministries

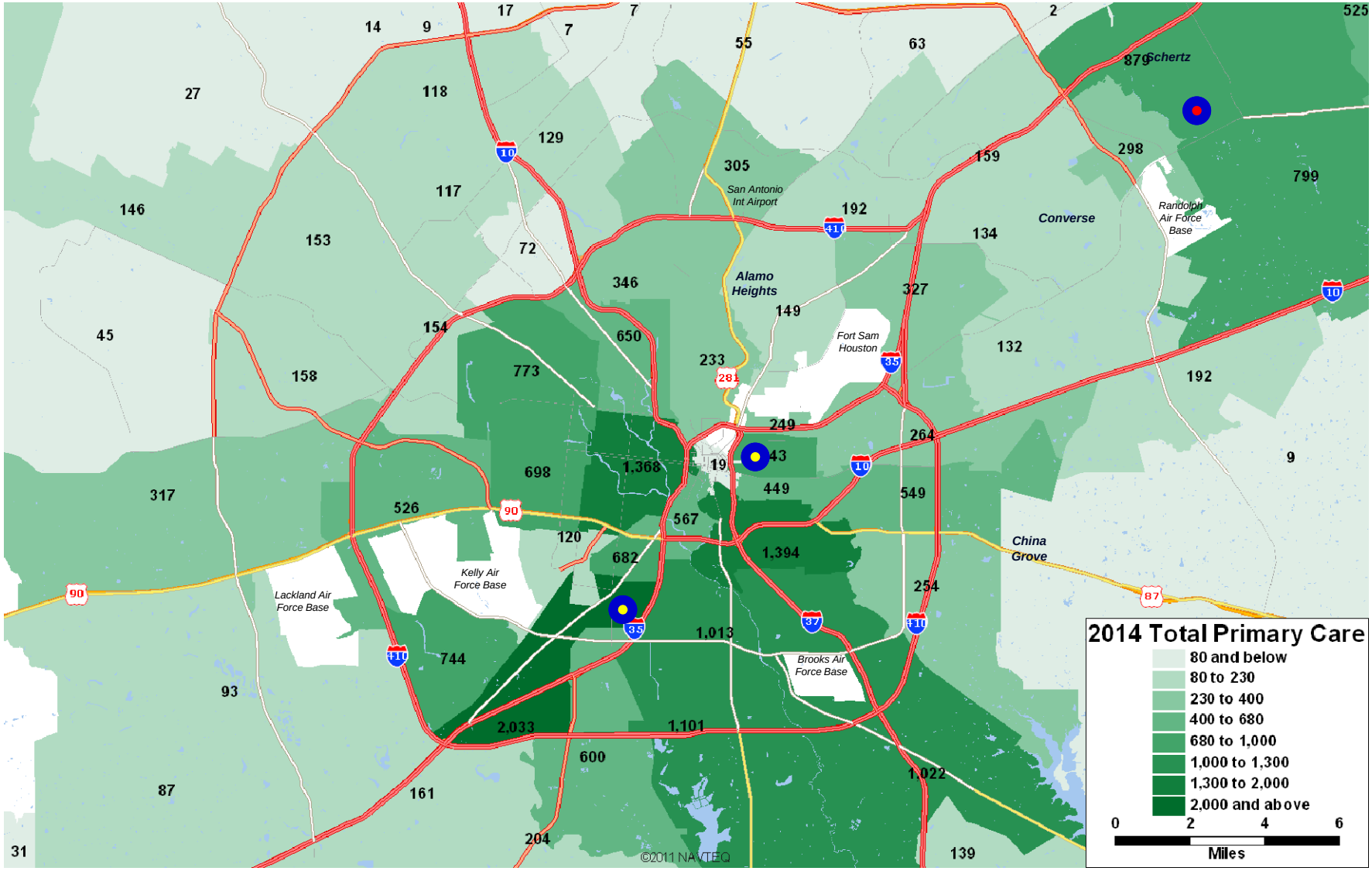
Patient Origin - 2014 MHM Total Clinic Visits(1)



(1) Source: MHM Internal Data, August 2014 annualized for 2014

I. Introduction - Methodist Healthcare Ministries

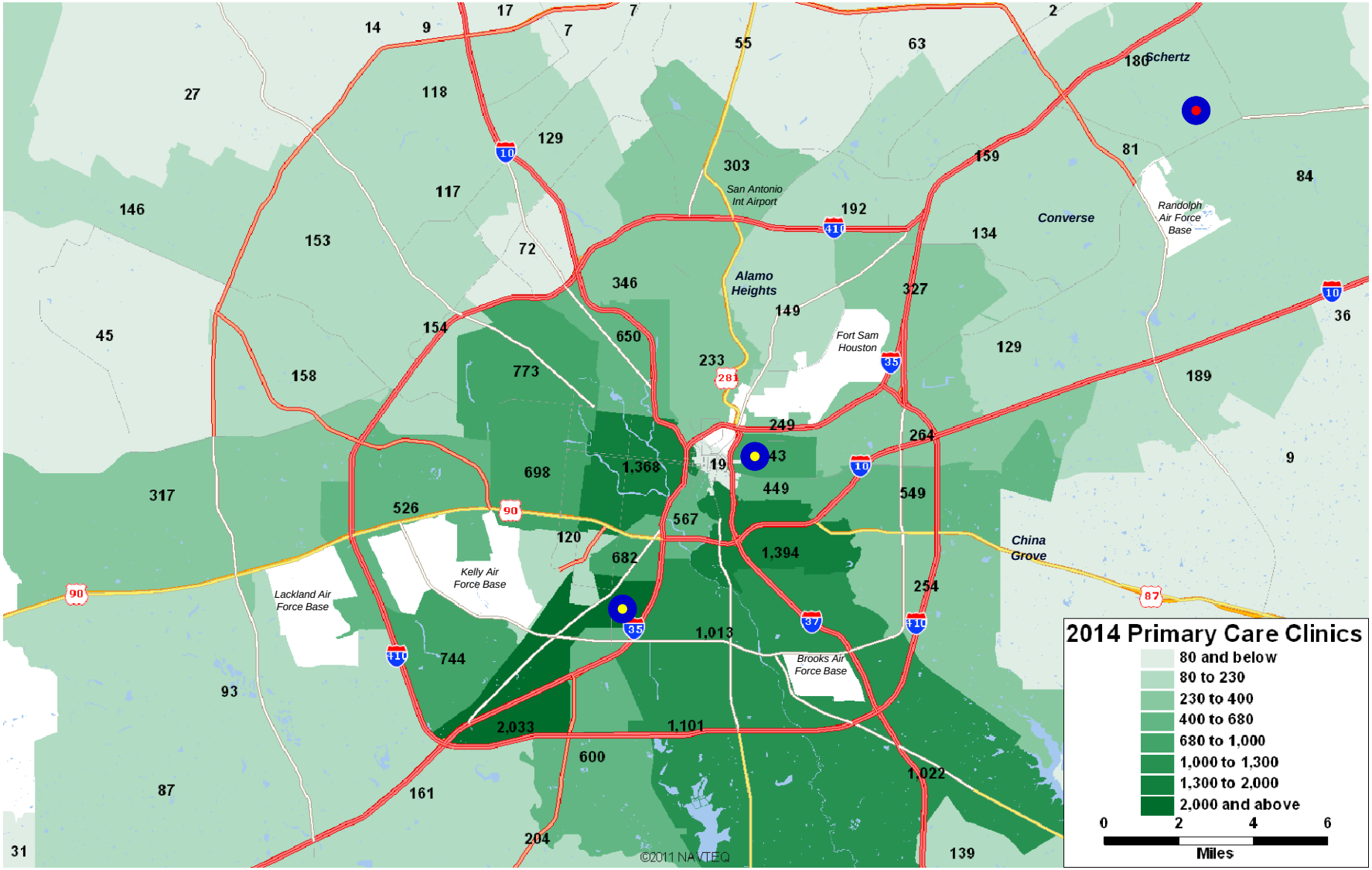
Patient Origin – 2014 Total Primary Care Visits(1)



(1) Source: MHM Internal Data, August 2014 annualized for 2014

I. Introduction - Methodist Healthcare Ministries

Patient Origin – Wesley and Dixon Clinics – 2014 Primary Care Visits[1]



(1) Source: MHM Internal Data, August 2014 annualized for 2014

Stakeholder Interviews

II. Stakeholder Interviews

Subjective input from interviews will aid in interpreting objective data findings

- One of the subjective measures in planning demand should be the opinions of the individuals working in the market
  - Use as a litmus test against the results generated by the analysis
  - Identify needs that may not appear within the numbers
- The following individuals were interviewed as part of the planning process:

Methodist Healthcare Ministries

- Dr. Phillip Brown – Dentistry
- Dr. David Cordero – Family Practice
- Dr. Edward Dick – Family Practice - MHM Medical Director
- Dr. Miguel Ramirez - Family Practice
- Rebecca Brune – VP Strategic Planning & Growth
- Kathryn Jones – Behavioral Health
- Jeannette Kight – Pediatric APN
- Tony LoBasso – Chief Financial Officer
- Oanh H. Maroney-Omitade - VP of Community Health Programs & Organizational Learning
- Kevin Moriarty – President and CEO
- Marilyn J. Stanton-White – Dir. of Clinics & Behavioral Health Services
- George Thomas – Chief Operating Officer

Partner Organizations

- Dr. Ernesto Gómez, CEO CentroMed
- Anna Serrano, DrPH, MBA, Vice-President of Quality Advancement and Strategic Planning
- Paul Nguyen – CEO CommuniCare
- Michael Bennett – CEO - Daughters of Charity
- Ted Day – UHS - SVP, Strategic Planning and Business Development
- Laura Gomez – UHS - Director, Business & Strategy Implementation
- Gregg Anders – University of the Incarnate Word – Consultant to the Provost

II. Stakeholder Interviews

How would you describe the state of indigent healthcare within the Bexar County market today?

- **The state of indigent care in San Antonio is seen as very poor even with improvements over the past several years**
  - "Abysmal. With the resources we have we are doing a good job. We (MHM) are meeting the needs of 25,000 patients in a market with 300 - 400,000 underfunded patients."
  - "The state of indigent care in San Antonio is just horrible, particularly in mental health."
  - "At least there is some care now. I'd say we are slightly above mediocre."
  - "The safety net is spotty at best. We are at a salvage stage, not preventive."
  - "It's a mixed bag. Overall its not very good. Methodist is a "pocket of good". If you can get into this system for primary care you can get good care. If you need specialty care you are out of luck."
- **Size and scope of services available in the market to treat uninsured has expanded significantly over the past 10 years**
  - "I'm impressed with the resources in the market but don't see enough progress in addressing the issues."
  - "The FQHC's and UHS have increased the number of sites significantly over the past few years."
  - "Outreach is a lot better. There's a lot more communication across radio, billboards that kind of messaging than there used to be."
- **Mental Health is perceived as the area in greatest need.**
  - "Mental health services are terrible. We spend a lot of our time (family practice) dealing with mental health issues because they cannot get the care from mental health providers."
  - "There's a huge gap in mental health and substance abuse. None really exists."
  - "We (MHM) need to find a way to provide more behavioral health services. The need is tremendous."
  - "Behavioral health is the greatest are of need. The FQHCs provide some but they don't take the really tough patients like bipolar, schizophrenia."

II. Stakeholder Interviews

What are the biggest challenges / obstacles you face providing indigent healthcare services?

- **The sheer magnitude of indigent care need in the market is acting as a barrier to initiating care for patients and providers**
  - "The number of people just living day to day out there is daunting. It's hard to think about preventive care when you're not sure how you will feed the kids tomorrow."
  - "Our patients are crisis based. No matter what we do they won't do what doesn't matter today."
  - "The waiting list with local MHMR to get help for unfunded patients is 6 - 9 months."

- **There is significant variation as to where the greatest areas of need exist, exacerbated by the size of the market**
  - "There really is not a single large concentration of indigent in San Antonio. The city housing authority has worked for years to spread the distribution of housing across the city."
  - "The East Side of town has options, but it seems like the west side is unattended."

- **No organization is viewed as expanding mental health services, and several are perceived to be restricting care**
  - "There's a perception that the FQHC's really don't meet the needs in mental health."
  - "The FQHC's really are not taking our mental health patients, even though we pay them to do it. CommuniCare cuts a patient if they miss a single appointment. It doesn't seem to be something they really want to do."
  - "We (MHM) don't do the higher-end mental health population, because that brings a different type of patient that doesn't mix well with our current patients and that frankly we are not set up to deal with."

II. Stakeholder Interviews

What are the biggest challenges / obstacles you face providing indigent healthcare services?

- **Relationship with partner organizations could be more integrated**
  - "We are covert competitors."
  - "The patients we see are constantly in and out of care. There's no connectivity."
  - "Indigent care in San Antonio is highly fragmented. There's not nearly as much care coordination as we'd like."
  - "We have really not had much interchange with them. We need a peace treaty that says 'We'll take these guys, you take those guys.'."
  - "We need to get a better controlled network of sub-specialists. We need better access than we have today."
  - "..challenge is locating assistance outside of MHM. Other providers don't follow our "no-pay" model, so the link breaks for a lot of our patients."

II. Stakeholder Interviews

What are the biggest challenges / obstacles you face providing indigent healthcare services?

- **Perception of an increasing separation of UHS from the community of providers working in the indigent care marketplace**
  - **Many providers believe the Carelink and overall UHS processes are cumbersome**
    - "It seems like Carelink is going away. I'm not sure what will fill that need in the future."
    - "We provide referrals with a full set of information and 25% of the time their doctors don't use our data. The patient has to go through the whole thing again. The people we treat can't do that as easily as you and I."
    - "Carelink is too cumbersome…. It impacts our ability to coordinate care."
  - **Perception that UHS is moving into a more competitive position in un / under-funded care**
    - "UHS has historically operated under capacity. They are trying to increase there utilization by cutting the FQHC's out of Carelink and hiring something like 35 new PCP's."
    - "UHS recently acquired a number of public health clinics and converted them to UHS sites."
    - "… have been using 1115 waiver dollars to acquire a lot of new providers (physicians and mid-levels) to the point that they have excess capacity. They had closed a couple of clinics, but then community pressure and with 1115 funds they re-opened them."
    - "…working to bring in more patients – competing directly with the FQHCs."

II. Stakeholder Interviews

What are the biggest challenges / obstacles you face providing indigent healthcare services?

- **The current Dixon clinic site is viewed as problematic because of its geographic location and the limitations of the facility**
  - **Location**
    - "Dixon is not necessarily in the best spot to serve that corridor. Don't move too far away though. Finding a location with access is the key."
    - "Now that UHS has something there, maybe the current Dixon location may not make as much sense."
    - "Dixon is in a part of town where if we left, we would catch a lot of grief."
    - "Other areas of the northeast have greater need than where Dixon is now. CentroMed just opened on MLK and UHS is opening on Walters Street."
    - "We fund Communicare's Frank Bryan Center just a mile from the Dixon Clinic."
    - "CommuniCare and UHS are developing resources on the east side. Maybe it's time to pull up roots and do something up north."
  - **Lack of space / inability to support additional capacity**
    - "We don't have the capacity to add another mid-level."
    - "Dental services need to be at Dixon. It's one of the largest areas of need. However, there's really no space for it."
    - "The building Dixon is in is old. It hasn't been well taken care of. It's in a pretty bad neighborhood. We have a very dedicated staff, but in the wintertime we are out of there by 5:00."
- **Existing School Based Health Clinics do not fit the MHM target population and are perceived as secondary considerations**

II. Stakeholder Interviews

What are key opportunities for improving / expanding indigent healthcare services in Bexar County?

- **Providers identified a wide variety of geographic opportunities, although most cited key needs are in the east and northeast of San Antonio**
  - "Pockets of poor seem to be moving up (northeast)."
  - "We need to be on the east side. We are currently funding the FQHCs for this, but there is an issue because a lot of patients can't afford the sliding scale."
  - "The most pressing need today is probably still on the east side. Poverty on the east side goes right up the 35 corridor. We need to provide coverage to the upper northeast"
  - "Our biggest bang for the buck would be a big multispecialty clinic at 35 and 410. This is a better model for the community than just placing physician offices because we can offer holistic treatment for the entire family"
  - "From what I can tell, the south side is the least resourced area."
  - "The greatest needs are on the East side …farther east…Kirby heading to Converse. Then in the southeast towards CentroMed and the far southeast."
  - "...at WW White & MLK. After that, it's probably Airport and 410 and then the far west."
- **In terms of specific populations, mental health continually surfaced as the area needing the greatest support**
  - Clinically the issues are pretty much the same across the poor populations.
  - Hispanics are still the #1 population in need by volume and the culture of this population that makes it slow to change.
  - Mental and emotional health is vastly underestimated in the market and vastly undersupplied with resources.
  - Dentistry and Behavioral health, particularly dentistry is limited for adults.

II. Stakeholder Interviews

What are key opportunities for improving / expanding indigent healthcare services in Bexar County?

- **There is a desire to increase penetration in mental health services, but no focused ideas on how that can be done (or even started)**
  - "..there's definitely a niche and a need to help with mental health, but for us that would only have to be with cases that are not too severe."
  - "We could go there (mental health), but it's a black hole. MHM should fund other providers here but not the MH Authority. MHM gave $10M to the local MH authority and it did very little."
  - "I think there are a lot of physicians (psychiatrists) who would work with us (under an employed model)."
  - "We need to figure out how to expand the psychiatric piece. It's very difficult to keep these doctors in San Antonio. It's a simple issue…average salary for a psychiatrist in San Antonio is $100 - 125 when they can get $300K in Dallas."
- **Increasing capacity by moving to a model that provides greater use / leverage of physician extenders**
  - "As some of our aging medical staff move on, we need to look into opportunities to replace them with a larger number of mid-levels."
  - "Our current limitation is our providers. We could see 5 - 10,000 more patients in our clinics but we would run out of physician capacity first."
  - "The physicians at Wesley really don't know how to work with extenders. I think the doctors at Dixon would work well with extenders."

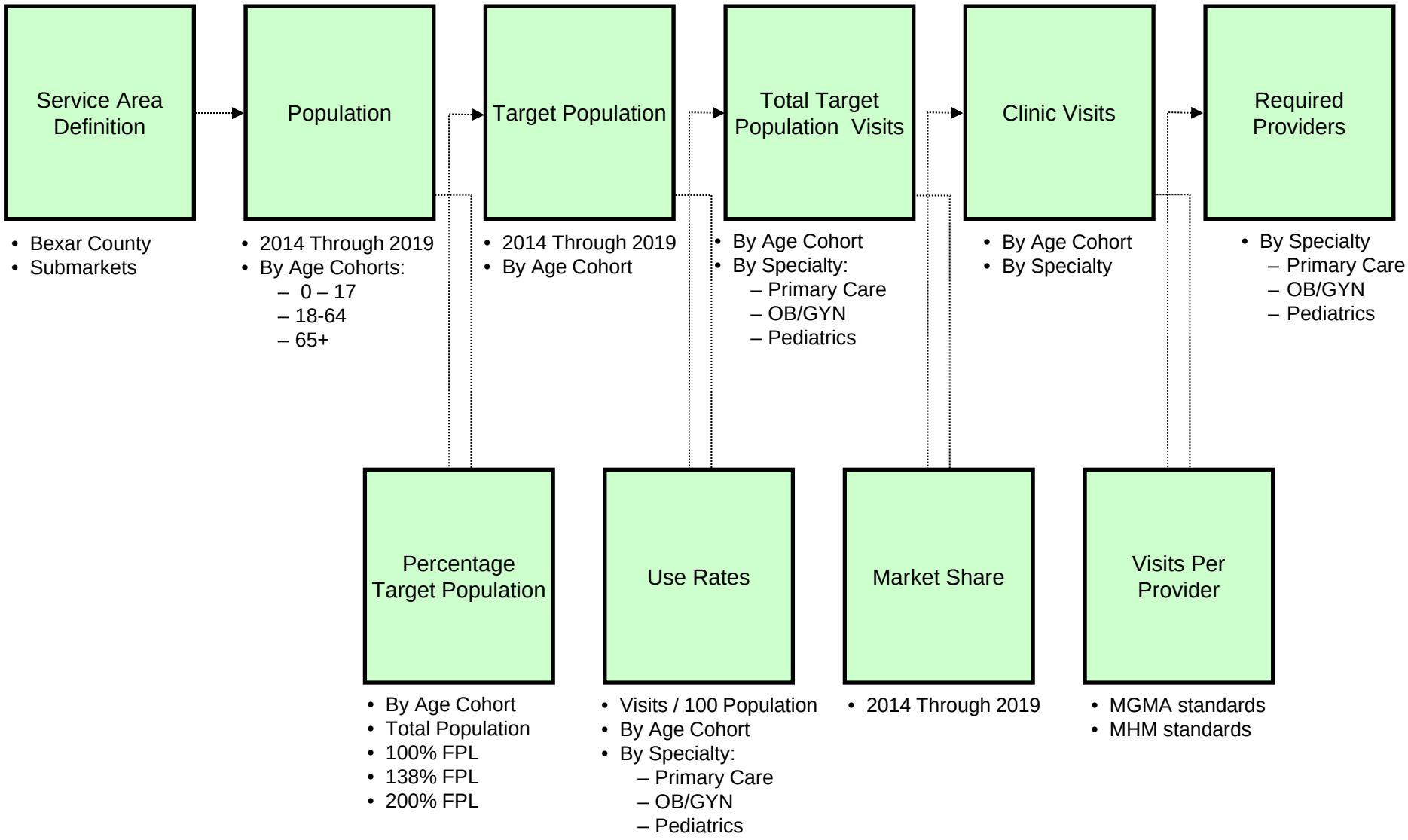
II. Stakeholder Interviews

What are key opportunities for improving / expanding indigent healthcare services in Bexar County?

- **Forming stronger partnerships with the FQHC's including continued support, co-operating arrangements and outsourcing care were proposed**
  - "No matter how good we are clinically, we will never be the whole place. We want to continue to help build strong community non-profits."
  - "We would likely be better off working with the FQHC's to provide primary care. The economics of contracting is probably better. Building a lot of clinics around town may cost more than we want to spend."
  - "…prefer to be in a partnership where an FQHC is delivering the care, because they are more efficient. It would be perfectly fine putting "Bishop Dixon" name on the clinic."
  - "I think the FQs would be happy to co-locate. The front desk could be the control point. Kids would be directed to the FQ doctor and the adults to our clinic."
- **Increasing the scope of services at the Dixon Clinic was seen as an opportunity to improve quality and outcomes**
  - "Dixon is so restricted. We need to add the same types of ancillaries we have at Wesley to achieve quality results there."
  - "We need a Dixon Dental program just like we have at Wesley. Dental care is always low on the totem pole with our patients. They come to us with very bad dental health."
- **Programs that target Obesity/Wellness/Weight Loss were cited as high value opportunities**
  - "Find programs that work to educate families on obesity."
  - "Need to provide access to wellness services. People need a safe place to exercise."
  - "We need to develop incentive based prepackaged professional weight loss programs. Particularly with our diabetes program."

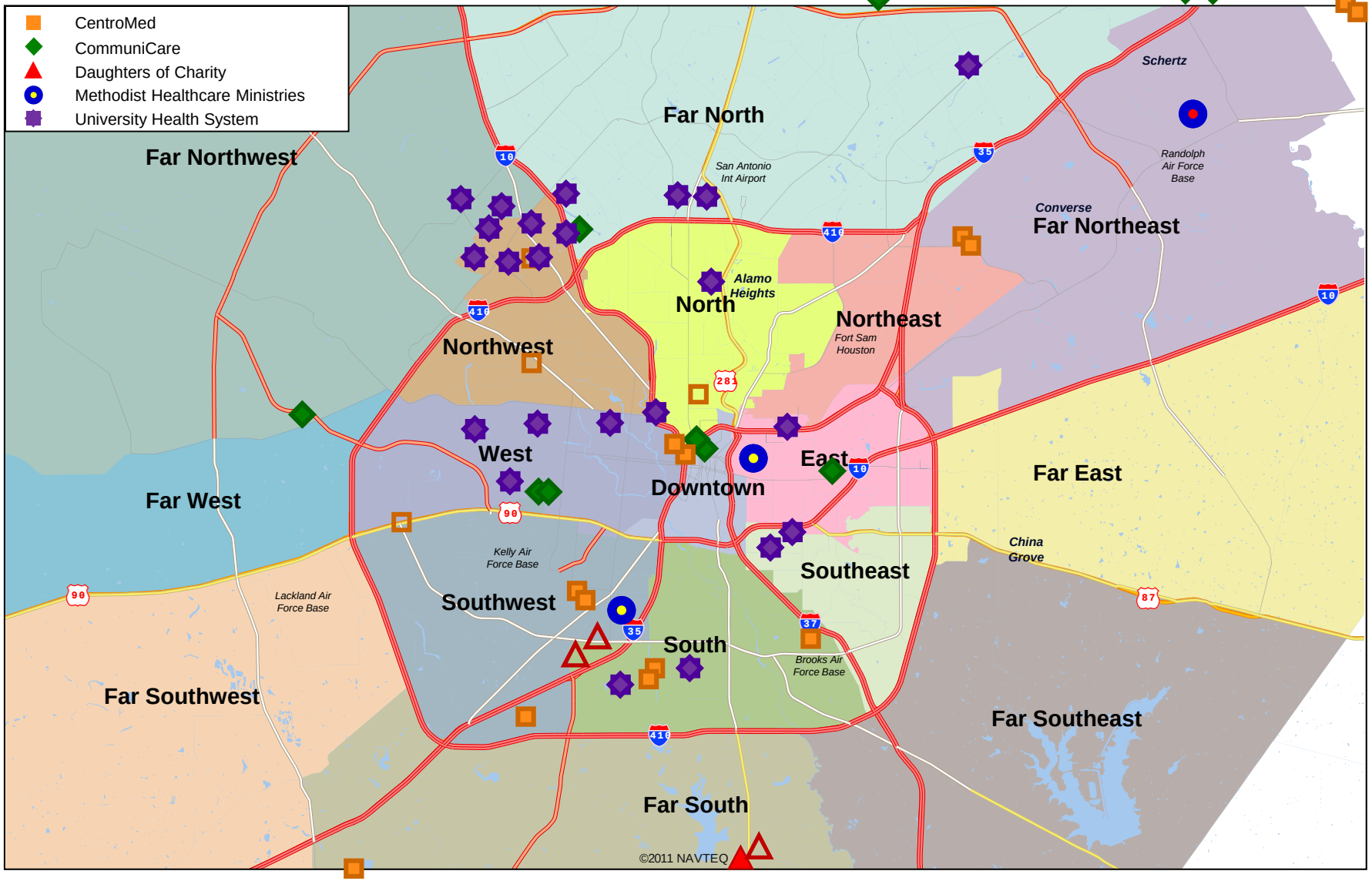
Identifying At-Risk Populations

III. Identifying At-Risk Populations
Service Areas



III. Identifying At-Risk Populations - Service Areas

Summary



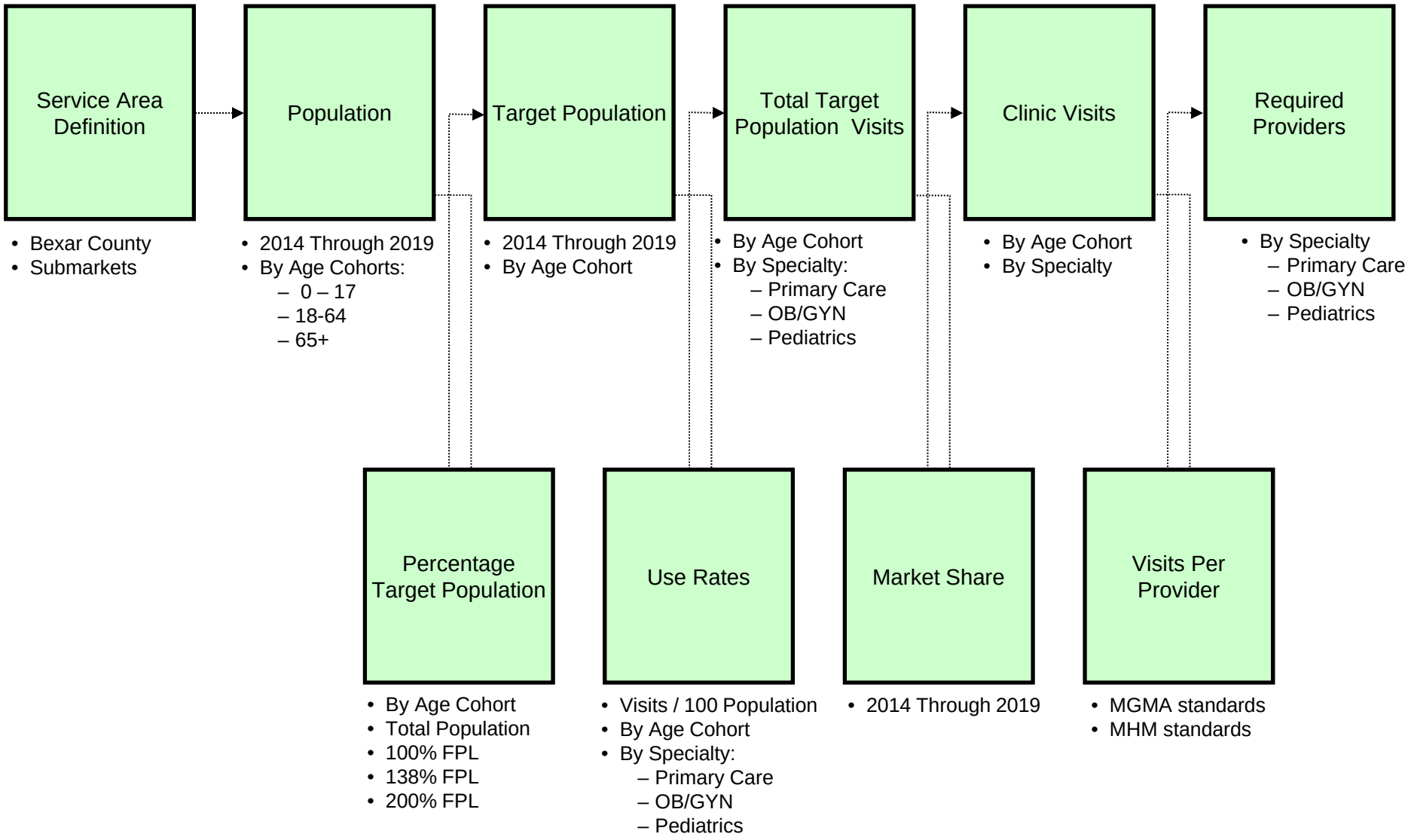
III. Identifying At-Risk Populations - Service Areas

Summary

- Our initial approach was to provide detailed data including MHM's current patient origin, demographics and health indicators from which we would "draw" service areas
- As we collected the data it became apparent that we would need to define areas first that would allow us to present the data in a logical manner. For the balance of the assessment we have divided Bexar County into 17 submarkets including:
  - Downtown
  - North
  - Far North
  - Northeast
  - Far Northeast
  - Northwest
  - Far Northwest
  - East
  - Far East
  - South
  - Far South
  - Southeast
  - Far Southeast
  - Southwest
  - Far Southwest
  - West
  - Far West
- The submarkets were predominantly segmented based on the following criteria
  - Geography - Major highways and interstates generally form dividing lines within a metropolitan area
  - Race/Ethnicity – Certain areas of Bexar County have predominant racial/ethnic make-ups that form natural markets (e.g. the East)
  - Income/Poverty – Relative income and poverty levels

Market Demographics

III. Identifying At-Risk Populations
Demographics



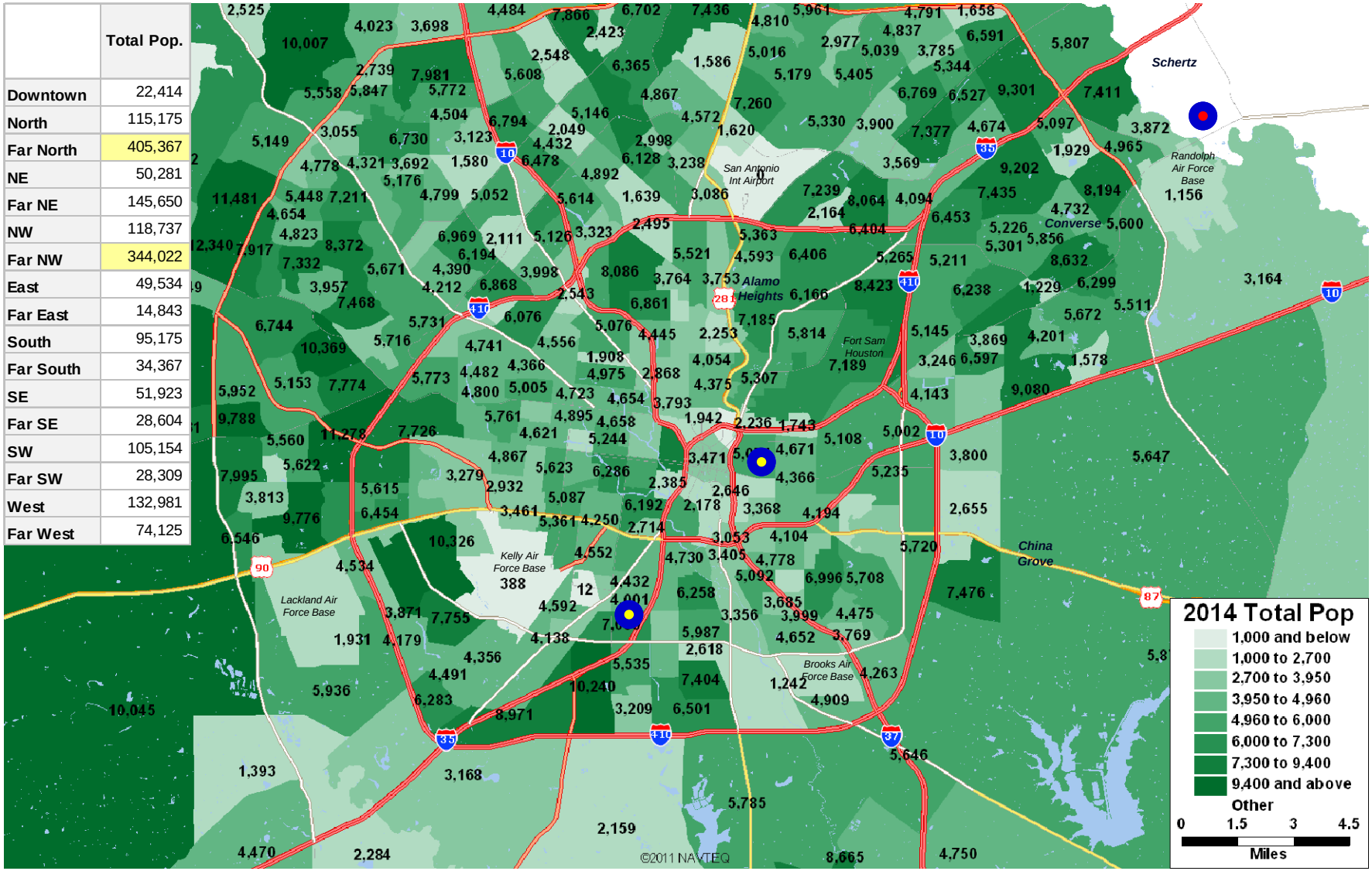
III. Identifying At-Risk Populations – Demographics and Health Indicators
Data Sources

- The following Demographic and Health Indicator data come from several sources with varying levels of specificity and timeframes
  - **Demographics**
    - Nielsen Claritas was used as the basis for population estimates
      - Data acquired at a census tract level for greater specificity
      - 2014 - 2019 projections, 2010 basis
    - US Census Bureau
      - Population in Poverty and Uninsured 2013
    - UDS Mapper – HRSA program provided additional data points
      - Race/ethnicity, unemployment and Disease/Death Rates
      - This source comes at a “ZCTA” or zip equivalent level. For purposes of consistency we have converted this information to a CT level
  - **Health Indicator Data**
    - Vast resources are available however most is at a county/state level
    - In some cases we have adjusted the various data sets to present a thematic approach
    - UDS Mapper
    - City of San Antonio Healthy Profiles 2012
    - Inpatient PDS (2014) and THCIC (2013) databases
      - Medicaid and Self Pay / Indigent
      - Originally grouped by zip code converted this information to a CT level

III. Identifying At-Risk Populations - Demographics

2014 Total Population[1]

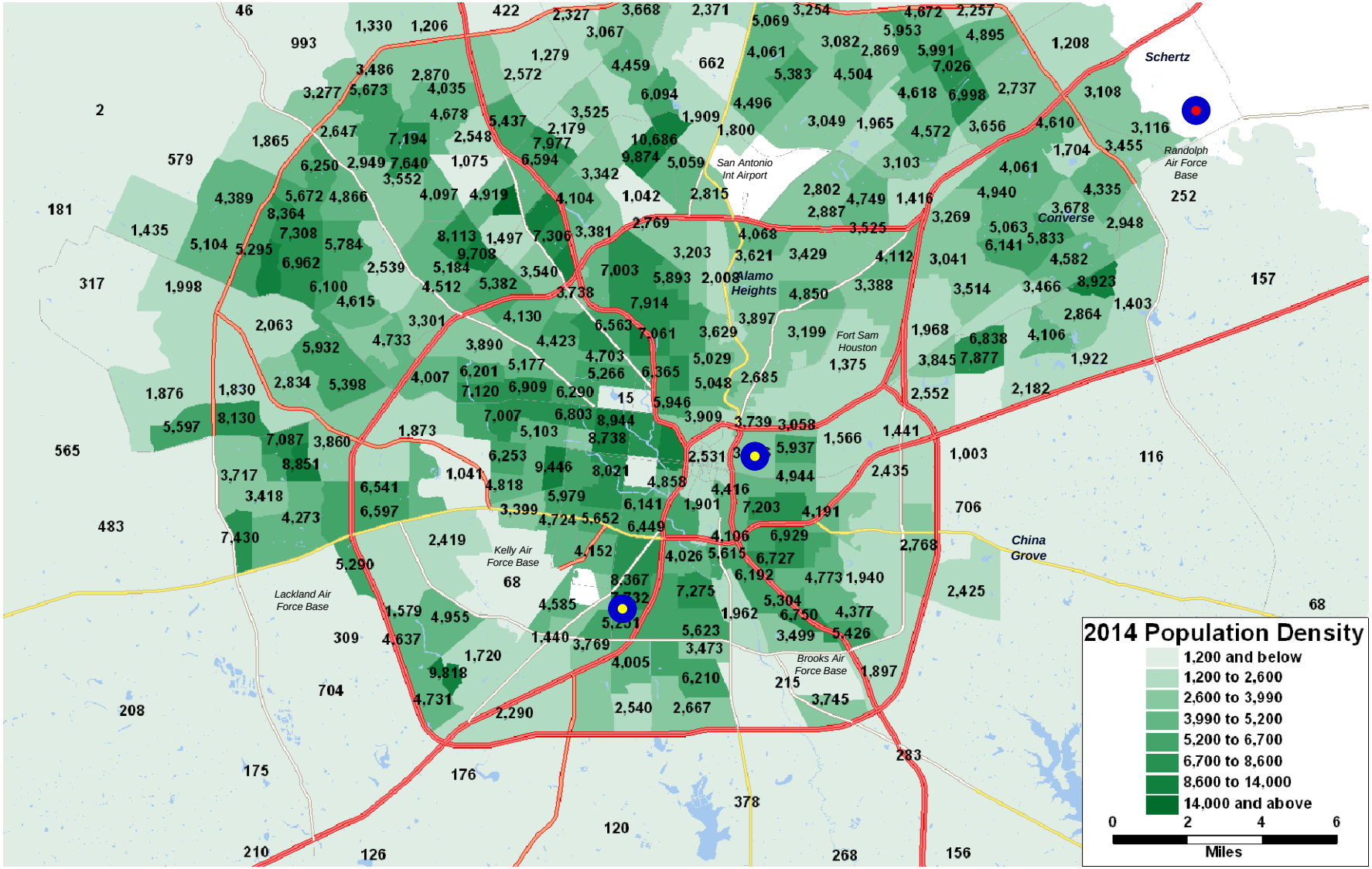
	Total Pop.
Downtown	22,414
North	115,175
Far North	405,367
NE	50,281
Far NE	145,650
NW	118,737
Far NW	344,022
East	49,534
Far East	14,843
South	95,175
Far South	34,367
SE	51,923
Far SE	28,604
SW	105,154
Far SW	28,309
West	132,981
Far West	74,125



(1) Source: Claritas 2014 estimates and 2019 projections, 2010 basis 2014 estimates and 2019 projections, 2010 basis

III. Identifying At-Risk Populations - Demographics

2014 Population Density[1]

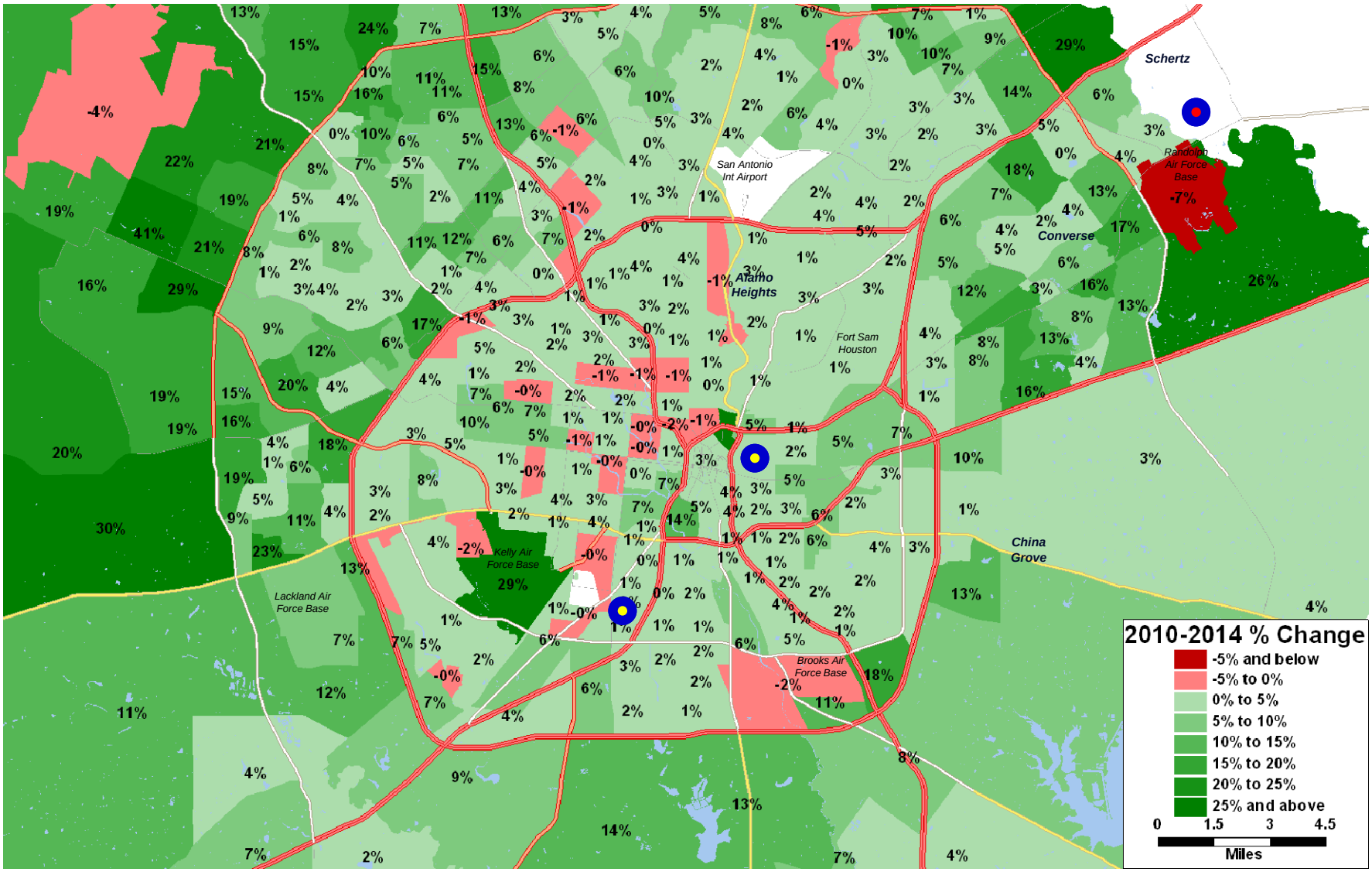


(1) Source: Claritas 2014 estimates and 2019 projections, 2010 basis 2014 estimates and 2019 projections, 2010 basis

CAPITAL HEALTHCARE PLANNING

III. Identifying At-Risk Populations - Demographics

2010 - 2014 Percent Change in Total Population[1]



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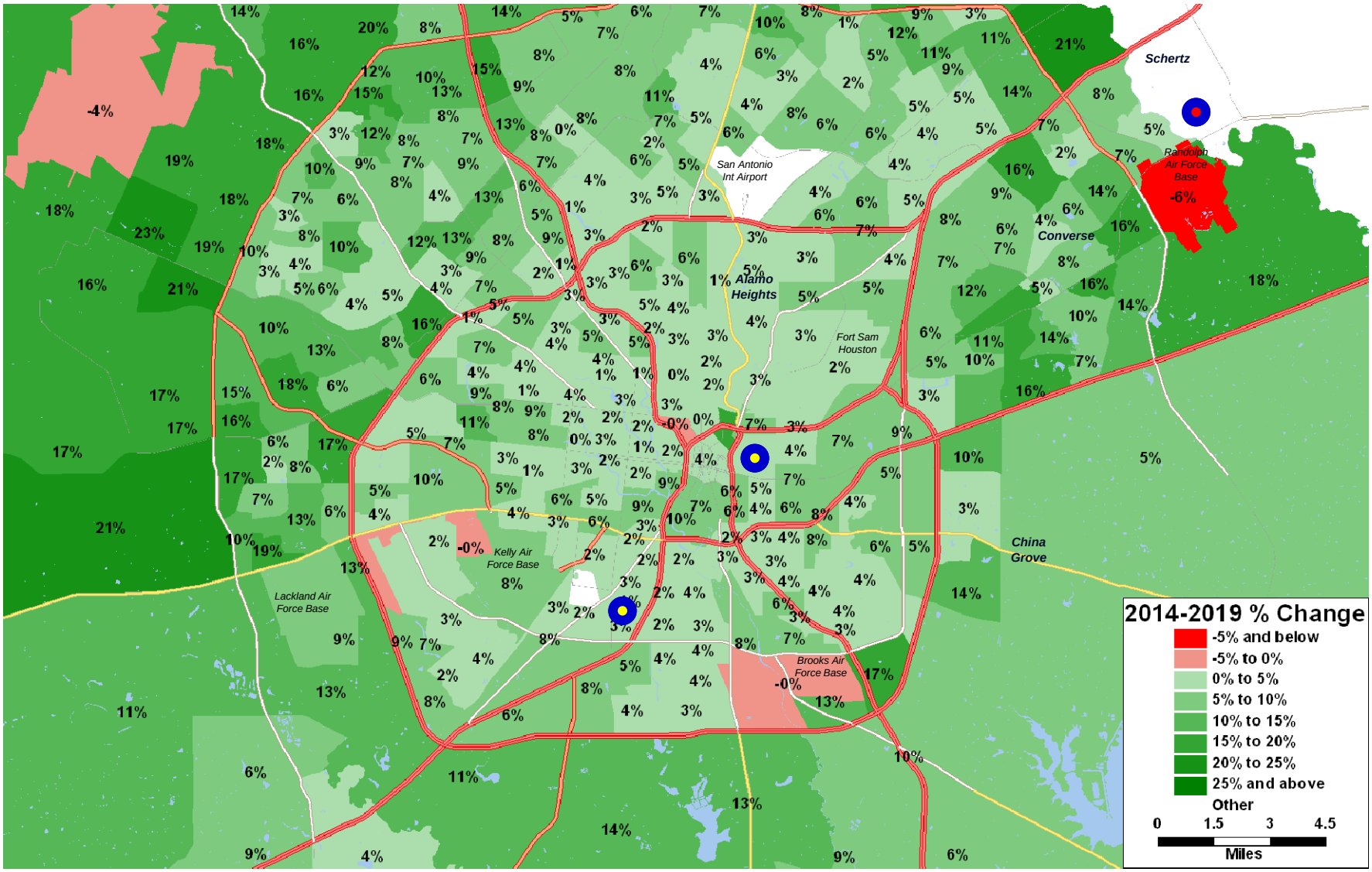
III. Identifying At-Risk Populations - Demographics

2014 - 2019 Percent Change in Total Population(1)



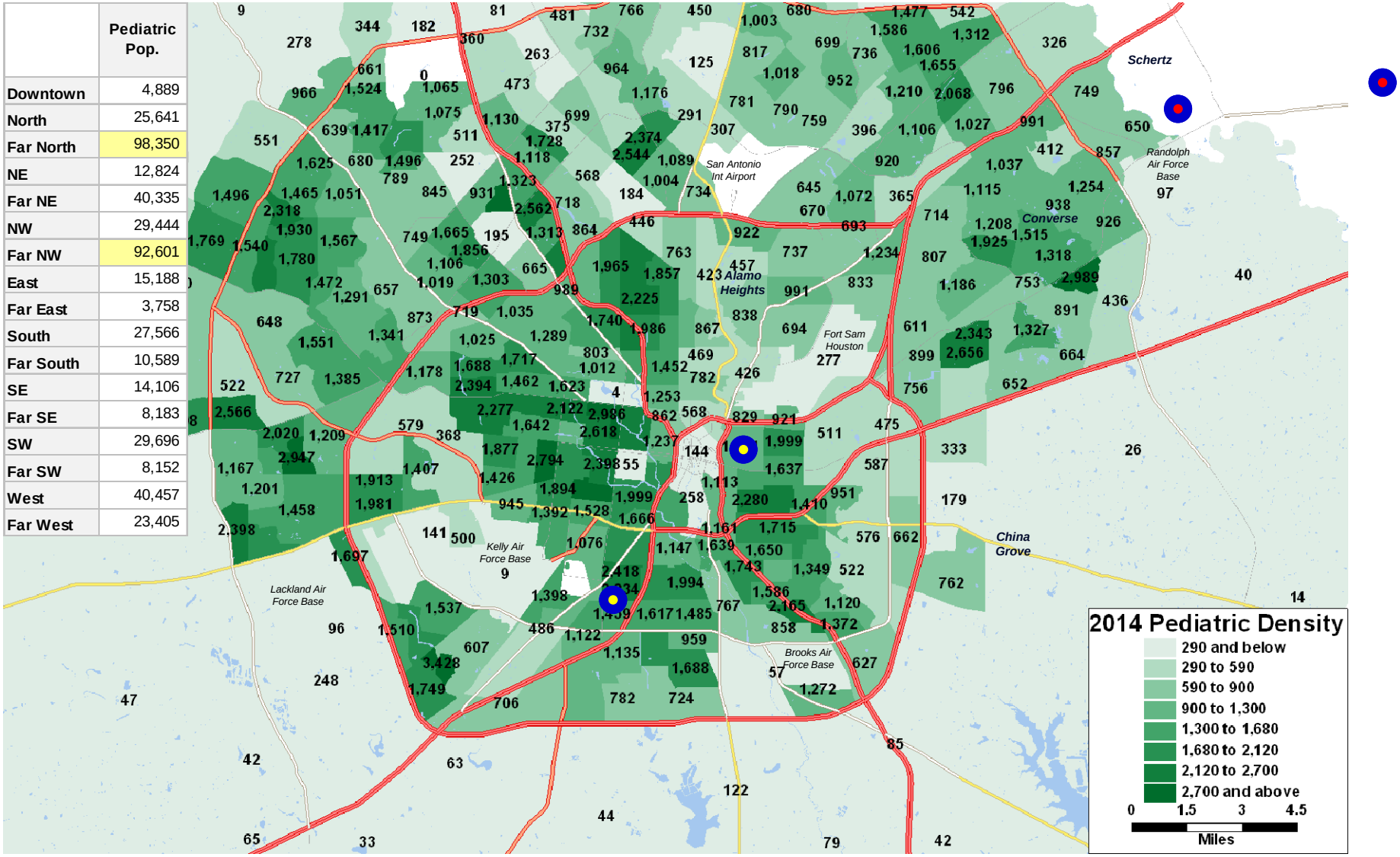
(1) Source: Claritas 2014 estimates and 2019 projections, 2010 basis 2014 estimates and 2019 projections, 2010 basis

CAPITAL HEALTHCARE PLANNING

III. Identifying At-Risk Populations - Demographics

2014 Density of Pediatric Age Population(1)

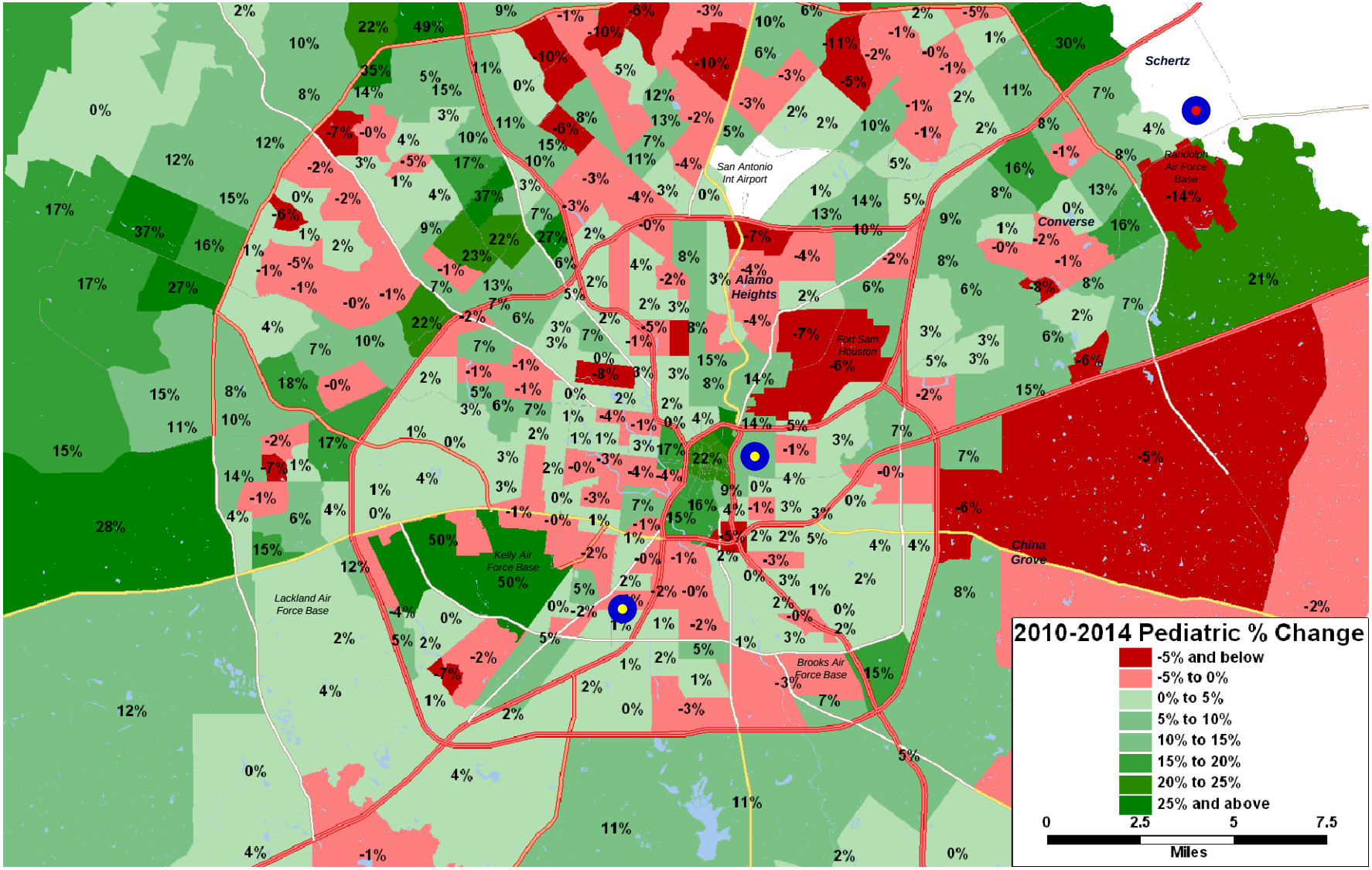
	Pediatric Pop.
Downtown	4,889
North	25,641
Far North	98,350
NE	12,824
Far NE	40,335
NW	29,444
Far NW	92,601
East	15,188
Far East	3,758
South	27,566
Far South	10,589
SE	14,106
Far SE	8,183
SW	29,696
Far SW	8,152
West	40,457
Far West	23,405



(1) Source: Claritas 2014 estimates and 2019 projections, 2010 basis 2014 estimates and 2019 projections, 2010 basis
(2) Note: Originally grouped by zip code. Then distributed by zip codes into tracts
(3) Note: Pediatric population is comprised of ages 0 - 17

III. Identifying At-Risk Populations - Demographics

2010 - 2014 Percent Change in Pediatric Population(1)



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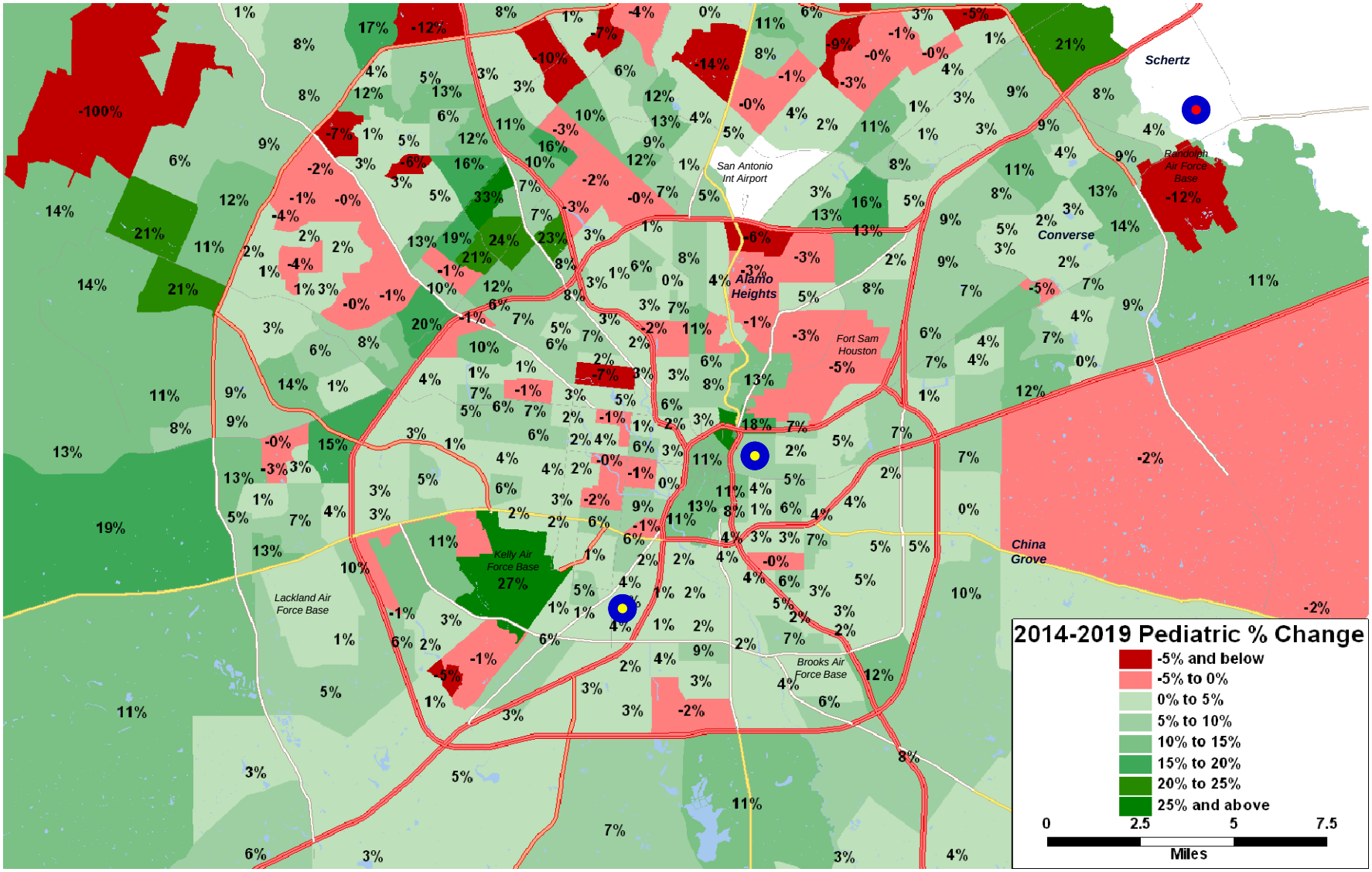
CAPITAL HEALTHCARE PLANNING

III. Identifying At-Risk Populations - Demographics

2014 - 2019 Percent Change in Pediatric Population(1)



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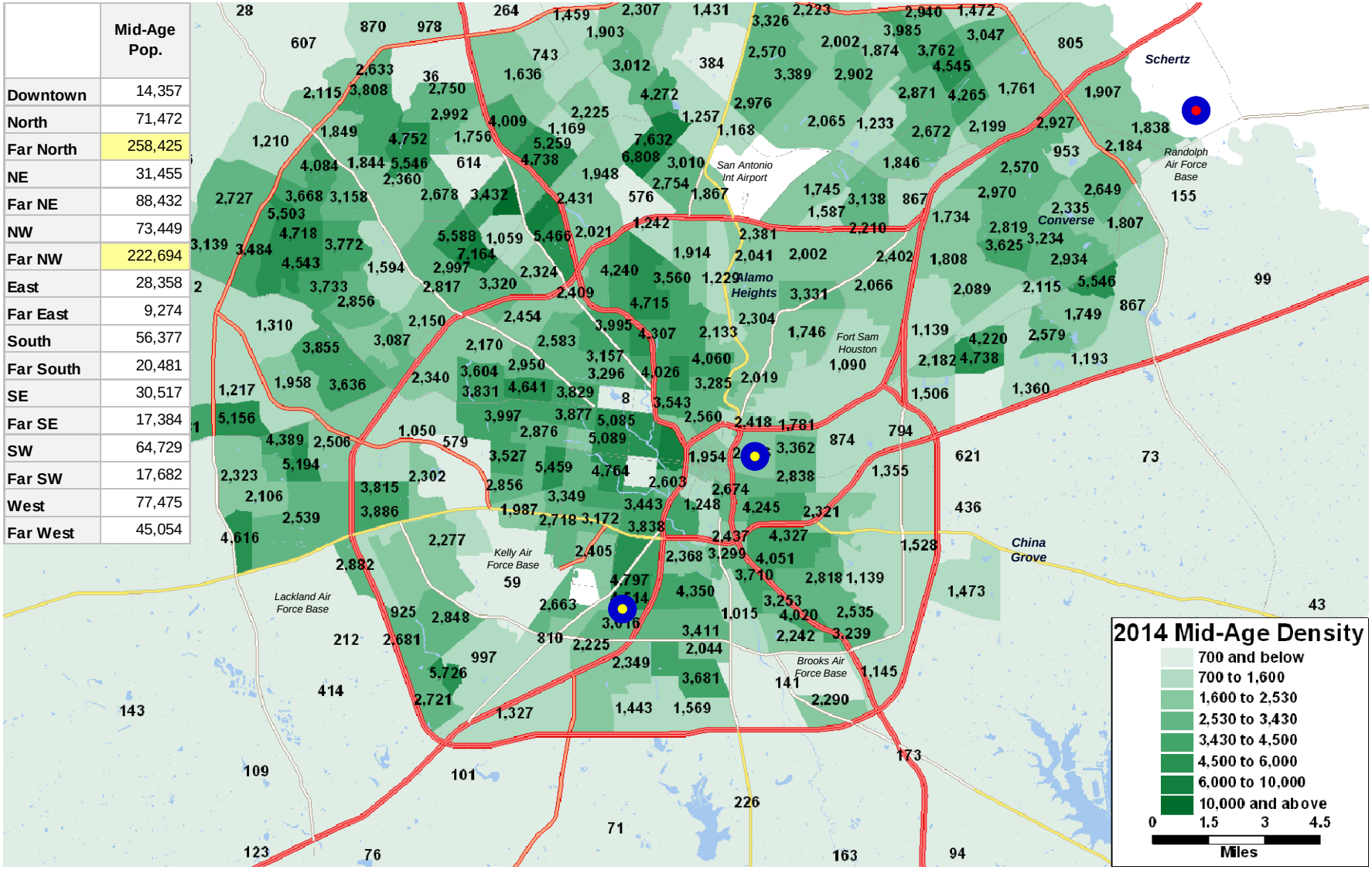
(3) Note: Pediatric population is comprised of ages 0 - 17

CAPITAL HEALTHCARE PLANNING

III. Identifying At-Risk Populations - Demographics

2014 Density of Middle Age Population(1)

	Mid-Age Pop.
Downtown	14,357
North	71,472
Far North	258,425
NE	31,455
Far NE	88,432
NW	73,449
Far NW	222,694
East	28,358
Far East	9,274
South	56,377
Far South	20,481
SE	30,517
Far SE	17,384
SW	64,729
Far SW	17,682
West	77,475
Far West	45,054

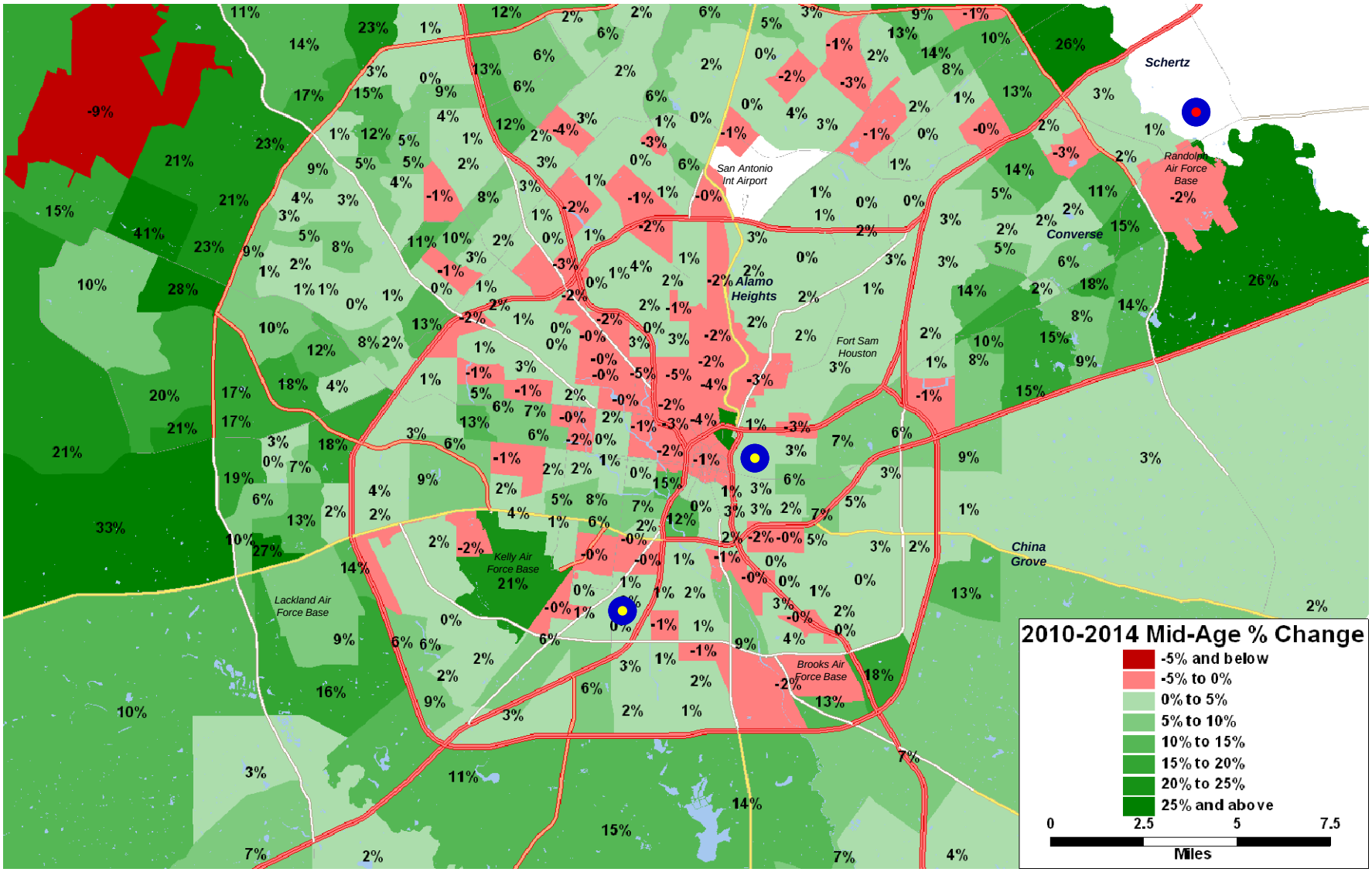


(1) Source: Claritas 2014 estimates and 2019 projections, 2010 basis 2014 estimates and 2019 projections, 2010 basis
(2) Note: Originally grouped by zip code. Then distributed by zip codes into tracts
(3) Note: Middle Age population is comprised of ages 18-64

CAPITAL HEALTHCARE PLANNING

III. Identifying At-Risk Populations - Demographics

2010 - 2014 Percent Change in Middle Age Population(1)



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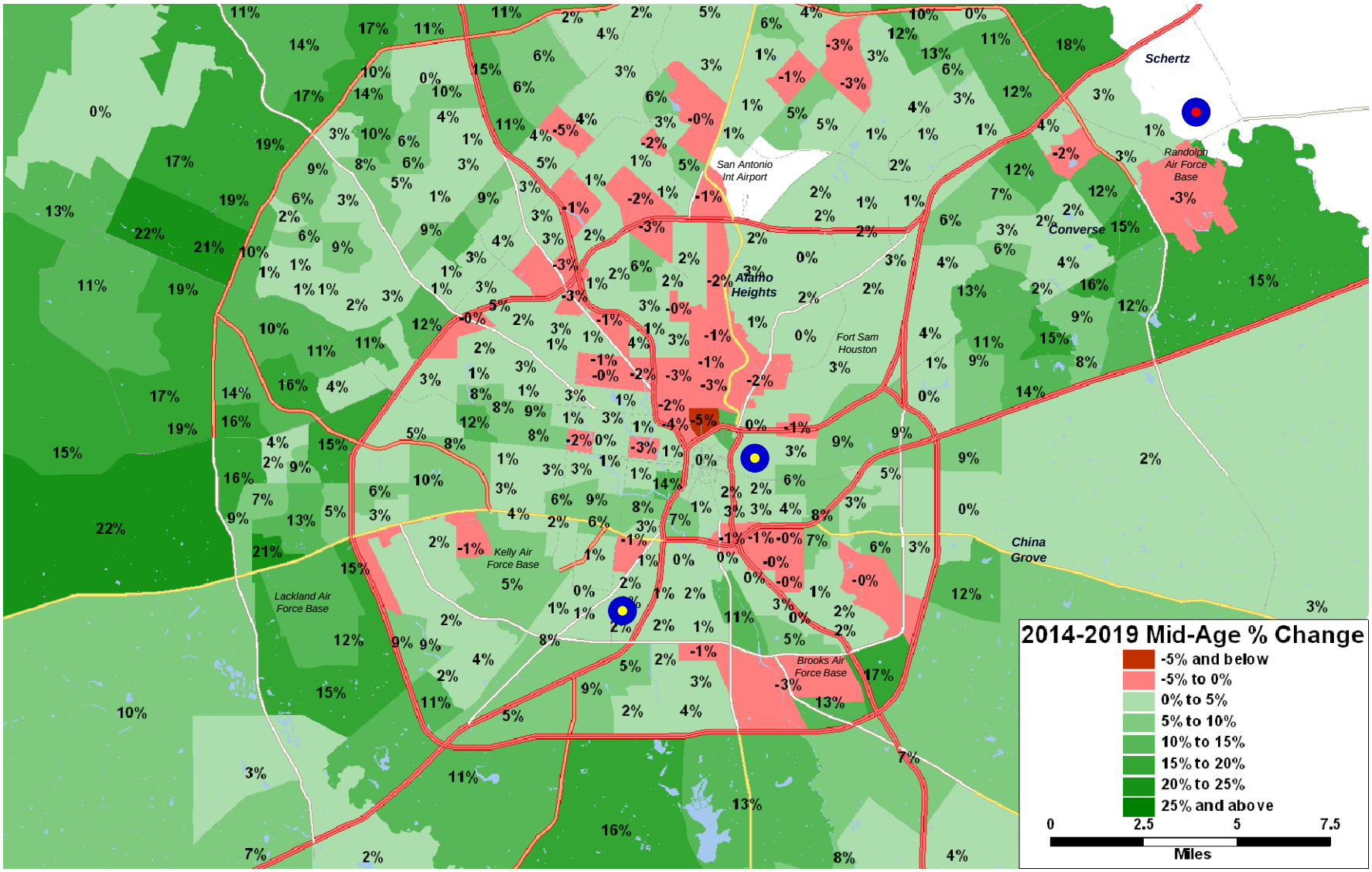
CAPITAL HEALTHCARE PLANNING

III. Identifying At-Risk Populations - Demographics

2014 - 2019 Percent Change in Middle Age Population(1)



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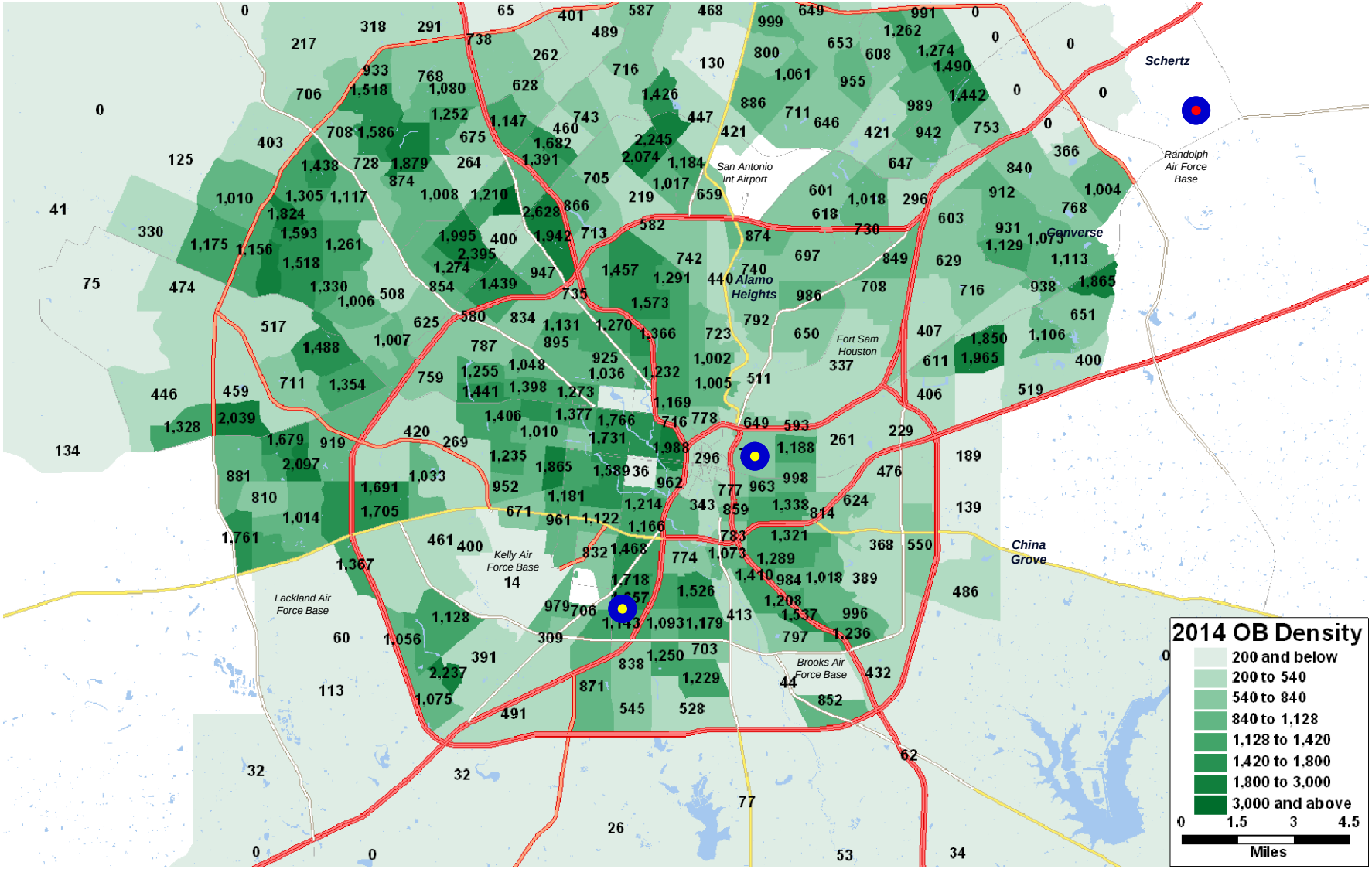
III. Identifying At-Risk Populations - Demographics

2014 Population Density of Women of Childbearing Age(1)

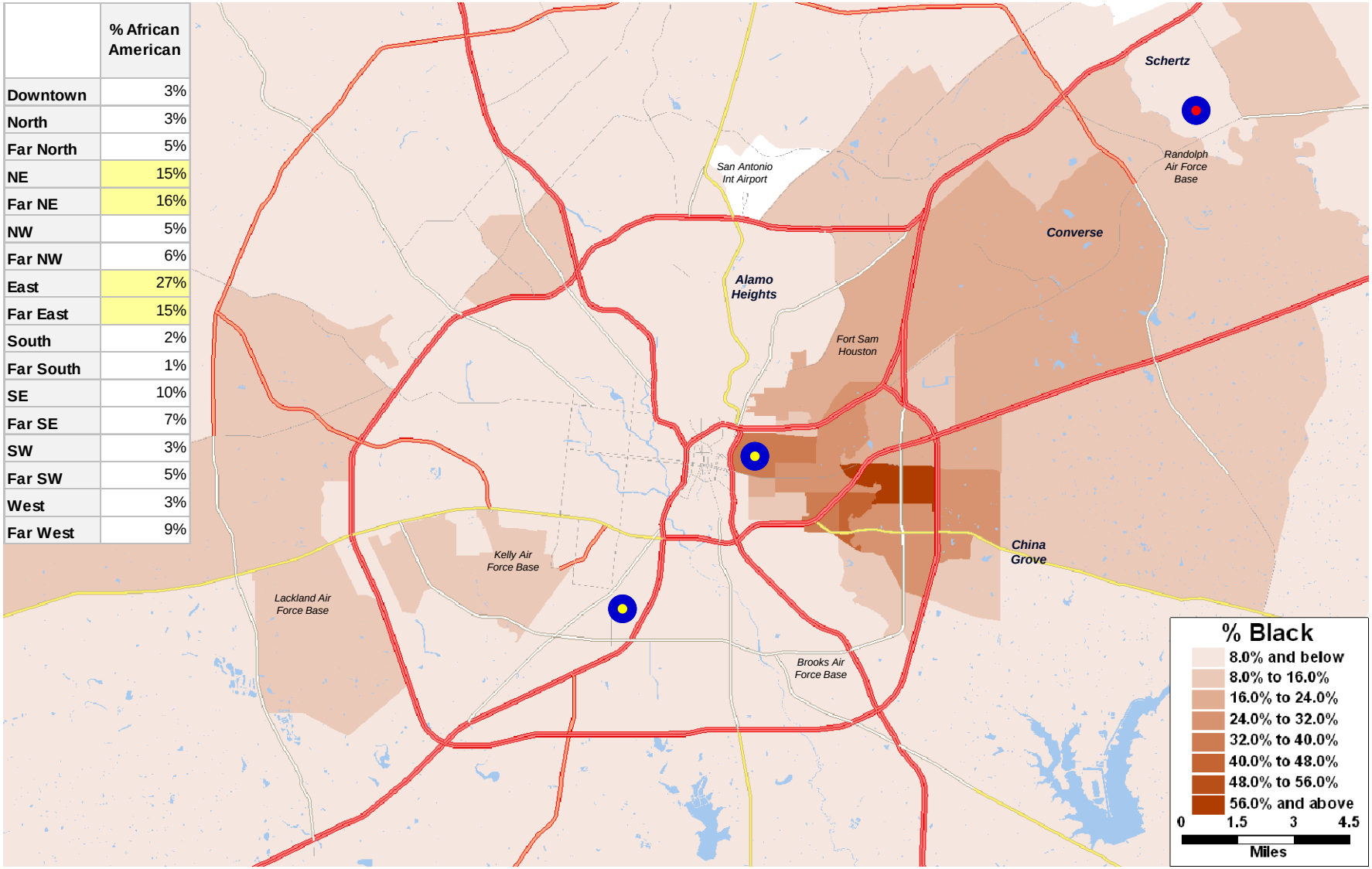


(1) Source: Claritas 2014 estimates and 2019 projections, 2010 basis 2014 estimates and 2019 projections, 2010 basis
(2) Note: Originally grouped by zip code. Then distributed by zip codes into tracts
(3) Note: OB population is comprised of females ages 18 - 44

III. Identifying At-Risk Populations - Demographics

Population Distribution - Percent African American(1)

	% African American
Downtown	3%
North	3%
Far North	5%
NE	15%
Far NE	16%
NW	5%
Far NW	6%
East	27%
Far East	15%
South	2%
Far South	1%
SE	10%
Far SE	7%
SW	3%
Far SW	5%
West	3%
Far West	9%

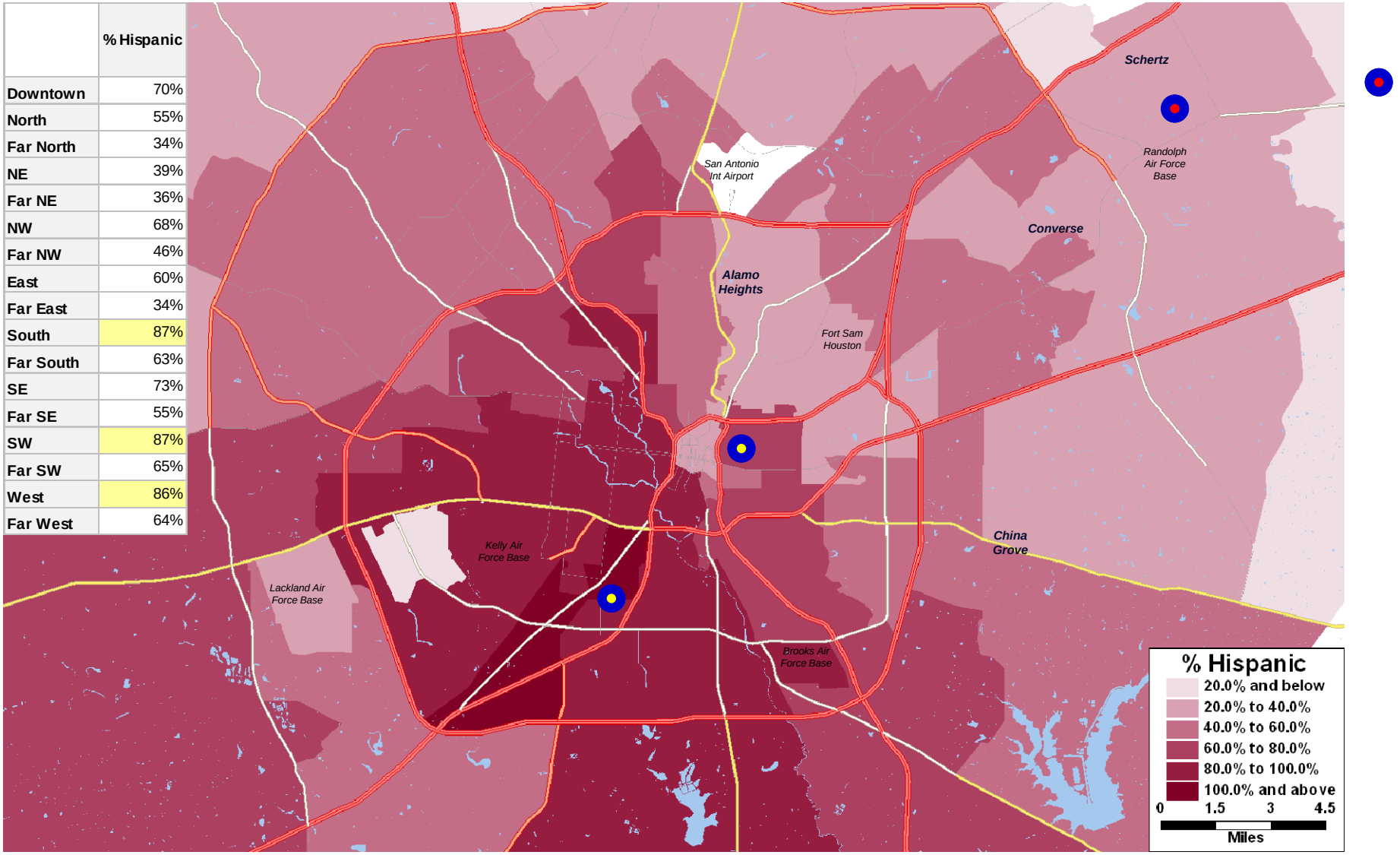


(1) Source: UDS Mapper
(2) Note: Originally grouped by ZCTA. Then distributed by ZCTA into tracts

III. Identifying At-Risk Populations - Demographics

Population Distribution - Percent Hispanic(1)

	% Hispanic
Downtown	70%
North	55%
Far North	34%
NE	39%
Far NE	36%
NW	68%
Far NW	46%
East	60%
Far East	34%
South	87%
Far South	63%
SE	73%
Far SE	55%
SW	87%
Far SW	65%
West	86%
Far West	64%



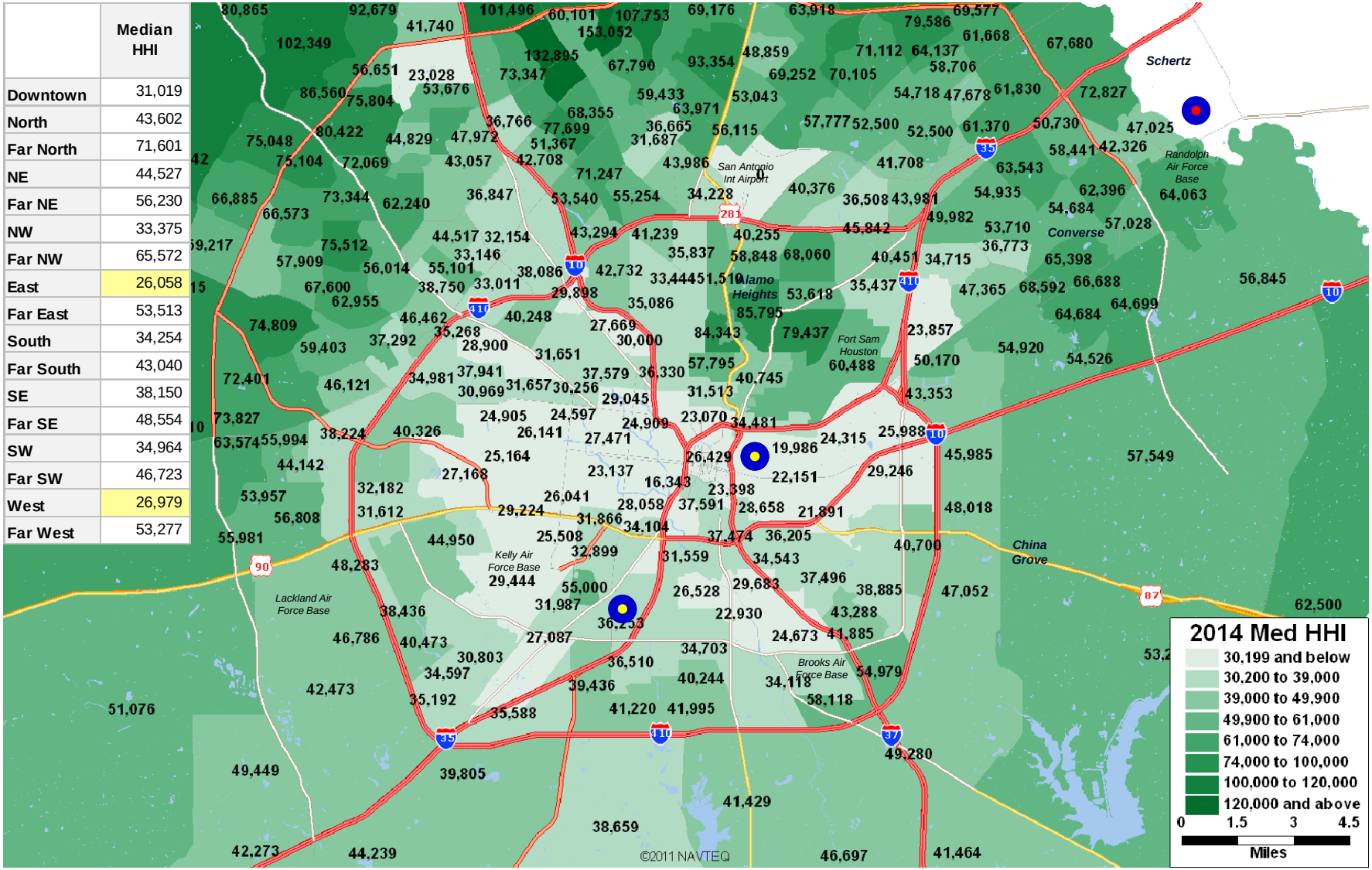
(1) Source: UDS Mapper

(2) Note: Originally grouped by ZCTA. Then distributed by ZCTA into tracts

III. Identifying At-Risk Populations - Demographics

2014 Median Household Income(1)

	Median HHI
Downtown	31,019
North	43,602
Far North	71,601
NE	44,527
Far NE	56,230
NW	33,375
Far NW	65,572
East	26,058
Far East	53,513
South	34,254
Far South	43,040
SE	38,150
Far SE	48,554
SW	34,964
Far SW	46,723
West	26,979
Far West	53,277

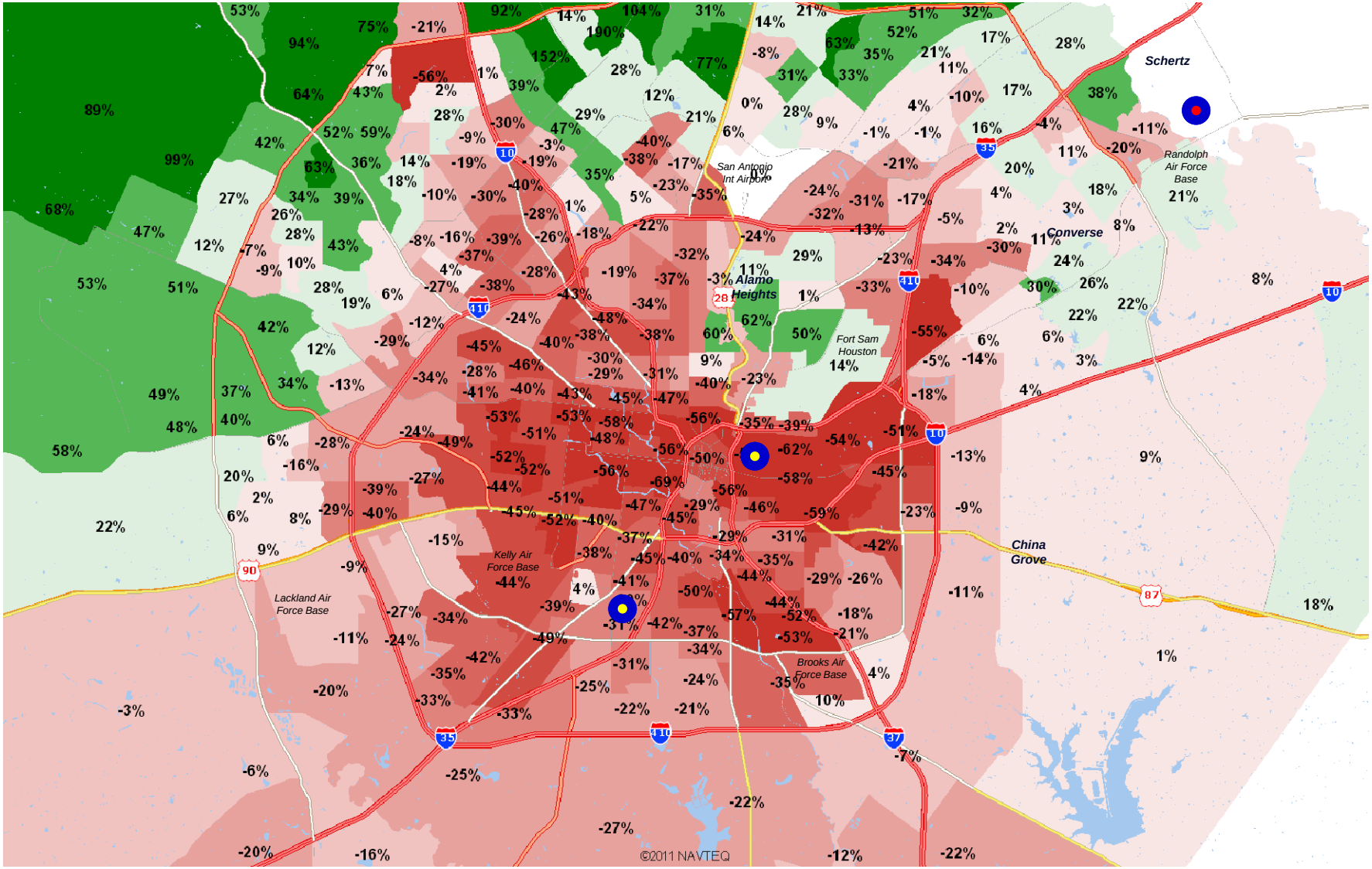


(1) Source: Claritas 2014 estimates and 2019 projections, 2010 basis 2014 estimates and 2019 projections, 2010 basis

(2) Note: Originally grouped by zip code. Then distributed by zip codes into tracts

III. Identifying At-Risk Populations - Demographics

2014 Median HHI Above and Below Bexar County Average[1]

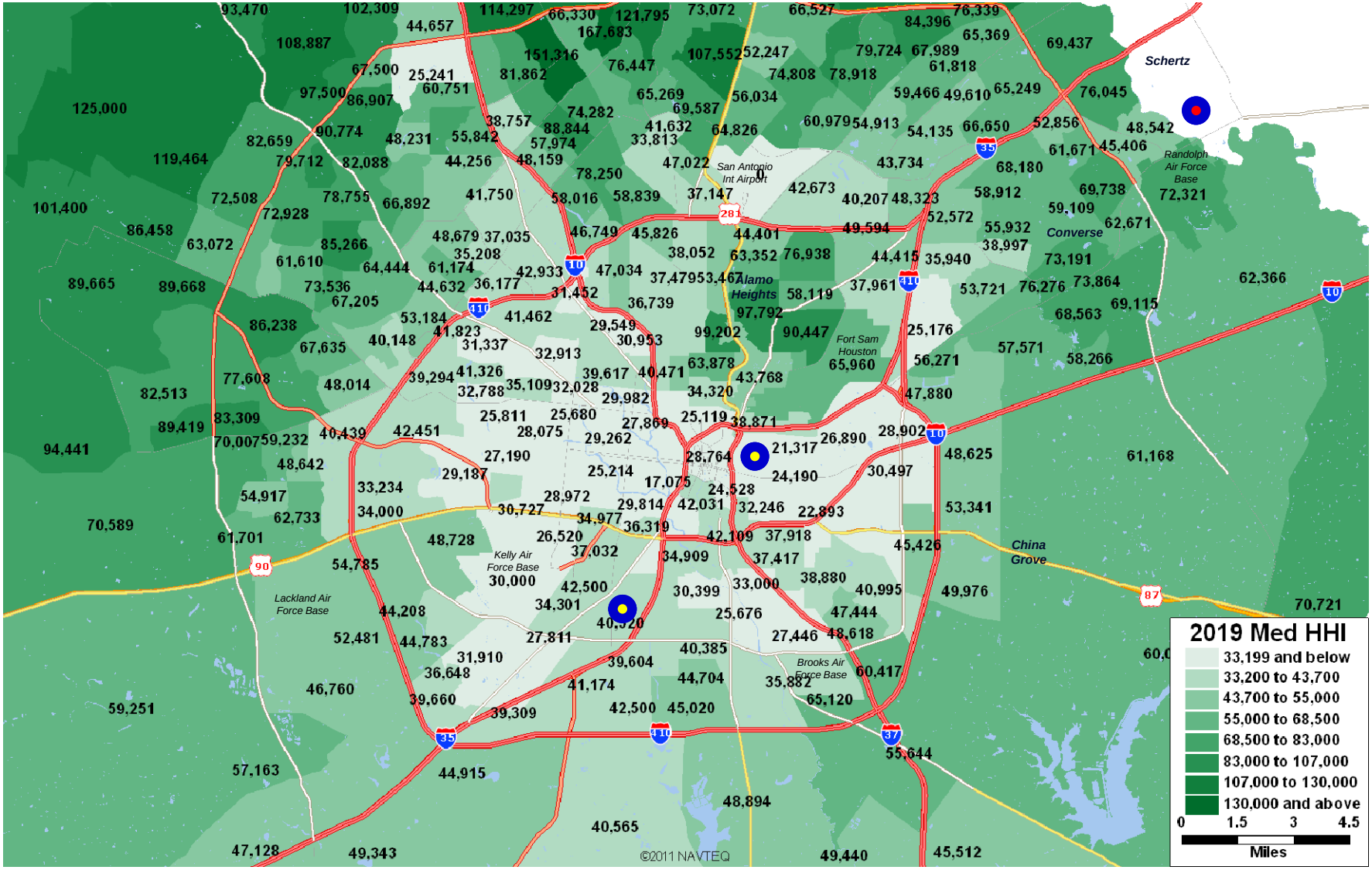


(1) Source: Claritas 2014 estimates and 2019 projections, 2010 basis 2014 estimates and 2019 projections, 2010 basis

CAPITAL HEALTHCARE PLANNING

III. Identifying At-Risk Populations - Demographics

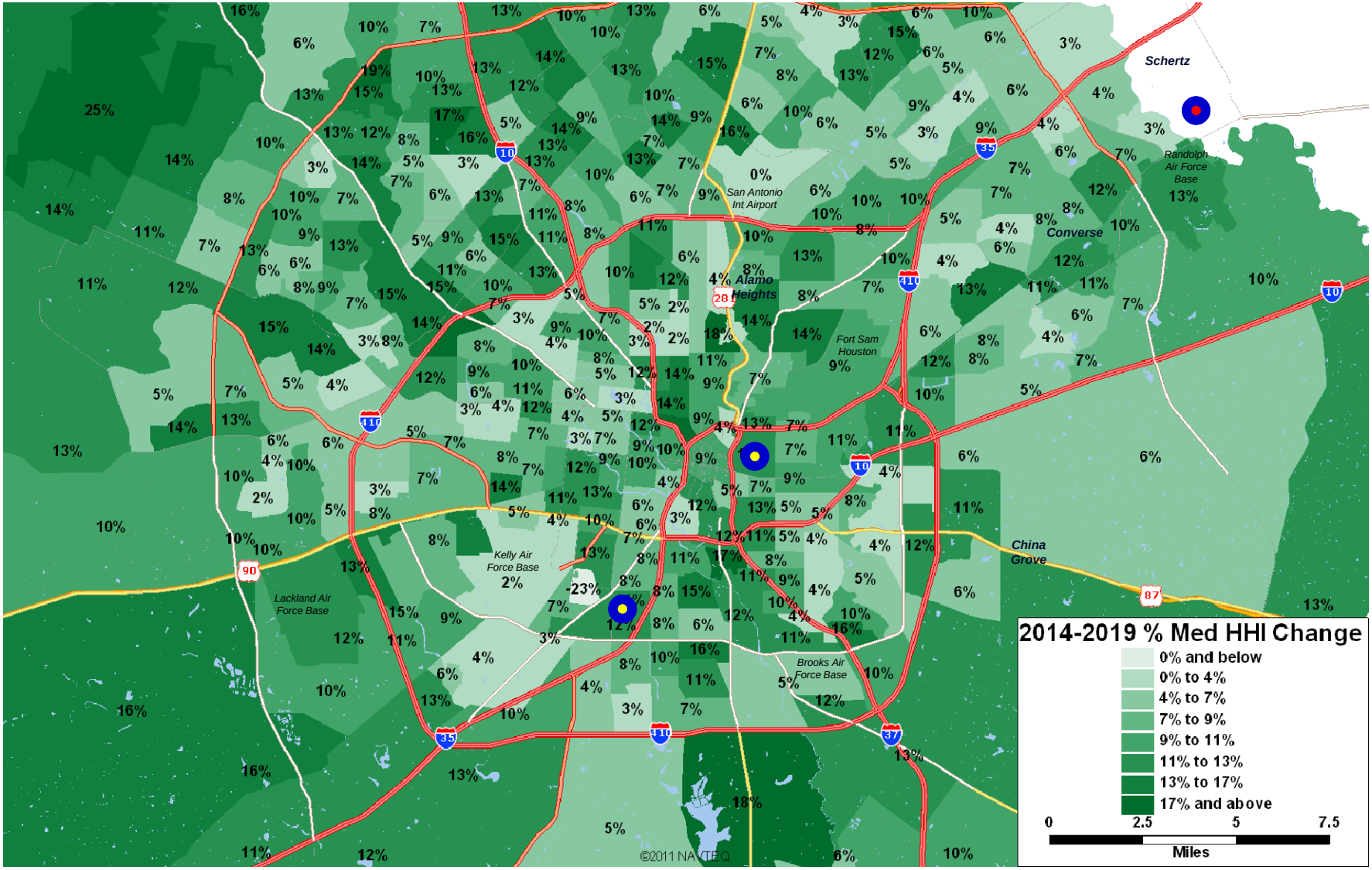
2019 Median Household Income(1)



(1) Source: Claritas 2014 estimates and 2019 projections, 2010 basis 2014 estimates and 2019 projections, 2010 basis

III. Identifying At-Risk Populations - Demographics

Projected Change in Median Household Income 2014 - 2019(1)

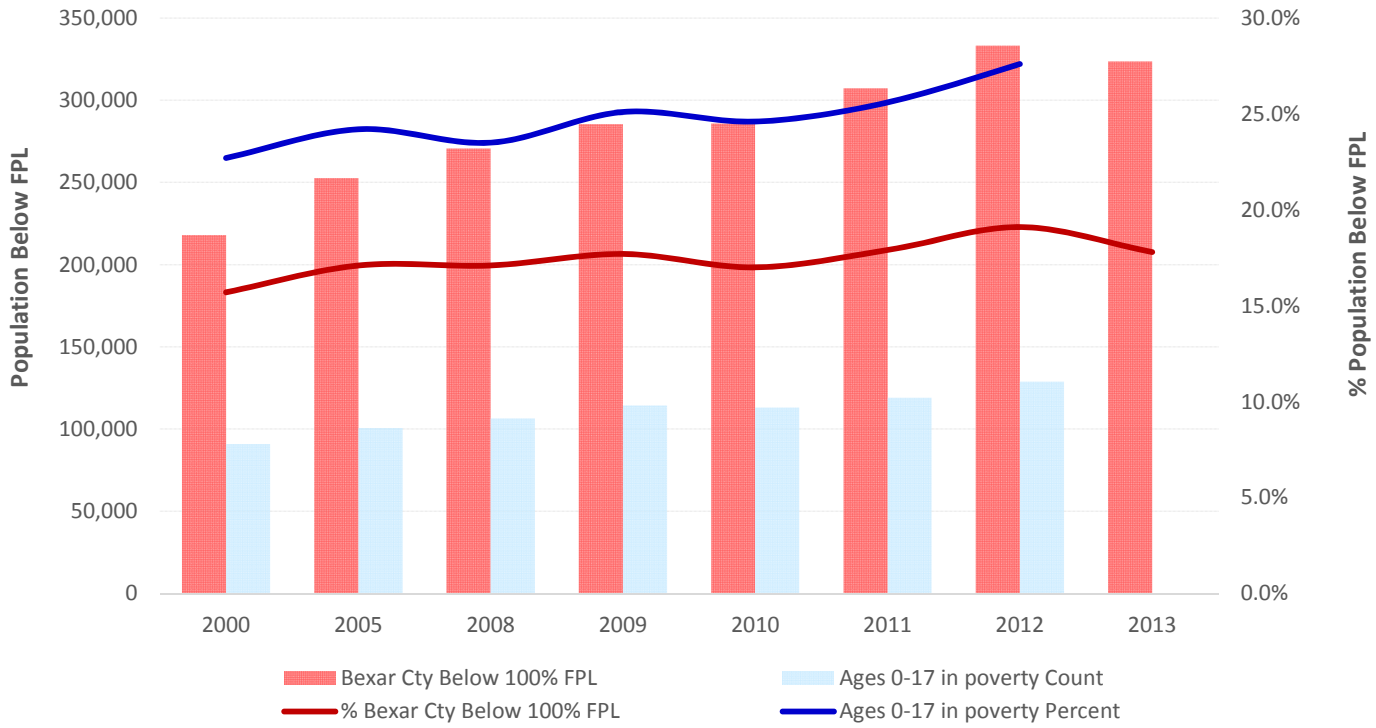


(1) Source: Claritas 2014 estimates and 2019 projections, 2010 basis 2014 estimates and 2019 projections, 2010 basis

CAPITAL HEALTHCARE PLANNING

III. Identifying At-Risk Populations - Demographics

Population Below 100% FPL - Bexar County(1)

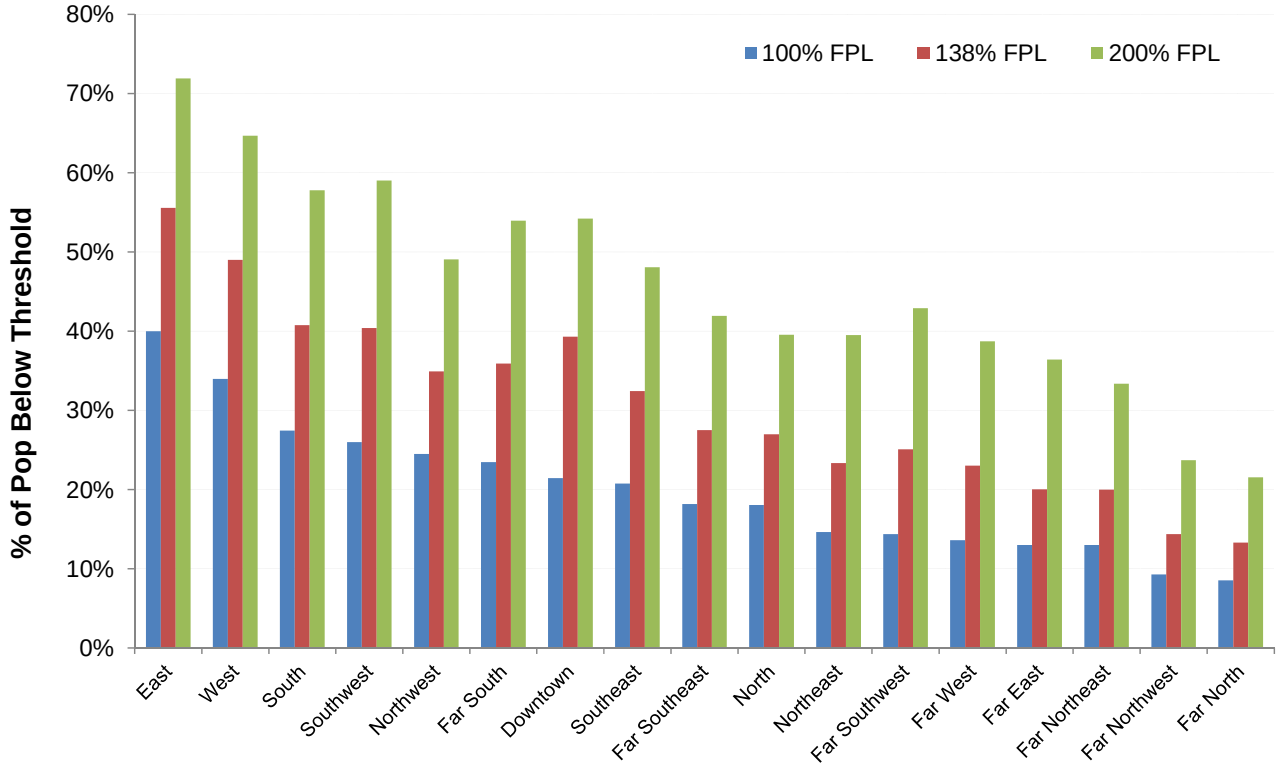


- While total Bexar County population has grown substantially, the proportion living in poverty is growing at a significantly faster rate
  - Bexar County grew by almost 90,000 from 2010 to 2013 or 5.2%
  - Population below 100% FPL increased by 37,700 from 2010 to 2013 or 13.1%

(1) Source: Us Census Bureau - Small Area Income and Poverty Estimates

III. Identifying At-Risk Populations - Demographics

Population Below Varying Levels of FPL by Submarket(1)

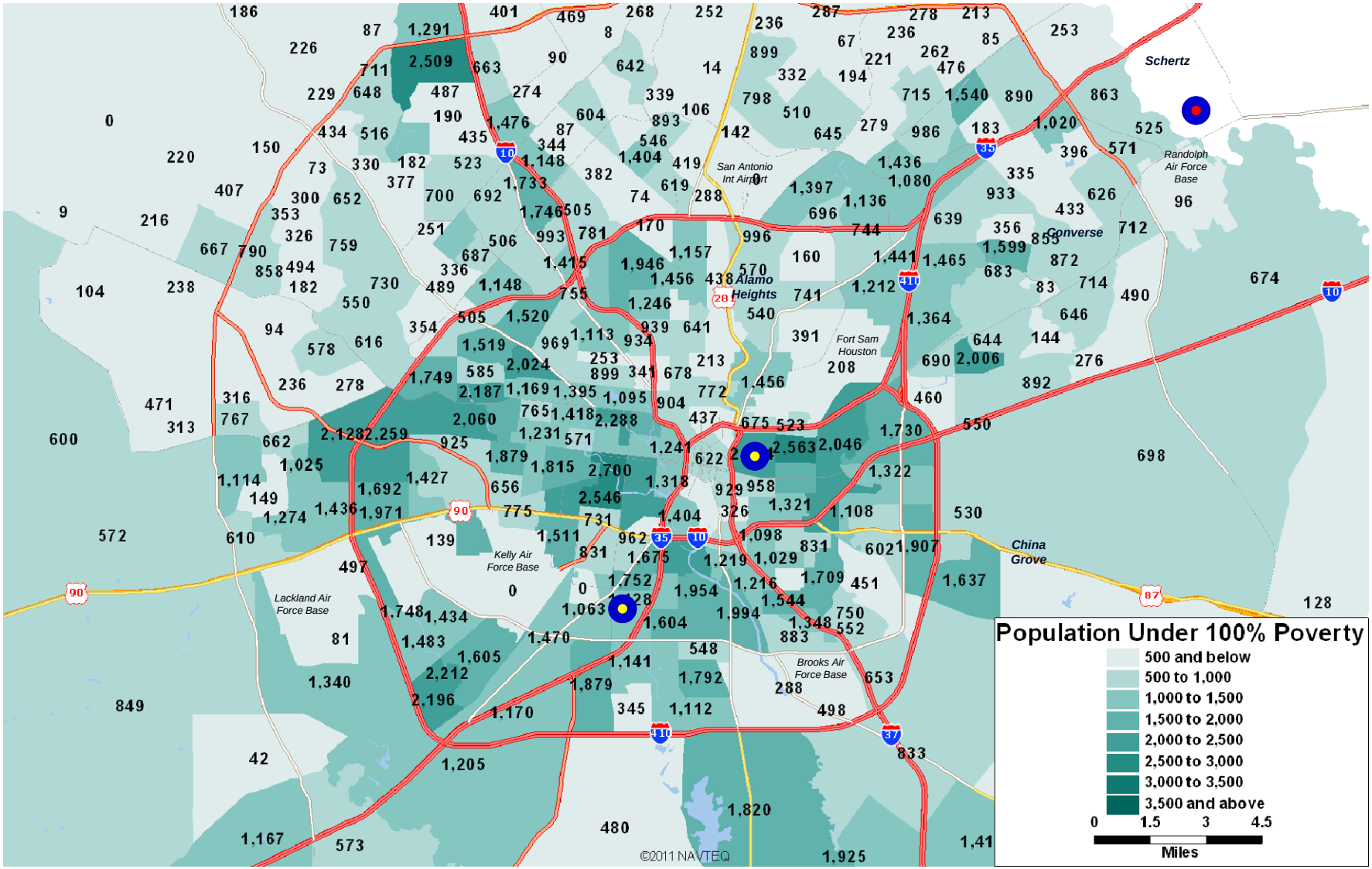


- In the East almost ¾'s of the population are under 200% FPL (low income). In the West that figure is almost 2/3rd's
- Although the inner loop markets (East, West and South) have notably high levels of poverty, there are fairly high levels of poverty in all of the submarkets

(1) Source: Us Census Bureau - Small Area Income and Poverty Estimates

III. Identifying At-Risk Populations - Demographics

2013 Population at or Below 100% Federal Poverty Level(1)

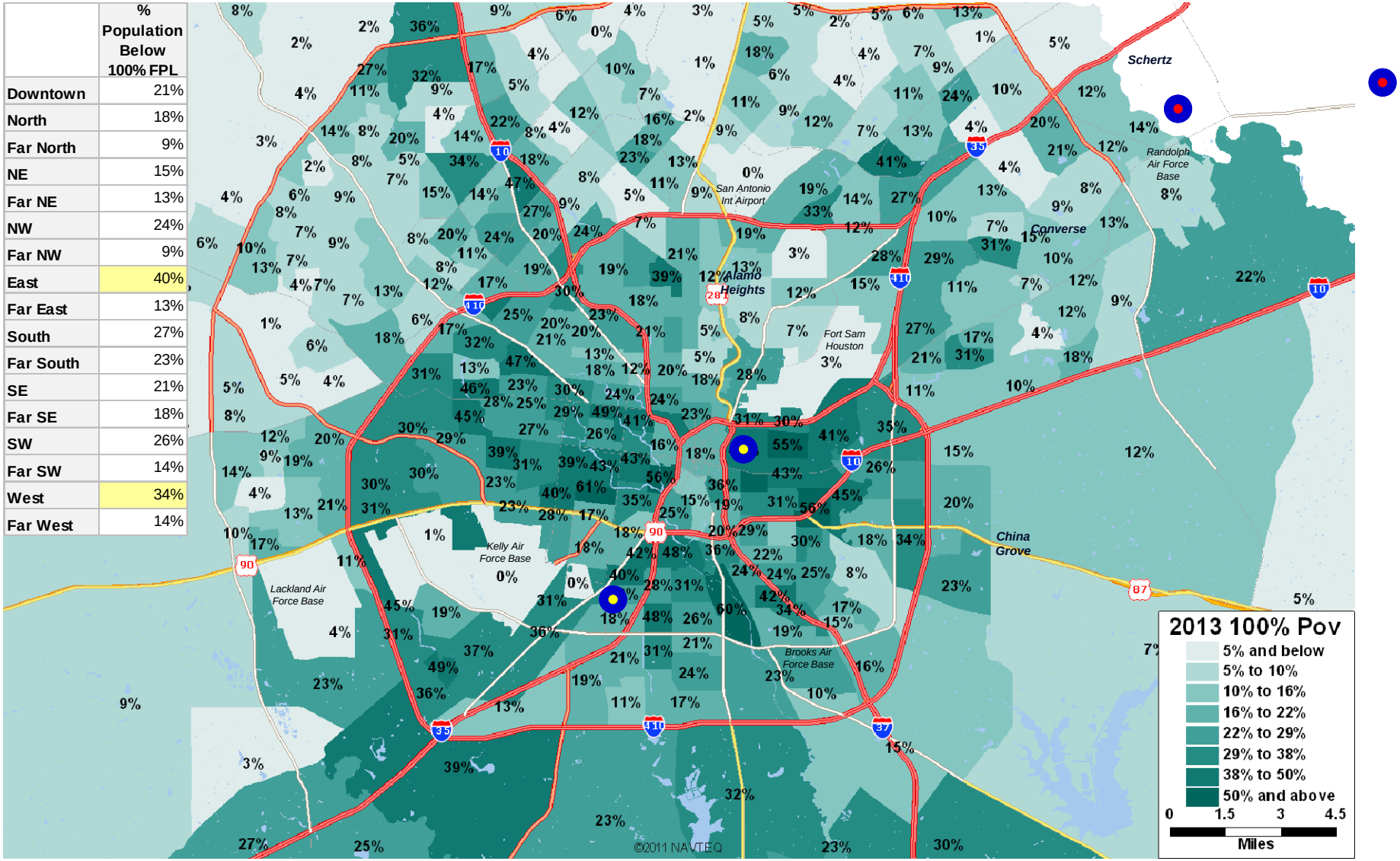


(1) Source: Us Census Bureau - Small Area Income and Poverty Estimates, 2008-2012

III. Identifying At-Risk Populations - Demographics

2013 Percent of Population at or Below 100% Federal Poverty Level[1]

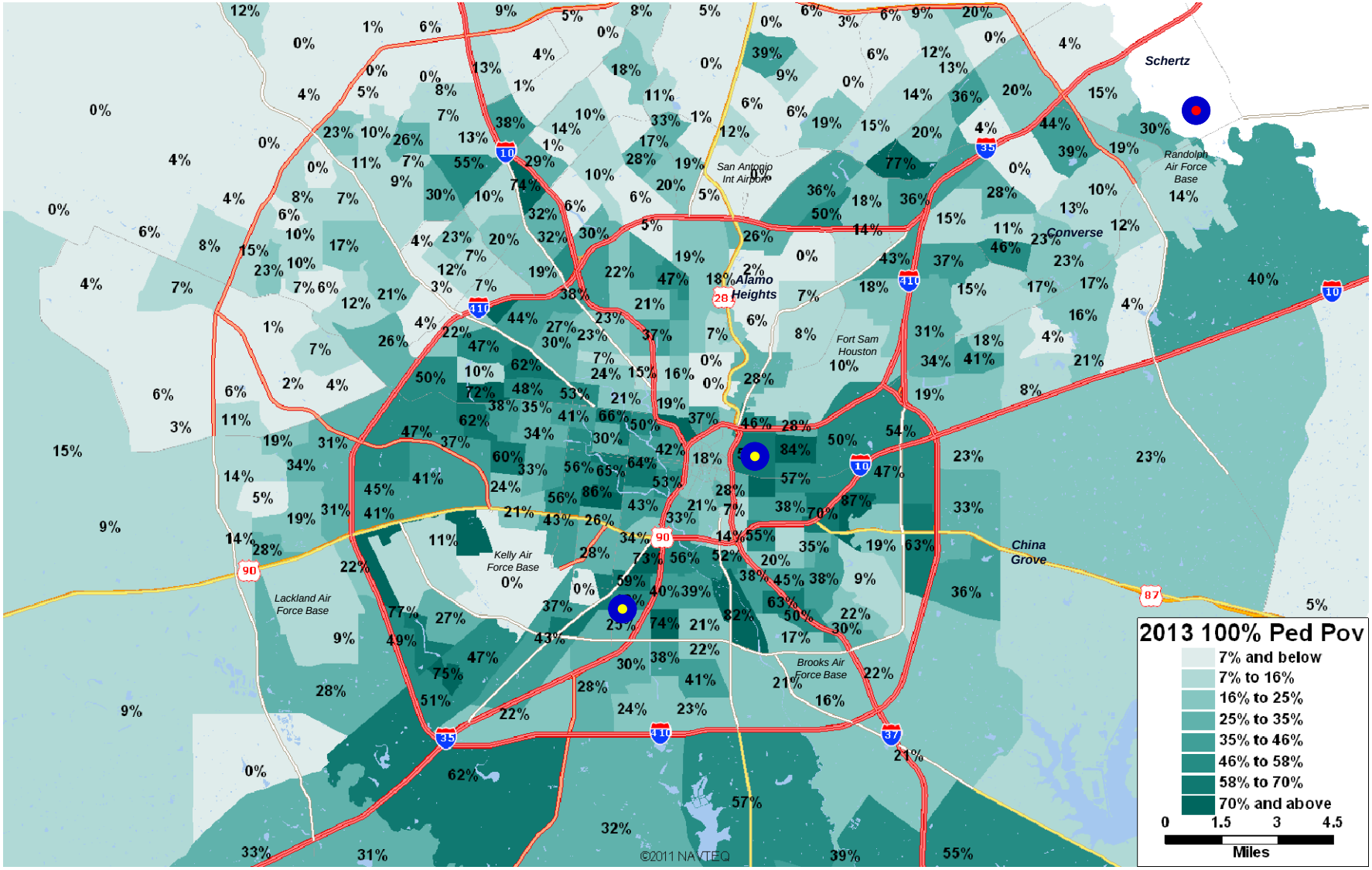
	% Population Below 100% FPL
Downtown	21%
North	18%
Far North	9%
NE	15%
Far NE	13%
NW	24%
Far NW	9%
East	40%
Far East	13%
South	27%
Far South	23%
SE	21%
Far SE	18%
SW	26%
Far SW	14%
West	34%
Far West	14%



(1) Source: Us Census Bureau - Small Area Income and Poverty Estimates, 2008-2012

III. Identifying At-Risk Populations - Demographics

2013 Percent Pediatric Population at or Below 100% Federal Poverty Level(1)

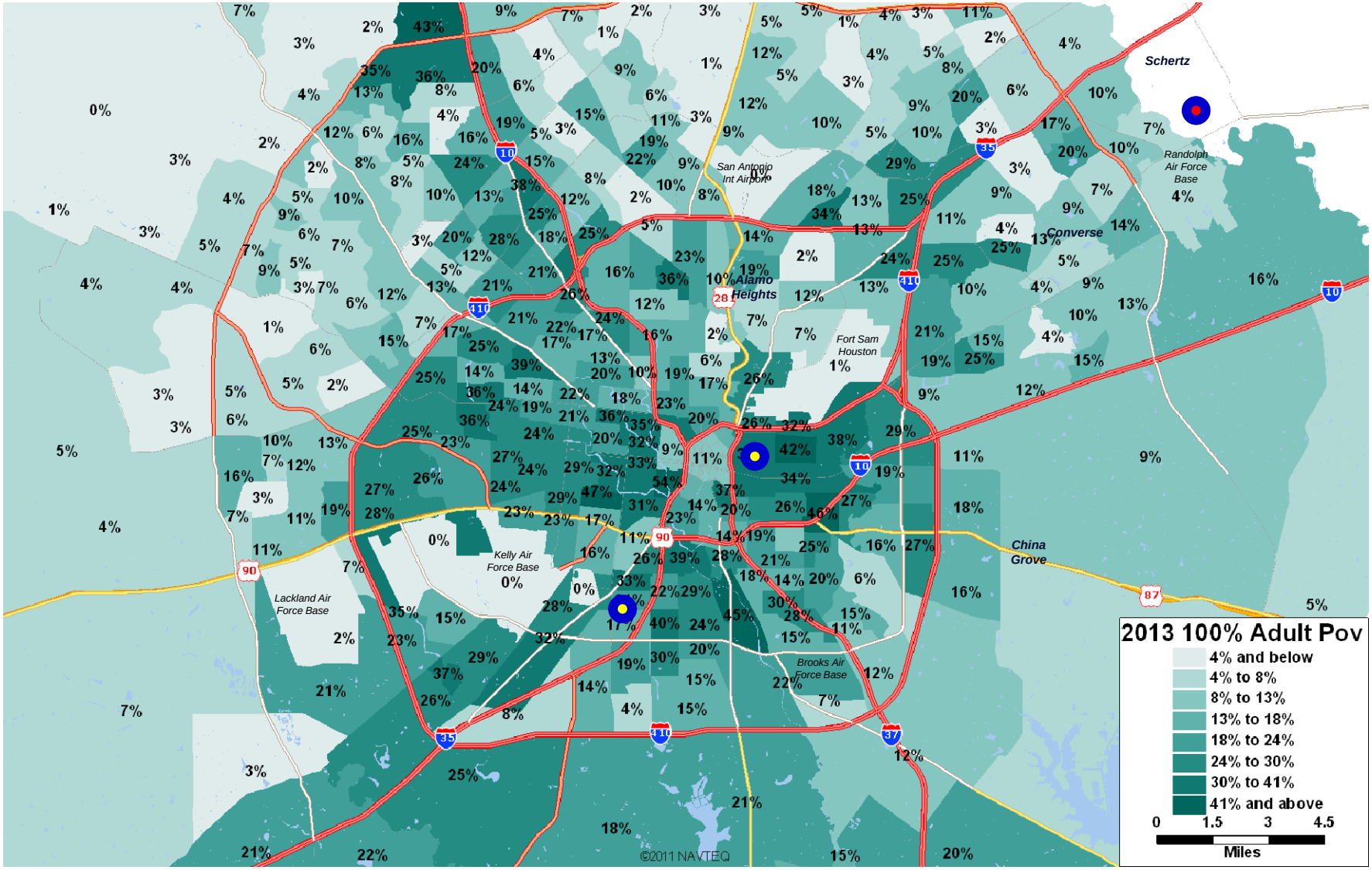


(1) Source: Us Census Bureau - Small Area Income and Poverty Estimates, 2008-2012

(2) Note: Pediatric population includes ages 0 - 17

III. Identifying At-Risk Populations - Demographics

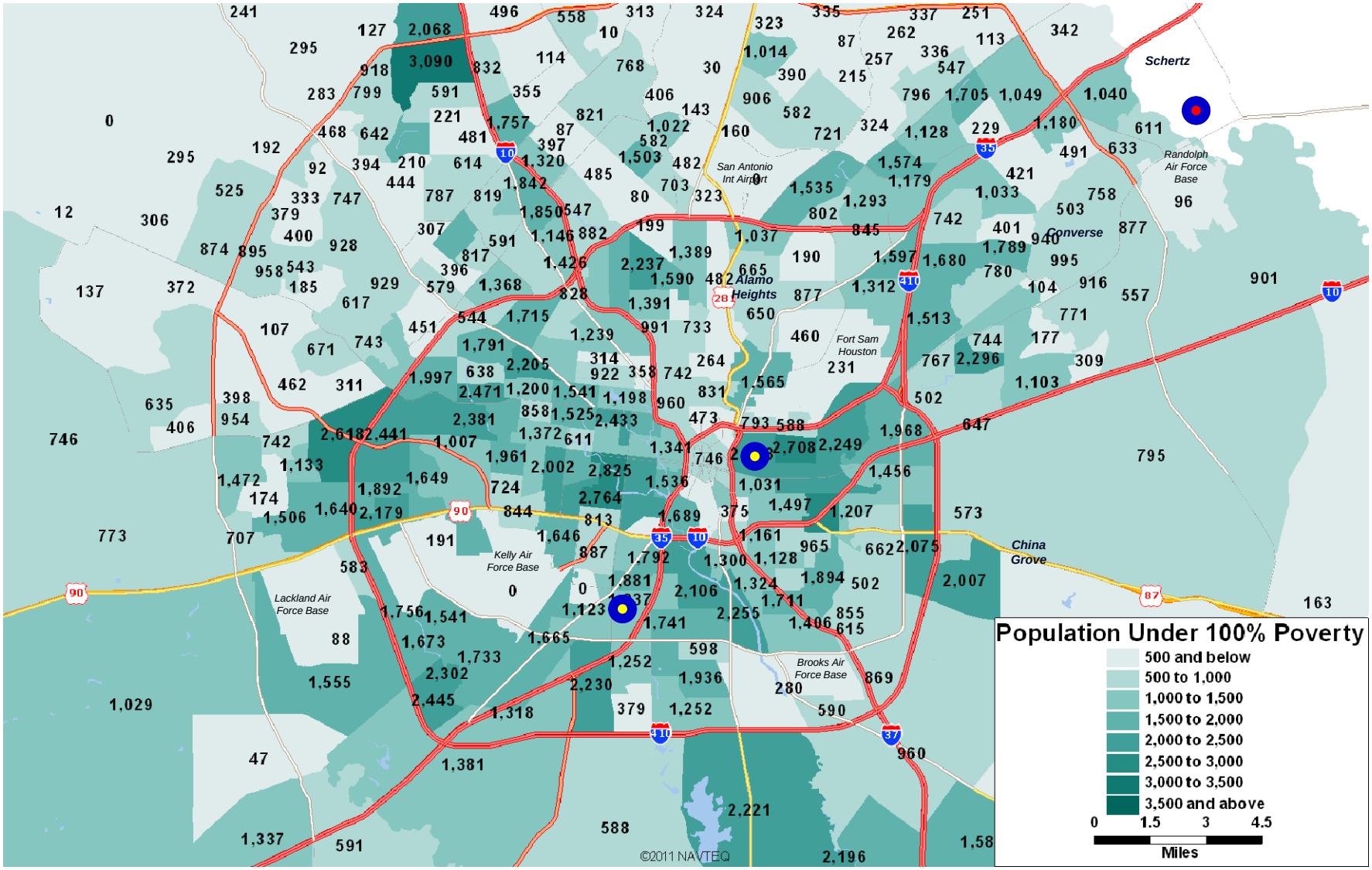
2013 Percent Adult 18-64 Population at or Below 100% Federal Poverty Level[1]



(1) Source: Us Census Bureau - Small Area Income and Poverty Estimates, 2008-2012

III. Identifying At-Risk Populations - Demographics

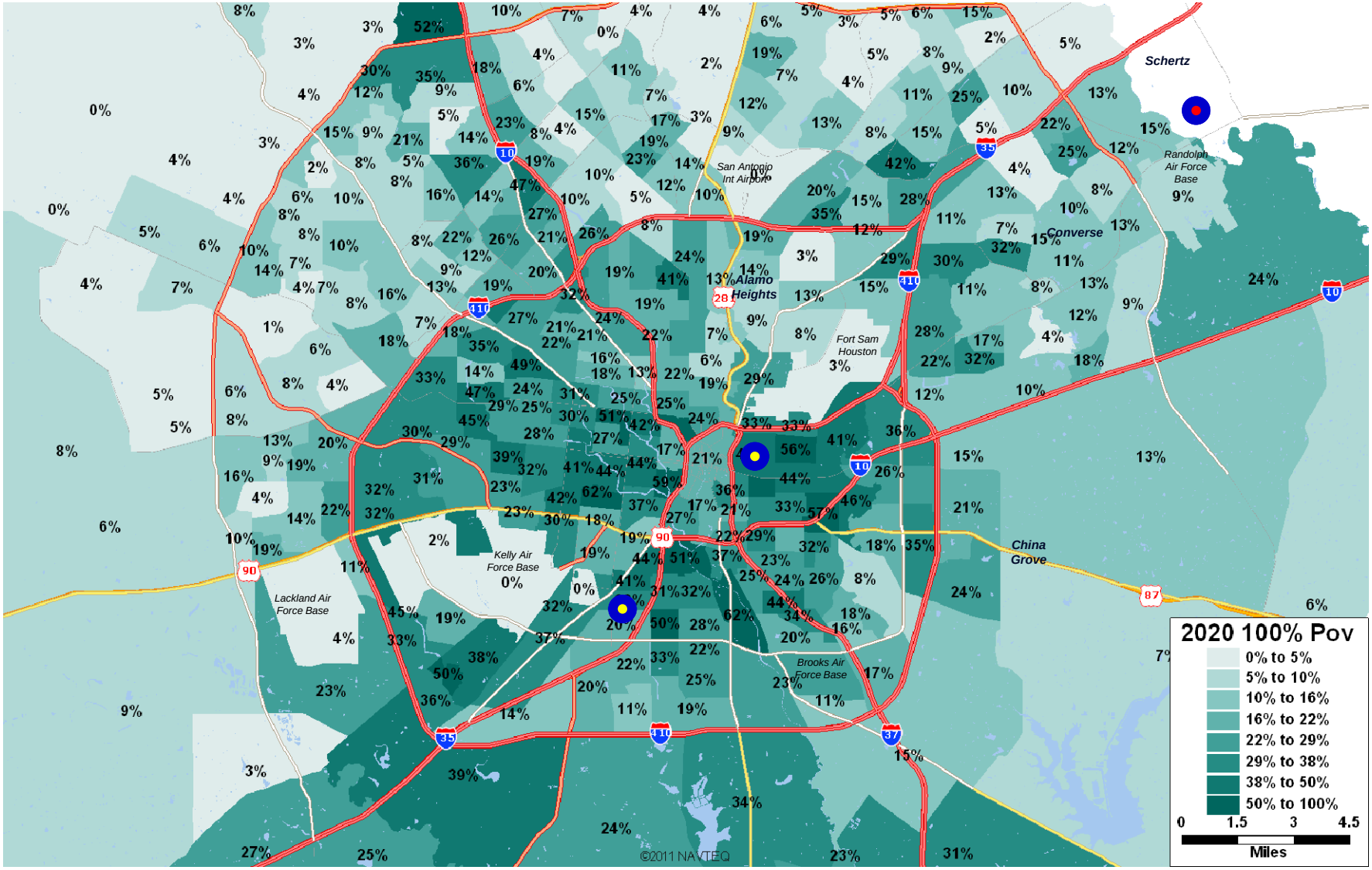
2020 Population at or Below 100% Federal Poverty Level(1)



(1) Source: Us Census Bureau - Small Area Income and Poverty Estimates, 2008-2012
(2) Source: Projections based off Claritas data

III. Identifying At-Risk Populations - Demographics

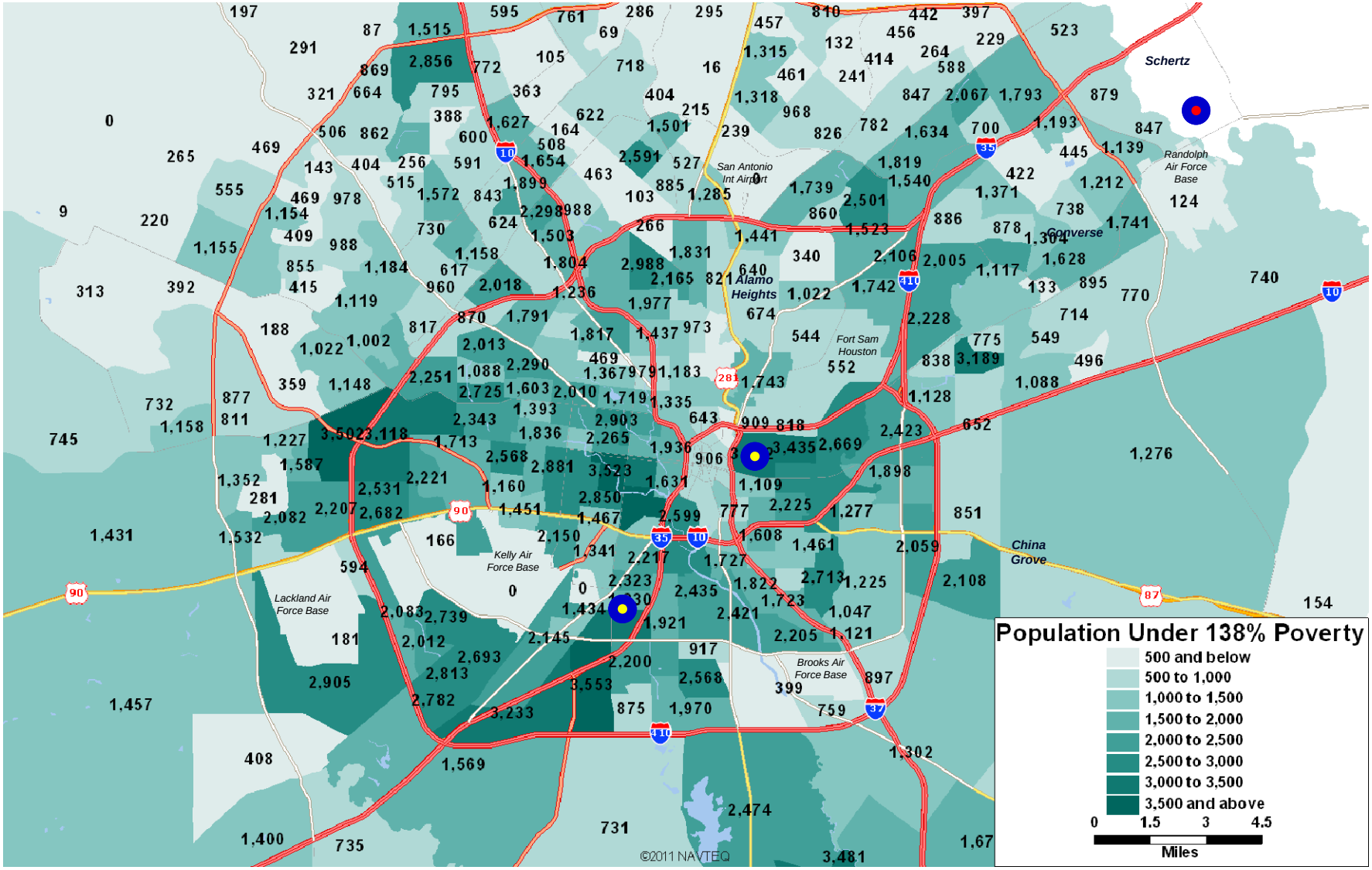
2020 Percent of Population at or Below 100% Federal Poverty Level[1]



(1) Source: Us Census Bureau - Small Area Income and Poverty Estimates, 2008-2012
(2) Source: Projections based off Claritas data

III. Identifying At-Risk Populations - Demographics

2013 Population at or Below 138% Federal Poverty Level(1)

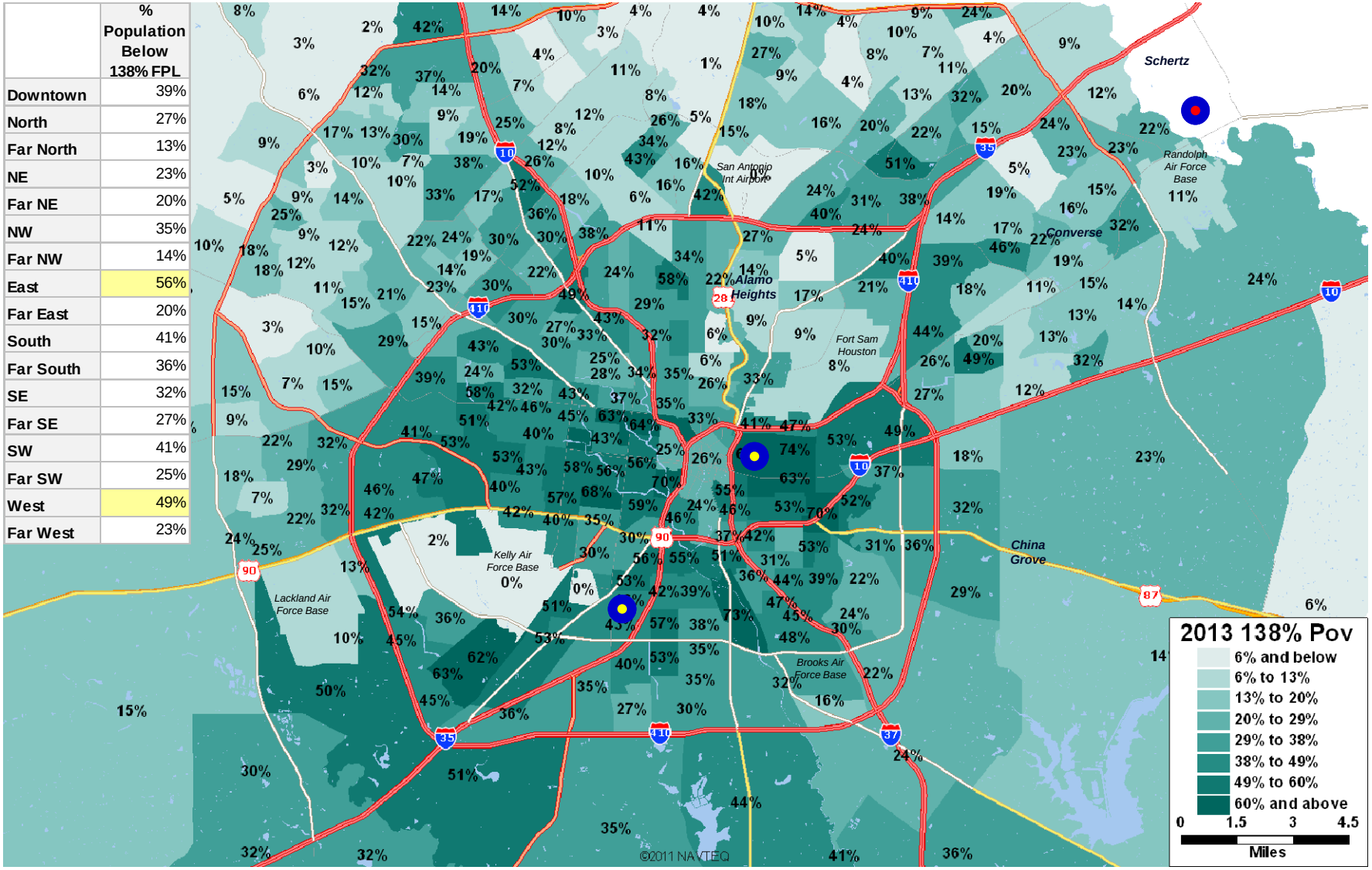


(1) Source: Us Census Bureau - Small Area Income and Poverty Estimates, 2008-2012

III. Identifying At-Risk Populations - Demographics

2013 Percent of Population at or Below 138% Federal Poverty Level[1]

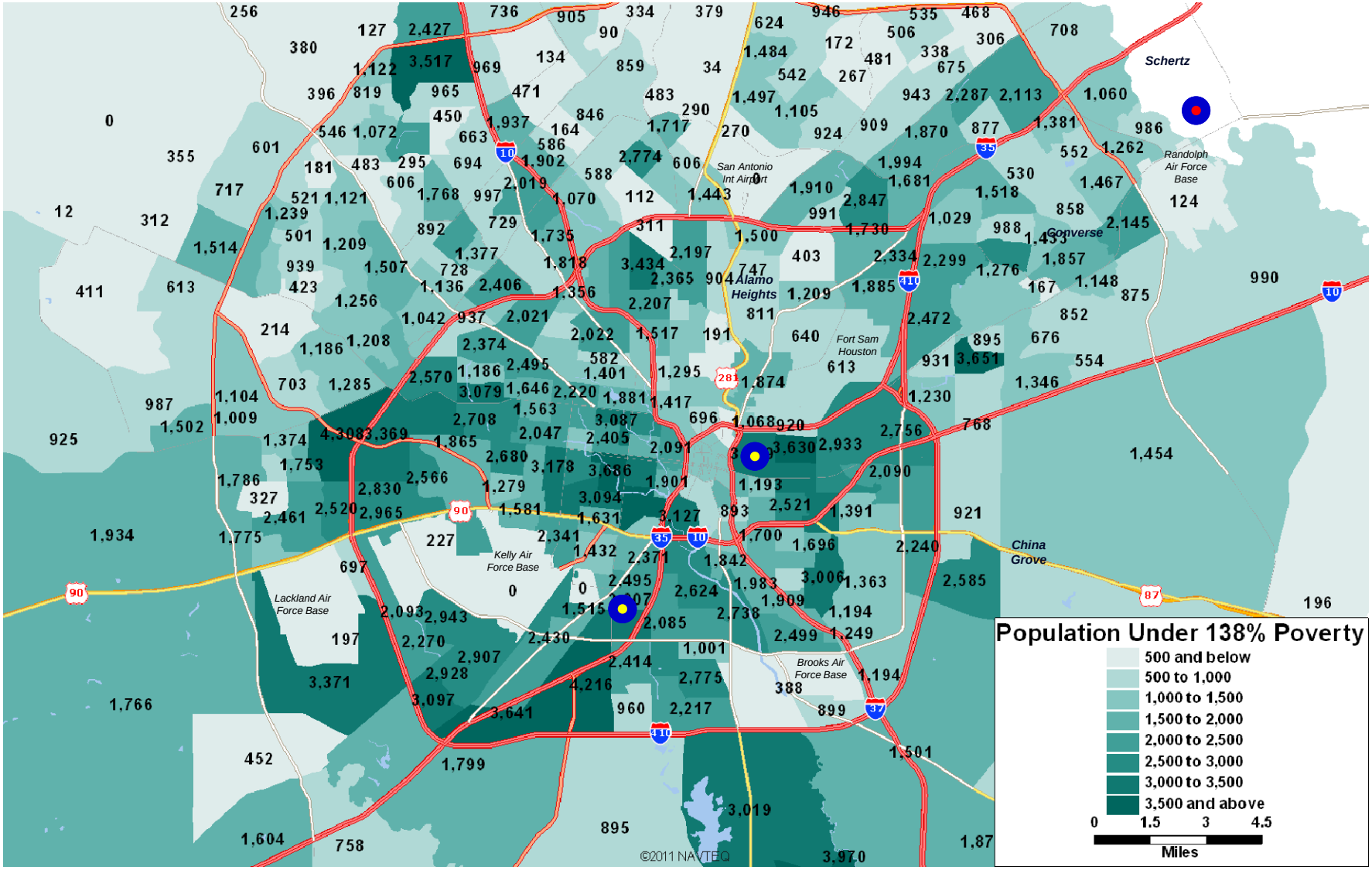
	% Population Below 138% FPL
Downtown	39%
North	27%
Far North	13%
NE	23%
Far NE	20%
NW	35%
Far NW	14%
East	56%
Far East	20%
South	41%
Far South	36%
SE	32%
Far SE	27%
SW	41%
Far SW	25%
West	49%
Far West	23%



(1) Source: Us Census Bureau - Small Area Income and Poverty Estimates, 2008-2012

III. Identifying At-Risk Populations - Demographics

2020 Population at or Below 138% Federal Poverty Level(1)



(1) Source: Us Census Bureau - Small Area Income and Poverty Estimates. 2008-2012

(2) Source: Projections based off Claritas data

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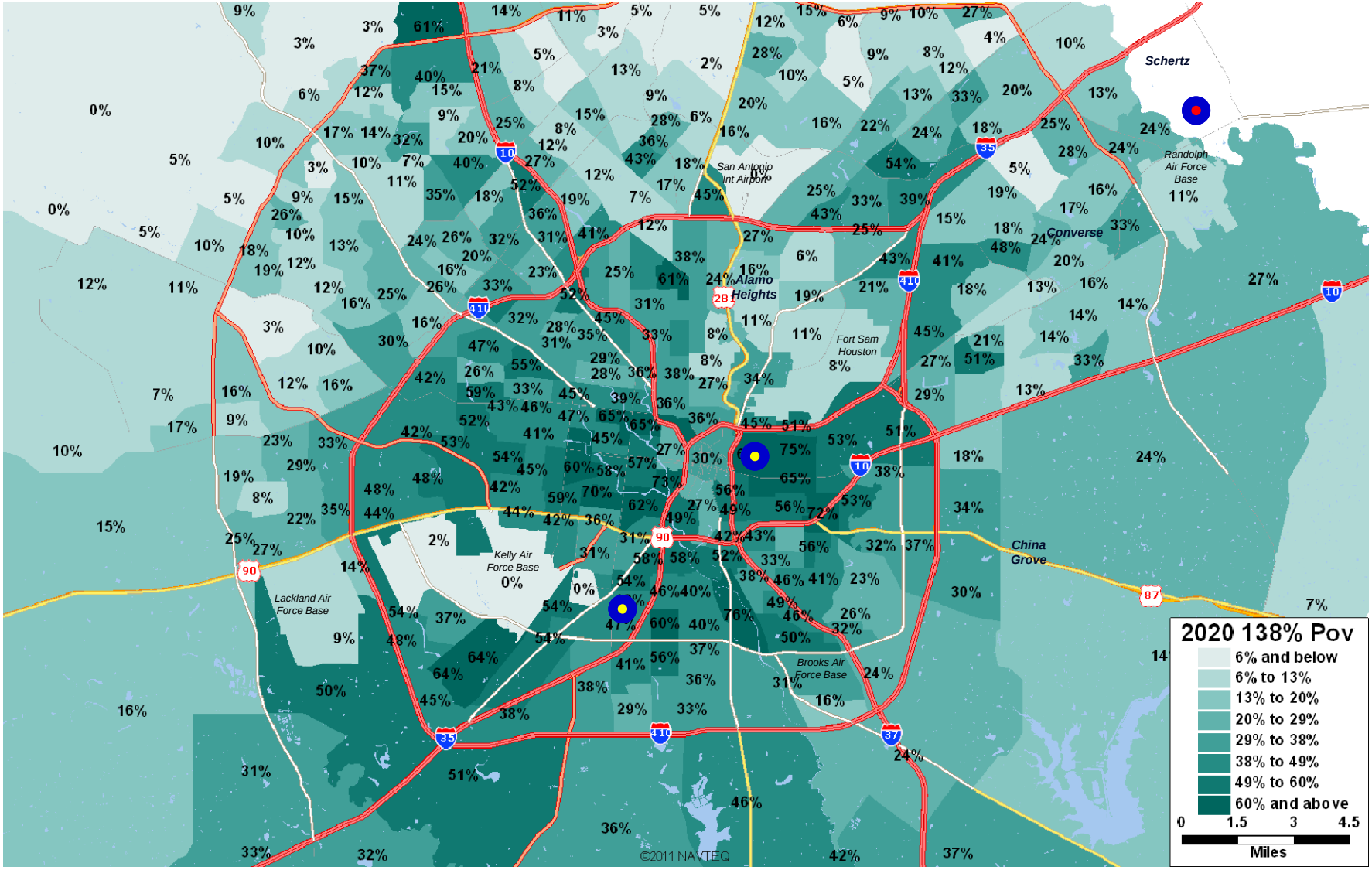
III. Identifying At-Risk Populations - Demographics

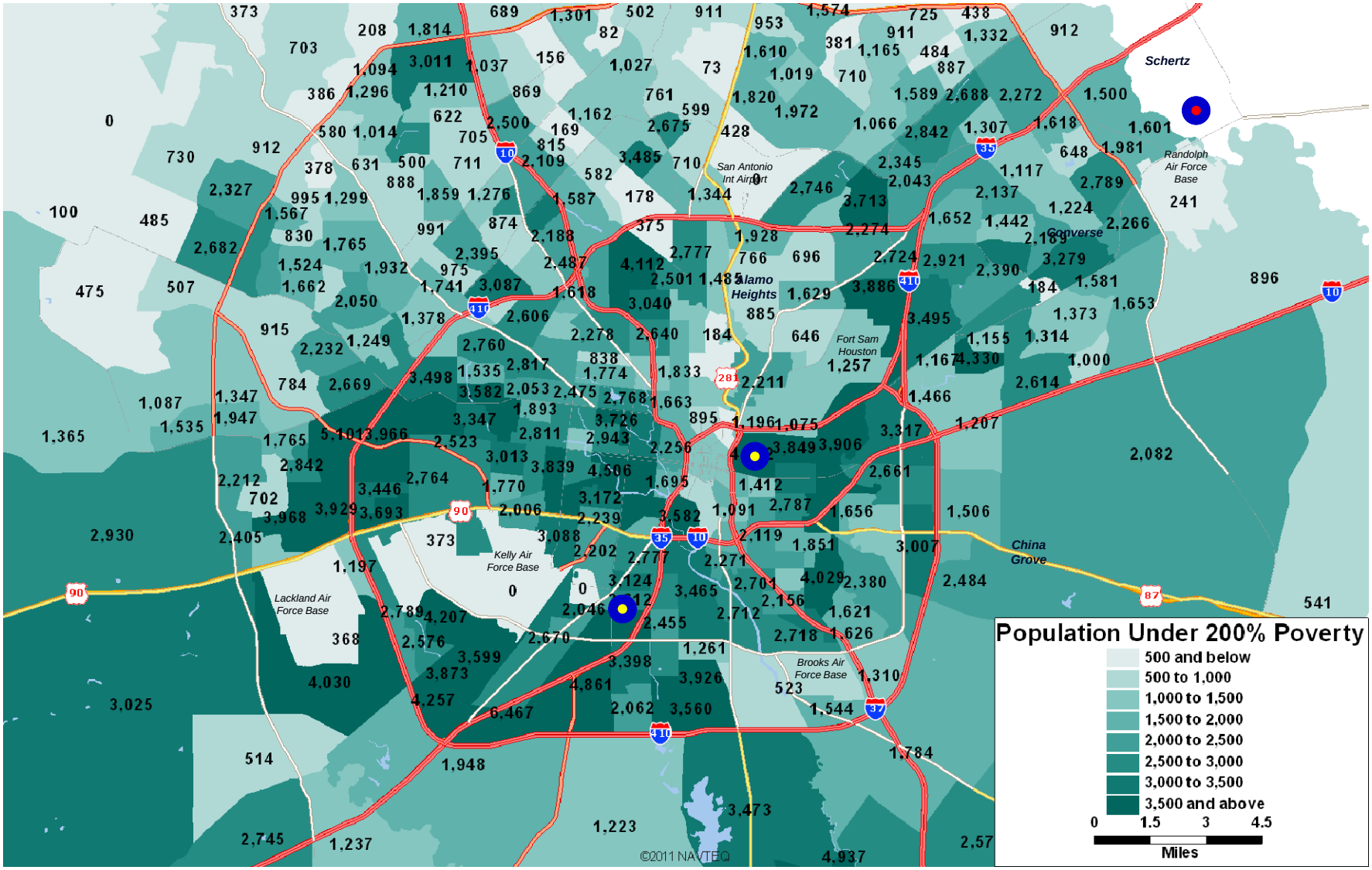
2020 Percent of Population at or Below 138% Federal Poverty Level[1]



(1) Source: Us Census Bureau - Small Area Income and Poverty Estimates. 2008-2012
(2) Source: Projections based off Claritas data

III. Identifying At-Risk Populations - Demographics

2013 Population at or Below 200% Federal Poverty Level(1)

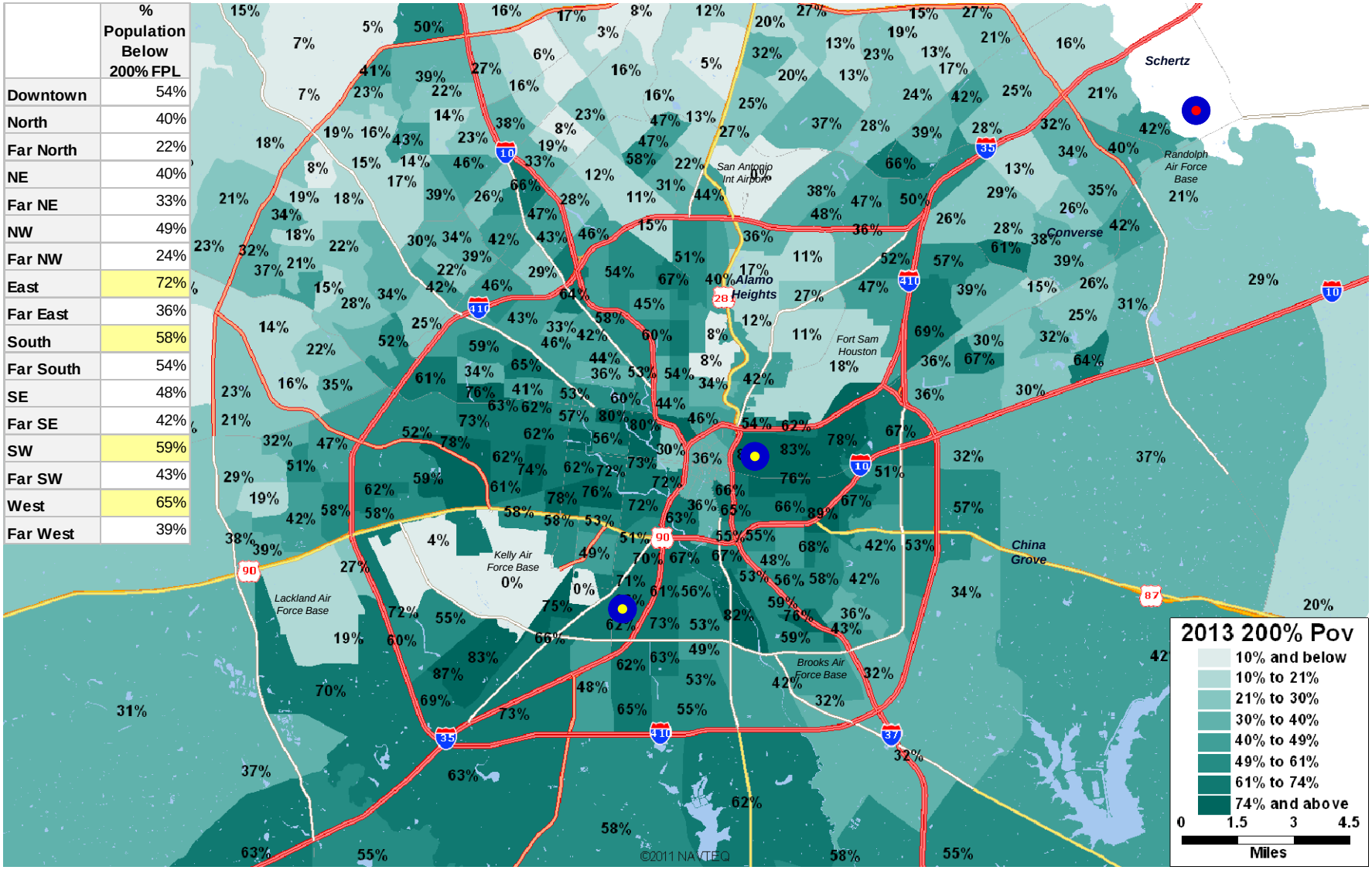


(1) Source: Us Census Bureau - Small Area Income and Poverty Estimates, 2008-2012

III. Identifying At-Risk Populations - Demographics

2013 Percent of Population at or Below 200% Federal Poverty Level(1)

	% Population Below 200% FPL
Downtown	54%
North	40%
Far North	22%
NE	40%
Far NE	33%
NW	49%
Far NW	24%
East	72%
Far East	36%
South	58%
Far South	54%
SE	48%
Far SE	42%
SW	59%
Far SW	43%
West	65%
Far West	39%

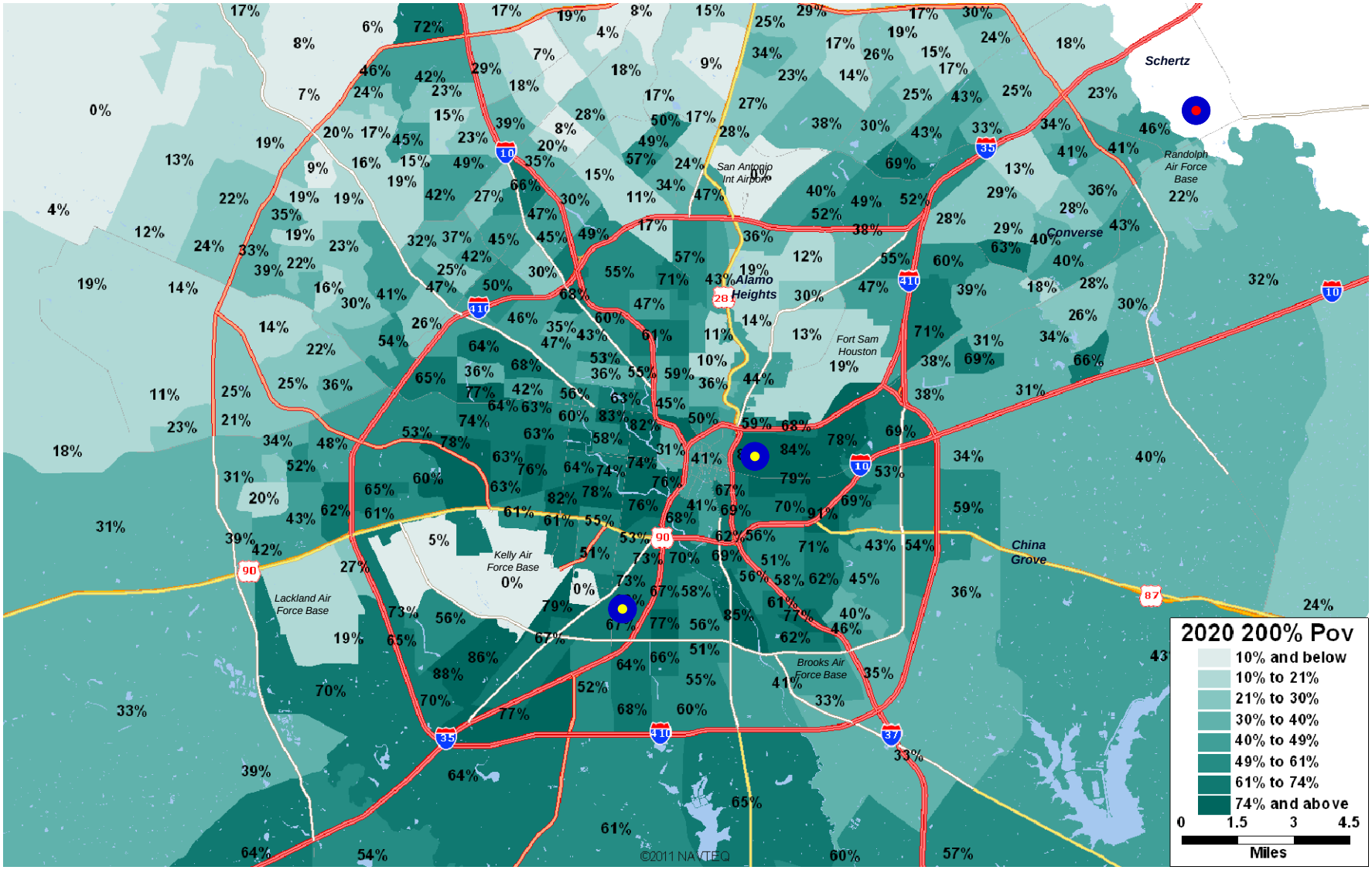


(1) Source: Us Census Bureau - Small Area Income and Poverty Estimates

CAPITAL HEALTHCARE PLANNING

III. Identifying At-Risk Populations - Demographics

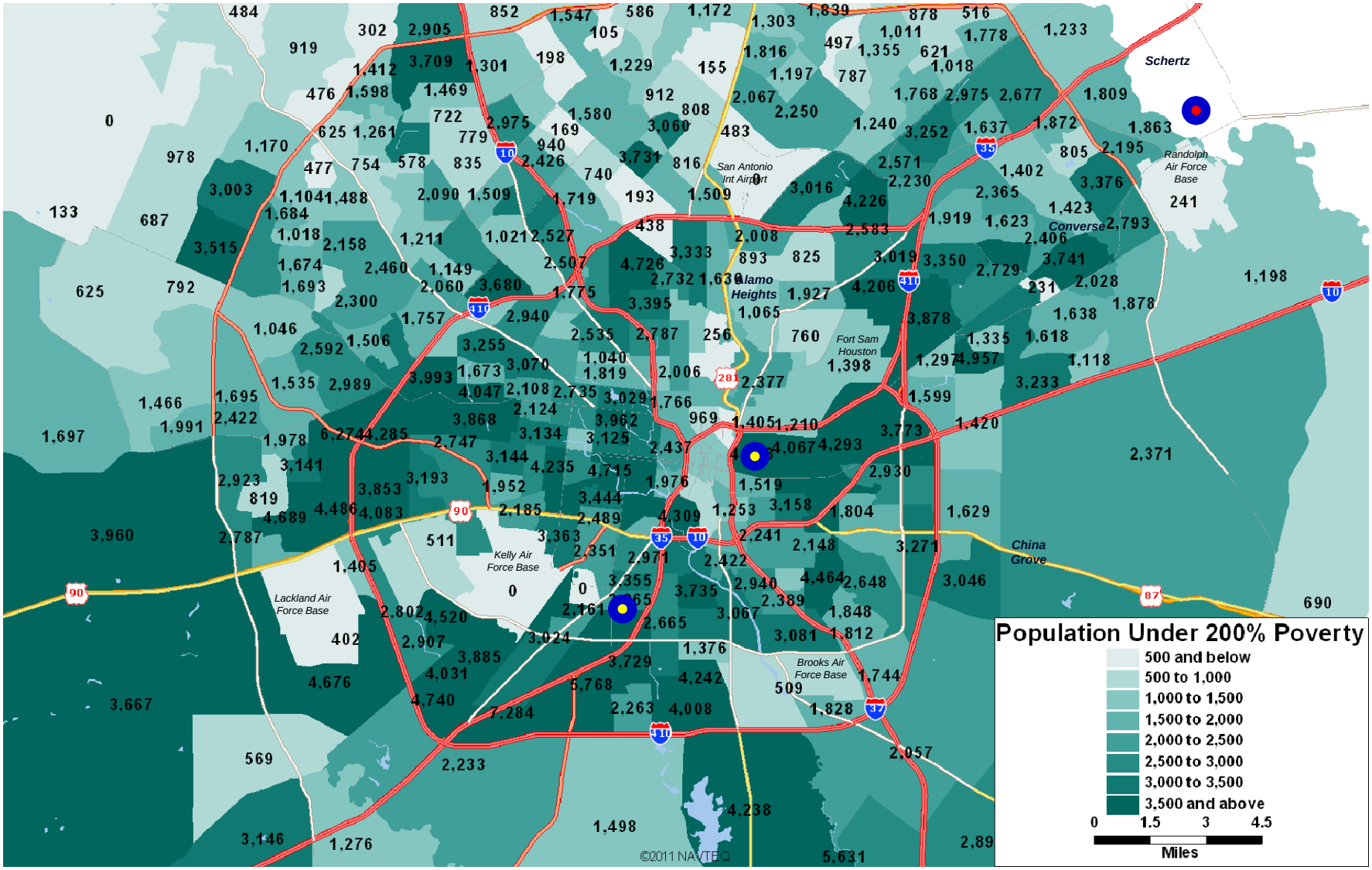
2020 Percent of Population at or Below 200% Federal Poverty Level(1)



(1) Source: Us Census Bureau - Small Area Income and Poverty Estimates. 2008-2012
(2) Source: Projections based off Claritas data

III. Identifying At-Risk Populations - Demographics

2020 Population at or Below 200% Federal Poverty Level(1)



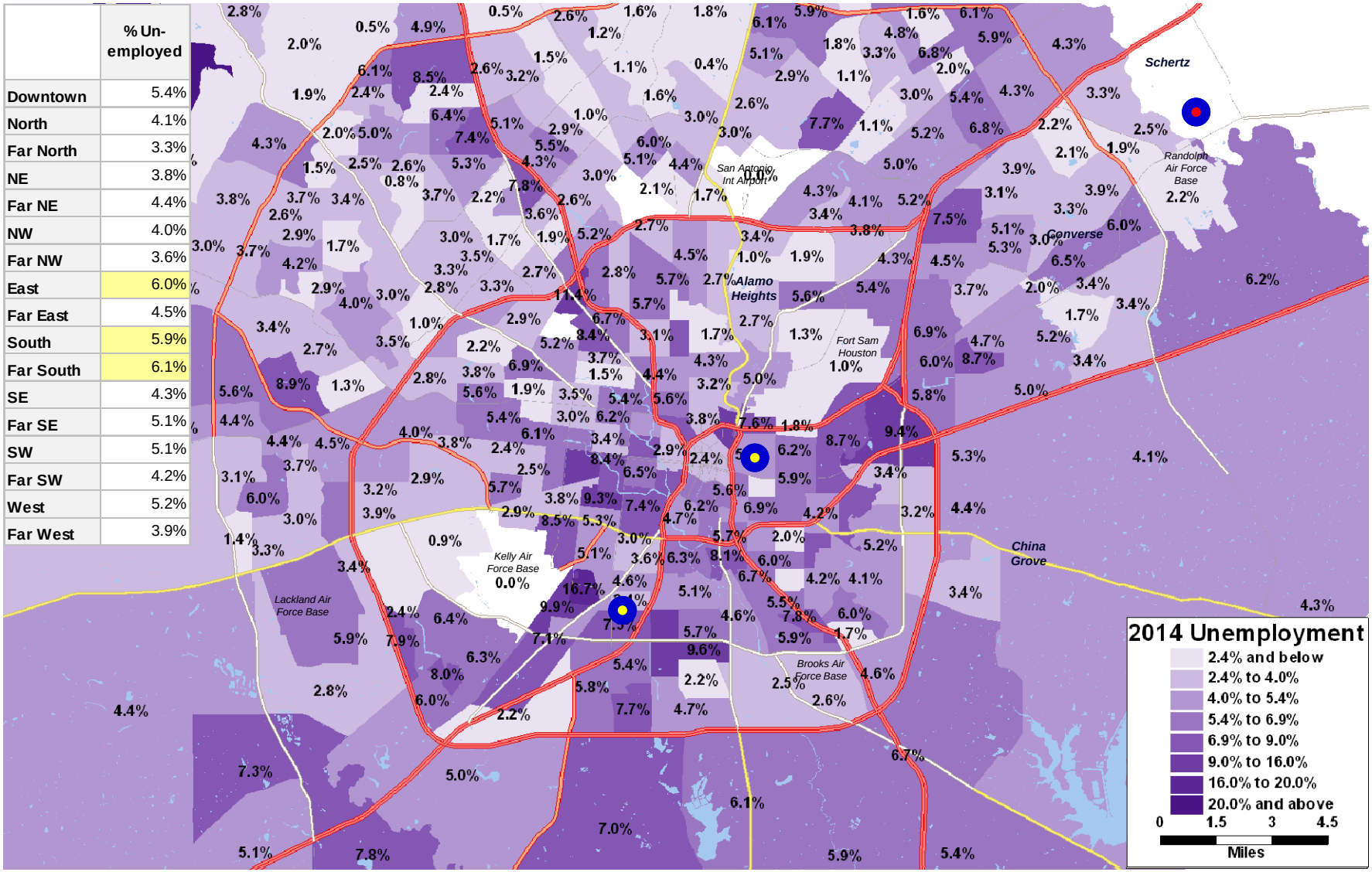
(1) Source: Us Census Bureau - Small Area Income and Poverty Estimates. 2008-2012

(2) Source: Projections based off Claritas data

III. Identifying At-Risk Populations - Demographics

Percent Unemployed Population[1]

	% Un-employed
Downtown	5.4%
North	4.1%
Far North	3.3%
NE	3.8%
Far NE	4.4%
NW	4.0%
Far NW	3.6%
East	6.0%
Far East	4.5%
South	5.9%
Far South	6.1%
SE	4.3%
Far SE	5.1%
SW	5.1%
Far SW	4.2%
West	5.2%
Far West	3.9%



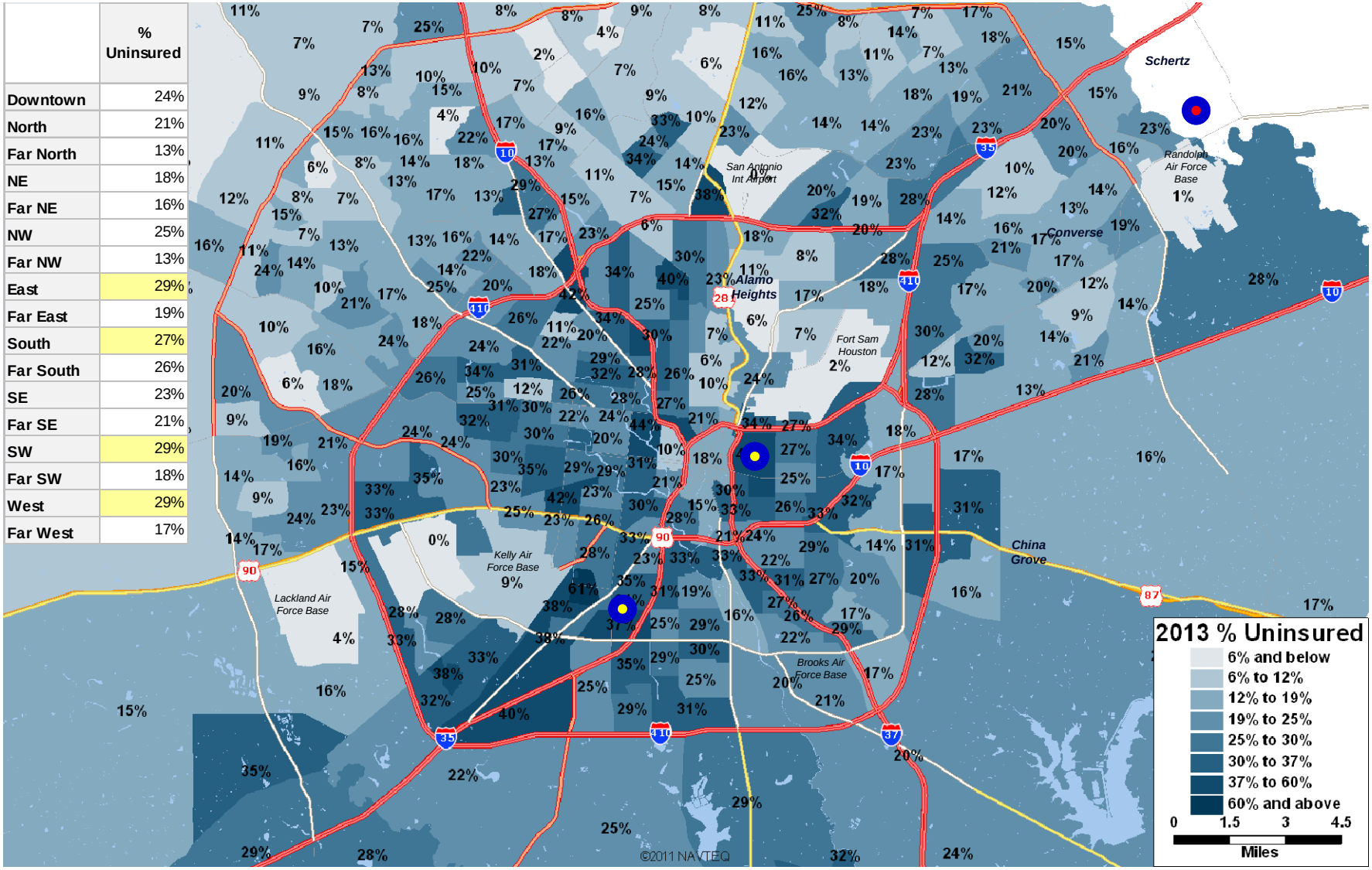
(1) Source: UDS Mapper

(2) Note: Originally grouped by ZCTA. Then distributed by ZCTA into tracts

III. Identifying At-Risk Populations - Demographics

Percent Uninsured Population[1]

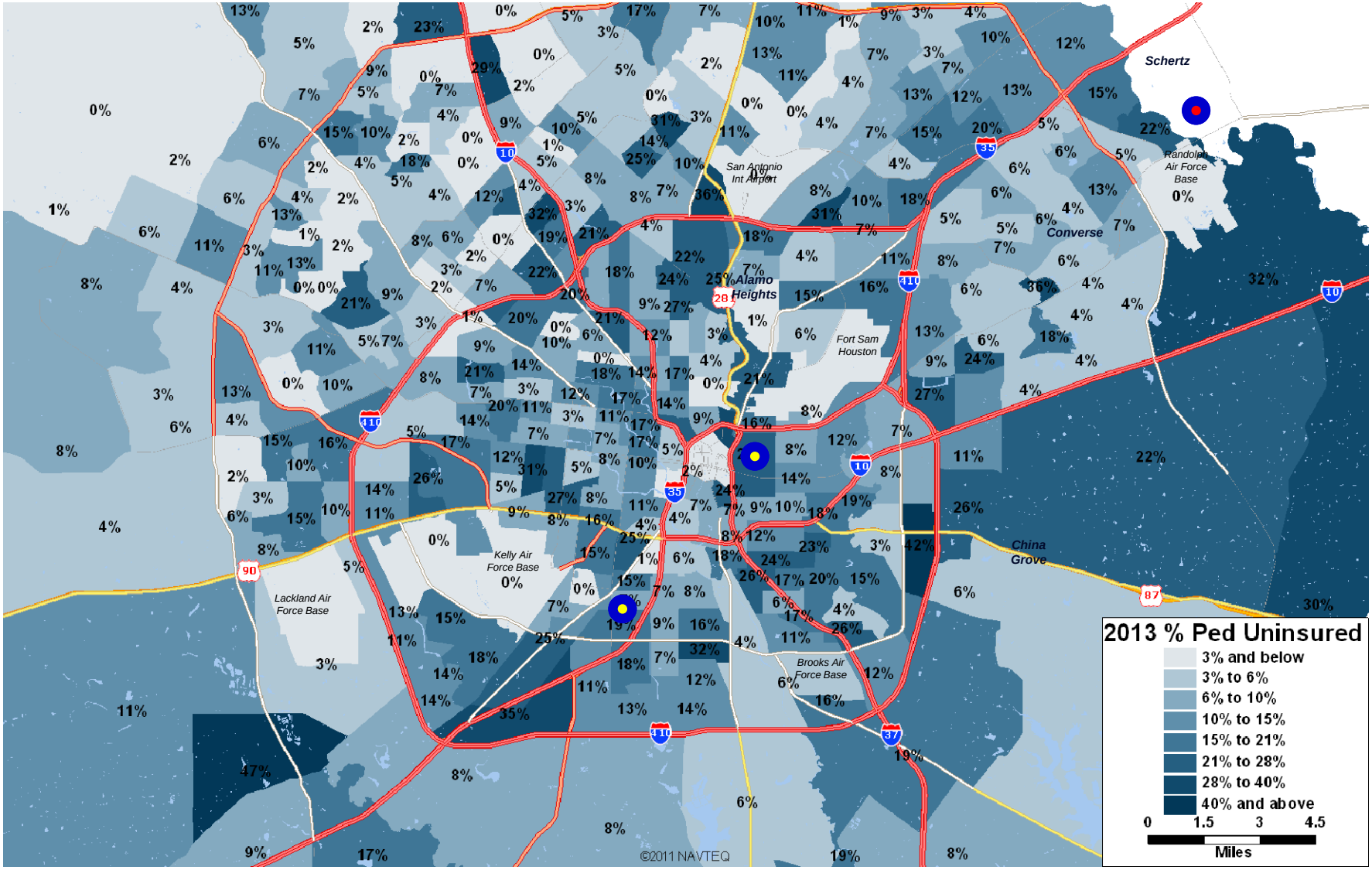
	% Uninsured
Downtown	24%
North	21%
Far North	13%
NE	18%
Far NE	16%
NW	25%
Far NW	13%
East	29%
Far East	19%
South	27%
Far South	26%
SE	23%
Far SE	21%
SW	29%
Far SW	18%
West	29%
Far West	17%



(1) Source: US Census Bureau

III. Identifying At-Risk Populations - Demographics

Percent Uninsured Pediatric Population(1)

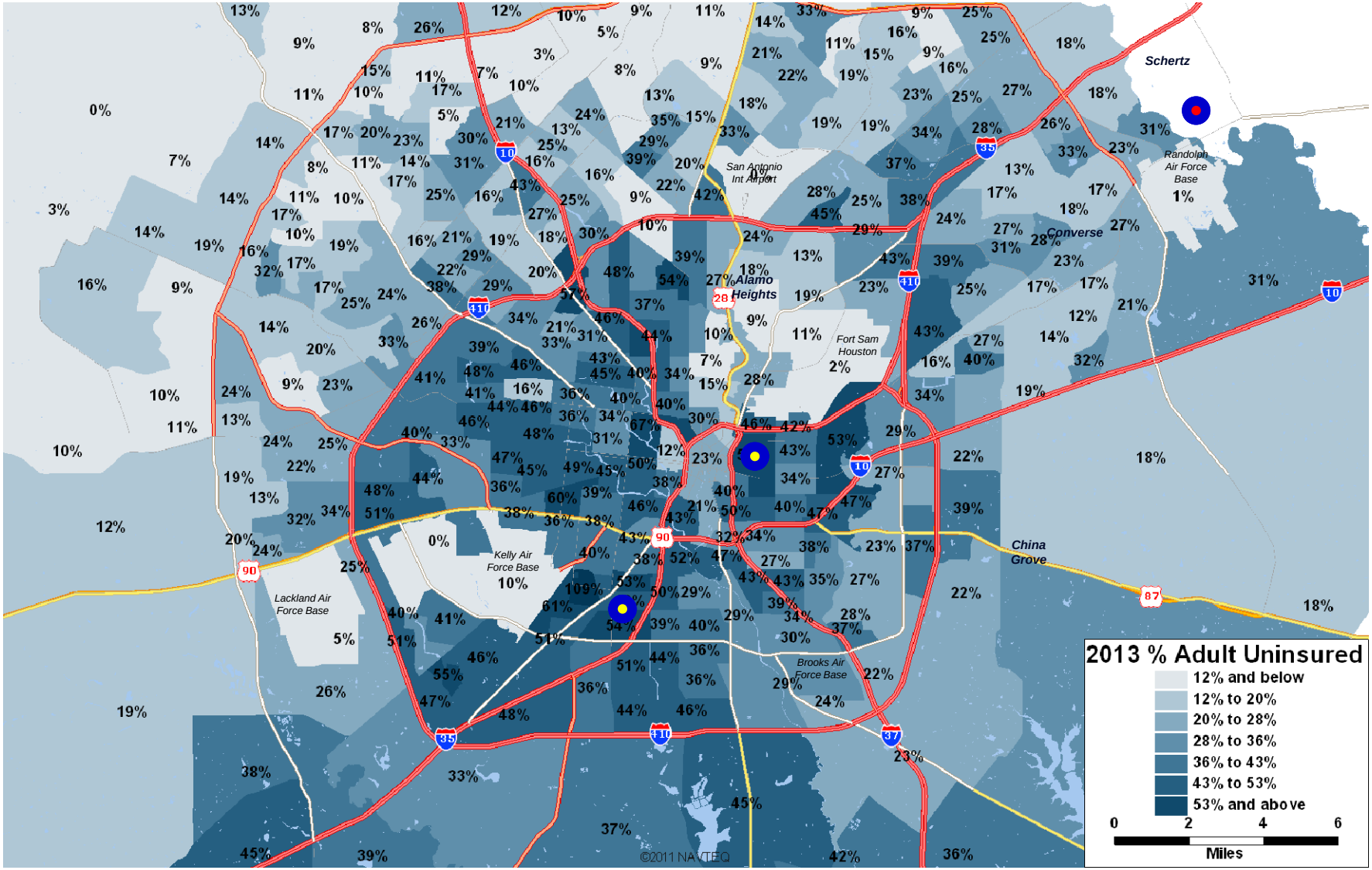


(1) Source: US Census Bureau

(2) Note: Pediatric population includes ages 0 - 17

III. Identifying At-Risk Populations - Demographics

Percent Uninsured Adult Population[1]

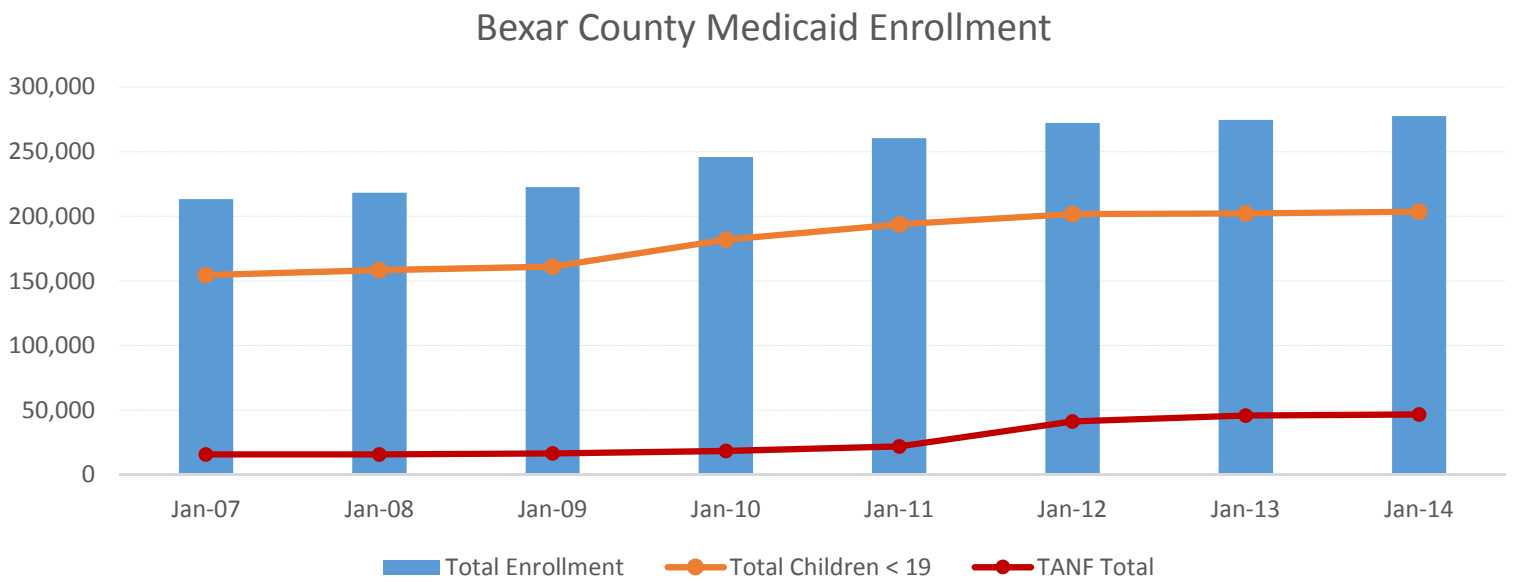


(1) Source: US Census Bureau

(2) Note: Adult population includes ages 18-64

III. Identifying At-Risk Populations - Demographics

Changing Medicaid Enrollment[(1)]



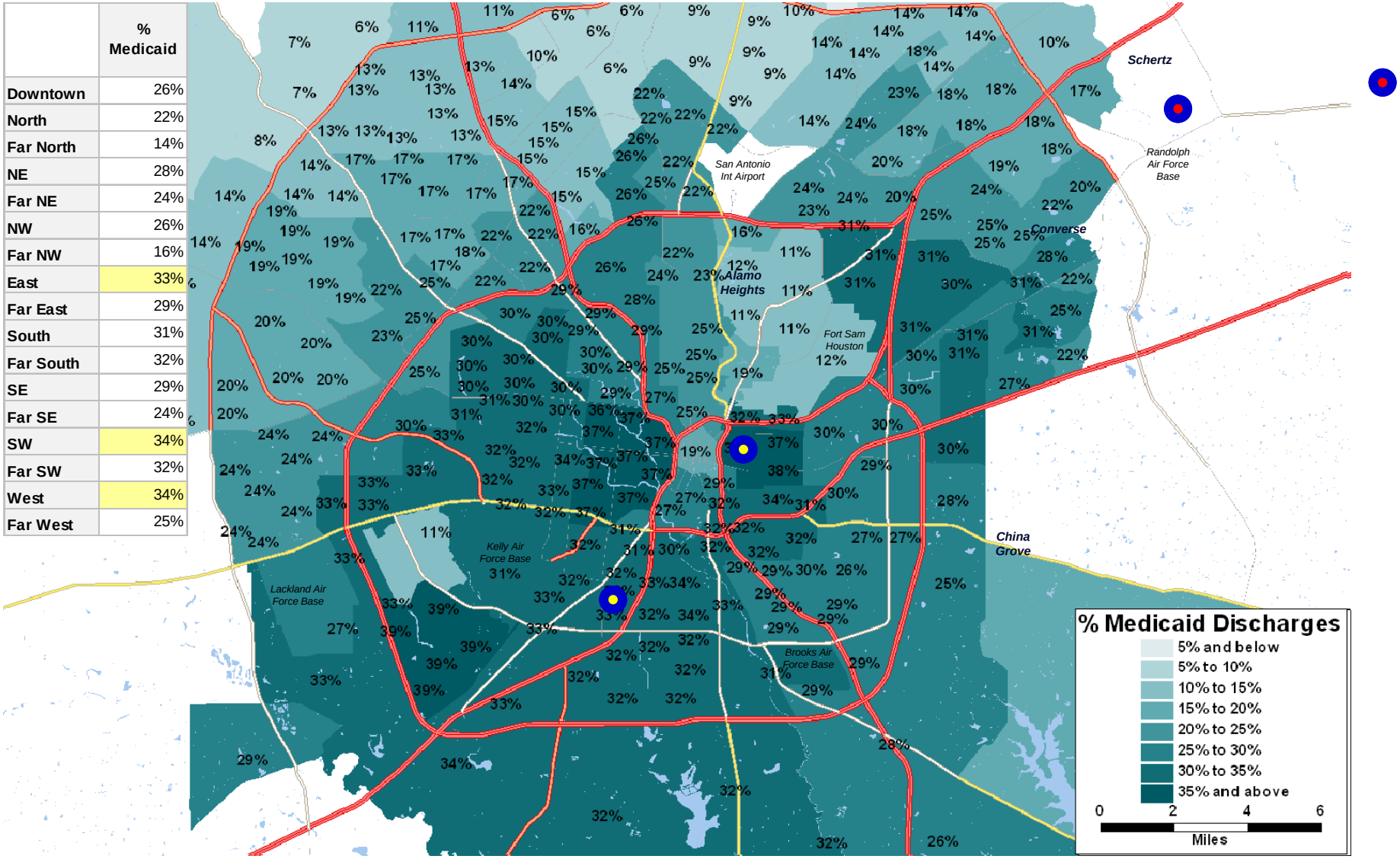
- Texas remains one of the more challenging states as far as Medicaid eligibility
- Even without Medicaid expansion the number of individuals enrolled in Medicaid has increased in Bexar County and across the state at rates disproportionate to population growth
- Growth from 2007 through 2012 was broad spanning most Medicaid eligibility types
- Most of the recent growth has been Temporary Assistance for Needy Families (TANF)

(1) Source: US Census Bureau, Small Area Health Insurance Estimates (SAHIE)

III. Identifying At-Risk Populations - Demographics

Percent Medicaid Hospital Discharges[1]

	% Medicaid
Downtown	26%
North	22%
Far North	14%
NE	28%
Far NE	24%
NW	26%
Far NW	16%
East	33%
Far East	29%
South	31%
Far South	32%
SE	29%
Far SE	24%
SW	34%
Far SW	32%
West	34%
Far West	25%



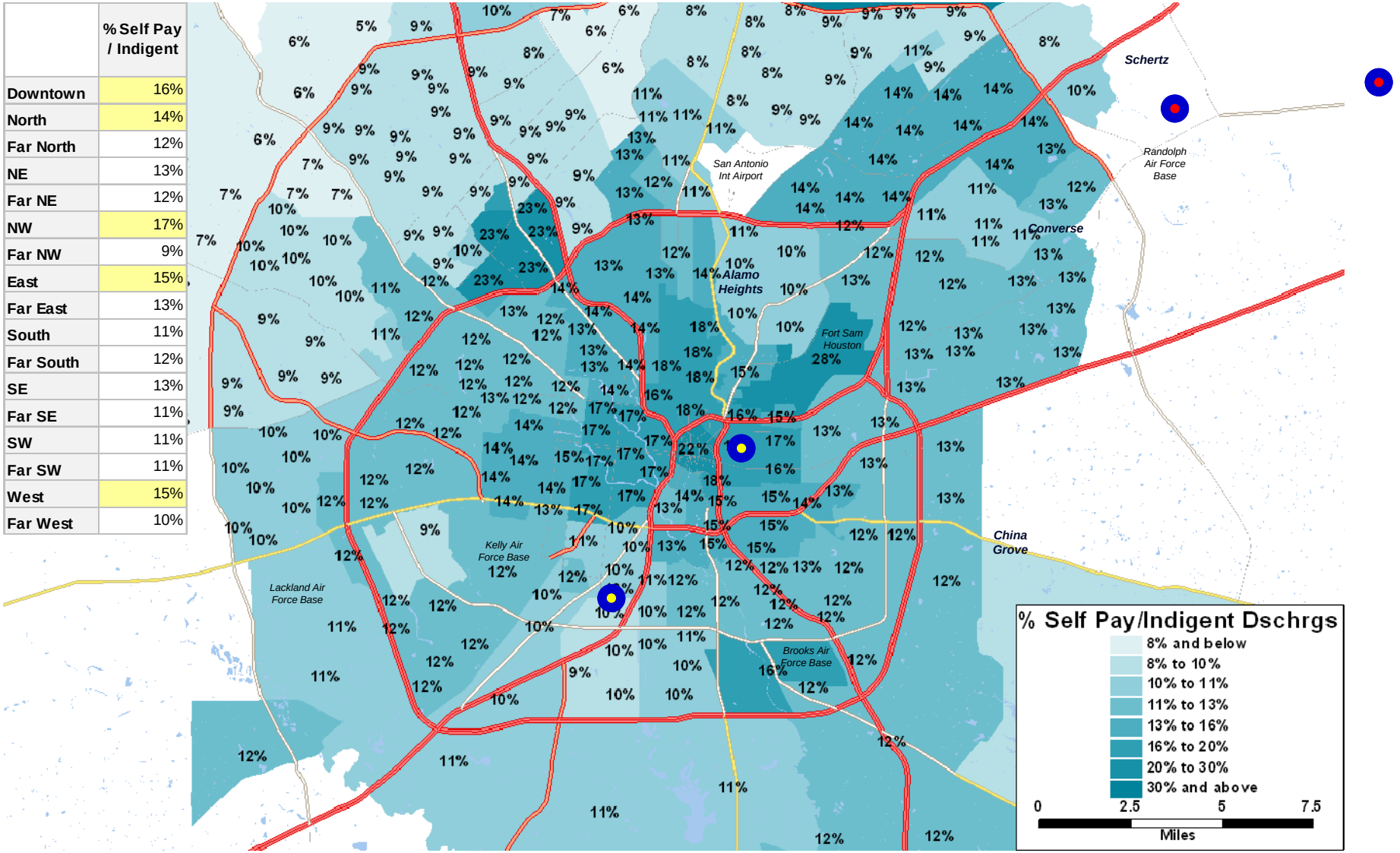
(1) Source: PDS

(2) Note: Originally grouped by zip code. Then distributed by zip code into tracts

III. Identifying At-Risk Populations - Demographics

Percent Self Pay/Indigent Hospital Discharges

	% Self Pay / Indigent
Downtown	16%
North	14%
Far North	12%
NE	13%
Far NE	12%
NW	17%
Far NW	9%
East	15%
Far East	13%
South	11%
Far South	12%
SE	13%
Far SE	11%
SW	11%
Far SW	11%
West	15%
Far West	10%



(1) Source: PDS

(2) Note: Originally grouped by zip code. Then distributed by zip code into tracts

III. Identifying At-Risk Populations - Demographics
Summary

Population

- Bexar County population is expected to experience very strong growth over the next 5 years
  - 1,832,458 Population in 2015 projected to be 1,984,954 in 2020
  - +8.3% Growth
  - 152,496 Additional Lives
- 51% of growth is projected to occur in the 18-64 age cohort… group most likely to be uninsured
- Most population growth concentrated in the northwestern portion of Bexar County outside Loop 410

Poverty

- 100% FPL rate in Bexar County is significantly higher than the U.S.

	Total Population
– Bexar County 100% FPL	17.6%
– Texas 100% FPL	17.6%
– United States 100% FPL	15.4%

- 200% FPL rate is over twice the 100% FPL rates

	Total Population
– Bexar County 200% FPL	39.8%

- Poverty in Bexar County has been trending up in recent years… from 2010 – 2013 for 100% FPL
  - % under 100% FPL +13.2% +37,718 lives
- Poverty is heavily concentrated inside Loop 410 and southern Bexar County
- Percentage of population below 200% FPL inside Loop 410 expected to increase from 2015 - 2020

Market Health Indicators

III. Identifying At-Risk Populations - Health Indicators

Bexar County Profile(1)

- 2014 County Health Rankings Data reveal Bexar County is consistent or better in most health indicators compared to the state, with the exception of:
  - excessive drinking
  - sexually transmitted infections
  - mammography screenings
  - children in poverty
  - violent crime rates
- Although Bexar County ranks higher or is consistent with Texas for several health indicators, there are pockets of health disparities

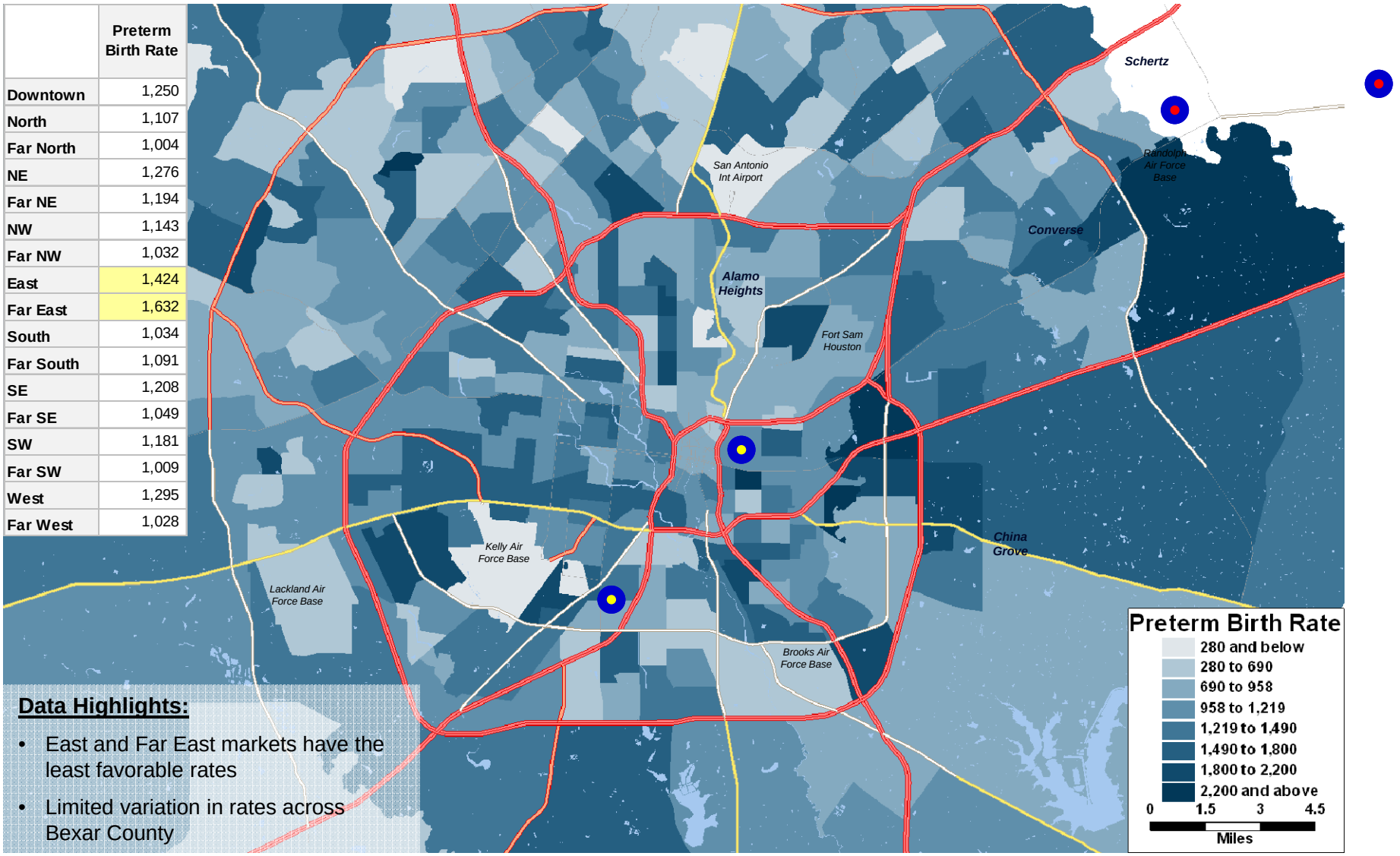
Health Indicators	Bexar County		Texas
Length of Life			
Premature Death (Yrs life lost before 75; per 100K)	6,964	→	6,928
Quality of Life			
Poor or fair health (Self Reported)	17%	→	18%
Poor physical health days (Self Reported)	3.6	→	3.7
Poor mental health days (Self Reported)	3.3	→	3.3
Health Behaviors			
Adult Smoking (Self Reported)	16%	→	17%
Adult Obesity (Self Reported)	29%	→	29%
Physical Inactivity (Self Reported)	21%	↑	24%
Excessive Drinking (Self Reported)	19%	↓	16%
Sexually Transmited Infections (Chlamydia rate per 100K)	678	↓	486
Teen Births (Ages 15-19; per 1,000 females)	58	→	57
Clinical Care			
Uninsured (Under 65)	23%	↑	26%
Primary Care Physicians	1,468:1	↑	1,743:1
Dentists	1,311:1	↑	2,006:1
Mental Health Providers	1,086:1	↑	1,757:1
Diabetic Screening (Mcare enrollees)	82%	→	83%
Mammography Screening (Mcare enrollees)	60%	↓	71%
Social & Economic Factors			
High School Graduation (9th grade; graduate in 4 yrs)	84%	↑	86%
Unemployed (Ages 16+)	7%	→	7%
Children in poverty (Ages under 18)	28%	↓	26%
Violent Crime (per 100K)	508	↓	449

(1) Source: 2014 County Health Rankings

III. Identifying At-Risk Populations - Health Indicators

Natal Health - 2012 Preterm Birth Rate(1)

	Preterm Birth Rate
Downtown	1,250
North	1,107
Far North	1,004
NE	1,276
Far NE	1,194
NW	1,143
Far NW	1,032
East	1,424
Far East	1,632
South	1,034
Far South	1,091
SE	1,208
Far SE	1,049
SW	1,181
Far SW	1,009
West	1,295
Far West	1,028



Data Highlights:

- East and Far East markets have the least favorable rates
- Limited variation in rates across Bexar County

(1) Source: City of San Antonio Healthy Profiles 2012
(2) Note: Birth Rates are calculated per 10,000 live births

III. Identifying At-Risk Populations - Health Indicators

Natal Health - 2012 Rate of Births to Mothers Age 15 - 19(1)

	Teen Birth Rate
Downtown	1,397
North	1,025
Far North	501
NE	1,165
Far NE	994
NW	1,288
Far NW	498
East	1,791
Far East	1,053
South	1,610
Far South	1,008
SE	1,479
Far SE	1,074
SW	1,725
Far SW	1,096
West	1,831
Far West	886

Data Highlights:

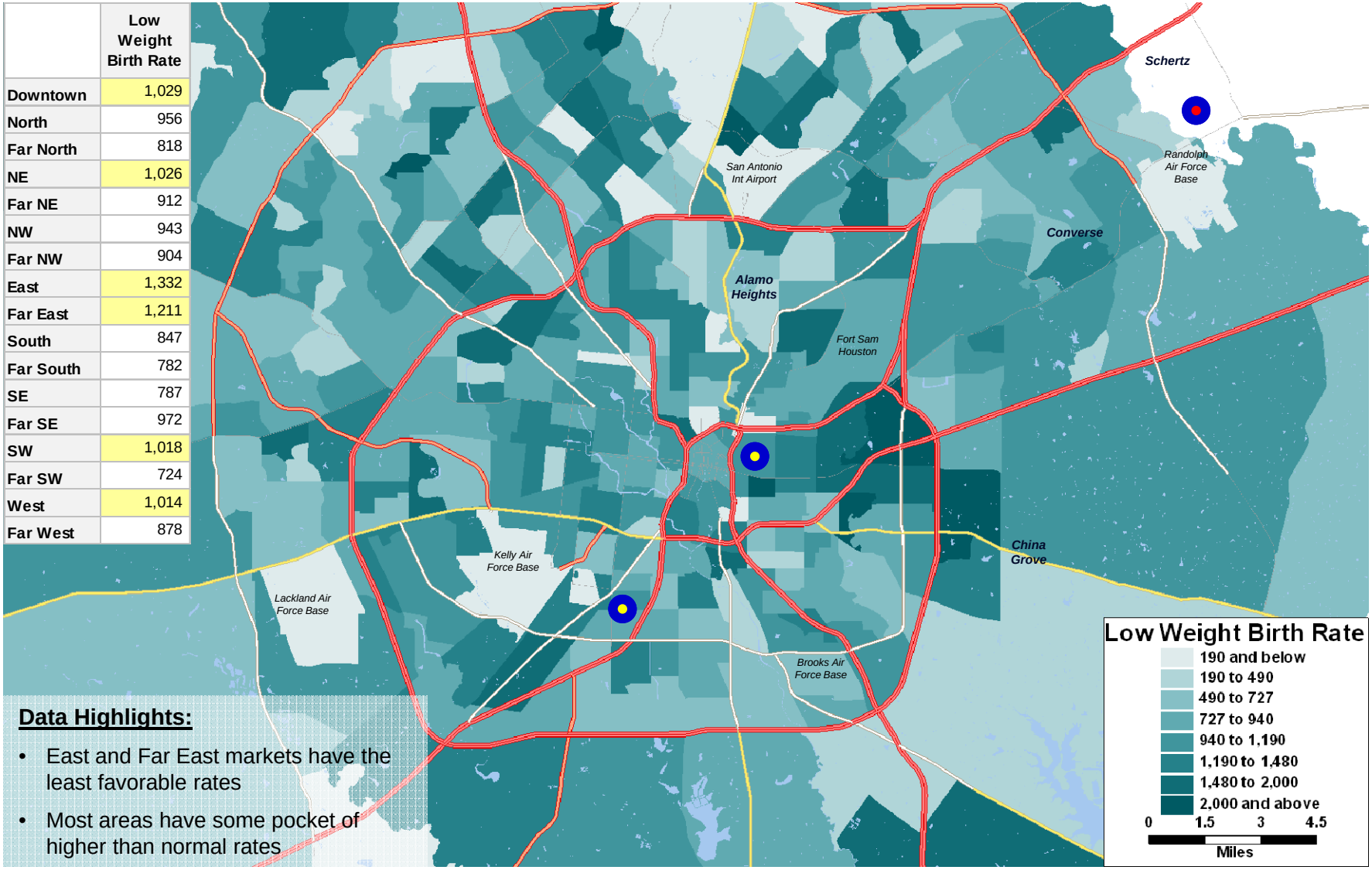
- East and West markets have the least favorable rates
- High teen birth rates are generally in "inner loop" issue

(1) Source: City of San Antonio Healthy Profiles 2012
(2) Note: Birth Rates are calculated per 10,000 live births

III. Identifying At-Risk Populations - Health Indicators

Natal Health - 2012 Low Weight Birth Rate(1)

	Low Weight Birth Rate
Downtown	1,029
North	956
Far North	818
NE	1,026
Far NE	912
NW	943
Far NW	904
East	1,332
Far East	1,211
South	847
Far South	782
SE	787
Far SE	972
SW	1,018
Far SW	724
West	1,014
Far West	878



Data Highlights:

- East and Far East markets have the least favorable rates
- Most areas have some pocket of higher than normal rates

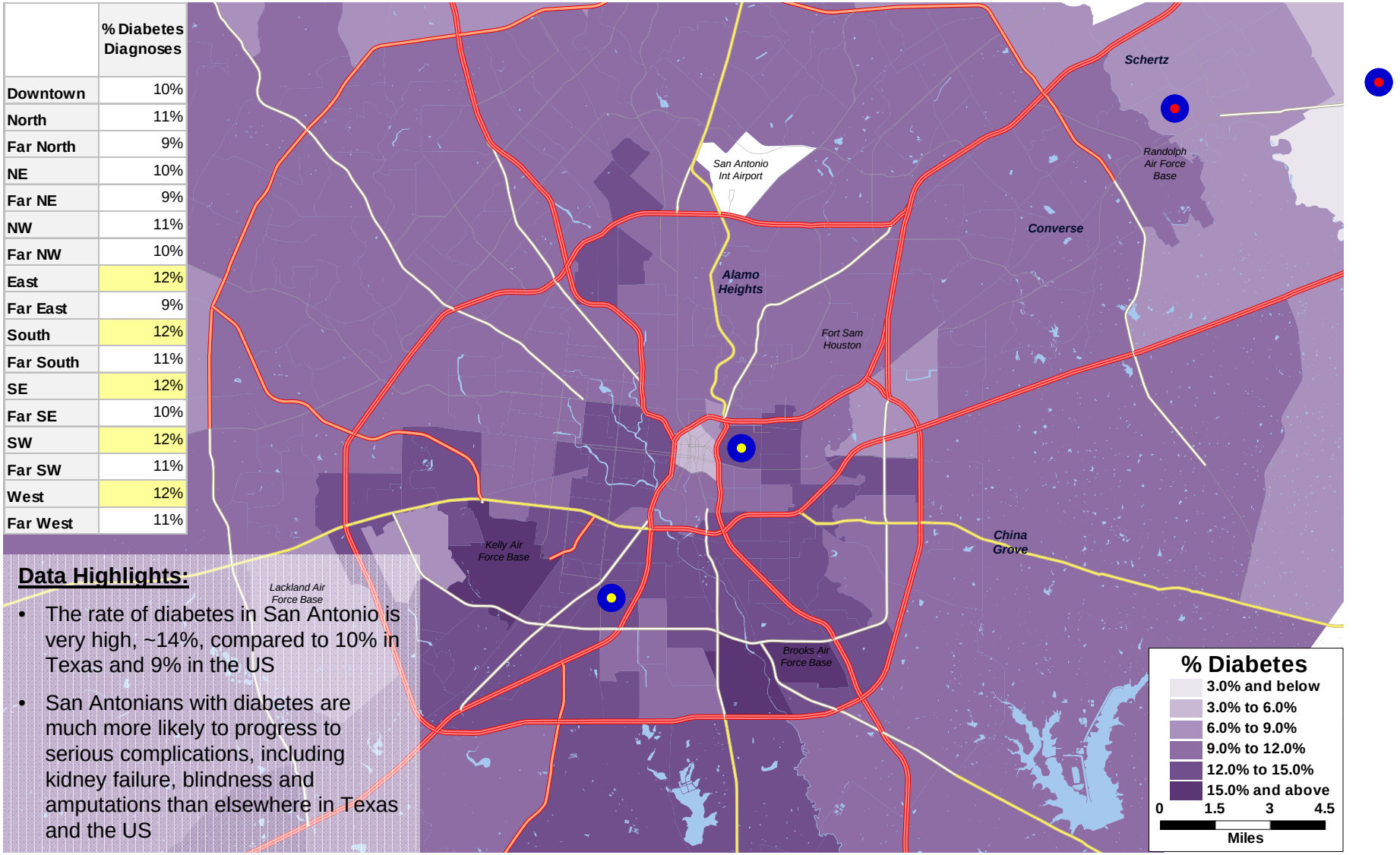
(1) Source: City of San Antonio Healthy Profiles 2012
(2) Note: Birth Rates are calculated per 10,000 live births

CAPITAL HEALTHCARE PLANNING

III. Identifying At-Risk Populations - Health Indicators

Diseases and Death Rates - Percent of Population Told they have Diabetes[1]

	% Diabetes Diagnoses
Downtown	10%
North	11%
Far North	9%
NE	10%
Far NE	9%
NW	11%
Far NW	10%
East	12%
Far East	9%
South	12%
Far South	11%
SE	12%
Far SE	10%
SW	12%
Far SW	11%
West	12%
Far West	11%



Data Highlights:

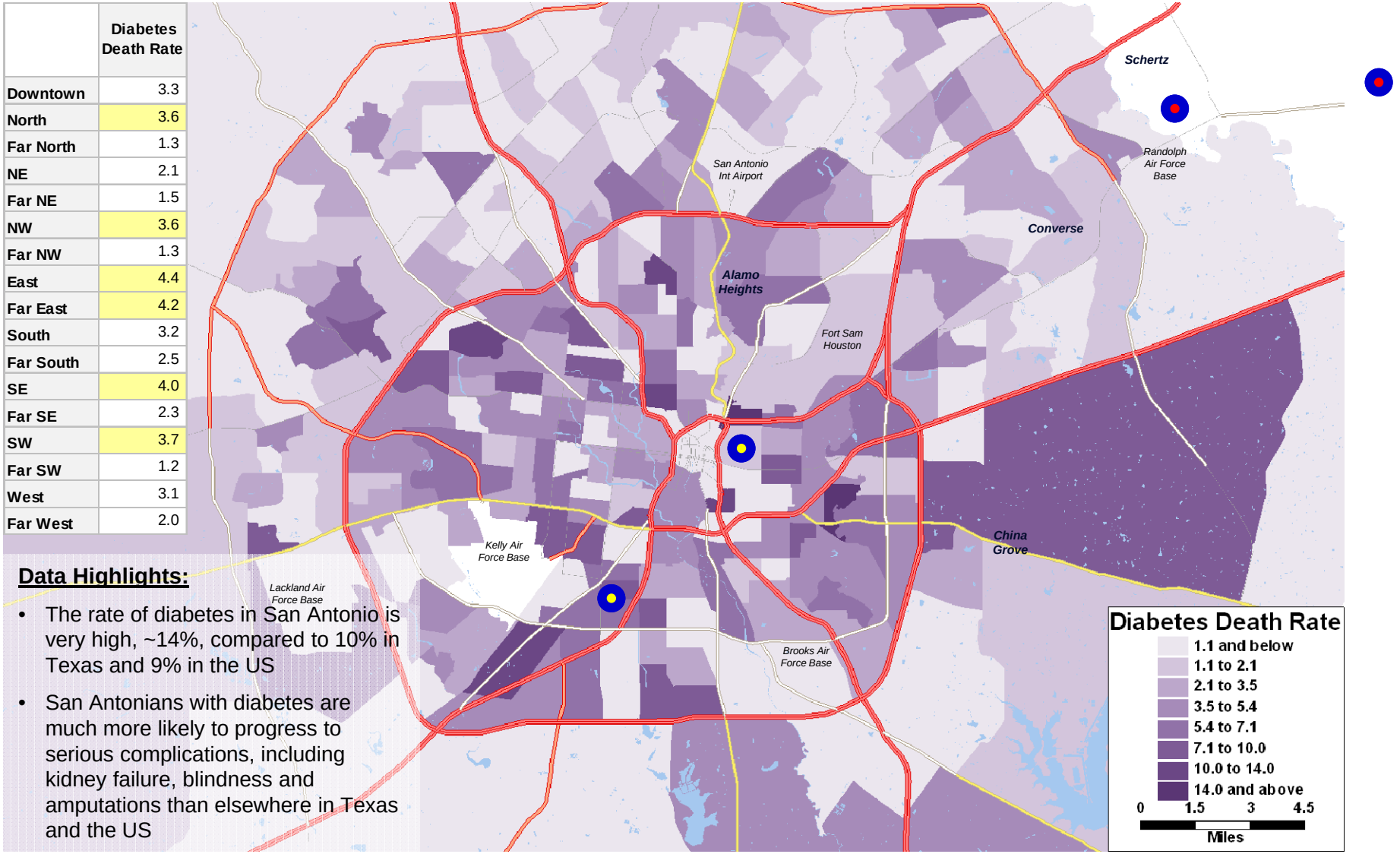
- The rate of diabetes in San Antonio is very high, ~14%, compared to 10% in Texas and 9% in the US
- San Antonians with diabetes are much more likely to progress to serious complications, including kidney failure, blindness and amputations than elsewhere in Texas and the US

(1) Source: UDS Mapper
(2) Note: Originally grouped by ZCTA. Then distributed by ZCTA into tracts
(3) Note: Diabetes diagnosis is generally characterized by an A1C level >6.5%

III. Identifying At-Risk Populations - Health Indicators

Diseases and Death Rates - 2012 Diabetes Mellitus Death Rate(1)

	Diabetes Death Rate
Downtown	3.3
North	3.6
Far North	1.3
NE	2.1
Far NE	1.5
NW	3.6
Far NW	1.3
East	4.4
Far East	4.2
South	3.2
Far South	2.5
SE	4.0
Far SE	2.3
SW	3.7
Far SW	1.2
West	3.1
Far West	2.0



Data Highlights:

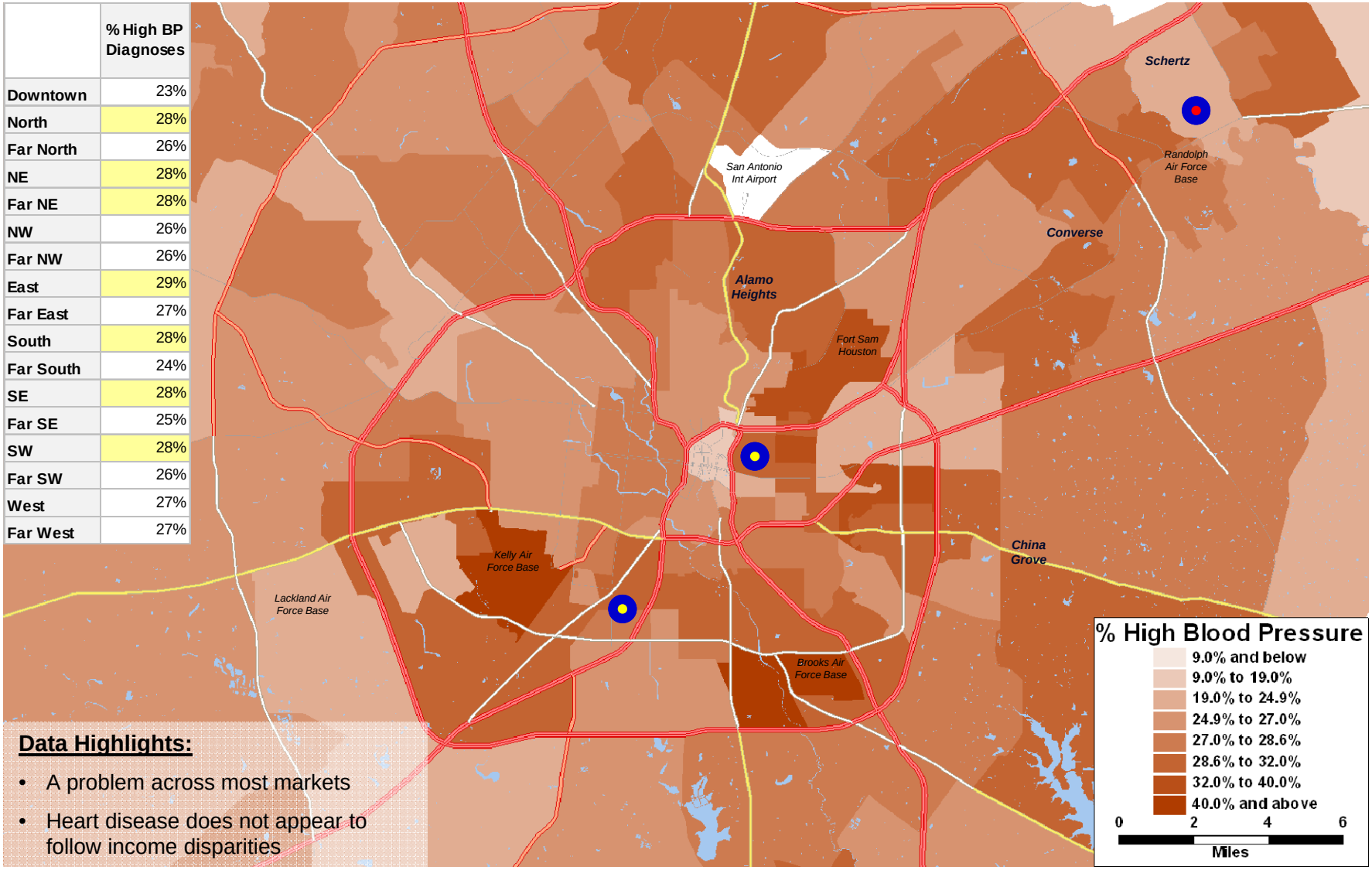
- The rate of diabetes in San Antonio is very high, ~14%, compared to 10% in Texas and 9% in the US
- San Antonians with diabetes are much more likely to progress to serious complications, including kidney failure, blindness and amputations than elsewhere in Texas and the US

(1) Source: City of San Antonio Health Profiles 2012
(2) Note: Death rates are calculated per 10,000 population

III. Identifying At-Risk Populations - Health Indicators

Diseases and Death Rates - % of Pop told they have High Blood Pressure(1)

	% High BP Diagnoses
Downtown	23%
North	28%
Far North	26%
NE	28%
Far NE	28%
NW	26%
Far NW	26%
East	29%
Far East	27%
South	28%
Far South	24%
SE	28%
Far SE	25%
SW	28%
Far SW	26%
West	27%
Far West	27%



Data Highlights:

- A problem across most markets
- Heart disease does not appear to follow income disparities

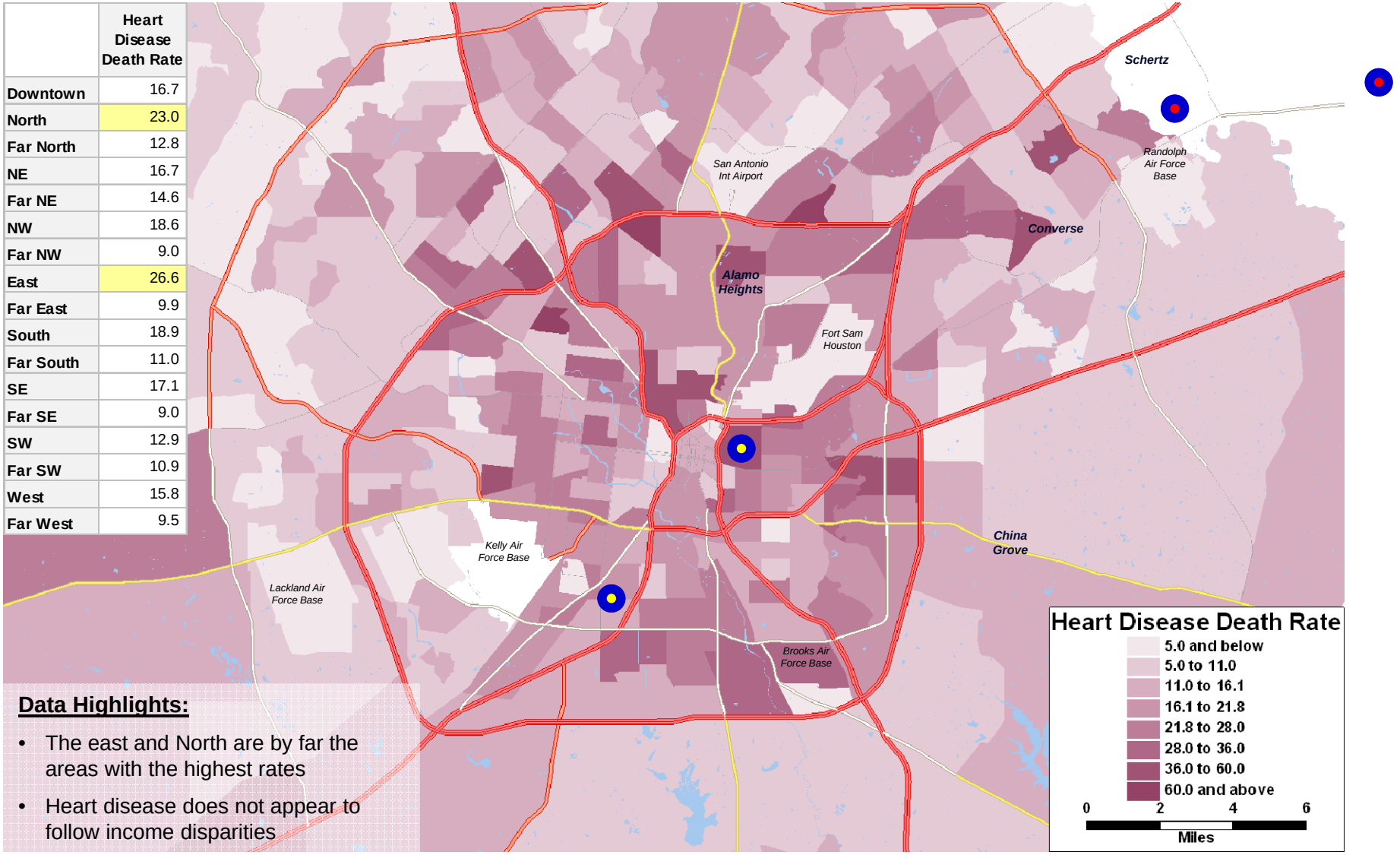
(1) Source: UDS Mapper
(2) Note: Originally grouped by ZCTA. Then distributed by ZCTA into tracts
(3) Note: High blood pressure is generally characterized by a reading greater than 140/90

CAPITAL HEALTHCARE PLANNING

III. Identifying At-Risk Populations - Health Indicators

Diseases and Death Rates - 2012 Heart Disease Death Rate(1)

	Heart Disease Death Rate
Downtown	16.7
North	23.0
Far North	12.8
NE	16.7
Far NE	14.6
NW	18.6
Far NW	9.0
East	26.6
Far East	9.9
South	18.9
Far South	11.0
SE	17.1
Far SE	9.0
SW	12.9
Far SW	10.9
West	15.8
Far West	9.5



Data Highlights:

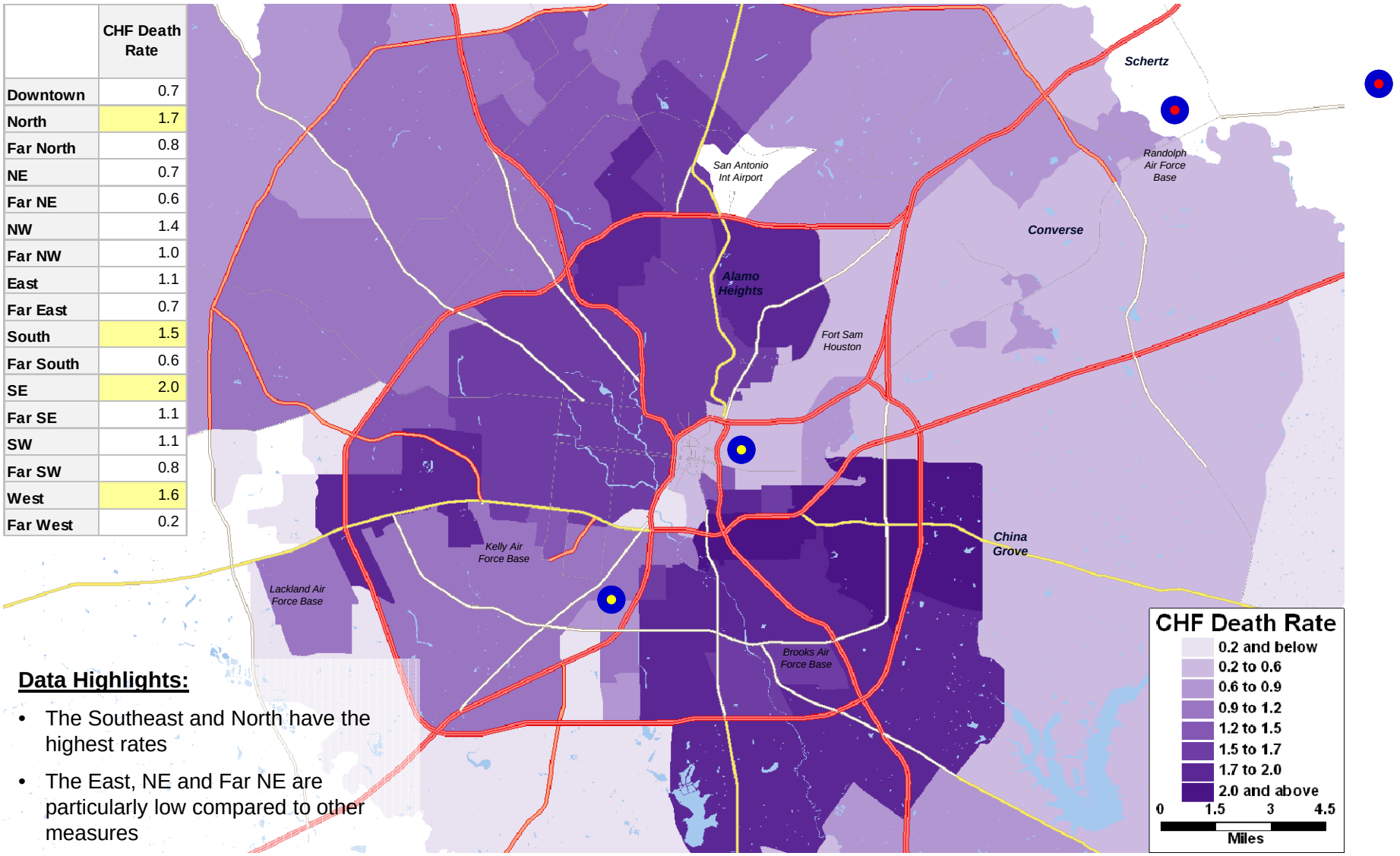
- The east and North are by far the areas with the highest rates
- Heart disease does not appear to follow income disparities

(1) Source: City of San Antonio Health Profiles 2012
(2) Note: Death rates are calculated per 10,000 population

III. Identifying At-Risk Populations - Health Indicators

Diseases and Death Rates - 2012 Congestive Heart Failure Death Rate(1)

	CHF Death Rate
Downtown	0.7
North	1.7
Far North	0.8
NE	0.7
Far NE	0.6
NW	1.4
Far NW	1.0
East	1.1
Far East	0.7
South	1.5
Far South	0.6
SE	2.0
Far SE	1.1
SW	1.1
Far SW	0.8
West	1.6
Far West	0.2



Data Highlights:

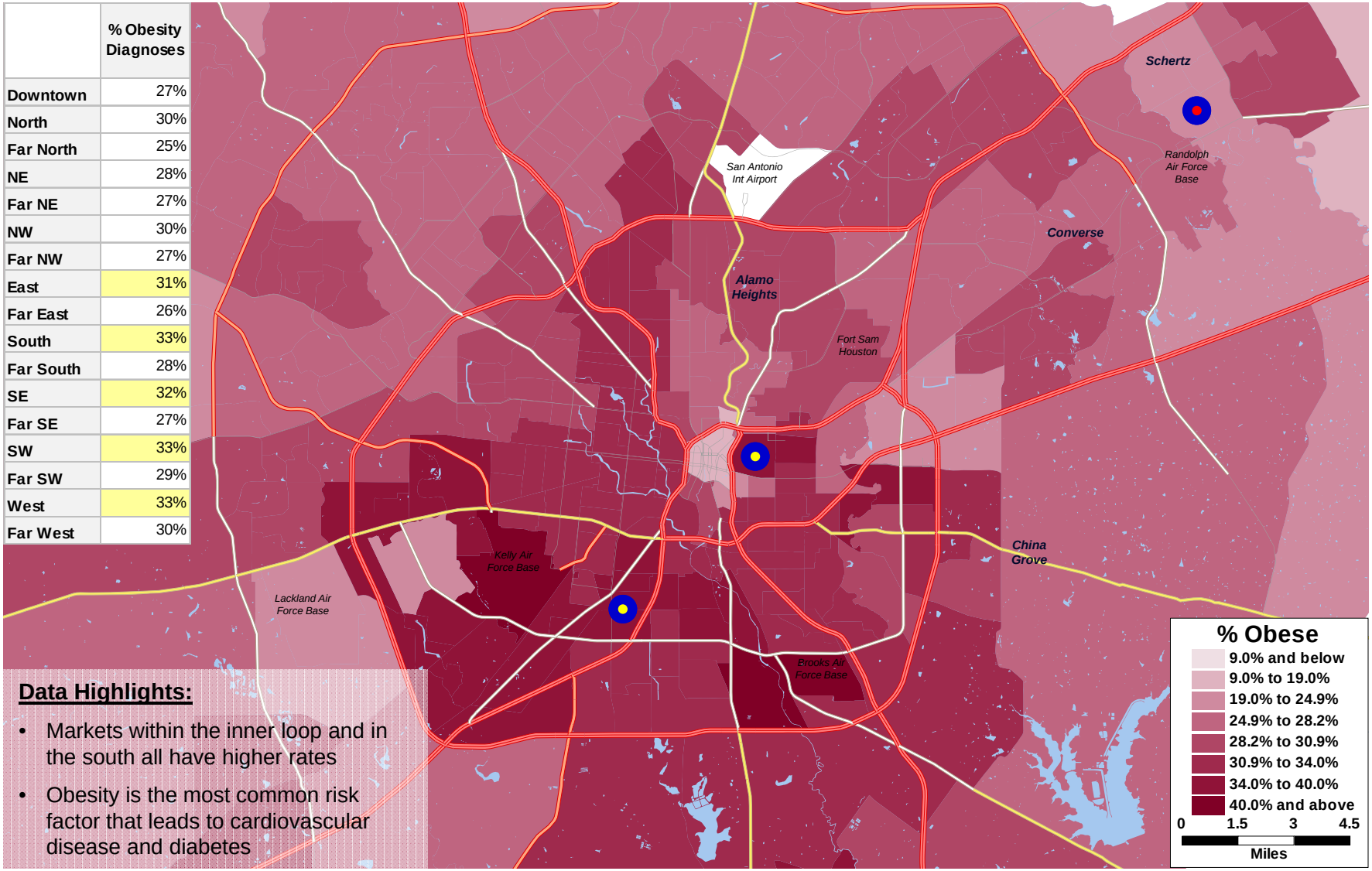
- The Southeast and North have the highest rates
- The East, NE and Far NE are particularly low compared to other measures

(1) Source: City of San Antonio Health Profiles 2012
(2) Note: Originally grouped by zip areas and distributed by % of total grouped zips population. Then distributed by zip into tracts
(3) Note: Death rates are calculated per 10,000 population

III. Identifying At-Risk Populations - Health Indicators

Diseases and Death Rates - Percent Population Told they are Obese(1)

	% Obesity Diagnoses
Downtown	27%
North	30%
Far North	25%
NE	28%
Far NE	27%
NW	30%
Far NW	27%
East	31%
Far East	26%
South	33%
Far South	28%
SE	32%
Far SE	27%
SW	33%
Far SW	29%
West	33%
Far West	30%



Data Highlights:

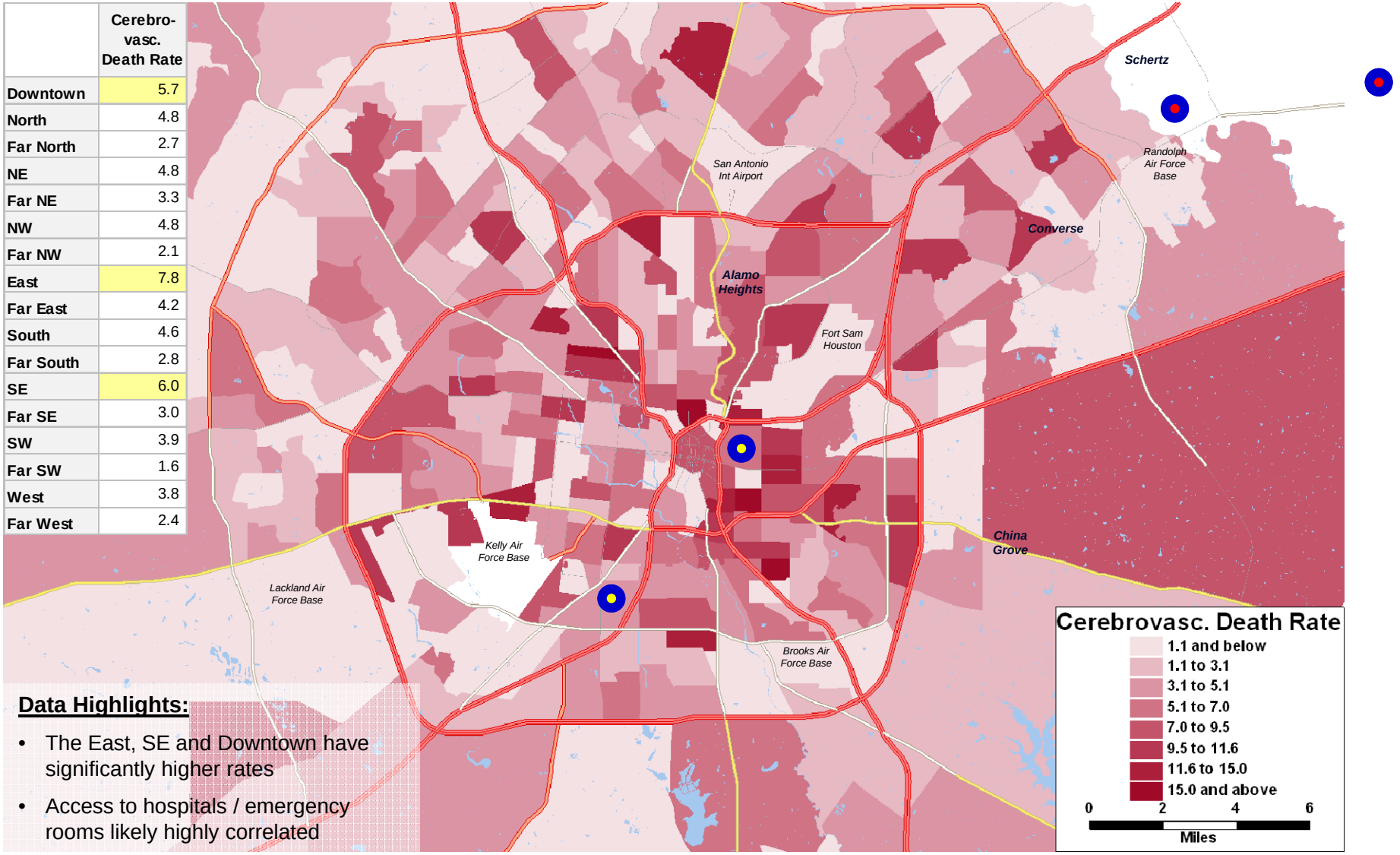
- Markets within the inner loop and in the south all have higher rates
- Obesity is the most common risk factor that leads to cardiovascular disease and diabetes

(1) Source: UDS Mapper
(2) Note: Originally grouped by ZCTA. Then distributed by ZCTA into tracts.
(3) Note: Obesity is generally characterized by a BMI greater than 30 kg/m^2

III. Identifying At-Risk Populations - Health Indicators

Diseases and Death Rates - 2012 Cerebrovascular Disease Death Rate(1)

	Cerebro-vasc. Death Rate
Downtown	5.7
North	4.8
Far North	2.7
NE	4.8
Far NE	3.3
NW	4.8
Far NW	2.1
East	7.8
Far East	4.2
South	4.6
Far South	2.8
SE	6.0
Far SE	3.0
SW	3.9
Far SW	1.6
West	3.8
Far West	2.4



Data Highlights:

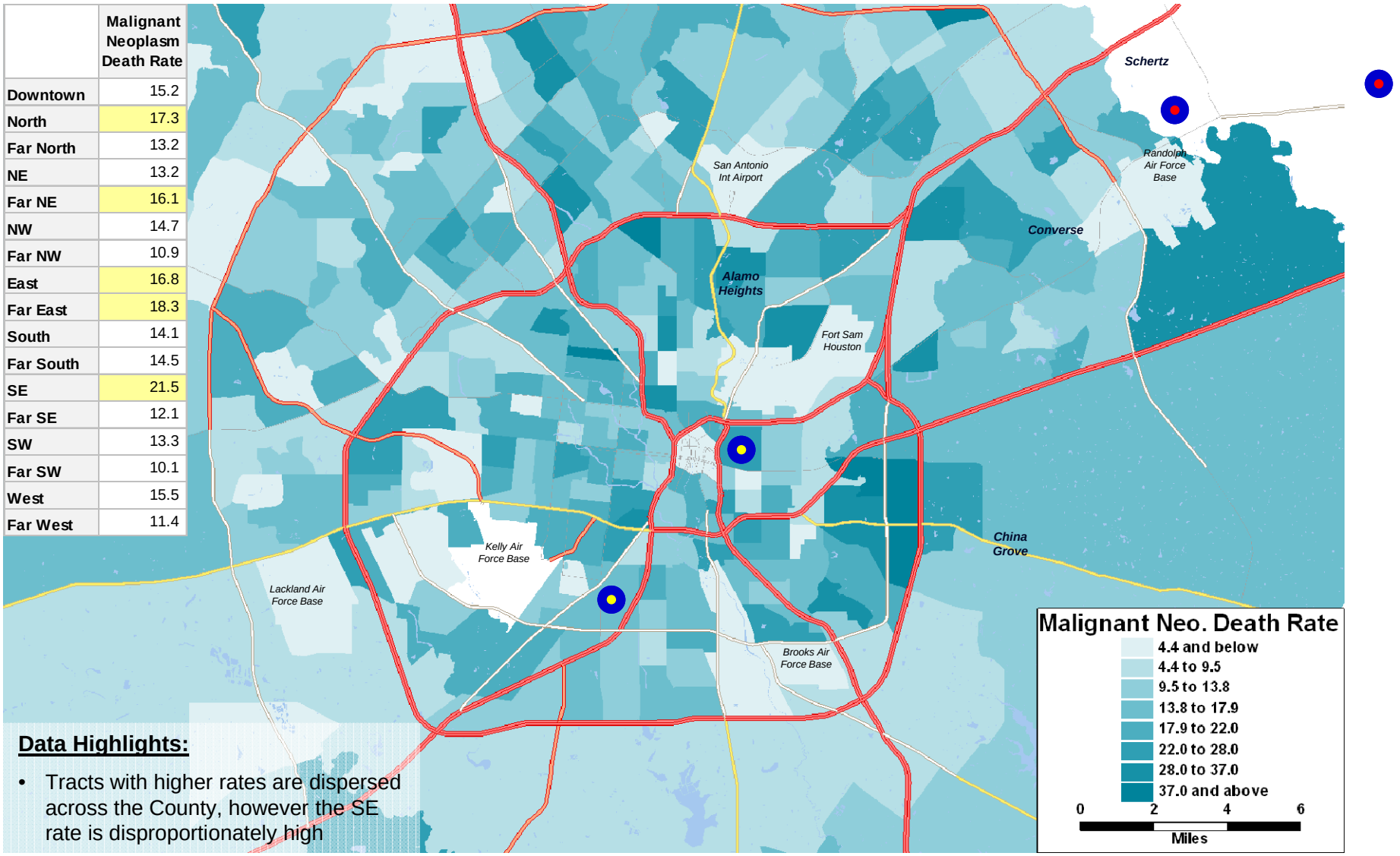
- The East, SE and Downtown have significantly higher rates
- Access to hospitals / emergency rooms likely highly correlated

(1) Source: City of San Antonio Health Profiles 2012
(2) Note: Death rates are calculated per 10,000 population

III. Identifying At-Risk Populations - Health Indicators

Diseases and Death Rates - 2012 Malignant Neoplasms Death Rate(1)

	Malignant Neoplasm Death Rate
Downtown	15.2
North	17.3
Far North	13.2
NE	13.2
Far NE	16.1
NW	14.7
Far NW	10.9
East	16.8
Far East	18.3
South	14.1
Far South	14.5
SE	21.5
Far SE	12.1
SW	13.3
Far SW	10.1
West	15.5
Far West	11.4



Data Highlights:

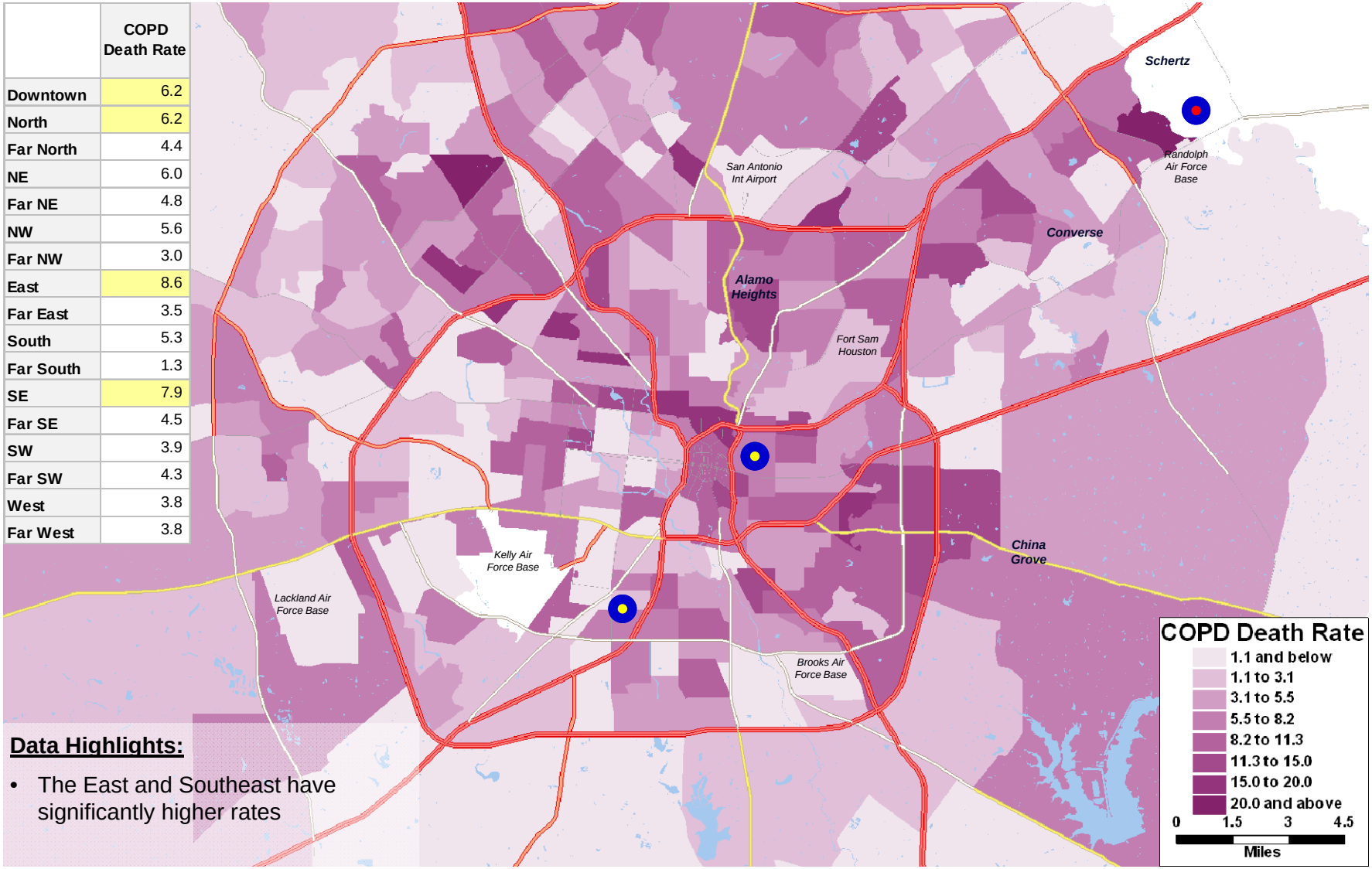
- Tracts with higher rates are dispersed across the County, however the SE rate is disproportionately high

(1) Source: City of San Antonio Health Profiles 2012
(2) Note: Death rates are calculated per 10,000 population

III. Identifying At-Risk Populations - Health Indicators

Diseases and Death Rates - 2012 COPD Death Rate(1)

	COPD Death Rate
Downtown	6.2
North	6.2
Far North	4.4
NE	6.0
Far NE	4.8
NW	5.6
Far NW	3.0
East	8.6
Far East	3.5
South	5.3
Far South	1.3
SE	7.9
Far SE	4.5
SW	3.9
Far SW	4.3
West	3.8
Far West	3.8



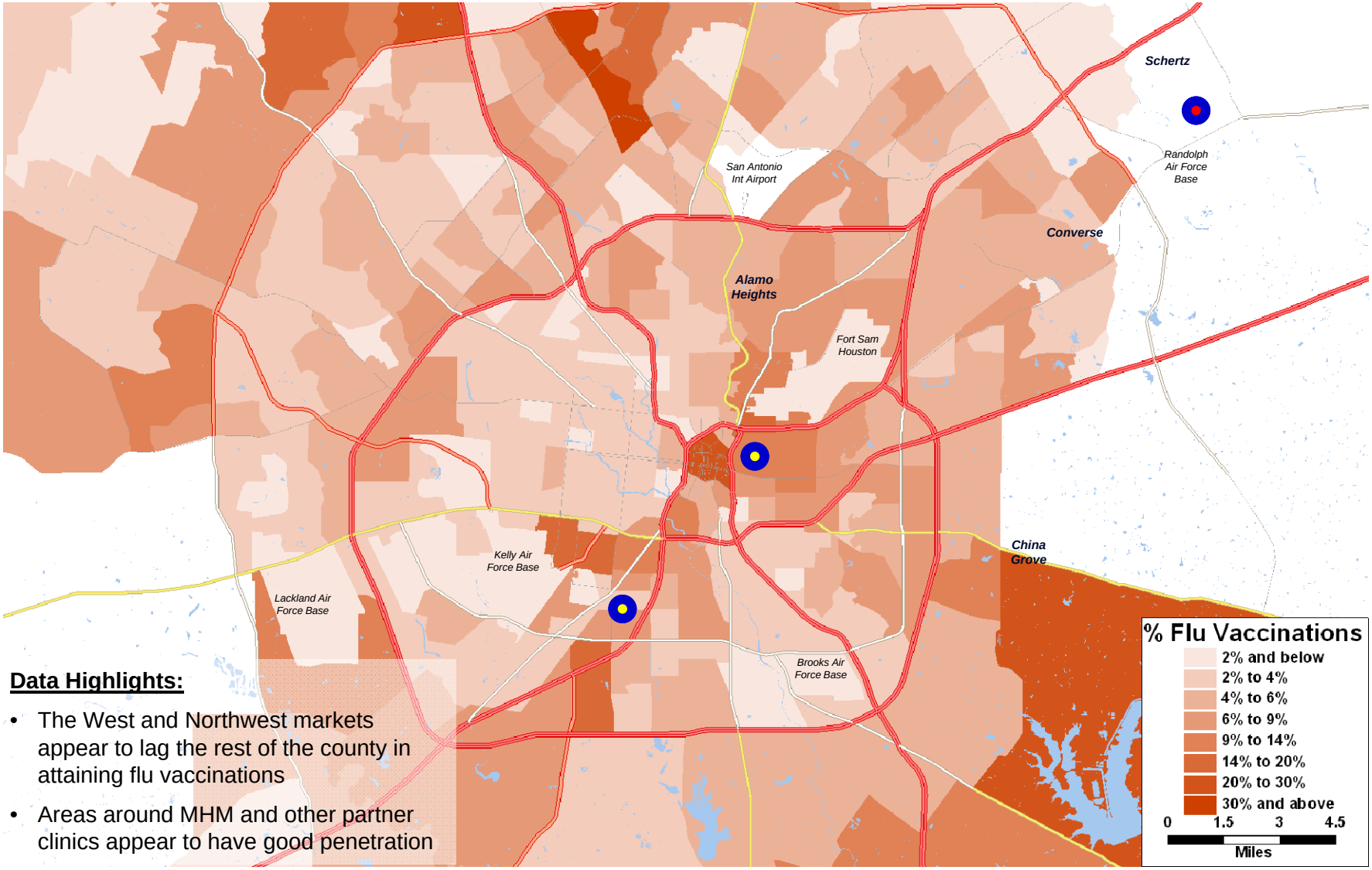
Data Highlights:

- The East and Southeast have significantly higher rates

(1) Source: City of San Antonio Health Profiles 2012
(2) Note: Death rates are calculated per 10,000 population

III. Identifying At-Risk Populations - Health Indicators

Immunization Rates – 2014 - 15 Flu Season(1)



Data Highlights:

- The West and Northwest markets appear to lag the rest of the county in attaining flu vaccinations
- Areas around MHM and other partner clinics appear to have good penetration

(1) Source: CDC
(2) Note: Originally grouped by zip code and distributed into tracts

III. Identifying At-Risk Populations – Summary

Survey Discussion

- During the kickoff meeting, the MHM research team was given a measurement assessment to help prioritize health indicators
- Participants were asked to rank indicators on a scale of 1 to 10, with 10 being the most important
- Assessments were compiled and an importance score was calculated by taking the average of the scores
- Numeric scoring was done on these factors:
  - At a census tract level, these factors (where available) were scored on a scale of 1 to 5, with 5 indicating the most at risk. The range for each metric was based on the distribution across census tracts with each metric having an average score of approximately 3
  - These scores were then weighted according to the scoring in the table to the right (i.e., the census tracts with the largest population at or below 100% of the FPL received a weighted score of 50). The maximum score is 528.5

	Indicator	Score
Population	Population at 100 FPL	10.0
	Total Population	5.2
	Pediatric Population at Risk	4.3
	Eldery Population at Risk	2.2
Health Care Coverage	Uninsured Rates	9.6
	Medicaid Enrollment Levels	6.3
Primary Care Access	PCPs/1,000 pop	10.0
	PCP Providers/1,000 pop (w/extndrs)	8.6
Access to Acute Care Services	Hospitals	5.7
	Emergency Services	5.4
Health and Wellness	Life Expectancy	6.0
	Self-Reported Health Status	4.6
Maternal Health/Birth	Births to Women under 20	4.9
	Premature Births/Low Birth Weight	4.3
	Late or no Prenatal Care	4.3
Risk Factors	Diabetes	9.1
	Obesity	8.9
	High Blood Pressure	8.3
	No/limited exercise	6.3
	Smoking Rates	5.7
Mortality	Heart Disease Rates	6.7
	Stroke Rate	5.6
	Cancer Incidence Rates	5.1
	Infant Mortality	3.7
Communicable Diseases	STD Rates	4.7
	HIV/AIDS Rates	4.4
Socioeconomic	Suicide Rates	5.0
	Homicide Rates	2.2

III. Identifying At-Risk Populations – Summary

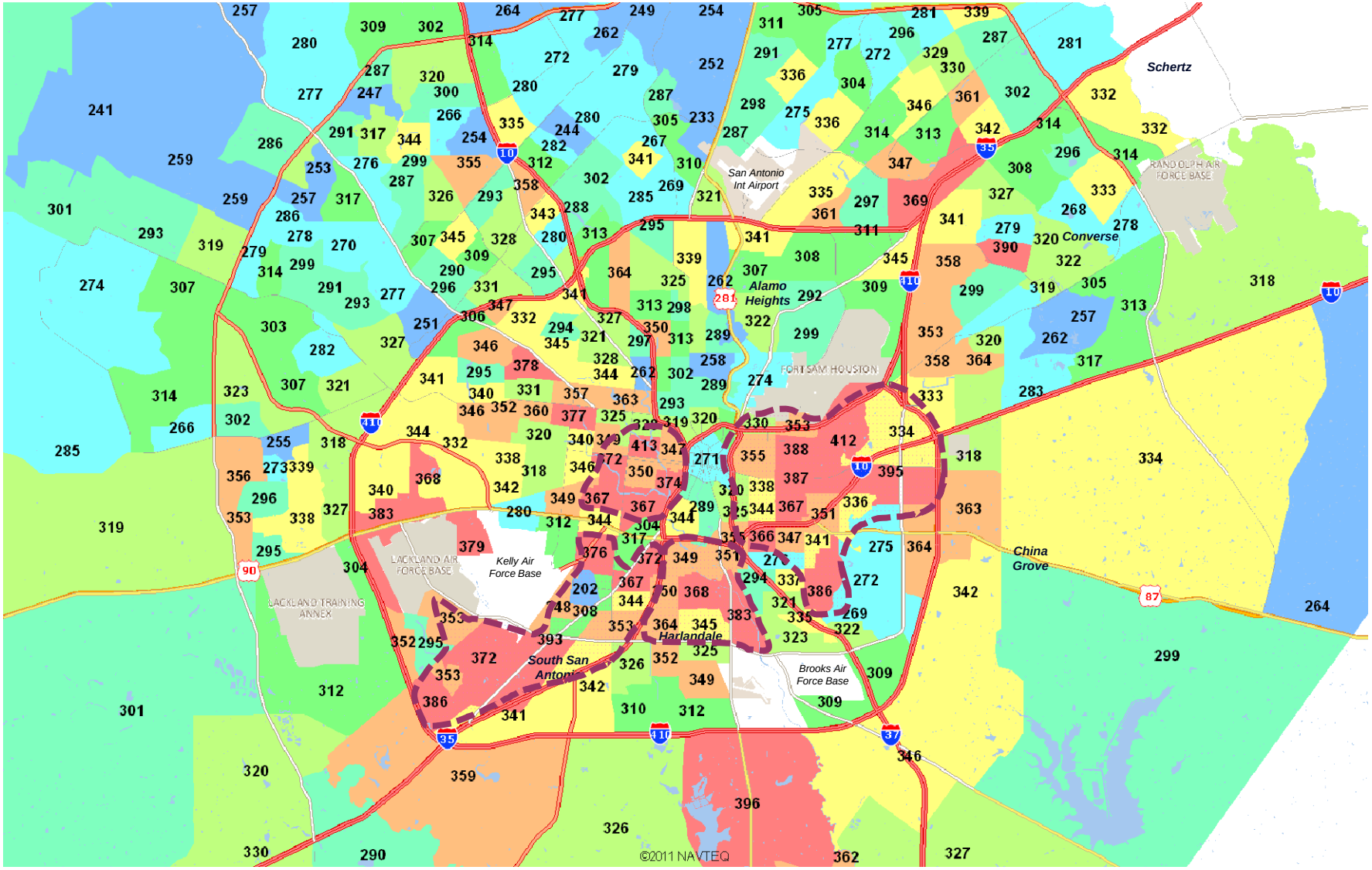
Key Demographics & Health Indicators

	Demographics								Diseases and Death Rates									Natal Health		
	% Population Below 100% FPL	% Population Below 138% FPL	% Population Below 200% FPL	% Uninsured	% Un-employed	% Medicaid	% Self Pay / Indigent	Median HHI	% Diabetes Diagnoses	Diabetes Death Rate	% Obesity Diagnoses	% High BP Diagnoses	Heart Disease Death Rate	CHF Death Rate	COPD Death Rate	Cerebro-vasc. Death Rate	Malignant Neoplasm Death Rate	Teen Birth Rate	Preterm Birth Rate	Low Weight Birth Rate
Downtown	21%	39%	54%	24%	5.4%	26%	16%	31,019	10%	3.3	27%	23%	16.7	0.7	6.2	5.7	15.2	1,397	1,250	1,029
North	18%	27%	40%	21%	4.1%	22%	14%	43,602	11%	3.6	30%	28%	23.0	1.7	6.2	4.8	17.3	1,025	1,107	956
Far North	9%	13%	22%	13%	3.3%	14%	12%	71,601	9%	1.3	25%	26%	12.8	0.8	4.4	2.7	13.2	501	1,004	818
NE	15%	23%	40%	18%	3.8%	28%	13%	44,527	10%	2.1	28%	28%	16.7	0.7	6.0	4.8	13.2	1,165	1,276	1,026
Far NE	13%	20%	33%	16%	4.4%	24%	12%	56,230	9%	1.5	27%	28%	14.6	0.6	4.8	3.3	16.1	994	1,194	912
NW	24%	35%	49%	25%	4.0%	26%	17%	33,375	11%	3.6	30%	26%	18.6	1.4	5.6	4.8	14.7	1,288	1,143	943
Far NW	9%	14%	24%	13%	3.6%	16%	9%	65,572	10%	1.3	27%	26%	9.0	1.0	3.0	2.1	10.9	498	1,032	904
East	40%	56%	72%	29%	6.0%	33%	15%	26,058	12%	4.4	31%	29%	26.6	1.1	8.6	7.8	16.8	1,791	1,424	1,332
Far East	13%	20%	36%	19%	4.5%	29%	13%	53,513	9%	4.2	26%	27%	9.9	0.7	3.5	4.2	18.3	1,053	1,632	1,211
South	27%	41%	58%	27%	5.9%	31%	11%	34,254	12%	3.2	33%	28%	18.9	1.5	5.3	4.6	14.1	1,610	1,034	847
Far South	23%	36%	54%	26%	6.1%	32%	12%	43,040	11%	2.5	28%	24%	11.0	0.6	1.3	2.8	14.5	1,008	1,091	782
SE	21%	32%	48%	23%	4.3%	29%	13%	38,150	12%	4.0	32%	28%	17.1	2.0	7.9	6.0	21.5	1,479	1,208	787
Far SE	18%	27%	42%	21%	5.1%	24%	11%	48,554	10%	2.3	27%	25%	9.0	1.1	4.5	3.0	12.1	1,074	1,049	972
SW	26%	41%	59%	29%	5.1%	34%	11%	34,964	12%	3.7	33%	28%	12.9	1.1	3.9	3.9	13.3	1,725	1,181	1,018
Far SW	14%	25%	43%	18%	4.2%	32%	11%	46,723	11%	1.2	29%	26%	10.9	0.8	4.3	1.6	10.1	1,096	1,009	724
West	34%	49%	65%	29%	5.2%	34%	15%	26,979	12%	3.1	33%	27%	15.8	1.6	3.8	3.8	15.5	1,831	1,295	1,014
Far West	14%	23%	39%	17%	3.9%	25%	10%	53,277	11%	2.0	30%	27%	9.5	0.2	3.8	2.4	11.4	886	1,028	878

- Based on demographic and health indicator data, the East region is the greatest at-risk population followed by the West region. On the scoring, these regions had the highest scores, within narrow ranges
- Other regions that also had high overall scores were the Southwest and South. The Southwest had a higher range of scores, indicating pockets of population less at risk
- The Northwest, Far Northeast, and the Far South regions also score highly, but largely due to health risks (Natal Health in the Northwest and Far Northeast, Chronic Conditions in the Far South and Far Northeast) and are relatively lower scoring on poverty and payer metrics

III. Identifying At-Risk Populations – Summary

Key Demographics & Health Indicators



III. Identifying At-Risk Populations – Summary

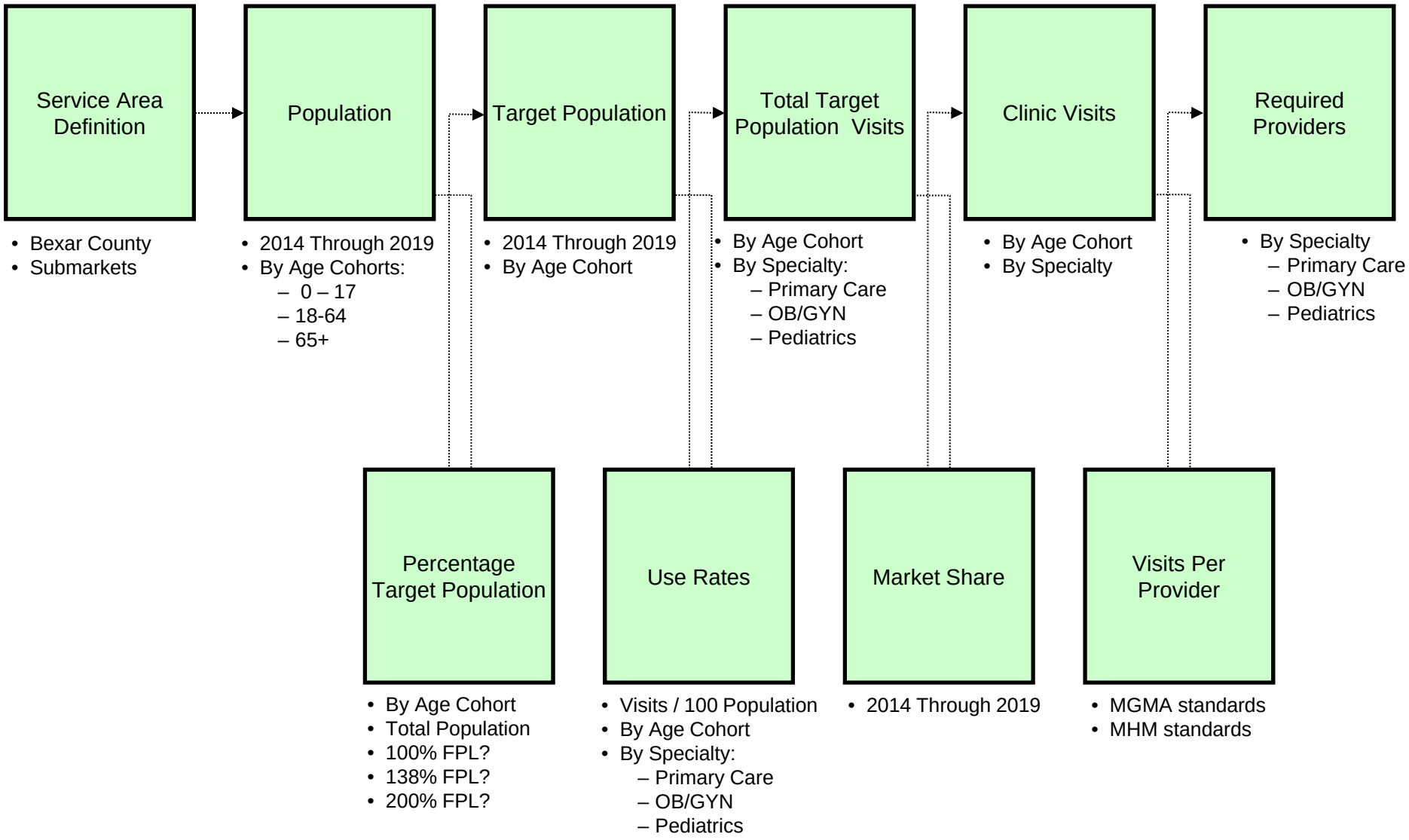
Regional Summary

- There are populations "at-risk" across Bexar County however, from a demographic and health status perspective a few key submarkets appear to have higher levels of need
  - East submarket
    - A largely African American population with high proportions of Medicaid, self pay/indigent and uninsured. This region also has high proportions of populations diagnosed with chronic conditions and corresponding mortality rates are high in the region as well. The region also has high rates of natal health issues
    - The majority of the East submarket scored as at risk however, "outer east" neighborhoods such as Eastlawn, Harvard Place, Jefferson Heights and United Hometown scored particularly high
  - West submarket
    - The West region is predominantly Hispanics has a large Medicaid, self pay / indigent, and uninsured population, with very high rates of poverty, especially children and the elderly. Diabetes, obesity and natal health issues are key concerns in this market
    - The "inner west" neighborhoods scored as particularly at risk including Avenida Guadalupe, Collins Garden and portions of Gardendale and Prospect Hill
  - South submarket
    - The South region is comprised of mostly Hispanics and has relatively lower levels of poverty and associated payers. This market has the largest population of elderly at risk
    - The upper half of the South submarket scored as at risk
  - Southwest submarket
    - The Southwest region is mostly Hispanic with a large population in poverty, especially children, with the payer challenges that accompany poverty. Chronic conditions are less of an issue (natal health issues are a concern)
    - The majority of the Southwest submarket scored as at risk except for areas immediately around the MHM Wesley Center and CentroMed sites

At Risk Demand – Primary Care

IV. At-Risk Demand Analysis

Demand Analysis Approach

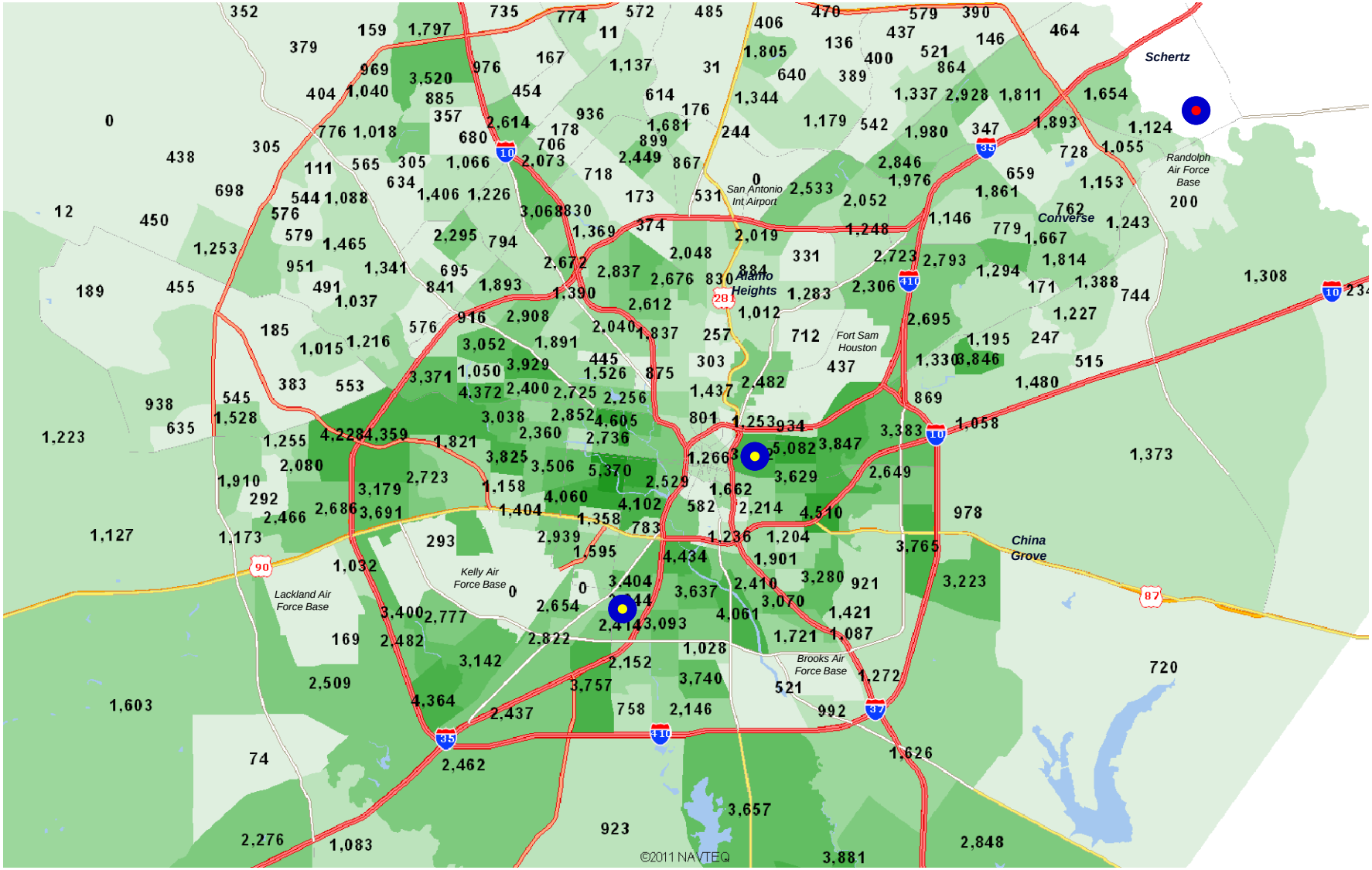


IV. At-Risk Demand Analysis
Process

- Process for determining Indigent Care Visit Demand
  - Determine target population based on relative poverty levels (100% / 138% / 200% FPL)
  - Develop Visit Rates / 100 population based on national data
    - Centers for Disease Control and Prevention / National Center for Health Statistics
      - National Ambulatory Medical Care Survey – 2010
      - National Hospital Ambulatory Medical Care Survey – 2010
      - http://www.cdc.gov/nchs/
  - Create visit estimates at the varying levels of poverty by age cohort by census tract
- Key Issues
  - What is the appropriate "denominator" for indigent care visits in the market?
    - May vary by age cohort (Pediatrics and Seniors vs Adult)
  - What is the expected future growth in demand in Bexar County?
    - From 2014 Through 2019
    - By Specialty
    - By Age Cohort
  - Where is the growth expected to occur?

IV. At-Risk Demand Analysis

Primary Care - 2013 Total Expected Visits for Population below 100% FPL

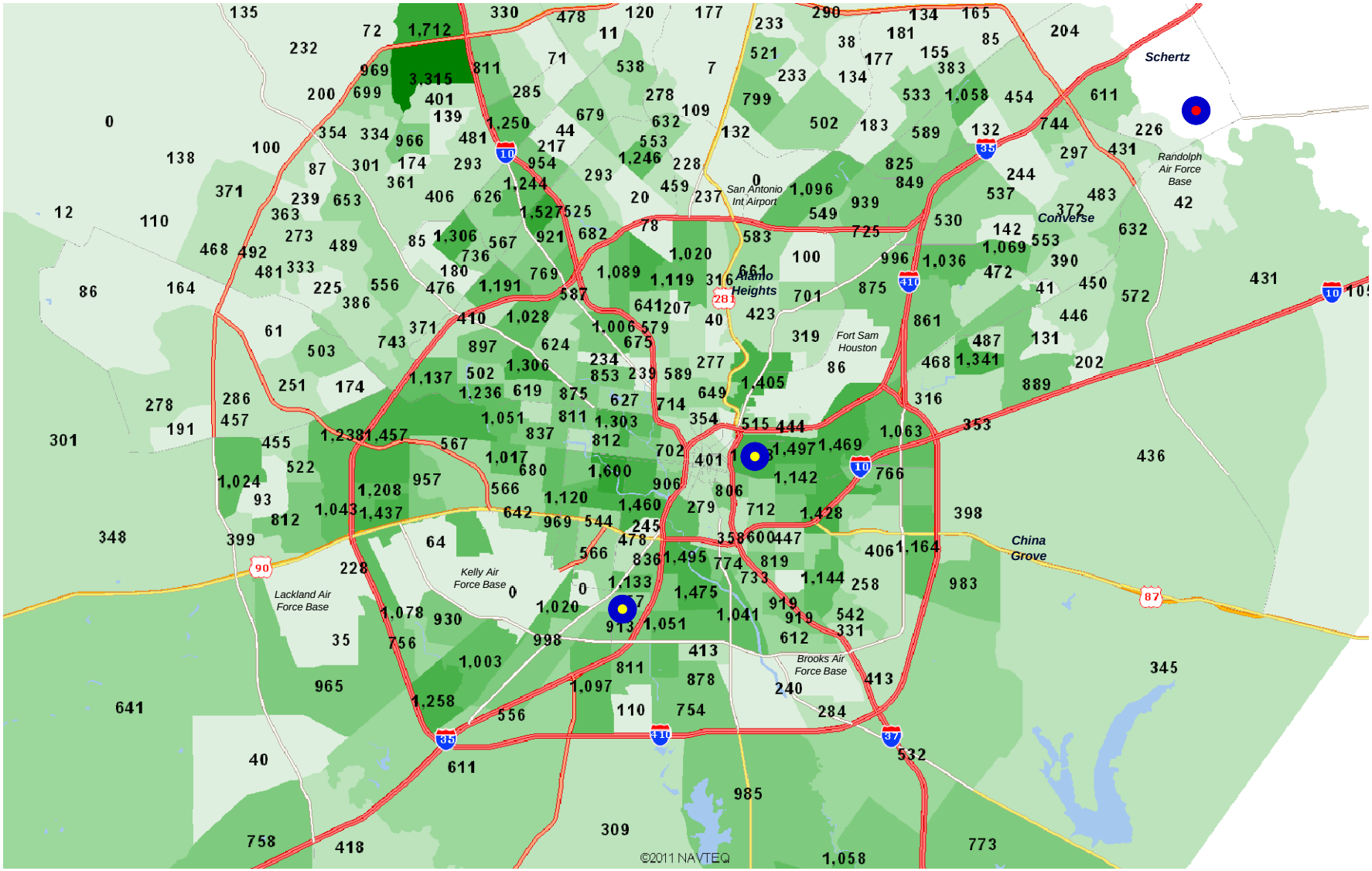


(1) Source: Claritas 2014 estimates and 2019 projections, 2010 basis 2014 estimates and 2019 projections, 2010 basis
(2) Source: NHAMCS and NAMCS Outpatient visit rates
(3) Visits calculated using Claritas Population multiplied NHAMCS and NAMCS rates per 100

CAPITAL HEALTHCARE PLANNING

IV. At-Risk Demand Analysis

Primary Care - 2013 Expected Visits 18-64 Age Range at 100% Poverty Level

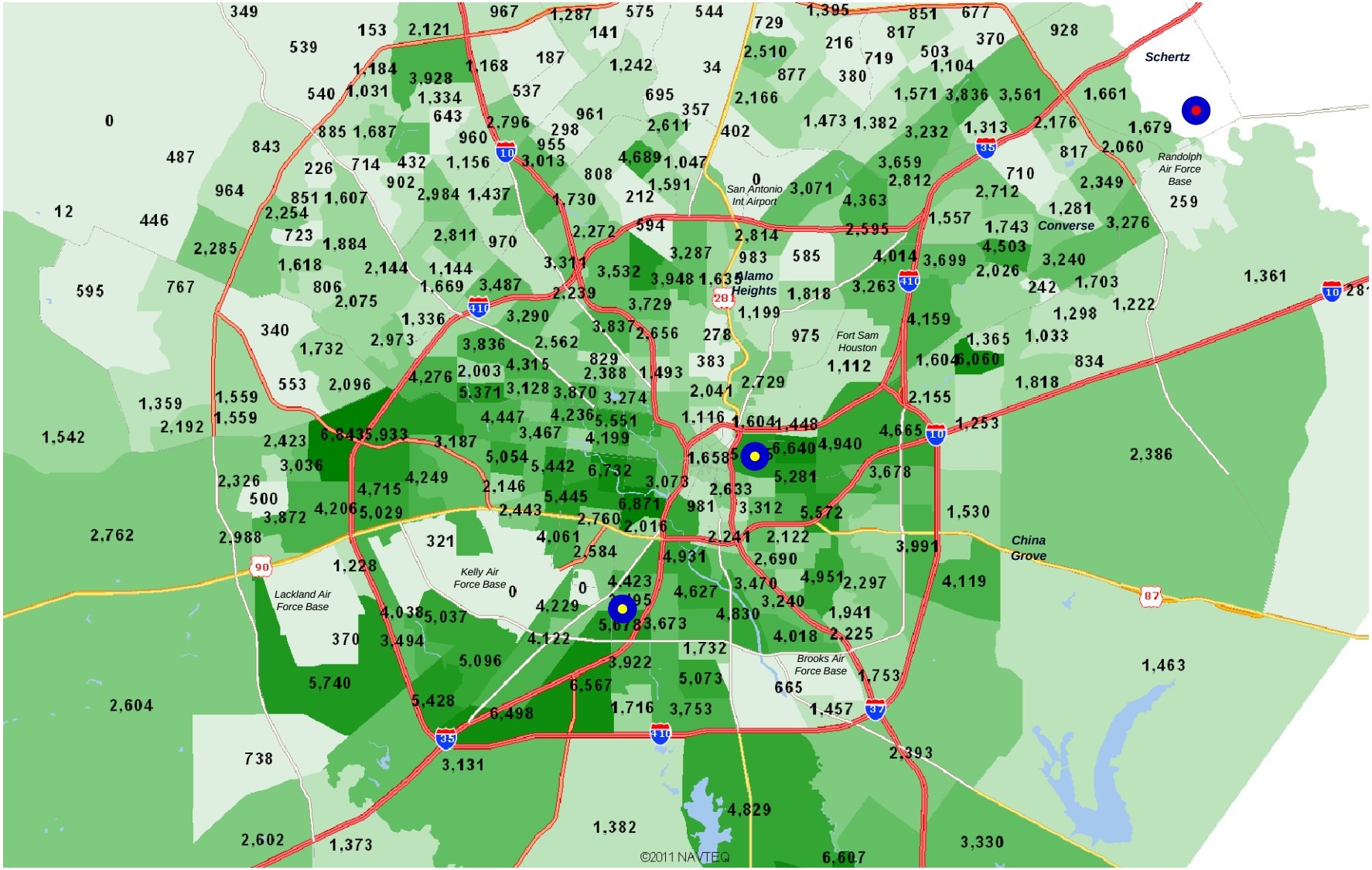


(1) Source: Claritas 2014 estimates and 2019 projections, 2010 basis 2014 estimates and 2019 projections, 2010 basis
(2) Source: NHAMCS and NAMCS Outpatient visit rates
(3) Visits calculated using Claritas Population multiplied NHAMCS and NAMCS rates per 100

CAPITAL HEALTHCARE PLANNING

IV. At-Risk Demand Analysis

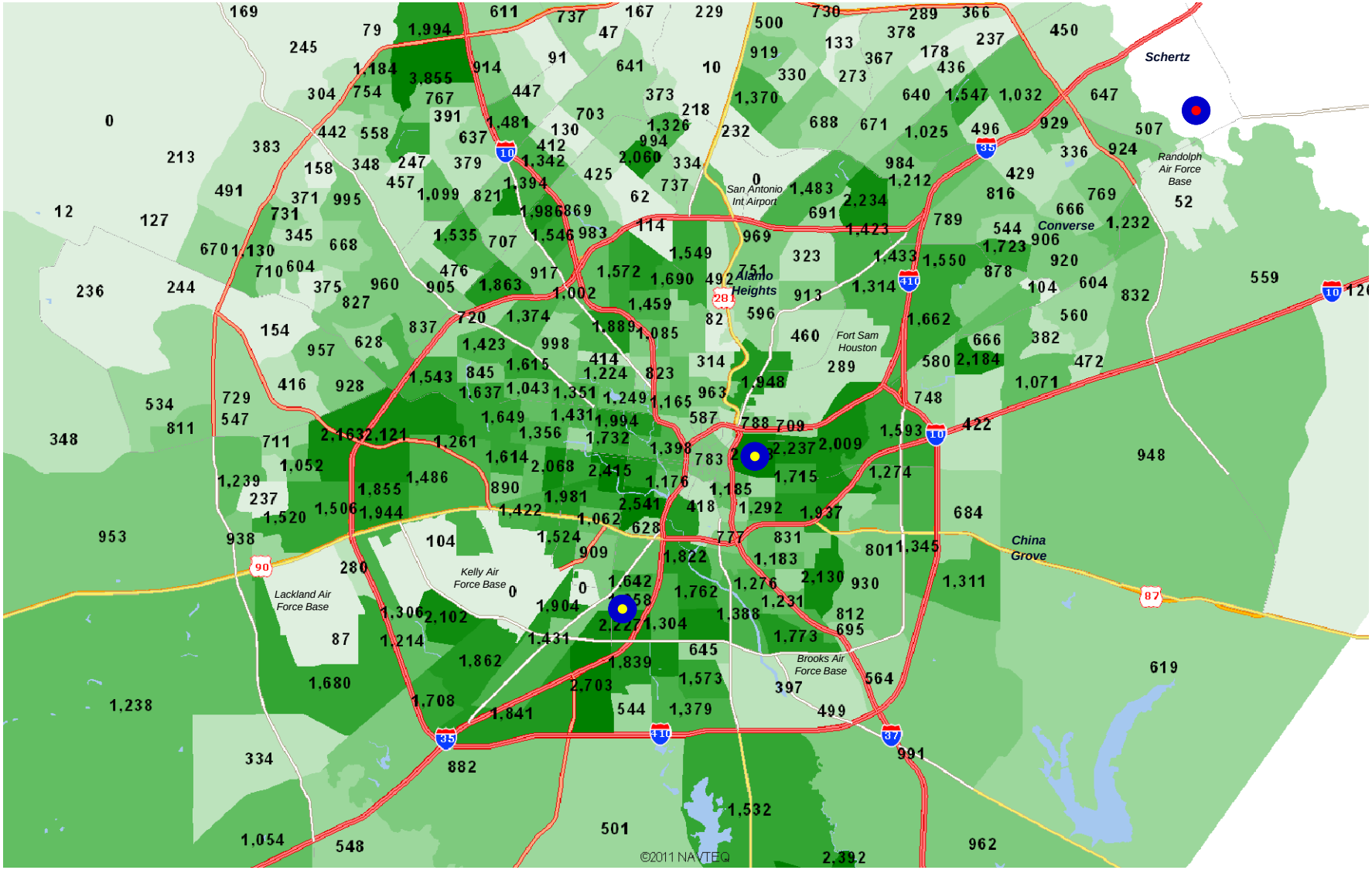
Primary Care - 2013 Total Expected Visits for Population below 138% FPL



(1) Source: Claritas 2014 estimates and 2019 projections, 2010 basis 2014 estimates and 2019 projections, 2010 basis
(2) Source: NHAMCS and NAMCS Outpatient visit rates
(3) Visits calculated using Claritas Population multiplied NHAMCS and NAMCS rates per 100

IV. At-Risk Demand Analysis

Primary Care - 2013 Expected Visits 18-64 Age Range at 138% Poverty Level

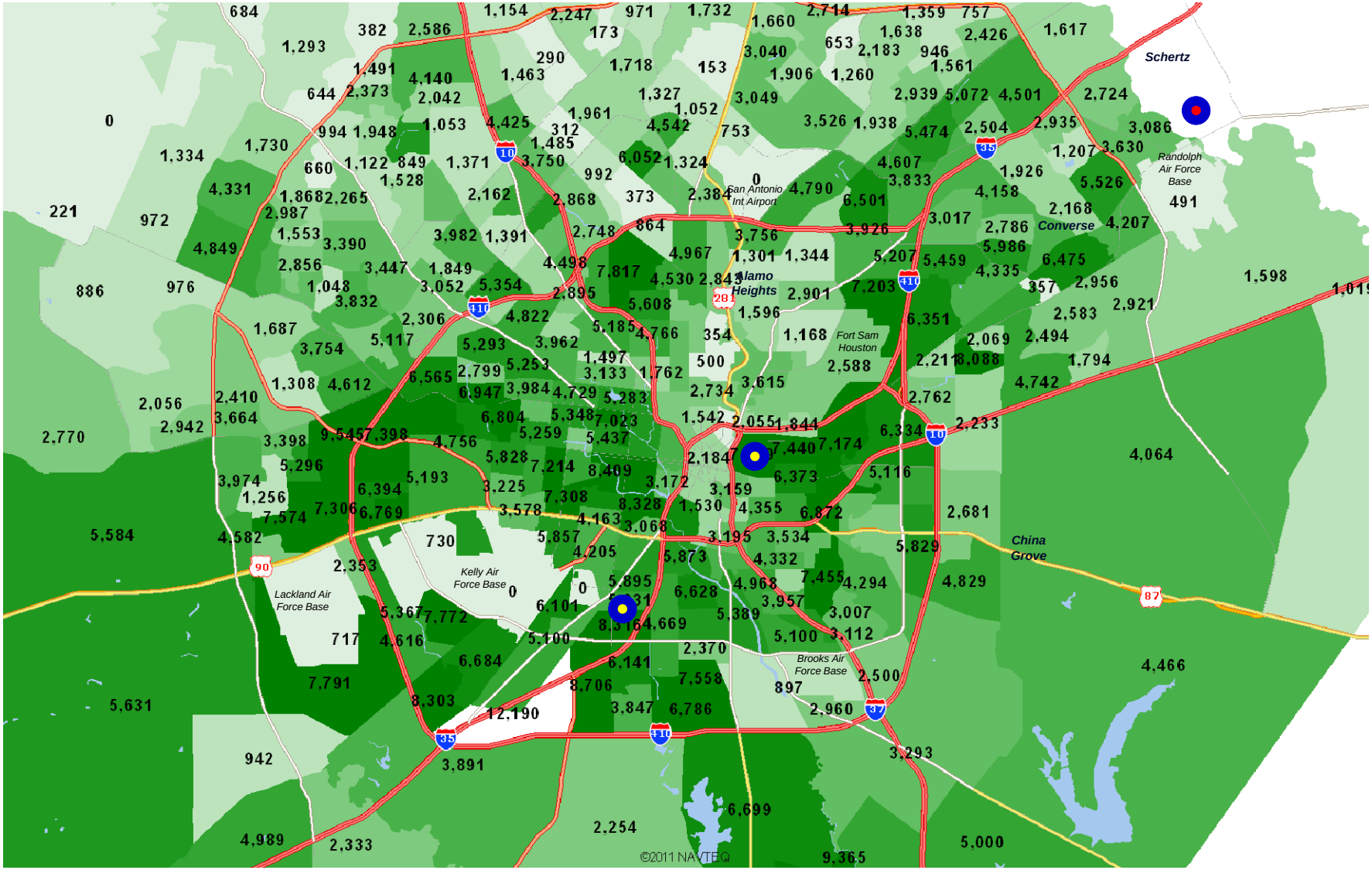


(1) Source: Claritas 2014 estimates and 2019 projections, 2010 basis 2014 estimates and 2019 projections, 2010 basis
(2) Source: NHAMCS and NAMCS Outpatient visit rates
(3) Visits calculated using Claritas Population multiplied NHAMCS and NAMCS rates per 100

CAPITAL HEALTHCARE PLANNING

IV. At-Risk Demand Analysis

Primary Care - 2013 Total Expected Visits for Population below 200% FPL

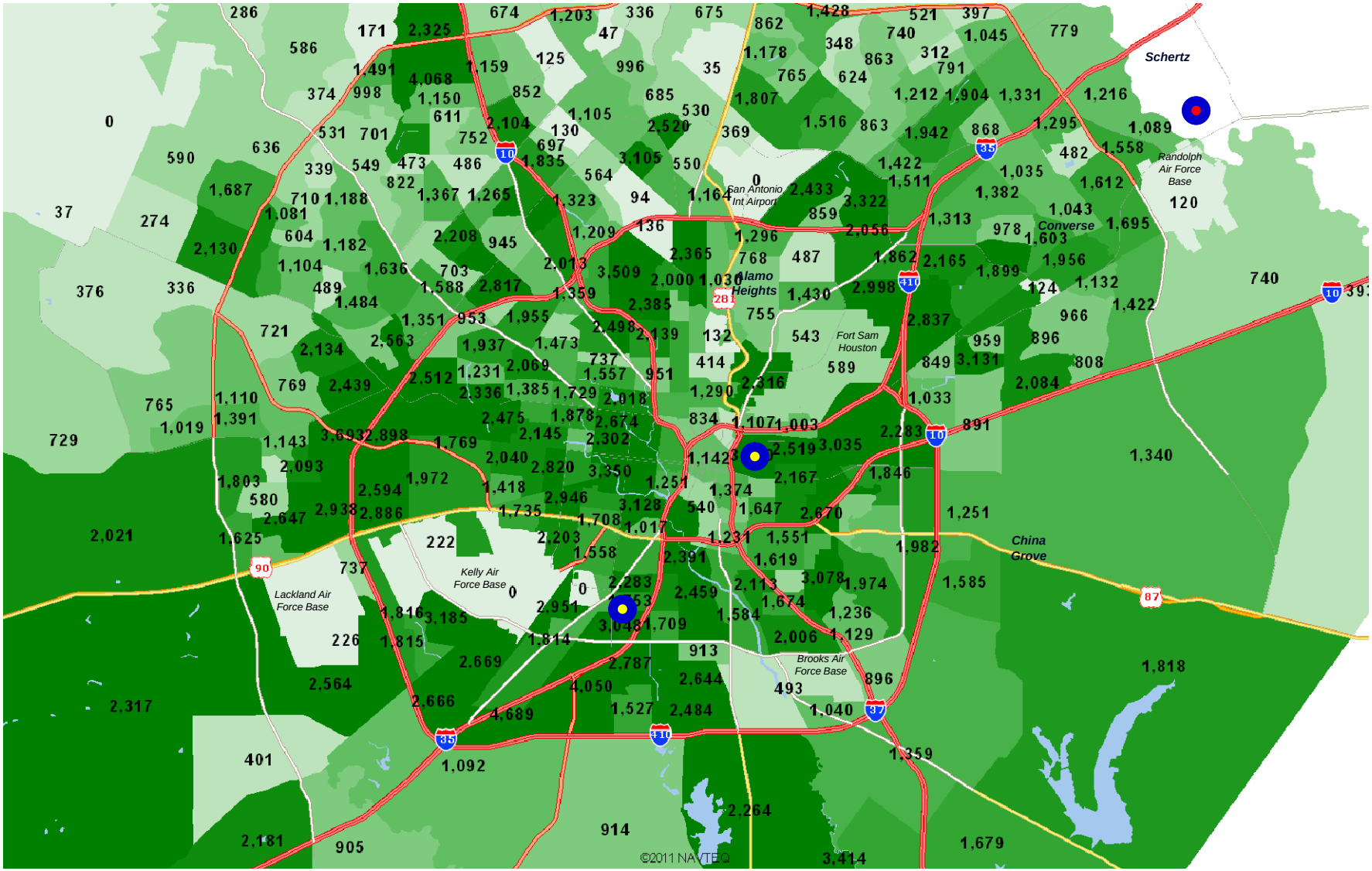


(1) Source: Claritas 2014 estimates and 2019 projections, 2010 basis 2014 estimates and 2019 projections, 2010 basis
(2) Source: NHAMCS and NAMCS Outpatient visit rates
(3) Visits calculated using Claritas Population multiplied NHAMCS and NAMCS rates per 100

CAPITAL HEALTHCARE PLANNING

IV. At-Risk Demand Analysis

Primary Care 2013 Expected Visits 18-64 Age Range Below 200% Poverty



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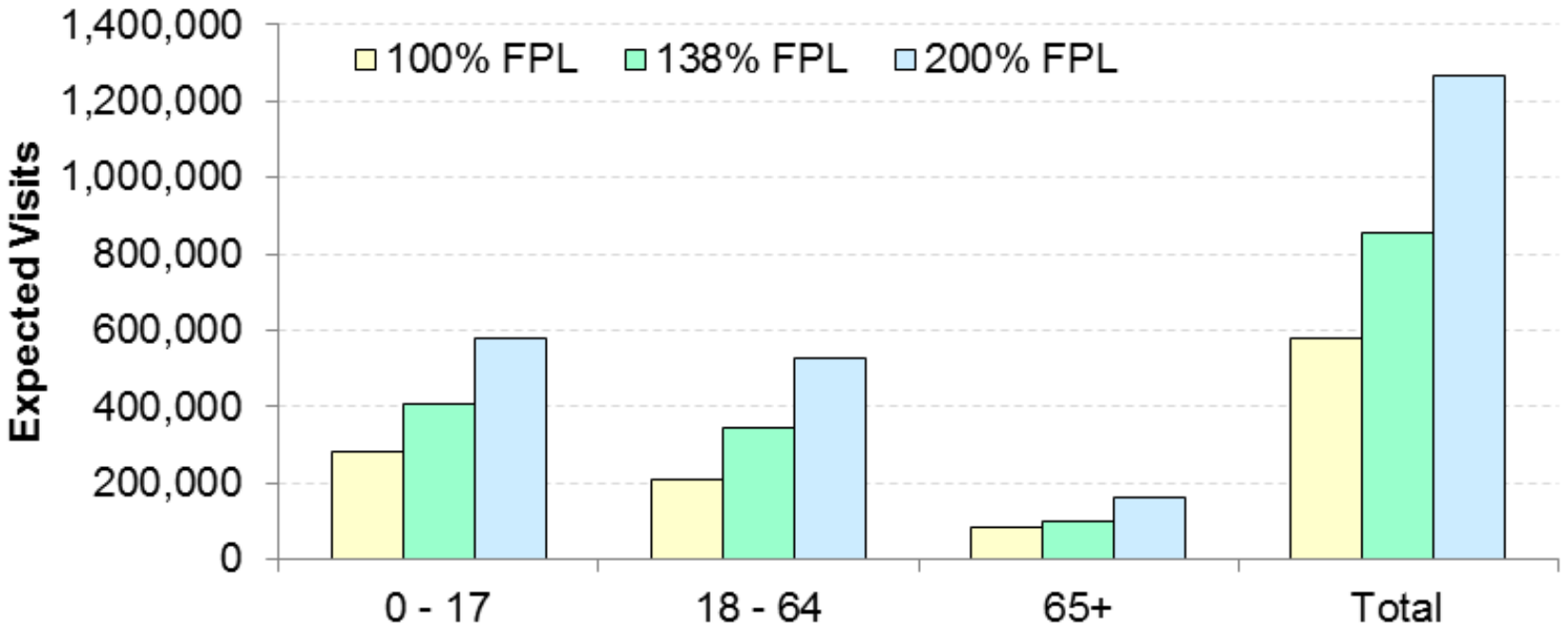
(2) Source: NHAMCS and NAMCS Outpatient visit rates
(3) Visits calculated using Claritas Population multiplied NHAMCS and NAMCS rates per 100

CAPITAL HEALTHCARE PLANNING

IV. At-Risk Demand Analysis

2013 Expected Market Visits – Bexar County(1)

2013 Expected Market Visits by FPL and by Age Cohort – Bexar County



IV. At-Risk Demand Analysis

*Expected Growth in **Total** Primary Care Visits 2013 – 2020(1)*

Submarkets	100% Poverty				138% Poverty				200% Poverty			
	2013 Expected Visits	2020 Expected Visits	Change in Visits 2013-2020	% Change in Visits 2013-2020	2013 Expected Visits	2020 Expected Visits	Change in Visits 2013-2020	% Change in Visits 2013-2020	2013 Expected Visits	2020 Expected Visits	Change in Visits 2013-2020	% Change in Visits 2013-2020
West	87,749	95,718	7,969	9.1%	122,873	134,181	11,308	9.2%	160,083	174,813	14,730	9.2%
Far North	62,010	73,166	11,156	18.0%	95,100	111,996	16,897	17.8%	154,201	183,666	29,466	19.1%
Far Northwest	57,011	69,171	12,160	21.3%	87,899	106,069	18,169	20.7%	146,075	176,408	30,332	20.8%
Northwest	54,049	59,899	5,850	10.8%	75,364	83,504	8,140	10.8%	105,382	117,054	11,672	11.1%
Southwest	53,402	58,214	4,812	9.0%	80,691	88,188	7,497	9.3%	116,579	127,582	11,003	9.4%
North	38,990	43,159	4,169	10.7%	56,576	62,593	6,017	10.6%	82,489	91,179	8,690	10.5%
South	50,469	55,631	5,162	10.2%	72,119	79,708	7,588	10.5%	101,603	112,260	10,657	10.5%
East	38,254	42,317	4,063	10.6%	51,640	57,165	5,525	10.7%	66,255	73,386	7,131	10.8%
Far Northeast	35,113	40,967	5,854	16.7%	53,203	61,875	8,672	16.3%	88,993	103,762	14,768	16.6%
Far West	18,935	22,816	3,881	20.5%	31,696	38,127	6,431	20.3%	52,482	63,224	10,741	20.5%
Southeast	20,813	23,225	2,412	11.6%	31,614	35,295	3,680	11.6%	46,450	51,846	5,396	11.6%
Far South	15,637	18,104	2,466	15.8%	23,136	26,762	3,626	15.7%	34,496	39,844	5,348	15.5%
Northeast	13,827	15,481	1,654	12.0%	21,453	24,028	2,575	12.0%	36,413	40,755	4,342	11.9%
Downtown	8,926	10,436	1,510	16.9%	16,162	18,882	2,721	16.8%	22,182	25,933	3,751	16.9%
Far Southeast	9,947	11,572	1,625	16.3%	14,691	17,043	2,352	16.0%	22,089	25,500	3,411	15.4%
Far Southwest	7,663	8,940	1,277	16.7%	13,283	15,461	2,178	16.4%	22,423	26,169	3,746	16.7%
Far East	3,642	4,164	522	14.3%	5,450	6,205	755	13.9%	9,996	11,455	1,459	14.6%
	576,438	**652,980**	**76,542**	**13.3%**	**852,950**	**967,082**	**114,132**	**13.4%**	**1,268,191**	**1,444,835**	**176,644**	**13.9%**

- Far Northwest and Far West submarkets are expected to see the largest percent change in Visits from 2013 to 2020

IV. At-Risk Demand Analysis

*Expected Growth in **18-64** Primary Care Visits 2013 – 2020[(1)]*

Submarkets	100% Poverty				138% Poverty				200% Poverty			
	2013 Expected Visits	2020 Expected Visits	Change in Visits 2013-2020	% Change in Visits 2013-2020	2013 Expected Visits	2020 Expected Visits	Change in Visits 2013-2020	% Change in Visits 2013-2020	2013 Expected Visits	2020 Expected Visits	Change in Visits 2013-2020	% Change in Visits 2013-2020
West	28,065	30,685	2,620	9.3%	45,044	49,217	4,172	9.3%	62,254	68,019	5,765	9.3%
Far North	26,680	31,543	4,863	18.2%	43,646	51,588	7,942	18.2%	70,240	83,598	13,358	19.0%
Far Northwest	27,258	33,534	6,276	23.0%	42,904	52,350	9,446	22.0%	69,304	84,203	14,899	21.5%
Northwest	21,254	23,583	2,329	11.0%	32,158	35,684	3,526	11.0%	46,121	51,324	5,203	11.3%
Southwest	16,453	17,920	1,466	8.9%	28,479	31,107	2,629	9.2%	43,633	47,724	4,091	9.4%
North	15,370	17,081	1,711	11.1%	24,714	27,378	2,663	10.8%	36,683	40,588	3,906	10.6%
South	16,667	18,337	1,670	10.0%	27,991	30,938	2,948	10.5%	40,761	45,061	4,301	10.6%
East	12,362	13,695	1,334	10.8%	19,074	21,145	2,071	10.9%	25,509	28,303	2,794	11.0%
Far Northeast	13,076	15,304	2,228	17.0%	20,952	24,425	3,473	16.6%	34,824	40,666	5,842	16.8%
Far West	6,416	7,760	1,344	20.9%	11,249	13,579	2,330	20.7%	20,010	24,134	4,124	20.6%
Southeast	6,898	7,706	808	11.7%	11,864	13,231	1,367	11.5%	18,115	20,204	2,089	11.5%
Far South	4,724	5,452	728	15.4%	8,166	9,426	1,259	15.4%	12,674	14,623	1,949	15.4%
Northeast	5,151	5,771	620	12.0%	8,872	9,955	1,083	12.2%	14,892	16,675	1,782	12.0%
Downtown	3,609	4,215	606	16.8%	6,765	7,910	1,144	16.9%	9,471	11,091	1,621	17.1%
Far Southeast	3,232	3,756	524	16.2%	5,260	6,093	832	15.8%	8,492	9,783	1,291	15.2%
Far Southwest	2,666	3,114	448	16.8%	4,674	5,452	778	16.7%	8,425	9,837	1,412	16.8%
Far East	1,292	1,477	184	14.3%	2,180	2,476	297	13.6%	3,874	4,428	554	14.3%
	211,175	**240,933**	**29,758**	**14.1%**	**343,992**	**391,954**	**47,962**	**13.9%**	**525,279**	**600,260**	**74,981**	**14.3%**

- Far Northwest and Far West submarkets are expected to see the largest percent change in Visits from 2013 to 2020

IV. At-Risk Demand Analysis
Provider Requirements

- Provider requirements dependent upon the staffing models of individual Partner Organizations
  - Physicians
  - Physician Assistants
  - Advanced Practice Nurses
- 2013 MGMA Primary Care Productivity Benchmarks

	Annual Visits per Provider			
	25th Percentile	Median	75th Percentile	90th Percentile
Family Practice	2,799	3,777	4,684	6,314
Internal Medicine	1,963	2,968	4,055	5,173
Primary Care	***2,471***	***3,460***	***4,437***	***5,867***
Pediatrics	3,330	4,139	5,050	7,493
Ob/Gyn	1,907	2,610	3,139	3,611
Psychiatric	272	1,523	2,879	4,950
Extenders[1]	1,460	2,150	2,890	3,820

- Using the MGMA benchmarks as a general guideline, significant provider recruiting will be required to meet incremental 2015 to 2020 demand in Bexar County, applying 50th percentile productivity:

(1) Note: Extenders calculated as a ratio of productivity to the calculated Primary Care value

IV. At-Risk Demand Analysis

Total Unmet Primary Care Visits and Provider FTE Need(1)

Submarkets	138% Poverty					200% Poverty				
	2013 Expected Visits	2013 Partner Visits	2013 Visit Need Unmet	2013 % Expected Visits Unmet	2013 Provider Need	2013 Expected Visits	2013 Partner Visits	2013 Visit Need Unmet	2013 % Expected Visits Unmet	2013 Provider Need
West	122,873	46,543	-76,330	62.1%	22.1	160,083	46,543	-113,540	70.9%	32.8
Far North	95,100	26,714	-68,386	71.9%	19.8	154,201	26,714	-127,487	82.7%	36.8
Far Northwest	87,899	22,148	-65,751	74.8%	19.0	146,075	22,148	-123,928	84.8%	35.8
Northwest	75,364	22,458	-52,905	70.2%	15.3	105,382	22,458	-82,923	78.7%	24.0
Southwest	80,691	38,322	-42,369	52.5%	12.2	116,579	38,322	-78,258	67.1%	22.6
North	56,576	17,333	-39,243	69.4%	11.3	82,489	17,333	-65,155	79.0%	18.8
South	72,119	33,162	-38,957	54.0%	11.3	101,603	33,162	-68,440	67.4%	19.8
East	51,640	13,635	-38,005	73.6%	11.0	66,255	13,635	-52,620	79.4%	15.2
Far Northeast	53,203	20,221	-32,983	62.0%	9.5	88,993	20,221	-68,772	77.3%	19.9
Far West	31,696	9,721	-21,975	69.3%	6.4	52,482	9,721	-42,761	81.5%	12.4
Southeast	31,614	12,920	-18,694	59.1%	5.4	46,450	12,920	-33,530	72.2%	9.7
Far South	23,136	11,569	-11,567	50.0%	3.3	34,496	11,569	-22,926	66.5%	6.6
Northeast	21,453	10,146	-11,307	52.7%	3.3	36,413	10,146	-26,267	72.1%	7.6
Downtown	16,162	6,057	-10,105	62.5%	2.9	22,182	6,057	-16,125	72.7%	4.7
Far Southeast	14,691	5,913	-8,778	59.7%	2.5	22,089	5,913	-16,176	73.2%	4.7
Far Southwest	13,283	6,223	-7,060	53.2%	2.0	22,423	6,223	-16,200	72.2%	4.7
Far East	5,450	2,023	-3,427	62.9%	1.0	9,996	2,023	-7,973	79.8%	2.3
Bexar County Total	**852,950**	**305,108**	**-547,842**	**64.2%**	**158.3**	**1,268,191**	**305,108**	**-963,083**	**75.9%**	**278.3**

- West, Far North, and Far Northwest submarkets are in the most need of Providers
- Far Northwest and East submarkets see the largest percentage of expected visits unmet

(1) Note: Provider need calculated using MGMA benchmark 3,460 visits per Provider
(2) Visits calculated using Claritas Population multiplied NHAMCS and NAMCS rates per 100

IV. At-Risk Demand Analysis

18-64 Age Group Unmet Primary Care Visits and Provider FTE Need(1)

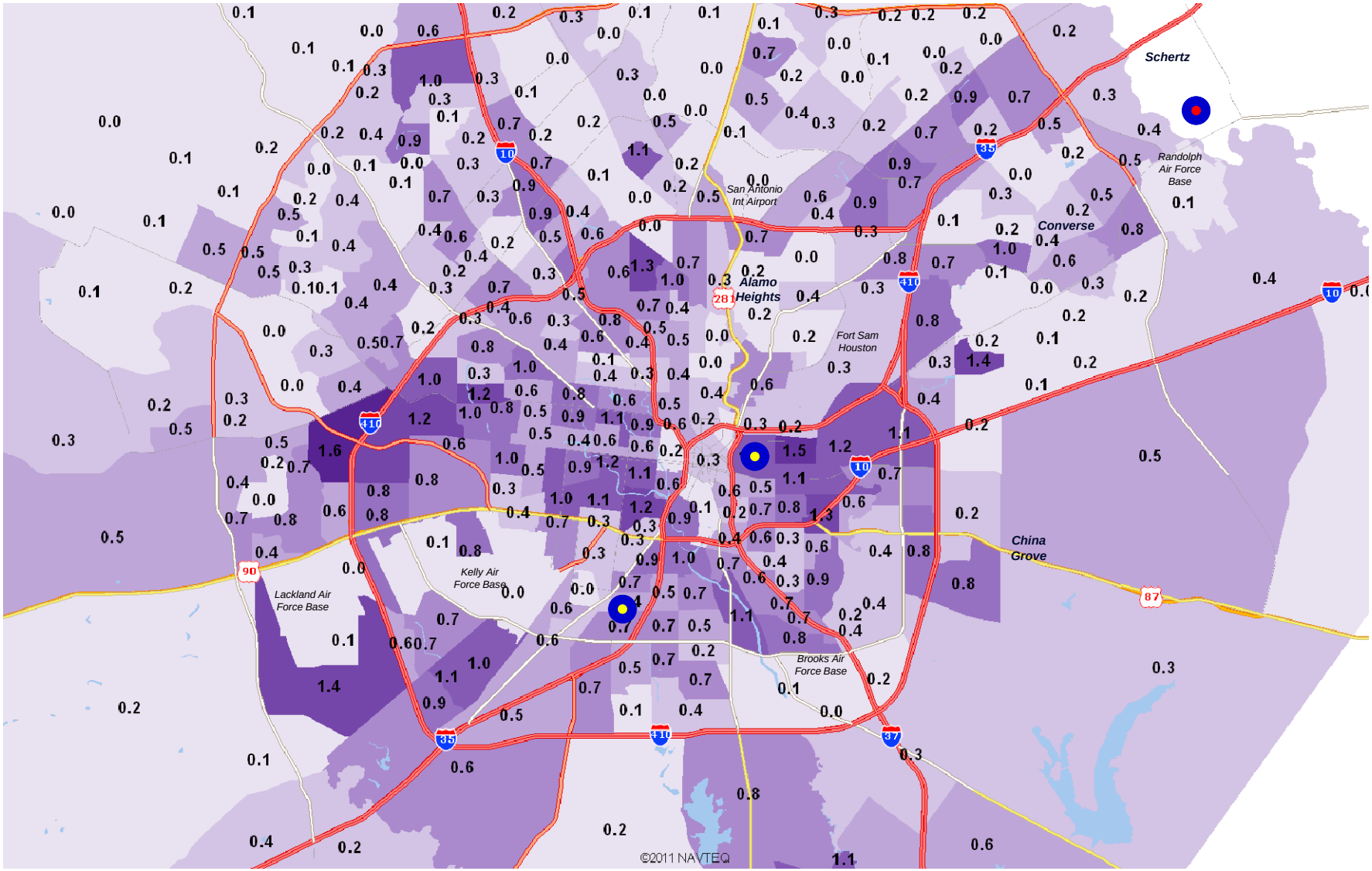
Submarkets	138% Poverty					200% Poverty				
	2013 Expected Visits	2013 Partner Visits	2013 Visit Need Unmet	2013 % Expected Visits Unmet	2013 Provider Need	2013 Expected Visits	2013 Partner Visits	2013 Visit Need Unmet	2013 % Expected Visits Unmet	2013 Provider Need
West	45,044	40,751	-4,294	9.5%	1.2	62,254	40,751	-21,503	34.5%	6.2
Far North	43,646	22,843	-20,803	47.7%	6.0	70,240	22,843	-47,397	67.5%	13.7
Far Northwest	42,904	19,416	-23,487	54.7%	6.8	69,304	19,416	-49,887	72.0%	14.4
Northwest	32,158	19,867	-12,290	38.2%	3.6	46,121	19,867	-26,254	56.9%	7.6
Southwest	28,479	32,187	3,709	-13.0%	(1.1)	43,633	32,187	-11,446	26.2%	3.3
North	24,714	15,058	-9,656	39.1%	2.8	36,683	15,058	-21,624	59.0%	6.2
South	27,991	27,859	-131	0.5%	0.0	40,761	27,859	-12,901	31.7%	3.7
East	19,074	12,053	-7,022	36.8%	2.0	25,509	12,053	-13,456	52.8%	3.9
Far Northeast	20,952	16,894	-4,058	19.4%	1.2	34,824	16,894	-17,929	51.5%	5.2
Far West	11,249	8,438	-2,811	25.0%	0.8	20,010	8,438	-11,572	57.8%	3.3
Southeast	11,864	11,339	-525	4.4%	0.2	18,115	11,339	-6,776	37.4%	2.0
Far South	8,166	9,531	1,365	-16.7%	(0.4)	12,674	9,531	-3,143	24.8%	0.9
Northeast	8,872	8,423	-449	5.1%	0.1	14,892	8,423	-6,470	43.4%	1.9
Downtown	6,765	5,234	-1,532	22.6%	0.4	9,471	5,234	-4,237	44.7%	1.2
Far Southeast	5,260	5,175	-85	1.6%	0.0	8,492	5,175	-3,316	39.1%	1.0
Far Southwest	4,674	5,187	513	-11.0%	(0.1)	8,425	5,187	-3,238	38.4%	0.9
Far East	2,180	1,773	-406	18.6%	0.1	3,874	1,773	-2,101	54.2%	0.6
Bexar County Total	**343,992**	**262,029**	**-81,963**	**23.8%**	**23.7**	**525,279**	**262,029**	**-263,250**	**50.1%**	**76.1**

- Far North and Far Northwest submarkets are in the most need of Providers
- Far Northwest and East submarkets see the largest percentage of expected visits unmet

(1) Note: Provider need calculated using MGMA benchmark 3,460 visits per Provider
(2) Visits calculated using Claritas Population multiplied NHAMCS and NAMCS rates per 100

IV. At-Risk Demand Analysis

2013 Total Primary Care Provider Need(1)(2) – Total Population at 138% FPL

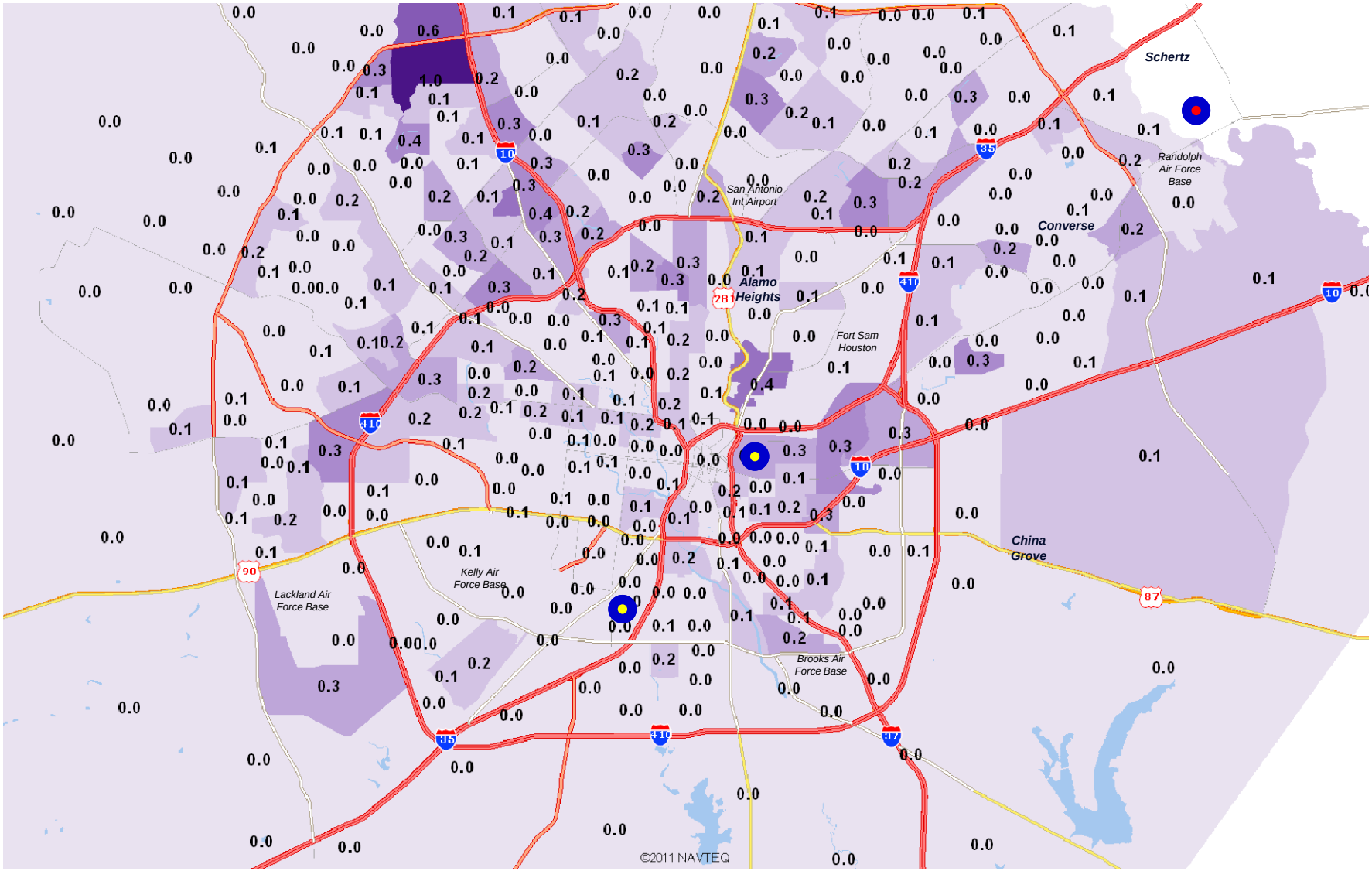


(1) Note: Share calculated using market expected visits at 138% poverty level
(2) Note: Provider need calculated using MGMA benchmark 3,460 visits per Provider

CAPITAL HEALTHCARE PLANNING

IV. At-Risk Demand Analysis

2013 Total Primary Care Provider Need(1)(2) – 18-64 Population at 138% FPL

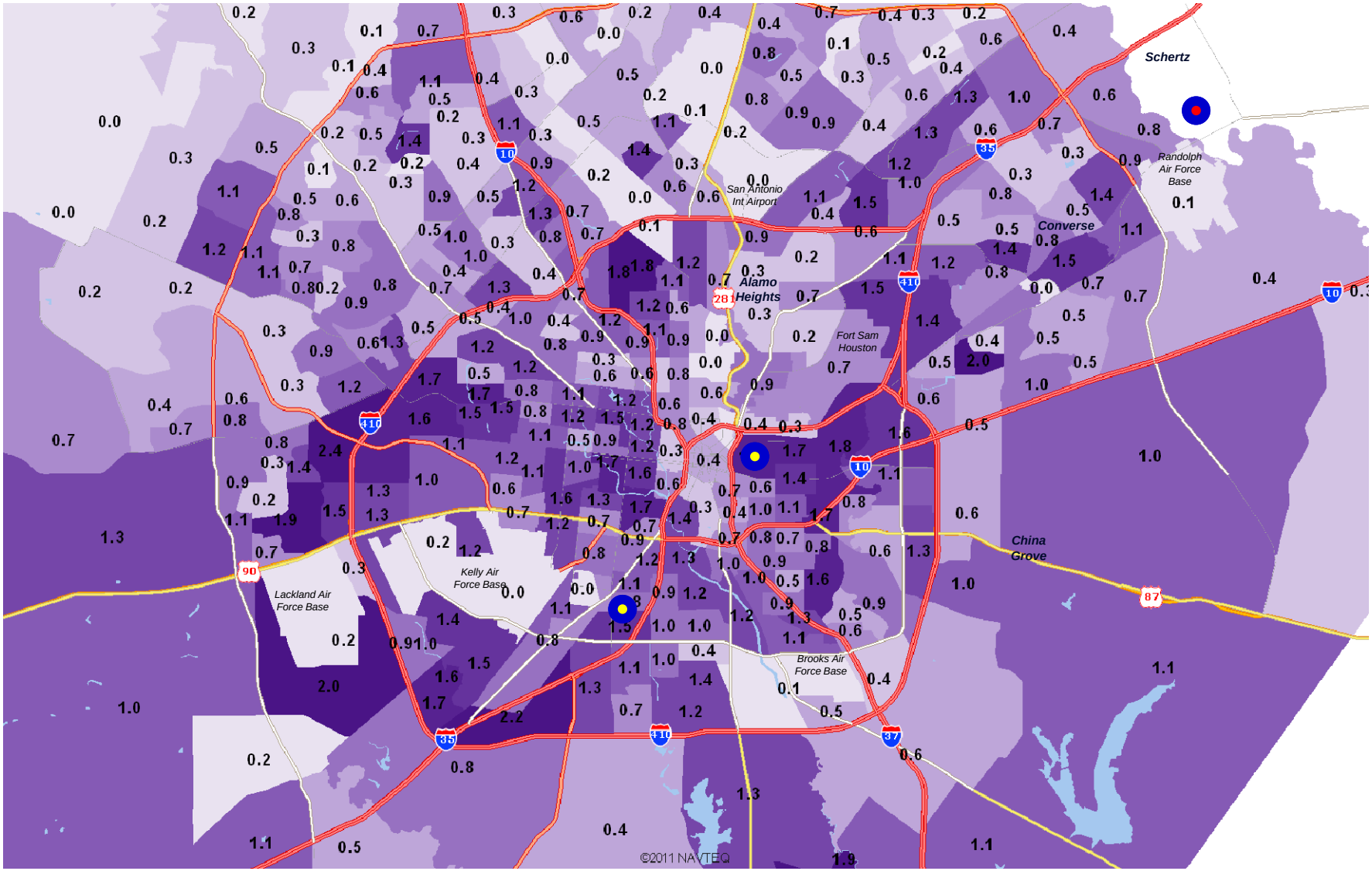


(1) Note: Share calculated using market expected visits at 138% poverty level
(2) Note: Provider need calculated using MGMA benchmark 3,460 visits per Provider

CAPITAL HEALTHCARE PLANNING

IV. At-Risk Demand Analysis

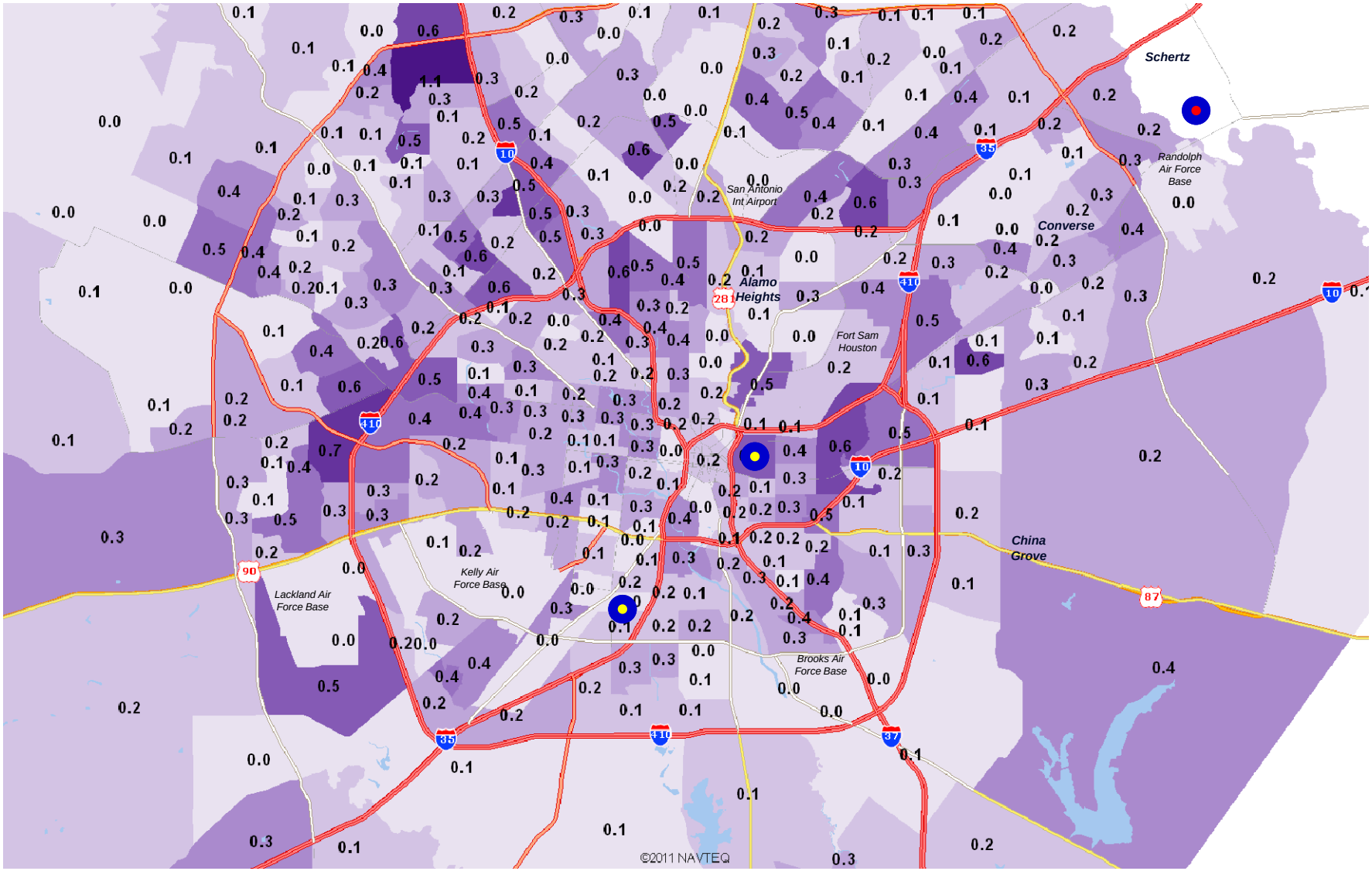
2013 Total Primary Care Provider Need(1)(2) – Total Population at 200% FPL



(1) Note: Share calculated using market expected visits at 138% poverty level
(2) Note: Provider need calculated using MGMA benchmark 3,460 visits per Provider

IV. At-Risk Demand Analysis

2013 Total Primary Care Provider Need(1)(2) – 18-64 Population at 200% FPL



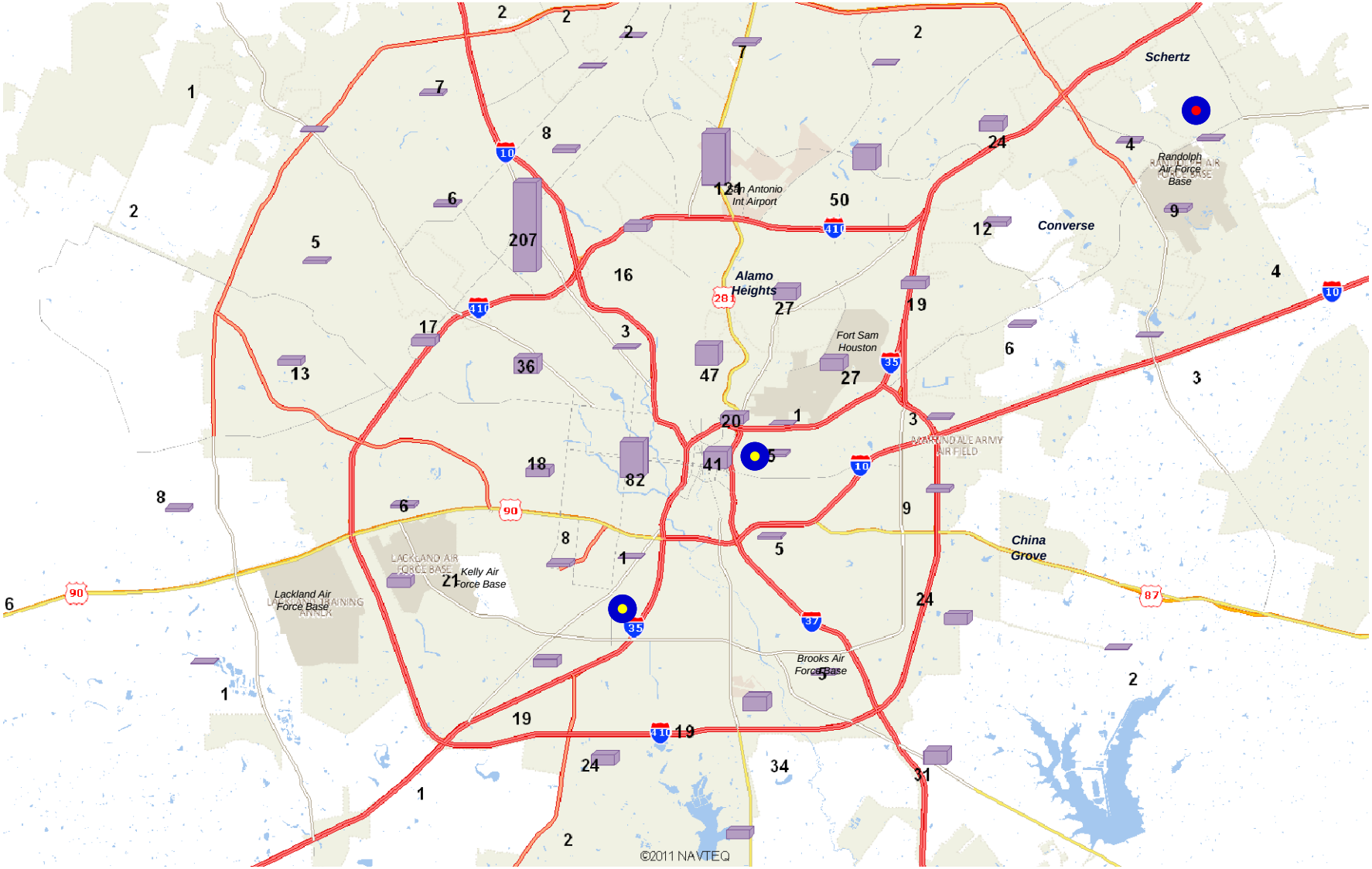
(1) Note: Share calculated using market expected visits at 138% poverty level
(2) Note: Provider need calculated using MGMA benchmark 3,460 visits per Provider

CAPITAL HEALTHCARE PLANNING

Market Supply – Primary Care

V. Market Supply Review

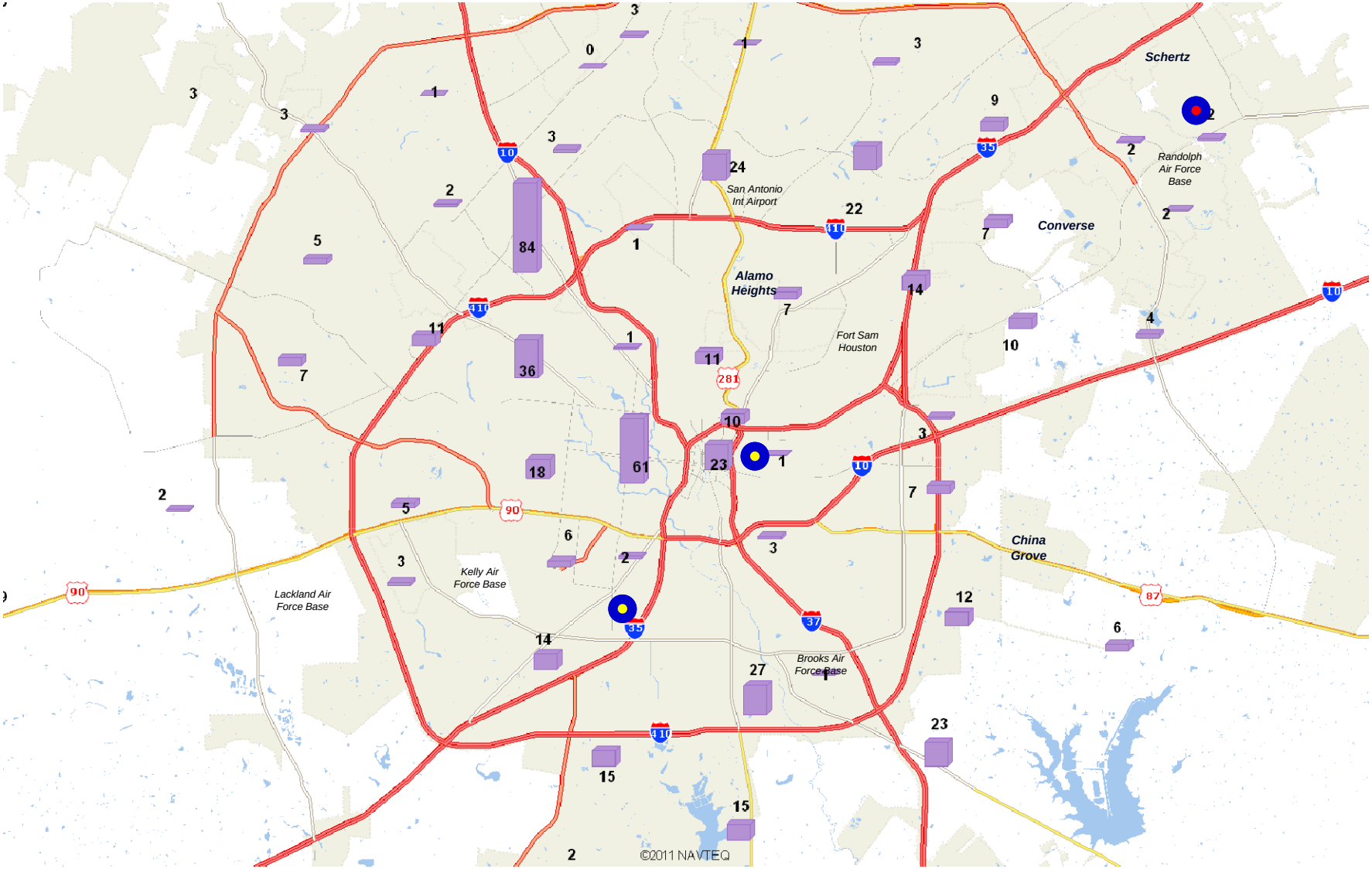
Primary Care Providers - Total PCP's by Zipcode[1]



(1) Source: SKA Info Physician database
Texas Board of Medical Examiners licensure database

V. Market Supply Review

Primary Care Providers - Total Physician Extenders[1]



1 Source: Texas Board of Medical Examiners licensure database
Texas Board of Nursing licensure database

V. Market Supply Review

Providers of Care to Indigent Populations

- To gauge which providers are actually part of the "supply" for indigent care we needed to validate whether or not private practice primary care physicians are actually providing any significant portion of the market
  - Sampled 40 offices across the markets initially viewed as the most at risk
  - Called each office directly and asked their policy for indigent care
  - Reached ~ 25 offices
- Results
  - 100% of offices surveyed reported that they do not generally accept indigent patients
  - Several offices reported having worked with a limited number of indigent patients in the past but those were special cases including:
    - Relatives of employees
    - Those who had a potential funding source that the office worked to align
  - Many of the offices stated they take Medicaid patients, but most reported placing strict limitations on the number
- Conclusion
  - Private practice primary care physicians (and extenders) should not be counted as part of the supply for indigent care needs in the market

V. Market Supply Review

Primary Care Providers - Overview

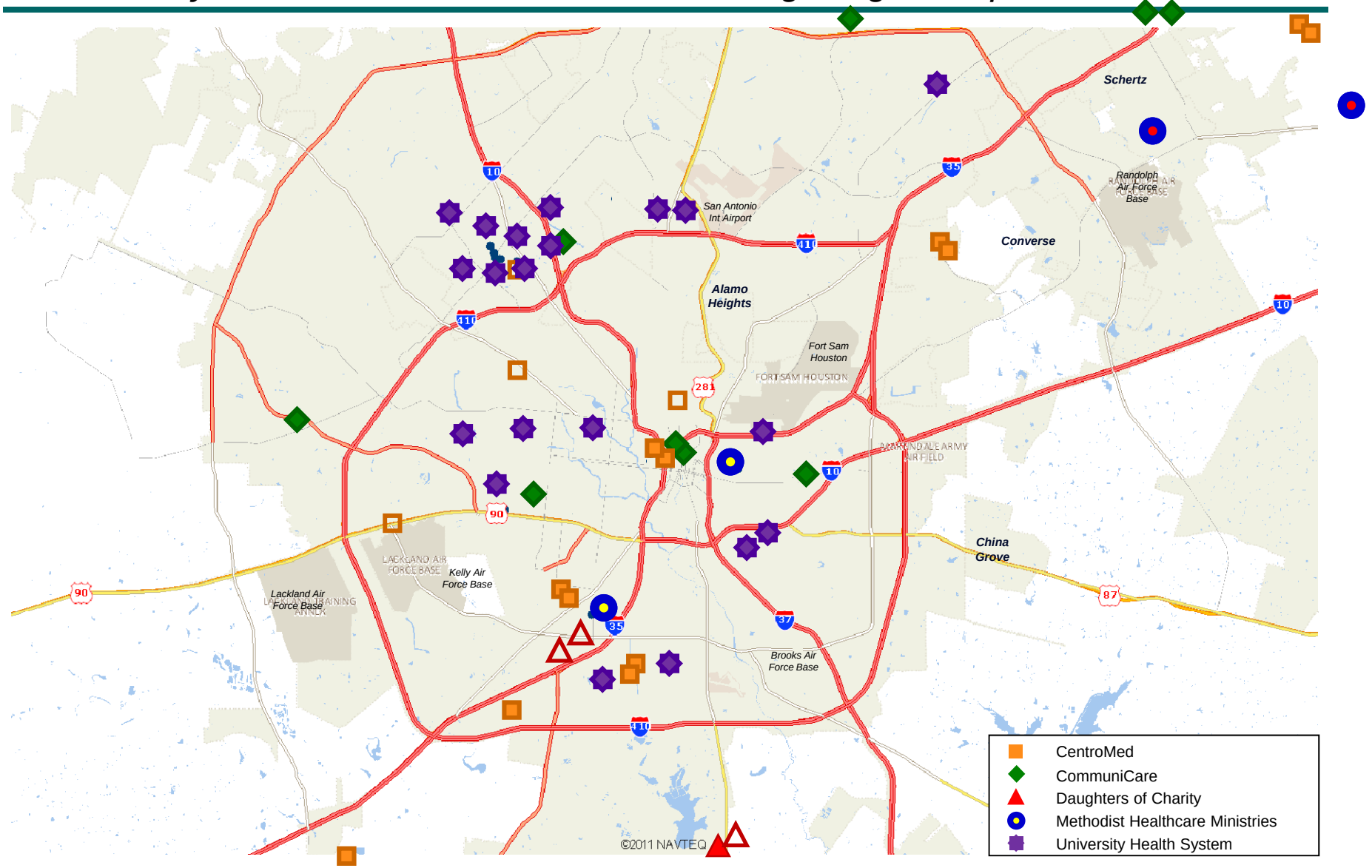
- To assess the supply of primary care in the market, we have attempted to identify all sources of primary care including private practice physicians, hospital based clinics FQHCs (including look-alikes), and independent charity care clinics

	Physicians				Physician Extenders				Total Providers			
Markets	Private Practice	Hospital Clinics	FQHC	MHM	Private Practice	Hospital Clinics	FQHC	MHM	Private Practice	Hospital Clinics	FQHC	MHM
Downtown	66	-	5	-	35	-	-	-	101	-	5	-
North	200	9	7	-	39	4	-	-	239	13	7	-
Far North	110	2	-	-	64	1	-	-	174	3	-	-
NE	41	-	3	-	10	-	4	-	51	-	7	-
Far NE	31	-	-	-	24	-	-	-	55	-	-	-
NW	225	24	-	-	110	11	-	-	335	35	-	-
Far NW	34	2	-	-	20	-	-	-	54	2	-	-
East	12	-	7	2	8	-	2	1	20	-	9	3
Far East	1	-	-	-	-	-	-	-	1	-	-	-
South	88	15	5	-	58	19	4	-	146	34	9	-
Far South	2	-	-	-	2	-	-	-	4	-	-	-
SE	25	-	-	-	12	-	-	-	37	-	-	-
Far SE	2	-	-	-	6	-	-	-	8	-	-	-
SW	45	1	4	4	23	-	6	2	68	1	10	6
Far SW	1	-	-	-	-	-	-	-	1	-	-	-
West	76	38	7	-	31	53	6	-	107	91	13	-
Far West	8	-	-	-	2	-	-	-	10	-	-	-
Total Market	**967**	**91**	**38**	**6**	**444**	**88**	**22**	**3**	**1,411**	**179**	**60**	**9**

- Within this section of the assessment, we have defined primary care practitioners as:
  - Family Practice, General Practice, and Internal Medicine physicians and extenders
  - Obstetrics, Pediatrics, and Mental Health providers, often considered primary care, are part of Phase II of the assessment

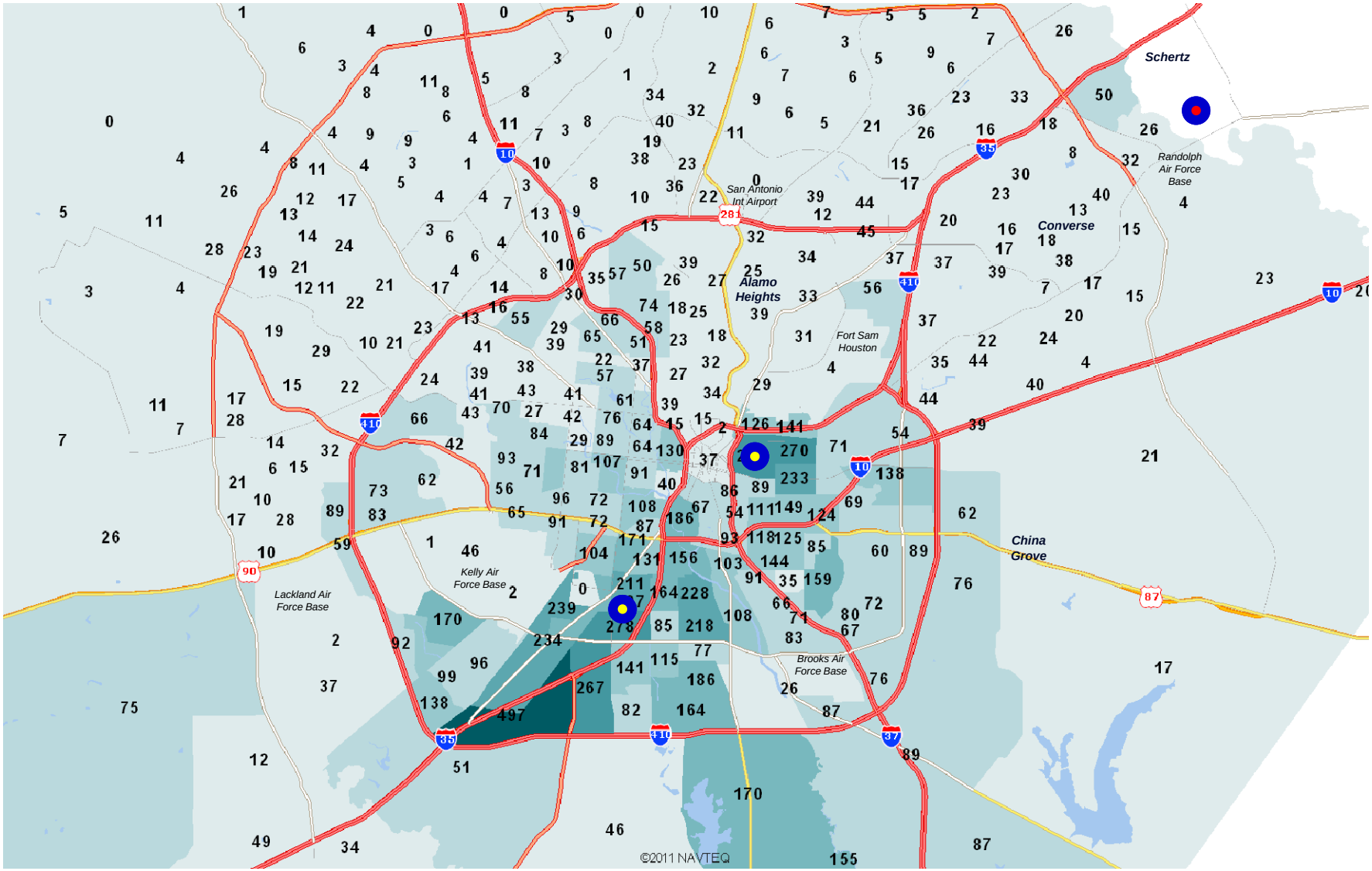
V. Market Supply Review

Primary Care Providers - Total PCP's Serving Indigent Populations[1]



V. Market Supply Review

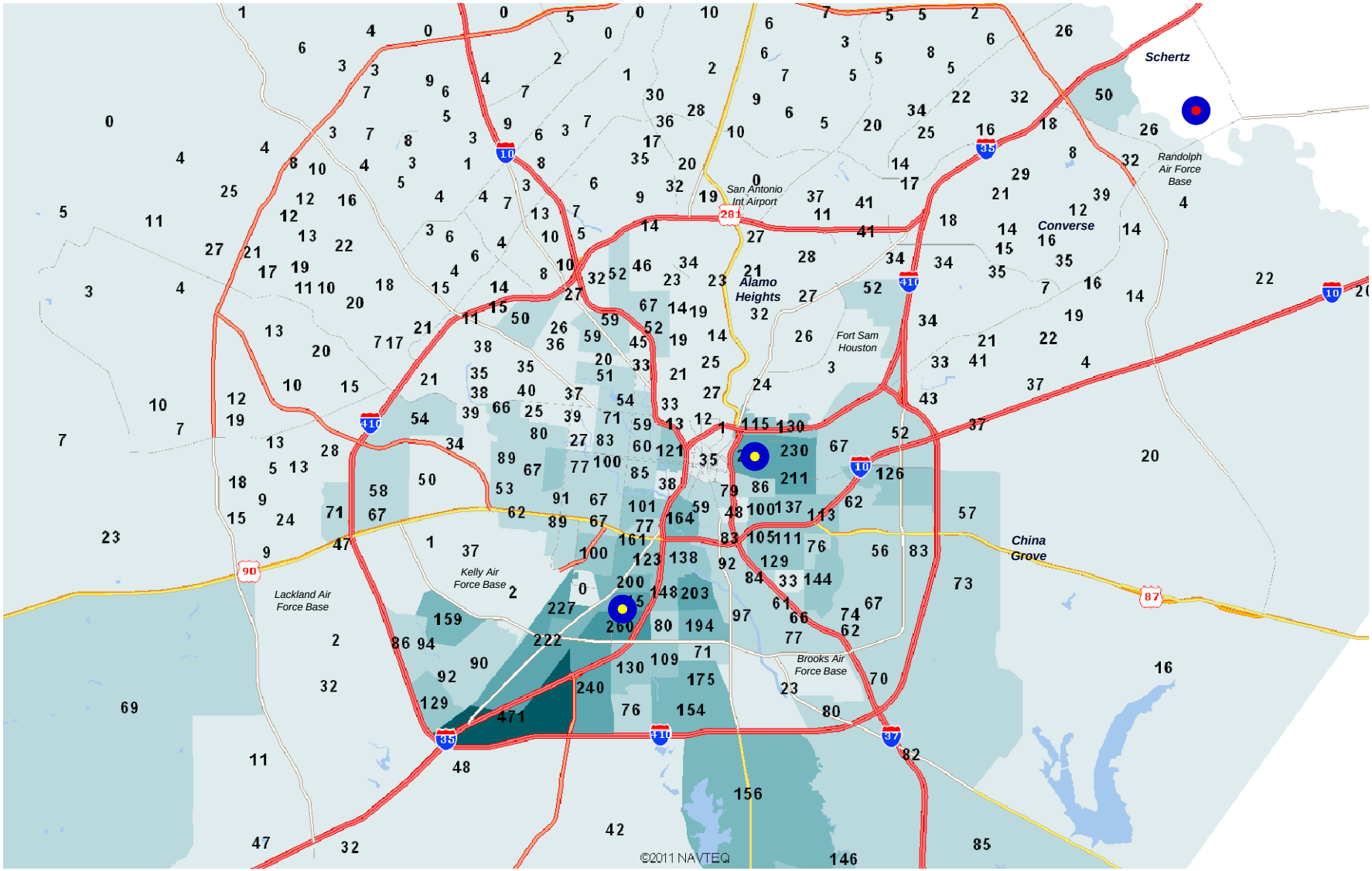
2013 Methodist Healthcare Ministries - Total Clinic Visits(1)



(1) Source: Partner Organizations' databases

V. Market Supply Review

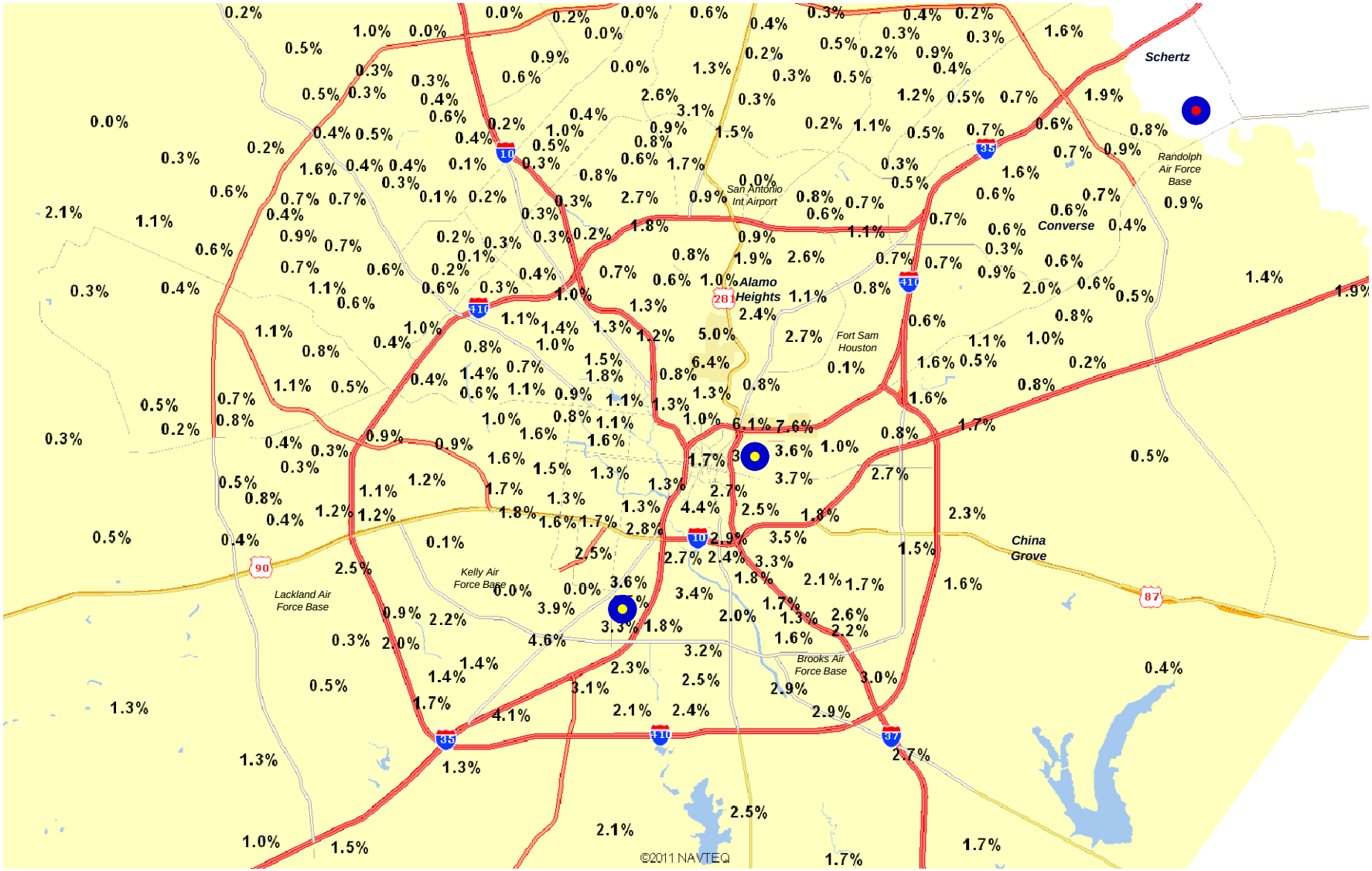
2013 Methodist Healthcare Ministries 18-64 Age Group Clinic Visits(1)



(1) Source: Partner Organizations' databases

V. Market Supply Review

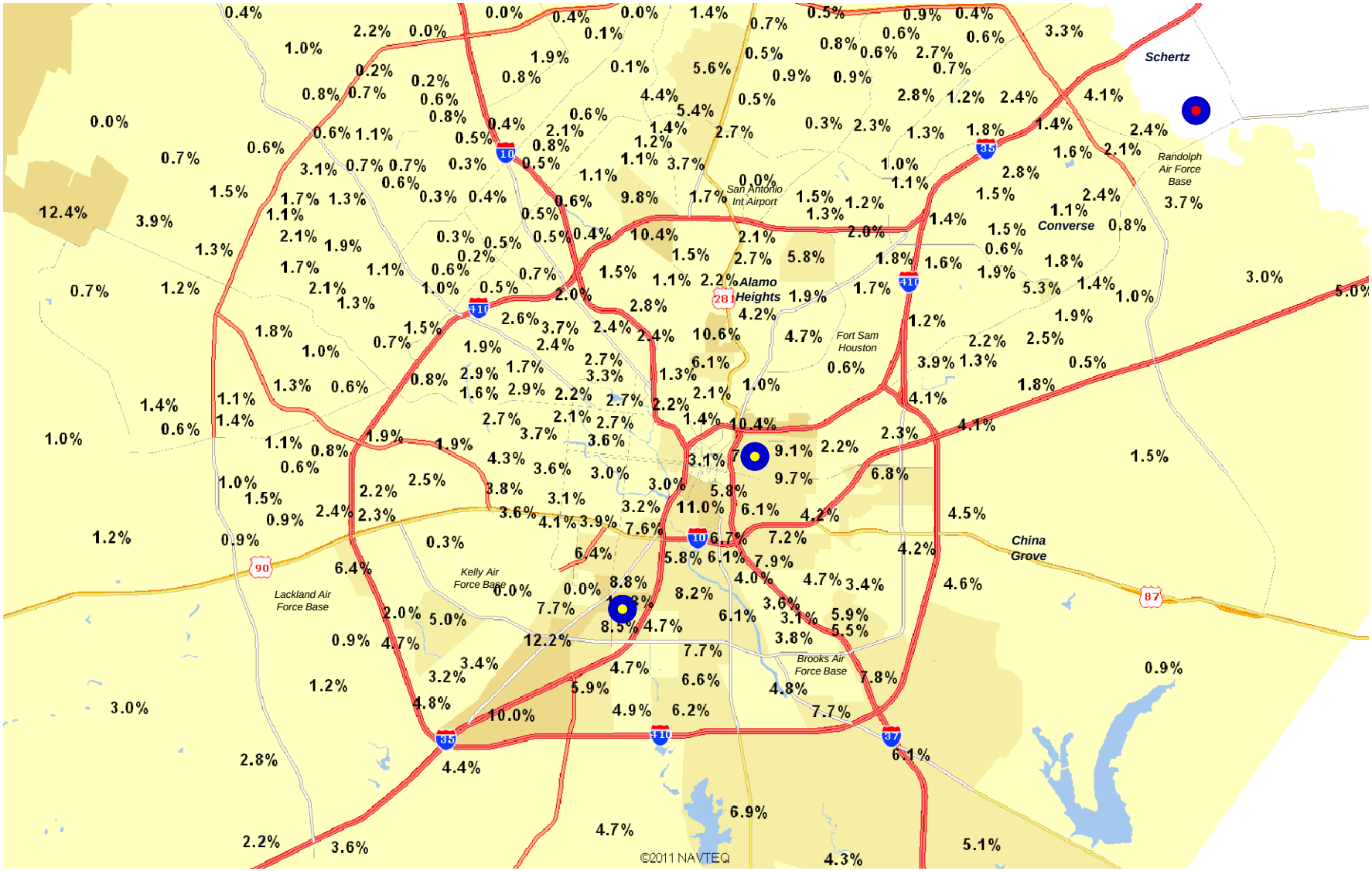
2013 MHM Visit Share(1) – Total Population below 200% FPL



(1) Share calculated using market expected visits at 200% poverty level

V. Market Supply Review

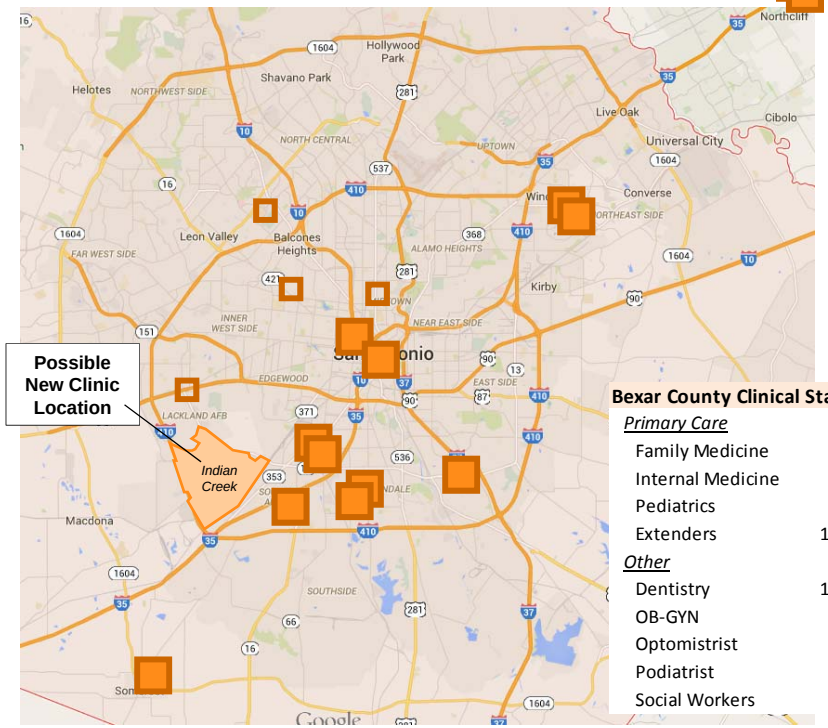
2013 MHM Visits Share(1) – 18-64 Population below 200% FPL



(1) Share calculated using market expected visits at 200% poverty level

V. Market Supply Review - Partner Profile
CentroMed

- CentroMed operates a network of clinic sites across the greater San Antonio area with two additional sites in New Braunfels
- Clinical services are provided in 13 locations many providing walk-in care / extended hours
- Partnering with CHofSA to provide pediatric care across the market
- Received $7.3M + $500K in federal funding to expand primary care services in 2014
- Struggling with recent uptick in competition for uninsured patients
  - The recent “boom” in PCP hiring is making recruiting very difficult
  - Significant drop in CareLink visits (10,000 now 3,500)
- Unmet Needs
  - Believe the largest unmet need in Bexar County is in Behavioral Health
    - Extremely difficult to find options for current patients
    - Behavioral Health services should be integrated, not separated from primary care

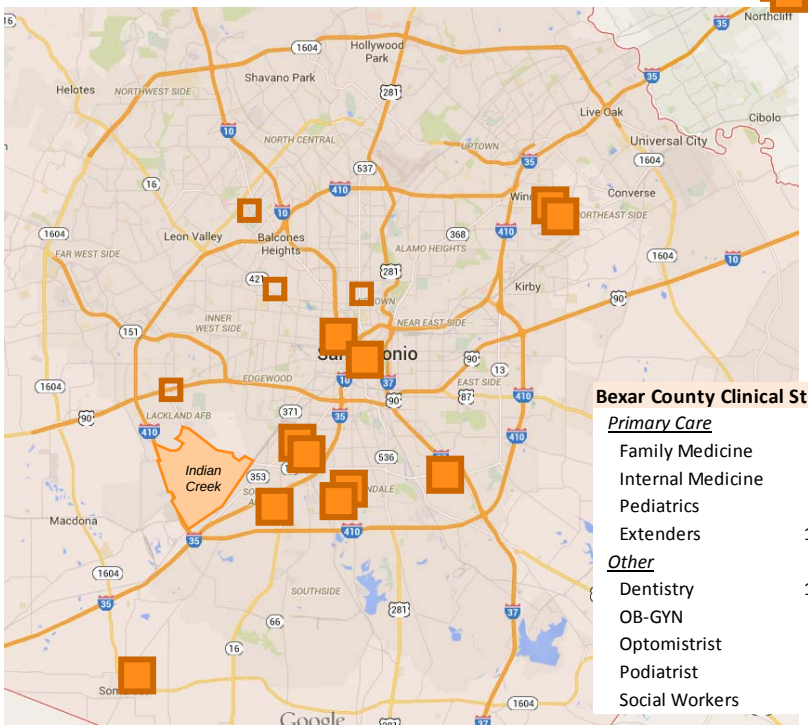


Bexar County Clinical Staff

Primary Care	
Family Medicine	8
Internal Medicine	2
Pediatrics	9
Extenders	18
Other	
Dentistry	10
OB-GYN	6
Optomistrist	1
Podiatrist	1
Social Workers	7

V. Market Supply Review - Partner Profile
CentroMed

- Key Strategies
  - Received grant to investigate needs in Indian Creek (78242) - Initial plans for 3 PCP's + 1 BH
  - "Storefront" clinic on Military drive is not consistent with their model - planning to relocate
  - Received grant for expansion of behavioral health (1 physician + 2 LCSW) – location TBD
  - Not part of any 1115 waiver projects
  - Investigating expansion of Obstetric and Optometry services – locations TBD
  - Would like to find options to bring specialists to their patients as opposed to current referral model, which has become increasingly problematic
  - Suggested partnership opportunity with MHM
    - Start a new clinic for severely mentally ill patients
      - Meet greatest need
      - Local mental health authority is only funded for ~5% of market need
    - Look for unique ways in which CentroMed could leverage its cost structure for MHM's benefit (340B, staffing, etc.)



Bexar County Clinical Staff

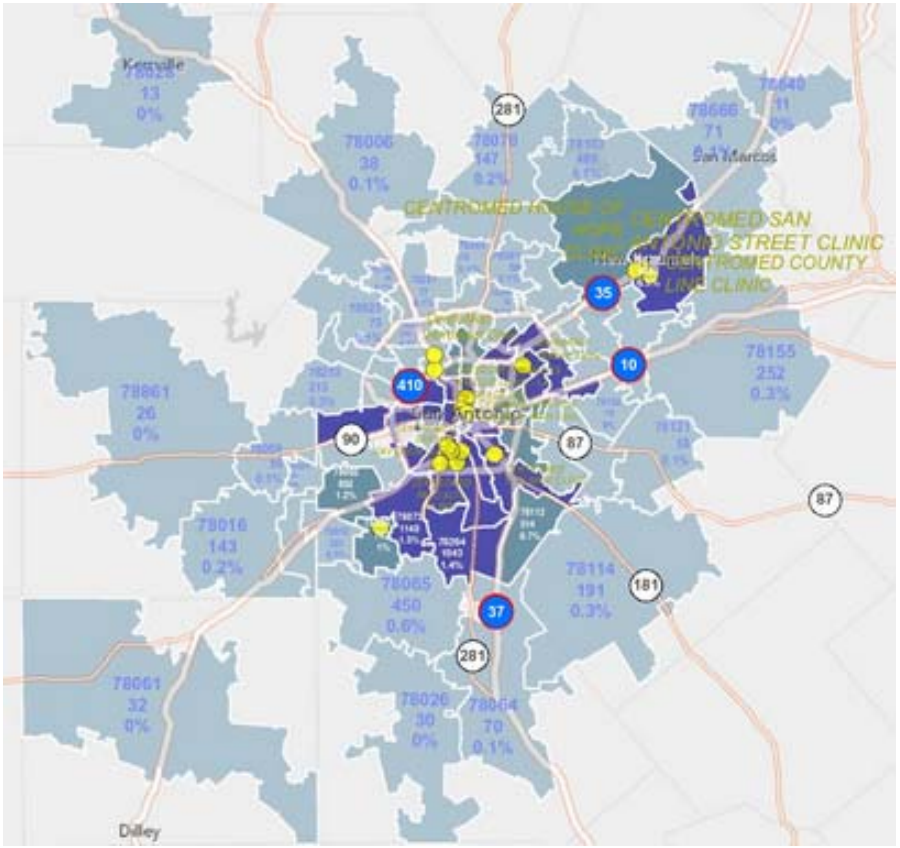
Primary Care	
Family Medicine	8
Internal Medicine	2
Pediatrics	9
Extenders	18
Other	
Dentistry	10
OB-GYN	6
Optomistrist	1
Podiatrist	1
Social Workers	7

V. Market Supply Review - Partner Profile

CentroMed – HRSA UDS Submitted Data - Utilization

	2011	2012	2013	2011 - 2013 Trend %Change
Total Patients				
Total Patients	65,245	75,898	75,507	15.7%
Age (% of total patients)				
Children (< 18 years old)	38.3%	36.2%	35.7%	-6.7%
Adult (18 - 64)	58.3%	60.2%	60.3%	3.4%
Older Adults (age 65 and over)	3.4%	3.6%	4.0%	17.5%
Patients By Race & Ethnicity (% known)				
White [1]	93.6%	92.5%	92.2%	-1.5%
Racial and/or Ethnic Minority	87.9%	87.6%	87.4%	-0.6%
Hispanic/Latino Ethnicity	82.0%	80.0%	79.7%	-2.9%
Black/African American [1]	5.1%	6.0%	6.1%	19.4%
Asian [1]	0.7%	0.8%	0.8%	25.5%
American Indian/Alaska Native [1]	0.1%	0.1%	0.1%	21.8%
Native Hawaiian / Other Pacific Islander [1]	0.1%	0.1%	0.1%	25.8%
More than one race [1]	0.4%	0.4%	0.6%	44.0%

	2011	2012	2013	2011 - 2013 Trend % Change
Income Status (% of patients with known income)				
Patients at or below 200% of poverty	98.0%	98.0%	98.0%	-
Patients at or below 100% of poverty	94.7%	94.7%	94.7%	-
Insurance Status (% of total patients)				
Uninsured	56.2%	58.6%	57.6%	2.5%
Children Uninsured (age 0-17 years)	-	-	28.6%	-
Medicaid/CHIP [2]	30.3%	29.1%	29.8%	-1.7%
Medicare	3.3%	3.1%	3.0%	-8.5%
Other Third Party	10.2%	9.2%	9.5%	-6.3%
Special Populations				
Homeless	6,702	7,317	6,660	-0.6%
Agricultural Worker	120	52	47	-60.8%
Public Housing	-	-	-	-
School Based	0	-	0	
Veterans	169	15	206	21.9%



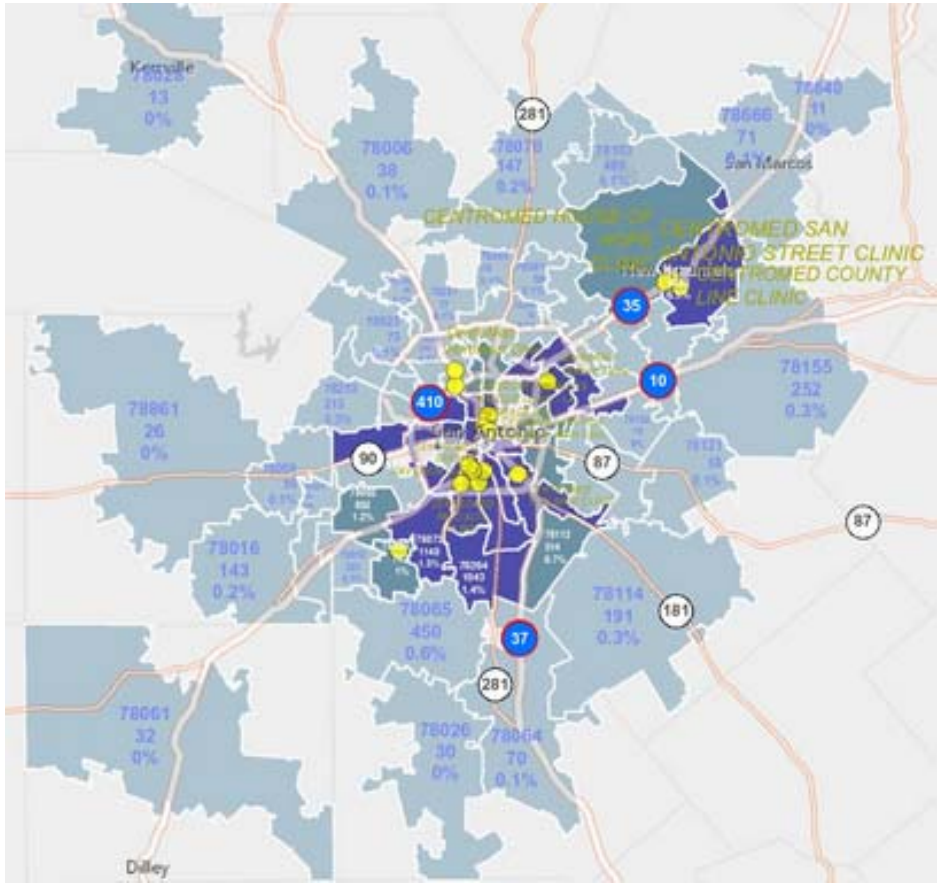
Services (# of patients)	2011	2012	2013	2011 - 2013 Trend %Change
Medical	58,375	67,293	67,712	16.0%
Dental	12,187	16,722	16,581	36.1%
Mental Health	4,457	4,143	3,765	-15.5%
Substance Abuse	1,029	812	703	-31.7%
Vision	0	0	1,713	-
Enabling	2,747	2,399	2,448	-10.9%

V. Market Supply Review - Partner Profile

CentroMed – HRSA UDS Submitted Data – Cost / Quality

	2011	2012	2013	2011 - 2013 Trend %Change
Patients				
Medical Conditions (% of patients with medical conditions)				
Hypertension [3]	13.8%	19.9%	21.4%	55.2%
Diabetes [4]	11.4%	13.2%	14.4%	26.7%
Asthma	2.8%	5.2%	5.2%	86.0%
HIV	1.4%	1.4%	1.4%	1.2%
Prenatal				
Prenatal Patients	2,396	2,323	2,491	4.0%
Prenatal patients who delivered	1,268	1,231	1,320	4.1%

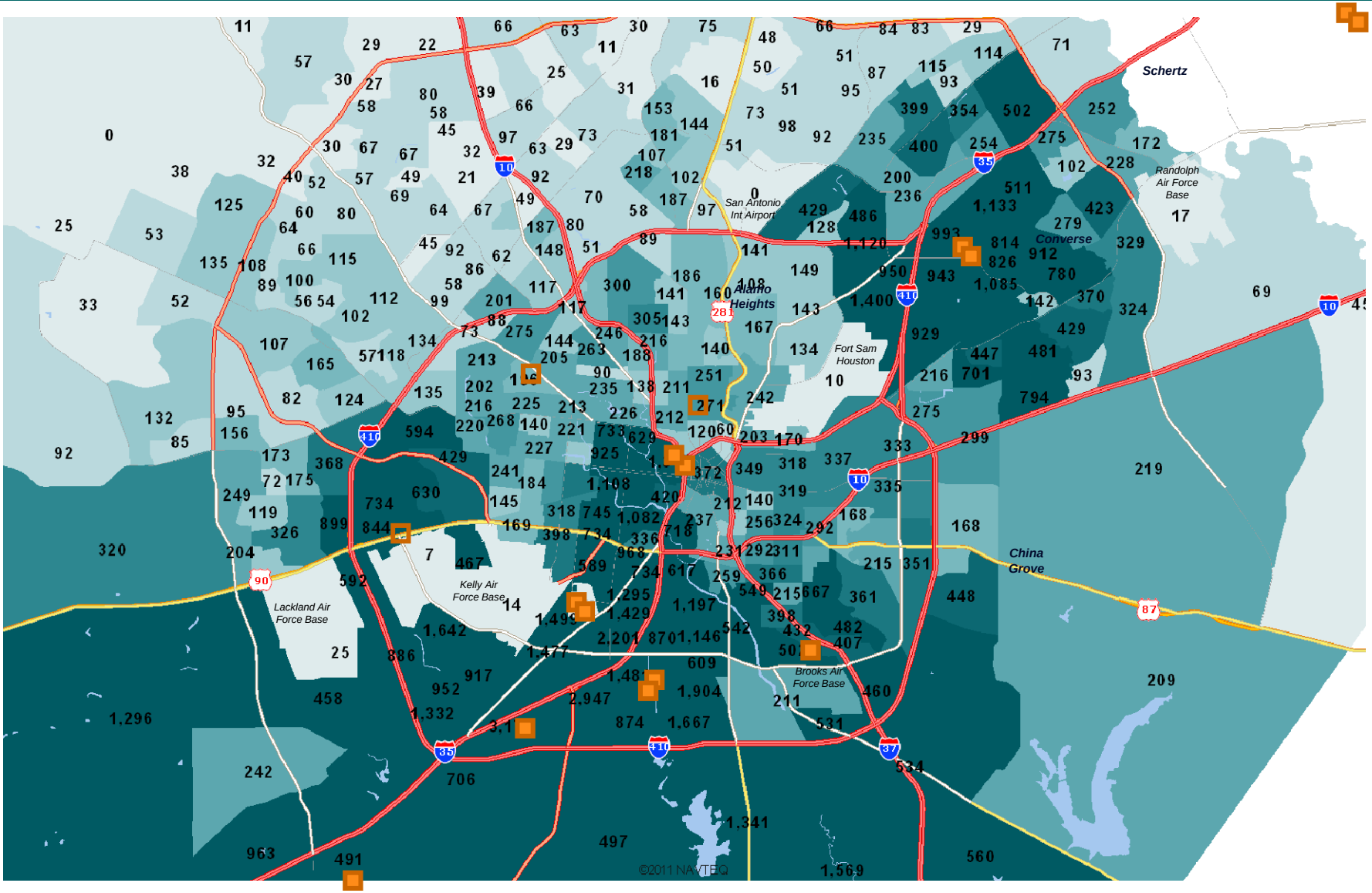
	2011	2012	2013	2011 - 2013 Trend %Change	Adjusted Quartile Ranking [8]	
					2012	2013
Quality of Care Indicators/Health Outcomes						
Perinatal Health						
Access to Prenatal Care (First Prenatal Visit in 1st Trimester)	69.0%	81.3%	81.3%	17.8%	1	1
Low Birth Weight	8.0%	7.0%	6.5%	-19.2%	3	2
Preventive Health Screening & Services						
Cervical Cancer Screening	67.1%	65.7%	71.4%	6.4%	2	1
Adolescent Weight Screening and Follow Up	75.7%	87.1%	85.7%	13.2%	1	1
Adult Weight Screening and Follow Up	91.4%	94.3%	97.1%	6.3%	1	1
Tobacco Use Screening	90.0%	94.3%	95.7%	6.3%	2	2
Tobacco Cessation Counseling for Tobacco Users	98.6%	98.6%	90.0%	-8.7%	1	1
Colorectal Cancer Screening	-	47.1%	52.9%	-	1	1
Childhood Immunization [5]	82.9%	45.7%	81.4%	-	2	2
Chronic Disease Management						
Asthma Treatment (Appropriate Treatment Plan)	98.6%	98.6%	94.3%	-4.3%	1	2
Cholesterol Treatment (Lipid Therapy for Coronary Artery Disease Patients)	-	81.4%	80.0%	-	2	2
Heart Attack/Stroke Treatment (Aspirin Therapy for Ischemic Vascular Disease Patients)	-	88.6%	78.6%	-	1	3
Blood Pressure Control (Hypertensive Patients with Blood Pressure < 140/90)	77.1%	72.9%	75.7%	-1.9%	1	1
Diabetes Control (diabetic patients with HbA1c <= 9%)	61.4%	64.3%	68.6%	11.6%	3	3



	2011	2012	2013	2011 - 2013 Trend %Change
Cost Data				
Health Center Service Grant Expenditures	$6,126,045	$7,408,035	$8,483,031	38.5%
Total Cost	$38,017,831	$39,776,395	$43,264,885	13.8%
Total Cost Per Patient	$582.69	$524.08	$572.99	-1.7%

V. Market Supply Review

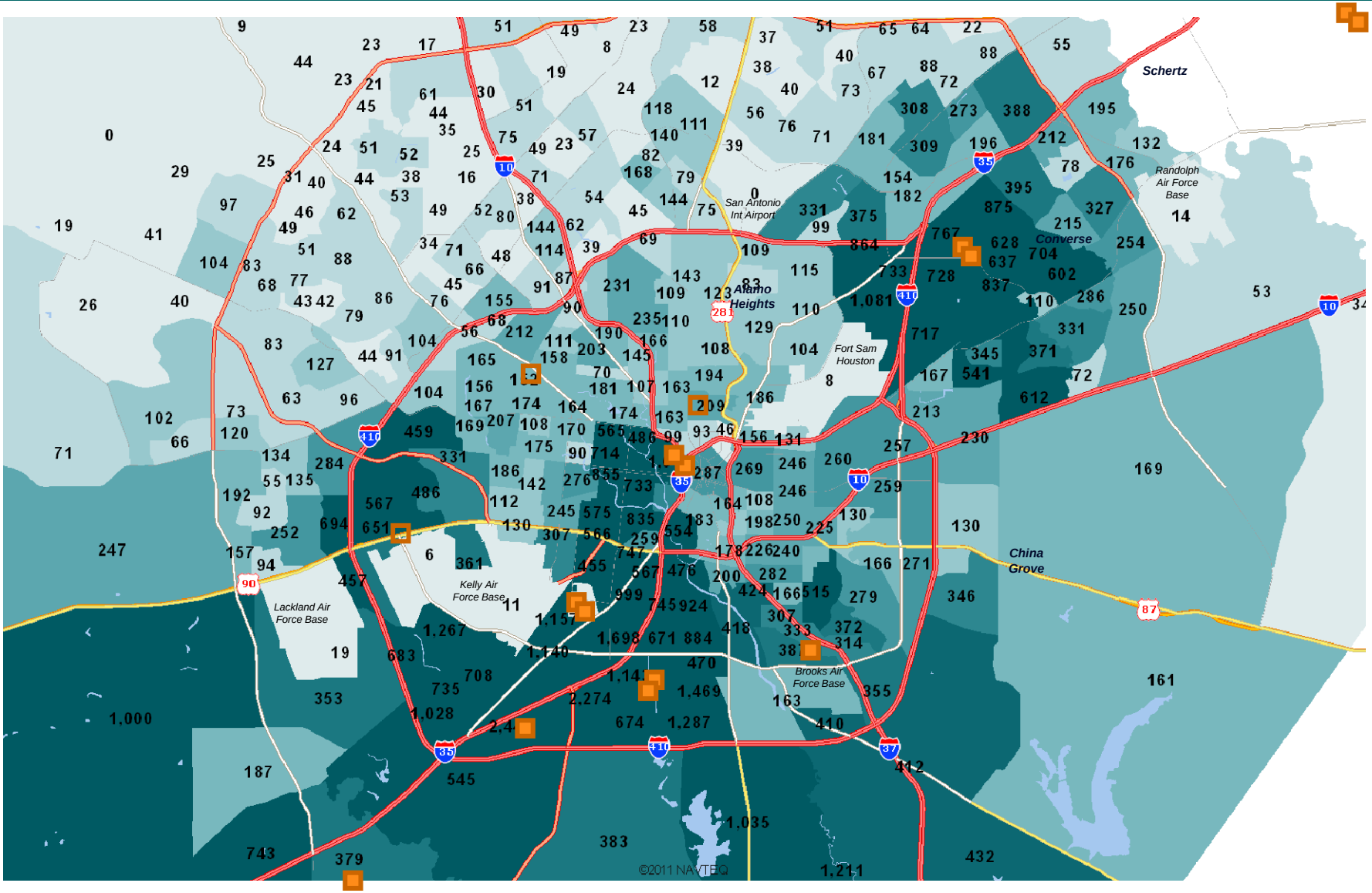
2013 CentroMed Total Clinic Visits[(1)]



(1) Source: Partner Organizations' databases

V. Market Supply Review

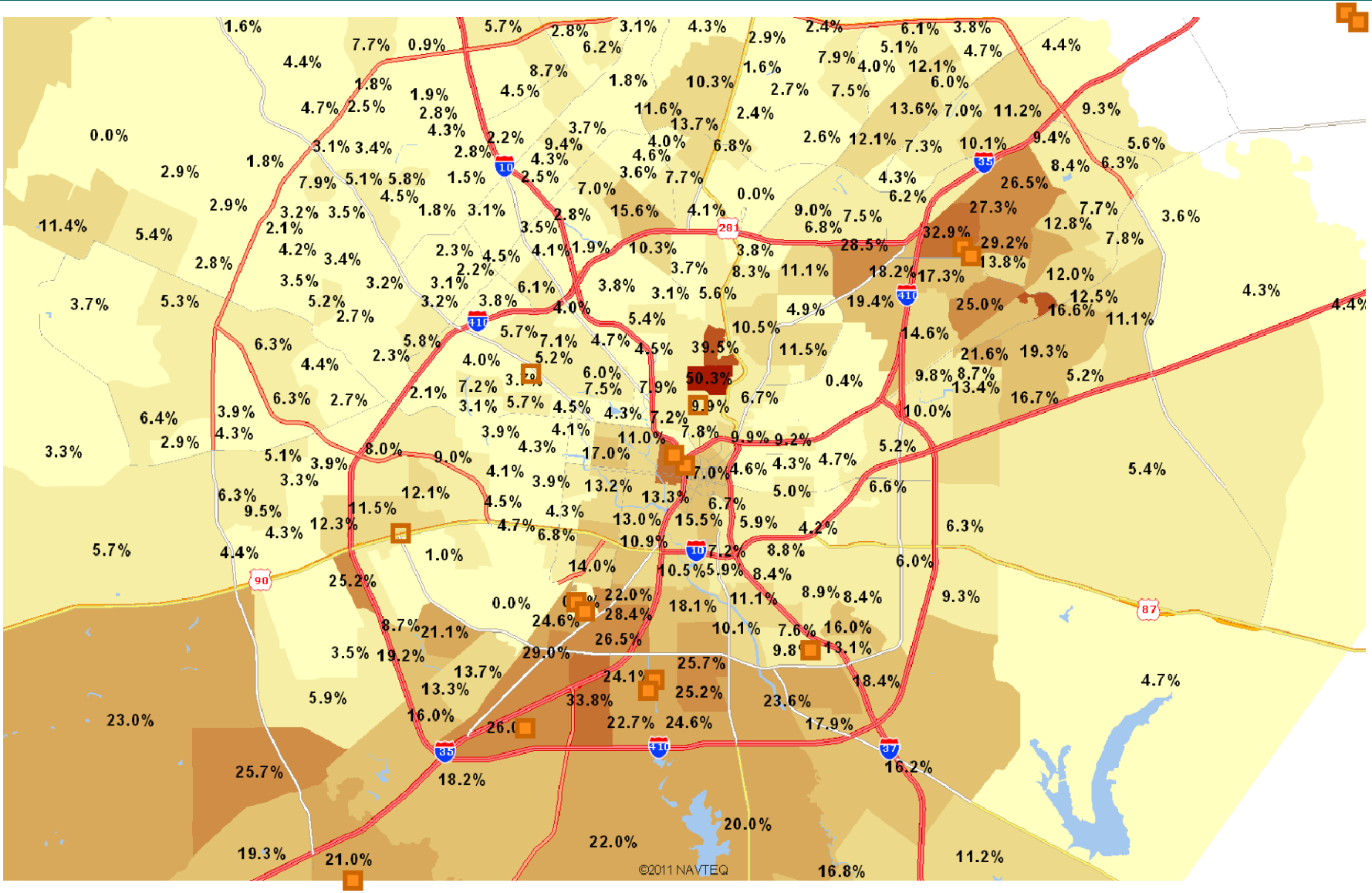
2013 CentroMed 18-64 Age Group Clinic Visits(1)



(1) Source: Partner Organizations' databases

V. Market Supply Review

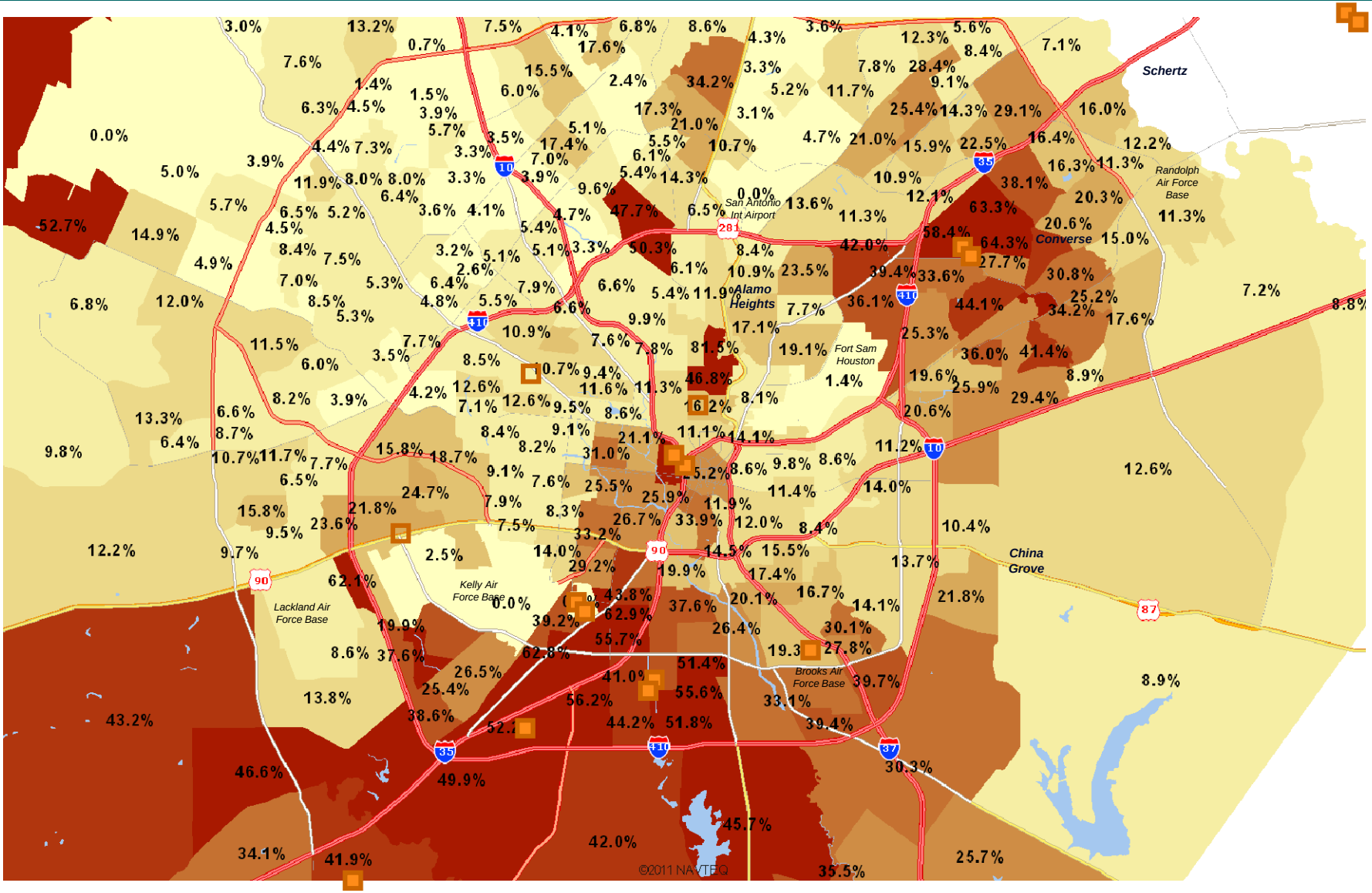
2013 CentroMed Visit Share(1) – Total Population below 200% FPL



(1) Share calculated using market expected visits at 200% poverty level

V. Market Supply Review

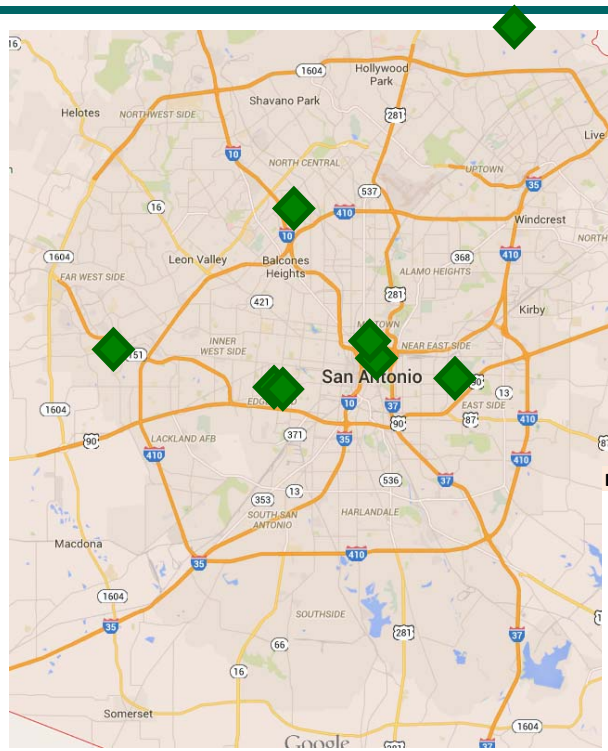
2013 CentroMed Visits Share(1) – 18-64 Population below 200% FPL



(1) Share calculated using market expected visits at 200% poverty level

V. Market Supply Review - Partner Profile
CommuniCare

- CommuniCare provides clinical services in 7 Bexar County locations with three additional sites in Hays County
  - (Downtown clinic only extended hours)
- Partnering with Baptist Med Ctr on downtown location serving as outlet for their ER
- Received $4.1M + $375K in federal funding to expand primary care services in 2014
- They are a CareLink provider but visits declining
- Looking to form stronger alliances with CentroMed and MHM
- Key Unmet Needs
  - San Antonio's east side still represents greatest challenge – moving farther east towards Converse
  - Southeast areas served by CentroMed and Far SE
  - Access to Specialty care is becoming more of a challenge
    - For many / most patients the only access to specialists is via UHS / Carelink
    - Communication is difficult and access is being restricted in some specialties
  - "We have long waiting lists for dental care"

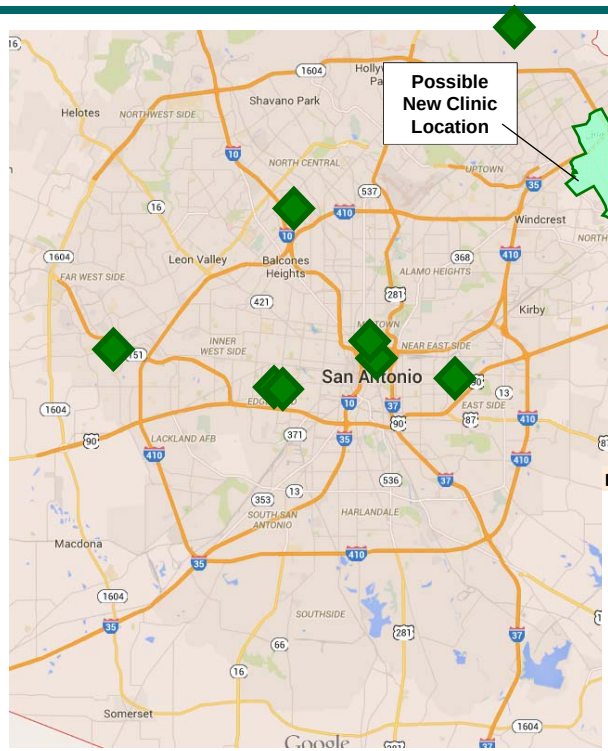


Bexar County Clinical Staff

Primary Care	
Family Medicine	16
Internal Medicine	7
Pediatrics	9
Extenders	4
Other	
Dentistry	5
OB-GYN	11
Other Specialists	32
Podiatrist	1
Social Workers	2

V. Market Supply Review - Partner Profile
CommuniCare

- Key Strategies
  - Positioning to become less dependent on grants
    - Change focus to outcomes – grow Medicare / caid
    - Leverage IT (partnership with MHM)
  - Explore options for providing multispecialty patient care ("group visit" concept)
  - Not part of any 1115 waiver projects
  - Exploring new NE clinic
    - Converse / Live Oaks market
    - 4 providers FP + OB + Pedi + ~ pedi psych
  - Suggested partnership opportunities with MHM
    - Continue to leverage IT partnership
    - Develop a joint specialty care clinic across Partners
      - Limited number of specialties that could be supported off of primary care base (cardiology, endocrinology, dermatology, etc)
      - Adding psychiatric providers for medical management would be a big benefit
      - Central location (likely MHM owned site)
    - Would be open to agreement with MHM to manage / operate Dixon and / or Wesley Clinics
      - Would allow them to leverage 340B and other benefits for MHM
      - "Co-branding" for Pediatric versus Adult patients



Bexar County Clinical Staff	
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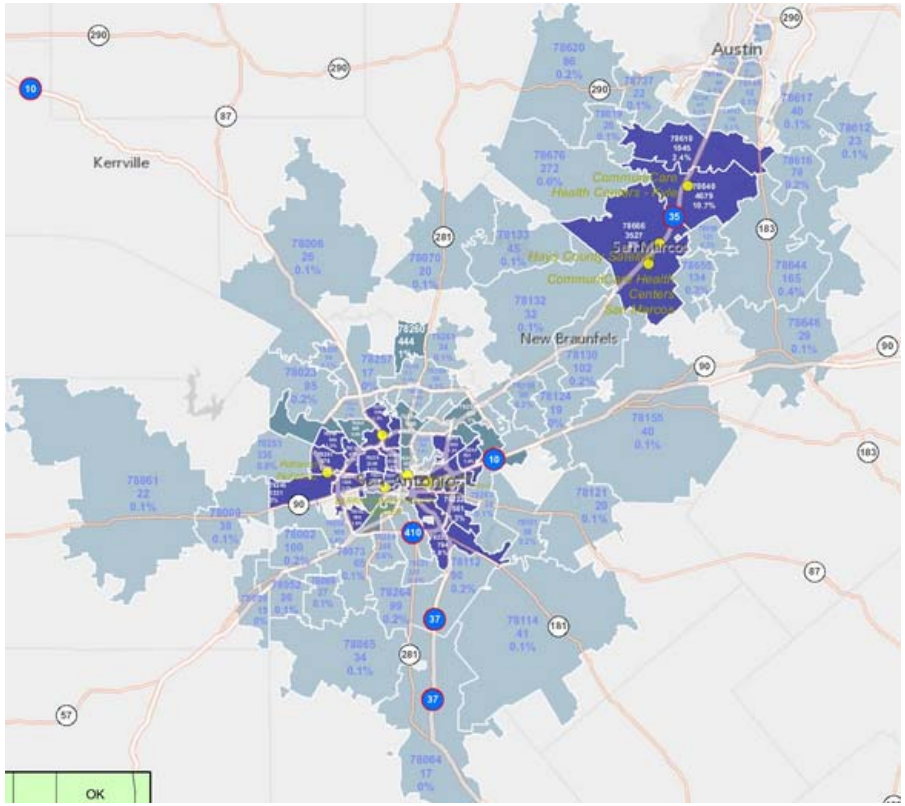
Pediatrics	9
Extenders	4
Other	
Dentistry	5
OB-GYN	11
Other Specialists	32
Podiatrist	1
Social Workers	2

V. Market Supply Review - Partner Profile

CommuniCare – HRSA UDS Submitted Data - Utilization

	2011	2012	2013	2011 - 2013 Trend %Change
Total Patients				
Total Patients	36,775	41,222	44,357	20.6%
Age (% of total patients)				
Children (< 18 years old)	34.6%	33.1%	35.4%	2.2%
Adult (18 - 64)	59.1%	60.6%	58.8%	-0.5%
Older Adults (age 65 and over)	6.2%	6.2%	5.8%	-7.2%
Patients By Race & Ethnicity (% known)				
White[1]	90.1%	90.6%	90.3%	0.2%
Racial and/or Ethnic Minority	88.6%	88.3%	89.0%	0.4%
Hispanic/Latino Ethnicity	78.8%	78.8%	79.4%	0.9%
Black/African American [1]	9.0%	8.5%	8.7%	-2.8%
Asian [1]	0.5%	0.6%	0.6%	19.5%
American Indian/Alaska Native [1]	0.1%	0.1%	0.1%	-13.9%
Native Hawaiian / Other Pacific Islander [1]	0.1%	0.1%	0.1%	-28.5%
More than one race [1]	0.2%	0.2%	0.2%	4.3%

	2011	2012	2013	2011 - 2013 Trend % Change
Income Status (% of patients with known income)				
Patients at or below 200% of poverty	99.1%	99.3%	99.1%	0.0%
Patients at or below 100% of poverty	66.5%	64.5%	62.4%	-6.1%
Insurance Status (% of total patients)				
Uninsured	55.4%	68.6%	55.9%	0.9%
Children Uninsured (age 0-17 years)	-	-	20.6%	-
Medicaid/CHIP [2]	31.3%	27.8%	30.4%	-2.9%
Medicare	3.8%	1.3%	4.8%	24.7%
Other Third Party	9.5%	2.3%	8.9%	-5.8%
Special Populations				
Homeless	104	325	262	151.9%
Agricultural Worker	283	293	302	6.7%
Public Housing	3,370	4,038	4,948	46.8%
School Based	26	20	105	303.8%
Veterans	73	76	4,948	6,678.1%



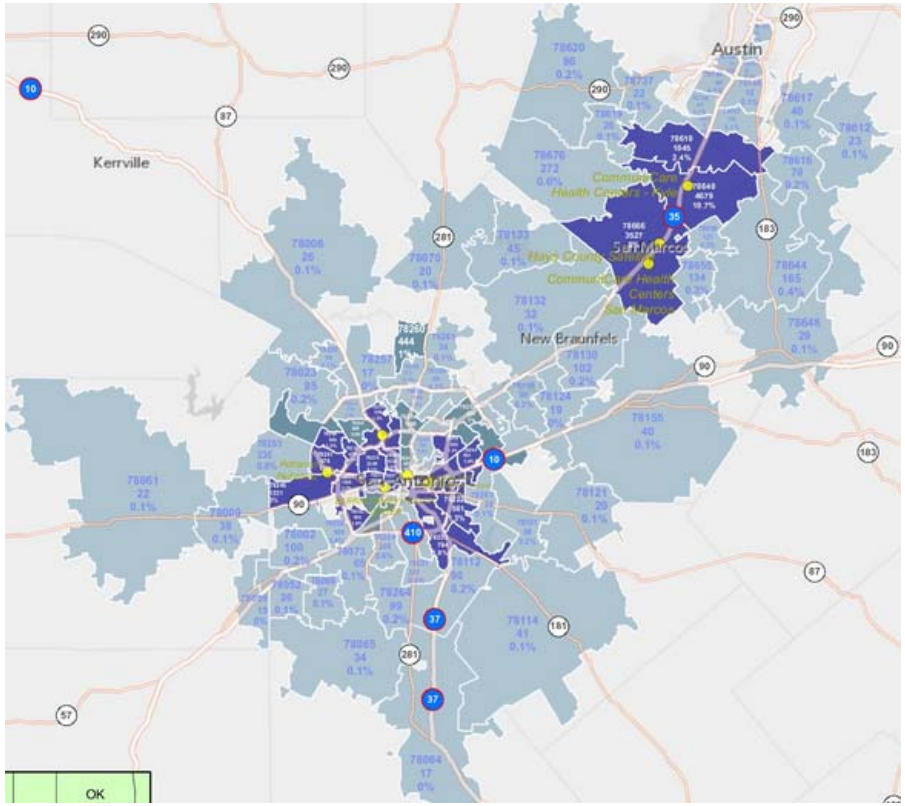
Services (# of patients)	2011	2012	2013	2011 - 2013 Trend %Change
Medical	26,777	32,791	35,648	33.1%
Dental	11,622	10,944	12,829	10.4%
Mental Health	1,331	2,174	2,484	86.6%
Substance Abuse	-	-	-	-
Vision	0	-	550	-
Enabling	1,961	1,883	3,447	75.8%

V. Market Supply Review - Partner Profile

CommuniCare – HRSA UDS Submitted Data – Cost / Quality

	2011	2012	2013	2011 - 2013 Trend %Change
Patients				
Medical Conditions (% of patients with medical conditions)				
Hypertension [3]	28.8%	30.9%	30.3%	5.1%
Diabetes [4]	16.8%	14.5%	19.4%	15.4%
Asthma	3.4%	6.4%	6.4%	85.4%
HIV	-	0.0%	0.0%	
Prenatal				
Prenatal Patients	880	663	844	-4.1%
Prenatal patients who delivered	452	456	447	-1.1%

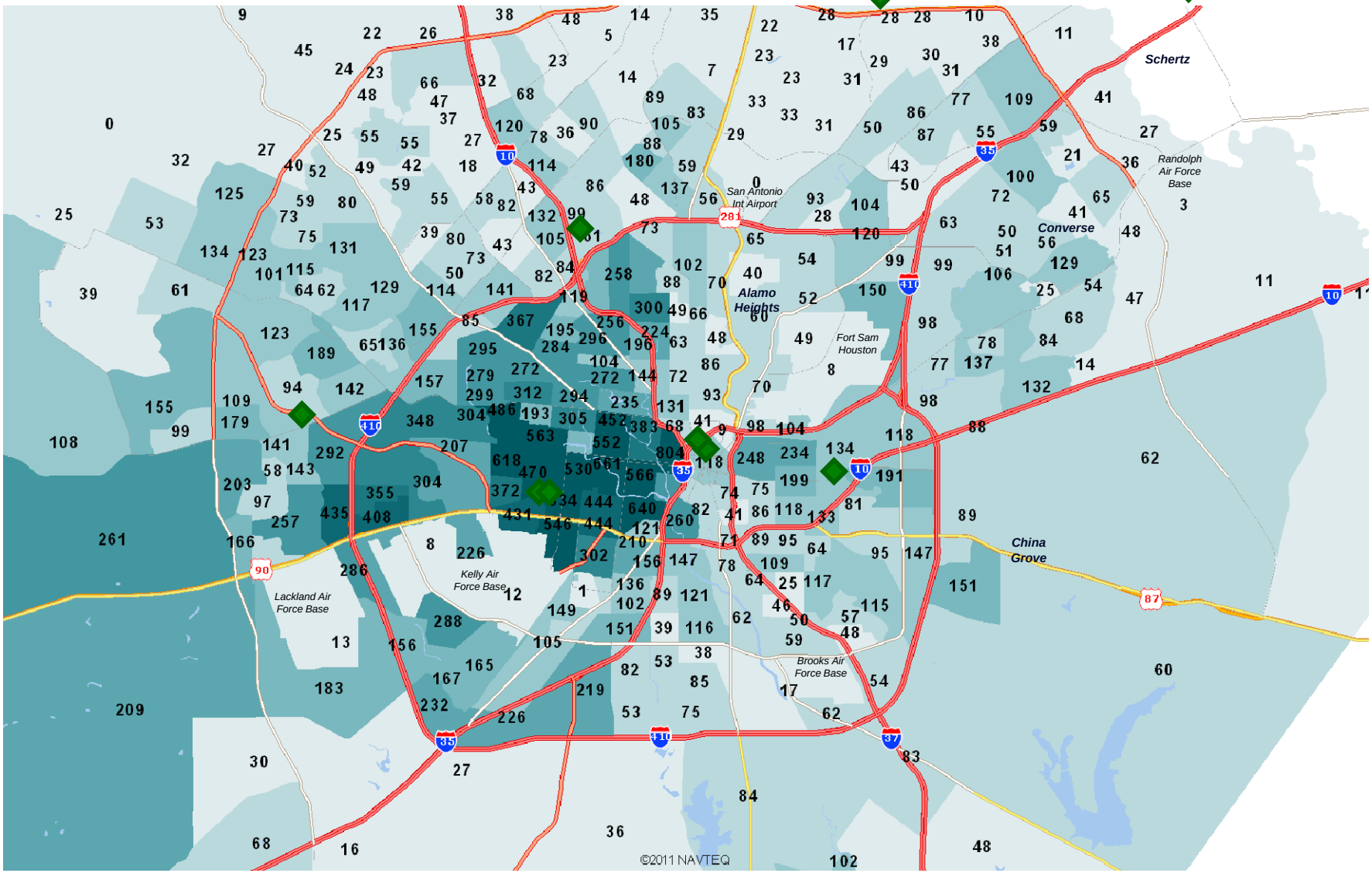
	2011	2012	2013	2011 - 2013 Trend %Change	Adjusted Quartile Ranking [8] 2012	2013
Quality of Care Indicators/Health Outcomes						
Perinatal Health						
Access to Prenatal Care (First Prenatal Visit in 1st Trimester)	69.8%	64.9%	66.9%	-4.1%	2	2
Low Birth Weight	6.6%	6.3%	8.2%	24.4%	2	3
Preventive Health Screening & Services						
Cervical Cancer Screening	45.7%	37.5%	47.1%	3.1%	4	3
Adolescent Weight Screening and Follow Up	17.1%	35.7%	61.4%	258.3%	2	2
Adult Weight Screening and Follow Up	55.7%	34.9%	38.6%	-30.8%	3	4
Tobacco Use Screening	80.0%	73.6%	98.6%	23.2%	4	1
Tobacco Cessation Counseling for Tobacco Users	78.6%	13.6%	32.9%	-58.2%	4	4
Colorectal Cancer Screening	-	8.1%	21.4%	-	3	3
Childhood Immunization [5]	25.7%	13.9%	62.9%	-	4	4
Chronic Disease Management						
Asthma Treatment (Appropriate Treatment Plan)	62.9%	100.0%	100.0%	59.1%	1	1
Cholesterol Treatment (Lipid Therapy for Coronary Artery Disease Patients)	-	67.7%	67.1%	-	3	4
Heart Attack/Stroke Treatment (Aspirin Therapy for Ischemic Vascular Disease Patients)	-	30.1%	68.6%	-	4	3
Blood Pressure Control (Hypertensive Patients with Blood Pressure < 140/90)	55.4%	60.4%	58.6%	5.8%	2	3
Diabetes Control (diabetic patients with HbA1c <= 9%)	48.4%	40.3%	32.9%	-32.1%	4	4



	2011	2012	2013	2011 - 2013 Trend %Change
Cost Data				
Health Center Service Grant Expenditures	$5,338,165	$5,435,165	$6,042,509	13.2%
Total Cost	$23,677,357	$24,333,316	$28,353,251	19.7%
Total Cost Per Patient	$843.84	$590.30	$639.21	-0.7%

V. Market Supply Review

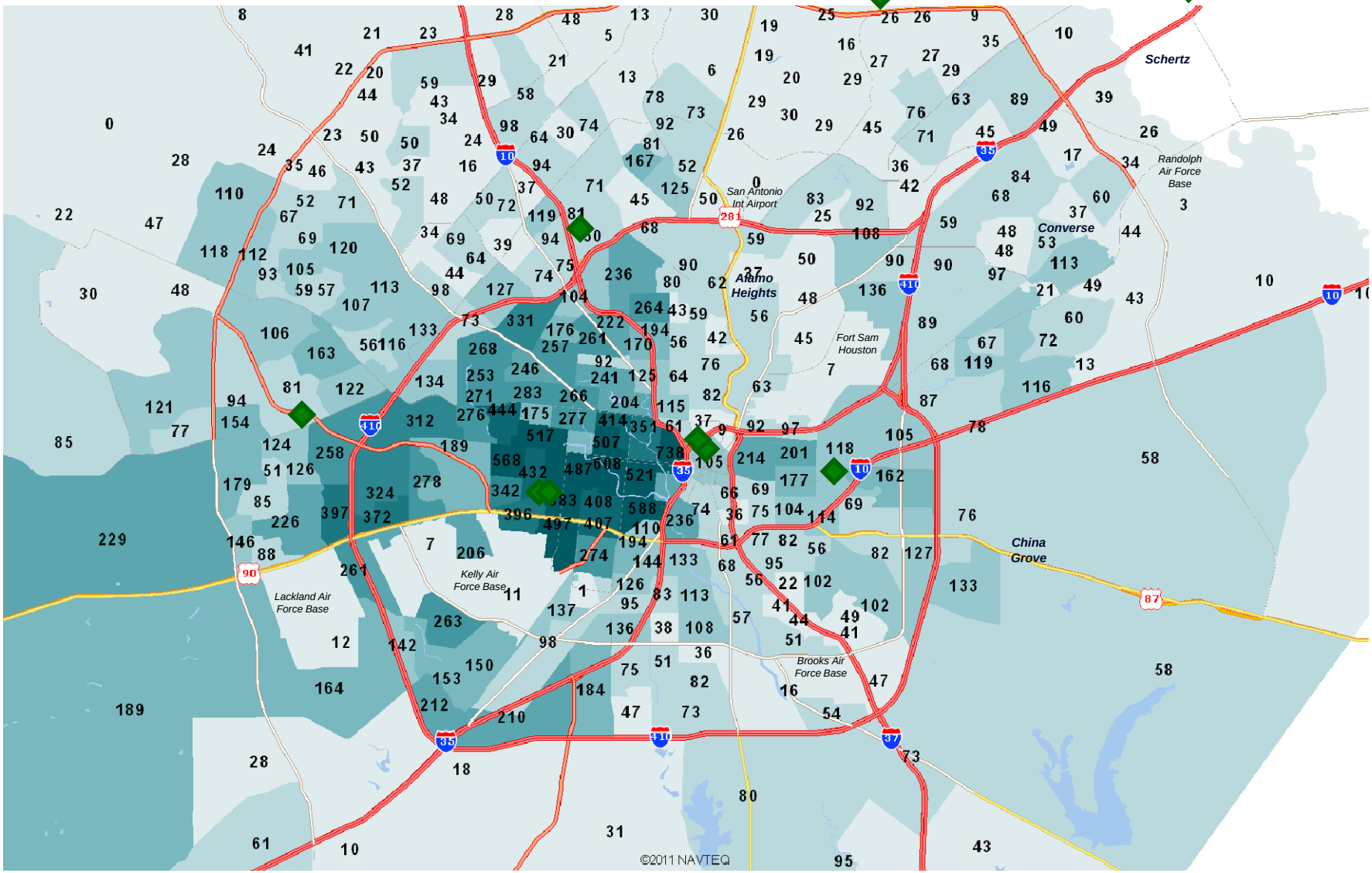
2013 CommuniCare Total Clinic Visits(1)



(1) Source: Partner Organizations' databases

V. Market Supply Review

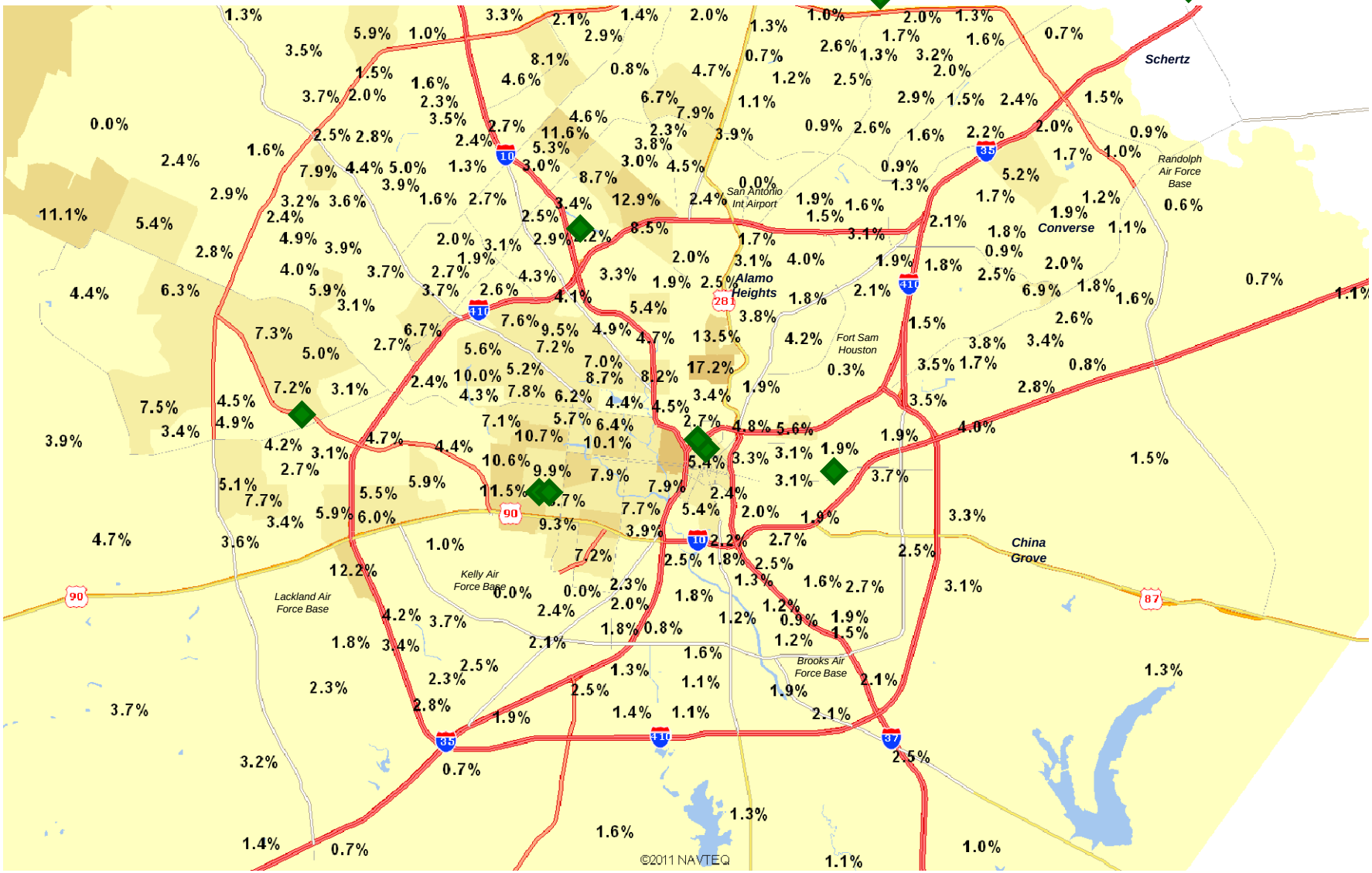
2013 CommuniCare 18-64 Age Group Clinic Visits(1)



(1) Source: Partner Organizations' databases

V. Market Supply Review

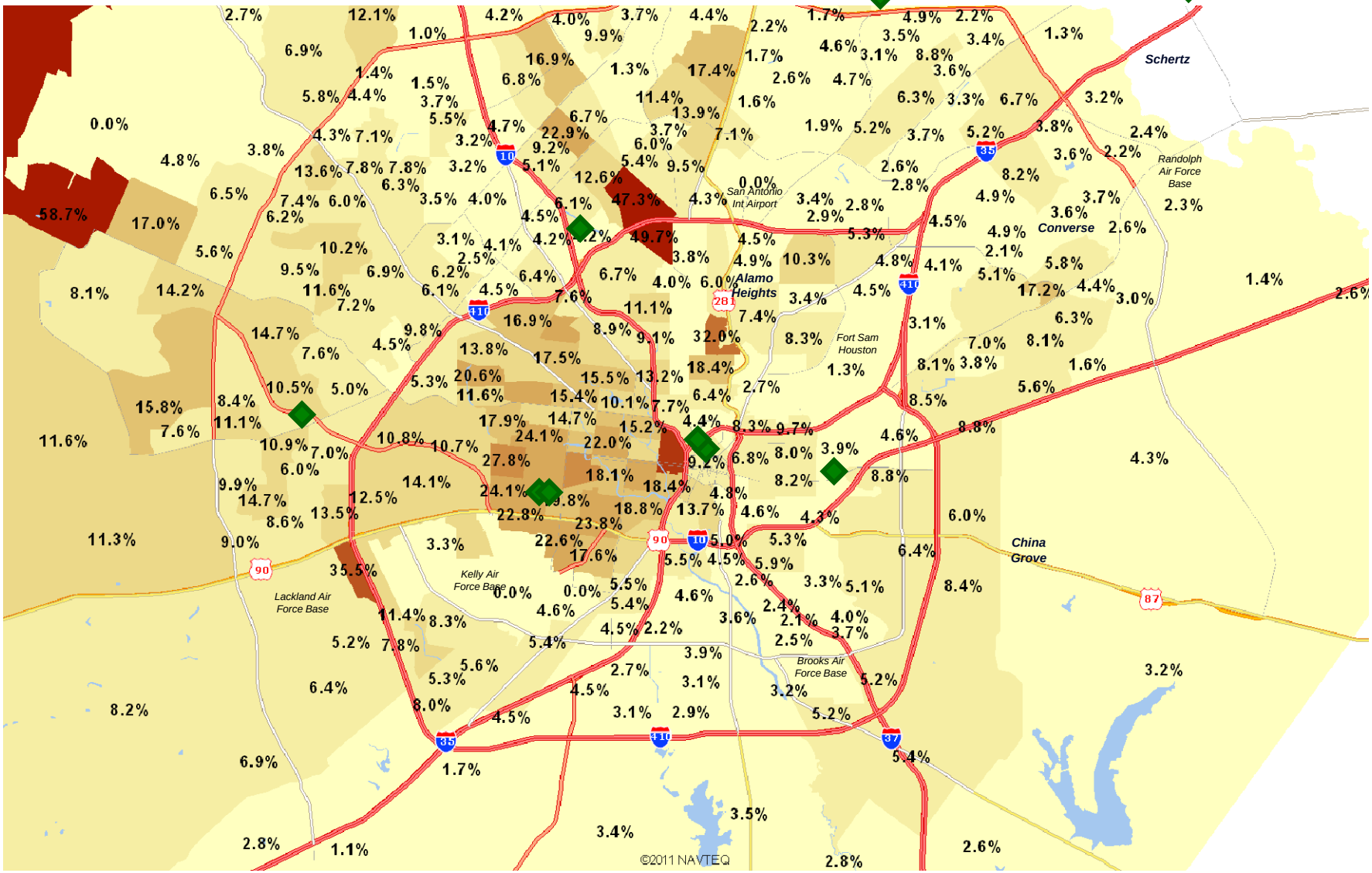
2013 CommuniCare Visit Share(1) – Total Population below 200% FPL



(1) Share calculated using market expected visits at 200% poverty level

V. Market Supply Review

2013 CommuniCare Visits Share(1) – 18–64 Population below 200% FPL

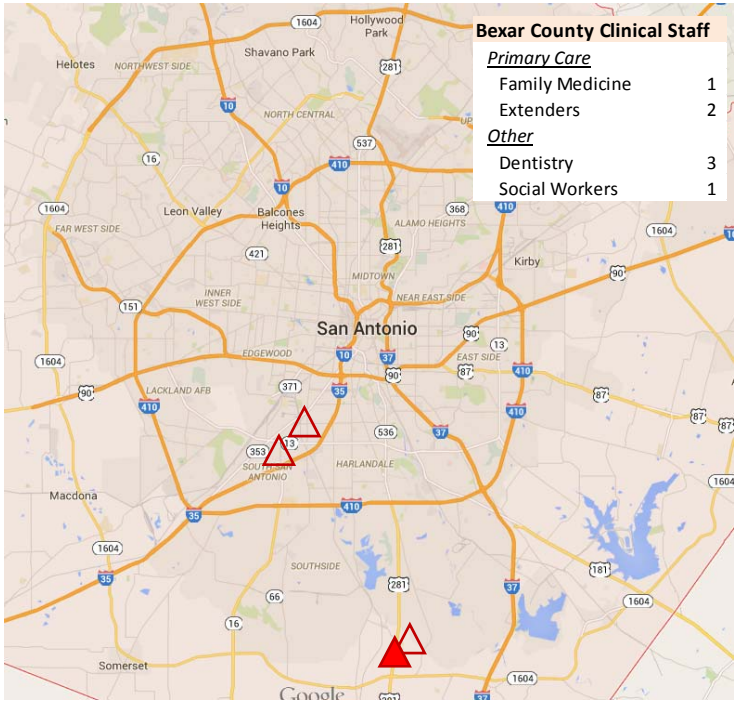


(1) Share calculated using market expected visits at 200% poverty level

V. Market Supply Review - Partner Profile
Daughters of Charity

DAUGHTERS OF CHARITY SERVICES OF SAN ANTONIO

- Daughters of Charity provides medical and dental services at one location Bexar County with three additional non-clinical sites
- La Misión Family Health Care clinic is located in the far south region of San Antonio
- Affiliated with Ascension Health but aligned with UHS leveraging IT and other services
- New leadership - Mike Bennett, CEO (Feb. 2014)
- Key Unmet Needs
  - South side of San Antonio is least resourced area
  - Hispanic population group is #1 priority by volume - culture makes it slow to affect change



- Key Strategies
  - Looking at ways to grow early childhood education (health) – Interested in partnering with MHM
  - Have some spare capacity on Medical / Dental - looking to build volumes
  - Trying to find ways to change how patients access healthcare - Look to expand telemedicine
  - "Sustainability has been the full focus in the past. Now we need to work on building relationships. We view MHM as part of our system. DOC is very supportive of MHM and thinks MHM sets a great example for the market."

V. Market Supply Review - Partner Profile
Daughters of Charity

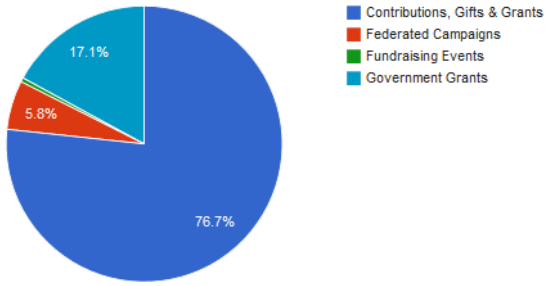
Financial Performance Metrics	
Program Expenses *(Percent of the charity's total expenses spent on the programs and services it delivers)*	82.9%
Administrative Expenses	14.4%
Fundraising Expenses	2.5%
Fundraising Efficiency	$0.02
Primary Revenue Growth	9.4%
Program Expenses Growth	2.4%
Working Capital Ratio (years)	1.40

Statements of Activities Years Ended June 30, 2014 and June 30, 2013

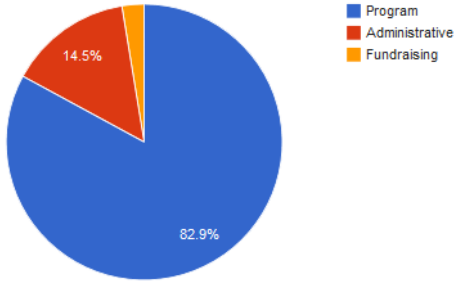
	FY14	FY13
Program Fees	$3,173,045	$3,251,989
Less Charity Care	(1,716,680)	(2,157,631)
Net Program Fees*	1,456,365	1,094,358
Contributions	1,343,717	1,284,469
Daughters of Charity Foundation	1,675,529	1,525,126
United Way	256,273	249,424
Government Grants	733,514	739,014
Interest & Other Revenue	100,409	70,295
Total Support & Revenue	5,565,807	4,962,686
Personnel Related	3,939,007	3,275,696
Professional & Contract	831,373	645,695
Supplies	416,122	299,971
Depreciation	445,695	410,989
Bad Debt	--	--
Travel and Continuing Education	31,574	42,880
Occupancy & Telephone	391,173	134,970
Other	113,465	21,363
Total Expenses	6,168,409	4,941,323
Excess (Deficit)	(602,602)	21,363

**DePaul-Wesley Children's Center opened August 2013*

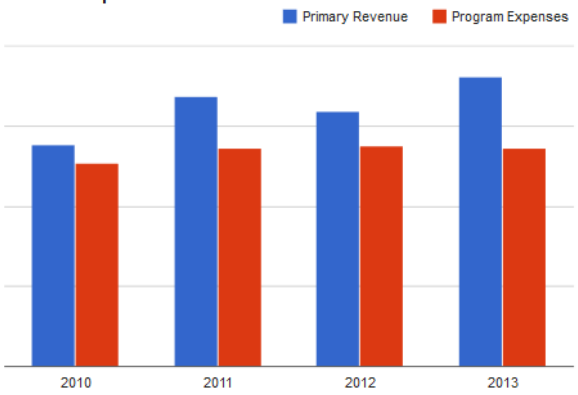
Contributions Breakdown



Expenses Breakdown



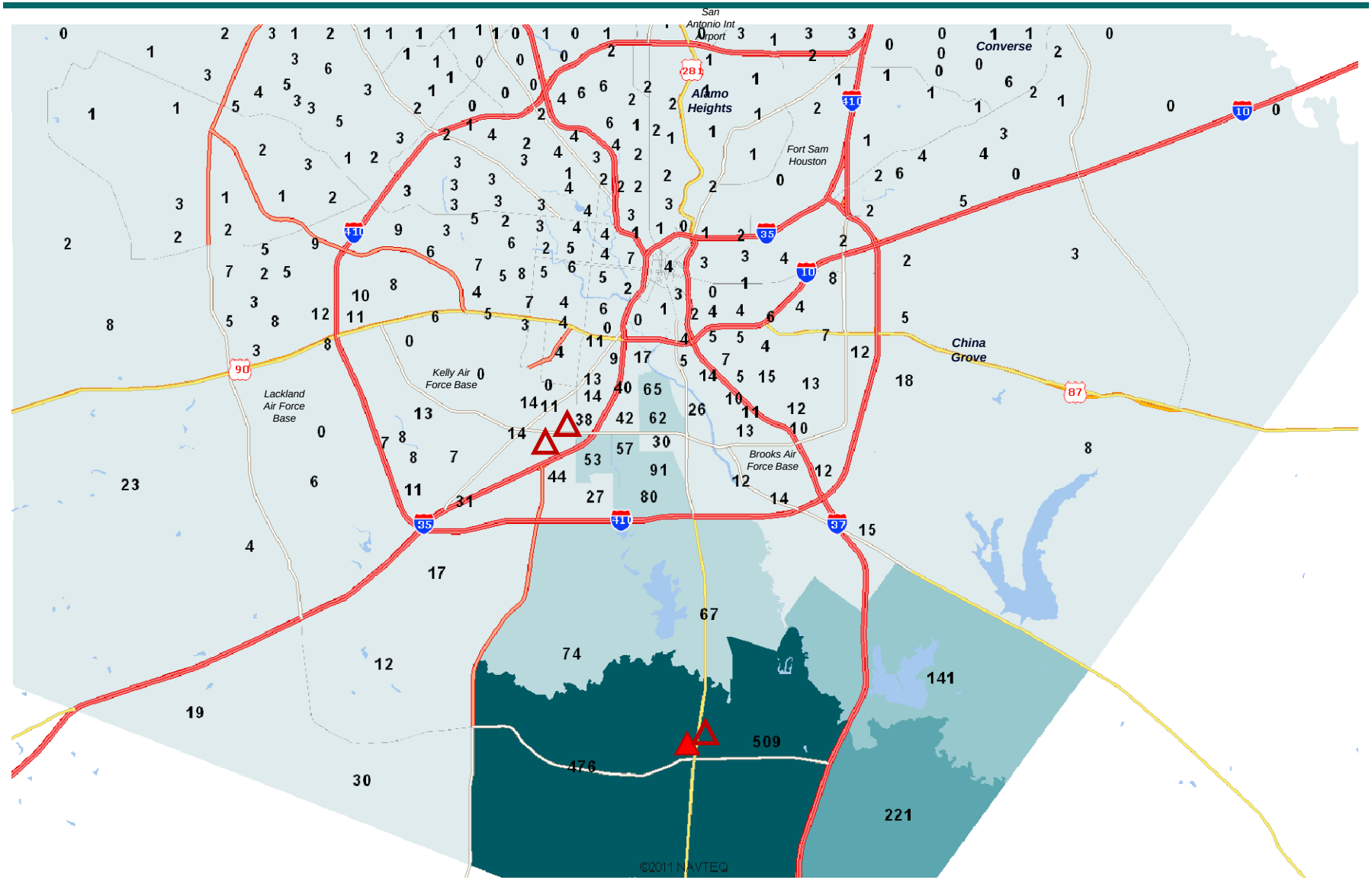
Revenue/Expenses Trend



(1) Source: Daughters of Charity 2013 Annual Report
Charitynavigator.org

V. Market Supply Review

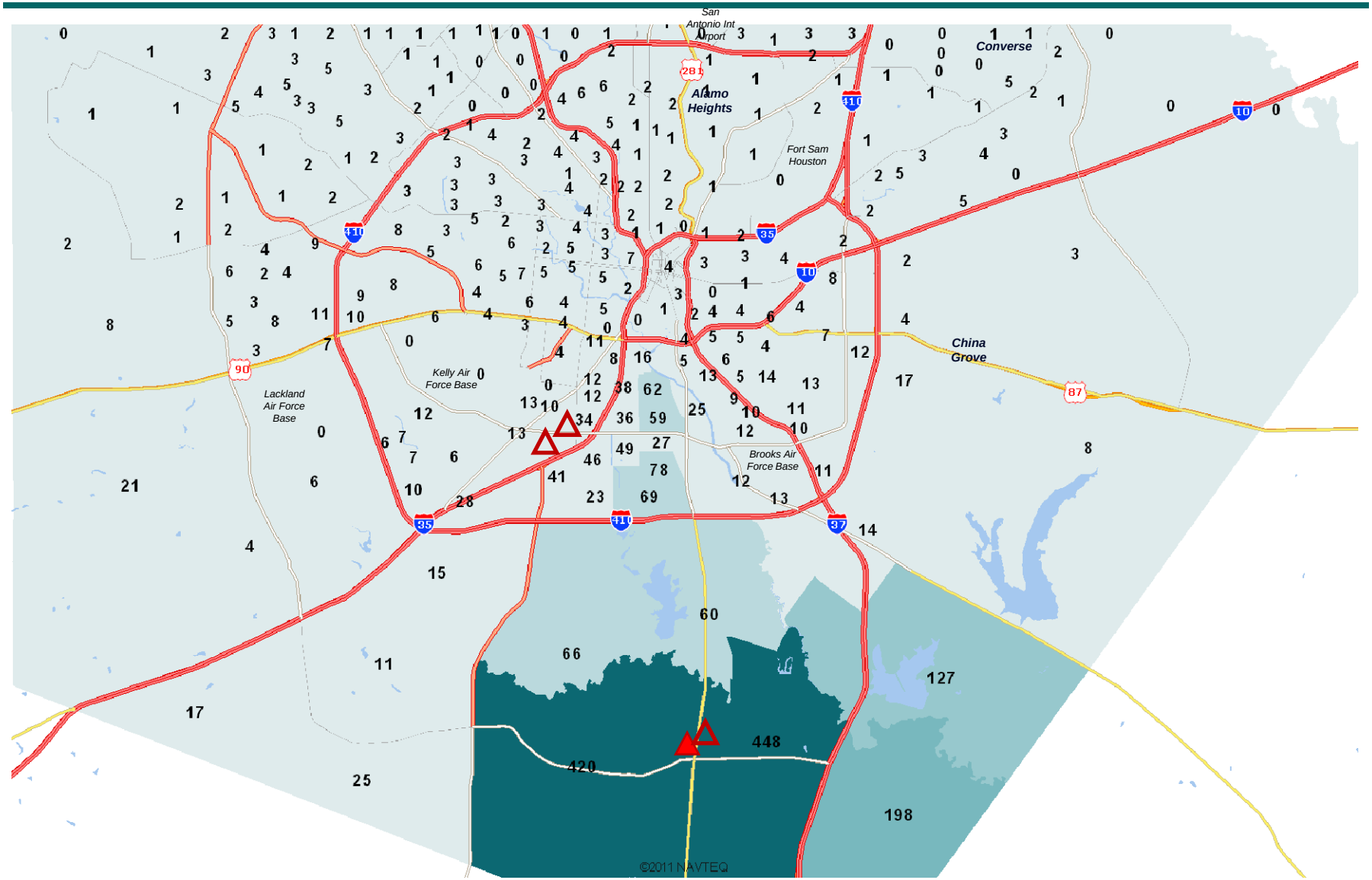
2013 Daughters of Charity Total Clinic Visits(1)



(1) Source: Partner Organizations' databases

V. Market Supply Review

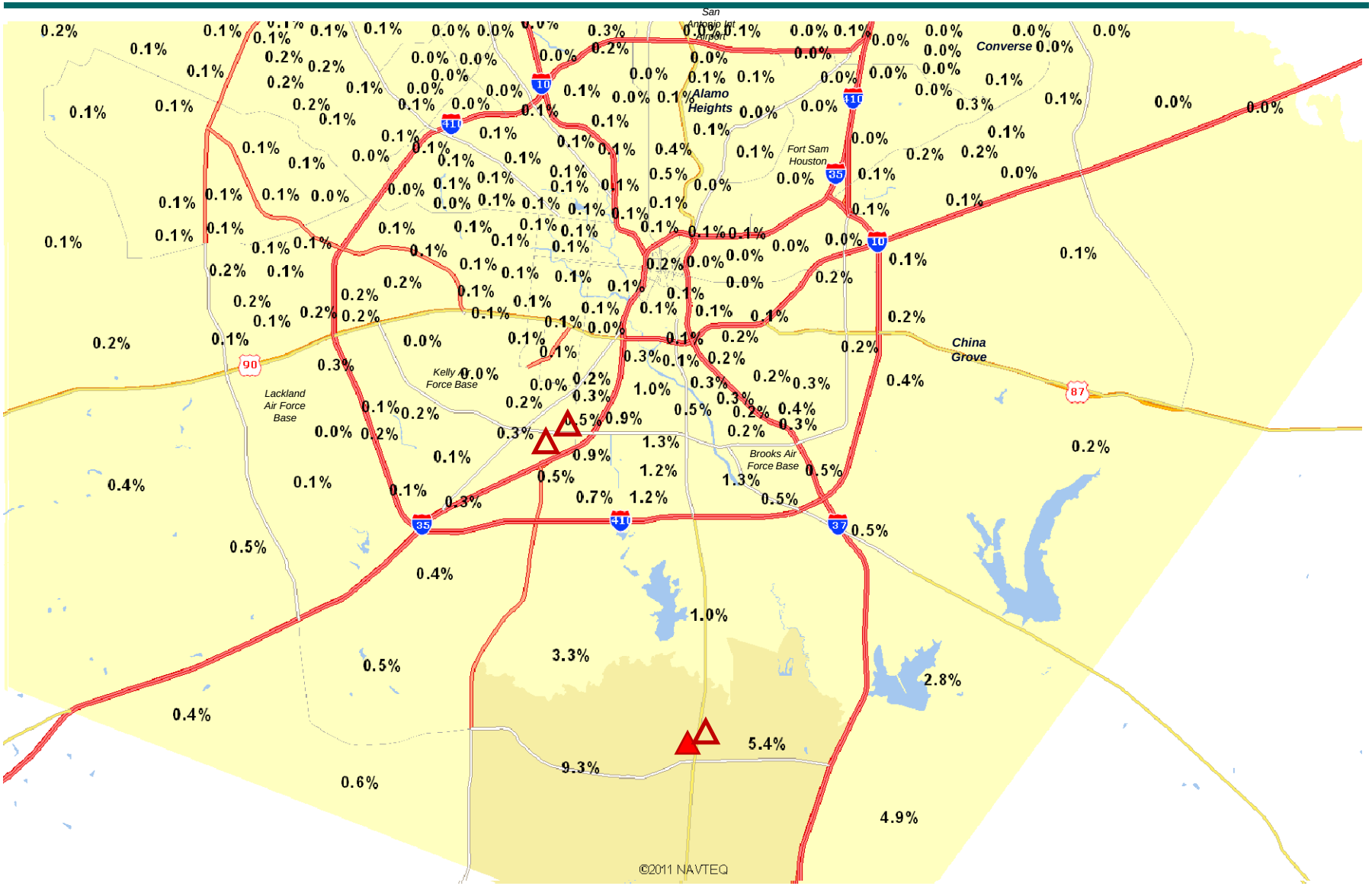
2013 Daughters of Charity 18-64 Age Group Clinic Visits(1)



(1) Source: Partner Organizations' databases

V. Market Supply Review

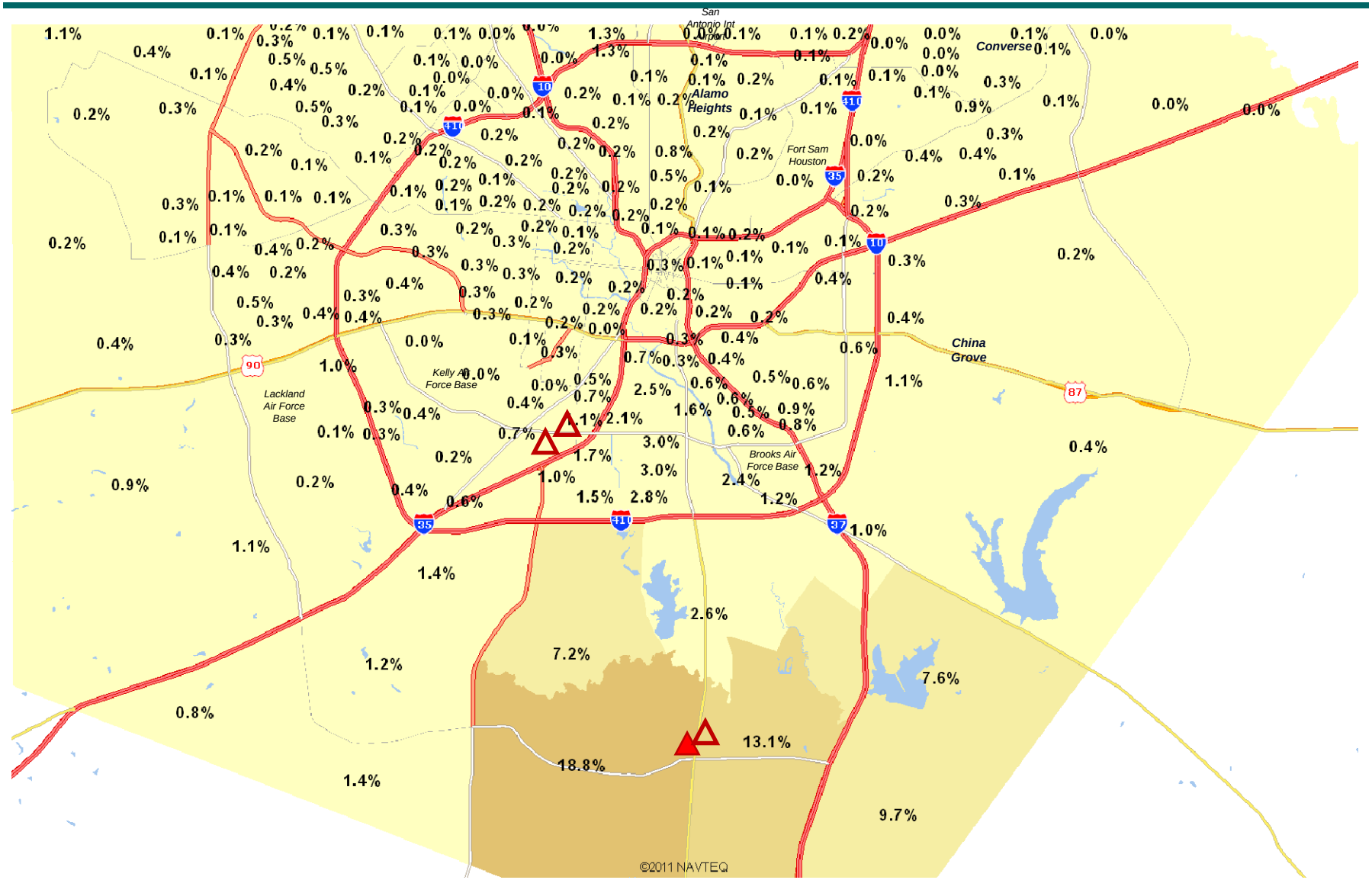
2013 Daughters of Charity Visit Share(1) – Total Population below 200% FPL



(1) Share calculated using market expected visits at 200% poverty level

V. Market Supply Review

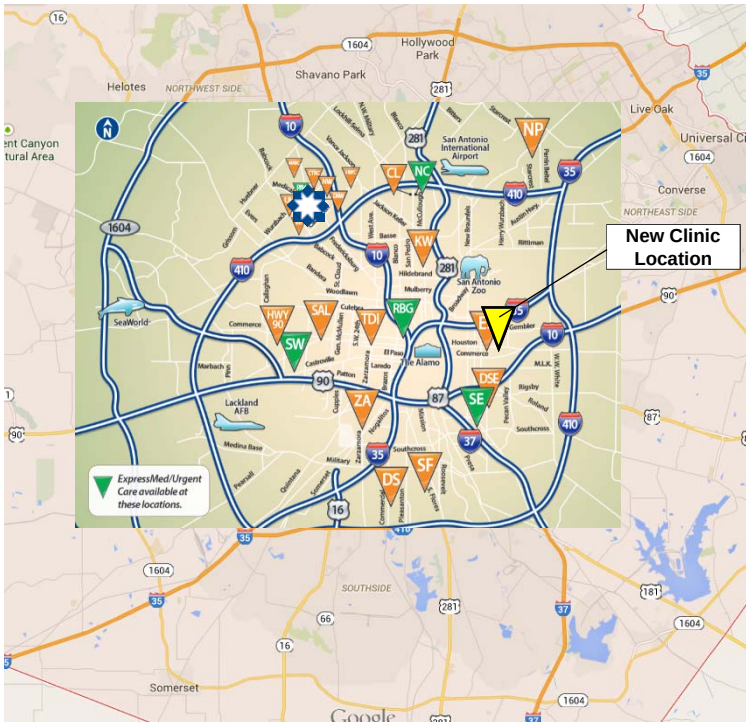
2013 Daughters of Charity Visits Share(1) – 18–64 Population below 200% FPL



(1) Share calculated using market expected visits at 200% poverty level

V. Market Supply Review - Partner Profile
University Health System

- University Health System includes a teaching hospital and network of ~ 18 outpatient healthcare centers working in partnership with UT Medicine San Antonio
- Community Medical Associates has grown substantially over the past several years
  - FP / IM / OB / Pediatrics / Psychiatry / Endocrinology
- The System manages the CareLink program for Bexar County residents that do not have insurance or qualify for other assistance programs
- UHS is the Region 6 1115 Anchoring Entity
  - UHS / CMA is implementing 26 of the 128 category 1 - 2 projects in the region (20%)
  - The value of UHS projects is $337M out of $843M or ~40% of the regional allocation
  - Developing new primary care clinic in East submarket in conjunction with SA Housing Authority
    - Reportedly sized for 2 FTE physicians
- UT HSC is leading 23 projects valued at $99M



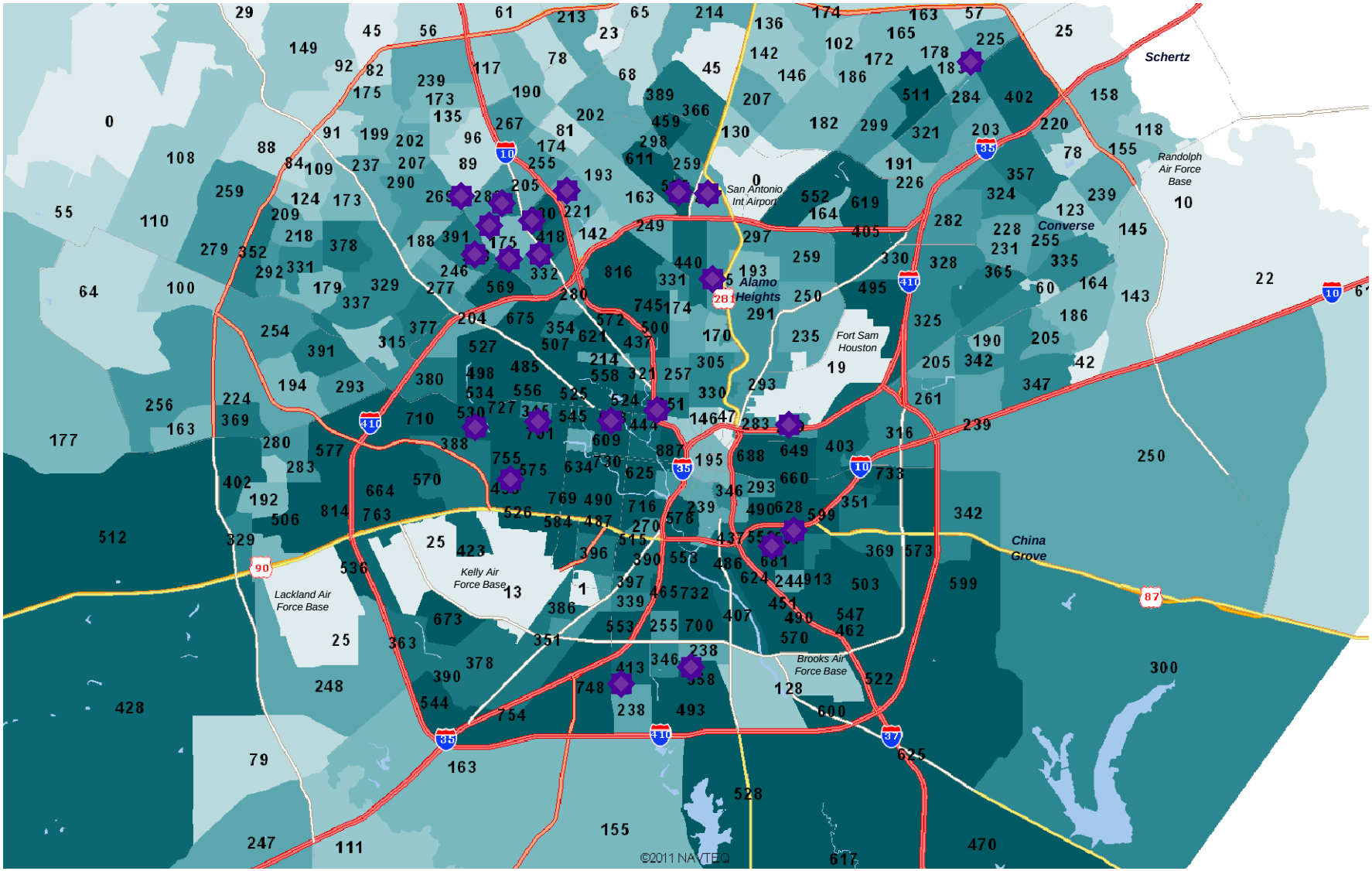
	Community Medicine Associates	UT Kids San Antonio	UT Medicine San Antonio	Total
Physicians				
Family Medicine	36	0	23	59
Internal Medicine	5	0	9	14
Obstetrics	1	0	11	12
Pediatrics	10	0	0	10
Psychiatry	3	0	3	6
Specialists	7	58	210	275
Extenders				
Family Medicine	0	0	3	3
Specialists	0	13	24	37
Primary Care	0	0	3	3
Specialty	0	13	24	37

V. Market Supply Review - Partner Profile
University Health System

- Key Unmet Needs
  - Primary care needs of uninsured are being met, but specialty needs are an issue
    - Cited Cardiology, Pediatrics, and ENT as problem areas
    - Limitations in access to UT physicians is an ongoing concern
- Key Strategies
  - UHS is developing plans to meet needs "geographically"
    - East side is an area of focus for the System with new clinic development and seeking opportunities to increase behavioral health penetration
  - Focusing on integrating mental health and primary care
    - Currently have RFP out accepted by NIX Health
    - Developing crisis intervention center near the Medical Center
  - 1115 Waiver project
    - Partnership with SAHA to develop primary care clinic in Northeast (Sutton Oaks)
    - "We have added a significant number of physicians to Community Medical Associates"
  - Predicting CareLink will get smaller over time as exchanges and other changes ramp up

V. Market Supply Review

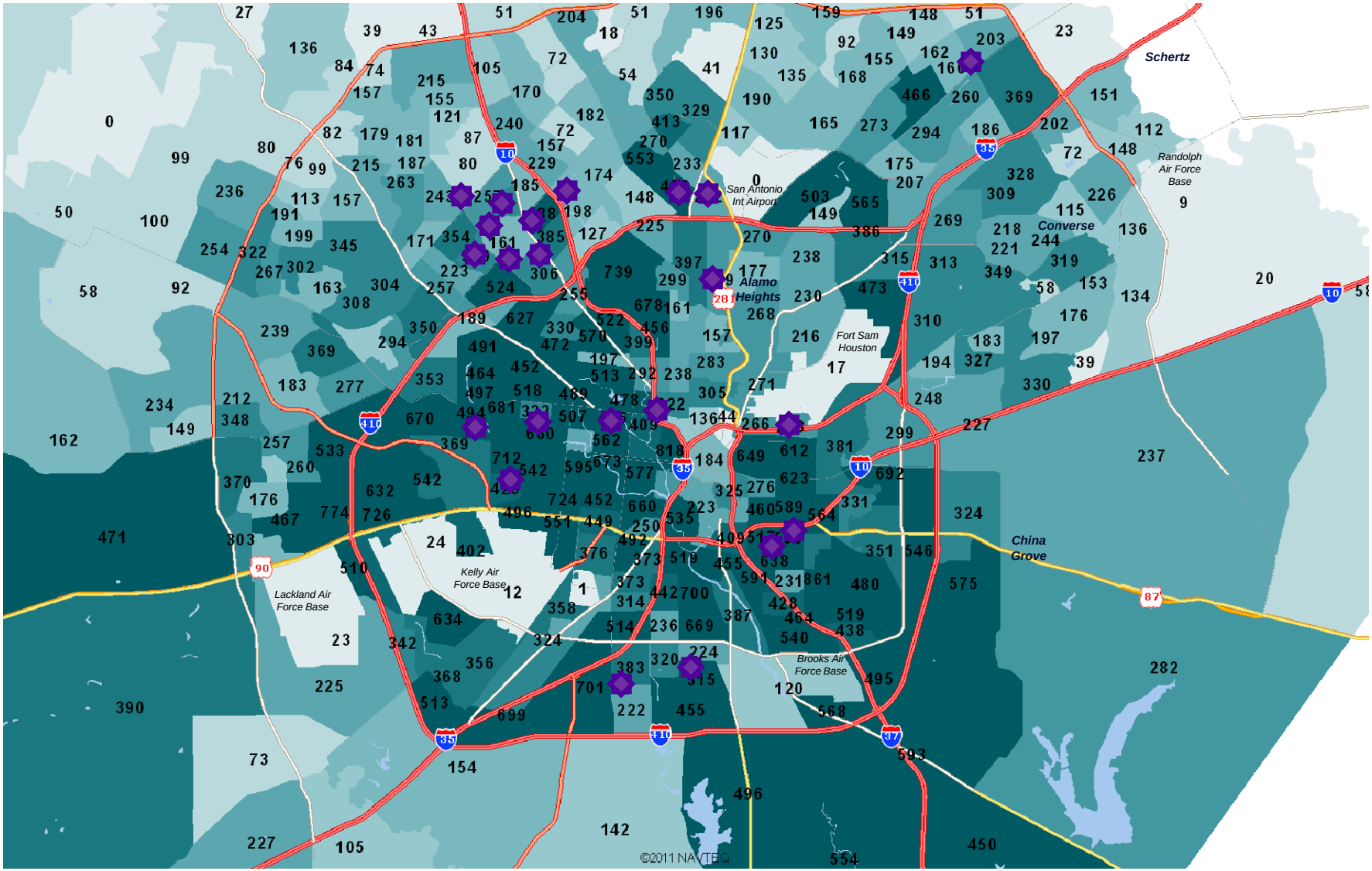
2013 University Health System Total Clinic Visits(1)



(1) Source: Partner Organizations' databases

V. Market Supply Review

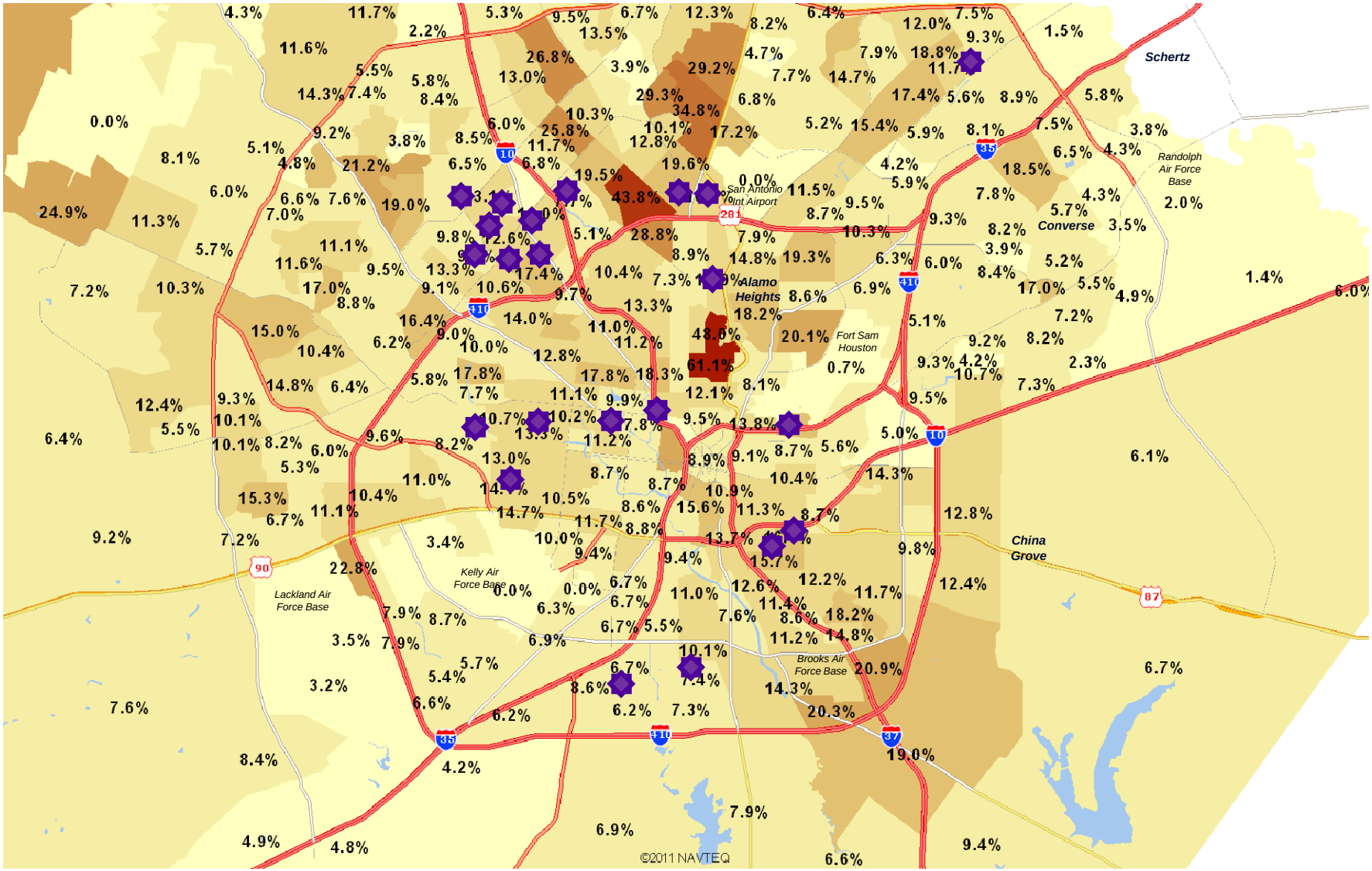
2013 University Health System 18-64 Age Group Clinic Visits[1]



(1) Source: Partner Organizations' databases

V. Market Supply Review

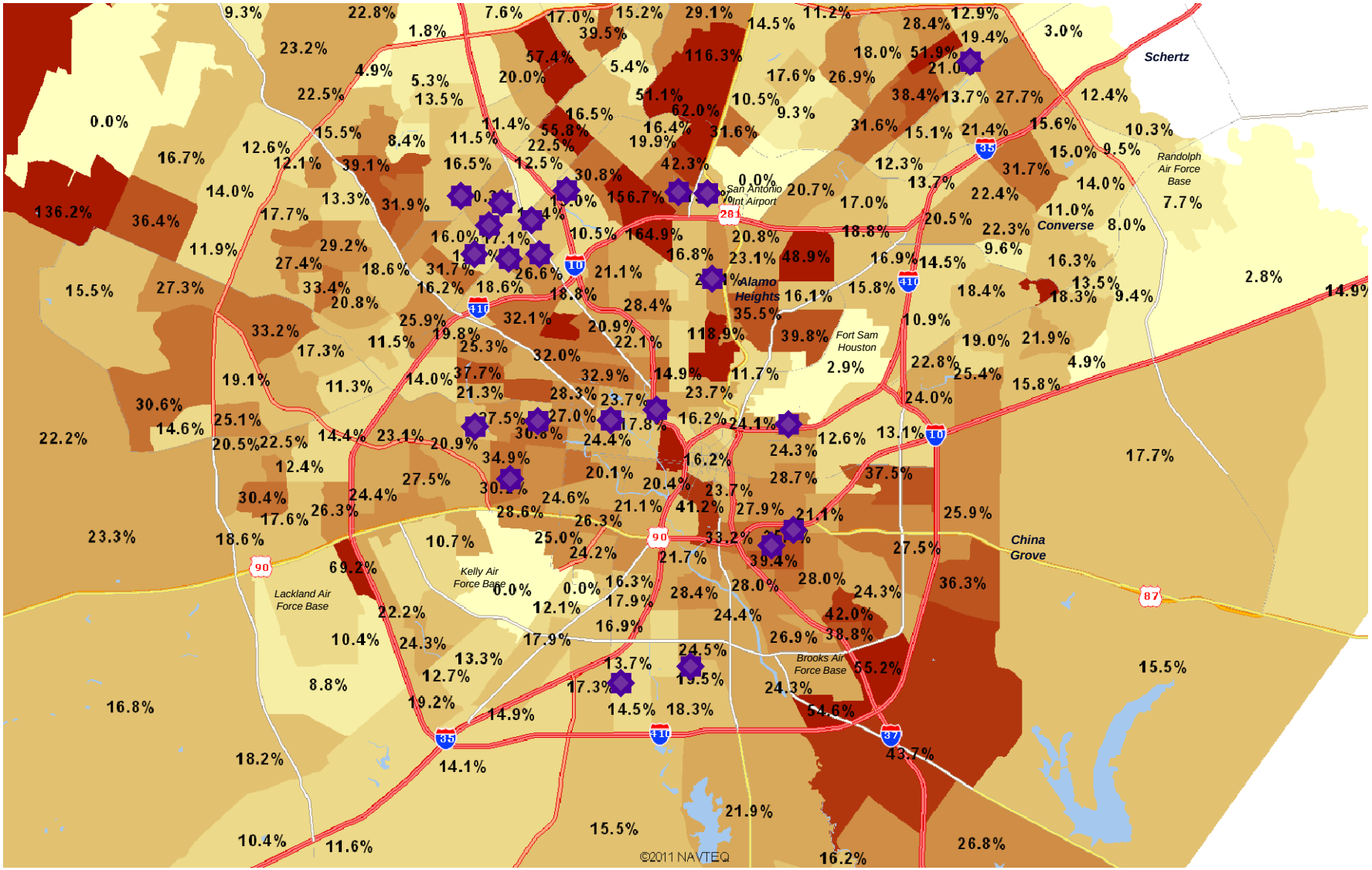
2013 UHS Visit Share(1) – Total Population below 200% FPL



(1) Share calculated using market expected visits at 200% poverty level

V. Market Supply Review

2013 UHS Visits Share(1) – 18-64 Population below 200% FPL

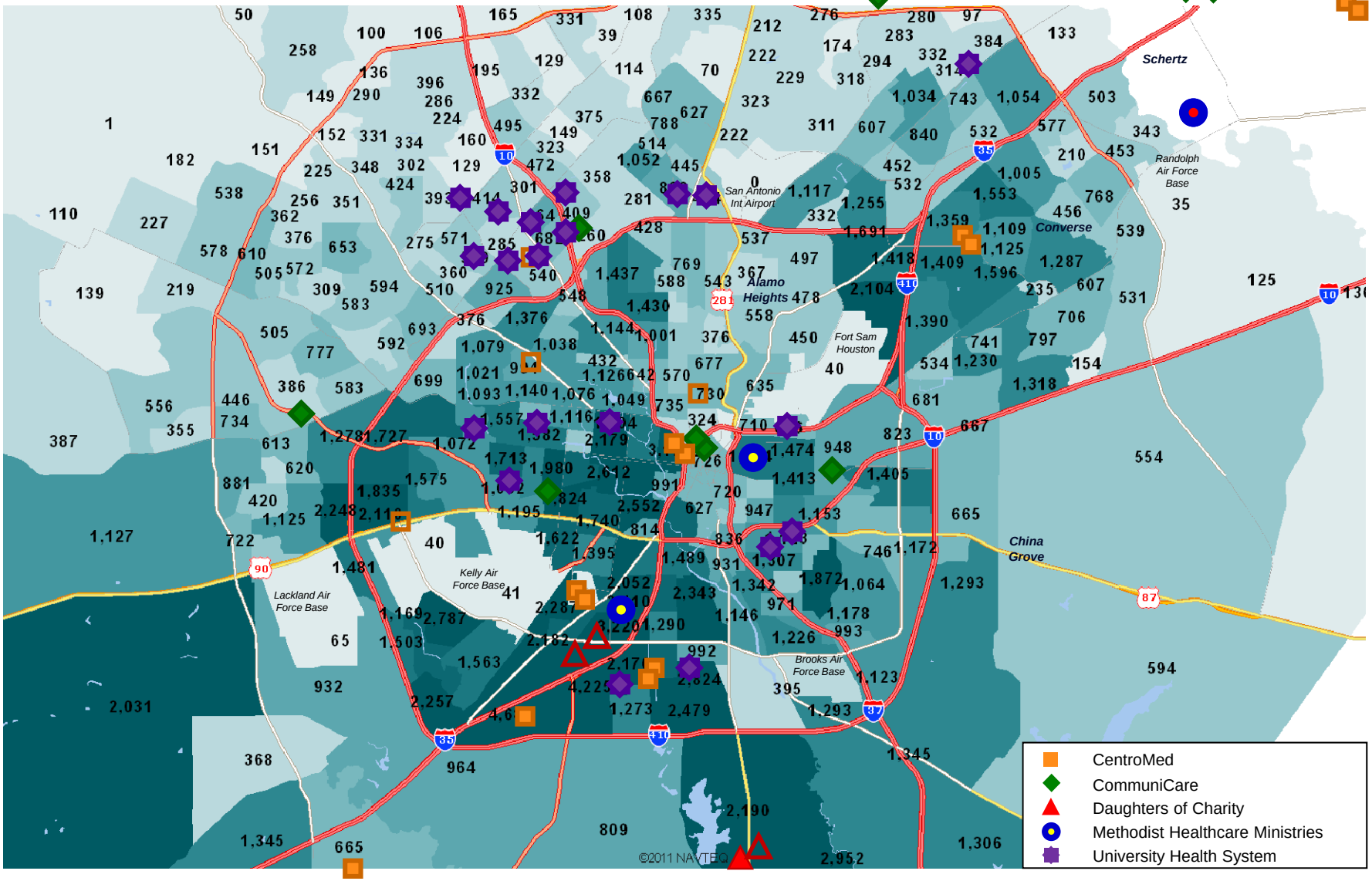


(1) Share calculated using market expected visits at 200% poverty level

Consolidated Partner Organizations

V. Market Supply Review

2014 Total Clinic Visits – Consolidated Partners No Payor Source(1)

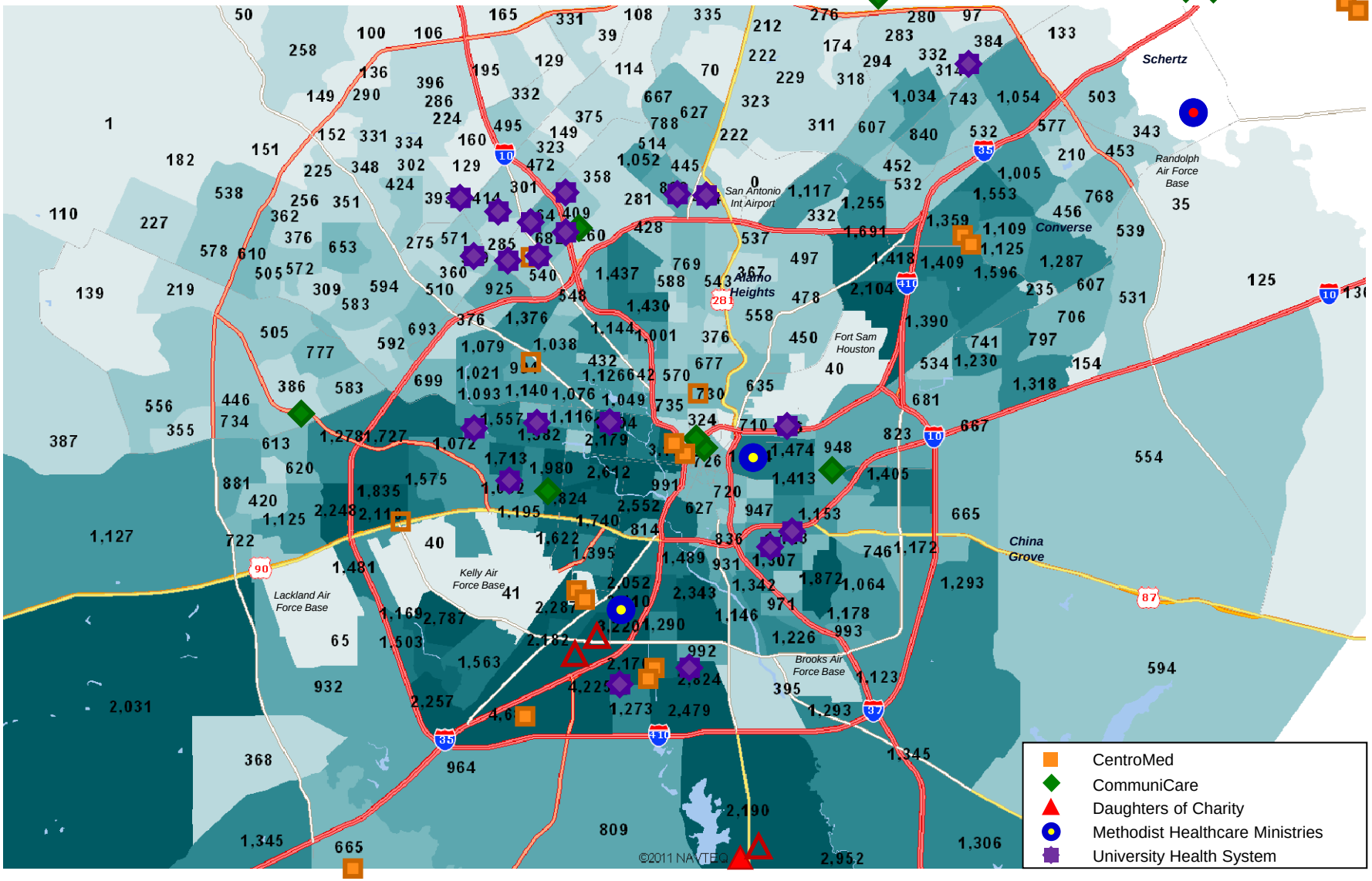


(1) Source: Partner Organizations' internal data
(2) Indigent care visits only does not include Medicare, Medicaid or Managed Care/Commercial patients

CAPITAL HEALTHCARE PLANNING

V. Market Supply Review

2014 Total 18-64 Age Clinic Visits – Consolidated Partners No Payor Source(1)

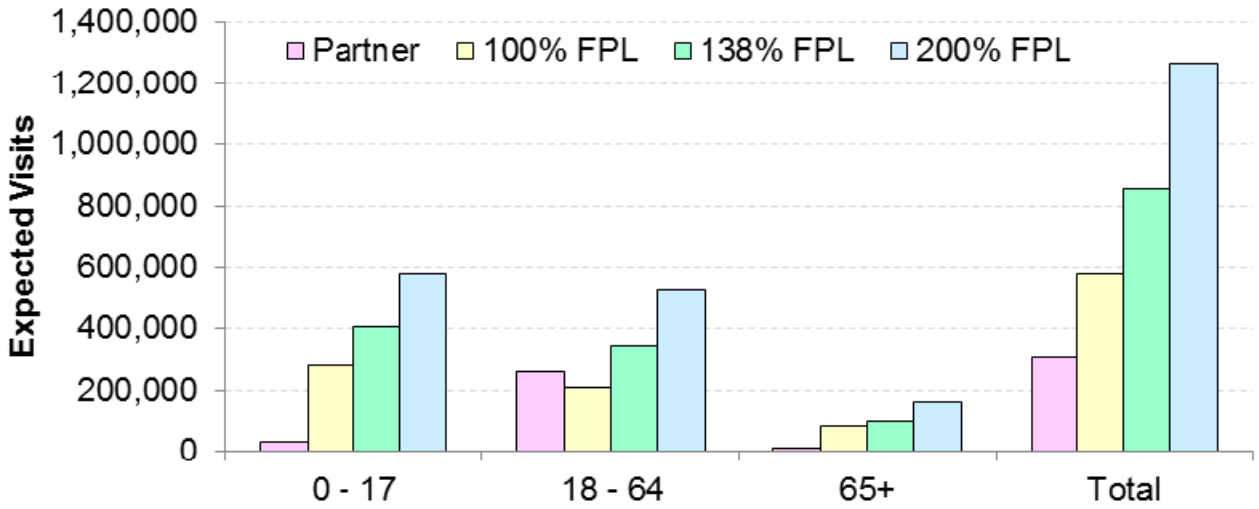


(1) Source: Partner Organizations' internal data
(2) Indigent care visits only does not include Medicare, Medicaid or Managed Care/Commercial patients

V. Market Supply Review

2013 Expected Bexar County Market and Provider Visits – No Payor Source(1)

2013 Expected Market and Partner Visits by FPL and by Age Cohort – Bexar County



- Partner Organizations account for 35.9% of the expected Bexar County visits calculated at 138% of FPL and 24.1% of visits calculated at 200% FPL
- Market share varies significantly by age cohort:
  - 7.5% of 0–17 at 138% -- 5.3% at 200% FPL (NOTE: Partner data does not include Medicaid which will be a significant portion of this volume)
  - 76.2% of 18–64 cohort at 138% and 49.9% at 200% FPL
  - 13.3% of 65+ cohort at 138% and 8.2% at 200% FPL (NOTE: Partner data does not include Medicaid for this presentation which will be a significant portion of this volume)
- 548K of the expected 138% FPL or 963K of 200%) visits not seen by Partner Organizations

(1) Source: Partner Organizations' internal data
(2) Indigent care visits only does not include Medicare, Medicaid or Managed Care/Commercial patients
(3) (1) Share calculated using market expected visits at 200% poverty level

V. Market Supply Review

Visits & Market Share by Age Cohort at 200% FPL – No Payor Source(1)

- 2013 Market Visits - Bexar County

Partner Organization	0 - 17	18 - 64	65+	Total
CentroMed	21,984	95,737	6,329	124,050
CommuniCare	2,300	39,647	2,248	44,194
Daughters of Charity	230	3,069	78	3,377
Methodist Healthcare Ministries	825	15,650	1,434	17,909
University Health System	5,295	107,927	3,144	116,366
Total - Partner Organizations	**30,634**	**262,029**	**13,234**	**305,897**
Total Expected Market - 200% FPL	580,560	525,279	162,353	1,268,191
Variance	549,926	263,250	149,119	962,295

- 2013 Market Share – Bexar County

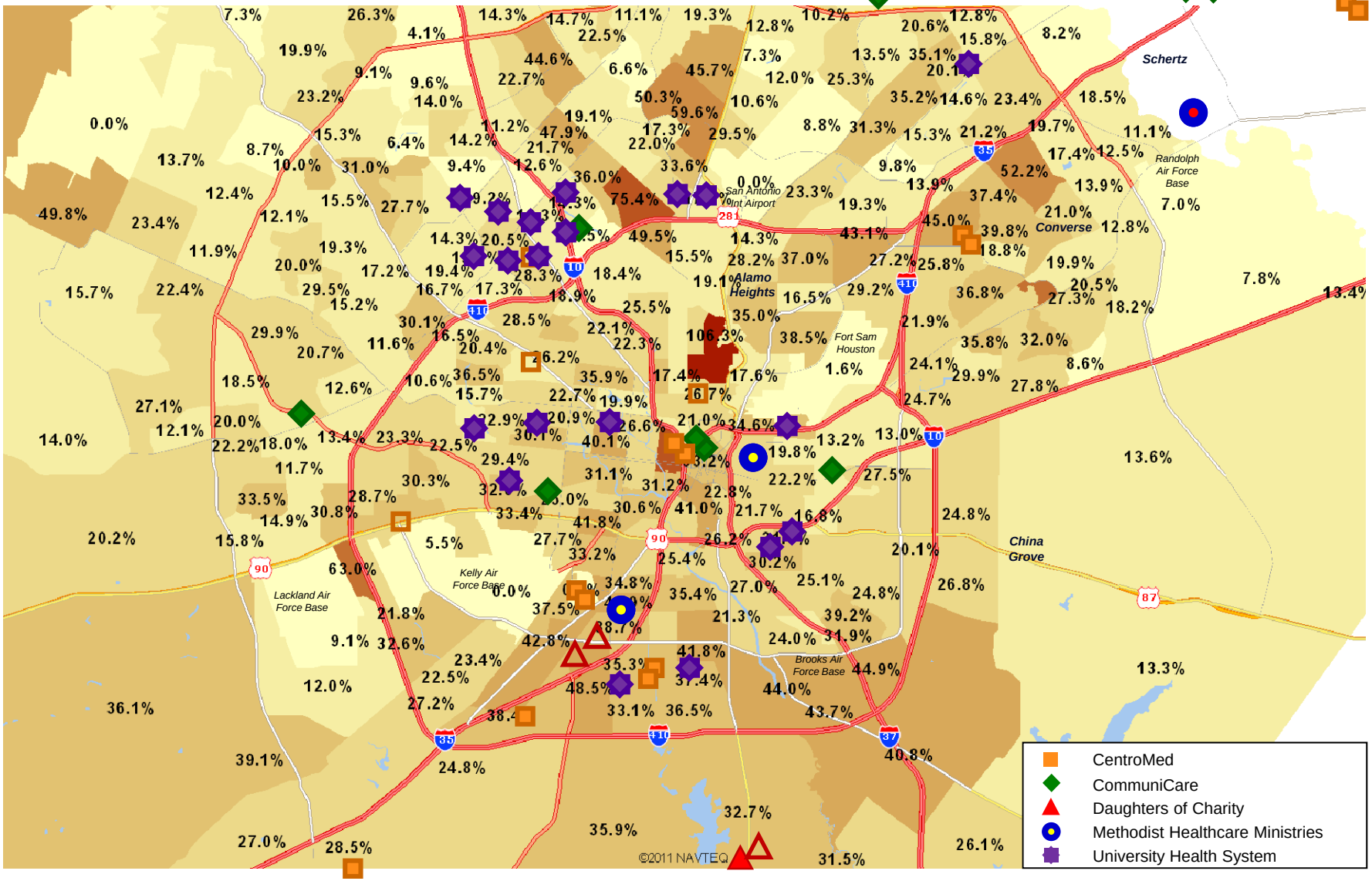
Partner Organization	0 - 17	18 - 64	65+	Total
CentroMed	3.8%	18.2%	3.9%	9.8%
CommuniCare	0.4%	7.5%	1.4%	3.5%
Daughters of Charity	0.0%	0.6%	0.0%	0.3%
Methodist Healthcare Ministries	0.1%	3.0%	0.9%	1.4%
University Health System	0.9%	20.5%	1.9%	9.2%
Total - Partner Organizations	**5.3%**	**49.9%**	**8.2%**	**24.1%**
Total - Other	94.7%	50.1%	91.8%	75.9%

Note: Pediatric and Senior "Market Share" under-represented as Partner data did not include Medicaid or Medicare visits

(1) Share calculated using market expected visits at 200% poverty level
(2) Source: Partner Organizations' internal data
(3) Indigent care visits only does not include Medicare, Medicaid or Managed Care/Commercial patients

V. Market Supply Review

2013 Consolidated Provider Visit Share(1) – Total Population below 200% FPL

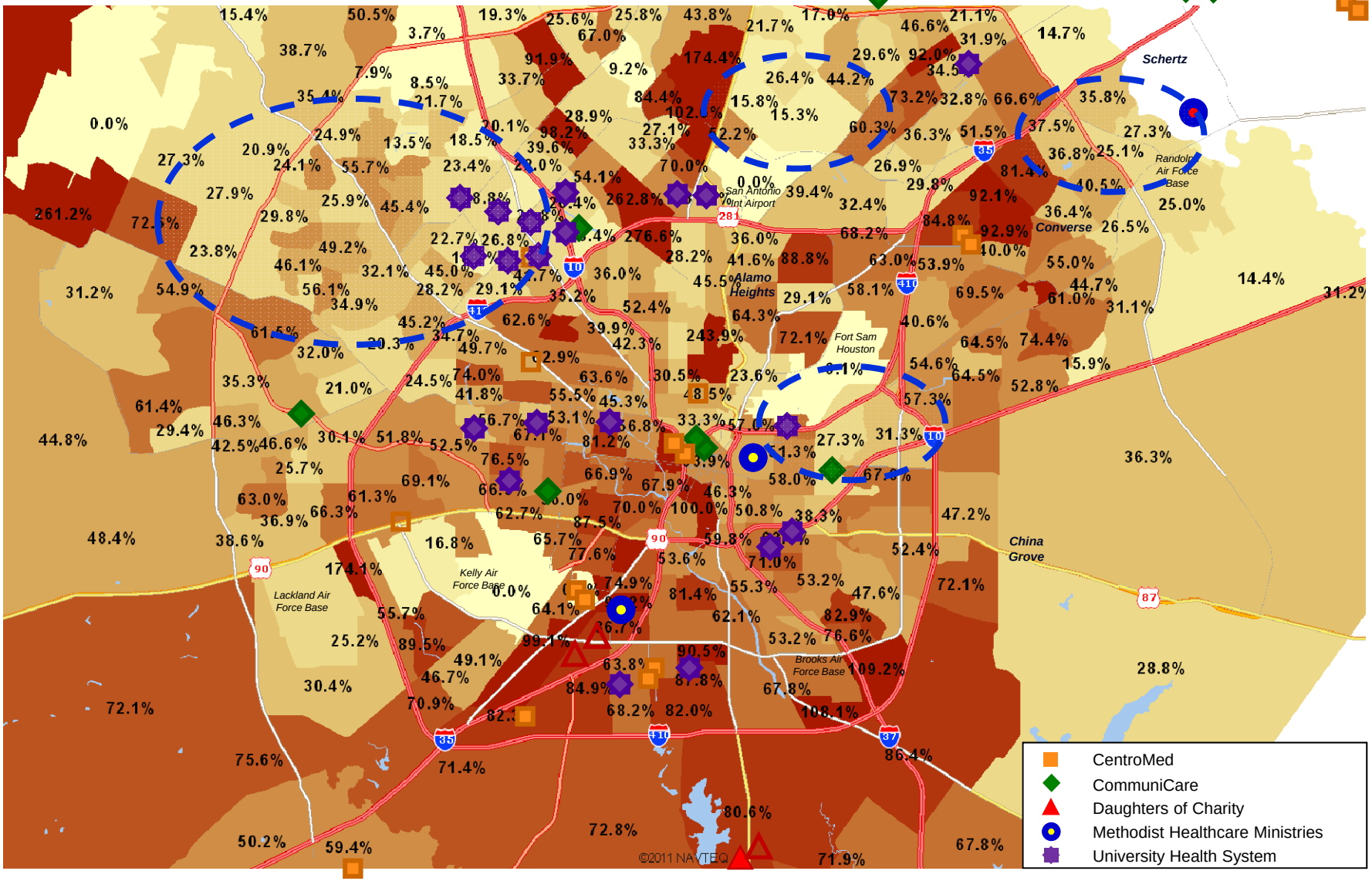


(1) Source: Partner Organizations' internal data
(2) Indigent care visits only does not include Medicare, Medicaid or Managed Care/Commercial patients
(3) (1) Share calculated using market expected visits at 200% poverty level

CAPITAL HEALTHCARE PLANNING

V. Market Supply Review

2013 Consolidated 18-64 Age Group Provider Visits Share(1) below 200% FPL



(1) Source: Partner Organizations' internal data
(2) Indigent care visits only does not include Medicare, Medicaid or Managed Care/Commercial patients
(3) (1) Share calculated using market expected visits at 200% poverty level

1115 Waiver DSRIP Projects Impacts on Supply

V. Market Supply Review - 1115 Waiver DSRIP Projects Impacts on Supply

Region 6 DSRIP Projects Impact on Physician Supply

- Of the 128 total projects, 89 are for organizations located in Bexar County
- Of those 89, 23 are estimated to target increasing provider capacity in the market (this estimate based on Milestones and Metrics outlined in Region 6 reporting document)
- It is estimated that these 23 projects will add 54 providers to the market over the 4 years of the projects 10 in DY2, 15 in DY3, and 10 each in DY4 and DY5
- Per the status report completed for DY3, 6 of these 23 projects had a "Quantifiable Patient Impact" in DY3

Institution	Primary Care	Specialist	Behavioral	School-Based	Dental	Total
Projects						
Baptist	1	1				**2**
CHOSA	1	1				**2**
Christus	1					**1**
CMA	1					**1**
S.A. Hlth. District					1	**1**
UHS	4		1	1		**6**
UTHSC	3	2	1		1	**7**
MHMR			2			**2**
Nix			1			**1**
Totals	**11**	**4**	**5**	**1**	**2**	**23**
Estimated Incremental Providers						
Baptist	3	8.7				**11.7**
CHOSA	7	0				**7**
Christus	5					**5**
CMA	0					**0**
S.A. Hlth. District					2.7	**2.7**
UHS	8.9		1	3		**12.9**
UTHSC	6.4	1.4	0		5	**12.8**
MHMR			2			**2**
Nix			0			**0**
Totals	**30.3**	**10.1**	**3**	**3**	**7.7**	**54.1**

Table shows "# of projects/estimated # of providers FTEs" – these numbers do not include Residents (14 at CMA & 15 at UHS)

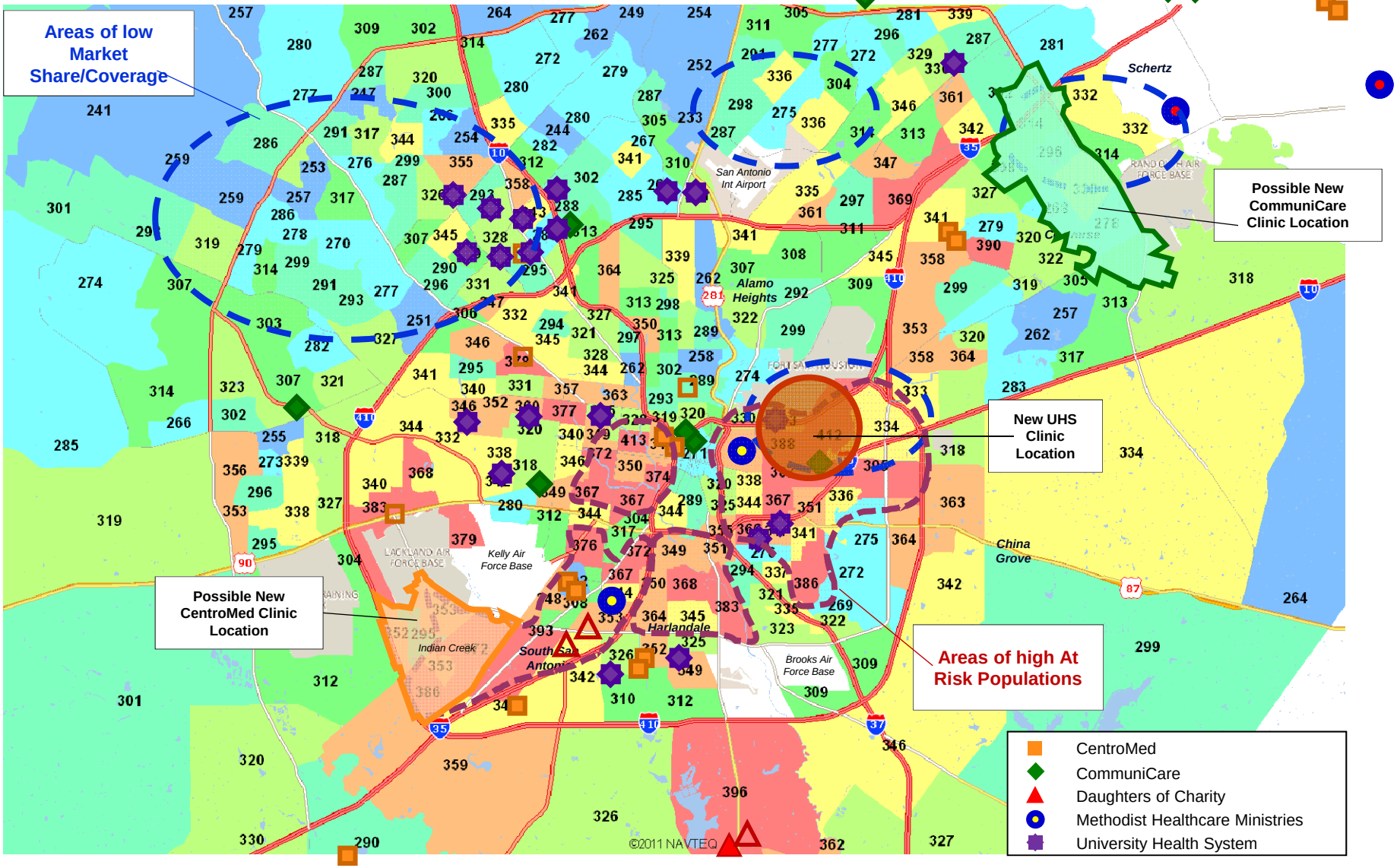
Source: Region 6 DRSIP Reporting website

Conclusions

and Next Steps

VI. Conclusions – Summary

At Risk Populations vs Current and Future Supply Factors for Indigent Care



VI. Conclusions
Summary

- There is currently a large unmet need for Primary Care at both the 138% FPL and 200% FPL population measures
  - Most areas of Bexar County have some degree of unmet needs
  - Varies significantly by market and within each market
- Underutilization of Primary Care by target population results in:
  - Higher healthcare costs to community, both short-term and long-term
    - Overutilization of Emergency Services
    - Less Preventive Care
    - Less Early Detection and Treatment of Disease
  - Lower quality of life
- Very strong incremental demand for Bexar County projected over the next 5-10 years across all age cohorts, especially in the 18–64 age group
- Existing clinic locations:
  - Positioned to serve current target population within Loop 410
  - Considerable overlap of Service Areas and close proximity of Clinic sites
  - Not well positioned to serve suburban/rural indigent populations
- Future indigent care clinic development
  - Organizations appear to be targeting the correct areas
  - Need will still exceed Supply in most areas, particularly the East and inner West

VI. Conclusions

Questions for Discussion

- What is the need for additional clinic locations:
  - Within the Partner Organizations' current service areas?
  - Outside of the Partner Organizations' current service areas?
- Where do you see MHM's growth occurring in the future?
- Recognizing the lower cost per visit at the community health centers, what is the best strategy for ensuring greatest coverage in the most cost effective manner of the low-income uninsured?
- What roles do you see each of the Partner Organizations playing in the future?
- Are there opportunities for partnership with one another?
- How can we work together to better meet the future needs of the low-income uninsured in the most cost effective, efficient manner?

VI. Next Steps

- Additional Strategic & Demand Analysis
  - Based upon feedback from today's meeting, conduct additional analysis as required:
    - Strategic Analysis
    - Demand Analysis
- Continue to work with partner organizations individually and collectively
  - Prioritization of Potential Projects
  - Coordination of Planning Efforts
  - Coordination of Care Models