



**AMENDMENT TO LETTER OF AGREEMENT BETWEEN HARRIS COUNTY  
AND TEXHEALTH CENTRAL TEXAS, INC.**

This Amendment to the Letter Agreement between Harris County and TexHealth Central Texas, Inc. is entered into between Harris County (Harris County) and TexHealth Central Texas, Inc. (TexHealth), a tax-exempt non-profit organization that operates the regional health care program established for the benefit of the employees of small employers under Chapter 75 of the Texas Health & Safety Code (each a “Party” and collectively the “Parties”).

**Recitals**

**WHEREAS**, Section 3 of the Agreement permits the Parties to amend the Agreement pursuant to a written instrument that is signed by both Parties; and

**WHEREAS**, the Parties desire to amend the Agreement to extend the length of the initial term to meet Texas Department of Insurance requirements; and

**WHEREAS**, the Parties acknowledge that such amendment is supported by good and sufficient consideration.

**NOW, THEREFORE**, the Parties agree to amend the Agreement as follows:

1. The Term of the Agreement is extended until August 31, 2027.
2. Except as amended above, the Agreement as modified shall remain in full force and effect, being hereby ratified, approved, and affirmed.

By their signatures affixed below, the Parties duly execute this Amendment to be effective on the last signature date (“Effective Date”).

HARRIS COUNTY

TEXHEALTH CENTRAL TEXAS, INC.

A handwritten signature in cursive script that reads "James I. Rodriguez".

\_\_\_\_\_  
Judge Lina Hidalgo  
County Judge

\_\_\_\_\_  
James I. Rodriguez, FACHE  
President & CEO

Date: \_\_\_\_\_

Date: July 6, 2022

Approved as to Form  
Christian D. Menefee  
County Attorney

By: Philip Berzins  
Philip Berzins  
Assistant County Attorney  
CAO File No. 22GEN4006

ORDER OF COMMISSIONERS COURT  
Authorizing execution of an Amendment to the Agreement

The Commissioners Court of Harris County, Texas, convened at a meeting of said Court at the Harris County Administration Building in the City of Houston, Texas, on \_\_\_\_\_, 2023, with all members present except \_\_\_\_\_.

A quorum was present. Among other business, the following was transacted:

**ORDER AUTHORIZING EXECUTION OF AN AMENDMENT TO THE  
AGREEMENT BETWEEN HARRIS COUNTY AND TEXHEALTH CENTRAL  
TEXAS, INC.**

Commissioner \_\_\_\_\_ introduced an order and moved that Commissioners Court adopt the order. Commissioner \_\_\_\_\_ seconded the motion for adoption of the order. The motion, carrying with it the adoption of the order, prevailed by the following vote:

Vote of the Court	<u>Yes</u>	<u>No</u>	<u>Abstain</u>
Judge Hidalgo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Ellis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Garcia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Ramsey, P.E.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Briones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The County Judge thereupon announced that the motion had duly and lawfully carried and that the order had been duly and lawfully adopted. The order adopted follows:

**IT IS ORDERED** that County Judge is hereby authorized to execute for and on behalf of Harris County an Amendment to Agreement with TexHealth Central Texas, Inc. to provide for funding for the Central Texas Regional Health Coverage Project premium support program for small businesses. The Agreement is incorporated herein as though fully set forth word for word.

All Harris County officials and employees are authorized to do any and all things necessary or convenient to accomplish the purposes of this order.

20.a.2



June 19, 2017

AGENDA LETTER

Commissioners Court  
1001 Preston, 9<sup>th</sup> Floor  
Houston, Texas 77002

Vote of the Court:

	Yes	No	Abstain
Judge Emmett	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Ellis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Morman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Radack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Cagle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dear Court Members:

The following item is recommended for the June 27, 2017 Commissioners Court Agenda:

Request Commissioners Court approval of Letter Agreement between Harris County Commissioners Court and TexHealth Central Texas, Inc. The effective date of this Letter Agreement is the date of July 11, 2017. This Letter Agreement will allow TexHealth Central Texas, Inc. to apply for up to \$1 million in "three-share" health insurance subsidies designated by Texas Department of Insurance for Harris County starting September 1, 2017. If approved, Commissioners Court will be invited to appoint three (3) Board Members to the TexHealth Central Texas, Inc. Board of Directors.

Thank you.

Sincerely,

Ed Emmett

County Judge

EME/PB

Presented to Commissioner's Court

JUN 27 2017

APPROVE CLM  
Recorded Vol 305 Page 851  
858

HARRIS COUNTY  
BUDGET MANAGEMENT  
DEPARTMENT  
17 JUN 20 PM 2:59

Attachment

US- Org ltr + memo + copy agmt  
Co Judge. Copy ltr + memo + 2 org agmts  
Lance- copy

Rec'd 2 org agmts



cc Judge  
6-27-17

July 11, 2017

Re: Letter Agreement between Harris County Commissioners Court and TexHealth Central Texas, Inc.

This Letter Agreement ("Agreement") is between Harris County ("County") and TexHealth Central Texas, Inc. ("TexHealth or TexHealth Central Texas") (collectively, the "Parties"). The "Effective Date" of this Letter Agreement is the date July 11, 2017.

The Central Texas Regional Health Coverage Project was initiated by a group of regional stakeholders, to develop a basic health plan at an affordable price for small employers and their employees to improve access to healthcare on a regional basis ("Program"). National healthcare reform required the TexHealth program to modify its operations to form a premium support program aimed at small businesses to make available health care coverage for uninsured and underinsured small employers and their employees.

On July 11, 2017, the Harris County Commissioners Court approve participation in the small employer premium support program and appoint its representative(s) to the TexHealth Board of Directors.

The County anticipates this program will help existing small businesses remain competitive with a healthy workforce and will allow them to recruit and retain effective employees. Further, this program provides access to affordable health care to individuals who are currently utilizing subsidized County partner services, are unable to afford health insurance coverage or are struggling financially due to the high cost of health insurance.

The Parties agree to the following terms:

Funding.

County will not be obligated to provide any funding to TexHealth for the expansion of the Program into Harris County. Despite any terms or conditions contained in this Letter Agreement, County shall not be obligated to provide any funding.

Obligations of TexHealth Central Texas.

TexHealth shall, at minimum, provide the following:

- Access to health insurance plans available on the open market;
- Limit its program offerings to businesses with 2 to 50 employees;
- Not discriminate against, or promote any one insurance plan over others licensed in the state of Texas;
- Not interfere with any Agent/Employer relationship or Agent of Record status;

- Make all efforts to promote the TexHealth program in Harris County
- TexHealth does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.
- Governance by a 501(c)3 non-profit corporation with a regional Board of Directors with up to 3 representatives from Harris County, which shall be appointed by the Harris County Commissioners Court;
- May appoint a General Agent to represent TexHealth Central Texas in the business community;

1. Reporting Obligations and Right to Audit. TexHealth agrees to provide to the County information that the County requests concerning the Program, including a report of clients served broken out by county. TexHealth agrees that County or its duly authorized representatives shall have access to and the right to examine and photocopy any and all books, documents, papers and records of TexHealth which are directly pertinent to the services to be performed under this Agreement for the purposes of making audits, examinations, excerpts, and transcriptions. TexHealth agrees that County shall have access during normal working hours to all necessary TexHealth facilities and shall be provided adequate and appropriate work space in order to conduct audits in compliance with the provisions of this section. County shall give TexHealth thirty (30) days advance notice of intended audits.

2. Scope of Program. The Parties agree that the participation by the County under this Agreement should expand access to health benefits and services for County residents who do not currently have such access, lessen the burden on the County to provide such services, and potentially improve health outcomes for County residents who receive these services.

3. Amendments. Any change to the terms or conditions of this Agreement after its execution or any attachments to it shall not be effective unless it is made in writing and signed by both Parties.

4. Reduction to Writing. All oral and written agreements between the Parties to this Agreement relating to the subject matter of this Agreement that were made prior to the execution of this Agreement have been reduced to writing and are contained in this Agreement.

5. Notice. Any notice required or permitted to be given under this Agreement by one party to the other shall be in writing and shall be given and deemed to have been given immediately if delivered in person to the address set forth in this section for the party to whom the notice is given, or on the third day following mailing if placed in the United States Mail, postage prepaid, by registered or certified mail with return receipt requested, addressed to the party at the following addresses:



County:  
Judge Edward Emmett (or successor)  
Harris County  
1001 Preston St.  
Houston, TX 77002

TexHealth:  
James I. Rodriguez, FACHE  
President and CEO  
2800 S. IH 35, Suite 155  
Austin, TX 78704

6. Law and Venue. This Agreement is governed by the laws of the United States of America and the State of Texas and all obligations under this Agreement shall be performed in Harris County, Texas. Venue for any dispute arising out of this Agreement is in Harris County, Texas.

7. Severability. If any portion or portions of this Agreement are ruled invalid, illegal, or unenforceable in any respect by a court of competent jurisdiction the remainder of the Agreement shall remain valid and binding.

8. Headings. Headings and titles at the beginning of the various provisions of this Agreement have been included only to make it easier to locate the subject matter covered by that section or subsection and are not to be used in construing this Agreement.


9. Gender and Number. Words of any gender in this Agreement shall be construed to include any other gender and words in either number shall be construed to include the other unless the context in the Agreement clearly requires otherwise.

10. Termination for Convenience. The County may terminate this Agreement for convenience and without cause or further liability upon thirty (30) days written notice to TexHealth. No penalty will be assessed for County's termination of this Agreement for convenience. However, termination shall not require TexHealth to cease operations in Harris County.

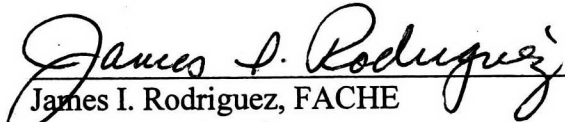
11. Successors and Assigns/Assignment. This Agreement shall be binding upon and inure to the benefit of Parties hereto and their respective successors and assigns. No party to this Agreement may assign or transfer its interest in or obligations under this Agreement without the prior written consent of all Parties to this Agreement.

Signature Page Follows

By the signatures affixed below, the Parties agree to the terms of this Agreement.



Edward Emmett  
Harris County Judge



James I. Rodriguez, FACHE  
President and CEO  
TexHealth Central Texas, Inc.

Date: JUN 27 2017

Date: June 30, 2017



## ***Now Every Business in Texas Can Afford Health Insurance***

June 1, 2017

### **TexHealth Thumbnail**

**Testimonial:** “Thank you so much for helping us with the enrollment process in this awesome program. It is really a great help to our company and we feel blessed to be a part of it.”  
Kristy Mucha, Babeco Fabricating & Machining, Inc.

**Harris County:** According to the US Census Bureau, American FactFinder, approximately 556,091 employed individuals 16 to 64 years old were uninsured in 2015.

**Dollars Available:** TDI has approximately **\$500,000** for the remainder of the biennium (FY16-17) **for Harris County and another \$850,000 available in FY18-FY19.** Combined, this will support approximately **60 businesses or 500 subsidized employees** over a 24 month period.

### **Economic Development:**

- ❖ Small businesses are the economic engines for our Texas communities. This program provides them the ability to recruit and retain employees, improving productivity and workplace stability and strengthening competitive viability. Healthy employees perform better on the job.
- ❖ Rewards small business that pays 100% of the employee premium – Business retains the premium support.
- ❖ Reduce the number of the Texas’ working uninsured.
- ❖ Lessens taxpayer burden by reducing costs of uninsured on counties, hospital districts and other safety net hospitals and clinics.
- ❖ Addresses working poor not qualified for Medicaid

**Authority to Operate:** TexHealth structure and governance complies with Chapter 75 of the Texas Health & Safety Code, operating under Section 75.052(a)(2) and (b).

**Current Number of Businesses:** **96 small businesses** (Average group size is 7-10 employees)

**Current Number of Subsidized Employees:** **756 subsidized employees**

**When Started:** TexHealth opened in February 2009 as a Limited Benefit Health Plan

**History:** From 2010 to 2013 TexHealth successfully operated a Health Plan and provided limited health benefits to over 1600 members. With the Affordable Care Act and the 10 Essential Benefits requirement TexHealth discontinued the Health Plan and converted to the current model where lower wage employees of small business may receive premium support regardless of the insurer.

**Staffing:** TexHealth has 3 staff members and a 1099 relationship with over 20 independent insurance agents and brokers.





## PREMIUM ASSISTANCE PROGRAM

### Employer Application & Certification Form

1. Answer each question or enter "N/A"      2. Please PRINT all answers.

#### Section I: EMPLOYER INFORMATION

Employer/Business Name	Federal Tax ID	Business Start Date	Number of Full Time Employees*	Number of Part-Time Employees
Name of Company Owner(s) (Last, First, MI)		Nature of Business / SIC Code		
Employer Business Address	City	County	Zip	
Mailing Address (If different from Business Address above)		Company Contact Person		
Contact Phone # (Required)	Contact Fax #	Contact E-mail Address (Required)		
Health Insurance Company:		Effective Date of Plan:		

#### Section II: QUALIFYING INFORMATION

Does your business pay part of the health insurance premium or provide a stipend to its employees?

Yes ☐ Premium - \_\_\_\_%?      ☐ Stipend - Amount? \_\_\_\_\_

Is your business headquarters located in Bastrop, Burnet, Hays, Milam, Travis or Williamson County?

Yes ☐ No ☐

#### Section III: PAYMENT METHODOLOGY

Employers enrolled in the TexHealth Central Texas Program may be eligible for premium assistance for qualified employees' monthly health insurance premiums depending on the employee's income. I agree to provide the quarterly state Wage & Tax Statement or other documentation required by TexHealth for eligibility determination.

#### Section IV: EMPLOYER CERTIFICATION

I certify, by my signature below, that:

1. The information submitted in this Employer Application and Enrollment Form is accurate and complete and I verify that I understand and meet the TexHealth Central Texas Program eligibility requirements as further set forth in the separate Employer Agreement between Employer and TexHealth Central Texas.
2. I understand that the TexHealth Central Texas Program is based on a monthly cycle and can only become effective on the first day of the month following enrollment verification.
3. I represent and warrant that I have obtained verification of immigration status of all eligible employees as required by law.
4. I understand and agree that my business is enrolled in the TexHealth Central Texas Premium Assistance Program for one year or until the next open enrollment period, whichever comes first, and automatically renews.
5. I understand TexHealth Central Texas is not an insurer, plan sponsor/administrator/fiduciary and cannot be held responsible for any errors or omissions on the part of my health insurance company or insurance agent.

Employer or authorized representative signature \_\_\_\_\_

Printed Name/Title \_\_\_\_\_

Witness \_\_\_\_\_

Date signed \_\_\_\_\_

\* Full-time is defined as 30 hours per week.



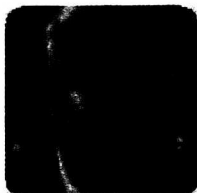
## PREMIUM ASSISTANCE PROGRAM Employee Application & Enrollment Form

1. All fields must be complete

2. Please print all answers.

<b>Section I: EMPLOYEE INFORMATION</b>							
Employee Last Name		Employee First Name		Maiden Name (if applicable)		Social Security Number	
Birthdate (MM/DD/YYYY)	Gender (M/F)	Ethnicity/Race (optional)	Name of Spouse			Average hours/week	
Home Street Address		City	ZIP Code	County		Marital Status (circle one)  M   S   D   W	
Mailing address (if different from above)			Cell Number (required)		Personal Email (required)		
Employer		Hire Date	Employer Contact Person		Employer Address		
<b>Section II: APPLICATION CERTIFICATION</b>							
<p><i>This application is for health insurance premium assistance from TexHealth Central Texas. To waive participation, check the first box, skip to the signature line and sign the form. Otherwise, read and check each box before signing to indicate agreement.</i></p> <p><input type="checkbox"/> I <b>waive participation</b> in the TexHealth Premium Assistance Program. (Skip to signature line).</p> <p><input type="checkbox"/> I certify that to the best of my knowledge the information I have given in my application is true, complete and correct.</p> <p><input type="checkbox"/> I understand that any contract for health coverage based on false or incomplete information is prohibited by law and my participation in the premium assistance program may be voided by TexHealth Central Texas.</p> <p><input type="checkbox"/> I give my permission to TexHealth Central Texas or its agent to contact persons or agencies to obtain needed information about me.</p> <p><input type="checkbox"/> I agree that TexHealth Central Texas' premium assistance has been fully explained to me and I understand it and acknowledge it is subject to change in the sole discretion of TexHealth.</p> <p><input type="checkbox"/> I understand that my employer is using an insurance agent and insurance company and I authorize TexHealth Central Texas or its agent to release information to my employer and/or employer's agent for purposes of this application.</p> <p><input type="checkbox"/> I certify I am not receiving any government health benefits such as Medicaid or Medicare.</p> <p><input type="checkbox"/> I understand that as a condition of my participation with TexHealth's Premium Assistance Program, I will notify TexHealth or a TexHealth representative within 48 hours of any changes in my health insurance status or health insurance company.</p> <p>My current insurance company is: _____</p> <p>Effective date of coverage _____</p> <p>My <b>Total income</b> from this business is \$ _____ .00 per month or \$ _____ .00 per year.</p> <p>By signing below I understand TexHealth Central Texas is not an insurer and cannot be held responsible for any acts or omissions by my insurance company, its agent(s) or my employer's insurance agent.</p> <p><b>Signature of Employee</b> _____ <b>Date Signed</b> _____</p> <p><b>Witness Signature</b> _____ <b>Date Signed</b> _____</p>							





**Ron Buffum (Board Chair)** has a distinguished career in the health insurance business. He is on the Marketing Committee assisting the organization with bringing in new clients and helping to lead the organization's marketing strategies and practices.



**Dr. James Brown** received his MD from The University of Texas at Houston Medical School and is the former medical director of Texas Universities Health Plan. Dr. Brown is a member of the Travis County Medical Society, Texas Medical Association, American Medical Association, and numerous other organizations.



**Andy Martinez**, former President and CEO of the Hispanic Chamber of Commerce, has myriad experience serving the Hispanic community and tackling issues associated with health care. His 30 years of experience in management and executive positions is crucial to guiding the direction of THCT.



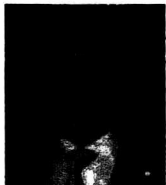
**Joyce McDonald** is the executive director of Frameworks Community Development Corporation and a TexHealth member. McDonald has a wealth of experience working with low-to-moderate income households and minorities and is pivotal to provide information that enables TexHealth to serve those populations.



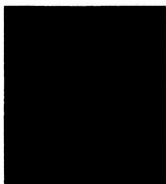
**Chris Dyess** is an independent insurance agent appointed by the Commissioner's Court of Milam County as its representative on the THCT Board of Directors since May 2012.



**Kit Abney Spelce** After 15 years at Seton, Kit joined Central Health as their Senior Director for Eligibility Services where she oversees Central Health's outreach and enrollment strategies for MAP, Medicaid, CHIP and the ACA.



**Rodolfo Ambrosetti** has 38 years of experience in the IT industry mostly with IBM and has been instrumental in launching IBM offices all over the world. He is currently located in Austin and is the technology consultant to TexHealth.

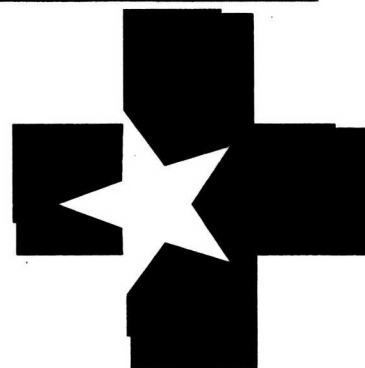


**Brian Mueller** has a Master's degree in Accounting, is an Enrolled Agent with IRS and is a Certified Public Accountant in his own practice in Austin. He is multi-lingual and is an Adjunct Professor of accounting at Concordia University.



**James (Jim) Rodriguez (President and CEO)** began his career with TexHealth at the Galveston branch before heading the Central Texas division. Under his leadership, TexHealth Central Texas grew to become the largest Texas 3-share plan.

**TexHealth**  
CENTRAL TEXAS



## BOARD OF DIRECTORS

Members of the  
**TexHealth Board of Directors** determine the mission and vision of the organization.

The group is composed of physicians, health care professionals, TexHealth members, business leaders and financial experts.

This diverse team meets bi-monthly and enables TexHealth to operate **transparently, efficiently** and in the **best interest** of its members





## ***Now Every Business in Texas Can Afford Health Benefits***

*For More Info: Contact Jim Rodriguez 512-364-1054 or  
jrodriguez@texhealthct.org*

**Making Coverage Affordable**

### **Affordable Premium Program**

TexHealth is able to provide premium support to employees earning 400% of Federal Poverty Level or less (\$48,240/Year). The **premium support** is equal to **one-third of the total premium up to \$120 per month**. (Any insurer).

Example - If the premium is \$300, TexHealth reimburses one-third or \$100. That means the employer pays \$150 (50% of premium), TexHealth reimburses \$100 and the employee pays \$50 (**66% savings**).

#### **Requirements:**

Employer must provide monthly payroll register, monthly insurance premium invoice, proof of payment of insurance premium and quarterly TWC report.

Employer and employees must enroll in program. Employer signs contract with TexHealth to provide needed documentation and pass subsidy to employees.

#### **Qualifications:**

##### **Employer:**

Small group 2 to 50 employees

Headquarters must be located in TexHealth approved county (Owner and employees can live outside these counties but must live in Texas)

Must have a small group health insurance plan in place or in process

##### **Employee:**

Can live anywhere in Texas

Earning \$48,240 per year or less from business

Cannot be covered by Medicaid

ORDER OF COMMISSIONERS COURT  
Authorizing approval of a letter agreement

The Commissioners Court of Harris County, Texas, convened at a meeting of said Court at the Harris County Administration Building in the City of Houston, Texas, on the \_\_\_\_ day of JUN 27 2017, 2017 with all members present except none.

A quorum was present. Among other business, the following was transacted:

**ORDER AUTHORIZING APPROVAL OF THE LETTER AGREEMENT BETWEEN  
HARRIS COUNTY AND TEXHEALTH CENTRAL TEXAS, INC.**

Commissioner Cagle introduced an order and made a motion that the same be adopted. Commissioner Morman seconded the motion for adoption of the order. The motion, carrying with it the adoption of the order, prevailed by the following vote:

Vote of the Court	<u>Yes</u>	<u>No</u>	<u>Abstain</u>
Judge Emmett	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Ellis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comm. Cagle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The County Judge thereupon announced that the motion had duly and lawfully carried and that the order had been duly and lawfully adopted. The order thus adopted follows:

**IT IS ORDERED** that County Judge Ed Emmett be, and he is hereby authorized to execute, for and on behalf of Harris County, the Letter Agreement with TexHealth Central Texas, Inc. to provide for funding for the Central Texas Regional Health Coverage Project premium support program for small businesses. TexHealth will apply for up to One Million and No/Dollars (\$1,000,000.00) during the State's biennium fiscal year beginning on September 1, 2017, to assist small businesses in Harris County. The Letter Agreement is incorporated herein as though fully set forth word for word.

All Harris County officials and employees are authorized to do any and all things necessary or convenient to accomplish the purpose of this Order.

Presented to Commissioner's Court

JUN 27 2017  
APPROVE CIM  
Recorded Vol 305 Page 851  
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JUN 27 2017  
APPROVE clm  
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