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CAUSE NO. D-1-GN-17-005824

REBECCA BIRCH, RICHARD
FRANKLIN III, AND ESTHER
GOVEA,

Plaintiffs,

VS.

TRAVIS COUNTY HEALTHCARE
DISTRICT D/B/A CENTRAL
HEALTH AND MIKE GEESLIN,
IN HIS OFFICIAL CAPACITY
ONLY,

Defendants.

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IN THE DISTRICT COURT

345TH JUDICIAL DISTRICT

TRAVIS COUNTY, TEXAS

ORAL AND VIDEOTAPED DEPOSITION OF

DWAIN MORRIS

MARCH 1, 2023

ORAL AND VIDEOTAPED DEPOSITION of DWAIN
MORRIS, produced at the instance of the Plaintiffs, and
duly sworn, was taken in the above-styled and numbered
cause on the 1st day of March, 2023, from 9:08 a.m. to
4:10 p.m., before Carla A. Sims, CSR, RPR, in and for
the State of Texas, reported by method of machine
shorthand, at The University of Texas Health Science
Center at Tyler, Building H, Room H104, 11937 US Highway
271, Tyler, Texas 75708, pursuant to the Texas Rules of
Civil Procedure and the provisions stated on the record
or attached hereto.

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A P P E A R A N C E S

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REPORTER'S NOTE

Uh-huh = Yes - Affirmative response

Huh-uh = No - Negative response

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P R O C E E D I N G S

(Time 9:08 a.m.)

VIDEOGRAPHER: Today is March 1st, 2023.

The time is 9:08 a.m. We are on the record. This is the video recorded oral deposition of Dwain Morris in the matter of Rebecca Birch, et al. versus Travis County Healthcare District DBA Central Health, et al. in Cause Number D-1-GN-17-005824.

Will all counsel please state your appearances for the record. After which, the reporter will swear in the witness.

MR. QUINTO-POZOS: Manuel Quinto-Pozos for the plaintiffs.

MR. BILHARTZ: Nate Bilhartz for UT Austin.

MR. BARANOWSKI: Carl Baranowski for Dwain Morris.

MS. O'CARROLL: Sinead O'Carroll for Central Health Hospital District and Mike Geeslin in his professional capacity, official capacity.

(Court reporter requested remaining counsel state their appearance)

MR. BIGGS: Certainly. My name is Adam Biggs. I'm the Associate Vice President for Legal Affairs at the University of Texas at Austin. I will

1 not be speaking today.

2 MS. STEWART: Leah Stewart, outside
3 counsel for UT Austin at the firm Reed Claymon. I will
4 not be speaking today.

5 MR. LEWIS: I'm Fred Lewis. I'm also
6 counsel for the plaintiffs. I hopefully will not talk
7 today.

8 DWAIN MORRIS,
9 having been first duly sworn, testified as follows:

10 EXAMINATION

11 BY MR. QUINTO-POZOS:

12 Q. Good morning, sir.

13 A. Good morning.

14 MR. QUINTO-POZOS: Before we start, I
15 just want to try to restate on the record a stipulation
16 that the plaintiffs were discussing with UT Austin
17 regarding the fact that publicly available documents of
18 the University of Texas that are found on a public
19 website will be deemed authentic documents for purposes
20 of this litigation.

21 Nate, did I state that correctly?

22 MR. BILHARTZ: We agree to that
23 stipulation, yes.

24 MR. QUINTO-POZOS: Okay. And on behalf
25 of Central Health, I understand that the position is

1 that they need to discuss that stipulation with the
2 defendants at this time.

3 MS. O'CARROLL: That's correct.

4 MR. QUINTO-POZOS: Okay. Thank you.

5 Q. (By Mr. Quinto-Pozos) Good morning, sir. How
6 are you?

7 A. Good morning. Good.

8 Q. You are -- what is your current title?

9 A. I'm the Executive Vice President and Chief
10 Business Officer for the University of Texas at Tyler.

11 Q. And you have been in that position since
12 summer of -- pardon me -- since September of 2022?

13 A. August 1st.

14 Q. August 1st?

15 A. '22.

16 Q. Okay. And prior to that, you were at UT Dell
17 Medical School?

18 A. That's correct.

19 Q. Okay. And what was your title there?

20 A. Chief Administrative and Financial Officer.

21 Q. Okay. And I'm going to show you something on
22 the projection screen. And I think you have a screen
23 on -- to your right that you can look at.

24 MR. QUINTO-POZOS: Just for the record,
25 we're looking at a page from LinkedIn that appears to

1 be -- that says Dwain Morris.

2 Q. (By Mr. Quinto-Pozos) And that appears to be
3 your page. Is that correct?

4 A. That's correct.

5 Q. Okay. Is this a page you created?

6 A. I did.

7 Q. Okay. And I'll scroll down. But from what
8 you see, you recognize that page?

9 A. I do.

10 Q. Okay. And under the section titled
11 Experience, it says that -- it lists Chief
12 Administrative and Financial Officer at UT Austin Dell
13 Medical School. Do you see that?

14 A. Yes, sir.

15 Q. And at UT Health Austin? That's what it says?

16 A. Correct.

17 Q. Okay. And that's the position and title that
18 you were just telling me you held?

19 A. That's correct.

20 Q. Okay. And you started that position in
21 January 2017?

22 A. That's correct.

23 Q. Okay. And then prior to that, according to
24 this page, you were Chief Financial Officer at Diabetes
25 America for two years and eight months?

1 A. That's right.

2 Q. Okay. And prior to that, you were -- you held
3 various finance positions at MD Anderson Cancer Center
4 in Houston, direct?

5 A. Yes.

6 Q. For approximately 15 years?

7 A. That's correct.

8 Q. Okay. And then prior to that, you were -- you
9 held financial positions at the Hendrick Health System
10 in Abilene, correct?

11 A. Yes. Yes.

12 Q. Pardon me. Okay. For approximately seven
13 years?

14 A. Yes.

15 Q. Okay. And so according to this, you've been
16 in -- you've worked in finance in the health system in
17 various -- at various entities for approximately 30
18 years. Is that fair?

19 A. That's fair.

20 Q. Okay. Thank you. Given your experience at
21 the different UT system institutions, is it fair to say
22 that you are very familiar with the UT systems operating
23 budgets?

24 MR. BILHARTZ: Objection, form.

25 A. Could you ask that question again?

1 Q. (By Mr. Quinto-Pozos) Yeah. Is it fair to say
2 that you are very familiar with the UT system's
3 operating budgets?

4 A. I would say that I'm familiar with various UT
5 system financial statements budgets. But it's a big
6 system, a lot of complexity so probably not all.

7 Q. Okay. Fair enough. And are you very familiar
8 with the UT systems accounting and account ledger
9 processes?

10 A. I am familiar with those for the institutions
11 where I worked. They are not all consistent across all
12 components.

13 Q. Okay. And I'm going to mangle the
14 pronunciation of this, and I hope you'll correct me.
15 Are you familiar with something called NACUBO functional
16 expense classifications?

17 A. I am.

18 Q. Okay. And how did I do with the
19 pronunciation?

20 A. NACUBO.

21 Q. NACUBO. Okay. And that's N-A-C-U-B-O?

22 A. That's correct.

23 Q. Okay. And are you very familiar with hospital
24 districts and how they work?

25 MR. BILHARTZ: Objection, form.

1 A. I believe I have a general understanding of
2 hospital districts. But I've never worked for a
3 hospital district, so I just have a cursory knowledge.

4 Q. **(By Mr. Quinto-Pozos) Okay. And are you very**
5 **familiar with UT Health Austin and how its finances**
6 **work?**

7 A. UT Health Austin.

8 Q. **Correct.**

9 A. I am familiar with UT Health Austin.

10 Q. **Okay. And in your experience in health system**
11 **finance, are you familiar with payor provider contracts**
12 **and their typical provisions?**

13 A. I am.

14 Q. **Okay. And I'm going to show -- direct your**
15 **attention to the screen, and there is a little bit of a**
16 **lag.**

17 Don't read my emails, please.

18 Q. **Okay. So now on the screen -- and I'll make**
19 **it as large as we need to so you can see it -- is a**
20 **document titled -- as provided to us, it was titled CCC**
21 **Account List. Do you see that title at the top of the**
22 **screen?**

23 A. I do.

24 Q. **Okay. Is that large enough for you to read?**

25 A. I can see it.

1 Q. Okay. Are you familiar with this document?

2 A. I've seen documents similar to this.

3 Q. Okay. Do you need me to scroll anywhere else
4 so you see -- so you can tell me whether you recognize
5 this particular version of this document?

6 A. I believe I have. But, you know, without
7 seeing the whole thing, it would be impossible to say
8 precisely, but I've seen similar documents.

9 Q. Okay. And can you tell me what the purpose of
10 this account list is?

11 A. It is a report that would be generated from a
12 system that would provide detail around particular -- at
13 this point, it looks like department structures and
14 units with various codes that would signify those units.

15 Q. And how does Dell Medical School use this
16 account list?

17 A. It's an organizational reporting structure
18 that -- to roll transactions up for financial reporting.

19 Q. To do what with transactions? I'm sorry.

20 A. To roll transactions up to accumulate
21 transactions for financial reporting.

22 Q. Okay. And who at UT Dell Medical School
23 creates or modifies this list?

24 A. There is -- there are several people that
25 might work on those things at Dell Medical School:

1 Typically analysts, financial analysts or financial
2 reporting, people of various titles.

3 **Q. Would all those be people who were under your**
4 **chain of supervision as chief administrative -- sorry --**
5 **as chief administrator and financial officer?**

6 A. Yes.

7 **Q. Can you approximate how many people would have**
8 **been involved in creating or modifying this list?**

9 A. Probably for this particular list, only one
10 person.

11 **Q. And can you tell me that person's name?**

12 A. I do not know for sure who produced this.

13 **Q. Okay.**

14 A. So I would have to check to make sure I was
15 clear on exactly who. I think I know, but I'm not -- I
16 don't know that for a fact.

17 **Q. Okay. And who does that person report to?**

18 A. Today?

19 **Q. At the time you were there.**

20 A. They would report up through me.

21 **Q. Directly to you?**

22 A. It depends on the timeframe. At one point in
23 time, they probably did report to me directly, but there
24 may have been a layer between us at other points in
25 time.

1 Q. And who was the layer in between?

2 A. It would have been Suzy Shefler.

3 Q. Okay. And is this account list based on, as
4 far as you know, your -- the UT systems established
5 accounting policies and procedures?

6 MR. BILHARTZ: Objection, form.

7 A. As far as I know, yes.

8 Q. (By Mr. Quinto-Pozos) All right. And as far
9 as you know, does it follow UT's accounting standards?

10 MR. BILHARTZ: Objection, form.

11 A. As far as I know, yes.

12 Q. (By Mr. Quinto-Pozos) Okay. I'm showing you
13 now on the screen a website that the title of reads
14 Handbook of Business Procedures. Do you see that?

15 A. Yes.

16 Q. Is that something you're familiar with?

17 A. Yes.

18 Q. Does the UT Dell Medical School finance
19 personnel use this handbook?

20 A. They do.

21 Q. Okay. And I'm showing you a different
22 spreadsheet titled DEFINE cheat sheet. Do you see the
23 title at the top there?

24 A. Yes.

25 Q. Are you familiar with this document?

1 A. That's -- I've seen similar documents, yes.

2 **Q. Okay. What is this document?**

3 A. So DEFINE is the -- is the ERP. It's the
4 general ledger for UT Austin. And this would be a
5 document that would provide explanations as to various
6 codes that are used in DEFINE to signify particular
7 transactions.

8 **Q. You used an abbreviation. I think ERP. Is**
9 **that right?**

10 A. Right. Also I think it's Enterprise Resource
11 Planning System, I believe is the name. But it's the --
12 for this particular purpose, it's the general ledger.

13 **Q. Do you know who created this DEFINE cheat**
14 **sheet?**

15 A. I do not.

16 **Q. And to your knowledge, does DMS staff use this**
17 **to work on the account ledger, based on your explanation**
18 **of what this document is?**

19 A. As far as I know they do, yeah.

20 **Q. Okay. And we see that at the bottom, this**
21 **document has various tabs labeled Voucher, Balances,**
22 **Other, Account Structure, Account Groups.**

23 A. Uh-huh.

24 **Q. Subaccounts. Do you see all those tabs?**

25 A. I do.

1 Q. To your knowledge, is there some kind of
2 handbook or glossary that has more detailed information
3 than this cheat sheet?

4 A. Not that I'm aware of.

5 Q. Okay. And then going back to the account
6 list, the other document that we were looking at
7 earlier, the other Excel spreadsheet on the screen, to
8 your knowledge, has this account list remained
9 consistent regarding its basic structure and how it's
10 used?

11 MR. BILHARTZ: Objection, form.

12 A. I would say it's consistent over time as far
13 as structure goes. There may be occasional changes to
14 it to allow for additional reporting functionality.

15 So I wouldn't say that it's static permanently
16 in time; also to allow for additional departments or the
17 deletion of departments. So in general it would stay
18 reasonably consistent, but there may be changes from
19 time to time.

20 Q. (By Mr. Quinto-Pozos) Okay. Can you think of
21 specific examples of some of the changes that you've
22 mentioned?

23 A. Certainly. The addition of departments in
24 particular and subunits within the organization. And
25 over time also the removal of those departments and

1 subunits as those may -- as those units may be added or
2 deleted.

3 **Q. Can you -- can you think of any specific**
4 **examples of departments or subunits that have been**
5 **either added or removed?**

6 A. I would say generally speaking over the life
7 of the organization at Dell Medical School, each of the
8 departments has been an addition over time.

9 **Q. Okay.**

10 A. So as the department was established, that
11 department would be provided a title and a unit code.

12 **Q. Can you think of any removals?**

13 A. I don't know specifically that any have been
14 removed. I know that that is possible, and it is -- I
15 know that that is possible. I do not know specifically
16 if any of those -- some of those would be -- when I say
17 removed, I mean removed from current transactions.

18 Those -- in my experience, those departments,
19 if they existed in the past, they would remain in the
20 system so that they could -- for prior year reporting
21 purposes. But they might be taken out of active status.

22 **Q. And they may be taken out of the account list?**

23 A. I would say that if you looked at the account
24 list, that it's unlikely to permanently remove them, and
25 the reason would be because you would want to be able to

1 report transactions in previous fiscal periods.

2 Q. Okay. And we see that on this spreadsheet,
3 the first column, Column A, says Fiscal Year. And do
4 you see that?

5 A. Yes.

6 Q. And it -- the portion that we -- at least the
7 portion we can see says 2021, correct?

8 A. That's correct. That's what we can see.

9 Q. Okay. Are you familiar with how the filtering
10 function works on Excel?

11 A. I'm somewhat familiar.

12 Q. Okay. So if I click on the little drop down
13 arrow where Fiscal Year is, I'll get a pop-up window.
14 Do you see that?

15 A. I do.

16 Q. Okay. And at the bottom of that pop-up
17 window, you see that the only tick boxes are either
18 Select All or 2021. Do you see that?

19 A. I do.

20 Q. Okay. Would you agree that this spreadsheet
21 only contains fiscal year 2021, based on what we can see
22 on the screen?

23 A. Based upon --

24 MR. BILHARTZ: Objection, form.

25 Go ahead. You can answer.

1 A. Based upon what we can see, that looks to be
2 correct.

3 Q. (By Mr. Quinto-Pozos) Okay. And so based on
4 this, would you say that this list is accurate for
5 fiscal year 2021?

6 A. I don't -- I can't see enough detail on to
7 know the degree of accuracy.

8 Q. Okay. Would it help you to see more of it to
9 be able to answer that question?

10 A. Possibly.

11 Q. Okay. Like would you like me to scroll down?
12 Would you like me to scroll right?

13 A. Right, please.

14 Q. Okay. Yeah, of course. So we can see right
15 now Columns A through G. And now I'm showing Columns H
16 through L, correct?

17 A. Correct. Okay.

18 Q. And then Columns M through S.

19 A. Okay.

20 Q. Do you see that?

21 A. I do.

22 Q. Okay. And from -- to the right of Column S,
23 it appears to be blank, correct?

24 A. Correct.

25 Q. Okay. Based on that, does this appear to be

1 **an accurate list for fiscal year 2021?**

2 A. It looks consistent with other reports I've
3 seen of this type.

4 **Q. Okay. And would this list also be accurate**
5 **for -- for prior fiscal years?**

6 A. So the structure would be consistent for other
7 prior years. You would see a similar structure. As far
8 as the individual data, so the columns, the rows
9 probably would be different year to year.

10 **Q. Okay. On the basis of the addition of**
11 **departments or subunits like you testified?**

12 A. Correct.

13 **Q. Okay. Or how specific entries on specific**
14 **rows are filled in?**

15 A. Correct.

16 **Q. Okay.**

17 A. In addition, there might be -- I mean, there
18 is a lot of columns. There might be additional
19 functionality that would have been added between fiscal
20 periods with additional columns, but I don't see
21 anything materially different.

22 **Q. Okay. And what about for subsequent years?**
23 **Would the list be accurate for subsequent fiscal years?**

24 A. So when you say the list, do you mean the --
25 do you mean the rows?

1 Q. I mean the document.

2 A. The document? So for -- I think it's
3 consistent to form year over year, but the contents of
4 the form will vary.

5 Q. Okay. On the same basis as you described with
6 regard to previous years, correct?

7 A. Correct.

8 Q. Okay.

9 A. It was -- the organization changed over time.

10 Q. Okay.

11 A. And so the reporting structure would have
12 changed over time. When I say structure, I mean the
13 department structure would have changed over time. As
14 far as the columns and the way the report is laid out,
15 it should be fairly consistent. There may be minor
16 variations.

17 Q. Okay. And I think you used the phrase
18 substantially similar with regard to prior years. Would
19 that be the same for subsequent years?

20 A. Correct.

21 Q. Okay. Let's go back to Column B. It's titled
22 Budget Group Number No Format. Do you see that?

23 A. I do.

24 Q. What are the budget group numbers? I don't
25 mean read them to me. Can you explain what this label

1 means?

2 A. The budget group number would be a designation
3 as to a particular budget category that that number is
4 designated to -- to represent.

5 Q. Are the -- to your knowledge, are these the
6 same budget group numbers that are in the Dell Medical
7 School operating budget?

8 A. They are used in the budgeting process
9 primarily for reporting to main campus, so they would be
10 consistent with reporting budget reports that went to
11 main campus.

12 Q. But DMS does not use them internally?

13 A. We use them internally but only for -- but
14 only for really transmission back to the main -- to the
15 main campus. The -- internally we use other account
16 structures that are on this report.

17 Q. Like what?

18 A. So the department unit codes so -- to
19 designate the department. And then if you go across,
20 the account number.

21 Q. Hang on one second. You said the department
22 unit. Is that Column C?

23 A. There are some redundancy there. I think it's
24 E.

25 Q. It's E. Okay. I'm sorry. And you were going

1 to say what other codes or information DMS uses
2 internally instead of budget numbers.

3 A. So if you will scroll across.

4 Q. Yes, sir.

5 A. Account -- can you keep going further? There
6 you go. So the account -- you can stop there. The
7 account number.

8 Q. Column J?

9 A. And the subaccount number.

10 Q. Column K?

11 A. Right.

12 Q. Okay. And then going back to Column B, the
13 budget number, are these budget group numbers used in
14 Dell Medical School account transaction ledgers?

15 A. I believe they are.

16 Q. Okay. And so we see the same budget group
17 numbers on this account list on the operating budgets
18 and on the accounting transaction ledgers, correct?

19 MR. BILHARTZ: Objection, form.

20 A. Could you ask that again?

21 Q. (By Mr. Quinto-Pozos) Yeah. I'm trying to
22 piece together the answers that you gave so far. We see
23 the same -- we see the budget group number on this
24 account list on UT Austin's operating budgets and on the
25 Dell Medical School accounting transaction ledgers.

1 A. I believe that's correct.

2 Q. Okay.

3 A. I believe that's a code that's used across
4 those systems.

5 Q. Okay. Now, looking at Column G, it's titled
6 Budget Group/Project Title. Do you see that?

7 A. Yes.

8 Q. On this document -- pardon me. On this
9 column, there are certain entries that refer to Central
10 Health or Central Health funding. And I've highlighted
11 Row 78. And the budget group label reads Dell Medical
12 School Central Health District Funding. Do you see
13 that?

14 A. I do.

15 Q. What funding source does Central Health
16 funding refer to?

17 A. I believe in this context, it's the
18 \$35 million that's received annually through Central
19 Health.

20 Q. Okay. And then we see -- right above that,
21 Row 77, we see a budget group project title PI Toups CH.
22 Do you see that?

23 A. I do.

24 Q. Does the letter -- do the letters CH refer to
25 the same funding source as what you described with

1 regard to Central Health funding?

2 A. I don't know. I would have to look at maybe a
3 greater piece of the spreadsheet, if you could scroll.

4 Q. Okay. Sideways?

5 A. That would be fine.

6 Q. Okay.

7 A. You can stop, please. Can you scroll back the
8 other way?

9 Q. And we can pick a different row if --

10 A. No. That's okay. I'm looking for -- so I
11 believe it does.

12 Q. Refer to the same source of funding as Central
13 Health funding?

14 A. I do believe it does.

15 Q. Okay. Let's pick another example. Row 396,
16 the budget group says UT Health Austin Base CH. Do you
17 see that?

18 A. I do.

19 Q. In this particular instance, do the letters CH
20 refer -- signify that it's the same source of funding as
21 Central Health funding that you described earlier?

22 A. Can you scroll?

23 Q. Yes, sir. To the right?

24 A. To the right, please. Thank you. I believe
25 it does.

1 Q. Okay. And when we scroll to the right, what
2 columns are you -- column or columns are you looking at
3 to help you answer that question?

4 A. R.

5 Q. Fund Name? Fund Name?

6 A. Column R, uh-huh.

7 Q. Okay. And for both of those examples, UT
8 Health Austin Base and PI Toups CH Column R said Central
9 Health?

10 A. Yes.

11 Q. Okay. There are some columns that -- let me
12 see if I can filter. I can't. There are some entries
13 that in Column G say -- do not say Central Health. So,
14 for example, row -- I've searched for -- it shows up as
15 Row 2 right now. It says Department of Medicine
16 Designated Funds. Do you see that?

17 A. I do.

18 Q. What is the distinction between a budget group
19 that has Central Health in the budget group title and
20 one that does not?

21 A. Can you scroll to the right again?

22 Q. Yes, sir. To R?

23 A. Please. It's just a -- I believe that it
24 would be just a difference in the nomenclature that
25 whoever named that particular entity was not consistent

1 with whoever named the previous entity or some of the
2 other entities. So different people may have been
3 setting these accounts up.

4 Q. Okay. But so based on the information on
5 Column R, then would you say that this budget group
6 Department of Medicine Designated Funds was also funded
7 by the same source of funding?

8 A. I would.

9 Q. Okay. I'm now showing you Row 787, and the
10 budget group title says PH Community Engagement CCC. Do
11 you see that?

12 A. Yes.

13 Q. Can you tell me what CCC means as to the
14 funding source?

15 A. I believe it refers to -- I think it's
16 Community Care Collaborative.

17 Q. Okay. And where do the funds for this budget
18 group come from?

19 A. If you'll scroll to the right again, please,
20 the same fund --

21 Q. The 30 -- I'm sorry. Go ahead.

22 A. The same fund as the others you've asked
23 about.

24 Q. The 35 million?

25 A. Yes, sir.

1 Q. Okay. And so we went through some examples
2 labeled Central Health CH, some labeled CCC, and some
3 labeled -- some that omit the label Central Health CH or
4 CCC, fair enough?

5 A. Yes.

6 Q. Okay. But all the ones we've gone through are
7 all funded by the 35 million annual payment. Is that
8 right?

9 A. According to the fund name, fund group on
10 these, that would be correct.

11 Q. Great. Thank you. And is there -- you
12 explained to me that with regard to the Department of
13 Medicine designated funds that we look at earlier, that
14 the distinction was likely a difference in nomenclature
15 and how the person named the budget group. Is that
16 fair?

17 A. That's fair.

18 Q. Okay. And so does -- is it your understanding
19 that Dell Medical School distinguishes among these three
20 different descriptions?

21 A. I do not believe they do. I believe they're
22 all consistent. It's simply whoever named it, they
23 tagged it with that particular nomenclature. And, you
24 know, each individual may have had a different -- a
25 different thought in mind when they did that.

1 Q. Okay. And as far as you understand, DMS does
2 not ascribe a difference to how they're named --

3 A. No.

4 Q. -- with regard to funding source?

5 A. No.

6 Q. Okay. Let's look at Column L. It says
7 Account Group Title. Do you see that?

8 A. I do.

9 Q. What does this refer to?

10 A. It says designated funds.

11 Q. That's what the -- that's what the different
12 rows say, right?

13 A. Correct.

14 Q. Okay. And the label itself, Account Group,
15 what does that signify?

16 A. It -- it looks as if it signifies the type of
17 fund group within the accounting ledger.

18 Q. And what does that mean?

19 A. So there are different types of funds, and a
20 designated fund is a particular fund type.

21 Q. Okay. And what are some others?

22 A. There would be education and general funds
23 would be an example. There might be restricted funds.
24 There might be auxiliary funds.

25 Q. Okay. And again using the filtering function,

1 based on this new window that we see, we see that it
2 appears that every entry on this account list is
3 designated funds under the account group title. Is
4 that -- is that your understanding as well?

5 A. It is.

6 Q. Okay. And what does the term designated mean
7 in this context?

8 A. It simply separates out particular funds based
9 upon NACUBO definitions around particular restrictions
10 or sources of those funds.

11 Q. And with regard to Central Health funds, what
12 does it signify that these are labeled designated funds?

13 A. So it would simply say that they're not
14 auxiliary. They're not educational. In general they're
15 not -- which would be appropriated -- mostly
16 appropriated funds. So it's a fund type that -- that
17 doesn't fit into the other categories most of the times,
18 but it is designated for a particular purpose or use.

19 Q. And what is that purpose or use?

20 A. It depends upon the particular fund.
21 Designated doesn't actually say what the particular
22 designation or restriction is.

23 Q. Okay. So the answer will be different for
24 each row?

25 A. Well, no.

1 MR. BILHARTZ: Objection, form.

2 A. So it will be different for each fund.

3 Q. (By Mr. Quinto-Pozos) Okay.

4 A. With a designated description.

5 Q. Like the Central Health fund?

6 A. There will be other designated funds. Central
7 Health would not be the only designated fund. So you
8 would have to look at a particular fund within the
9 designated group to understand its particulars.

10 Q. Can you explain to me why all of the accounts
11 on this list are classified as designated funds?

12 A. Because they're all Central Health funds.

13 Q. Okay. And is that a decision that someone at
14 Dell Medical School makes to classify them as
15 designated?

16 A. It's not just a Dell Medical School
17 designation. I mean the Dell Medical School classifies
18 it that way, but it's in accordance with the NACUBO and
19 state recording requirements.

20 Q. Okay. Aside from Central Health funded
21 account groups, are there any Dell Medical School
22 account groups that are classified as restricted?

23 MR. BILHARTZ: Objection, form.

24 A. Could you restate that question?

25 Q. (By Mr. Quinto-Pozos) Yes. So we don't see

1 any restricted funds on this spreadsheet, correct?

2 A. Right.

3 Q. Okay. Are there -- so aside from what's on
4 the spreadsheet, are there Dell Medical School account
5 groups that are classified as restricted?

6 A. There are.

7 Q. Okay. Can you give me some examples of budget
8 group areas that are classified as restricted?

9 A. A good example would be a federal grant.

10 Q. Any others?

11 A. There are others, but that's probably the best
12 example is a federal grant. I'm trying to think. I'd
13 be -- I don't remember. I mean, that's a good example.

14 Q. Okay. And what -- what are the differences
15 between how Dell Medical School is allowed to use
16 designated funds as opposed to restricted funds?

17 A. It depends upon the particular fund. You
18 know, those -- restricted and designated, those are
19 accounting terms, and they generally describe a
20 particular fund. But all -- I'd say most -- the vast
21 majority of funding that's received by Dell Medical
22 School has some level of restriction on it, either
23 purpose or time.

24 So while the term restricted fund is a term of
25 art for accountants, in reality, I cannot think of a

1 source of funding that comes to Dell Medical School that
2 does not have some level of restriction upon its use.

3 **Q. Okay. Are you saying there is no difference**
4 **between how Dell Medical School can use designated funds**
5 **versus restricted funds?**

6 MR. BILHARTZ: Objection, form.

7 MS. O'CARROLL: Objection, form.

8 A. Each fund has its own particular restrictions.
9 So a designated fund would have a particular set of
10 restrictions potentially, and they might or might not be
11 similar to other -- other funds. But when you talk
12 about restrictions, there are -- there are purpose
13 restrictions for most funds.

14 **Q. (By Mr. Quinto-Pozos) Okay. Would you say**
15 **that there are more restrictions in restricted funds**
16 **than in designated funds?**

17 A. I would not characterize it that way.

18 **Q. Okay. Is it the type of restriction that**
19 **differentiates them?**

20 A. It may be.

21 **Q. Okay. Let's look at Column O. It's titled**
22 **Mission Name New. Do you see that?**

23 A. I do.

24 **Q. What does this column refer to?**

25 A. So can you scroll down?

1 **Q. Yes.**

2 A. Keep scrolling. I believe that's a -- that's
3 a NACUBO -- hang on a minute. Could you scroll down
4 again?

5 **Q. Yeah. Let me show you the filtering.**

6 A. Okay. That's good. Okay. That's a -- that's
7 a -- it's not NACUBO. It is a Dell Medical School
8 mission designation.

9 **Q. And do you -- do you know what the label new**
10 **means in the Mission Name New label?**

11 A. I do not.

12 **Q. Are you aware of a -- an old mission name?**

13 A. The mission names may have -- may have evolved
14 somewhat over time. I'd have to -- I'd have to look at
15 them.

16 **Q. Okay.**

17 A. But they look significantly similar.

18 **Q. Okay. And what does Dell Medical School use**
19 **the mission classifications for?**

20 A. To understand what particular mission area for
21 reporting internally, how funds are being used in
22 particular mission areas.

23 **Q. And when we were looking at the filtering**
24 **window, we saw that there are nine missions:**
25 **Administration, Clinical, Clinical Administration,**

1 **Education, Education Administration, Public Service,**
2 **Public Service Administration, Research, and Research**
3 **Administration. Do you agree with that?**

4 A. I do.

5 **Q. For accounts or expenditures that are not**
6 **funded by Central Health's 35 million, are there --**

7 MS. O'CARROLL: Objection, form. I just
8 want to say, I mean, I can't disagree with what's on
9 those spreadsheets. I mean, it says Central Health
10 funds. But when you're talking about the funds and
11 Central Health funds, then I'm going to object because
12 the funds come from the CCC.

13 MR. QUINTO-POZOS: Okay.

14 MS. O'CARROLL: So, I mean, I'm not
15 objecting to what it says up there. But if you're
16 generally talking about the funds, then I'm going to
17 object on the basis of form if you refer to them as
18 Central Health funds.

19 MR. QUINTO-POZOS: Okay. Understood.

20 **Q. (By Mr. Quinto-Pozos) So for expenditures not**
21 **funded by the 35 million, are there other DMS mission**
22 **classification categories outside of these nine?**

23 A. Not that I'm aware of.

24 **Q. Okay. Are there written definitions for these**
25 **mission classifications?**

1 A. I believe there probably are.

2 Q. **And where can they be found?**

3 A. You would have to ask someone at DMS.

4 Q. **Okay. Who would we ask?**

5 A. You could -- anyone in administration would --
6 should be able to provide that.

7 Q. **Okay. We can look at the DEFINE cheat sheet,**
8 **but I don't believe they're in there. Do you -- I mean**
9 **would you agree with that?**

10 A. No, I don't.

11 MR. BILHARTZ: Objection, form.

12 THE WITNESS: Sorry.

13 A. No. I -- they might or might not be, but I
14 don't believe they probably are.

15 Q. **(By Mr. Quinto-Pozos) Well, there is a tab.**
16 **On the DEFINE cheat sheet, there is a tab named Voucher.**
17 **There is a tab named Balances Other. There is an**
18 **account -- there is a tab called Account Structure. On**
19 **the Account Structure tab, I don't see a reference to a**
20 **mission. Do you see that?**

21 A. No, I don't. And give me just a minute to
22 look at this.

23 Q. **Do you want me to enlarge it?**

24 A. No. That's okay. I can see it. Thank you.
25 I don't think that that's helpful -- that this

1 particular thing is helpful.

2 **Q. To figure out the definition of missions?**

3 A. No, it's not.

4 **Q. Okay.**

5 A. It's just simply giving you the code block
6 structure --

7 **Q. Okay.**

8 A. -- for the account -- for the accounts that
9 were open to the reporting.

10 **Q. Okay. I don't see mission on the Account**
11 **Groups tab.**

12 A. Correct.

13 **Q. Or the Subaccounts, right?**

14 A. That's correct.

15 **Q. Or Object Code tab.**

16 A. Right.

17 **Q. Or Unit Level tab.**

18 A. Right. So I -- I agree with you. I don't
19 believe it's there.

20 **Q. Okay. Who classifies the mission for each**
21 **budget group and each account ledger transaction?**

22 MR. BILHARTZ: Objection, form.

23 A. So ask that -- could you ask that again?

24 **Q. (By Mr. Quinto-Pozos) Who at Dell Medical**
25 **School, to your knowledge, is involved in classifying --**

1 picking a mission or coding a budget group number or
2 ledger transaction under a particular mission?

3 A. So that's going to be a combination. And
4 usually in a particular department, the financial staff
5 and that department leadership.

6 Q. And is that subject to review by outside that
7 department?

8 A. It can be. There are reports that would come
9 out and aggregated reports that would be produced --
10 could be produced and could be reviewed by various
11 folk -- by various people in administration. And they
12 likely do review those.

13 Q. Okay. And can they or do they reclassify the
14 mission label?

15 A. I suppose they could, but I don't know how
16 frequently that would occur.

17 Q. Okay. Could you or did you reclassify
18 mission?

19 A. I did not.

20 Q. Okay. And to your knowledge, how does staff
21 in -- Dell Medical School's staff decide how to label
22 something under a particular mission?

23 A. They would look at the definitions for those
24 particular mission areas, and they would look at the
25 functions being performed by an individual. Or they

1 would look at the purpose of the resources being spent,
2 and they would try to classify them appropriately
3 according to the definitions of the mission codes.

4 **Q. Okay. In the written definitions that you**
5 **mentioned earlier?**

6 A. Right.

7 **Q. Okay. And so let's talk about some of these**
8 **different missions. To your understanding, what is**
9 **the -- what are some differences between expenditures**
10 **that are labeled under the mission clinical and under**
11 **the mission education, for example?**

12 A. So I believe that if you look at those -- this
13 is from memory.

14 **Q. Fair enough.**

15 A. Okay. So I may not be completely precise.
16 But generally speaking, clinical would be around the
17 provision of care for patients. Education would be
18 activities aligned with the education of students.

19 **Q. And if we looked at the written definitions,**
20 **we -- you could answer more fully or more precisely?**

21 A. Correct.

22 **Q. Okay. And with that same qualification, can**
23 **you -- to the best of your knowledge or recollection,**
24 **what are the differences between expenditures labeled**
25 **under the mission classification clinical and the**

1 **mission research?**

2 A. So again on the clinical, those would be
3 activities and uses of funds directed towards patient
4 care, and research would be activities based towards
5 research activities so discovery process.

6 **Q. And between -- same question as it pertains to**
7 **expenditures classified under the mission clinical and**
8 **the mission public service.**

9 A. So -- so on the clinical, those would be
10 activities directed towards patient care, care of a
11 particular -- or of a patient or group of patients.

12 Public service would be more generally not
13 necessarily focused on an individual patient or group of
14 patients but more the general public and activities
15 focused around, you know, service to that -- to
16 that public -- to the public entity.

17 **Q. And then we saw that some missions had a**
18 **distinction, for example, between clinical and clinical**
19 **administration. What are the differences between**
20 **expenditures coded between those two different missions?**

21 A. So again if memory serves, general broad
22 definitions, if you look at clinical, it would be
23 towards people who are providing care to the individual
24 patient or group of patients.

25 And the administration would be individuals or

1 activities that go to support the provision of care to
2 those patients but may not be directly interacting with
3 a patient. That's a rough broad description, and it
4 would be good if you went back and took a look at the
5 definitions.

6 **Q. Okay. And what about expenditures in the**
7 **mission research versus expenditures in the mission**
8 **research administration?**

9 A. So research would be people who are in
10 activities around specifically the research -- direct
11 research function, whether they be in a lab, an office,
12 or otherwise for creating research outcomes. The
13 administration would be activities and individuals that
14 would support the research function.

15 **Q. And then what are the differences between**
16 **expenditures classified under the mission education**
17 **versus those classified under the mission education**
18 **administration?**

19 A. So education would be individuals and
20 activities around interacting in educating students, and
21 administration would be activities and individuals that
22 would support those educating in the -- support those
23 individuals and activities that educate students.

24 **Q. Okay. And then there is a -- there is a**
25 **different mission classification that's labeled**

1 administration, correct?

2 A. Right.

3 Q. How does that mission differ from clinical
4 administration, education administration, public service
5 administration or research administration?

6 A. So that was typically used to designate
7 administrators who oversaw and activities that were
8 consistent and applicable to all mission areas.

9 When you reach a breaking point, could we take
10 a break?

11 Q. Yeah. Let me just -- can I just get through a
12 few more questions, and then we can do that?

13 A. Absolutely, uh-huh.

14 Q. And so does that mean that those would be
15 general -- those expenditures classified under
16 administration would not relate to the four missions of
17 education, clinical, clinical research, and public
18 service?

19 MR. BILHARTZ: Objection, form.

20 A. It would relate to all of them.

21 Q. (By Mr. Quinto-Pozos) Okay.

22 A. Not -- you asked if it related to none. It
23 would relate to all.

24 Q. Okay. But it -- at least from what you're
25 saying, it wouldn't relate to specifically one in

1 exclusion of the others?

2 A. Correct.

3 Q. Okay. Would it surprise you to learn that the
4 majority of the expenditures funded by the 35 million
5 are coded under the mission administration?

6 MR. BILHARTZ: Objection, form.

7 A. I don't have a reaction to that.

8 Q. (By Mr. Quinto-Pozos) Do you -- is that your
9 understanding?

10 A. I don't have an understanding so...

11 Q. Okay.

12 A. I've never -- I've never seen the data.

13 Q. Okay. And if that were, in fact, true, would
14 that surprise you?

15 A. It would just be -- I wouldn't have an
16 emotional reaction to it. It would be what it would be.

17 Q. Okay. Okay.

18 MR. QUINTO-POZOS: Now is probably a good
19 time to take a break.

20 VIDEOGRAPHER: Off the record, 10:11 a.m.

21 (Recess taken from 10:11 to 10:21)

22 VIDEOGRAPHER: Back on the record,
23 10:21 a.m.

24 Q. (By Mr. Quinto-Pozos) Mr. Morris, were you
25 able to take a break?

1 A. I was. Thank you.

2 Q. Of course. We were talking about designated
3 funds earlier that are funded by the 35 million. When
4 we were talking about designated versus restricted, do
5 you remember that?

6 A. Right.

7 Q. What are the purposes of these funds?

8 A. The purposes of what funds?

9 Q. The 35 million. When you -- you described --
10 you explained to me the difference between designated
11 and restricted funds as contained in Column N --
12 sorry -- S, Fund Name. And you were explaining -- you
13 gave the example of federal funding being a type of
14 restricted fund. Do you recall that testimony?

15 A. Right.

16 Q. And in your earlier testimony, you describe
17 that the fund name designated versus restricted, that
18 there are restrictions to those funds?

19 A. Uh-huh.

20 Q. Is that a fair summary of what you said?

21 A. Correct.

22 Q. Okay. And some of those restrictions are tied
23 to the purposes for which those funds are given,
24 correct?

25 A. Correct.

1 Q. Okay. And so what are some of the purposes of
2 the 35 million designated funds?

3 A. The purpose restrictions on the 35 million?
4 That's what you're asking?

5 Q. Yes, sir.

6 A. Okay. I believe that those would be in the
7 affiliation agreement between CCC and UT Dell Medical
8 School. I'd need to read those.

9 Q. Okay. And what would the restrictions be on
10 those funds?

11 A. I would need to read the document with the
12 restriction clauses in the document.

13 Q. In the affiliation agreement?

14 A. Correct.

15 Q. Okay. And then when we were talking about the
16 account list as it has existed over the years, do you
17 know -- and we can see that there are -- on this one
18 we're looking at, there are Columns A through S,
19 correct?

20 A. Correct.

21 Q. To your knowledge, are there other columns on
22 the account list as you know it other than what you see
23 here?

24 A. Those would be all the columns I'm aware of.

25 Q. Okay.

1 A. Uh-huh.

2 Q. I'm going to show you on the screen a
3 PowerPoint that has the UT Austin -- we'll make it
4 bigger -- the UT Austin logo at the top left. And it
5 says Accounting Overview. Do you see that?

6 A. I do.

7 Q. Are you familiar with this document?

8 A. I may have seen it, but not -- I haven't
9 studied it.

10 Q. Okay.

11 A. Recently, at least.

12 Q. Okay. And I forwarded to Slide 4 of this
13 document, and it's labeled What Is an Account.

14 A. Okay.

15 Q. Do you see that?

16 A. I do.

17 Q. And at the top, it says, An account is a ten
18 digit number used for recording accounting transactions
19 that can tell us the account group, budget group,
20 subaccount, fund, NACUBO, and unit code. Do you see
21 that?

22 A. I do.

23 Q. And underneath there is a box that says, More
24 behind the scenes info, fund group, NACUBO, unit code.
25 Do you see that?

1 A. Right.

2 Q. Well, let's back up for a second. We've been
3 using this acronym NACUBO for a couple of questions.
4 What does that stand for?

5 A. I would have to have it in front of me.
6 National association of something -- college and
7 university business officers. That's probably close.

8 Q. Okay. We won't hold you to that. Are you
9 familiar with NACUBO budget classifications?

10 A. Generally.

11 Q. Okay. And how is NACUBO behind the scenes of
12 budget group account numbers, to your knowledge?

13 MR. BILHARTZ: Objection, form.

14 A. So I'm speculating to what the behind the
15 scenes in parenthesis means.

16 Q. (By Mr. Quinto-Pozos) Sure.

17 A. So it's likely that those -- those three
18 aspects or differentiators are embedded in the code.

19 Q. Okay. But aside from behind the scenes, at
20 the top it says that the ten digit number can tell us
21 about -- tell us the account group, budget group,
22 subaccount fund, NACUBO, and unit code. Do you see
23 that?

24 A. I do.

25 Q. So do you have an understanding of the

1 relationship between an account number and the NACUBO
2 classifications?

3 A. An account number?

4 Q. Sorry. The -- yes. This account number that
5 we see in the center of the slide.

6 A. Right. So do I have an understanding of how
7 those function? I don't -- I do not know, off the top
8 of my head, how the structure is set up within the fund
9 group, NACUBO, or unit code within that code block. No,
10 I don't.

11 Q. Okay. And let's go to -- I'm going backwards
12 to Slide 2. And we see different labels here for things
13 like object codes, fund code, unit codes, program codes.
14 I'm just reading some of the boxes on the labels. Do
15 you see that?

16 A. I do.

17 Q. Slide 3 makes references to NACUBO as well,
18 funds, unit codes. Do you see that?

19 A. I do.

20 Q. And we saw Slide 4 already. And we can go
21 through the rest of the PowerPoint presentation if you'd
22 like, but this -- at least the slides we've seen don't
23 mention mission classifications as DMS uses them,
24 correct?

25 A. That's correct.

1 Q. Okay. Do you have an understanding as to why?

2 A. Why -- why the overall NACUBO fund group unit
3 code does not have the mission embedded as designated?
4 Is that what you're asking?

5 Q. Yeah. Let's start with that.

6 A. Okay. So I believe that the mission
7 designation is not an external reporting requirement.
8 It is an internal management reporting format that's
9 used by Dell Medical School.

10 Q. So UT Austin does not use these mission
11 classifications.

12 MR. BILHARTZ: Objection, form.

13 A. I don't know if they do. I'm not aware of it.

14 Q. (By Mr. Quinto-Pozos) Okay. Does UT Tyler use
15 mission classifications?

16 A. Not that I'm aware of.

17 Q. How about MD Anderson?

18 A. It's been so long. Not that I -- not that I
19 know of. Those would be internal reporting.

20 Q. Okay. We talked about the missions having
21 written definitions. Before the break we were talking
22 about that, correct?

23 A. Correct.

24 Q. Okay. Are there written definitions for
25 NACUBO functional expenditure classifications?

1 A. There are.

2 Q. Okay. Is there some kind of reference book or
3 manual that contains those definitions?

4 A. Yes.

5 Q. Okay. And you're familiar with -- I believe
6 it's called the NACUBO Financial Accounting and
7 Reporting Manual for Higher Education. You're familiar
8 with that?

9 A. I know it exists. I've seen it.

10 Q. Okay.

11 A. Read it. But it's not on the top of my desk.

12 Q. Okay. Can you tell me what the document --
13 what this reference book is?

14 A. For NACUBO?

15 Q. Yes.

16 A. It's -- NACUBO is an organization that comes
17 together of business officers across universities and
18 colleges. And the goal is to create standard reporting
19 environments so that using their methodology, there is
20 comparable results across the various colleges, schools,
21 and universities.

22 Q. Okay. And how does this -- how does this book
23 fit into that?

24 A. It's the -- it's the guidebook produced by
25 NACUBO under their process to provide guidance to

1 colleges and universities and schools to understand how
2 to code particularly certain expenses so that they are
3 comparable across entities.

4 Q. Okay. And does Dell Medical School staff use
5 this book?

6 A. The University of Texas at Austin does so by
7 extension, yes.

8 Q. Okay. And does UT Tyler staff use this book?

9 A. Yes.

10 Q. And MD Anderson staff?

11 A. I assume they do.

12 Q. Okay. And do you know if other UT system
13 institutions use it?

14 A. I believe they do.

15 MR. QUINTO-POZOS: Okay. So I'm going to
16 show you something I'm going to label Exhibit 1.

17 (Deposition Exhibit No. 1 was marked)

18 MR. QUINTO-POZOS: I have an extra one.

19 MR. BARANOWSKI: Thank you.

20 Q. (By Mr. Quinto-Pozos) And I will represent to
21 you that these are pages. You can see at the bottom
22 that it's from a document called the UT System Office of
23 Budget and Planning. But it's from a document called
24 the Operating Budget Summary Fiscal Year 2021. Okay?

25 A. Uh-huh.

1 Q. And I'll ask you to look at pages labeled 6
2 and 7 under the heading Operating Expenses. Do you see
3 that?

4 A. I do.

5 Q. There is different paragraphs including
6 natural classification, functional classification. And
7 then on the next page, instruction and academic support,
8 research, public service, and so on. Are these the
9 NACUBO functional budget classifications, to your
10 knowledge?

11 A. I believe they are according, yes, to my
12 knowledge, they are.

13 Q. Okay. And based on your experience, does the
14 UT Austin operating budget use functional budget
15 classifications based upon these NACUBO terms?

16 A. Yes, they do.

17 MR. QUINTO-POZOS: Okay. And this will
18 be Exhibit 2.

19 (Deposition Exhibit No. 2 was marked)

20 Q. (By Mr. Quinto-Pozos) And these are different
21 pages from the same document, the UT System Office of
22 Budget and Planning Operating Budget Summary Fiscal Year
23 2021, Pages 27 and 28. And at the top, we see that it's
24 the operating budget for the University of Texas at
25 Austin. Do you see that?

1 A. Yes.

2 Q. Okay. And then if you flip to Page 28, the
3 back of it, on the left-hand column under Operating
4 Expenses, we see different categories. Are those the
5 NACUBO functional classifications?

6 MR. BILHARTZ: Objection, form.

7 A. I believe they are.

8 Q. (By Mr. Quinto-Pozos) Okay. And the Dell
9 Medical School's budget numbers are included -- are part
10 of the UT Austin fiscal year budgets and summaries,
11 aren't they?

12 A. They are.

13 Q. Okay. And so for that reason, aren't the DMS
14 budget expenditures classified by NACUBO functional
15 expenditure because they're part of the UT Austin
16 budget?

17 MR. BILHARTZ: Objection, form.

18 A. They would be part of the -- they would be
19 part of the roll up of UT Austin, yes.

20 Q. (By Mr. Quinto-Pozos) Okay. And the
21 expenditures would be classified under, according to
22 these different classifications we see on Page 28,
23 correct?

24 A. That's correct.

25 Q. Okay. And we can look at the account list

1 that we were looking at earlier, but does it have NACUBO
2 functional budget classifications?

3 A. Could you pull that back up?

4 Q. Of course. And tell me where to scroll.

5 A. Far left. Based upon Column B.

6 Q. Okay.

7 A. I believe it does.

8 Q. And what -- Column B is the budget group
9 number, correct?

10 A. That's correct.

11 Q. And it's an eight digit number?

12 A. That's correct.

13 Q. Okay. And so what part of this eight digit
14 number would one look at to figure out the NACUBO
15 functional classification?

16 MR. BILHARTZ: Objection, form.

17 A. I don't know specifically.

18 Q. (By Mr. Quinto-Pozos) Okay. And who would
19 know that?

20 A. Someone -- someone who is familiar with the
21 coding nomenclature within that code block.

22 Q. Can you tell me the name of a person who would
23 know that or a title or office?

24 A. I would assume that someone, you know, in the
25 accounting department or budget department, someone in

1 the financial function.

2 Q. Are there documents that one would look at to
3 correlate the budget group number to NACUBO
4 classifications?

5 A. I believe that would be correct.

6 Q. And would you happen to know what the document
7 is called or -- let's start with that.

8 A. No, I don't.

9 Q. Okay. Or who we would ask for to get it?

10 A. Actually, can you pull your screen back up?

11 Q. Which one?

12 A. The screen with the tabs.

13 Q. The cheat sheet?

14 A. Yes.

15 Q. Okay.

16 A. So you're on unit level. Could you go to
17 object code? Could you go to subaccounts, account
18 groups, account structure? So that's the structure that
19 we're looking at. It would have to be someone who
20 understands the -- the structure -- that structure and
21 how it -- how it's coded into those -- those accounts.

22 Q. Right. We have to ask that person how the
23 eight digit budget group, which is as shown on this tab,
24 the first two red digits and then the next six black
25 digits?

1 A. That's correct.

2 Q. Okay. So we'd have to ask that person who
3 understands this nomenclature the relationship between
4 the budget group and the NACUBO classifications?

5 A. Correct.

6 Q. Okay. And then in terms of a document that
7 correlates the budget group and the NACUBO
8 classifications, would we also ask that person for the
9 document?

10 A. I would -- that would be a good place to
11 start.

12 Q. Okay. Do you know why the account list
13 contains -- does not contain a column including the
14 NACUBO functional classifications? And I can scroll if
15 you need me to.

16 A. Can you scroll to the right?

17 Q. Yes, sir.

18 A. Actually, no. I will tell you that for
19 internal reporting, we do not use the code NACUBO
20 reporting internally. So that's an external reporting
21 requirement that's not used at Dell Medical School
22 internally.

23 Q. Internally Dell Medical School uses the
24 missions -- mission classification?

25 A. When that's used, that would be my

1 understanding is that would be the one that they would
2 use. They would not use the NACUBO.

3 **Q. Okay. And do you understand why?**

4 A. NACUBO is an externally promulgated set of
5 accounting structures that's beneficial to that
6 particular reporting environment externally. And so --
7 and those are not -- are not as beneficial for the
8 internal reporting departments.

9 **Q. Okay. But UT Tyler does use them internally.**

10 A. No. We do not use them internally.

11 **Q. Okay.**

12 A. We use them for external reporting.

13 **Q. Okay.**

14 A. NACUBO is -- is used for external reporting
15 purposes.

16 **Q. Okay. Does -- and so does Dell Medical School
17 not classify expenditures according to NACUBO functional
18 expenditure classification at all?**

19 A. No. They do.

20 **Q. Okay. For external?**

21 A. Right.

22 **Q. Okay. And where would one look for to find
23 the NACUBO classifications of expenditures?**

24 A. You would have to have someone run the
25 report --

1 **Q. Okay.**

2 A. -- out of the system to produce that. And
3 I've never asked anyone to report -- produce that report
4 for an internal purposes or for any other thing other
5 than reporting to the official external reporting
6 reports. So it's -- it's an important reporting require
7 -- I mean requirement.

8 And it's all of the -- all of the -- as far --
9 to the best of my knowledge, all, you know, system
10 organizations do those reports. But I'm not aware of
11 anyone that uses them for internal reporting.

12 Now, there may be someone that does, but the
13 organizations I have been associated with would not use
14 NACUBO internal reporting.

15 **Q. But it can be created.**

16 A. It can be created. It is created regularly
17 for external reporting.

18 **Q. Okay. And I'm going to look at the cheat**
19 **sheet again. The last tab on here is -- and I can make**
20 **it larger if you need to look at anything specific. But**
21 **it's a tab called NACUBO Federal Element. Do you see**
22 **that?**

23 A. I do.

24 **Q. What is this tab for, if you know?**

25 A. Could you scroll to the right? I do not know.

1 I would be speculating.

2 Q. Okay. Do you know what the -- my read of this
3 chart is that it has the NACUBO elements down Column A.
4 Do you see that here --

5 A. I do.

6 Q. -- on the cells A 5 to A 15?

7 A. I do.

8 Q. Okay. And then it has -- the columns across
9 are different labels that appear to be, according to
10 what it says right above Row 4, a federal element.

11 A. Uh-huh.

12 Q. Is that the way you read this chart as well?

13 A. I see the words you see, but I don't know.

14 Q. Do you --

15 A. But that's --

16 Q. Okay.

17 A. I see the words you see, yes.

18 Q. Okay. Do you know what these -- what these
19 headings on Row 4 are: Instruction, Departmental
20 Research, Organized Research, et cetera?

21 A. I've seen those words before obviously. I
22 don't know -- I do not know what they mean in this
23 context.

24 Q. Okay. Do you know who would we have to talk
25 to to understand this tab?

1 A. No, I don't.

2 Q. Okay.

3 A. I do not know. The -- the numbers are
4 completely foreign to me.

5 Q. The cell labeled A 1 says, Cube was last
6 updated on Tuesday, February 6, 2018, 4:57 a.m.,
7 S-R-E-C-N-A. Do you see that?

8 A. I do.

9 Q. Okay. Do you understand what cube refers to
10 in this cell?

11 A. No, not specifically.

12 Q. Okay.

13 A. It's a -- no, I don't.

14 Q. And those capital letters, letters
15 S-R-E-C-N-A, is that somebody's name?

16 A. No. I recognize that. That's a -- that's
17 shorthand for a reporting convention within UT -- within
18 UT system.

19 Q. Okay.

20 A. They call it the SRECNA.

21 Q. Okay. Does this give you any -- does this
22 give us any clues as to who created this document?

23 A. All -- all the components in UT system produce
24 SRECNA reports so not specifically. And that's the
25 thing about this. I don't understand the origin of

1 these -- of this report or the numbers that are there.
2 A particular -- I don't understand the -- the numbers or
3 even the categories.

4 So I'm not sure what this is -- I'm not sure
5 what this is referring to. I'm not sure what
6 organization it's referring to, time period it's
7 referring or anything.

8 **Q. Okay. So if you could look at page -- Exhibit**
9 **2 that I handed you earlier on Page 28. And on the**
10 **screen, I've put up the account list again, and I've put**
11 **up the nine missions at the center of the screen.**

12 On the -- on the piece of paper you have in
13 front of you, there is a research functional
14 classification. Do you see that?

15 A. I do.

16 **Q. Okay. Would all of the account ledger**
17 **transactions that DMS classifies as under the missions**
18 **research and research administration be classified as**
19 **under the NACUBO research functional classification?**

20 A. I don't think that there is a direct
21 correlation so I -- I don't know.

22 **Q. Okay. What would be the difference between**
23 **those missions and this functional classification?**

24 A. I'm not sure that the definitions used by
25 NACUBO are consistent with the definitions internally

1 used by DMS.

2 Q. Okay. So again we'd have to look, compare the
3 written definitions of the mission to the NACUBO
4 definitions.

5 A. Correct.

6 Q. Okay. Do you have an understanding of how DMS
7 staff applies the definitions differently?

8 A. So the -- generally speaking, as I said
9 before, on the mission categorizations that are internal
10 to DMS, the ones that you're looking at on the screen,
11 those are arrived by working with the individual
12 departments and understanding the individual activities
13 that are creating those expenditures and where they
14 would most properly fit within the reporting structure.

15 For NACUBO, those NACUBO reporting
16 requirements and environments maintained by UT Austin,
17 not by Dell Medical School, it's built in the DEFINE
18 system. And so those checks and balances and
19 categorizations are managed by a completely different
20 set of people for a completely different set of
21 purposes.

22 So when you see research here on this report,
23 it may or may not, due to those differences, have any
24 correlation to the designations you see on this report.

25 Q. Okay. And you said that the people who make

1 those NACUBO functional expenditure classifications are
2 external to DMS?

3 A. They are. And it's actually -- they are and
4 it's built into the -- it's built into the coding
5 structure overall for transactions. And so it's -- it's
6 something that's applied university wide, not just to
7 Dell Medical School or any particular entity. It's for
8 all transactions flowing through that system.

9 Q. Okay. And when you say that it's built into
10 the system, does that mean that it's -- it's not a
11 person making the classifications under NACUBO?

12 A. I would say that there is algorithms built in
13 the system to help facilitate people choosing those.

14 Q. Okay. But then someone has to either check
15 those or classify them.

16 A. Correct.

17 Q. Okay. And who are those people, to your
18 knowledge?

19 A. It would be someone in central finance or
20 accounting.

21 Q. At the campus level.

22 A. At the campus level.

23 Q. Okay. But earlier you testified that there
24 are DMS internal reports that include the NACUBO
25 functional expenditure classifications, correct?

1 A. So NACUBO, as far as I know, during my tenure,
2 DMS did not use NACUBO classifications to produce
3 internal reports. Those reports can be produced using
4 NACUBO classifications for DMS reports, right, because
5 the data -- it's accumulating that way. But I've never
6 seen a NACUBO report for Dell Medical School.

7 **Q. Okay.**

8 A. The only ones I have ever seen were at the
9 institution level just like this one.

10 **Q. And you're referring to Exhibit 2?**

11 A. Correct.

12 **Q. Okay. To your understanding, is there an**
13 **overlap between the NACUBO functional classification**
14 **research and the missions research and research**
15 **administration?**

16 A. I don't know.

17 **Q. Again we'd have to look at the written**
18 **definitions.**

19 A. Yeah. That's correct.

20 **Q. Okay.**

21 A. We'd have to look at them. I mean, I'd be
22 speculating.

23 **Q. Okay. Do you have any understanding of the**
24 **relationship between the NACUBO functional budget**
25 **expenditures called Instruction, Academic Support,**

1 Scholarships and Fellowships, and Student Services on
2 the one hand? Do you see those?

3 A. I do.

4 Q. Versus Education and Education Administration
5 missions on the other hand?

6 MR. BILHARTZ: Objection, form.

7 A. Okay. So I don't think I understand the
8 question. Could you restate it?

9 Q. (By Mr. Quinto-Pozos) Yeah. It's similar to
10 what we were talking about earlier with regard to
11 research as under -- research as a mission --

12 A. Uh-huh.

13 Q. -- versus research as a NACUBO classification.

14 A. Right.

15 Q. Okay. So same question but with regard to
16 those NACUBO classifications I listed and the DMS
17 missions education and education administration. Do you
18 know the relationship between those classifications?

19 A. I don't believe there is a direct
20 relationship. I mean it depends on the definitions
21 again and how those are broken out between the way
22 NACUBO would define an instruction expense versus the
23 way, you know, Dell Medical School would label an
24 education expense.

25 Q. Okay. And you don't see a NACUBO

1 administration functional classification, do you, on
2 this Exhibit 2?

3 A. I don't.

4 Q. Okay. Do you have any understanding as to
5 what an expenditure classified under the DMS mission
6 administration, how that would be classified as NACUBO
7 under the functional classification expenditures?

8 A. I would -- this is speculation, but it seems
9 like institutional support would be consistent.

10 Q. Okay. I am showing you on the screen a
11 document that at the top is labeled FY21 CCC Data. Do
12 you see that?

13 A. Yes, I do. I see the pointer, uh-huh.

14 Q. Okay. And I'm going to scroll slowly across
15 the different columns. Are you familiar with this type
16 of document?

17 A. I think I've seen it before.

18 Q. Okay. Is it okay with you if I call this an
19 account transaction ledger, or what would you call this
20 document?

21 A. Can you scroll back across?

22 Q. You see the --

23 A. I do.

24 Q. -- the Column I, transaction description?

25 A. I do.

1 Q. It has object code descriptions in Column K.
2 It has amounts, Column M. Do you see that?

3 A. Okay.

4 Q. What would you call this document?

5 A. How far down does it go?

6 Q. How far down does it go?

7 A. Yeah. How many rows are there on that report?

8 Q. About 26,000.

9 A. Yeah. It's probably a transaction report.

10 Q. Okay. Can I call it a ledger?

11 A. You can call it a ledger, uh-huh.

12 Q. Okay. What is the purpose of this document,
13 or how does DMS use it?

14 A. So that's a transaction level document. You
15 know, analysts or accountants would use it to produce
16 summary reports from those details.

17 Q. Okay. And how does -- how do the entries in
18 this document relate to the account list that we went
19 through earlier?

20 A. So I think you have the same structure as we
21 were looking at at the previous report, right?

22 Q. What do you mean by that when you say
23 structure?

24 A. Column structure or similar.

25 Q. So it has fiscal year information, correct?

1 A. Uh-huh.

2 Q. Yes? Can you -- can you answer yes instead of
3 uh-huh or huh-uh for purposes of the record?

4 A. Okay. So what was the question again?

5 Q. It has the fiscal year information?

6 A. It does, yes.

7 Q. Okay. It has the -- it has account numbers?

8 A. It does.

9 Q. Okay. And these account numbers are eight
10 digit account numbers like the account list has,
11 correct?

12 A. Correct.

13 Q. Okay. And where would we look to see whether
14 these are expenditures funded by the 35 million annual
15 funds?

16 A. So I would go to the -- please move to the
17 right.

18 Q. Yes, sir. Further, correct?

19 A. Probably, yes. Is that all?

20 Q. Would we have to look at the account number?

21 A. Can you go back again slow -- slowly?

22 Q. Yes, sir.

23 A. Okay. Okay. I don't see the -- it's not --
24 what I'm looking for, I don't see on this report.

25 Q. And what is it that you're looking for?

1 A. I'm looking for that fund.

2 **Q. Which was, I think, Column R in the other**
3 **document?**

4 A. Correct.

5 **Q. Would the account number tell us that**
6 **information?**

7 A. I think it will, but I don't -- but I'm not
8 sure how that would structure.

9 **Q. Okay.**

10 A. In fact, yes, I do believe it will. I'm just
11 not -- I don't understand how to tease that out of that
12 account structure.

13 **Q. Okay. But if we -- if we were to take this --**
14 **let's take this one as an example.**

15 A. Can you scroll down?

16 **Q. Yes, sir.**

17 A. To like the very bottom?

18 **Q. The last cell?**

19 A. I mean, I see some consistencies and
20 inconsistencies in that code block, but it would be
21 speculating. I would be speculating as to exactly what
22 piece of that code block designates the fund. But, yes,
23 I believe that you can find that in this fund code -- in
24 that code.

25 **Q. Are you talking about the account?**

1 A. Account number, yeah.

2 Q. Okay. So taking the first entry as an
3 example, Cell C 2 has an account number 19-5602-30.

4 A. Correct.

5 Q. Do you see that?

6 A. I do.

7 Q. And so if we -- if we take that number and go
8 to the account list, and if we look for that number, it
9 gives us Row 633. And that appears to say it's for
10 budget group UT Health Austin WHCH. Do you see that?

11 A. I do.

12 Q. Okay. And then if we scroll to the right, it
13 says that that is -- the funding is Central Health. Do
14 you see that?

15 A. Correct. I agree, uh-huh.

16 Q. Okay. And so we could do that for every entry
17 by looking up the account number.

18 A. Uh-huh.

19 Q. And cross referencing the account list and
20 determining whether that transaction was funded by the
21 35 million annual payment?

22 A. You could or you could ask someone about if 56
23 is the designation.

24 Q. And where do you see 56?

25 A. 19-56.

1 Q. Oh, got it. The -- well, there is some --
2 you're talking about the third and fourth digit in the
3 account number?

4 A. I am.

5 Q. Okay. But we see that there are some 55s.

6 A. Okay. Good point. Good point. So that's a
7 bad idea then. So you have to definitely talk to
8 someone.

9 Q. Okay. But we could do it the way I describe,
10 right?

11 A. You could.

12 Q. Cross referencing the account number and
13 looking it up on the account list --

14 A. Correct.

15 Q. -- and seeing the fund?

16 A. Uh-huh.

17 Q. Yes?

18 A. Right.

19 Q. Okay. And using the filtering function, it
20 appears that there -- that the third and fourth digits
21 in the account numbers are all either 55, 56, or 57?

22 A. Uh-huh.

23 Q. Do you agree with me?

24 A. I see that.

25 Q. Okay. So we saw that this is a -- this is for

1 fiscal year 2020/2021, according to Column A, correct?

2 A. Correct.

3 Q. That's all we see when I try to filter by that
4 column?

5 A. Yes.

6 Q. Okay. And we see that that -- when I scrolled
7 to the bottom, we saw that that includes a little bit
8 over 26,000 transactions, correct?

9 A. Yes.

10 Q. So how -- how time consuming is it to generate
11 a report like this? Do you know?

12 A. I don't.

13 Q. Does -- do you know if Dell Medical School
14 routinely creates these types of reports?

15 A. They would be ad hoc reports, so I wouldn't
16 say that necessarily routinely. But depending upon the
17 specific request parameters, you know, each report is
18 probably an individual pull. So I'm not -- I don't know
19 how often they would produce this exact report.

20 Q. Is this -- you described or you mentioned
21 something called an ERP earlier.

22 A. Right.

23 Q. Is that a -- is that a software? Is that a
24 program?

25 A. It's a -- it's a class of software. You know,

1 it's usually a combination of various internal
2 transaction systems. So they have, you know, a finance
3 and accounting component. They have an HR component.

4 They may have an inventory and supply chain
5 component. But anyway they all roll up into what I
6 corrected was more of a general ledger is what we're
7 talking, a general ledger data.

8 **Q. Okay. And so one could go to the system to**
9 **sort through different transactions based on the fiscal**
10 **year account number object code description, some of**
11 **these different categories on the spreadsheet?**

12 A. You could.

13 **Q. Okay. And generate reports on the basis of**
14 **what particular fiscal year you want or what particular**
15 **account you want, correct?**

16 A. I can do that.

17 **Q. Okay.**

18 A. Do you mind if I take a break?

19 **Q. That's fine.**

20 A. Thank you.

21 VIDEOGRAPHER: Off the record, 11:11 a.m.

22 (Recess taken from 11:11 to 11:23)

23 VIDEOGRAPHER: Back on the record,

24 11:23 a.m.

25 MR. BILHARTZ: Manuel, I just wanted to

1 clarify with regard to the spreadsheet that we're
2 looking at now, the accounting ledger spreadsheet, that
3 this was generated in response to your document request.

4 So this was generated using information
5 from the DEFINE system. And the way they sorted it to
6 reflect CCC funds was by using account numbers.

7 MR. QUINTO-POZOS: Okay. Thank you for
8 that. And prior to the start of the deposition, I was
9 discussing with the UT attorneys regarding an agreement
10 that UT will provide a business records affidavit for
11 documents that it produced in response to subpoenas
12 including some of the spreadsheets that we have been
13 looking at today. Is that correct?

14 MR. BILHARTZ: Including some of those
15 spreadsheets but specifically referring to the summary
16 spreadsheets for years 2018 to 2021 and the -- what
17 we're calling the accounting ledger spreadsheets.

18 MR. QUINTO-POZOS: Correct. But there is
19 also other documents that we haven't looked at today.
20 And we have had email discussions about providing -- UT
21 providing a business records affidavit that would
22 authenticate those documents, correct?

23 MR. BILHARTZ: Yes. We've had those
24 discussions. I just want to confirm that for now, we're
25 agreeing with the business records affidavit only with

1 respect to the spreadsheets.

2 MR. QUINTO-POZOS: Understood.

3 MR. BILHARTZ: Okay.

4 MR. QUINTO-POZOS: Okay. Thank you.

5 (Court reporter requested clarification
6 concerning exhibits)

7 MR. QUINTO-POZOS: Yes. Thank you.

8 We've also been looking at some documents
9 on the screen that I would like to make exhibits to the
10 deposition. And those will be Exhibit 3 is the LinkedIn
11 page that we looked at earlier. The account list will
12 be Exhibit 4.

13 The DEFINE cheat sheet would be Exhibit
14 5. We looked at an accounting PowerPoint would be
15 Exhibit 6. And the fiscal year '21 accounting ledger
16 would be Exhibit 7.

17 (Deposition Exhibit Nos. 3 through 7 were
18 marked)

19 Q. (By Mr. Quinto-Pozos) Mr. Morris, were you
20 able to take a break?

21 A. I was. Thank you.

22 Q. Okay. So we're looking on the screen at the
23 accounting transaction ledger. And I have it on the
24 screen focused on Column A N which is titled Voucher
25 Comments 1. Do you see that?

1 A. I do.

2 Q. Do you understand -- do you know what these
3 **comments are for or what this field is for?**

4 A. Yeah. It's an explanation field to explain to
5 accountants using accountant specific, you know, terms
6 what the voucher is about.

7 Q. Okay. And do you know who inputs these
8 **comments?**

9 A. I do not.

10 Q. And we're looking at some examples of those
11 **comments on the screen now. And one is interface**
12 **transactions cost transfers resulting from final**
13 **approved cost center changes supporting documentation**
14 **and employee job records. Do you see that?**

15 A. I do.

16 Q. Do you have an understanding of what that
17 **comment means?**

18 A. Generally speaking, cost transfers occur
19 between fund groups and between various parts of the
20 organization from time to time depending upon, you know,
21 an employee may be -- primary home may be in one
22 department.

23 But they may be working temporarily or
24 semi-permanently in another department, and there may be
25 a cost transfer. There may have been other things like

1 that that happened that caused there to be transfers
2 from one department to another.

3 Q. Okay. And when we look at Column M, amount,
4 we see that there are some amounts in parenthesis and
5 some amounts not in parenthesis. Do you see that?

6 A. I do.

7 Q. Okay. And what is the difference between
8 amounts in parenthesis and amounts that are it not in
9 parenthesis?

10 A. I'm not sure exactly the structure of this
11 particular report, but normally the -- the numbers in
12 parentheses are the opposite of the ones without
13 parentheses.

14 Q. Okay.

15 A. From a transaction perspective.

16 Q. Okay. So is it a fair assumption that a
17 number without parenthesis is an expenditure, and a
18 number in parenthesis is a reversal or a refund?

19 A. In normal accounting, expenses are debits, so,
20 yes, that would be. But I'm not sure that we're
21 following -- I don't know in this report if we're
22 following normal debit credit convention or not. But,
23 yeah, that's the way I would interpret it.

24 Q. Okay.

25 A. Assuming that we are -- we are following the

1 debit credit convention.

2 Q. Okay. And so if that's correct, then it would
3 appear that there are some either adjustment or backing
4 out of expenditure or transactions. Is that --

5 A. Yeah. I'd like to point you to, though, there
6 is different kinds of transactions that you're looking
7 at on this report. And I see -- now I see, looking
8 down, I'm seeing the transactions where you're seeing
9 the -- the reversal so...

10 Q. Can you give me an example?

11 A. Yeah. So Line 18, Line 19, Line 20, Line 21,
12 those are all what you're talking about the -- with the
13 brackets around them, so they're reversing transactions.
14 If you'll look in the description -- object code
15 descriptions, those are all encumbrances. So an
16 encumbrance is a budget designation.

17 So effectively what an encumbrance does is it
18 reserves funding into future periods. And then when you
19 actually expense something, you typically reverse that
20 encumbrance, right? So you're going to have an
21 encumbrance placed on the account to reserve the budget
22 for the account. And then when the actual transaction
23 comes through, you're going to reverse that encumbrance,
24 and you're going to post the actual expenditure.

25 So you're looking at a combination of true

1 expenditure -- expenditure, I believe, true expenditures
2 and also the budget activity around adding and relieving
3 encumbrances is what it looks like to me. So this is
4 truly probably, you know, a full set of all that data.

5 **Q. Okay. Right below that, we see something**
6 **that's under the object code description says is**
7 **generated electricity, and that's also a -- appears to**
8 **be a credit, right?**

9 A. Uh-huh.

10 **Q. That's not an encumbrance.**

11 A. I don't know. Hang on. Let me look.

12 **Q. And I can adjust it, the view.**

13 A. No. That's okay. Can you go to the -- can
14 you go to the left?

15 **Q. And we're looking --**

16 A. I'm just looking at those to see if I can get
17 a clue.

18 **Q. Yeah. And we're looking at Row 26, right?**

19 A. Right. Okay. Go -- can you go back across
20 again? I mean, it could be a reversal. You know,
21 sometimes -- sometimes human error or other things
22 happen, and they reverse a transaction.

23 So that could be just a correction or a
24 change. I don't know for sure. You're right. It
25 doesn't say encumbrance, and I can't tell for sure that

1 it is or it is not.

2 Q. What about Rows 47 and 48? It's reversals
3 that read prior -- appear to read prior year salary. Do
4 you have -- do you know what those entries are for?

5 A. No, I don't. I don't.

6 MR. QUINTO-POZOS: Okay. So this will be
7 Exhibit 8. And this is the -- the document is titled
8 CCC FY21 Summarized.

9 (Deposition Exhibit No. 8 was marked)

10 Q. (By Mr. Quinto-Pozos) Do you see that?

11 A. Yes.

12 Q. Have you seen this document before?

13 A. I believe I have, yes.

14 Q. Okay. It's got different tabs. The first tab
15 says Summary. Second tab, FY21 Spending Summary. Pivot
16 by Person with Title is the third tab. Other
17 Expenditures is the fourth tab. Are you familiar with
18 this type of document?

19 A. I am.

20 Q. Okay. Do you know who created this document?

21 A. I think I do.

22 Q. And who would that be?

23 A. Brian Davis.

24 Q. And who is Brian Davis?

25 A. He's a -- he is a financial professional in

1 Dell Medical School.

2 Q. And he used to report through your -- directly
3 or indirectly to you?

4 A. Yes.

5 Q. Okay. And what is this document used for at
6 Dell Medical School?

7 A. Can you put back -- go back to the summary?

8 Q. Yes, sir.

9 A. So this is just a report that -- to
10 demonstrate the current financial position of the CCC
11 funds within the organization with a historical
12 perspective.

13 Q. Okay. Are you familiar with a document called
14 the Community Benefit Report?

15 A. I am.

16 Q. Okay. And I'm looking at tab Fiscal Year '21
17 Spending Summary. Do you see that?

18 A. I do.

19 Q. And is information from this tab containing
20 the Community Benefit Report that you're familiar with?

21 A. It looks like what would come from one of
22 those printed Community Benefit Reports, uh-huh.

23 Q. Okay. And on this -- on this tab on this
24 chart, we see a column labeled Domain. Do you see that?

25 A. I do.

1 Q. Okay. And what -- what does the label Domain
2 mean?

3 A. Other organizations might call it department.
4 It's an organizational unit.

5 Q. How are domains different from the budget
6 group titles we talked about earlier with regard to the
7 account list?

8 A. I don't believe they are.

9 Q. They're not different?

10 A. I don't believe they are.

11 Q. Okay. And so one of the budget group titles
12 we discussed earlier was Department of Medicine. Do you
13 recall that?

14 A. Yes. In the report, uh-huh.

15 Q. Okay. What domain would that be on this?

16 A. I believe that's also -- would be internal
17 medicine.

18 Q. Okay. And we also saw a budget group title
19 called -- I believe and we can go back to the -- to the
20 account list. But there is a budget group title called
21 Development Central Health Funding, correct?

22 A. Development Central Health Funding.

23 Q. Let's go back.

24 A. Yeah.

25 Q. Okay. So we're now looking at the account

1 list.

2 A. Right.

3 Q. Well, so here is Rows 143 to 150. Do you see
4 that? Department of -- DMS Department of Development?

5 A. Got it, yes.

6 Q. And then that's under Column F, Unit Long
7 Title. And budget group, Development Central Health
8 Funding. Do you see that?

9 A. I do.

10 Q. Okay. And if we scroll to Column R, we see
11 that the fund name is Central Health. Do you see that?

12 A. I do.

13 Q. Okay. Is there a domain on the FY21 Spending
14 Summary tab in the CCC FY21 Summarize document that
15 pertains to development?

16 A. I don't see one enumerated.

17 Q. Okay. Below that going back to the account
18 list, Rows 151 and below talk about Dell Med Health
19 Ecosystem. Do you see that?

20 A. I do.

21 Q. And that's on the -- that is one of the
22 domains on the other spreadsheet?

23 A. Pardon?

24 Q. That's one of the domains on the other
25 spreadsheet?

1 A. On the other, meaning the one we're looking
2 at?

3 Q. The one we're looking at, the FY21 Spending
4 Summary tab.

5 A. I do. I see it there. I see it in both
6 places.

7 Q. Okay. And so your testimony is that the
8 domains do not differ from the budget groups.

9 MR. BILHARTZ: Objection, form.

10 A. I don't believe they do.

11 Q. (By Mr. Quinto-Pozos) Okay.

12 A. I don't believe they do materially in any way.

13 Q. The next column is labeled Plan Permitted
14 Investment Allocation. Do you see that?

15 A. I do. Can you put the whole document on
16 there?

17 Q. Let me see what I can do. Is that good enough
18 or do you want --

19 A. That -- can you just show the -- that's fine.
20 That's fine. Thank you.

21 Q. Okay. So now we're looking at the -- the
22 entire chart that shows the total amounts.

23 A. Right.

24 Q. Okay. So my question was what does the column
25 Plan Permitted Investment Allocation mean?

1 A. So that was the planned -- that was the plan
2 and allocation Central Health funds for those particular
3 departments in that particular fiscal year.

4 **Q. Okay. And how are those amounts decided?**

5 A. So it's part of the regular budget process
6 that we go through every year when we're looking at the
7 organization initiatives, objectives, goals, strategies
8 we're trying to achieve across the different
9 departments.

10 And we're looking at the resource needs, and
11 then we're looking at their funding, support funding
12 areas. And then we look at, you know, all the different
13 sources of funds that might be available to them. And
14 then Central Health is one of them, and that's just part
15 of that budget process.

16 **Q. Okay. And who makes those decisions?**

17 A. It's a group -- it's a group effort that, you
18 know, there is a lot of input from different people.

19 **Q. Okay. And can you name some of the -- the**
20 **departments or --**

21 A. Yeah. It's --

22 **Q. -- titles?**

23 A. -- the chairs, the clinical leadership, the
24 research leadership, the education leadership, the
25 senior leadership.

1 You know, they all play a role in discussing,
2 you know, their objectives and goals and what they would
3 be using the funds for and how they would be deploying
4 them to meet those -- those strategies so yeah.

5 **Q. And is -- are these discussions that you**
6 **participated in?**

7 A. Not all of them by a long shot but, you know,
8 from periodically from time to timer.

9 **Q. And what about staff in your department or in**
10 **your office?**

11 A. They were in some, but no one was probably in
12 every discussion. I mean, those were had between chairs
13 and various leaders of the organization on a one-on-one
14 basis. And they were -- you know, it's a -- it's a very
15 collaborative and, you know, process to come up through
16 a budget.

17 **Q. Okay. And can you tell me what the column**
18 **Unadjusted Spending column -- Unadjusted Spending mean?**

19 A. Yeah. I believe that column represents the
20 actual funds that were expended, CCC funds that were
21 expended for that fiscal year for that particular
22 department or domain.

23 **Q. The actual funds from the 35 million or the**
24 **actual funds regardless of the source of funding?**

25 A. No. The 35 million.

1 **Q. Okay. So the plan permitted investment**
2 **allocation is what was budgeted and then the unadjusted**
3 **spending is what was actually spent?**

4 A. Right.

5 **Q. Okay. And what does the column Prior Year**
6 **Personnel Corrections mean?**

7 A. It looks like there may have been some
8 corrections, minor corrections, from prior year
9 transactions that they had cleaned up at the end. And
10 then they have the net spent.

11 **Q. And why are the corrections made?**

12 A. There is so many transactions that flow
13 through that that -- that those transactions happen.
14 And sometimes they're captured at a later point in time,
15 and then they're corrected.

16 **Q. Can you give me some examples of circumstances**
17 **that would require or lead to a correction?**

18 A. Yeah. I mean, you know, you get into a
19 situation where a person leaves the organization. They
20 leave at the end of a pay period.

21 It could end up that -- and, you know, there
22 could be -- end up being transactions that go back and
23 forth as far as -- as far as where they should be
24 recorded and how they should be recorded so...

25 **Q. Okay. And then the bottom row of this table**

1 reads F&A rate. Do you see that?

2 A. I do.

3 Q. What does that mean?

4 A. I believe it stands for facilities and
5 administration rate.

6 Q. And how was this -- this plan permitted
7 investment allocation for F&A determined?

8 A. I believe it's based upon the -- what's called
9 the F&A rate, the federal F&A rate. I'm not sure it's
10 precisely that. There may be some segment or excerpt of
11 that, but it's based upon the federal F&A rate.

12 Q. And do you know who arrived at this figure?

13 A. The organization did, so it was a consensus
14 again so...

15 Q. The same people involved --

16 A. Right.

17 Q. -- that you described earlier?

18 A. Uh-huh.

19 Q. Okay. In terms of arriving at these specific
20 plan permitted investment allocation figures, is there
21 backup documentation as to how these figures were
22 arrived?

23 A. I'm not aware of any.

24 Q. Okay. And is there any kind of methodology
25 that is described anywhere on how one arrives at these

1 **figures?**

2 A. You know, it's during that budget process.
3 And I'm sure there is a lot of work papers going through
4 that budget process. But as far as the -- you know, we
5 sit down and we go through the allocation.

6 And we look at the needs of the department and
7 what their potential sources of funding are, and then we
8 try to fill in the gaps where we need to.

9 **Q. What types of things are paid for by or fall**
10 **under F&A, the F&A domain?**

11 A. A couple of different things. A lot of --
12 probably I'm -- I don't have the breakout in front of
13 me, so you're asking me to work from memory. And so
14 there is a good bit of salary and support that probably
15 falls into that. But then there is also some
16 infrastructural things like utilities, debt service on
17 clinical buildings and some things like that.

18 **Q. Did you say salary and support?**

19 A. Yeah. Salary support.

20 **Q. Salary support, what does that mean?**

21 A. People's salaries.

22 **Q. Okay. And can you -- do you know what -- what**
23 **types of job titles these salaries would be paid for**
24 **under this F&A domain?**

25 A. Well, I think they're in the detail.

1 Q. In the ledger?

2 A. That you have.

3 Q. In the account ledger?

4 A. I think so, uh-huh.

5 Q. Okay.

6 A. I'd have to go back and look, but I believe
7 they are, what department they're in at the very least.

8 Q. And -- okay. And so this figure,
9 12.9 million, is approximately 36.86 percent of the
10 35 million.

11 A. Uh-huh.

12 Q. Is that -- is that a typical F&A percentage?

13 MR. BILHARTZ: Objection, form.

14 A. Is it a typical F&A percentage? You know, I
15 don't know what the exact F&A rate is for UT Austin, and
16 I don't remember specifically. There is various forms
17 of F&A rate.

18 I don't remember exactly what F&A rate was
19 applied to this particular, but I believe it was based
20 upon the federal. And so whatever that percentage is, I
21 believe that it's some -- that there is a basis for
22 that.

23 Q. (By Mr. Quinto-Pozos) Okay. Do -- to your
24 knowledge, do the -- any -- do the other domains -- so
25 let's take, for example, medical education. Do those

1 medical -- sorry -- do those domains include
2 administration expenses?

3 A. I don't know for sure that they do or not.

4 Q. Okay.

5 A. I would say that it's possible, but I don't
6 know for sure.

7 Q. Let's look at Tab 3 that's labeled Pivot by
8 Person with Title.

9 A. Uh-huh.

10 Q. And I'll make this larger. Do you see that?

11 A. I do.

12 Q. Are you familiar with this type of
13 spreadsheet?

14 A. It makes sense to me, yes.

15 Q. Does this appear to show the amount of each
16 employee listed's salary paid for by the 35 million from
17 2014 to 2021?

18 A. That's what it looks like, yes.

19 Q. Okay. And it also includes each person's job
20 title under Column L?

21 A. It does.

22 Q. Okay. And these job titles are assigned by
23 Dell Medical School?

24 A. They are.

25 Q. Okay. And to your knowledge is -- are the job

1 titles intended to be a description of what these people
2 do for Dell Medical School?

3 A. Yes.

4 Q. Okay. I'm showing you now the Tab 6 which is
5 FY21 Personnel Expenditure and Salary. Do you see that?

6 A. I do.

7 Q. Are you familiar with this spreadsheet?

8 A. I'm familiar with, right, the format, sure.

9 Q. Okay. This appears to show each person's
10 total salary under Column F, correct?

11 A. I believe that's correct. That's the way it's
12 labeled.

13 Q. And is it your understanding that Column G
14 reflects the person -- the portion or rather the amount
15 of the person's salary that's paid for out of the
16 35 million?

17 A. I don't know. Can you click on a cell?

18 Q. So G 1 -- sorry -- G 2 appears to show --

19 A. So can you go over to C 1? C 2? Can you --
20 yeah. I don't -- can you scroll down to the bottom and
21 then click over to the -- yeah. I mean, I'm just
22 sitting here tying this spreadsheet out. I mean, I
23 don't know exactly what the purpose of that column is.

24 Q. Well, we see that Column C is labeled Amount,
25 correct?

1 A. Amount, right.

2 Q. Okay. And the grand total of that column
3 is --

4 A. Thirty-five one fifty-four.

5 Q. -- 35 million, just over 35 million.

6 A. Uh-huh.

7 Q. Correct? Okay.

8 A. Can you click to the -- the summary -- the
9 summary document? Okay. Okay.

10 Q. Does that help you answer what's shown on --

11 A. No, it doesn't. It doesn't.

12 Q. Okay. But using the Dell Medical School
13 systems and software, one could run a report that shows
14 how much of an employee's salary is paid for by -- from
15 the 35 million funds. Is that right?

16 A. Yes.

17 Q. Okay. Do you know who decides how much of an
18 employee's salary is to be paid for by the 35 million?

19 A. That's -- that really happens at a very
20 transactional level, so you saw the amounts of
21 allocations that they -- that were given as a budget for
22 each of those departments.

23 The transaction staff, they're responsible
24 for, you know, a lot of different sources of funds,
25 balancing a lot of different sources of funds. So they

1 typically choose, you know, from an administrative
2 perspective where it's most advantageous, you know,
3 least burdensome to be able to apply those funds.

4 So we apply them to the department mostly
5 towards -- mostly towards salaries. But they really,
6 depending upon funding opportunities and gaps with
7 particular individuals, they'll use those funds to
8 support those things.

9 **Q. So is it department staff that's making those**
10 **allocations?**

11 A. They'll have an input into it sometimes, and
12 sometimes it's just Central administration. Whenever
13 their source of funds runs out, you know, for a
14 particular individual, they may backfill it with the
15 Central Health source of funds. So they may be
16 partially funded for part of the year.

17 They may, you know, depending -- just trying
18 to make sure that, you know, that the person is funded
19 and that we use the appropriate source of funds.

20 **Q. And when you say Central administration, what**
21 **do you mean by that?**

22 A. They will be somebody from Central Dell Med
23 Finance.

24 **Q. So somebody in your office?**

25 A. Right.

1 **Q. Okay. Is there -- is there written**
2 **methodology for making these decisions?**

3 A. The written methodology is the goals around
4 the particular distribution of the source of funds as we
5 work through the budget process on them.

6 **Q. Are you talking about the affiliation**
7 **agreement?**

8 A. No. I'm talking about the document that we
9 looked at just a moment ago where it said -- can you
10 pull it back up?

11 **Q. Are you talking about the summary?**

12 A. Where we said the, you know, surgery had -- I
13 don't know what it was -- two and a half million
14 dollars.

15 **Q. Are we talking about --**

16 A. The permitted -- the permitted -- the plan
17 permitted investment allocation, that's the -- that
18 would be one of the tools they would use to balance out
19 funding transactions throughout the year.

20 **Q. The plan permitted investment allocation**
21 **refers to the affiliation agreements permitted**
22 **investments, correct?**

23 A. Correct.

24 **Q. Okay. And when you were explaining to me how**
25 **the figures on the Spending Summary tab are arrived at,**

1 you describe that these are -- I'm going to maybe not
2 get exactly what you said accurately.

3 By it's a collaborative or a team effort
4 between various individuals at the different departments
5 as well as staff from your office administration, et
6 cetera --

7 A. Right.

8 Q. -- correct? And so what I'm trying to
9 understand -- and maybe I didn't quite catch how you
10 answer this -- is when deciding the percentage of a
11 person's salary that comes out of the 35 million, how is
12 that specific allocation decided?

13 A. We're not going down to the individual
14 transaction, individual employee level for those
15 decisions. So the decision is to provide women's
16 health, in this example, two and a half million dollars
17 of support. So there is -- women's health has other
18 funds that also support those salaries and structures as
19 well.

20 So it's more of a mechanical. It's not a
21 strategic allocation methodology or anything like that.
22 As we go through the fiscal year, as a need for funds
23 happen within certain personnel, depending upon their
24 funding structures and, you know, their funding sources,
25 these dollars, along with others, may be used to augment

1 those salaries.

2 And so what they're -- the finance and, you
3 know, the department staff too in some cases are doing
4 is they're looking at it and saying we have allocated
5 two and a half million dollars out of Central Health
6 funds to support this department, right. So where do we
7 need those dollars now to support those -- to support
8 this department.

9 So it's not where we set up -- sit down and
10 say, okay, an individual gets X percent. It's a more
11 fluid situation than that.

12 **Q. And then a little bit earlier, I was asking**
13 **you if there was written methodology about this**
14 **determination. And is this what -- is this tab, the**
15 **Spending Summary, what you were referring to?**

16 A. That's correct.

17 **Q. Okay. Is there other written documentation to**
18 **support these allocations?**

19 A. Not that I'm aware of.

20 **Q. Okay.**

21 A. I mean, in the budget -- in the budget system
22 and in the budget documents that the departments get, it
23 will be delineated, the Central Health funding. But it
24 may not be allocated. It may not be allocated.

25 It just shows up as the source of funds there.

1 It doesn't necessarily show who is going to be funded
2 with it during that year.

3 **Q. Or how the allocation is made?**

4 A. When you say allocation, do you mean how they
5 got the two and a half million?

6 **Q. No. Sorry. That's my --**

7 A. That's okay.

8 **Q. That's my inelegant phrase. How -- the reason**
9 **for determining the percentage a person's salary that**
10 **would be paid for out of the 35 million.**

11 A. Yeah. I mean, there can be a lot of reasons
12 for that. And it depends upon the particular needs of
13 the individuals as you go through the year. Because,
14 you know, a budget is a plan. And there is -- it's not
15 like the medical school or most other clinical
16 organizations have a guaranteed budget, right.

17 Those budgets -- those budgets plans change.
18 Things change. Environment changes. COVID happens.
19 Lots of things happens that affects those revenue
20 streams. So it's not like -- all the revenue streams
21 aren't handed to us as a block of cash, block of money.

22 So as those things change and as grants come
23 on and grants come off or clinical activity increases or
24 decreases or those kinds of things, you know, people
25 change -- change their focus from one missionary to

1 another. All those things are in constant motion, and
2 those create needs and -- needs for funding.

3 And it's not -- you can't plan it out linearly
4 from the beginning of the fiscal year and know exactly
5 what all those -- what those are going to need to be.

6 So we set down general guidelines like two and
7 a half million dollars goes to this department of
8 Central Health funds. Maybe other sources of funds help
9 support them as well, and then we generally manage -- we
10 manage to those goals.

11 **Q. Okay. And you described to me that there --**
12 **there would be budget documents that would be submitted**
13 **to support these calculations.**

14 A. Yeah.

15 **Q. Do those budget documents spell out the**
16 **reasoning that was used to decide the percentage of**
17 **somebody's salary that was -- that is to be paid for by**
18 **the 35 million?**

19 A. But they don't decide in the budget documents
20 how much is going to be -- I mean, that's the whole
21 thing. We don't -- there is not a decision at that
22 point in time that says, you know, doctor X or employee
23 Y is going to receive 30 percent of their salary funding
24 from Central Health, that funding. That doesn't happen
25 during the budget process.

1 That happens during the actual year as
2 activities happen. We understand that a department has
3 a certain amount of funding needed, and we know that
4 they have a certain amount of funding sources. We
5 budget that, right.

6 But, as I said before, those -- the needs and
7 the -- and the actual availability of funds from various
8 sources are not static from the budget planning process
9 through. I mean, it's -- there is -- it's a budget.
10 It's a plan, right.

11 And so -- so we don't go down to the
12 individual level person and say employee X is going to
13 receive 30 percent. That person may receive 30 percent.
14 They may receive zero. They may receive 70 percent
15 depending upon the needs of the department and the needs
16 of funding for that particular area or individual during
17 that period. Does that make sense?

18 **Q. Yes. And so when the -- when there is the**
19 **budget and then -- which is a forecast or a**
20 **projection -- and then there is what actually happens**
21 **when it happens, when it eventually happens.**

22 A. Right.

23 **Q. So when the person's salary is paid for and**
24 **the decision is made to pay some of that person's salary**
25 **out of the 35 million, is there documentation that**

1 **spells out how that percentage was arrived at?**

2 MR. BILHARTZ: Objection, form.

3 A. So is there documentation that spells out how
4 that percentage was arrived at? I mean, there was a
5 gap. There was constant citation possibly with the
6 department, maybe with some other folks that are
7 knowledgeable about the funding sources for that
8 department.

9 And then that gap is filled with Central
10 Health funds, or it may be filled with a different sort
11 of funds. But at that transaction level, at that
12 individual level those decisions are made, those aren't
13 rolled up to some grand -- to a strategy that -- that,
14 you know, someone is sitting there saying yes or no, yes
15 or no. Those happen organically through the process.

16 Q. (By Mr. Quinto-Pozos) Okay. And so I take
17 that to mean that there is no document that one can look
18 at that would help you or anyone reconstruct how a
19 percentage of somebody's salary -- how that decision is
20 made as to how -- the percentage that will be paid for
21 out of the 35 million?

22 A. It would be an individual, you know, person by
23 person. And, you know, you know, in the budget process,
24 people may have in their head, they may actually go, You
25 know what? We're going to have to support this

1 individual this year, so we know we've got this funding
2 to do that.

3 I mean, there may be that level of -- that
4 level of discussion. But even if there is, there is
5 nothing like set in stone that says that that -- it will
6 absolutely happen that way, right.

7 **Q. Okay.**

8 A. It's a plan. It's a plan. And you might be
9 able to look at individual, you know, budget documents
10 and find some things, but it's not -- it's not going to
11 be consistent across the whole organization. Every unit
12 has their own planning process as well.

13 **Q. Okay. I'm looking at the tab labeled FY21**
14 **Pivot by Domain. Do you see that?**

15 A. I do.

16 **Q. Are you familiar with this chart?**

17 A. I believe I am.

18 **Q. And do you see the first column, the entries**
19 **in that column?**

20 A. Column B or Column A?

21 **Q. Column A.**

22 A. I do.

23 **Q. Does this appear to be the budget group titles**
24 **from the account list that we were looking at?**

25 MR. BILHARTZ: Objection, form.

1 **Q. (By Mr. Quinto-Pozos) Let me rephrase my**
2 **question. Does this appear to be the budget group**
3 **titles?**

4 A. It looks like some of the nomenclature
5 changed, so I'm not sure.

6 **Q. Can you give me examples of --**

7 A. Yeah. And I see business affairs in line --
8 Line 5, and I see DMS department of business affairs in
9 18.

10 **Q. And how did that change?**

11 A. Well, there is two lines, and it looks like
12 there was a change there between E and F. I just don't
13 remember specifically what might have happened during
14 that period or what the difference is. So -- and I
15 don't know. Can you roll on down?

16 **Q. All the way down?**

17 A. Uh-huh. So this is a pivot table, and I'm not
18 sure that -- it says pivot table by domain. I'm not
19 sure that this is a report. I'm not sure if this isn't
20 a working document. You understand what I'm saying?

21 That's what I -- I don't -- I don't -- in
22 looking at this, I don't see a logical work -- I mean
23 report here. I see a working spreadsheet.

24 Would it be possible to take another break?

25 **Q. Yes.**

1 VIDEOGRAPHER: Off the record, 12:11 p.m.

2 (Lunch recess taken from 12:11 to 12:59)

3 VIDEOGRAPHER: We're back on the record
4 at 12:59 p.m.

5 Q. (By Mr. Quinto-Pozos) Mr. Morris, were you
6 able to have lunch?

7 A. I was -- I did. Thank you.

8 Q. Okay. Great. Before the -- before the break,
9 we've been looking at some of these spreadsheets that
10 are exhibits to today's deposition. I'm going to go
11 back to the account list. And we see that the account
12 list includes budget group project titles for business
13 affairs. Do you see that in Rows 128 to 134?

14 A. Yes, I do.

15 Q. Do you need me to make it larger?

16 A. Just a touch. Thank you.

17 Q. It does say business affairs in those rows?

18 A. 128 through 134?

19 Q. Yes.

20 A. Business affairs, yes, it does.

21 Q. Okay. And then when I look at the CCC fiscal
22 year '21 summarized file at the Spending Summary tab,
23 there is no business affairs domain, is there?

24 A. Not in the breakout of domains.

25 Q. Okay. And earlier we were talking about the

1 F&A rate domain. Do you recall we talked about that?

2 A. Yes.

3 Q. Okay. Do you know whether there is an F&A
4 rate budget group in the account list?

5 A. No.

6 Q. You don't know or there isn't?

7 A. I don't know.

8 Q. Okay. There is a facilities Central Health
9 funding budget group. Do you see that?

10 A. Yes, I do.

11 Q. Okay. Do you know whether that is the same as
12 the F&A rate domain?

13 A. So do I -- no, I don't know if it is the same,
14 but I don't understand the question, I guess.

15 Q. I'm trying to understand the relationship
16 between the budget groups on this account list and the
17 domains on the summary. And so we've -- we've talked
18 about how there is business affairs among the budget
19 groups of the account list, but there is no business
20 affairs among the domains, correct?

21 A. Right.

22 Q. And so I'm trying to now talk about the domain
23 F&A which you earlier testified is facilities and
24 administrative costs --

25 A. Right.

1 Q. -- and figure out where in the account list
2 that domain could be.

3 A. Understood.

4 Q. So is facilities Central Health funding budget
5 group in the account list the same as the F&A rate on
6 the domain summary?

7 A. I can't say precisely, but the -- I can't say
8 precisely because I've not manipulated spreadsheets,
9 right.

10 Q. Okay.

11 A. But -- let's just leave it at that. I can't
12 say precisely.

13 Q. And when I search for the word facility or
14 facilities, the only -- on the account list, the only
15 budget group I find is facilities Central Health
16 funding. Would you agree with me?

17 A. I see, yes.

18 Q. Okay. When I search the budget group project
19 titles for the word admin, we find a number of budget
20 group project titles that have the word admin as part of
21 the -- as part of their name. Do you see that?

22 A. Yes, I see.

23 Q. But none of these appear to be F&A -- the F&A
24 rate domain, correct?

25 A. I see what -- I think I understand. Can you

1 ask me what you're trying to determine? Are you -- what
2 are you trying to determine?

3 Q. I'm just simply asking you if the F&A rate
4 domain from the summaries we were looking at appears
5 among the budget group project titles. And you
6 testified earlier that F&A stands for facilities and
7 administrative costs. So we looked for facilities, and
8 we found some budget titles.

9 We have now looked for admin, and we see some
10 budget titles. But nothing that we found in looking for
11 facilities and admin is an F&A rate budget group or
12 project title, correct?

13 A. That's correct.

14 Q. Okay. I've now gone back to the DEFINE cheat
15 sheet, which is Exhibit 5. And we've gone through the
16 tabs a number of times, and we can go through them
17 again. But can you tell me whether the DEFINE cheat
18 sheet lists the domains that are in the summary we
19 looked at earlier?

20 A. So can you click through them again?

21 Q. Sure. Do you want me to scroll through Tab 1,
22 Voucher?

23 A. That one. That's sufficient for that one.

24 Q. Okay. Tab Balances Other?

25 A. Uh-huh. Okay. That's sufficient.

1 Q. Tab Account Structure?

2 A. Okay. That's sufficient.

3 Q. Tab Account Groups?

4 A. Can you scroll down? Are there any other --
5 okay.

6 Q. There is just --

7 A. There is nothing else.

8 Q. There is just that view.

9 A. Okay. And then Subaccounts.

10 Q. Subaccounts?

11 A. Okay. There is nothing there.

12 Q. Objective Code?

13 A. Okay.

14 Q. Unit Level?

15 A. Uh-huh.

16 Q. Done with that?

17 A. I am.

18 Q. Common Abbreviations?

19 A. Okay. There any more? Oh, my goodness.

20 Q. Transaction Type?

21 A. Okay. That's sufficient. Thank you.

22 Q. I'm going to not get this right. SRECNA?

23 A. SRECNA.

24 Q. SRECNA with object codes. I'll make this one
25 larger if you'd like. This one is long.

1 A. Yeah. That's -- yeah, and that's sufficient.

2 Q. Okay. NACUBO federal element, this is the
3 table you didn't recognize.

4 A. Right.

5 Q. So did you see the domains anywhere in this
6 document?

7 A. No, I did not.

8 Q. Okay. And then I'm going to go back to CCC
9 FY21 summarized, which is Exhibit 8. And we were
10 looking at the last -- I believe it's the last tab, FY21
11 Pivot by Domain. Do you see that?

12 A. Pivot by domain, yes.

13 Q. Okay. Now, I don't know what I did during the
14 break. But I clicked on this box here that says Account
15 on the right-hand side panel that's labeled Pivot Table
16 Fields. Do you see that?

17 A. Uh-huh.

18 Q. And that filled in some information under
19 Column A.

20 A. Okay.

21 Q. Previously it used to just show us the text
22 business affairs, clinical affairs, et cetera. And how
23 it has some numbers underneath. Do you see that?

24 A. Yes.

25 Q. So, for example, under business affairs, it

1 has 19-5600-32. Do you see that?

2 A. I do.

3 Q. That's an account number?

4 A. Right.

5 Q. Okay. And so this appears to be -- the text
6 appears to be the budget group titles. And the numbers
7 underneath appear to be the corresponding account
8 numbers that we were discussing from the account list
9 verbally.

10 A. That's how it appears. That's how it appears.

11 Q. Thank you. And what we were saying before the
12 break is that this pivot table appears to show, taking
13 business affairs as an example, the amount that Dell
14 Medical School spent out of the 35 million on business
15 affairs per fiscal year, correct?

16 A. So say that again.

17 Q. This table appears to show what Dell Medical
18 School spent out of the 35 million funds on business
19 affairs to take that row as an example by fiscal year.

20 A. Right. I think that's what it might appear to
21 show. However, I would point out as before we ended,
22 you're looking at a pivot table. And they're -- in my
23 experience, that's not a -- that's not a report. That
24 is a -- that is a tool to produce reports.

25 And you made the point you clicked on

1 something there and something appeared. I'm not sure
2 what else might be clicked upon for other things to
3 appear, so I'm not prepared to really make any comments
4 towards this table.

5 Q. Okay. Fair enough. And going back to the
6 account list, which is Exhibit 4, earlier we were
7 talking about Rows 128 to 134 which are the budget group
8 business affairs. Do you see that?

9 A. I do.

10 Q. Do you see those rows that we were --

11 A. Yes, I do.

12 Q. -- looking at earlier? And we were talking
13 about earlier the Column O, mission name. Do you see
14 that?

15 A. Yes, I do.

16 Q. And everything that is highlighted as business
17 affairs appears to be classified as mission
18 administration, correct?

19 A. That's how it appears, yes.

20 Q. As opposed to the other missions that we
21 talked about, education, research, public service,
22 clinical, right? Those were the other missions we
23 discussed earlier?

24 A. Those are some, correct.

25 Q. Okay. And you provided a qualification

1 regarding the pivot table. And despite that
2 qualification, because the pivot table has the account
3 numbers, we could take the account number and look it up
4 on the account list, correct, like we did with business
5 affairs, right?

6 A. I assume you could.

7 Q. Okay.

8 A. Uh-huh.

9 Q. And then we can see what the -- what the
10 mission is that was assigned for that particular account
11 number like we did with business affairs.

12 A. Okay, yeah.

13 Q. Correct?

14 A. I don't disagree. I mean, okay.

15 Q. I mean, you would agree with me that these --
16 that -- and I think you did already, that these account
17 numbers are -- I mean, let's just go through this
18 example, business affairs. This account number
19 19-5600-32 is both on the pivot table and on the account
20 list.

21 A. Right.

22 Q. Correct? Here in Column B of the account
23 list?

24 A. Yes.

25 Q. Okay. And then using these -- the budget

1 accounts and the assigned mission, we could figure out
2 the total amount of out of the 35 million that the Dell
3 Medical School spent on each of the nine missions per
4 year, correct?

5 A. Yes, uh-huh.

6 Q. Okay. And using the account ledger, which is
7 Exhibit 7 now on the screen, which contains the account
8 numbers in Column C, we could go through and figure
9 out -- we can tie the transaction entries to the
10 missions, the nine DMS missions, correct?

11 A. You should be able to walk that through.

12 Q. Okay. Don't hold me to it, but we might be
13 done with the screen for a while.

14 A. Okay.

15 Q. We've talked a little bit about budgets. And
16 I believe you may have talked about this already, and so
17 forgive me if you have. Is the Dell Medical School
18 budget a component of the UT Austin budget?

19 A. It is.

20 Q. Okay. And the Dell Medical School portion of
21 the budget is subject to the same UT Austin budget
22 rules, policies, and procedures as UT Austin overall?

23 A. Yes.

24 Q. And when -- when a DMS budget is prepared,
25 what rule does the Dell Medical School play in creating

1 **that budget?**

2 A. So can you say that again?

3 **Q. Yeah. What is the rule that the Dell Medical**
4 **School plays in creating its portion of the UT Austin**
5 **budget?**

6 A. So they -- I'd say Dell Medical School, as a
7 whole, you know, as that -- that unit, that
8 organizational unit, they create their budget.

9 You know, the main -- main campus may give
10 parameters, raw parameters, but, you know, the detail to
11 that budget is created by the leadership and the
12 department leadership in collaboration between those
13 groups at Dell Medical School.

14 **Q. Okay. And is it the business affairs**
15 **department at DMS the one that's responsible for**
16 **creating the budget for the Dell Medical School?**

17 A. As I think I've indicated before, the creation
18 of the -- or the creation of the budget is a very
19 collaborative activity across all facets of the -- of
20 the organization. To ensure that everybody is heard and
21 provides input to goals and to objectives, I would say
22 that the business affairs organization coordinates the
23 budget process.

24 **Q. Okay. But the various departments play a**
25 **role, correct?**

1 A. Yes.

2 Q. Okay. The administration plays a role.

3 A. Yes.

4 Q. Okay. And business affairs plays a role.

5 A. Yes.

6 Q. Were you -- were you involved in the budget
7 drafting process for the Dell Medical School?

8 A. Yes, I was.

9 Q. Okay. And what was your involvement?

10 A. Primarily in the departments where I had a
11 leadership role in the department, I worked with those
12 departments and with other leaders in the organization
13 to help develop those budgets.

14 So for facilities or for finance or revenue
15 cycle departments, I -- you know, I worked the detail
16 with the other departments with those -- with that
17 leadership in each one of those groups to help create
18 those budgets.

19 For the rest of the organization, it was a
20 facilitate -- facilitating role where we were taking in
21 information, producing budget reports and updates and
22 then sending them back out and allowing -- creating
23 coordination for meetings and discussions.

24 Q. And in terms of the department staff,
25 generally speaking, was there a person or a job title of

1 person fulfilling a particular job title that was
2 involved in the budget making process for each
3 department?

4 A. In each department?

5 Q. Yeah.

6 A. There typically was. You know, each
7 department was a little bit different. Yes. Typically
8 there was.

9 Q. And who would that person be?

10 A. So there would be a -- usually a department
11 administrator, various degrees. And then they may also
12 have other analysts, department analysts, that might
13 work with them in that process, depending on the size
14 and complexity of the department.

15 Q. Do the departments have chairs?

16 A. Yes.

17 Q. Okay. And is the chair involved in the budget
18 making process?

19 A. Yes.

20 Q. Okay. Do you know how their roles would break
21 down in terms of the budget drafting between the
22 administrative person and the department versus the
23 chair or an analyst or support person?

24 A. So I think from the chair, you know, the chair
25 would be setting more the goals objectives and

1 coordinating with other departments in working towards,
2 you know, those -- the shared governance model in
3 creating that budget. And then as you move down the
4 organization structure, it becomes more -- more
5 administrative, transactional and administrative.

6 **Q. More in the weeds, for lack of a better term?**

7 A. Right.

8 **Q. Okay. And to your knowledge, has this process**
9 **for creating the Dell Medical School operating budget**
10 **changed significantly between fiscal year 2016 and the**
11 **present?**

12 A. So I think that, you know, the process overall
13 probably hasn't changed from a -- I'd say, you know, the
14 process hasn't changed the collaborative environment and
15 working together. I would say that the tools have
16 probably improved over time with -- with experience and
17 also with, you know, just building, you know, building
18 on -- building on history and experience.

19 So I think the process is -- the process is
20 different every year mechanically maybe due to just
21 process improvements in the overall flow of information.
22 Then I think we look at the budget process from -- from
23 a high level approach. It's always been the same.

24 **Q. Okay. And so when you talk about the tools,**
25 **we're talking about like potentially some of the**

1 software and systems in place?

2 A. Correct.

3 MR. QUINTO-POZOS: Okay. So I'm showing
4 you on the screen what will be Exhibit 9, which I will
5 scroll down to show you it's Page B 1 of the UT Austin
6 fiscal year 2021 operating budget.

7 (Deposition Exhibit No. 9 was marked)

8 Q. (By Mr. Quinto-Pozos) Is that what it appears
9 to be -- to you to be?

10 A. That's what it says on the title.

11 Q. Okay. And you do see that it's a B 1 at the
12 bottom, right?

13 A. I do.

14 Q. Okay. You're familiar with this type of
15 document?

16 A. I've seen them before, yes.

17 Q. Okay. So on the left-hand side of this
18 document, we see a column titled Fund Group. Do you see
19 that?

20 A. I do.

21 Q. And it has six different fund groups.
22 Educational and general funds being number one. Then
23 designated funds. Do you see those?

24 A. Yes.

25 Q. Okay. Are these the same six revenue

1 categories that DMS uses for its budgets?

2 A. So when you say revenue categories, what do
3 you mean? Can you rephrase that?

4 Q. Well, these -- by what we see on the screen,
5 it appears to be funds, right?

6 A. Right.

7 Q. Does -- does the Dell Medical School use these
8 same categorization of funds?

9 A. Fund groups, yes.

10 Q. Okay. And one of those fund groups is
11 restricted current funds gifts. Do you see that?

12 A. Yes.

13 Q. Pardon me. Let's look at restricted funds
14 contracts and grants. Do you see that above that, what
15 I just said?

16 A. I do.

17 Q. Okay. What does that -- what does that label
18 mean?

19 A. So the label Restricted Current Funds means
20 that it's in the restricted fund group. It says
21 contracts and grants, and so those are typically deemed
22 as contracts, so funds -- funding associated with a
23 contract that comes to the -- to the university or a
24 grant. So a grant can come from many places but -- so
25 one or the other.

1 Q. Okay. And so would then a contract between
2 the Dell Medical School and a funder restrict how the
3 funds under the contract are used?

4 A. So would a -- say that again. Contract?

5 Q. Contract. I'm trying to understand from your
6 answer and the label contracts and grants. A contract
7 between the UT Dell Medical School and a funder restrict
8 the use of the funds governed by the contract.

9 A. Most likely.

10 Q. Okay.

11 MR. QUINTO-POZOS: Okay. This will be
12 Exhibit 10.

13 (Deposition Exhibit No. 10 was marked)

14 Q. (By Mr. Quinto-Pozos) And this is Pages B 2
15 and B 3 of the UT Austin Fiscal Year 2021 Operating
16 Budget. Do you see that?

17 A. I do.

18 Q. And the sort of second big section on Page B
19 2, you see operating expenses?

20 A. I do.

21 Q. Okay. And then the categories in that column
22 are the expense categories by NACUBO functional
23 classification?

24 A. Yes.

25 Q. And further below, we see budgeted

1 **non-operating revenues. Do you see that?**

2 A. Budgeted non-operating revenues expenses?

3 **Q. Correct.**

4 A. Yes.

5 **Q. Expenses is in parenthesis, right?**

6 A. Yes.

7 **Q. Okay. So does that mean revenues is positive**
8 **numbers, and expenses is numbers in parenthesis?**

9 A. Yes.

10 **Q. Okay. How are operating revenues different**
11 **from non-operating revenues?**

12 A. So typically this is going to get into some
13 accounting theory. And, quite frankly, there are
14 professionals who would speak to this more eloquently
15 than I can but -- and should if you need professional
16 expertise on this. But generally speaking, operating
17 revenues are where there are exchange transactions and
18 exchange grant, a quid pro quo transaction.

19 And a non-operating revenue would be a
20 non-exchange or a non-quid pro quo transaction. That's
21 a general rule. I would not say that that is -- I would
22 not say that is a perfect description, but that would be
23 a general.

24 **Q. Okay. And under each operating revenues and**
25 **under non-operating revenues, we see that there are**

1 federal, state, and local sponsored programs in each of
2 the categories, correct?

3 A. Right.

4 Q. Okay. And what is the difference between
5 operating and non-operating revenue government sponsored
6 programs?

7 A. Okay. So where are you asking specifically?

8 Q. Do you see under operating revenues, there is
9 federal sponsored programs?

10 A. I do.

11 Q. And you see that there is state sponsored
12 programs?

13 A. Yes.

14 Q. And you see that there are local and private
15 sponsored programs?

16 A. Yes.

17 Q. Okay. Under budgeted non-operating revenues
18 expenses, you see that there are federal sponsored
19 programs non-operating?

20 A. Uh-huh.

21 Q. State, local sponsored programs non-operating?

22 A. Right.

23 Q. Okay. So I'm trying to understand. So the
24 categories we've just described are government --

25 A. Uh-huh.

1 Q. -- for the most part except for private
2 sponsored programs under operating revenues. But for
3 the most part those are government sponsored programs.

4 A. Uh-huh.

5 Q. What is the difference between operating
6 revenues and non-operating revenues that are funded by
7 the government?

8 A. So there -- there is a difference. And I'm
9 going to say these are extremely technical accounting
10 questions. And there are professionals that -- you
11 know, that make these decisions about how they work in
12 the category -- categorization.

13 So it's -- but as I said before, generally
14 speaking, it's -- operating versus non-operating of any
15 category is classified based upon whether it's an
16 exchange transaction or a non-exchange transaction. But
17 there are other things that enter in -- probably enter
18 into that.

19 I'm not a content expert on revenue
20 classification for these areas. So my -- speaking as of
21 a general practitioner, so to speak, not a -- not
22 someone who -- not someone who does this classification
23 every day.

24 Q. Okay. Understood. Do you know what the
25 difference is between operating and non-operating

1 revenues in regard to the type of expenses that they can
2 fund?

3 A. So --

4 MR. BILHARTZ: Objection, form.

5 A. Yeah. So I don't understand. Can you give me
6 a little bit more about what you're trying to understand
7 there because I don't -- the question is --

8 Q. (By Mr. Quinto-Pozos) I'm trying to understand
9 what the distinction between operating and non-operating
10 revenues implies in terms of what expenditures can be
11 charged to those types of revenues.

12 A. Okay. I think I understand. And I don't
13 think that there is -- there is any -- necessarily any
14 relationship about spending restrictions versus whether
15 it's in the operating or non-operating.

16 Q. Okay. And then on -- to the left of that, we
17 see that there is a column titled Adjusted Fiscal Year
18 2020 Budget. Do you see that?

19 A. Adjusted Fiscal 2020 Budget?

20 Q. Yeah. To the very left, the very first
21 column.

22 A. Oh, I see, yes.

23 Q. What does this column mean, if you know?

24 A. I would just have to -- I would have to assume
25 it is the -- is as it's labeled. It's a -- it's a

1 budget for fiscal 2020.

2 **Q. What does the adjusted part mean?**

3 A. That's -- that's -- I don't know.

4 **Q. Okay.**

5 A. I don't know what adjustments may have made.

6 And I don't know what they -- what budget they might
7 have adjustment from to so...

8 **Q. Okay. Does Dell Medical School use -- and I**
9 **think you were testifying to some of this earlier. Does**
10 **it use an estimated budget that is later reconciled to**
11 **actual expenses or expenditures?**

12 A. So when we're talking about the -- the budget
13 in this presentation, these are state reporting formats,
14 external state reporting formats, and you -- Dell
15 Medical School's are rolled up into these reports. So
16 I'm not sure how they might or might not be adjusted for
17 these reports in that situation.

18 I can only speak to the internal reporting
19 environment for Dell Medical School. And we set a
20 budget annually, and that budget was a fixed budget.
21 And then we -- we managed around that fixed budget so we
22 would understand how we were achieving goals according
23 to the budget that we had set out and the goals that
24 were aligned with that budget.

25 **Q. Okay. Looking again at the non-operating**

1 revenue and again looking at state and local sponsored
2 programs non-operating and then going to the right from
3 there, do you see an entry for 35 million under the
4 designated column?

5 A. Yes.

6 Q. Do you know if that's the annual 35 million
7 affiliation agreement funding?

8 A. I do not know for a fact.

9 Q. Okay.

10 A. I've never tried to trace this report back.

11 MR. QUINTO-POZOS: I'm handing you
12 Exhibit 11.

13 (Deposition Exhibit No. 11 was marked)

14 Q. (By Mr. Quinto-Pozos) This is the Pages G 35
15 to G 42 of the UT Austin Fiscal Year 2021 Budget. Would
16 you agree?

17 A. That's what the title says.

18 Q. Okay. And about two-thirds of the way down on
19 Page G 35, we see a big heading that says Medical
20 School, Dell. Do you see that?

21 A. I do.

22 Q. Okay. And we see different columns on this
23 page. Do you -- do you know what the column department
24 means on this document?

25 A. It -- it looks like an organization structure

1 set up for -- set up, yeah. It's -- it's an
2 organization structure department.

3 Q. Okay. So do these appear to be departments
4 within the Dell Medical School?

5 A. These are departments that are used by the
6 main campus.

7 Q. Okay. And so does the Dell Medical School use
8 these department categorizations?

9 A. Right. We may roll them up differently or
10 have different headings for them, but, yes, I mean, they
11 all have an account so yes we do.

12 Q. Okay. So on Page G 38 at the top, we see a
13 department called Business Affairs Central Health
14 Funding. Do you see that? G 36. Pardon me.

15 A. G 36? I do.

16 Q. Okay. And it says account 19-5600-32?

17 A. Uh-huh.

18 Q. And those were -- that's the same budget group
19 and same account that we saw in the account list,
20 correct?

21 A. Okay.

22 Q. Is that right?

23 A. Right.

24 Q. Okay. And so does this -- does this
25 department label tell us the -- the subject of the

1 **expense and revenue source?**

2 MR. BILHARTZ: Objection, form.

3 A. So does -- ask this question again.

4 Q. **(By Mr. Quinto-Pozos) Does this department**
5 **label tell us the subject of the expense and revenue**
6 **source?**

7 A. So it says designated funds.

8 Q. **The heading of the -- of the chart, correct?**

9 A. Yeah.

10 Q. **The heading of each page.**

11 A. Right. So you're asking me if this business
12 affairs Central Health funding, if that's the budgeted
13 amount for that department?

14 Q. **No. I'm asking you if -- and we're just**
15 **taking that as an example of this -- of one of the**
16 **entries.**

17 A. Uh-huh.

18 Q. **Does that say that those are funds to be**
19 **expended for business affairs from the -- what this says**
20 **to be Central Health funding?**

21 A. It -- it might be. I mean, the issue with
22 this report -- this report is that, number one, I'm not
23 familiar with it, and, number two, it does say
24 designated funds. So I'm not sure -- and when I look at
25 totals, I'm not seeing -- seeing a lot of -- a lot of

1 funding there.

2 So, you know, it shows that for Dell Medical
3 School, there is \$115 million estimated income and
4 117 million in budgeted expenses on G 42. So I don't
5 know that this is all just Central Health. So I would
6 question the -- some of the labeling and just the
7 presentation because it doesn't -- it doesn't
8 necessarily all make sense.

9 I believe that this is a -- this is a summary
10 combination report. I don't know that you can
11 necessarily tease out those individual things. If you
12 can, I would have to go back and spend some time with
13 it.

14 **Q. Fair enough. No. I wasn't trying to get you**
15 **to comment on whether every single entry on this**
16 **document pertained to the 35 million funding.**

17 A. Okay.

18 **Q. That's part of what you said, right? I mean,**
19 **the income here as shown on the last page is 115 million**
20 **which is --**

21 A. Right.

22 **Q. -- clearly not above and beyond the**
23 **35 million.**

24 A. Right, right. And the expenditures in total
25 are 117, so they're above and beyond the 35 million. I

1 wouldn't argue that the 35 million is here. I'm not
2 sure where it necessarily resides.

3 I see your -- the account number Central
4 Health funding, but I don't know that that's necessarily
5 indicative. That could be a -- that -- you know, that
6 could be just a report label so...

7 **Q. Okay. Well, let's look at Page G 35, third**
8 **from the bottom. Do you see Dell Medical School Central**
9 **Health district funding?**

10 A. I do.

11 **Q. Do you understand what that means?**

12 A. I see an estimated income \$35 million, so I
13 see the revenue coming in there.

14 **Q. Okay.**

15 A. But I also see -- I also see an expense
16 associated with that. I don't know what that means. So
17 that's the issue in this report. I don't understand
18 what this report is representing or what it's meant to
19 represent. This is a -- it looks like this is a canned
20 report, system report.

21 **Q. Do you -- do you have any understanding what**
22 **the estimated income column means?**

23 A. So the estimated income column, it's -- with
24 the \$35 million there, that means there is an
25 expectation of \$35 million that would come into that

1 particular account. And then from that account -- you
2 know, but there are other accounts with other revenue
3 sources. And there is in the expenses -- what did you
4 say?

5 There is a lot of -- there is a lot of
6 transactions, funds, and activity that's going on in
7 this report. And I would not -- I would not take this
8 report and assume or project or try to make any
9 particular assumption on any particular line without
10 knowing a lot more about what the purpose of this report
11 is.

12 **Q. Okay. Would you assume that this 35 million**
13 **estimated income in the line item Dell Medical School**
14 **Central Health district funding is the affiliation**
15 **agreement 35 annual -- 35 million annual payment?**

16 MR. BILHARTZ: Objection, form.

17 A. So it's the same number.

18 **Q. (By Mr. Quinto-Pozos) Okay. But beyond that,**
19 **do you know if that's -- if it's the same funds?**

20 A. It's labeled as if it is so -- but, you know,
21 I'm -- we -- as we've presented in other reports, the
22 \$35 million is -- comes in every year. And I don't
23 think we're stipulating or we're arguing that. I'm just
24 not sure what this report is and what it's attempting to
25 do.

1 Q. Okay.

2 A. It's a University of Texas at Austin report,
3 and I'm not familiar with it.

4 Q. Okay. Do you know -- and I think you may have
5 referred to this earlier. Do you know what the budget
6 expenses column means?

7 A. So I assume it would be as it is labeled.
8 It's the budgeted expenses. But like I said, I don't --
9 I have never used this report. If I've seen it, it was
10 such a cursory review that -- and I never use this
11 report for any kind of management perspective or any
12 kind of anything like that.

13 This was a -- the best I can tell, this was an
14 external reporting report, and it was for that purposes.
15 And I'm not sure how it's -- how it's meant to be
16 understood.

17 Q. Well, I can show it to you, but I've
18 represented to you that this is from the UT Austin
19 annual operating budget.

20 A. Uh-huh.

21 Q. And I think you may have testified that you've
22 seen the operating budget before, correct?

23 A. Uh-huh.

24 Q. Yes?

25 A. Right.

1 **Q. Okay. And where does UT Austin get the**
2 **information regarding the UT Dell Medical School budget**
3 **to include in its campus budget?**

4 A. Yeah. It's a roll up of the Dell Medical
5 School. But, like I said, I've never seen this format,
6 and so I'm not sure how this -- how this information is
7 put together.

8 **Q. Okay.**

9 A. All right. The budgeted information that I
10 see isn't in this kind of format.

11 **Q. Understood. If you could look at Page G 37.**

12 A. Uh-huh.

13 **Q. The sixth entry from the top is labeled UT**
14 **Health Austin Base CH. Do you see that?**

15 A. I do.

16 **Q. What is UT Health Austin?**

17 A. UT Health Austin is the clinical -- clinical
18 name -- name for the clinical organization of Dell
19 Medical School.

20 **Q. Okay. Is it a -- is it a department of the**
21 **Dell Medical School?**

22 A. It's an accumulation of departments that
23 provide clinical care, so it's a -- it's the clinical.
24 It's the clinical mission, I guess you could say, of
25 the -- it's the name of the clinical mission of Dell

1 Medical School is another way to look at it.

2 **Q. What are some of the departments that are part**
3 **of UT Health Austin?**

4 A. Well, the clinical -- the clinical pieces of
5 the departments would be, so it wouldn't be a whole
6 department. So, you know, you've got everything from
7 surgery, internal medicine, go down the list of clinical
8 providing departments. And they would be -- a part of
9 their organization would be considered part of UT
10 Austin.

11 **Q. Okay. Is -- so UT Health Austin provides**
12 **direct medical care?**

13 A. It does.

14 **Q. Okay. Does -- apart from UT Health Austin,**
15 **does Dell Medical School provide direct medical care in**
16 **other departments?**

17 A. So I think the way I would describe it is UT
18 Health Austin is the clinical umbrella that everything
19 fits under, so the providers are under UT Health Austin.
20 The -- and clinical operations are under UT Health
21 Austin. So are you asking me if there is clinical
22 operations outside of that umbrella?

23 **Q. If there is medical care outside of that**
24 **umbrella.**

25 A. So, no, there is not, outside of UT Health

1 Austin. All right. I think, yeah, outside of UT Health
2 Austin, there is not.

3 Q. And this department says UT Health Austin
4 Base. Do you know what base means?

5 A. No. I don't know what they're referring to
6 there specifically.

7 Q. And so I know that you're -- you can't
8 comment. My understanding of your testimony is you
9 can't comment on this report. So given that
10 qualification, do you understand whether the budget
11 account UT Health Austin Base CH include expenses for
12 direct clinical care of Central Health eligible
13 patients?

14 MR. BILHARTZ: Objection, form.

15 A. I don't know.

16 Q. (By Mr. Quinto-Pozos) Based on your
17 understanding of the UT Health Austin budget group
18 funded by the 35 million, does that include research
19 expenditures?

20 A. So would the \$35 million include funding for
21 research? Is that what you're asking?

22 Q. Through UT Austin -- UT Health Austin -- the
23 UT Health Austin budget group.

24 A. I'm not sure, but I wouldn't think so, right.
25 I mean, I'm not absolutely sure, but that would be

1 unusual that UT Health Austin -- that UT Health Austin
2 component would be. I think we have to be careful
3 though because there are departments, right.

4 So surgery is a department. Part of it is UT
5 Health Austin. Part of it does research. Part of it
6 does education. So that's one of the things about these
7 reports. You have to be very specific about what you're
8 asking on those things because there is more than one
9 mission happening in a department. Does that make -- do
10 you see my point?

11 **Q. Right. You explained that UT Health Austin is**
12 **an accumulation of departments. And then you explained**
13 **that, rather, it would be a subportion of a department**
14 **that provides clinical direct medical care that would**
15 **fall under UT Health Austin. But a different portion of**
16 **the department that may not do clinical work would not**
17 **fall under the UT Health Austin umbrella, correct?**

18 A. I think that's a good lay way to look at it, a
19 non-clinical, non-academic way to look at it.

20 **Q. But the way you understand things, if a**
21 **particular department is performing research, that would**
22 **not fall under the UT Health Austin budget group.**

23 A. That's the way I would -- that would make the
24 most sense to me. Okay? Now, I'm not saying that there
25 is not something -- I would say that's materially right.

1 Q. To your knowledge, are there documents that
2 would show the amount of direct patient medical care
3 that is funded out of the -- or done out of UT Health
4 Austin paid for by the 35 million funds?

5 A. So could you say that one more time?

6 Q. Yeah. Are there documents that would show
7 the -- the amount of direct patient or clinical care
8 that's provided by UT Health Austin that's paid for by
9 the 35 million funds?

10 A. Not that I'm aware of.

11 Q. Okay. And could those documents be created?

12 MR. BILHARTZ: Objection, form.

13 A. I doubt it.

14 Q. (By Mr. Quinto-Pozos) Okay. Why not?

15 A. Because patient care happens in so many
16 different pieces of the organization, and the \$35
17 million is funding many different pieces of the
18 organization. I just don't think that it's -- I don't
19 think it's trackable. I'm trying to think of a way that
20 would -- you could even consider it, and I can come up
21 with nothing.

22 It's -- it's not -- it's not -- there is not a
23 data link to link those things together to be able to
24 say how every -- what dollar might have been spent on
25 one patient and not spent on another patient because we

1 see all patients together, right.

2 So I don't -- those clinics are not
3 segregated, so I have no idea how you would do that.
4 And I don't think you can, but that's my opinion.

5 **Q. Okay. Staying on the line for UT Health**
6 **Austin Base CH, do you know where the 6.9 million in**
7 **transfers in come from?**

8 A. Yeah. It has to come from one of these -- no.
9 It's dangerous to say because if I flip back to this
10 report back here, my transfers ins and outs do not
11 equal, I don't believe. No. They don't because there
12 is a balance there. So on this report, the transfers
13 ins and outs don't equal, so I don't even know that
14 they're all coming from designated funds.

15 **Q. Okay.**

16 A. So you got \$5.5 million balance there that I
17 don't know -- I don't know where that comes from.

18 **Q. What about the almost 1.9 million in debt**
19 **service? Do you know what that signifies?**

20 A. I don't know specifically. I know -- do know
21 that there are -- there is debt associated with the --
22 the buildings, for the health transformation building,
23 the health -- the health learning building, and the
24 health discovery building. There is debt associated
25 with those so...

1 Q. Are those clinical buildings?

2 A. The health transformation building is a
3 clinical building.

4 Q. Okay. And then at the top of that page, there
5 is a UT Health Austin base clinical income entry. Do
6 you see that?

7 A. I do.

8 Q. Do you know how this budget category is
9 different from the one we were just discussing?

10 A. Other than the title being different and
11 having to make an assumption from that, no. But it does
12 have a budgeted expense there, so that's what's
13 confusing about it. It says clinical income, but it has
14 an expense, so I'm not sure what that is.

15 Q. If you flip to Page G 38, sixth from the
16 bottom is UT Health Austin-MSK CH. Do you see that?

17 A. I do.

18 Q. Do you know what MSK stands for?

19 A. MSK is typically short for musculoskeletal.

20 Q. Okay.

21 A. At Dell Medical School.

22 Q. Okay. And do you know what activities this
23 budget account includes?

24 A. I don't know what this budget account
25 includes. I know what musculoskeletal does if that's

1 what this is.

2 Q. Okay. And if that -- if that's what it is,
3 what does musculoskeletal CH include?

4 A. If it is the musculoskeletal department of UT
5 Health -- UT Health Austin, then that department is --
6 another term would be orthopedics group.

7 Q. Okay.

8 A. So knees and shoulders and -- knees,
9 shoulders, elbows, hips is their -- their specialties.

10 Q. And that's -- that's clinical care.

11 A. Yes.

12 Q. Okay. And again from your understanding, not
13 necessarily derived from this document, do you have an
14 understanding as to how much of that care went to
15 Central Health eligible patients?

16 A. No, I don't.

17 Q. And is there a way to determine that?

18 A. Again in that particular department, are you
19 asking me -- could you ask me that again?

20 Q. Yeah. So you personally don't know how much
21 of that direct clinical care went to Central Health
22 eligible patients. But is -- apart from what you know
23 or don't know, is there a way that we could -- somebody
24 at Dell Medical School could figure that out?

25 MR. BILHARTZ: Objection, form.

1 A. I believe they could figure that out, yes.

2 Q. (By Mr. Quinto-Pozos) And how would they do
3 that?

4 A. They would have to go to the electronic
5 medical record and review the -- review the patients
6 seen in that department.

7 Q. And that information is not compiled in a
8 system or report aside from the patient's electronic
9 medical record?

10 A. It's going to be in the electronic medical
11 record. It won't be -- as far as I know, it won't be
12 out. It might be in some -- I don't even know if it
13 would be in some -- some other -- I don't know if it
14 would be in some other location. I think that the most
15 appropriate place to find it and the most accurate place
16 to find it would be in the electronic medical record.

17 Q. Okay.

18 A. Can we take a break?

19 Q. Yes.

20 A. Thank you.

21 VIDEOGRAPHER: Off the record, 2:09 p.m.

22 (Recess taken from 2:09 to 2:19)

23 VIDEOGRAPHER: Back on the record,

24 2:19 p.m.

25 Q. (By Mr. Quinto-Pozos) Mr. Morris, were you

1 able to take a break?

2 A. I was. Thank you.

3 Q. Okay. So do you still have Exhibit 11 in
4 front of you?

5 A. I do.

6 Q. Okay. So if you turn back to Page G 35,
7 the -- I don't know if we were already talking about
8 this. But the last entry on there is medical education
9 Central Health funding. Do you see that?

10 A. I do.

11 Q. Okay. And you see the account number next to
12 it, 19-5600-31?

13 A. I do.

14 Q. Okay. Now, if you would look at the screen
15 with me, I've put in in the find window 19560031. And
16 it takes me to Row 121 of the account list. Do you see
17 that?

18 A. Yes.

19 Q. And it takes -- the budget group project title
20 for that is Medical Education Central Health Funding.
21 Do you see that?

22 A. I do.

23 Q. And that's the same thing that we see on G 35?

24 A. I do.

25 Q. Under department, correct?

1 A. Yes.

2 Q. Okay. And we also talked about you -- under
3 page -- sorry -- on Page G 37, we talked about UT Health
4 Austin Base. Do you recall that discussion?

5 A. I do.

6 Q. And the account number on G 37 for that entry
7 is 19-5601-44, correct?

8 A. On Page 36?

9 Q. Page G 37.

10 A. 37.

11 Q. Sixth from the top.

12 A. Got it, yes.

13 Q. 19560144, correct?

14 A. Yes.

15 Q. Okay. And so if I go to the account list and
16 I look for that number, I don't see that. Do you
17 understand -- do you have an explanation as to why?

18 A. I do not.

19 Q. Okay.

20 A. I do not.

21 Q. Let's try the next one we were talking about
22 which was MSK which is on the same page.

23 A. Uh-huh.

24 Q. Which is -- pardon me -- the next page, G 38,
25 sixth from the bottom. Do you see that?

1 A. I do.

2 Q. It has account number 19560200, correct?

3 A. Yes.

4 Q. That's Row 4470. Do you see that?

5 A. I do.

6 Q. Budget group title UT Health Austin MSK CH.

7 A. Yes.

8 Q. And that's the same thing that's on the
9 budget, the department label?

10 A. On the designated funds report?

11 Q. The piece of paper in front of you.

12 A. On Page G 38.

13 Q. Correct. UT Health Austin MSK CH, correct?

14 A. Right.

15 Q. Okay. So let me repeat what I did earlier.

16 Okay. So I redid what I did earlier. On the CCC
17 account list document, I put in account number 19560144
18 which, according to Page G 37, is the account number for
19 department UT Health Austin Base CH, sixth from the top.

20 A. Yes.

21 Q. Okay. And the account list says that it's for
22 the budget group UT Health Austin Base CH, correct, on
23 the screen?

24 A. Yes.

25 Q. Okay. Which is the same thing that's listed

1 in the budget under department, correct?

2 A. Uh-huh.

3 Q. Okay. We were asking about -- we were talking
4 about the musculoskeletal budget group or department.

5 There is another UT Health Austin MSK account on Page
6 G 37, second from the -- from the top. UT Health Austin
7 MSK IPU clinical income. Do you see that?

8 A. I do.

9 Q. Okay. Do you know the difference between this
10 and the CH one we were looking at before?

11 A. Where was the CH one?

12 Q. On G 38, sixth from the bottom.

13 A. G 38. Okay. So now -- so on this report, I
14 can tell you -- I can only tell you what I know, and I
15 can't tell you a whole lot. So -- but this shows -- the
16 difference between those two is the other one was
17 showing a budgeted expense, and this one shows a
18 budgeted income, which I have no idea why that's -- why
19 one would show one and one would show the other.

20 And IPU -- so MSK again is musculoskeletal.
21 And IPU is an integrated, I think is the term, practice
22 unit is a term that's used. I believe that's the term
23 that's used. So that's just indicating their clinic.
24 So that would be the MSK clinic. And the fact that it
25 shows income might make sense.

1 But the fact the other one shows -- I don't
2 understand where the -- I'm not sure I understand how
3 this report is rolled up and what it's trying to
4 present.

5 **Q. Okay.**

6 A. That's what I understand.

7 **Q. Okay. On Page G 38, the last entry on there**
8 **reads IT Clinical Apps CCC.**

9 A. Uh-huh.

10 **Q. And if we look at the account number, that's**
11 **19560218. Do you see that?**

12 A. Yes.

13 **Q. Okay. And so if you look at the screen, on**
14 **Row 548 of the account list, we see account 19560218.**
15 **And that budget group is IT Clinical Apps CCC as well,**
16 **correct?**

17 A. Correct.

18 **Q. Okay. Do you know what activities are**
19 **included in this account?**

20 A. I do. I do have a good idea on that one. So
21 that's the -- the IT or the information technology,
22 information systems function for our clinic -- for the
23 clinical applications at -- at Dell Medical School. So
24 that would include several clinical applications.
25 Probably the primary one would be the electronic medical

1 record.

2 But then they have other -- other care
3 applications and functionality in addition to that
4 that -- that a clinical applications groups they
5 support.

6 (Court reporter requested clarification)

7 THE WITNESS: That they support.

8 **Q. (By Mr. Quinto-Pozos) And what you mean when**
9 **you say applications?**

10 A. So software applications like the electronic
11 medical record and there would be other clinical --
12 clinical systems information technology that may -- may
13 integrate or may not integrate with that that they use
14 to provide patient care.

15 **Q. And you were speaking about the electronical**
16 **medical record just now and earlier. Is that -- does**
17 **Dell Medical School use Athena for those?**

18 A. That's correct.

19 **Q. Okay. And does Athena have the capability of**
20 **running reports?**

21 A. I would say that -- to be fair, yes. It is a
22 transaction system. I'm not -- you know, how robust
23 that report system is, but, I mean, that would be
24 something for the -- for the others to determine.

25 **Q. Okay. Are you familiar with a specialty**

1 services agreement between -- that the Dell Medical
2 School has?

3 A. Can you be more specific?

4 Q. Have you heard of a specialty services
5 agreement?

6 A. There may be multiple, so is there a
7 particular one.

8 Q. Well, there is a specialty services agreement
9 for providing musculoskeletal care, correct?

10 A. I've heard of that.

11 Q. Okay. And there is a specialty services
12 agreement for providing women's health services,
13 correct?

14 A. That's correct.

15 Q. Okay. You're familiar with those agreements?

16 A. I'm reasonably knowledgeable about them.

17 Q. Okay. And those are agreements between UT
18 Dell Medical School and CCC?

19 A. I believe that's correct.

20 Q. Okay. And under those agreements, Dell
21 Medical School provides those types of medical services,
22 right? Musculoskeletal care and women's health?

23 A. I believe that's right.

24 Q. Okay. And CC provides -- compensates UT Dell
25 Medical School for those services under the agreement?

1 A. I believe that would be correct.

2 Q. Okay. And the agreements state how -- and are
3 those services provided by UT Health Austin?

4 A. Yes, they are. I'm not saying that there
5 might be some specialty services that aren't that are
6 provided by third parties, but the majority of the
7 services are provided to -- by UT Health Austin.

8 Q. And who would the third parties be?

9 A. I don't know. There might be some physical
10 therapy or some things like that that might be
11 contracted out. But -- but for the most part, that
12 happens at -- I believe the majority of that happens at
13 Dell Medical School under UT Health Austin.

14 Q. Okay. And so do these specialty services
15 agreements have provisions that specify how UT Health
16 Austin will be compensated for the services?

17 A. They do.

18 Q. Okay. And do the agreements have provisions
19 that spell out the scope of services to be provided by
20 UT Health Austin?

21 A. Yes, they do.

22 Q. Okay. And to your knowledge, does -- do the
23 agreements provide CCC the right to inspect UT Health
24 Austin's records relating to the services?

25 A. I don't know specifically, so I don't -- I

1 don't -- I don't remember that part of the contract
2 specifically.

3 Q. Okay. Do you know whether the specialty
4 services agreements require UT Dell Medical School --
5 pardon me -- UT Health Austin to provide reporting
6 regarding the services to CCC?

7 A. So I do know that there are some reporting
8 requirements. There is a report that's required be sent
9 to CCC for billing purposes so -- and there is a process
10 around that. That's been developed with CCC. And I
11 believe -- and I'm less involved -- I'm more involved
12 with that piece.

13 I'm less involved with this piece. But I
14 believe there are some other back end results reporting
15 that may happen from the departments, but those are the
16 two that I have some knowledge of.

17 Q. You mean like outcomes?

18 A. I believe that's correct.

19 Q. Okay. But you are involved in the -- in the
20 billing reports.

21 A. I was, correct.

22 Q. You were? Okay. And you said earlier that
23 you were familiar with payor provider contracts,
24 correct?

25 A. Yes.

1 Q. And some of these provisions that we describe
2 with regard to the specialty services agreements,
3 compensation provisions, scope of service, reporting,
4 are those, to your knowledge, typical provisions in
5 payor provider contracts?

6 A. So you said scope of service. What were the
7 other two?

8 Q. Compensation.

9 A. Compensation and --

10 Q. Reporting.

11 A. Yes.

12 Q. Okay.

13 MR. QUINTO-POZOS: What exhibit are we
14 on? Do you remember?

15 COURT REPORTER: The next one is 12.

16 MR. QUINTO-POZOS: Okay. So this will be
17 Exhibit 12.

18 (Deposition Exhibit No. 12 was marked)

19 Q. (By Mr. Quinto-Pozos) And this is a long
20 document. But on the first page of it, it's titled
21 Agreement for Specialty Services by and Between
22 Community Care Collaborative and UT Health Austin. Do
23 you see that?

24 A. Yes, I do.

25 Q. Is this one of the agreements we were talking

1 about?

2 A. It looks like it.

3 Q. Okay. And so the main agreement is about 21
4 pages long, so if you could just flip to Page 22.

5 A. 22. I'm sorry.

6 Q. And actually I'm going to ask you to -- well,
7 yeah, let's make a stop on 22.

8 A. Okay.

9 Q. And on 22 the top of it reads Attachment A,
10 musculoskeletal care services and compensation. Do you
11 see that?

12 A. Yes.

13 Q. Okay. So now let's flip to 24. There is a
14 section of that attachment called Reporting. Do you see
15 that?

16 A. I do.

17 Q. Okay. And so over the -- in those two pages,
18 24 and 25, we see a description of the reports that UT
19 Health Austin under this agreement has to provide on a
20 quarterly basis, according to Paragraph C 1, correct?

21 A. C 1.

22 Q. It says on a quarterly basis.

23 A. Yes.

24 Q. And so -- and there is two pages' worth of
25 information spelling out what these reports have to

1 contain, correct?

2 A. That's correct.

3 Q. And then if you look at Page 26, we have an
4 Attachment A, women's health. Do you see that?

5 A. I do.

6 Q. And then on Page 28, Section C, it spells out
7 the quarterly reports that UT Health Austin is required
8 to provide under this agreement?

9 A. Yes.

10 Q. Okay. And on Page 30, this agreement talks
11 about the quarterly reports that UT Health Austin has to
12 provide in terms of imaging.

13 A. Right.

14 Q. Okay. I think we're done with that. Do you
15 know whether the payments under the specialty services
16 agreement are above and beyond the 35 million annual
17 payment?

18 A. So are the service -- is the reimbursement for
19 that above and beyond the 35 million? Is that the
20 question?

21 Q. Right.

22 A. Yes, it is.

23 Q. Okay. Where would we look to find out how
24 much the specialty services payments were in fiscal year
25 2021?

1 A. In the -- it should be in the financial
2 reports.

3 **Q. Which financial reports?**

4 A. It should be in the Dell Medical School
5 financial reports. If you looked underneath the
6 department of MSK, it would say.

7 **Q. Okay. We were talking earlier about the UT**
8 **Health Austin group, and we talked about that being the**
9 **umbrella for the provision of patient clinical care. Do**
10 **you remember that?**

11 A. Yes.

12 **Q. Okay. And is that true with whether those**
13 **services are provided to patients who are -- regardless**
14 **of whether they are paying patients or not?**

15 MR. BILHARTZ: Objection, form.

16 A. So I don't think I understand your question
17 so...

18 **Q. (By Mr. Quinto-Pozos) So there are some**
19 **patients -- are there patients seen by the UT Health**
20 **Austin umbrella that are covered by the MAP program?**

21 A. So I would assume that the -- the patients
22 covered, I believe, I mean, the patients covered under
23 this contract are MAP patients, correct?

24 **Q. You're talking about the specialty services**
25 **agreement?**

1 A. Right.

2 Q. And so is it your understanding that those
3 patients pay out of pocket to be seen by UT Health
4 Austin?

5 A. I don't believe they do.

6 Q. Okay. Are there patients that are seen by UT
7 Health Austin that pay out of pocket for clinical
8 services?

9 A. There are.

10 Q. Okay. And as to those patients, paying
11 patients who receive clinical care, is all of that care
12 provided within the UT Health Austin umbrella?

13 A. Yes. Right, yes. So that would be correct
14 under the UT Health Austin umbrella.

15 Q. Okay. Understood. And the doctors and other
16 medical personnel in the UT Health Austin umbrella, are
17 all of those people faculty employees or contractors of
18 Dell Medical School?

19 A. So underneath the UT Health umbrella, what was
20 the -- what was the rest of it?

21 Q. Are all the personnel faculty employees or
22 contractors of UT Health Dell Medical School?

23 A. I believe so.

24 Q. Okay.

25 A. I cannot think of an exception, so I believe

1 so.

2 Q. And you -- we were talking about how there are
3 some patients who receive clinical care under the UT
4 Health Austin umbrella. There are patients who -- who
5 receive clinical care from UT Health Austin whose
6 services are covered by private insurance presumably?

7 A. So there are patients who have private
8 insurance being seen at UT -- UT Health Austin, yes.

9 Q. Okay. And where is the income that UT Health
10 Austin derives from those services reflected in the DMS
11 operating budget?

12 MR. BILHARTZ: Objection, form.

13 A. So they would be under clinical revenue.

14 Q. (By Mr. Quinto-Pozos) Okay.

15 MR. QUINTO-POZOS: Okay. So this will be
16 Exhibit 13.

17 (Deposition Exhibit No. 13 was marked)

18 Q. (By Mr. Quinto-Pozos) This is Page G 92 of the
19 budget fiscal year 2021 for UT Austin. And at the top
20 it says UT Austin Dell Medical School Medical Services
21 Research and Development Plan. Do you see that?

22 A. I do.

23 Q. Let me back up for a second. We've been
24 talking about budgets for a while, and we've seen
25 various different pages of budgets. Is it your

1 understanding that -- I've been showing you the whole
2 thing because it's often 300 pages or longer.

3 But is it your understanding that the
4 operating budget of UT Austin is the officially approved
5 budget by the board of regents?

6 MR. BILHARTZ: Objection, form.

7 A. So there is a -- there is a budget that is
8 approved by the board of regents that is the official
9 operating budget for UT Austin, yes.

10 Q. (By Mr. Quinto-Pozos) Okay. And the -- that
11 is where these pages come from. Do you have a reason to
12 doubt that this is part of the budget that's approved by
13 the board of regents?

14 A. I do not have a -- no, I don't. I do not.

15 Q. Okay. So this page you're looking at is
16 the -- according to the title, the Medical Services
17 Research and Development Plan. Do you know what the DMS
18 medical services research and development plan is that's
19 referenced here?

20 A. I do.

21 Q. What is that?

22 A. It's the -- it's the legal organizational
23 structure under which providers practice medicine as a
24 group at UT Austin and Dell Medical School. There is
25 probably a better articulation of that from an attorney,

1 but that's about as good as I can do.

2 **Q. Okay. Do you understand if there is a**
3 **relationship between the medical services research and**
4 **development plan and UT Health Austin Physicians**
5 **Practice group?**

6 A. There is a relationship. Is that what you're
7 asking?

8 **Q. What is the -- do you understand if there is a**
9 **relationship?**

10 A. There is a relationship, yes.

11 **Q. And what is that?**

12 A. So between the medical services research and
13 development plan and UT Health Austin, right?

14 **Q. Correct.**

15 A. So I think they -- they are not exactly the
16 same, but they significantly overlap. So they're two
17 different -- they're two different -- two different -- I
18 won't say entities, but they're two different aspects of
19 an entity.

20 **Q. Okay. Do you know what aspects they do not**
21 **overlap?**

22 A. So I would say, you know, financially, which
23 is -- there is -- the MSRDP is going to accumulate
24 revenue associated with professional billing,
25 professional provider billing. There is revenue that is

1 generated by -- at this point. There wasn't early on.

2 At this point there is revenue that's
3 generated by UT Health Austin through what's called
4 technical billing that's not part of the MSRDP, per se.
5 So -- so but they are materially, you know, material
6 overlap.

7 Q. And so on this document, there appears to be
8 over \$77.3 million in total operating revenue. Do you
9 see that?

10 A. I do.

11 Q. And within that, there is a subcategory of net
12 patient revenues of 65.97 million. Do you see that?

13 A. Yes. I see it.

14 Q. Do you know if the 35 million annual fund is
15 included in that figure?

16 MR. BILHARTZ: Objection, form.

17 A. Due to the labeling, I do not believe it is.

18 Q. (By Mr. Quinto-Pozos) And what in the labeling
19 tells you that or suggests to you that?

20 A. It says patient revenue and contractual
21 revenues.

22 Q. Okay. And do you -- do you know whether
23 specialty services funds are included in that
24 65.97 million?

25 A. I do not know that for a fact.

1 Q. And you mentioned the subcategory contractual
2 revenues, and that says that it's 11.35 million. Do you
3 know what those revenues are?

4 A. I believe that those would be revenues that
5 are generated under contract for professional services
6 or for other organizations.

7 Q. Okay. And I'm sorry if this is repetitive or
8 it's something you've already answered, but is -- are
9 specialty services revenues within those contractual
10 revenues?

11 A. I don't think they are in those. They could
12 be in the others. They very well may be, but I don't
13 think they will be in the contractual.

14 Q. Okay. And then under operating expenses,
15 there is a combined 69 million in salaries and benefits.
16 Do you see that?

17 A. I do.

18 Q. And so based on what you said earlier, it
19 sounds like Dell Medical School faculty provide medical
20 services through this plan, correct?

21 A. That's correct.

22 Q. Okay. And do you know what funds these
23 faculty are paid with?

24 A. Various sources of funds. So an individual
25 faculty member will be -- will have a very -- typically

1 will have a unique funding profile, depending upon what
2 their duties and responsibilities and focus and
3 activities are. So they can come from various fund
4 groups, and they're also -- they also change over time.

5 Q. And as to those Dell Medical School faculty
6 and employees who work for or provide services for UT
7 Health Austin, do they receive compensation from -- for
8 those UT Health Austin services above and beyond their
9 regular compensation from DMS?

10 MR. BILHARTZ: Objection, form.

11 A. So ask that again.

12 Q. (By Mr. Quinto-Pozos) So we said earlier that
13 those -- the people who provide medical services through
14 UT Health Austin are all Dell Medical School --

15 A. Right.

16 Q. -- faculty employees or contractors, correct?

17 A. Right.

18 Q. And they're paid wages by Dell Medical School.

19 A. That's correct.

20 Q. Okay. And as to those who provide services
21 through UT Health Austin, do they receive additional
22 income for providing patient care through UT Health
23 Austin?

24 A. They receive their salary, their compensation
25 package.

1 **Q. The same -- there is no additional income that**
2 **they receive because they are providing medical care**
3 **through UT Health Austin?**

4 A. So each -- each piece of that is different so,
5 I mean, you know -- and each department is a little bit
6 different. So I would say that, you know, if a -- if a
7 provider is expected to spend, you know, 40 percent of
8 their time in the clinic and other things, you know, if
9 they shift that mix around, it could change their
10 salary.

11 I'm not saying that that's not possible, but
12 they have a very prescribed salary structure, right.
13 And based upon their effort in particular areas, they
14 receive compensation for it.

15 And it's -- but -- and where they focus their
16 time and effort may have an impact on it because --
17 because there are different -- different reimbursement
18 methodologies and things for those.

19 **Q. And where in the operating budget could we**
20 **look at to determine the portion of their salary that's**
21 **attributable to their work for UT Health Austin versus**
22 **the salary that is not?**

23 MR. BILHARTZ: Objection, form.

24 A. You -- you might not be able to tell it but
25 based upon the funding differences, right, between the

1 different ones. There is -- there will be some, but it
2 might not be perfect.

3 We may be having to supplement that -- that
4 individual's salary because there might not be
5 sufficient revenue being generated from that clinical
6 activity. We may have -- we may have -- there may be
7 other circumstances that would not tie back effort
8 directly to where their funding comes from.

9 **Q. (By Mr. Quinto-Pozos) And could we see in the**
10 **account ledger, or where in the account ledger would we**
11 **look at to see to tell the portion of their salary**
12 **that's attributable to their work at UT Health Austin**
13 **versus not?**

14 A. So you wouldn't see that in the ledger. You
15 would see where the funding came from. So you would be
16 able to see whether in the ledger, in the general
17 ledger, you would be able to see where the money came
18 from that funded their salary.

19 So you'd be able to see whether it came from a
20 philanthropic gift, a grant through -- from AUF, from
21 CCC, from clinical revenues, through the MSRDP or
22 otherwise. You would be able to see where the money
23 came from that supported that salary.

24 But that -- there is not necessarily a
25 one-to-one relationship between clinical revenue support

1 and clinical effort because there may be clinical effort
2 that is having to be supported from other sources of
3 funds.

4 Q. And in the category of staff salaries, does
5 that include -- what type of personnel is included in
6 that? Doctors?

7 A. I would say no. Most physicians are faculty.

8 Q. Okay.

9 A. So it would be non-faculty clinical staff.

10 Q. So like nurses?

11 A. That would be very likely.

12 Q. Okay. What about insurance and billing staff?

13 A. It's possible.

14 Q. Okay. And so if we were to go through -- we
15 went in a lot of detail through fiscal year 2021, the
16 operating budget. If we were to go through fiscal year
17 2022, it's all structured the same way, correct?

18 MR. BILHARTZ: Objection, form.

19 A. For the most part. There is going to be minor
20 changes in the organizational structure and maybe even
21 reporting capabilities and requirements from year to
22 year, but those probably shouldn't be dramatic.

23 Q. (By Mr. Quinto-Pozos) Yeah. So from your
24 previous exposure to the UT Austin -- pardon me --
25 operating budget, structurally the operating budget

1 looks the same year to year?

2 A. It's consistent year to year, uh-huh.

3 Q. Right. The specific figures and perhaps the
4 specific entries may have grown or changed over time,
5 but structurally it's similar.

6 A. It's similar. You know, even the structure
7 may vary depending upon growth in departments and those
8 things. But, yeah, it's going to be consistent year to
9 year.

10 Q. And generally the formatting and technology
11 has remained largely constant over the years?

12 A. I would say that, you know, when you look at
13 UT Austin reports, that's probably true. When you look
14 at Dell Medical School, I think they improved some over
15 time. But, yeah, it's just going to be consistent year
16 to year, minor improvements, relatively speaking.

17 Q. Okay. And the -- the G 35 to G 42 pages that
18 we looked at for fiscal year 2021, in general the
19 information for the Dell Medical School portion or
20 designated funds in terms of formatting and structure
21 generally has remained fairly consistent year to year?

22 A. I have no idea. I don't -- I don't look at
23 that report.

24 Q. Okay.

25 A. So this is a report that you've pulled out

1 that I've never really -- I've probably seen it. I'm
2 not saying that I haven't seen it. But it was in such a
3 cursory manner that I never used it for management
4 purpose.

5 Q. Okay. Maybe this is another good time for a
6 break.

7 A. Okay.

8 VIDEOGRAPHER: Off the record, 3:02 p.m.

9 (Recess taken from 3:02 to 3:10)

10 VIDEOGRAPHER: Back on the record, 3:10.

11 Q. (By Mr. Quinto-Pozos) Mr. Morris, were you
12 able to take a break?

13 A. Yes. Thank you.

14 Q. Okay. Do you still have Exhibit 1 somewhere
15 in front of you?

16 A. Glossary of terms?

17 Q. Yes, sir.

18 A. I do.

19 Q. If you could look at the page that's labeled
20 8.

21 A. Yes.

22 Q. You see under non-operating revenues expenses,
23 the third paragraph, state and local sponsored programs
24 non-operating.

25 A. Yes.

1 Q. Okay. It reads, Funding received from state
2 or local governments for which no exchange of goods or
3 services is perceived to have occurred.

4 So far so good?

5 A. Yes.

6 Q. And that more or less tracks the no exchange
7 and no quid pro quo distinction that you -- informal
8 distinction that you were making with regard to
9 operating a non-operating expenses and revenues,
10 correct?

11 A. I believe it does.

12 Q. Okay. And then it goes on to say, This
13 typically includes Texas research incentive program
14 awards from the State of Texas and funding for the UT
15 Austin Medical School provided by the local healthcare
16 district.

17 Do you see that?

18 A. I do.

19 Q. What does that -- what does that signify to
20 you?

21 A. It signifies the \$35 million that comes
22 through CCC.

23 Q. Okay. And do you still have Exhibit 2?

24 A. I do.

25 Q. And if you look at Page 27 of Exhibit 2 --

1 sorry. No. Wrong one. It looks like this.

2 A. Oh, this is Exhibit 12. I'm sorry. Okay.
3 Exhibit 2?

4 Q. Yes, sir.

5 A. Uh-huh.

6 Q. And the third sort of section is budgeted
7 non-operating revenues and expenses, right?

8 A. Correct.

9 Q. And then under state/local sponsored programs,
10 non-operating, which is the definition we just read.

11 A. Right.

12 Q. There is a 35 million entry there, correct?

13 A. That is correct.

14 Q. Okay. So based on the definition that we read
15 previously and what we're looking at here, that appears
16 to be the 35 affiliation -- \$35 million annual
17 affiliation agreement payment. Is that right?

18 A. It appears to be, yes.

19 Q. Okay. So we were looking at -- I'm looking
20 at -- on the screen at the spreadsheet titled CCC Fiscal
21 Year '21 Summarized, which is Exhibit 8. And we were
22 looking at tab FY21 Spending Summary. And we talked
23 about the plan permitted investment allocation column,
24 correct? We've talked about that today?

25 A. We have.

1 Q. Okay. And I believe that part of your
2 testimony was that these permitted -- plan permitted
3 investment allocations are, at least in part, determined
4 by referring to the affiliation agreement, correct?

5 MR. BILHARTZ: Objection, form.

6 A. I think -- I think that, broadly speaking,
7 that I would agree that the intended investments there
8 or spending there was -- would be within the permitted
9 uses.

10 Q. (By Mr. Quinto-Pozos) But the phrase permitted
11 investments as used on this column refers to the same
12 phrase in the affiliation agreement. Is that fair?

13 A. I think so, uh-huh.

14 Q. Okay. And I'm showing you --

15 MR. QUINTO-POZOS: Is the next Exhibit
16 13?

17 COURT REPORTER: Yes, sir. I'm sorry.
18 It's 14. I'm sorry.

19 (Deposition Exhibit No. 14 was marked)

20 Q. (By Mr. Quinto-Pozos) I'm showing you on the
21 screen what will be Exhibit 14 that's titled The
22 University of Texas at Austin Central Health and
23 Community Care Collaborative Affiliation Agreement,
24 dated July 10th, 2014. Do you see that?

25 A. I do.

1 Q. Okay. Is this -- it's a 49 page document.
2 But we'll be looking at some -- some of these sections.
3 Does this appear to be the affiliation agreement that
4 you referred to earlier?

5 A. It does.

6 Q. Okay. And then I'll make it larger. On the
7 table of contents, it lists under Section 4.7, permitted
8 investment payments. Do you see that on the table of
9 contents?

10 A. Yes.

11 Q. Right there shaded in blue.

12 A. Yes.

13 Q. Okay. So let's see if we can find that.
14 Sorry. I'm looking at Page 9. And this appears to be
15 the definition section. And this says, Permitted
16 investment payments has the meaning described in
17 Sections 3.1, 3.2, and 4.7. Do you see that?

18 A. No, I don't.

19 Q. Oh, sorry. I'll highlight it.

20 A. Okay. Permitted investment payments has the
21 meaning described in 3 point -- okay. I do.

22 Q. Okay. So let's go look at those. All right.
23 So 3.1 is titled Primary Responsibility for Permitted
24 Investment Payments. Section 3.2 is titled Secondary
25 Responsibility for Permitted Investment Payments by

1 Central Health. And then 4.7 says Permitted Investment
2 Payments.

3 UT shall utilize the permitted investment
4 payments for funding or permitted investments and shall
5 periodically inform Central Health and the CCC through
6 the JAC and other means acceptable to UT as to the
7 nature of the permitted investments being supported by
8 such permitted investment payments.

9 I guess I'm trying to understand how Dell
10 Medical School decides how to allocate the 35 million
11 funds into the permitted investments. Is that something
12 you can explain to me?

13 A. So, you know, I think we talked about it at
14 least some previously today that the overall budget for
15 Dell Medical School, that process is done during the
16 budget process and that we look at the goals and
17 objectives and strategies for the organization. And we
18 look at it from the departmental perspective.

19 And we look at sources and uses of funds in
20 that process and where funding is coming from and where
21 it's going and where -- also where there is opportunity
22 to -- and needs to support various areas of the
23 organization. And, you know, through that process, we
24 allocate those dollars out in a -- in a budgeted kind of
25 prescribed perspective, if that makes sense.

1 Q. But how does -- how does Dell Medical School
2 decide what falls within a permitted investment and what
3 falls outside of a permitted investment?

4 A. We use the -- according to the affiliation
5 agreement.

6 Q. Okay. And where in the affiliation agreement
7 does Dell Medical School find that?

8 A. I have not looked at it in quite a while, but
9 I believe there is a definition of permitted -- a whole
10 paragraph on permitted investments.

11 Q. Okay.

12 A. In the affiliation agreement somewhere.

13 Q. Okay. All right. Let's take another quick
14 break so I can find that section.

15 VIDEOGRAPHER: Off the record, 3:21 p.m.

16 (Recess taken from 3:21 to 3:30)

17 VIDEOGRAPHER: Back on the record,
18 3:30 p.m.

19 Q. (By Mr. Quinto-Pozos) Okay. Thank you for
20 that. So I found the section, and it's zoomed in on the
21 screen. It's Page 12 of the PDF, and it's under the
22 definition section. It's called permitted investments.
23 Do you see that on there?

24 A. Yes, sir.

25 Q. Okay. And so it's a long paragraph, and we

1 don't have to read it out loud. But is this your
2 understanding of what UT Dell Medical School staff looks
3 at to decide what is and what is not a permitted
4 investment?

5 A. Yes.

6 Q. Okay. And does UT Dell Medical School staff
7 also look at duties and obligations of UT under Section
8 4 of the agreement?

9 A. I'm sorry. Could I read that?

10 Q. Yeah. I'll make it bigger.

11 A. So I've read 4.1.

12 Q. Oh, sorry.

13 A. That's okay. There you go. Okay. Okay.
14 Okay. Okay. Thank you. Okay. Okay. Okay. Okay.
15 Could you flip back up? We kind of skipped 4.6 or maybe
16 it just cut off. I can't tell.

17 Q. Oh, I'll do this.

18 A. Thank you. Okay. Okay. Okay. Okay. Okay.
19 Okay.

20 Q. So is it your -- do you -- is it your
21 understanding that UT Dell Medical School uses language
22 in Article 4 to determine what is and what is not a
23 permitted investment?

24 A. So I think that the duties that are, you know,
25 outlined in that are all taken in consideration in that,

1 you know, we're -- we're fulfilling those duties along
2 with abiding by the -- the permitted uses language in
3 that particular paragraph would be the way I would say
4 it.

5 Q. Okay. So is another way to say that that it
6 factors into the equation?

7 A. The duties and responsibilities, I think so,
8 yes.

9 Q. Okay. In your opinion, is there anything that
10 is part of Dell Medical School's overall operations that
11 would not fit within the permitted investments in the
12 affiliation agreement?

13 MR. BILHARTZ: Objection, form.

14 A. I don't believe there is.

15 Q. (By Mr. Quinto-Pozos) And can you recall any
16 examples of a Dell Medical School expenditure that DMS
17 concluded should not be funded by the \$35 million annual
18 payment?

19 A. So, I mean, I think, you know, the ones that
20 we've already -- we used that -- those funds for, I
21 think, are according to the permitted uses. And I don't
22 remember ever having anything reversed out from those --
23 from those permitted uses. So is that your question?

24 Q. That's -- that's close, and I appreciate that.
25 But I guess I'm wondering if, to your recollection, was

1 there a proposed expenditure at Dell Medical School
2 during your time there where Dell Medical School
3 considered using the 35 million funds to cover that
4 expenditure and concluded it was not permitted to do so?

5 A. I don't remember a permission -- a permitted
6 issue. I mean, we did have issue -- opportunities and
7 things that came along where we were maybe thinking
8 about using the funding to support a particular program
9 or a department. And then we would have other funding
10 that would come about, and we wouldn't have to use it.

11 So, you know, we did some of those things.
12 But as far as saying, you know, we can't -- we can't use
13 this -- we can't do this because of the restrictions on,
14 you know, the Central Health money, I think that we -- I
15 can't remember anything like that happening.

16 Q. Okay. And I'm looking at a paragraph that
17 starts on Page 14 of the agreement. It's Section 4.2.
18 And this is part of what -- part of what we scrolled
19 through. And it says -- it's called -- it's titled
20 Support of the IDS. Do you understand that to stand for
21 integrated delivery system?

22 A. Yes.

23 Q. Okay. And so it says that, The parties
24 recognize that the CCC, Central Health, and Seton are
25 seeking to transform the current health system for the

1 Travis County safety net population by the development
2 of the IDS. Both the UT Austin Dell Medical School and
3 the teaching hospital are considered by Central Health
4 and the CCC as essential elements of this IDS.

5 Do you see that?

6 A. I do.

7 Q. In your -- to your knowledge, has the Dell
8 Medical School been an essential part of establishing an
9 integrated delivery system in Travis County for the
10 safety net population as spelled out here?

11 A. I think it's definitely been a component.

12 Q. Okay.

13 A. Uh-huh.

14 Q. And can you tell me more detail about how it's
15 done that?

16 A. I think there is several ways they've done
17 that. You know, so first of all, I would say the
18 expansion of residency slots in the GME programs have
19 been significant. They've added --

20 Q. What's -- and I'm sorry. What's GME?

21 A. Graduate medical education.

22 Q. Okay. Thank you.

23 A. So actually bringing, you know, MDs to work
24 through their residency programs and also fellowship
25 programs. I think since Dell Medical School has been

1 established and since the collaboration between Central
2 Health, Seton, and Dell Medical School has been
3 significant in creating those additional residency
4 opportunities.

5 I don't have the exact numbers in my head, but
6 I do know if you want to go take a look at them, they've
7 grown materially over the last -- significantly over the
8 last 2015, 2014, to now. And those are -- those are
9 material investments in our ability to provide a safety
10 net and provide safety net care to the residents of
11 Travis County.

12 Those residents treat patients, and they fill
13 critical roles in specialties and subspecialties that
14 weren't adequately represented in the past or weren't
15 represented in the past. So that would be one.

16 Another one is bringing luminary, I would say,
17 provider talent physicians to Travis County and to
18 Austin because of the academic environment. And that is
19 a significant attraction whenever you're talking about
20 very high skilled subspecialists and specialists and
21 other providers that are well renowned and -- or well
22 renowned and well regarded in the field.

23 Having that academic environment to come to as
24 a home is critical to attracting them. And we've -- I
25 mean Dell Medical School has attracted many in the last

1 several years that would never come to Austin without
2 that -- that UT Austin and that academic affiliation.
3 So that's another one.

4 I think, you know, building out the clinics
5 and creating -- also working with Seton and working with
6 Central Health to build out practice programs and new
7 programs and building on existing programs across
8 several different areas of care has been important.

9 And those partnerships in reaching out across
10 the community have built significant presence in
11 clinical areas that didn't exist previously, or they
12 were significantly underrepresented. So and, you know,
13 I can think of several there. Everything from, you
14 know, pediatric cardiovascular to gastroenterology, and
15 there is a lot of them in between.

16 Q. Okay. I'm now looking at Section 4.3 of the
17 agreement which is one of the ones we also scrolled
18 through. And it starts out, it's titled UT Austin Dell
19 Medical School Provision of Clinical Services.

20 And it says, As soon as the faculty and
21 residents are available in Travis County, Texas, to
22 provide clinical services, UT will make available
23 through the Seton 162 B entity or UT Austin Dell Medical
24 School provider practice entities appropriate members of
25 its faculty and residents to provide clinical services

1 at clinics and other facilities acting as providers for
2 the IDS.

3 Then further below, it says -- starting right
4 here where I'm shading. You see that?

5 A. I do, uh-huh.

6 Q. (Reading) This participation will include
7 faculty and residents providing a comprehensive range of
8 medical services and clinic experiences to residents of
9 Travis County.

10 To your knowledge -- and you may have
11 addressed this already in part -- has Dell Medical
12 School provided a comprehensive range of medical
13 services as part of the IDS as spelled out in this
14 section?

15 A. I believe it has. And I think that was what I
16 was trying to explain, maybe not so eloquently, earlier
17 is that through the -- through the residents and the
18 development and the growth of the residents programs and
19 the addition of the resident slots, you know -- and Dell
20 Medical School didn't necessarily do that all by itself.

21 It did it in collaboration with Seton and with
22 Central Health. You know, building those opportunities
23 to bring more providers to bear in the community has
24 been critical in expanding that -- that safety net
25 across a broader sweep of community.

1 And then additional providers that have been
2 brought to the community because of the academic
3 environment and them creating programs that didn't exist
4 or were very nascent previously, I think that all goes
5 to speak to that paragraph.

6 Q. Okay. And further down it says, At such
7 service sites, the Seton 162 B entity or UT Austin Dell
8 Medical School provider practice entities will accept
9 MAP or its successor patients, charity care enrollees,
10 members of any health plan owned by Central Health and
11 the CCC, any residents participating in any program of
12 the IDS and uninsured patients in the same manner and
13 pursuant to procedures that ensure the same access as
14 other patients of the Seton 162 B entity or UT Austin
15 Dell Medical School provider practice entities
16 regardless of a patient's age, gender, race, color,
17 religion, origin, sexual orientation, disability, health
18 status, insurability, genetic information, source of
19 payment, or utilization of medical or mental health
20 services consistent with the applicable UT Austin Dell
21 Medical School charity care policy.

22 To your knowledge, has Dell Medical School
23 provided comprehensive services to Travis County
24 residents regardless of their Central Health eligibility
25 status, as it appears to state here?

1 MR. BILHARTZ: Objection, form.

2 A. So I think you have to read that thing in its
3 entirety and include that last sentence. And when you
4 do that, I think that I feel -- within my understanding
5 and knowledge, I think that that's true.

6 Q. (By Mr. Quinto-Pozos) Okay. And can you
7 explain to me what you mean by that?

8 A. The UT -- the last sentence says -- well, it's
9 a long sentence so -- in fact, the whole thing is pretty
10 much a sentence, isn't it? So after source of
11 payment -- or let's just start there. Source of payment
12 or utilization of medical or medical mental health
13 services consistent with the applicable UT Austin Dell
14 Medical School charity care policy.

15 So I think that there is a policy there that's
16 been structured and that -- that is in place. And so
17 within that whole framework, I think, yes, I think that
18 works that that has been done.

19 Q. Okay.

20 MR. QUINTO-POZOS: And are we on
21 exhibit -- what number? 15?

22 COURT REPORTER: 15.

23 (Deposition Exhibit No. 15 was marked)

24 Q. (By Mr. Quinto-Pozos) Okay. So I'm showing
25 you what will be Exhibit 15 which is a page from the UT

1 Health Austin website that's titled Insurance and
2 Billing. Do you see that?

3 A. I do.

4 Q. And if I scroll down, it says accepted
5 insurance plans. And they're by alphabetical order. Do
6 you see that?

7 A. I do.

8 Q. Or alphabetical classifications. I'm going to
9 scroll down to this entry that says CCC MAP, MAP Basic.
10 It says, Limited to the musculoskeletal institute and
11 women's health institute.

12 Do you see that?

13 A. I do.

14 Q. Can you explain to me what that means?

15 A. So that means that those -- there is a
16 contract with the CCC to provide care for
17 musculoskeletal and women's health patients in those
18 institutes.

19 Q. The specialty agreements -- specialty services
20 agreements we were discussing earlier?

21 A. That's correct.

22 Q. Okay. And so is the -- is UT Health Austin
23 only providing medical services for musculoskeletal and
24 women's health services?

25 A. Are they only providing those services?

1 Q. Correct.

2 A. No. They provide other services.

3 Q. Okay. But this appears to state -- state that
4 the CCC MAP or MAP Basic coverage is limited to
5 musculoskeletal and women's health?

6 A. There is also charity care policy that can be
7 gone through, and there are other mechanisms for that as
8 well. But there is only a contract for those two
9 particular services.

10 Q. Okay.

11 A. As far as I know. I believe actually there is
12 those two services -- actually I need to amend that. I
13 believe there is an imaging service too, and there may
14 be others that I'm not aware of at this point.

15 MR. QUINTO-POZOS: Okay. This will be
16 Exhibit 16.

17 (Deposition Exhibit No. 16 was marked)

18 Q. (By Mr. Quinto-Pozos) And I'm not going to be
19 able to tell you the title of this document, but I'm
20 going to ask you if this is -- if you recognize any of
21 the pages in this document.

22 MR. BILHARTZ: Objection, form.

23 A. Yeah. I don't know. I mean, it gives me
24 absolutely no basis to understand what these numbers
25 represent, the best I can tell.

1 Q. (By Mr. Quinto-Pozos) Okay. Are you looking
2 at the first page? It has some lines -- line items for
3 a Central Health ending balance. Do you see that?

4 A. It does.

5 Q. Okay. AUF and building funds ending balance,
6 day-to-day operations ending balance. Do you see that?

7 A. I do.

8 Q. Okay. The second page, if you flip to that,
9 it has some -- you see the second row? It says Current
10 Year Central Health. Do you see that?

11 A. I do.

12 Q. And it has fiscal years '15 to '16 through
13 '19 to '20 across.

14 A. Uh-huh.

15 Q. Across the top, yes? And it appears to have
16 35 million in each of those fiscal years?

17 A. Okay.

18 Q. Do you see that?

19 A. I do.

20 Q. Okay. And then under the assumption column,
21 it says, Assumes all compensation will be charged to
22 Central Health less amounts recovered for clinical,
23 admin, teaching, and research activity.

24 Do you have any understanding of what this
25 assumption is referring to?

1 A. No.

2 MR. BILHARTZ: Objection, form.

3 A. So, I mean, I don't know where this came from.
4 And it's one of those things -- I don't know if it's a
5 planning document, a budget document, a proposal
6 somebody put together. I don't know who would have --
7 who put it together, what the purpose was.

8 However, and it's going -- and I don't know
9 when it was put together. Was it put together in 2015
10 or 2018 or 2020? So without context and some
11 understanding about where this came from, this is just a
12 bunch of numbers somebody put on a piece of paper.

13 Q. (By Mr. Quinto-Pozos) Okay. And if you could
14 look -- look at the last, at the fourth page. On the
15 left column, we see current year, Dell Foundation,
16 current Live Strong Foundation. Do you see those?

17 A. Okay. Well, wait. You're on the back page?

18 Q. Correct.

19 A. Okay. All right.

20 Q. Do you see current year, Dell Foundation,
21 current, Live Strong Foundation?

22 A. Are they highlighted?

23 Q. No. Under balance forward.

24 A. Okay. Current. I see tuition and fees.
25 Okay, yeah. I got it, yeah.

1 Q. Okay. Current year, Dell Foundation, current,
2 Live Strong Foundation.

3 A. Uh-huh.

4 Q. Down at the bottom, we see less compensation
5 for Central Health activities, third from the bottom.

6 A. Uh-huh.

7 Q. And then under assumptions, the fourth one
8 down says, Assumes salary coverage for ten percent of
9 DMS activities in clinical mission area. Do you see
10 that?

11 A. Assume -- assumes salary coverage for ten
12 percent. Okay. It's like five lines down?

13 Q. Yes.

14 A. Okay.

15 Q. So again you've already told me that you don't
16 know what this document is, where it came from, who
17 wrote it. But does it appear to be -- I mean, do you
18 recognize the -- is the Live Strong Foundation something
19 that provides funds to Dell Medical School?

20 A. Yes.

21 Q. Okay.

22 A. Uh-huh.

23 Q. And DMS, does that -- is often used to refer
24 to the Dell Medical School, correct?

25 A. That's correct.

1 **Q. Okay.**

2 A. Yeah. I mean, there are pieces of this that
3 look, you know, familiar from your point of Live Strong
4 and even Dell Foundation and those kinds of things. But
5 the -- where the numbers come from, the context, what
6 the meaning was behind them, is this -- and, you know,
7 what timeframe were they put together?

8 I mean, I don't know. Was this a forward
9 looking projection for five years, or was this something
10 that, you know -- and then the assumptions that go into
11 it in some of the things. I just don't -- it -- the
12 numbers don't look like reality to me. And that's the
13 reason I'm having a -- I don't -- I don't understand. I
14 don't understand them.

15 **Q. We don't have a full context.**

16 A. Right.

17 **Q. Okay. Let's just take a short break. We may**
18 **be done, but I just want to make sure.**

19 VIDEOGRAPHER: Off the record, 4:00
20 o'clock p.m.

21 (Recess taken from 4:00 to 4:06)

22 VIDEOGRAPHER: Back on the record,
23 4:06 p.m.

24 **Q. (By Mr. Quinto-Pozos) Mr. Morris, at this time**
25 **I don't have any other questions for you.**

1 MR. QUINTO-POZOS: So I'll pass the
2 witness.

3 EXAMINATION

4 BY MS. O'CARROLL:

5 Q. I just have a few questions I'd like to follow
6 up with to clarify a few details about a couple of the
7 spreadsheets that we looked at.

8 MS. O'CARROLL: Would you mind pulling up
9 the account list quickly? Not quickly. Take your time.

10 Q. (By Ms. O'Carroll) Is it your understanding
11 that this account list represents accounts related to
12 the \$35 million annual payment that is received from the
13 CCC to UT?

14 A. Yes.

15 Q. Okay. And if we look at, for example -- if we
16 look at row -- let's just look at Row G briefly.

17 MS. O'CARROLL: And can you just scroll
18 down there a little bit, please. Keep going until we
19 see one that references. There is an example.

20 Q. (By Ms. O'Carroll) Even if there is a budget
21 group description that references Central Health, it's
22 your understanding that the moneys addressed in this
23 account list all came from the \$35 million annual
24 payment from the CCC.

25 A. That's what I understand, yes.

1 Q. Okay. You're not aware of any part of the
2 \$35 million annual payment ever coming directly from
3 Central Health. Is that correct?

4 A. That's correct.

5 Q. Okay.

6 MS. O'CARROLL: And just -- just if we
7 could also briefly look then at R, please.

8 Q. (By Ms. O'Carroll) Likewise where it there
9 says the fund name is Central Health, regardless of
10 that, it's your understanding that this -- that this
11 spreadsheet speaks to money that came from the CCC as
12 part of the annual -- the \$35 million annual payment.

13 A. That is correct.

14 Q. Okay.

15 MS. O'CARROLL: That's all that I have on
16 this spreadsheet. And if we could just very briefly
17 look at -- I think it's the number -- the accounting
18 ledger. I just want to make sure. Can you scroll
19 across so I can see the --

20 Q. (By Ms. O'Carroll) So I'm not seeing it in
21 this moment. But I don't have this document in front of
22 me, and I haven't looked at it completely, you know,
23 today. But just to clarify again, is it your
24 understanding that this spreadsheet also references, you
25 know, spending of the \$35 million annual payment that UT

1 received from the CCC?

2 A. Yes.

3 Q. And if there are columns that reference fund
4 names, you know, with Central Health in them, that that
5 doesn't change the fact that the money that this
6 spreadsheet addresses came from the CCC as part of the
7 \$35 million annual payment.

8 A. That is correct.

9 MS. O'CARROLL: All right. I have no
10 further questions.

11 MR. BILHARTZ: I have no questions.

12 MR. QUINTO-POZOS: And neither do I.

13 VIDEOGRAPHER: That's it? Off the
14 record, 4:10.

15 (Time 4:10 p.m.)

16 (End of deposition)

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CHANGES AND SIGNATURE

WITNESS NAME: DWAIN MORRIS

DATE: MARCH 1, 2023

PAGE	LINE	CHANGE	REASON

1 I, DWAIN MORRIS, have read the foregoing deposition
2 and hereby affix my signature that same is true and
3 correct except as noted above.

4

5

DWAIN MORRIS

6

7 THE STATE OF _____)

8 COUNTY OF _____)

9

10 Before me, _____, on this day
11 personally appeared DWAIN MORRIS, known to me (or proved
12 to me under oath or through _____)
13 (description of identity card or other document) to be
14 the person whose name is subscribed to the foregoing
15 instrument and acknowledged to me that they executed the
16 same for the purposes and consideration therein
17 expressed.

18

19 Given under my hand and seal of office this the
20 _____ day of _____, 2023.

21

22

NOTARY PUBLIC IN AND FOR

23

THE STATE OF _____

24

25 My Commission Expires: _____

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CAUSE NO. D-1-GN-17-005824

REBECCA BIRCH, RICHARD
FRANKLIN III, AND ESTHER
GOVEA,

Plaintiffs,

VS.

TRAVIS COUNTY HEALTHCARE
DISTRICT D/B/A CENTRAL
HEALTH AND MIKE GEESLIN,
IN HIS OFFICIAL CAPACITY
ONLY,

Defendants.

* IN THE DISTRICT COURT
*
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*
* 345TH JUDICIAL DISTRICT
*
*
*
*
*
* TRAVIS COUNTY, TEXAS

REPORTER'S CERTIFICATION
ORAL AND VIDEOTAPED DEPOSITION OF
DWAIN MORRIS
MARCH 1, 2023

I, CARLA A. SIMS, CSR, RPR, in and for the State of
Texas, hereby certify to the following:

That the witness, DWAIN MORRIS, was duly sworn by
the officer and that the transcript of the oral
deposition is a true record of the testimony given by
the witness;

That the deposition transcript was submitted on
_____, 2023, to Mr. Nate
Bilhartz, attorney for the witness, for examination,
signature and return to me by the _____ day of
_____, 2023;

That the amount of time used by each party at the
deposition is as follows:

1 Mr. Manuel Quinto-Pozos.....05 HOURS:16 MINUTES
2 Mr. Fred I. Lewis.....00 HOURS:00 MINUTES
3 Ms. Sinead O'Carroll.....00 HOURS:04 MINUTES
4 Mr. Carl Baranowski.....00 HOURS:00 MINUTES
5 Mr. Nate Bilhartz.....00 HOURS:00 MINUTES
6 Mr. Adam Arthur Biggs.....00 HOURS:00 MINUTES
7 Ms. Leah Stewart.....00 HOURS:00 MINUTES

8 That pursuant to information given to the
9 deposition officer at the time said testimony was taken,
10 the following includes counsel for all parties of
11 record:

12 Mr. Manuel Quinto-Pozos, Attorney for Plaintiffs

13 Mr. Fred I. Lewis, Attorney for Plaintiffs

14 Ms. Sinead O'Carroll, Attorney for Defendants
Central Health and Mike Geeslin

15 Mr. Carl Baranowski, Attorney for Dwain Morris

16 Mr. Nate Bilhartz, Attorney for The University of
17 Texas At Austin

18 Mr. Adam Arthur Biggs, Attorney for The University
of Texas at Austin

19 Ms. Leah Stewart, Attorney for The University of
20 Texas at Austin

21 I further certify that I am neither counsel for,
22 related to, nor employed by any of the parties or
23 attorneys in the action in which this proceeding was
24 taken, and further that I am not financially or
25 otherwise interested in the outcome of the action.

1 Further certification requirements pursuant to Rule
2 203 of TRCP will be certified to after they have
3 occurred.

4 Certified to by me this the 15th day of March,
5 2023.

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22 CARLA A. SIMS, RPR, Texas No. CSR-6125
23 Expiration Date: 04/30/2024
24 Ken Owen & Associates, LP
25 Firm Registration No. 115
801 West Avenue
Austin, Texas 78701
512.472.0880

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CAUSE NO. D-1-GN-17-005824

REBECCA BIRCH, RICHARD	*	IN THE DISTRICT COURT
FRANKLIN III, AND ESTHER	*	
GOVEA,	*	
Plaintiffs,	*	
VS.	*	345TH JUDICIAL DISTRICT
	*	
TRAVIS COUNTY HEALTHCARE	*	
DISTRICT D/B/A CENTRAL	*	
HEALTH AND MIKE GEESLIN,	*	
IN HIS OFFICIAL CAPACITY	*	
ONLY,	*	
Defendants.	*	TRAVIS COUNTY, TEXAS

FURTHER CERTIFICATION UNDER RULE 203 TRCP
DEPOSITION OF DWAIN MORRIS

The original deposition was/was not returned to the deposition officer on the _____ day of _____, 2023.

If returned, the attached Changes and Signature page contains any changes and the reasons therefor;

If returned, the original deposition was delivered to Mr. Manuel Quinto-Pozos, Custodial Attorney;

That \$_____ is the deposition officer's charges to the Plaintiffs for preparing the original deposition transcript and any copies of exhibits;

That the deposition was delivered in accordance with Rule 203.3 and that a copy of this certificate was served on all parties shown herein on and filed with the Clerk.

Certified to by me this _____ day of _____, 2023.

Ken Owen & Associates, LP
Firm Registration No. 115
801 West Avenue
Austin, Texas 78701
512.472.0880

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