

**Agreement Amendment** 

### ECTOR COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS MEETING DECEMBER 2, $2025-5:30~\rm p.m.$ MEDICAL CENTER HOSPITAL BOARD ROOM ( $2^{\rm ND}$ FLOOR) 500 W $4^{\rm TH}$ STREET, ODESSA, TEXAS

### **AGENDA (p.1-2)**

I.	CALL TO ORDER
II.	ROLL CALL AND VOTE ON ECHD BOARD MEMBER ATTENDANCE/ABSENCES (if needed)
III.	INVOCATIONChaplain Doug Herget
IV.	PLEDGE OF ALLEGIANCE David Dunn
V.	MISSION / VISION / VALUES OF MEDICAL CENTER HEALTH SYSTEM
VI.	AWARDS AND RECOGNITION
	A. December 2025 Associates of the Month
	B. Net Promoter Score RecognitionRussell Tippin
	<ul> <li>Dr. Jorge Alamo</li> <li>Beverly Gifford NP</li> <li>Occupational Medicine</li> </ul>
VII.	CONFLICT OF INTEREST DISCLOSURE BY ANY BOARD MEMBER
VIII.	PUBLIC COMMENTS ON AGENDA ITEMS
IX.	CONSENT AGENDA
	<ul> <li>A. Consider Approval of Regular Meeting Minutes, November 4, 2025</li> <li>B. Consider Approval of Joint Conference Committee, November 25, 2025</li> <li>C. Consider Approval of Federally Qualified Health Center Monthly Report, October 2025</li> <li>D. Consider Approval of Compliance Program Charter</li> <li>E. Consider Approval of Compliance Program Resolution</li> <li>F. Consider Approval of MCH Family Health Clinic/ProCare Physician Services Affiliation</li> </ul>

### X. COMMITTEE REPORTS

A. Finance Committee	Bryr	n Dodd (	p.45-6	39
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- 1. Financial Report for Month Ended October 31, 2025
- 2. Consent Agenda
  - a. Consider Approval of Calian Infoblox Support Renewal.
  - b. Consider Approval of Microsoft Enterprise Agreement Support Renewal.
  - c. Consider Approval of Fortified Health Security Virtual Information Security Officer (VISIO) & HIPAA Security Risk Assessment (SRA).
  - d. Consider Approval of Inovalon (formerly Vigilanz) Clinical Surveillance Program
- 3. Consider Approval of StrataJazz Amendment

### **B. Audit Committee**......Bryn Dodd (p.70-76)

- Update of Internal Audit Work Performed
- 2. Consider Approval of the Internal Audit Plan for FY2026
- XI. TTUHSC AT THE PERMIAN BASIN REPORT
- XII. MCHS FOUNDATION CHECK PRESENTATION......Alison Pradon
- XIII. PATIENT SAFETY AND WORKFORCE SAFETY UPDATE .......Courtney Look-Davis (p.79-82)
- XIV. PRESIDENT/CHIEF EXECUTIVE OFFICER'S REPORT AND ACTIONS

......Russell Tippin

- A. Consider Approval of Board Meeting Schedule (p.83-84)
- B. Consider Approval of Changes to Financial Accounts
- C. Consider Approval of Investment Officer Appointment (p.85)
- D. Ad hoc Report(s) (p.86-95)

### XV. EXECUTIVE SESSION

Meeting held in closed session involving any of the following: (1) Consultation with attorney regarding legal matters and legal issues pursuant to Section 551.071 of the Texas Government Code; (2) Deliberation regarding negotiations for health care services, pursuant to Section 551.085 of the Texas Government Code; (3) Deliberation regarding Real Property pursuant to Section 551.072 of the Texas Government Code; and (4) Economic Development Negotiations pursuant to Section 551.087 of the Texas Government Code.

### XVI. ITEMS FOR CONSIDERATION FROM EXECUTIVE SESSION

- A. Consider Approval of MCH ProCare Provider Agreements
- B. Consider Approval of UTPB Sponsorship
- C. Consider Bids for the Sale of 42<sup>nd</sup> Street Property

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If during the course of the meeting covered by this notice, the Board of Directors needs to meet in executive session, then such closed or executive meeting or session, pursuant to Chapter 551, Texas Government Code, will be held by the Board of Directors on the date, hour and place given in this notice or as soon after the commencement of the meeting covered by this notice as the Board of Directors may conveniently meet concerning any and all subjects and for any and all purposes permitted by Chapter 551 of said Government Code.

### **MISSION**

Medical Center Health System is a community-based teaching organization dedicated to providing high quality and affordable healthcare to improve the health and wellness of all residents of the Permian Basin.

### **VISION**

MCHS will be the premier source for health and wellness.

### **VALUES**

I-ntegrity
C-ustomer centered
A-ccountability
R-espect
E-xcellence



### ECTOR COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS REGULAR BOARD MEETING NOVEMBER 4, 2025 – 5:30 p.m.

### MINUTES OF THE MEETING

**MEMBERS PRESENT:** 

David Dunn, President

Sylvia Rodriguez-Sanchez

Don Hallmark Wallace Dunn Kathy Rhodes

MEMBERS ABSENT:

Bryn Dodd, Vice President

Will Kappauf

OTHERS PRESENT:

Russell Tippin, Chief Executive Officer

Kim Leftwich, Chief Nursing Officer

Dr. Timothy Benton, Chief Medical Officer

Steve Steen, Chief Legal Counsel Matt Collins, Chief Operating Officer Sharon Clark, Chief Financial Officer

John Grigson, Interim Chief Financial Officer Grant Trollope, Assistant Chief Financial Officer

Dr. Nimat Alam, Vice Chief of Staff

Kerstin Connolly, Paralegal

Lisa Russell, Executive Assistant to the CEO Various other interested members of the Medical Staff, employees, and citizens

### I. CALL TO ORDER

David Dunn, President, called the meeting to order at 5:30 p.m. in the Ector County Hospital District Board Room at Medical Center Hospital. Notice of the meeting was properly posted as required by the Open Meetings Act.

### II. ROLL CALL AND ECHD BOARD MEMBER ATTENDANCE/ABSENCES

David Dunn called roll of the ECHD Board Members. Bryn Dodd and Will Kappauf were absent.

Kathy Rhodes moved, and Wallace Dunn seconded the motion to accept the absences as excused. The motion carried.

### III. INVOCATION

Chaplain Doug Herget offered the invocation.

### IV. PLEDGE OF ALLEGIANCE

David Dunn led the Pledge of Allegiance to the United States and Texas flags.

### V. MISSION/VISION OF MEDICAL CENTER HEALTH SYSTEM

Kathy Rhodes presented the Mission, Vision and Values of Medical Center Health System.

### VI. AWARDS AND RECOGNITION

### A. New Chief Financial Officer

Russell Tippin introduced the new Chief Financial Officer, Sharon Clark.

### B. November 2025 Associates of the Month

Russell Tippin, Chief Executive Officer, introduced the November 2025 Associates of the Month as follows:

- Clinical Angela Carrasco
- Non-Clinical Lina Lerma
- Nurse Roxane Mata

### C. Net Promoter Score Recognition

Russell Tippin, Chief Executive Officer, introduced the Net Promoter Score High Performer(s).

Dr. Stephanie Kubacek

### VII. CONFLICT OF INTEREST DISCLOSURE BY ANY BOARD MEMBER

No conflicts were disclosed.

### VIII. PUBLIC COMMENTS ON AGENDA ITEMS

No comments from the public were received.

### IX. CONSENT AGENDA

- A. Consider Approval of Special Meeting Minutes, September 25, 2025
- B. Consider Approval of Regular Meeting Minutes, October 7, 2025
- C. Consider Approval of Joint Conference Committee, October 28, 2025
- D. Consider Approval of Federally Qualified Health Center Monthly Report, September 2025

Kathy Rhodes moved, and Don Hallmark seconded the motion to approve the items listed on the Consent Agenda as presented. The motion carried unanimously.

### X. COMMITTEE REPORTS

### A. Finance Committee

- 1. Quarterly Investment Report Quarter 4, FY 2025
- 2. Quarterly Investment Officer's Certification
- 3. Financial Report for Month Ended September 30, 2025.
- 4. Consent Agenda
  - a. Consider Approval of Nationwide Power Solutions, Inc. Renewal.
  - b. Consider Approval of Texas Healthcare Linen Contract Renewal.
  - c. Consider Approval of Hearing Screen Associates Contract Renewal.
  - d. Consider Approval of Intuitive Surgical-DaVinci robot #2 Annual Service and Simulator Software Renewal.
  - e. Consider Approval of Grifols Diagnostic Solutions, Inc. Contract Renewal.
  - f. Consider Approval of Abbot Rapid Diagnostics Informatics, Inc./RALS Interface Contract Renewal.
  - g. Consider Approval of WebMD Ignite Call Center Contract Renewal.
  - h. Consider Approval of Microsoft True-Up.
- 5. Consider Approval of Convergent Service Agreement.

Don Hallmark moved, and Kathy Rhodes seconded the motion to approve the Finance Committee report as presented. The motion carried.

### B. Executive Policy Committee

The Executive Policy Committee met on Thursday, October 30 at Noon to review and approve fifteen (15) MCH policies and one (1) form meeting the committee guidelines. One policy was tabled until next month. The committee recommends approval of fourteen (14) policies and one (1) form as presented.

Sylvia Rodriguez-Sanchez moved, and Don Hallmark seconded the motion to approve the Executive Policy Committee report as presented. The motion carried.

### XI. TTUHSC AT THE PERMIAN BASIN REPORT

George Thomas, Assistant Dean of Operations, of Texas Tech University provided an update on Texas Tech University Health Science Center. This report was informational only. No action was taken.

### XII. CONSIDER APPROVAL OF RESOLUTION CASTING VOTES FOR THE MEMBERS OF THE BOARD OF DIRECTORS OF ECTOR COUNTY APPRAISAL DISTRICT.

### A RESOLUTION CASTING VOTES FOR THE MEMBERS OF THE BOARD OF DIRECTORS OF ECTOR COUNTY APPRAISAL DISTRICT

WHEREAS, Section 6.03 (c) of the Texas Property Tax Code, requires the appointment of the Board of Directors of an Appraisal District by vote of the governing bodies of the taxing entitles, entitled by the Code of vote; and

WHEREAS, by previous action, nominees for the Board of Directors of the Ector County Appraisal District were submitted to the Chief Appraiser of said county; and

WHEREAS; The Board of Directors of the Ector County Hospital District is entitled by cumulative voting to cast 118 of votes for the Ector County Appraisal District Board; Now, Therefore,

BE IT RESOLVED BY THE Board of Directors of Ector County Hospital District:

SECTION 1. That 118 votes be cast for nominees on the ballot for the Ector County Appraisal District Board of Directors:

1.	David Dunn	118'
2.	2. Mari Willis	

(Secretary of Governing Body)

(Presiding Officer of Governing Bady)

Wallace Dunn moved, and Don Hallmark seconded the motion to cast all 118 votes for David Dunn for the Board of Directors of the Ector County Appraisal District. The motion was approved.

### XIII. PRESIDENT/CHIEF EXECUTIVE OFFICER'S REPORT AND ACTIONS

### A. Board Meeting Schedule

Discussion was reserved for Executive Session.

### B. Ad hoc Reports

The following documents were provided to the Board:

MCHS FY26 Campaign Build Out Report

Included in the packet was the November 2025 Regional Services Report and the Communications and Marketing November Report.

These reports were informational only. No action was taken.

### XIV. EXECUTIVE SESSION

David Dunn stated that the Board would go into Executive Session for the meeting held in closed session involving any of the following: (1) Consultation with attorney regarding legal matters and legal issues pursuant to Section 551.071 of the Texas Government Code;(2) Deliberation regarding negotiations for health care services, pursuant to Section 551.085 of the Texas Government Code; and (3) Economic Development Negotiations pursuant to Section 551.087 of the Texas Government Code.

ATTENDEES for the entire Executive Session: ECHD Board members, Sylvia Rodriguez-Sanchez, David Dunn, Don Hallmark, Wallace Dunn, Kathy Rhodes and Russell Tippin, President/CEO, Steve Steen, Chief Legal Counsel, Matt Collins, Chief Operating Officer, Adiel Alvarado, President of ProCare, and Kerstin Connolly, Paralegal.

Adiel Alvarado, President of ProCare, presented the ProCare provider agreement to the ECHD Board of Directors during Executive Session.

Don Hallmark, Board Member, led the board in discussion about selling the 42<sup>nd</sup> Street property and the vacant land on Hwy 191.

Russell Tippin, President/CEO, led the board in discussion regarding emails and public information requests.

Russell Tippin, President/CEO, provided an update on the DNV survey.

Matt Collins, Chief Operating Officer, provided an update about the Energy-as-a-Service project.

Russell Tippin, President/CEO, led the board in discussion about the board meeting schedule for the upcoming year.

Executive Session began at 5:50 p.m. Executive Session ended at 6:48 p.m.

No action was taken during Executive Session.

### XV. ITEMS FOR CONSIDERATION FROM EXECUTIVE SESSION

### A. Consider Approval of MCH ProCare Provider Agreements.

David Dunn presented the following renewal contracts:

- Armugam Mekala, M.D. This is a three (3) year renewal of a Hospitalist Contract.
- Benjamin Cunningham, M.D. This is five (5) year renewal of an Orthopedics Contract
- Emily Ann Jones, NP This is a three (3) year renewal of an Orthopedics Contract.

Don Hallmark moved, and Sylvia Rodriguez-Sanchez seconded the motion to approve the MCH ProCare Provider Agreements as presented. The motion carried.

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### XVI. ADJOURNMENT

There being no further business to come before the Board, David Dunn adjourned the meeting at 6:50 p.m.

Respectfully submitted,

Steve Steen Chief Legal Counsel Ector County Hospital District



### December 2,2025

### ECTOR COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS

### Item to be considered:

Medical Staff and Allied Health Professional Staff Applicants

### **Statement of Pertinent Facts:**

Pursuant to Article 7 of the Medical Staff By laws, the application process for the following Medical Staff and Allied Health Professional applicants is complete. The Joint Conference Committee and the Medical Executive Committee recommend approval of privileges or scope of practice and membership to the Medical Staff or Allied Health Professionals Staff for the following applicants, effective upon Board Approval.

### **Medical Staff:**

Applicant	Department	Specialty/Privileges	Group	Dates
James Algeo, MD	Radiology	Telemedicine	VRAD	12/02/2025-12/01/2027
James Bell, MD	Radiology	Telemedicine	VRAD	12/02/2025-12/01/2027
Spencer Couturier, MD	Radiology	Telemedicine	VRAD	12/02/2025-12/01/2027
*Yumna Hamid, MD	Medicine	Internal Medicine	TTUHSC	12/02/2025-12/01/2026
Samy Heshmat, MD	Surgery	Urology	ProCare	12/02/2025-12/01/2026
Jeffrey Ramkaransingh, MD	Radiology	Telemedicine	VRAD	12/02/2025-12/01/2027
Nandi Reddy, MD	Medicine	Oncology	West Texas Oncology	12/02/2025-12/01/2026
James Roth, MD	Radiology	Telemedicine	VRAD	12/02/2025-12/01/2027
William Winn, MD	Radiology	Telemedicine	VRAD	12/02/2025-12/01/2027

### Allied Health:

Applicant	Department	AHP Category	Specialty/ Privileges	Group	Sponsoring Physician(s)	Dates
*Osnay Isasi, NP	Family Medicine	AHP	AHP	ProCare	Dr. Jorge Alamo	12/02/2025-12/01/2027
Leonardo Lozano, NP	Emergency Medicine	AHP	Nurse Practitioner	BEPO	Dr. Roy Diaz	12/02/2025-12/01/2027
Anissa Romo, PA	Medicine	AHP	Physician Assistant	ProCare	Dr. Ayyagari, Dr. Garcia and Dr. Mahfoud	12/02/2025-12/01/2027

<sup>\*</sup>Please grant temporary Privileges



### Advice, Opinions, Recommendations and Motions:

If the Hospital District Board of Directors concurs, the following motion is in order: Accept the recommendation of the Medical Executive Committee and the Joint Conference Committee and approve privileges and membership to the Medical Staff as well as scope of practice and Allied Health Professional Staff membership for the above listed applicants.

Jeffrey Pinnow, MD Chief of Staff Executive Committee Chair /MM



### December 2, 2025

### ECTOR COUNTY HOSPITAL DISTRICT BOARDOFDIRECTORS

### Item to be considered:

Reappointment of the Medical Staff and/or Allied Health Professional Staff

### **Statement of Pertinent Facts:**

The Medical Executive Committee and the Joint Conference Committee recommends. approval of the following reappointments of the Medical Staff and Allied Health Professional Staffa's submitted. These reappointment recommendations are made pursuant to and in accordance with Article 5 of the Medical Staff Bylaws.

### Medical Staff:

Applicant	Department	Status Criteria Met	Staff Category	Specialty / Privilege	Group	Changes to Privileges	Dates
Gia Marotta, MD	Surgery	Yes	Associate	Otolaryngol ogy	ProCare	Updated Privilege Form	12/03/2025-1202/2026
Joseph Abijay, MD	Medicine	Yes	Active	Neurology		Updated Privilege Form	01/01/2026-12/31/2027
Madhava Agusala, MD	Cardiology	Yes	Active	Cardiology		Updated Privilege Form	01/01/2026-12/31/2027
Sara Banerjee, MD	Radiology	Yes	Telemedicine	Telemedicine	VRAD	Updated Privilege Form	01/01/2026-12/31/2027
Mamoun Bashir, MD	Medicine	Yes	Active	Nephrology	TTUHSC	Updated Privilege Form	01/01/2026-12/31/2027
Renuka Borra, MD	Medicine	Yes	Active	Medical Oncolog y	Texas Oncology	Updated Privilege Form	01/01/2026-12/31/2027
Marshal l Early, DO	Surgery	Yes	Courtesy	Vascula r Surger		Updated Privilege Form	01/01/2026-12/31/2027
Amaranat h Ghanta, MD	Medicine	Yes	Courtesy	Pulmonar y Disease		Updated Privilege Form	01/01/2026-12/31/2027



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Sreedevi Godey, MD	Medicine	Yes	Active	Internal Medicine	ProCare	Updated Privilege Form	01/01/2026-12/31/2027
Manoher Gurru, MD	Medicine	Yes	Affiliate	Neurology		Updated Privilege Form	01/01/2026-12/31/2027
Nam Kim MD	Cardiology	Yes	Active	Cardiology		Updated Privilege Form	01/01/2026-12/31/2027
Anjaiah Kodityal, MD	Medicine	Yes	Active	Pulmonology		Updated Privilege Form	01/01/2026-12/31/2027
Ramachandr a Kolluru, MD	Cardiology	Yes	Courtesy	Cardiology		Updated Privilege Form	01/01/2026-12/31/2027
Usha Kurra, MD	Medicine	Yes	Affiliate	Medicine		Updated Privilege Form	01/01/2026-12/31/2027
Jayaram Naidu,	Medicine	Yes	Affiliate	Medicine		None	01/01/2026-12/31/2027
Raja Naidu, MD	Medicine	Yes	Active	Cardiology		Updated Privilege Form	01/01/2026-12/31/2027
Shanti Neerukond a, MD	Cardiology	Yes	Active	Cardiology		Updated Privilege Form	01/01/2026-12/31/2027
Madhu Pamganama mula, MD	Medicine	Yes	Affiliate	Medicine		None	01/01/2026-12/31/2027
Alexandr a Perez, MD	Radiology	Yes	Active	Telemedicine	VRAD	None	01/01/2026-12/31/2027
Puthalath Raghuprasa d, MD	Medicine	Yes	Affiliate	Allergy and Immunolo	Allergy and Immunology	None	01/01/2026-12/31/2027
Anand Reddy, MD	Medicine	Yes	Active	Nephrology		Updated Privilege Form	01/01/2026-12/31/2027
Prema Vindhya, MD	Medicine	Yes	Affiliate	Dermatology		None	01/01/2026-12/31/2027
Syam Vemulapall i, MD	Medicine	Yes	Active	Gastroenter olo gy		Updated Privilege Form	01/01/2026-12/31/2027
Kevan Akrami, MD	Medicine	Yes	Active	Infectio us Diseas		Updated Privilege Form	02/01/2026-01/31/2028
Aseem Bhandari, MD	Radiology	Yes	Associate to Active	Diagnos tic Radiolo	ProCare	Updated Privilege Form	02/01/2026-01/31/2028
David Fitzgeral d, MD	Medicine	Yes	Active	Infectio us Diseas		Updated Privilege Form	02/01/2026-01/31/2028
Rona Gazawa y, MD	Radiology	Yes	Active	Telemedicine	VRAD	None	02/01/2026-01/31/2028
Rajesh Gutta, DDS	Surgery	Yes	Active	Surgery		Updated Privilege Form	02/01/2026-01/31/2028
Roy Jacob, MD	Radiology	Yes	Telemedicine	Telemedicine	VRAD	None	02/01/2026-01/31/2028
Guido Laffitte, MD	Radiology	Yes	Active	Telemedicine	VRAD	None	02/01/2026-01/31/2028

Jahinovr Mazo, MD	Radiology	Yes	Active	Telemedicine	VRAD	None	02/01/2026-01/31/2028
Claude Perkins, MD	OB/GYN	Yes	Associate	OB/GYN		None	02/01/2026-01/31/2027
Michael Rethy, MD	Radiology	Yes	Active	Telemedicine	VRAD	None	02/01/2026-01/31/2028
Joshua Sokol, MD	Radiology	Yes	Active	Telemedicine	VRAD	None	02/01/2026-01/31/2028
Deephak Swaminat h, MD	Cardiology	Yes	Active	Cardiology	ProCare	Updated Privilege Form	02/01/2026-01/31/2028
Tejas Thippeswam y , MD	Medicine	Yes	Associate to Active	Hospitalist	ProCare	Updated Privilege Form	02/01/2026-01/31/2028
Russell Van Husen, MD	Surgery	Yes	Courtesy	Surgery		Updated Privilege Form	02/01/2026-01/31/2028
Heather Webb, MD	Radiology	Yes	Telemedicine	Telemedicine	American Radiology	Updated Privilege Form	02/01/2026-01/31/2028
Mary Huff, MD	Radiology	Yes	Telemedicine	Telemedicine	VRAD	None	03/01/2026-02/28/2028
Neel Srikishe n, MD	Surgery	Yes	Associate to Active	Urology		None	03/01/2026-02/28/2028
Cynthia Tortorell i, MD	Radiology	Yes	Active	Telemedicine	VRAD	None	03/01/2026-02/28/2028
Mehul Shah, DO	Medicine	Yes	Associate to Active	Gastroenter olo gy		None	03/01/2026-02/28/2028

**Allied Health** 

Applicant	Department	AHP Category	Specialty / Privileges	Group	Sponsoring Physician(s)	Changes to	Dates
Jennifer Adkins, NP	Surgery	AHP	Nurse Practitioner		Dr. Macauley Nwojo	Updated Privilege Form	12/04/2025- 12/03/2027
Jemimah Omavuezi, PA	Medicine	AHP	Physician Assistant	ProCare	Dr. Othee	Updated Privilege Form	12/04/2025- 12/03/2027
Juanita Lopez, PA	Cardiology	АНР	Physician Assistant	ProCare	Dr. Fernando Boccalandro, Dr.Tejas Patel, Dr. Adam Farber, Dr. Manohar Angirekula	Updated Privilege Form	01/01/2026- 12/31/2027
Mindy Grady, CRNA	Anesthesia	АНР	CRNA	Midwest	Dr. Putta Shankar Bangalore, Dr. Abhishek Jayadevappa, Dr. Marlys Munnell, Dr. Hwang, Dr. Skip Batch, Dr. Joe Bryan, Dr. Jannie Tang, Meghana Gillala, Dr. P. Reddy	Updated Privilege Form	02/01/2026- 01/31/2028
Donna Hernandez, NP	Emergency Department	AHP	Nurse Practitioner	BEPO	Dr. Jeffery Pinnow	Updated Privilege Form	02/01/2026- 01/31/2028
Melanie Larson, NP	Medicine	AHP	Nurse Practitioner		Dr. Varsha Gillala	Updated Privilege	02/01/2026- 01/31/2028
Heather Zamarron, PA	Emergency Department	АНР	Physician Assistant	ВЕРО	Dr. Slater	Updated Privilege Form	03/01/2026-02/28/2028



### December 2, 2025 ECTOR COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS

### Advice, Opinions, Recommendations and Motions:

If the Hospital District Board of Directors concurs, the following motion is in order Accept and approve the recommendations of the Medical Executive Committee and the Joint Conference Committee relating to the reappointment of the Medical Staff and/or Allied Health Professional Staff.

Jeffrey Pinnow, MD Chief of Staff Executive Committee Chair /MM



### **December 2, 2025**

### ECTOR COUNTY HOSPITAL DISTRICT BOARDOFDIRECTORS

### Item to be considered:

Change in Clinical Privileges

### **Statement of Pertinent Facts:**

The Medical Executive Committee and the Joint Conference Committee recommends the request below on change in clinical privileges. These clinical changes in privileges are recommendations made pursuant to and in accordance with Article 4 of the Medical Staff Bylaws.

### **Additional Privileges:**

	Staff Member	Department	Privilege
None			

### Advice, Opinions, Recommendations and Motions:

If the Hospital District Board of Directors concurs, the following motion is in order: Accept and approve the recommendations of the Medical Executive Committee and the Joint Conference Committee relating to the change in clinical privileges of the Allied Health Professional Staff.

Jeffrey Pinnow, MD Chief of Staff Executive Committee Chair /MM



### December 2, 2025

### ECTOR COUNTY HOSPITAL DISTRICT BOARDOFDIRECTORS

### Item to be considered:

Change in Medical Staff or AHP Staff Status-Resignations/Lapse of Privileges

### **Statement of Pertinent Facts:**

The Medical Executive Committee and the Joint Conference Committee recommends approval of the following changes in staff status. These resignations/lapses of privileges are recommendations made pursuant to and in accordance with Article 4 of the Medical Staff Bylaws.

Resignation/Lapse of Privileges:

Staff Member	Staff Category	Department	Effective Date	Action
Michael Gonzalez, NP	AHP	Emergency Medicine	09/14/2025	Resignation
Omer Kineish, MD	Associate	Surgery	12/31/2025	Lapse in Privileges
James Lester, MD	Telemedicine	Radiology	10/28/2025	Resignation
Manmeet Mangat, MD	Courtesy	Medicine	12/31/2025	Lapse in Privileges
Ashley O'Blanis, PA	AHP	Cardiology	08/01/2025	Resignation
Jose Vilaro, MD	Associate	Surgery	10/31/2025	Resignation

### Advice, Opinions, Recommendations and Motion:

If the Hospital District Board of Directors concurs, the following motion is in order: Accept and approve the recommendations of the Medical Executive Committee and the Joint Conference Committee to approve the Resignation/Lapse of Privileges.

Jeffrey Pinnow, MD Chief of Staff Executive Committee Chair /MM



### December 2, 2025 ECTOR COUNTY HOSPITAL DISTRICT BOARDOFDIRECTORS

### Item to be considered:

Change in Medical Staff or AHP Staff Category

### **Statement of pertinent Facts:**

The Medical Executive Committee and the Joint Conference Committee recommend approval of the following changes in staff status category. The respective departments determined that the practitioners have complied with all Bylaws requirements and are eligible for the changes noted below.

**Staff Category Change:** 

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Staff Member	Department	Category				
Mehul Shah, DO	Medicine	Associate to Active				
Neel Srikishen, MD	Surgery	Associate to Active				
Tejas Thippeswamy, MD	Medicine	Associate to Active				

**Changes to Credentialing Dates:** 

~	Changes to di odonicaming Battos.										
	Staff Member	Staff Category	Department	Dates							
]	None										

Changes of Supervising Physician(s):

StaffMember	Group	Department
None		

Leave of Absence:

StaffMember	Staff Category	Department	Effective Date	Action
None				



### December 2, 2025 ECTOR COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS

### Removal of I-FPPE

Staff Member	Department	Removal/Extension
Bienvenido Baquirin, NP	Hospitalist	Removal I-FPPE
Marcus Braud, CRNA	Anesthesia	Removal I-FPPE
Nkechi Ezirim, MD	OB/GYN	Removal I-FPPE
Timothy Gutierrez, MD	Surgery	Removal I-FPPE
Madhuri Jakkam-Setty, MD	Medicine	Removal I-FPPE
Melanie Larson, NP	Medicine	Extension for 6 months
Jessica Mendoza, NP	Medicine	Removal I-FPPE
Obosa Osawe, MD	OB/GYN	Extension for 6 months
Darrell Parsons, MD	Medicine	Extension for 6 months
Kevin Porter, DDS	Surgery	Extension for 6 months

**Change in Privileges** 

Staff Member	Department	Privilege				
None						

Proctoring Request(s)/Removal(s)

Staff Member	Department	Privilege(s)			
None					

### Advice, Opinions, Recommendations and Motion:

If the Hospital District Board of Directors concurs, the following motions in order: Accept and approve the recommendations of the Medical Executive Committee and the Joint Conference Committee to approve the staff category changes, changes to the credentialing dates, changes of supervising physicians, leave of absence, removal of-FPPE, proctoring requests/removals, and change in privileges.

Jeffrey Pinnow, MD Chief of Staff Executive Committee Chair /MM



### December 2, 2025 ECTOR COUNTY HOSPITAL DISTRICT BOARDOFDIRECTORS

### Item to be considered:

### **Statement of Pertinent Facts**:

The Medical Executive Committee recommends approval of the following:

- Emergency Medicine Chairman
- Anesthesia Chairman Criteria
- Family Medicine Chairman Criteria
- Respiratory Medical Director Agreement
- Nomination Vice Chief of Staff

### Advice, Opinions, Recommendations and Motion:

- Emergency Medicine Chairman
- Anesthesia Chairman Criteria
- Family Medicine Chairman Criteria
- Respiratory Medical Director Agreement
- Nomination Vice Chief of Staff

### Advice, Opinions, Recommendations and Motion:

If the Joint Conference Committee concurs, the following motion is in order: Accept the recommendation of the Medical Executive Committee to approve the Emergency Medicine Chairman, Anesthesia Chairman Criteria, Family Medicine Chairman Criteria, Respiratory Medical Director Agreement, and Nomination of Vice Chief of Staff. Forward this recommendation to the Ector County Hospital District Board of Directors.

Jeffrey Pinnow, MD, Chief of Staff Executive Committee Chair /MM

### Eligibility Criteria - Department Chair

Pursuant to the Medical Staff Bylaws Article 3.B. Eligibility Criteria Physician Name: Department: **INITIAL each BOX** be certififed by an appropriate speciality board and main certification as defined in the Credentials Policy; have served on the Active Staff for at least three years. have no pending adverse recommendations concerning appointment or clinical privielges; not presently be serving as a Medical Staff officer, board member, or department chairperson at any other hospital and will not serve during their terms of office be willing to faithfully discharge the duties and responsbilities of the position; have some experience in a leadership position or other involvement in performance improvement function for at least two years; participate in Medical Staff Leadership training as determined by the Medical Executive Committee; and Disclose any financial conflict of intrest(ie. an ownership or investment intrest in or compensation arragement) with a hospital or hospitalaffilaited entity within Ector County or within 100 miles of the hosptial c;ampus to the nominating committee for evaluation. This does not apply to services provided wthin a practitioner's office and billed under the same provider number used by the practitioner.

Signature X

Date: 1/8/25

### Eligibility Criteria – Department Chair

Pursuant to the Medical Staff Bylaws Article 3.B. Eligibility Criteria

Physician Name:	IKEMEFUNA OKWUWA	Department: FYMILY MESICIN	ع
rilysician name.	1-10-11-2	ocper time in	

**INITIAL each BOX** 



be certififed by an appropriate speciality board and main certification as defined in the Credentials Policy;



have served on the Active Staff for at least three years.



have no pending adverse recommendations concerning appointment or clinical privileges;



not presently be serving as a Medical Staff officer, board member, or department chairperson at any other hospital and will not serve during their terms of office



be willing to faithfully discharge the duties and responsbilities of the position;



have some experience in a leadership position or other involvement in performance improvement function for at least two years;



gown Warms

participate in Medical Staff Leadership training as determined by the Medical Executive Committee; and



Disclose any financial conflict of Intrest(ie. an ownership or Investment intrest in or compensation arragement) with a hospital or hospital-affiliated entity within Ector County or within 100 miles of the hospital c;ampus to the nominating committee for evaluation. This does not apply to services provided wthin a practitioner's office and billed under the same provider number used by the practitioner.

Signature X

Date: 11/20/25



### **MEMORANDUM**

Date: 4/24/24

From: Renato Galindo MPA, RRT, CPFT, AE-C

Subject: Medical Directorship for the Cardiopulmonary Dept.

The accompanying contract is for the services Dr Alejandra Garcia Fernandez as Medical Director for the Cardiopulmonary Dept. In this role she will provide medical oversight for all Respiratory Therapy staff and for the Arterial Blood Gas Lab. Both are requirements for our credentialling agencies.

### AMENDED AND RESTATED MEDICAL DIRECTOR SERVICES AGREEMENT

This Amended and Restated Medical Director Services Agreement ("Agreement") is made and entered into by and between Texas Tech University Health Sciences Center, a public institution of higher education located in the State of Texas ("TTUHSC"), on behalf of its School of Medicine Department of Internal Medicine, Permian Basin campus and Ector County Hospital District dba Medical Center Health System ("MCHS"), a political subdivision of the State of Texas. TTUHSC and MCHS may be referred to herein individually each as a "Party" or collectively as the "Parties."

### Background

- MCHS operates a currently licensed and accredited healthcare hospital facility, 500 W. 4th Street, Odessa, Texas 79761 and requires the services of a physician to serve in the capacity of Medical Director.
- TTUHSC employs physician, Alejandra Garcia Fernandez, M.D. ("Physician") who specializes in Critical Care and Inpatient Cardiopulmonary who is qualified to provide Medical Director services.
- MCHS desires to engage the professional services of TTUHSC's Physician for the purpose of serving as Medical Director at MCHS and such services are reasonable and necessary in support of MCHS's operations.

### Agreement

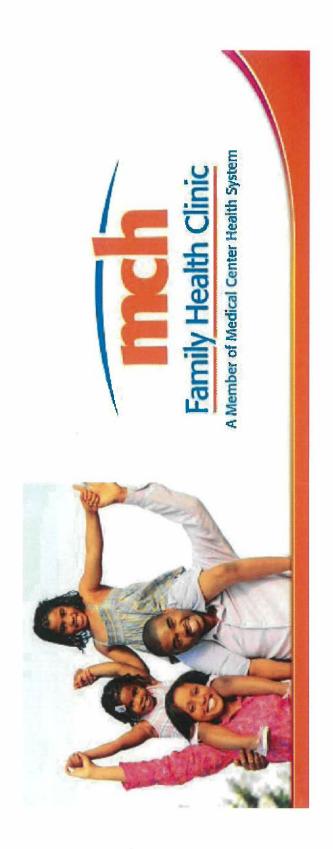
Now therefore, for the consideration herein expressed, TTUHSC and MCHS hereby agree as follows.

### Article I Responsibilities of TTUHSC

- 1.1 Responsibilities of TTUHSC. TTUHSC agrees its Physician, as Medical Director, shall:
  - 1.1.1 Oversee the medical component of MCHS's medical care program, to include providing input for determining appropriate outcomes for care and evaluating and improving services and sharing medical expertise in reviewing and updating protocols and practice policies.
  - 1.1.2 Attend MCHS Interdisciplinary Team meetings, and if unable to attend, contact coordinator prior to scheduled meetings so alternative arrangements can be made.
  - 1.1.3 Participate in development of policies and decisions relating to ethical issues.
  - 1.1.4 Consult with administration in developing mission and goals and policies of MCHS.
  - 1.1.5 Cooperate with MCHS in dealing with regulatory agencies related to any clinical practices.
  - 1.1.6 Participate in MCHS's quality assurance and risk management programs.
  - 1.1.7 Adhere to MCHS's policies as may be applicable.
  - 1.1.8 Annually review and approve all administrative and departmental respiratory, Arterial Blood Gas (ABG), special care nursery, and diagnostic policies.
  - 1.1.9 Review monthly quality data applicable to the respiratory care, diagnostic lab, and ABG lab as well as provide recommendations to improve quality measures.
  - 1.1.10 Evaluate and recommend improvements to the quality of care provided to pulmonary patients
  - 1.1.11 Assist with Cardiopulmonary leadership in setting annual department goals and growth strategies and services for the Cardiopulmonary Department, as well as providing recommendations to meet those goals.

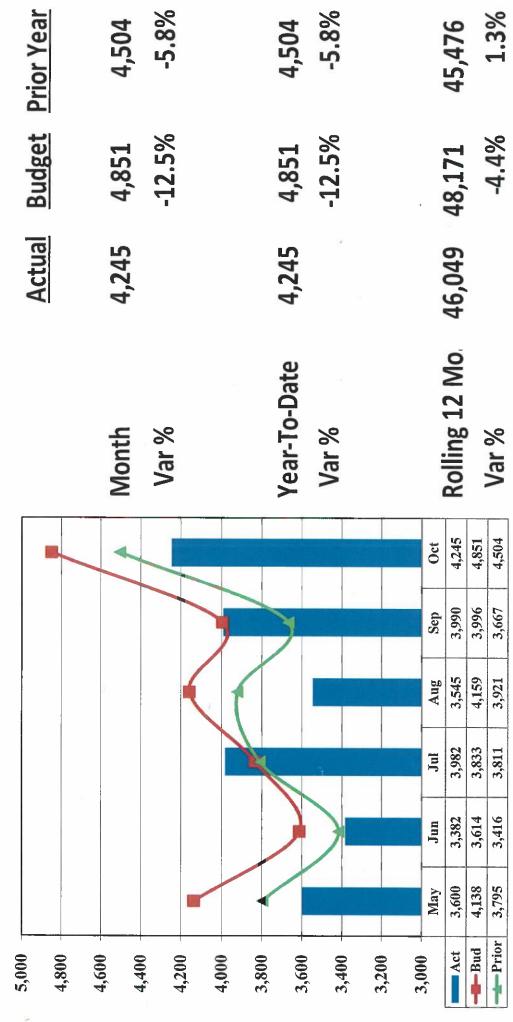
TTUHSC

### Family Health Clinic December 2025 ECHD Board Update



### Financial Presentation For the Month Ended October 31, 2025

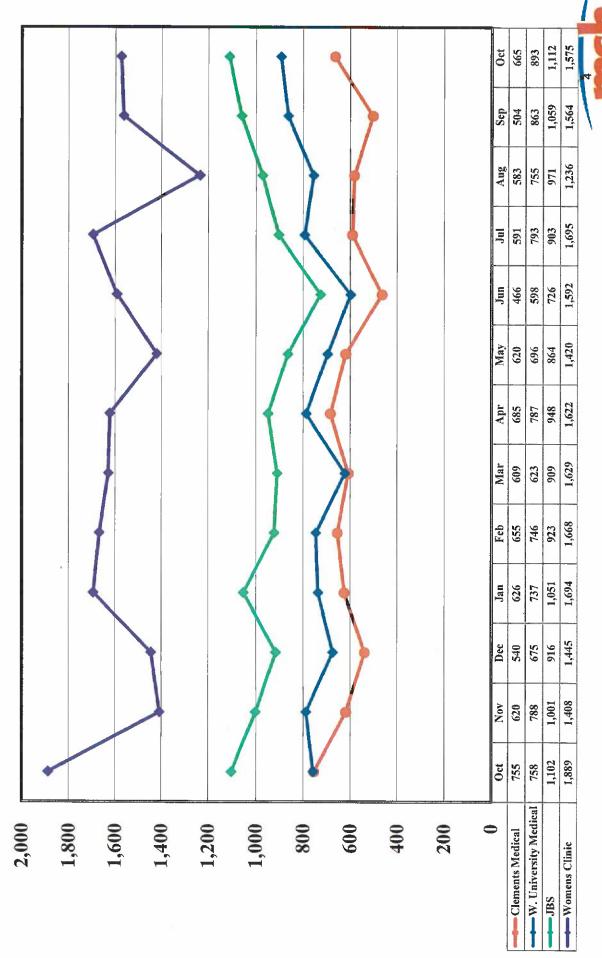
# Family Health Clinic Total Visits



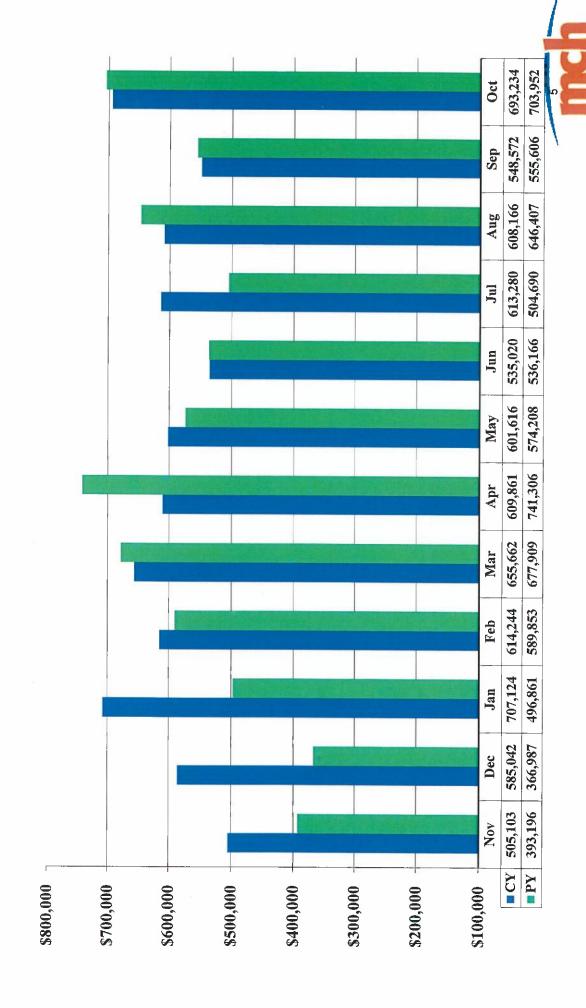


# Family Health Center Visits

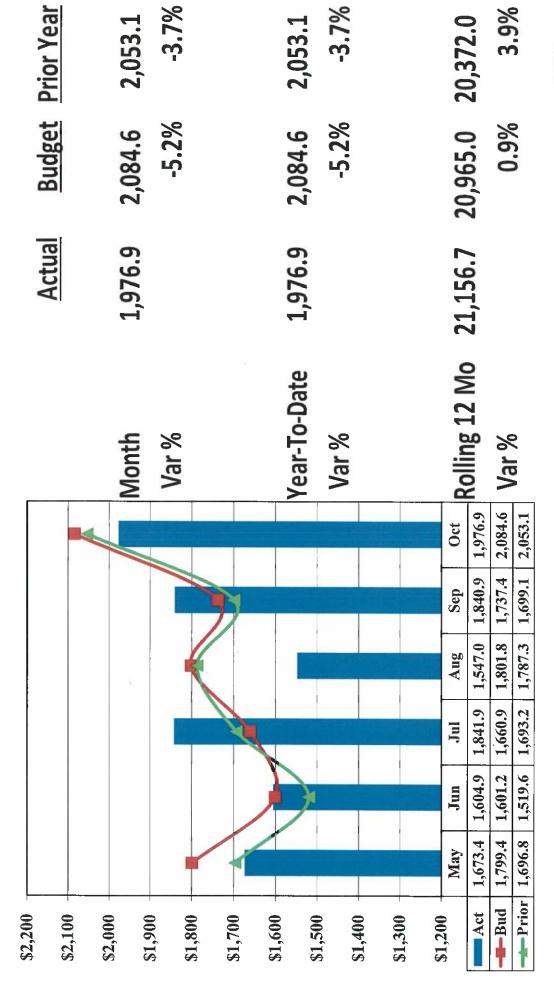
Thirteen Month Trending



### Total AR Cash Receipts Compared to Prior Twelve Months

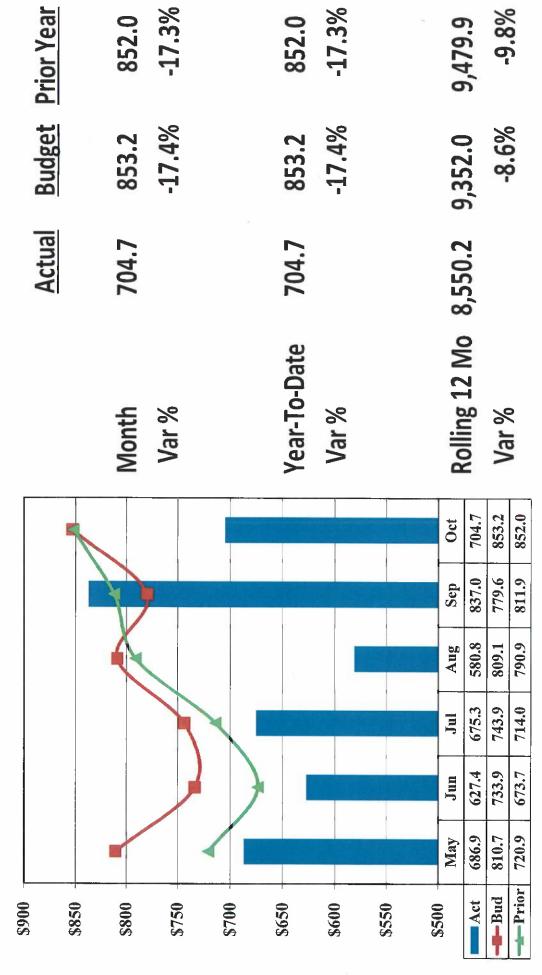


## Total Patient Revenues



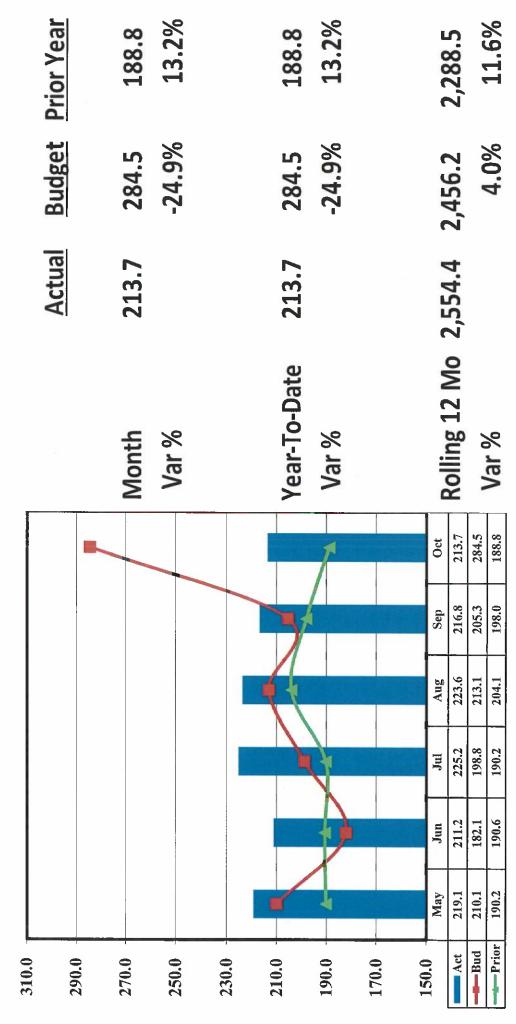


## Net Patient Revenues



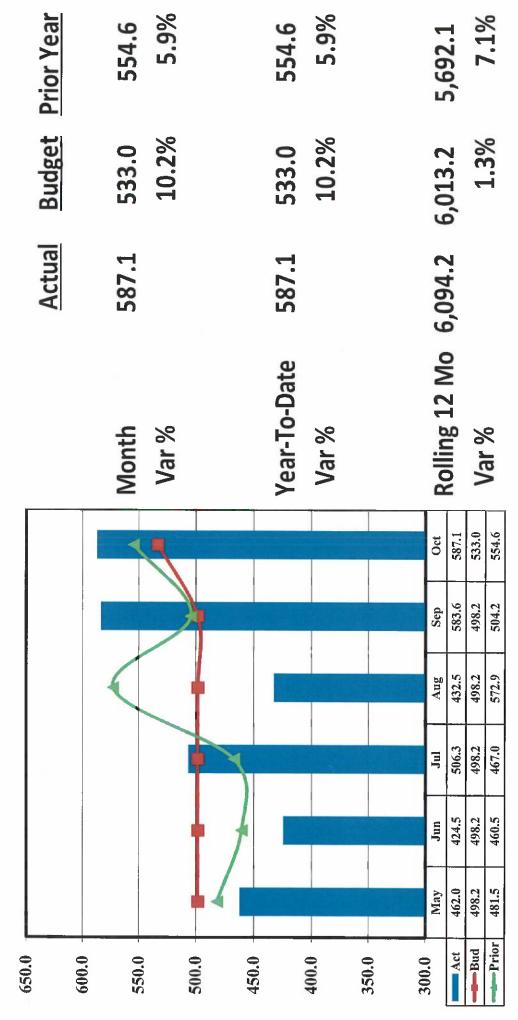


# Salaries, Wages & Contract Labor



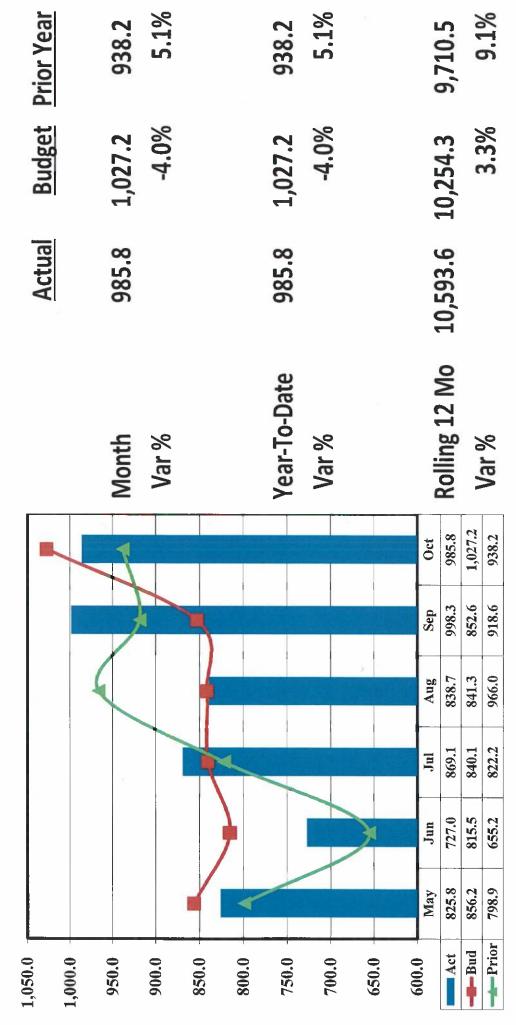


### Physician Services



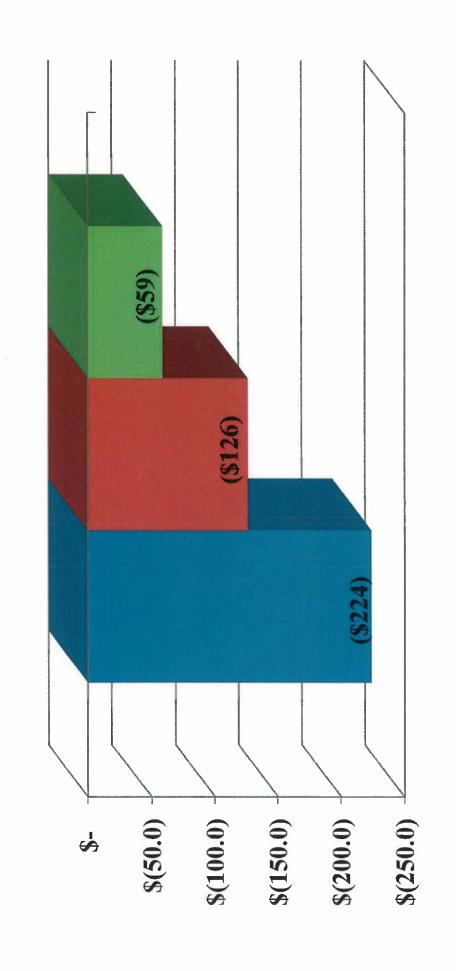


## Total Operating Cost





# Net Gain (Loss) From Operations - YTD



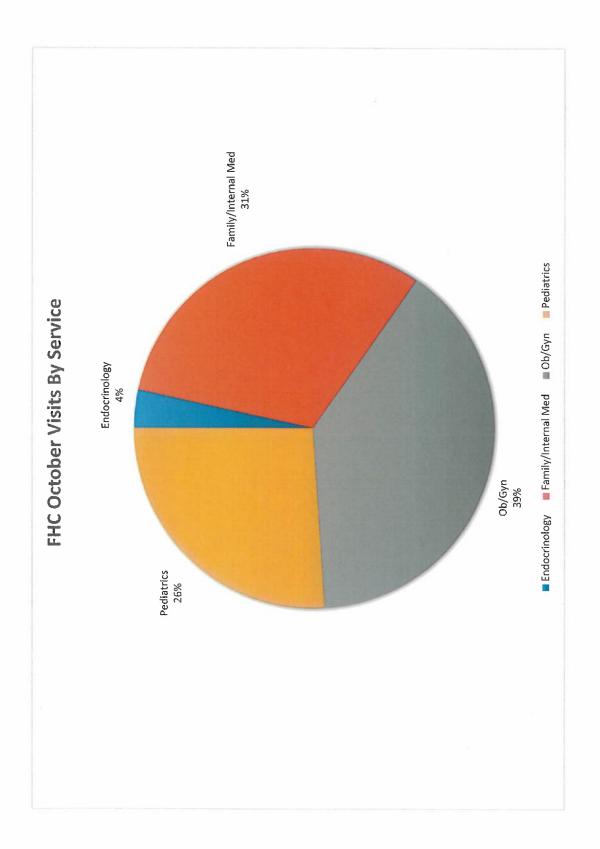


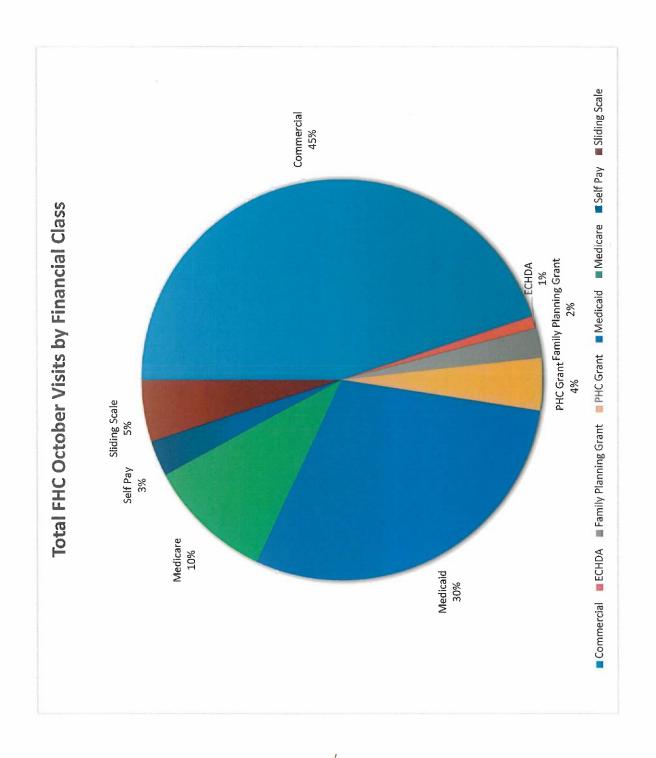
■ FY 2026 ■ FY 2026 Budget ■ FY 2025

### ECTOR COUNTY HOSPITAL DISTRICT FAMILY HEALTH CENTERS COMBINED - OPERATIONS SUMMARY OCTOBER 2025

	CURRENT MONTH				YEAR TO DATE					
	ACTUAL	BUDGET	BUDGET VAR PRIOR YR	PRIOR YR VAR	BUDGET PRIOR ACTUAL BUDGET VAR PRIOR YR YR VA					
PATIENT REVENUE	ACTUAL	BUDGET	VAR PRIOR IN	TRVAR	ACTUAL BUDGET VAR PRIOR YR YR VA	<u>K</u> _				
Outpatient Revenue	\$ 1,976,859	\$ 2,084,599	-5,2% \$ 2,053,12	3.7%	\$ 1,976,859 \$ 2,084,599 -5.2% \$ 2,053,120 -3.3	7%				
TOTAL PATIENT REVENUE		\$ 2,084,599	-5.2% \$ 2,053,12			7%				
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	¢ 1 050 775	\$ 1,014,559	4,3% \$ 1,117,08	7 -5.3%	\$ 1,058,275 \$ 1,014,559 4.3% \$ 1,117,087 -5.3	3%				
Self Pay Adjustments	256.612		13.4% 73,47		256,612 226,216 13,4% 73,473 249,6					
Bad Debts	(42,748)		356.8% 10.54		(42,748) (9,358) 356.8% 10,543 -505.8					
TOTAL REVENUE DEDUCTIONS		\$ 1,231,417	3,3% \$ 1,201,10			9%				
TO THE TEVEROL BEDOOMONO	64.35%		58.50		64.35% 59.07% 58,50%	5 70				
NET PATIENT REVENUE	\$ 704,720		-17.4% \$ 852,01		\$ 704,720 \$ 853,182 -17.4% \$ 852,017 -17,5	30%				
	<u> </u>	¥ 000,102	11.170 0 002,01	11.075	ψ 10+,120 ψ 000,102 11.430 ψ 002,011 -11.4	0 70				
OTHER REVENUE										
FHC Other Revenue	\$ 57,208	\$ 47,777	19,7% \$ 27,48	2 108.2%	\$ 57,208 \$ 47,777 19.7% \$ 27,482 108.	2%				
TOTAL OTHER REVENUE	\$ 57,208	\$ 47,777	19.7% \$ 27,48	2 108.2%	\$ 57,208 \$ 47,777 19.7% \$ 27,482 108.3					
NET OPERATING REVENUE	\$ 761,928	\$ 900,959	-15.4% \$ 879,49	-13.4%	\$ 761,928 \$ 900,959 -15,4% \$ 879,499 -13.4	4%				
OPERATING EXPENSE										
Salaries and Wages	\$ 213,655	\$ 284,516	-24.9% \$ 188.82	2 13.2%	\$ 213,655 \$ 284,516 -24.9% \$ 188,822 13.3	2%				
Benefits	30,873	47,001	-34.3% 30.94	-0.2%		2%				
Physician Services	587,141	533,005	10,2% 554,61	4 5.9%		9%				
Cost of Drugs Sold	98,787	107,825	-8,4% 112,94	6 -12.5%	98,787 107,825 -8.4% 112,946 -12.5	5%				
Supplies	24,773	23,580	5.1% 20,47	2 21.0%	24,773 23,580 5.1% 20,472 21.0	.0%				
Utilities	5,771	5,334	8.2% 5,05	14.2%	5,771 5,334 8.2% 5,054 14.3	2%				
Repairs and Maintenance	1,357	1,875	-27.6% 1,38	2 -1.8%	1,357 1,875 -27,6% 1,382 -1.6	.8%				
Leases and Rentals	948	1,058	-10.4% 1,123	3 -15.6%	948 1,058 -10.4% 1,123 -15.6	6%				
Other Expense	1,000	1,135	-11,9% 1,00	0.0%	1,000 1,135 -11.9% 1,000 0,0	0%				
TOTAL OPERATING EXPENSES	\$ 964,305	\$ 1,005,329	-4.1% \$ 916,36	3 5.2%	\$ 964,305 \$ 1,005,329 -4.1% \$ 916,363 5.2	2%				
Depreciation/Amortization	\$ 21,511	\$ 21,871	-1.6% \$ 21,84	4 -1.5%	\$ 21,511 \$ 21,871 -1.6% \$ 21,844 -1.5	5%				
TOTAL OPERATING COSTS	\$ 985,816	\$ 1,027,200	-4.0% \$ 938,20	3 5.1%	\$ 985,816 \$ 1,027,200 -4.0% \$ 938,208 5.	1%				
NET GAIN (LOSS) FROM OPERATIONS	\$ (223,888		77.3% \$ (58,70)		\$ (223,888) \$ (126,241) 77.3% \$ (58,708) 281.	4%				
Operating Margin	-29.38%	-14.01%	109.7% -6.68	% 340.2%	-29.38% -14.01% 109.7% -6.68% 340.3°	2%				

	CURRENT MONTH				YEAR TO DATE					
Total Visits	4,245	4,851	-12,5%	4,504	-5.8%	4,245	4,851	-12.5%	4,504	-5.8%
Average Revenue per Office Visit	465.69	429,73	8.4%	455.84	2.2%	465.69	429.73	8.4%	455.84	2,2%
Hospital FTE's (Salaries and Wages)	49.6	64.2	-22,8%	43,8	13,2%	49.6	64.2	-22.8%	43.8	13.2%





# **Executive Director's Report-December 2025**

# Staffing Update:

- Women's Clinic: The Women's Clinic is currently searching for a full-time Medical Assistant.
- Healthy Kids Clinic: The Healthy Kids Clinic currently has vacancies for a full-time LVN, and a full-time Medical Assistant.
- Family Health Clinic: West University is currently in search of a part-time Medical Assistant.

# Provider Update:

- West University: We are currently searching for a pediatrician and nurse practitioner/physician assistant for our West University location. There is currently no site visits scheduled at this time.
- Women's Clinic: The Women's Clinic is currently searching for an additional OB/Gyn. There is an upcoming site visit scheduled with a 2026 graduate, Dr Garcia, on November 26, 2025. Dr. Lyons is expected to start February 1, 2026.
- 2025 HRSA Operational Site Visit Update: The HRSA OSV follow up window is now open. Responses are due November 27, 2025, for the five items of noncompliance identified during the visit.



June 2025

# MEDICAL CENTER HEALTH SYSTEM

# COMPLIANCE COMMITTEE CHARTER

# I. PURPOSE

As an expression of our commitment to act with integrity and ethics and to institute a program to ensure compliance with all applicable laws, Medical Center Health System ("MCHS") has created a Board approved Compliance Committee to (i) oversee the implementation, operation, and effectiveness of MCHS's Compliance Program and the performance of the Compliance Officer in effectuating the Compliance Program, and (ii) assist the Board in fulfilling its fiduciary responsibility and accountability relating to its compliance oversight responsibilities, the Mission and Values of MCHS and the MCHS Compliance Standards of Conduct.

# II. AUTHORITIES AND RESPONSIBILITIES

The Compliance Committee is continuously composed of representatives from multiple disciplines. At a minimum, the Compliance Committee will include the Chief Compliance and Privacy Officer, President and Chief Executive Officer (Pres./CEO), Chief Legal Counsel, Chief Financial Officer, Chief Operating Officer, Chief Medical Officer, Chief Information Officer, Chief Cybersecurity Officer, Chief Human Resource Officer, Chief Nursing Officer, Revenue Cycle Director and two Ector County Hospital District Board Members. The Pres./CEO shall also appoint such ex officio members of the Compliance Committee as he or she deems necessary or advisable to assist the committee in the performance of its duties. Ex officio members of the committee may not vote on matters before the committee.

The Compliance Committee will receive reports from ad-hoc guests which will be related to Human Resources, Information Technology/Security, Revenue Cycle/Integrity, or others as deemed necessary.

# III. DUTIES OF THE COMPLANCE COMMITTEE

The duties of the Compliance Committee shall include:

- 1. Advising the Chief Compliance Officer and assisting in the implementation and maintenance of the Compliance Program;
- 2. Working with appropriate departments of the Health System to develop standards of conduct and policies and procedures to promote adherence to the Compliance Program;



- 3. Recommending and monitoring, in conjunction with the relevant departments, the development of internal systems and controls to carry out MCHS's standards, policies and procedures;
- 4. Determining the appropriate strategy and/or approach to promote adherence to the Compliance Program and the detection of potential violations;
- 5. Developing a system to solicit, evaluate and respond to complaints and problems;
- 6. Overseeing the education and training of employees and systems for communication with and by employees;
- 7. Analyzing the legal requirements with which MCHS must comply and locating and analyzing specific risk areas within the Health System; and
- 8. Establishing confidentiality standards and requirements for committee members and those persons requested to provide assistance to the committee.

# IV. MEETINGS

The Committee shall meet at least quarterly in order to perform its responsibilities. The Committee shall keep agendas, minutes and attendance of its meetings.



# THE BOARD OF DIRECTORS OF THE ECTOR COUNTY HOSPITAL DISTRICT MEDICAL CENTER HEALTH SYSTEM

WHEREAS: The Ector County Hospital District/Medical Center Health System (ECHD/MCHS), is committed to ethical and legal business practices as essential to the advancement of its Mission of service to the Ector County community.

WHEREAS: Pursuant to this commitment, as set forth in the minutes of July 14, 1998 and subsequent minutes, the Board of Directors of ECHD/MCHS has previously directed the establishment and maintenance of a Corporate Compliance Program as a continuous process for the improvement of its business policies and practices, and oversight of its responsibilities under local, state and federal rules, laws, and regulations.

**WHEREAS**: It is the policy of the ECHD/MCHS that the implemented Corporate Compliance Program assure a collaborative participation of all elements of the hospital in the prevention of violations of Medical Center Health System's policies, local, state and federal laws. The expectations of this policy are to:

- Reaffirm this hospital's commitment to its stated principles and beliefs.
- Assure the hospital acts in a manner consistent with its Mission and Values.
- Have the hospital meet its ethical and legal requirements.
- Decrease the risk of inappropriate behavior.

**RESOLVED:** That the Board of Directors, ECHD/MCHS reaffirms its commitment to the expectations of ethical and legal conduct stated herein, and to the continuous effective monitoring of the hospital's responsibilities and business practices by its leadership, managers, and employees, and through the processes and procedures of the Corporate Compliance Program.

FURTHER RESOLVED: To assure that the Board's expectations are adhered the Board directs that:

- That the Audit Committee monitor the performance of the Corporate Compliance Program and receive regular reports in Executive Session, but no less than quarterly in each calendar year, from the Chief Compliance Officer, on the program's initiatives, training, education, audits and reviews, and such other matters as should be brought to the Board's attention.
- That the Chief Executive Officer and the Chief Compliance Officer jointly report to the full Board on the status and effectiveness of the Corporate Compliance Program on no less than an annual basis.
- That the Chief Executive Officer establishes such policies and procedures as necessary to accomplish the goals and objectives stated herein.

Passed and Approved this day 2 of December 2025

Wallace Dunn	Sylvia Rodriguez-Sanchez
Don Hallmark	Will Kappauf
Bryn Dodd, Vice President	Kathy Rhodes
David Dunn, President	



# Memorandum

Date: December 2, 2025

To: Ector County Hospital District Board of Directors

Through: Russell Tippin, President -CEO

Sharon Clark - CFO

From: David Garcia, Executive Director

Re: MCH Family Health Clinics/ProCare Physician Services Affiliation Agreement

# **OBJECTIVE**

We are requesting ECHD board approval to amend our existing Physician Services Affiliation Agreement to include "Endocrinology" as one of the provided services listed in Exhibit A of the agreement. This amendment will satisfy a finding from our recent HRSA site visit this summer. Both ProCare and the FHC board have approved the amendment.

# AMENDMENT NO. 1 TO PHYSICIAN SERVICES AFFILIATION AGREEMENT

This Amendment No. 1 to the Physician Services Affiliation Agreement is made as of date of last signature by and between MCH Professional Care ("ProCare"), Ector County Hospital District, doing business as Medical Center Hospital ("MCH") and the Family Health Clinic, Inc. ("FHC").

# **RECITALS**

- A. ProCare, MCH, and FHC previously entered into a Physician Services Affiliation Agreement effective May 1, 2018 (the "Agreement").
- B. ProCare, MCH and FHC desire to amend the Agreement as further described below.

# **AGREEMENT**

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which both parties hereby acknowledge, the parties hereby agree as follows:

- 1. Exhibit A Reimbursement Schedule to the Physician Services Affiliation Agreement is hereby amended as follows:
  - 3. Services. Services shall include:
  - 1. Health services related to family medicine, internal medicine, pediatrics, obstetrics, and/or gynecology, and endocrinology that are furnished by physicians, and where appropriate, physician assistants, nurse practitioners, and nurse midwives:
- 2. <u>Effect of Amendment.</u> Except as expressly provided herein, nothing contained in this Amendment shall alter or affect any provision contained in the Agreement. Any conflict between this Amendment and the Agreement shall be governed by this Amendment.
- 3. Entire Agreement. This Amendment, together with the Agreement, constitutes the entire agreement between the Parties concerning the subject matter hereof and supersedes any and all other written or oral prior agreements or understandings with respect thereto.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment as of the date first written above.

MCH PROFESSIONAL CARE
0
Name: Adiel Alvarado
Its: President
Date: 11-06-2025

# ECTOR COUNTY HOSPITAL DISTRICT MONTHLY STATISTICAL REPORT OCTOBER 2025

		CUI	RRENT MOI	NTH			YE	AR-TO-DAT	Έ	
		BUD	GET	PRIOR	YEAR		BUDG	ET	PRIOR	YEAR
	ACTUAL	AMOUNT	VAR.%	AMOUNT	VAR.%	ACTUAL	AMOUNT	VAR.%	AMOUNT	VAR.%
Hospital InPatient Admissions										
Acute / Adult Neonatal ICU (NICU)	1,155 30	1,134 21	1.9% 42.9%	1,120 22	3.1% 36.4%	1,155 30	1,134 21	1.9% 42.9%	1,120 22	3.1% 36.4%
Total Admissions	1,185	1,155	2.6%	1,142	3.8%	1,185	1,155	2.6%	1,142	3.8%
		.,		., <u>-</u>	0.070		.,		.,	0.070
Patient Days										
Adult & Pediatric	4,771	4,297	11.0%	4,238	12.6%	4,771	4,297	11.0%	4,238	12.6%
ICU	459	438	4.8%	427	7.5%	459	438	4.8%	427	7.5%
CCU	416	437	-4.8%	426	-2.3%	416	437	-4.8%	426	-2.3%
NICU Total Patient Days	556 6,202	387 5,559	43.7% 11.6%	498 5,589	11.6% 11.0%	556 6,202	387 5,559	43.7% 11.6%	498 5,589	11.6% 11.0%
Total Fatient Days	0,202	3,333	11.070	3,303	11.076	0,202	3,333	11.076	3,303	11.076
Observation (Obs) Days	824	748	10.2%	754	9.3%	824	748	10.2%	754	9.3%
Nursery Days	284	276	2.9%	276	2.9%	284	276	2.9%	276	2.9%
Total Occupied Beds / Bassinets	7,310	6,583	11.0%	6,619	10.4%	7,310	6,583	11.0%	6,619	10.4%
Average Length of Stay (ALOS)										
Average Length of Stay (ALOS)  Acute / Adult & Pediatric	4.89	4.56	7.2%	4.55	7.5%	4.89	4.56	7.2%	4.55	7.5%
NICU	18.53	18.43	0.6%	22.64	-18.1%	18.53	18.43	0.6%	22.64	-18.1%
Total ALOS	5.23	4.81	8.7%	4.89	6.9%	5.23	4.81	8.7%	4.89	6.9%
Acute / Adult & Pediatric w/o OB	5.85		J., 70	5.60	4.4%	5.85		J., 70	5.60	4.4%
Average Daily Census	200.1	179.3	11.6%	180.3	11.0%	200.1	179.3	11.6%	180.3	11.0%
Hospital Case Mix Index (CMI)	1.6928	1.7598	-3.8%	1.8768	-9.8%	1.6928	1.7598	-3.8%	1.8768	-9.8%
CMI Adjusted LOS	3.09	2.73	13.0%	2.61	18.6%	3.09	2.73	13.0%	2.61	18.6%
om Adjustou 200	0.00	20	10.070		10.070	0.00	20	10.070	2.01	10.070
Medicare										
Admissions	453	453	0.0%	429	5.6%	453	453	0.0%	429	5.6%
Patient Days	2,682	2,522	6.3%	2,472	8.5%	2,682	2,522	6.3%	2,472	8.5%
Average Length of Stay	5.92	5.57	6.3%	5.76	2.7%	5.92	5.57	6.3%	5.76	2.7%
Case Mix Index	1.8865	2.0302	-7.1%	2.1983	-14.2%	1.8865	2.0302	-7.1%	2.1983	-14.2%
Medicaid Admissions	142	116	22.4%	96	47.9%	142	116	22.4%	96	47.9%
Patient Days	795	470	69.1%	543	47.9% 46.4%	795	470	69.1%	543	47.9% 46.4%
Average Length of Stay	5.60	4.05	38.2%	5.66	-1.0%	5.60	4.05	38.2%	5.66	-1.0%
Case Mix Index	1.1839	1.2386	-4.4%	1.3853	-14.5%	1.1839	1.2386	-4.4%	1.3853	-14.5%
Commercial										
Admissions	398	373	6.7%	399	-0.3%	398	373	6.7%	399	-0.3%
Patient Days	1,998	1,585	26.1%	1,670	19.6%	1,998	1,585	26.1%	1,670	19.6%
Average Length of Stay	5.02	4.25	18.1%	4.19	19.9%	5.02	4.25	18.1%	4.19	19.9%
Case Mix Index	1.6659	1.6709	-0.3%	1.6875	-1.3%	1.6659	1.6709	-0.3%	1.6875	-1.3%
Self Pay	455	404	45.00/	400	44.00/	455	404	45.00/	400	44.00/
Admissions	155 542	184 802	-15.8% -32.4%	182 747	-14.8% -27.4%	155 542	184 802	-15.8% -32.4%	182 747	-14.8% -27.4%
Patient Days Average Length of Stay	3.50	4.36	-32.4 % -19.8%	4.10	-27.4% -14.8%	3.50	4.36	-32.4 % -19.8%	4.10	-27.4 <i>%</i> -14.8%
Case Mix Index	1.6340	1.7383	-6.0%	1.7396	-6.1%	1.6340	1.7383	-6.0%	1.7396	-6.1%
All Other	1.00-10	1000	0.070	1000	0.170	1.0040	1000	0.070	11.7000	0.170
Admissions	37	29	27.6%	36	2.8%	37	29	27.6%	36	2.8%
Patient Days	185	180	2.8%	157	17.8%	185	180	2.8%	157	17.8%
Average Length of Stay	5.00	6.21	-19.4%	4.36	14.6%	5.00	6.21	-19.4%	4.36	14.6%
Case Mix Index	1.8474	2.0600	-10.3%	2.0806	-11.2%	1.8474	2.0600	-10.3%	2.0806	-11.2%
B. Caller										
Radiology InPatient	4,865	4,553	6.9%	4,420	10.1%	4,865	4,553	6.9%	4,420	10.1%
OutPatient	4,005 8,971	4,553 8,534	5.1%	9,605	-6.6%	4,005 8,971	4,553 8,534	5.1%	9,605	-6.6%
	0,571	0,334	J. 1 /0	3,003	-0.076	0,971	0,334	3.176	9,003	-0.076
Cath Lab										
InPatient	622	635	-2.0%	609	2.1%	622	635	-2.0%	609	2.1%
OutPatient	364	369	-1.4%	486	-25.1%	364	369	-1.4%	486	-25.1%
<u>Laboratory</u>										
InPatient	87,146	79,813	9.2%	78,228	11.4%	87,146	79,813	9.2%	78,228	11.4%
OutPatient	73,776	72,433	1.9%	77,305	-4.6%	73,776	72,433	1.9%	77,305	-4.6%
<u>Other</u>										
Deliveries	177	180	-1.7%	181	-2.2%	177	180	-1.7%	181	-2.2%
Surgical Cases										
InPatient	257	234	9.8%	264	-2.7%	257	234	9.8%	264	-2.7%
OutPatient	594	532	11.7%	664	-10.5%	594	532	11.7%	664	-10.5%
Total Surgical Cases	851	766	11.1%	928	-8.3%	851	766	11.1%	928	-8.3%
GI Procedures (Endo)					46.501					
InPatient	116	123	-5.7%	133	-12.8%	116	123	-5.7%	133	-12.8%
OutPatient Total GI Procedures	<u>161</u> 277	165 288	-2.4% -3.8%	214	-24.8% -20.2%	<u>161</u> 277	165 288	-2.4% -3.8%	214 347	-24.8% -20.2%
iotai di Fiocedules		200	-3.8%	347	-ZU.Z 70		200	-3.8%	347	-20.2%

# ECTOR COUNTY HOSPITAL DISTRICT MONTHLY STATISTICAL REPORT OCTOBER 2025

		CUF	RENT MO	NTH			YE	AR-TO-DAT	E	
		BUD		PRIOR			BUDG		PRIOR	
	ACTUAL	AMOUNT	VAR.%	AMOUNT	VAR.%	ACTUAL	AMOUNT	VAR.%	AMOUNT	VAR.%
Emergency Room										
I/P Emergency Room Visits	823	716	14.9%	711 4,787	15.8%	823	716 4,392	14.9% 0.9%	711 4,787	15.8%
O/P Emergency Room Visits  Total Emergency Room Visits	4,433 5,256	4,392 5,108	0.9% 2.9%	5,498	-7.4% -4.4%	4,433 5,256	5,108	2.9%	5,498	-7.4% -4.4%
<b>5</b>		,		,			•		•	
O/P Occasions of Service	20,514	19,750	3.9%	21,484	-4.5%	20,514	19,750	3.9%	21,484	-4.5%
Hospital Operations										
Manhours Paid FTE's	306,155 1,728.3	288,205 1,627.0	6.2% 6.2%	299,213 1,689.1	2.3% 2.3%	306,155 1,728.3	288,205 1,627.0	6.2% 6.2%	299,213 1,689.1	2.3% 2.3%
Adjusted Patient Days	11,766	10,561	11.4%	11,371	3.5%	11,766	10,561	11.4%	11,371	3.5%
Hours / Adjusted Patient Day	26.02	27.29	-4.7%	26.31	-1.1%	26.02	27.29	-4.7%	26.31	-1.1%
Occupancy - Actual Beds FTE's / Adjusted Occupied Bed	<u>54.4%</u> 4.6	51.4% 4.8	5.8% -4.7%	49.0% 4.6	<u>11.0%</u> -1.1%	<u>54.4%</u> 4.6	51.4% 4.8	5.8% -4.7%	49.0% 4.6	<u>11.0%</u> -1.1%
1 1207 Najasta Gadapida Bad	4.0	4.0	4.770	4.0	11170	4.0	4.0	4.1 70	4.0	11170
Family Health Clinic - Clements Total Medical Visits	665	684	-2.8%	755	-11.9%	665	684	-2.8%	755	-11.9%
Manhours Paid	2,058	2,384	-2.6% -13.7%	1,695	21.4%	2,058	2,384	-2.6% -13.7%	1,695	21.4%
FTE's	11.6	13.5	-13.7%	9.6	21.4%	11.6	13.5	-13.7%	9.6	21.4%
Family Health Clinic West Universit										
Family Health Clinic - West Universit  Total Medical Visits	<u>.y</u> 893	983	-9.2%	758	17.8%	893	983	-9.2%	758	17.8%
Manhours Paid	1,735	2,016	-13.9%	1,453	19.4%	1,735	2,016	-13.9%	1,453	19.4%
FTE's	9.8	11.4	-13.9%	8.2	19.4%	9.8	11.4	-13.9%	8.2	19.4%
Family Health Clinic - JBS										
Total Medical Visits	1,112	1,135	-2.0%	1,102	0.9%	1,112	1,135	-2.0%	1,102	0.9%
Manhours Paid FTE's	1,709 9.7	2,138 12.1	-20.0% -20.0%	1,197 6.8	42.8% 42.8%	1,709 9.7	2,138 12.1	-20.0% -20.0%	1,197 6.8	42.8% 42.8%
1125	3.1	12.1	-20.0 /6	0.0	42.0 /6	5.1	12.1	-20.0 /6	0.0	42.0 /6
Family Health Clinic - Womens					40.00/					40.00/
Total Medical Visits Manhours Paid	1,575 3,277	2,049 4,835	-23.1% -32.2%	1,889 3,411	-16.6% -3.9%	1,575 3,277	2,049 4,835	-23.1% -32.2%	1,889 3,411	-16.6% -3.9%
FTE's	18.5	27.3	-32.2%	19.3	-3.9%	18.5	27.3	-32.2%	19.3	-3.9%
Total ECUD Operations										
Total ECHD Operations Total Admissions	1,185	1,155	2.6%	1,142	3.8%	1,185	1,155	2.6%	1,142	3.8%
Total Patient Days	6,202	5,559	11.6%	5,589	11.0%	6,202	5,559	11.6%	5,589	11.0%
Total Patient and Obs Days	6,202	5,559	11.6%	5,589	11.0%	6,202	5,559	11.6%	5,589	11.0%
Total FTE's FTE's / Adjusted Occupied Bed	<u>1,777.9</u> 4.7	1,691.2 5.0	5.1% -5.6%	1,732.9 4.7	-0.9%	<u>1,777.9</u> 4.7	1,691.2 5.0	5.1% -5.6%	1,732.9 4.7	-0.9%
,										
Total Adjusted Patient Days Hours / Adjusted Patient Day	11,766 26.77	10,561 28.37	11.4% -5.6%	11,371 27.00	3.5% -0.9%	11,766 26.77	10,561 28.37	11.4% -5.6%	11,371 27.00	3.5% -0.9%
riodis / Adjusted i attent Day	20.77	20.01	-3.070	27.00	-0.570	20.77	20.07	-0.070	27.00	-0.5 /0
Outpatient Factor Blended O/P Factor	1.8971	1.8998	-0.1%	2.0345	-6.8%	1.8971	1.8998	-0.1%	2.0345	-6.8%
Blended O/P Factor	2.0900	2.1101	-1.0%	2.2401	-6.7%	2.0900	2.1101	-1.0%	2.2401	-6.7%
Total Adjusted Admissions	2,248	2,194	2.5%	2,323	-3.2%	2,248	2,194	2.5%	2,323	-3.2%
Hours / Adjusted Admisssion	140.09	136.53	2.6%	132.12	6.0%	140.09	136.53	2.6%	132.12	6.0%
FTE's - Hospital Contract	45.7	36.8	24.1%	47.2	-3.2%	45.7	36.8	24.1%	47.2	-3.2%
FTE's - Mgmt Services	55.2	55.1	0.2%	54.9	0.6%	55.2	55.1	0.2%	54.9	0.6%
Total FTE's (including Contract)	1,878.8	1,783.1	5.4%	1,835.0	2.4%	1,878.8	1,783.1	5.4%	1,835.0	2.4%
Total FTE'S per Adjusted Occupied										
Bed (including Contract)	4.95	5.23	-5.4%	5.00	-1.1%	4.95	5.23	-5.4%	5.00	-1.1%
ProCare FTEs	218.3	241.6	-9.6%	208.1	4.9%	218.3	241.6	-9.6%	208.1	4.9%
TraumaCare FTEs	8.3	8.3	0.8%	8.4	-0.4%	8.3	8.3	0.8%	8.4	-0.4%
Total System FTEs	2,105.4	2,032.9	3.6%	2,051.4	2.6%	2,105.4	2,032.9	3.6%	2,051.4	2.6%
Urgent Care Visits										
JBS Clinic	1,282	1,391	-7.8%	1,459	-12.1%	1,282	1,391	-7.8%	1,459	-12.1%
West University	745	899	-17.1% -11.5%	938	-20.6% -15.4%	745	899	-17.1% -11.5%	938	-20.6% -15.4%
Total Urgent Care Visits	2,027	2,290	-11.5%	2,397	-15.4%	2,027	2,290	-11.5%	2,397	-15.4%
Retail Clinic Visits		_								
Retail Clinic	159	65	144.6%	65	144.6%	159	65	144.6%	65	144.6%
L										

#### ECTOR COUNTY HOSPITAL DISTRICT BALANCE SHEET - BLENDED OCTOBER 2025

		F	PRIOR FISCAL YEAR EI	ND	CURRENT
	CURRENT YEAR	HOSPITAL UNAUDITED	PRO CARE UNAUDITED	TRAUMA CARE UNAUDITED	YEAR CHANGE
ASSETS	IEAR	ONAUDITED	UNAUDITED	UNAUDITED	CHANGE
CURRENT ASSETS:					
Cash and Cash Equivalents	\$ 17,694,985	\$ 16,898,248	\$ 4,700	\$ -	\$ 792,038
Investments	58,312,737	57,956,175	-	-	356,562
Patient Accounts Receivable - Gross Less: 3rd Party Allowances	237,977,214 (152,129,595)	214,978,630 (139,548,613)	19,968,494 (11,202,864)	1,685,000 (1,298,612)	1,345,091 (79,507)
Bad Debt Allowance	(45,337,280)	(39,762,357)	(5,310,080)	(300,000)	35,158
Net Patient Accounts Receivable	40,510,340	35,667,660	3,455,550	86,388	1,300,742
Taxes Receivable	11,404,384	11,616,563	-	-	(212,179)
Accounts Receivable - Other	7,535,900	8,609,285	100,560	-	(1,173,946)
Inventories Prepaid Expenses	10,560,053 6,021,294	10,073,960 5,545,302	496,748 128,278	- 18,231	(10,655) 329,483
Total Current Assets	152,039,693	146,367,192	4,185,837	104,619	1,382,045
CAPITAL ASSETS:					
Property and Equipment	536,116,911	535,446,720	403,173	-	267,018
Construction in Progress	20,521,236 556,638,147	20,318,667 555,765,387	403,173		202,569 469,587
	000,000,147	000,700,007	400,170		400,007
Less: Accumulated Depreciation and Amortization	(398,172,174)	(395,954,800)	(352,925)		(1,864,449)
Total Capital Assets	158,465,973	159,810,587	50,248	<del>-</del>	(1,394,862)
LEASE ASSETS Leased Assets	2,337,842	2,337,842	-	-	0
Less Accrumulated Amortization Lease Assets	(2,261,080)	(2,223,870)			(37,210)
Total Lease Assets	76,763	113,973	-	-	(37,210)
SUBSCRIPTION ASSETS Subscription Assets	15,584,401	15,952,212	-	-	(367,811)
Less Accrumulated Amortization Subscription Assets	(4,959,611)	(4,917,465)			(42,146)
Total Subscription Assets	10,624,790	11,034,747	-	-	(409,958)
LT Lease Recieivable	5,450,469	5,611,487	-	-	(161,018)
RESTRICTED ASSETS:					
Restricted Assets Held by Trustee	4,896	4,896	-	-	-
Restricted Assets Held in Endowment	6,527,822	6,527,822	-	-	-
Restricted TPC, LLC	1,826,505	1,826,505	-	-	-
Investment in PBBHC	44,756,193	44,756,193	-	-	- 40 407
Restricted MCH West Texas Services Pension, Deferred Outflows of Resources	2,462,909 10,254,779	2,444,722 10,254,779	-		18,187
Assets whose use is Limited	364,704	-	356,764	6,743	1,197
TOTAL ASSETS	\$ 392,855,495	\$ 388,752,902	\$ 4,592,850	\$ 111,362	\$ (601,618)
LIABILITIES AND FUND BALANCE					
OLIDDENT LIABILITIES					
CURRENT LIABILITIES: Current Maturities of Long-Term Debt	\$ 1,970,000	\$ 1,970,000	¢	¢	¢
Self-Insurance Liability - Current Portion	2,941,169	2,941,169	φ -	φ -	Ψ - -
Current Portion of Lease Liabilities	231,748	278,336	-	-	(46,588)
Current Portion of Subscription Liabilities	2,552,758	2,592,529	-	-	(39,772)
Accounts Payable	24,081,399	27,610,232	(2,116,984)	(875,767)	(536,082)
A/R Credit Balances	2,469,142	2,429,902	-	-	39,241
Accrued Interest Accrued Salaries and Wages	307,074 15 127 474	251,049 6 581 641	6,849,020	238,922	56,025 1,457,891
Accrued Compensated Absences	15,127,474 5,877,062	6,581,641 5,729,425	0,049,020	230,922	1,457,691
Due to Third Party Payors	7,275,522	7,251,974	-	-	23,548
Deferred Revenue	(2,424,051)	174,540	(106,356)		(2,492,234)
Total Current Liabilities	60,409,297	57,810,796	4,625,680	(636,845)	(2,027,180)
ACCRUED POST RETIREMENT BENEFITS	18,643,196	19,152,541	_	_	(509,344)
LESSOR DEFFERED INFLOWS OF RESOUCES	6,952,195	7,114,414			(162,220)
SELF-INSURANCE LIABILITIES - Less Current Portion	1,799,851	1,799,851	-	-	-
LEASE LIABILITIES	39,011	39,011			-
SUBSCRIPTION LIABILITIES LONG-TERM DEBT - Less Current Maturities	6,010,767 25,774,017	6,413,018 25,818,179	-	-	(402,251) (44,163)
Total Liabilities	119,628,334	118,147,811	4,625,680	(636,845)	(2,508,312)
FUND BALANCE	273,227,161	270,605,092	(32,831)	748,207	273,259,992
TOTAL LIABILITIES AND FUND BALANCE	\$ 392,855,495	\$ 388,752,902	\$ 4,592,850	\$ 111,362	\$ (601,618)

#### ECTOR COUNTY HOSPITAL DISTRICT BLENDED OPERATIONS SUMMARY OCTOBER 2025

				CURRI	ENT MONTH							YEAR	R TO DATE		
					BUDGET			PRIOR					BUDGET		PRIOR
		ACTUAL		BUDGET	VAR	F	PRIOR YR	YR VAR		ACTUAL		BUDGET	VAR	PRIOR YR	YR VAR
PATIENT REVENUE															
Inpatient Revenue	\$	62,159,315	\$	57,839,776	7.5%	\$	57,356,017	8.4%	\$	62,159,315	\$	57,839,776	7.5% \$	57,356,017	8.4%
Outpatient Revenue		67,753,294		64,207,111	5.5%		71,125,704	-4.7%		67,753,294		64,207,111	5.5%	71,125,704	-4.7%
TOTAL PATIENT REVENUE	\$	129,912,609	\$	122,046,887	6.4%	\$	128,481,721	1.1%	\$	129,912,609	\$	122,046,887	6.4% \$	128,481,721	1.1%
DEDUCTIONS FROM REVENUE															
Contractual Adjustments	\$	80,992,166	\$	77,044,176		\$	83,191,820	-2.6%	\$	80,992,166	\$	77,044,176	5.1% \$		-2.6%
Policy Adjustments		834,722		1,181,866	-29.4%		1,153,582	-27.6%		834,722		1,181,866	-29.4%	1,153,582	-27.6%
Uninsured Discount		6,602,558		9,223,366	-28.4%		8,849,700	-25.4%		6,602,558		9,223,366	-28.4%	8,849,700	-25.4%
Indigent		1,560,383		1,182,962	31.9%		1,673,036	-6.7%		1,560,383		1,182,962	31.9%	1,673,036	-6.7%
Provision for Bad Debts		10,171,914		6,422,787	58.4%		6,958,779	46.2%	_	10,171,914		6,422,787	58.4%	6,958,779	46.2%
TOTAL REVENUE DEDUCTIONS	\$	100,161,743	\$	95,055,157	5.4%	\$	101,826,918	-1.6%	\$	100,161,743	\$	95,055,157	5.4% \$		-1.6%
ATUES BATTERIT BEVENUE		77.10%		77.88%			79.25%			77.10%		77.88%		79.25%	
OTHER PATIENT REVENUE	\$	1,446,862	•	1,457,917	-0.8%	e	1.810.333	-20.1%	\$	1,446,862	•	1,457,917	-0.8% \$	1,810,333	-20.1%
Medicaid Supplemental Payments DSRIP/CHIRP	ф		Ф			Ф	(594,038)	-20.1%	Ф		Ф			(594,038)	-20.1%
TOTAL OTHER PATIENT REVENUE	\$	1,252,500 2,699,362	\$	1,252,500 2,710,417	-0.4%	\$	1,216,295	121.9%	\$	1,252,500 2,699,362	\$	1,252,500 2,710,417	0.0% -0.4% \$		121.9%
TOTAL OTHER PATIENT REVENUE	φ	2,099,302	φ	2,710,417	-0.4 /6	φ	1,210,293	121.970	φ	2,099,302	φ	2,710,417	-0.476 \$	1,210,293	121.970
NET PATIENT REVENUE	\$	32,450,228	\$	29,702,147	9.3%	\$	27,871,098	16.4%	\$	32,450,228	\$	29,702,147	9.3% \$	27,871,098	16.4%
OTHER REVENUE															
Tax Revenue	\$	7,396,987	\$	7,445,396		\$	6,729,882	9.9%	\$	7,396,987	\$	7,445,396	-0.7% \$		9.9%
Other Revenue		1,598,201		1,757,468	-9.1%		1,730,328	-7.6%		1,598,201		1,757,468	-9.1%	1,730,328	-7.6%
TOTAL OTHER REVENUE	\$	8,995,187	\$	9,202,864	-2.3%	\$	8,460,210	6.3%	\$	8,995,187	\$	9,202,864	-2.3% \$	8,460,210	6.3%
NET OPERATING REVENUE	\$	41,445,415	\$	38,905,011	6.5%	\$	36,331,308	14.1%	\$	41,445,415	\$	38,905,011	6.5% \$	36,331,308	14.1%
NET OPERATING REVENUE	Ψ.	41,440,410	φ	36,903,011	0.576	φ	30,331,300	14.170	Ψ_	41,445,415	φ	30,903,011	0.5% φ	30,331,306	14.170
OPERATING EXPENSES															
Salaries and Wages	\$	17,382,733	\$	16,539,455	5.1%	\$	16,732,482	3.9%	\$	17,382,733	\$	16,539,455	5.1% \$	16,732,482	3.9%
Benefits	Ψ	2,129,217	Ψ	2,317,428	-8.1%	Ψ	2,294,843	-7.2%	Ψ	2,129,217	Ψ	2,317,428	-8.1% ¢	2,294,843	-7.2%
Temporary Labor		1,397,238		1,269,461	10.1%		1,487,421	-6.1%		1,397,238		1,269,461	10.1%	1,487,421	-6.1%
Physician Fees		1,361,515		1,309,996	3.9%		1,301,348	4.6%		1,361,515		1,309,996	3.9%	1,301,348	4.6%
Texas Tech Support		1,042,284		1,042,618	0.0%		992,714	5.0%		1,042,284		1,042,618	0.0%	992,714	5.0%
Purchased Services		4.912.818		4.887.681	0.5%		4.578.226	7.3%		4.912.818		4.887.681	0.5%	4.578.226	7.3%
Supplies		7.042.936		6.993.425	0.5%		8,088,550	-12.9%		7.042.936		6.993.425	0.7%	8,088,550	-12.9%
Utilities		306,281		282,764	8.3%		331,860	-7.7%		306,281		282,764	8.3%	331,860	-7.7%
Repairs and Maintenance		1,071,716		951,450	12.6%		761,978	40.6%		1,071,716		951,450	12.6%	761,978	40.6%
		189,029		203,735	-7.2%		163,914	15.3%		189,029		203,735	-7.2%	163,914	
Leases and Rent															15.3%
Insurance		192,116		205,576	-6.5%		226,781	-15.3%		192,116		205,576	-6.5% 9.3%	226,781	-15.3% -2.2%
Interest Expense		87,073		79,673	9.3%		89,056	-2.2%		87,073		79,673		89,056	
ECHDA Other Funence		152,958 245,781		113,629 227,250	34.6% 8.2%		86,221 239,599	77.4% 2.6%		152,958 245,781		113,629 227,250	34.6% 8.2%	86,221 239,599	77.4% 2.6%
Other Expense TOTAL OPERATING EXPENSES	\$	37,513,695	\$	36,424,141	3.0%	•	37,374,991	0.4%	\$	37,513,695	\$	36,424,141	3.0% \$		0.4%
TOTAL OPERATING EXPENSES	φ	37,313,093	φ	30,424,141	3.076	φ	37,374,991	0.470	φ	37,313,093	φ	30,424,141	3.070 p	37,374,991	0.476
Depreciation/Amortization	\$	2,234,393	\$	2,214,387	0.9%	\$	2,049,516	9.0%	\$	2,234,393	\$	2,214,387	0.9% \$	2,049,516	9.0%
(Gain) Loss on Sale of Assets	•	(24,114)	-	-,,	0.0%	*	-	0.0%	*	(24,114)	-	-,,	0.0%	_,,	0.0%
•	_								_						
TOTAL OPERATING COSTS	\$	39,723,974	\$	38,638,528	2.8%	\$	39,424,507	0.8%	\$	39,723,974	\$	38,638,528	2.8% \$	39,424,507	0.8%
NET CAIN (LOSS) FROM ORFRATIONS	_	4 724 440	\$	200 402	E46 00/	•	(2.002.400)	4EE 70/	_	4 724 440	\$	200 402	E4C 00/ &	(2.002.400)	4EE 70/
NET GAIN (LOSS) FROM OPERATIONS Operating Margin	\$	<b>1,721,440</b> 4.15%	Þ	266,483 0.68%	<b>-546.0%</b> 506.4%	Þ	(3,093,199) -8.51%	-148.8%	\$	<b>1,721,440</b> 4.15%	ð	<b>266,483</b> 0.68%	<b>546.0% \$</b> 506.4%	(3,093,199) -8.51%	<b>-155.7%</b> -148.8%
Operating margin		7.1370		0.0076	JUU. <del>4</del> /0		-0.5176	- 1-10.0 /0		4.1370		0.0076	300.470	-0.3170	- 140.070
NONOPERATING REVENUE/EXPENSE															
Interest Income	\$	272,715	\$	184,607	47.7%	\$	66,625	309.3%	\$	272,715	\$	184,607	47.7% \$	66,625	309.3%
Tobacco Settlement			-	-	0.0%	-	,	0.0%	-		-	-	•		
Opiod Abatement Fund		-		_	0.0%		_	0.0%		_		_	0.0%	_	0.0%
Trauma Funds		_		_	0.0%		_	0.0%		-		_	0.0%	_	0.0%
Donations		_		8,135	-100.0%		64,243	-100.0%		-		8,135	-100.0%	64,243	-100.0%
COVID-19 Stimulus		-		-	0.0%		-	0.0%		-		-	0.0%	-	0.0%
					_										
CHANGE IN NET POSITION BEFORE															
INVESTMENT ACTIVITY	\$	1,994,155	\$	459,225	-334.2%	\$	(2,962,331)	167.3%	\$	1,994,155	\$	459,225	-334.2% \$	(2,962,331)	167.3%
Unrealized Gain/(Loss) on Investments	\$	106,531	\$	100,093	0.0%	\$	14,457	636.9%	\$	106,531	\$	100,093	0.0% \$	14,457	636.9%
Investment in Subsidiaries	•	18,187	*	85,799	-78.8%	-	2,375	665.8%	~	18,187	*	85,799	-78.8%	2,375	665.8%
		,		,			-,		_	,				_,	
CHANGE IN NET POSITION	\$	2,118,873	\$	645,117	-228.4%	\$	(2,945,500)	171.9%	\$	2,118,873	\$	645,117	-228.4% \$	(2,945,500)	171.9%
															_
ADJUSTED OPERATING EBIDA	\$	3,276,277	\$	1,797,685	82.2%	\$	(1,626,934)	-301.4%	\$	3,276,277	\$	1,797,685	82.2% \$	(1,626,933)	-301.4%

#### ECTOR COUNTY HOSPITAL DISTRICT HOSPITAL OPERATIONS SUMMARY OCTOBER 2025

				CUR	RENT MONTH	Ĭ	JOTOBER 202	•			YEA	R TO DATE		
		ACTUAL		BUDGET	BUDGET VAR	F	PRIOR YR	PRIOR YR VAR		ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE Inpatient Revenue	\$	62,159,315	\$	57,839,776	7.5%		57,356,017	8.4%	\$	62,159,315 \$	57,839,776	7.5% \$	57,356,017	8.4%
Outpatient Revenue TOTAL PATIENT REVENUE		55,764,013 17,923,328	\$	52,042,459 109,882,235	7.2% 7.3%	\$	59,333,524 116,689,540	-6.0% 1.1%	\$	55,764,013 117,923,328 \$	52,042,459 109,882,235	7.2% 7.3% \$	59,333,524 116,689,540	-6.0% 1.1%
DEDUCTIONS FROM REVENUE	\$	75,014,305	e	70,696,458	6.1%	\$	77,215,544	-2.9%	\$	75,014,305 \$	70,696,458	6.1% \$	77,215,544	-2.9%
Contractual Adjustments Policy Adjustments	φ	89,532	\$	160,285	-44.1%	φ	28,463	214.6%	φ	89,532	160,285	-44.1%	28,463	214.6%
Uninsured Discount		6,326,573		8,962,633	-29.4%		8,659,204	-26.9%		6,326,573	8,962,633	-29.4%	8,659,204	-26.9%
Indigent Care		1,551,996		1,172,494	32.4%		1,662,656	-6.7%		1,551,996	1,172,494	32.4%	1,662,656	-6.7%
Provision for Bad Debts	_	8,632,960	_	5,334,494	61.8%	_	5,734,659	50.5%	_	8,632,960	5,334,494	61.8%	5,734,659	50.5%
TOTAL REVENUE DEDUCTIONS	\$	91,615,366 77.69%	\$	86,326,364 78.56%	6.1%	<b>Þ</b>	93,300,526 79.96%	-1.8%	\$	91,615,366 \$ 77.69%	86,326,364 78.56%	6.1% \$	93,300,526 79.96%	-1.8%
OTHER PATIENT REVENUE  Medicaid Supplemental Payments	\$	1,446,862	•	1,457,917	-0.8%	e	1,810,333	-20.1%	\$	1,446,862 \$	1,457,917	-0.8% \$	1,810,333	-20.1%
DSRIP/CHIRP	Ψ	1,252,500	Ψ	1,252,500	0.0%	Ψ	(594,038)	-310.8%	Ψ	1,252,500	1,252,500	0.0%	(594,038)	-310.8%
TOTAL OTHER PATIENT REVENUE	\$	2,699,362	\$	2,710,417		\$	1,216,295	121.9%	\$	2,699,362 \$	2,710,417	-0.4% \$	1,216,295	121.9%
NET PATIENT REVENUE	\$	29,007,325	\$	26,266,288	10.4%	\$	24,605,309	17.9%	\$	29,007,325 \$	26,266,288	10.4% \$	24,605,309	17.9%
OTHER REVENUE Tax Revenue	\$	7,396,987	\$	7,445,396	-0.7%	s	6,729,882	9.9%	\$	7,396,987 \$	7,445,396	-0.7% \$	6,729,882	9.9%
Other Revenue		1,285,993		1,488,528	-13.6%	_	1,366,583	-5.9%	_	1,285,993	1,488,528	-13.6%	1,366,583	-5.9%
TOTAL OTHER REVENUE	\$	8,682,980	\$	8,933,924	-2.8%	\$	8,096,465	7.2%	\$	8,682,980 \$	8,933,924	-2.8% \$	8,096,465	7.2%
NET OPERATING REVENUE	\$	37,690,304	\$	35,200,212	7.1%	\$	32,701,774	15.3%	\$	37,690,304 \$	35,200,212	7.1% \$	32,701,774	15.3%
OPERATING EXPENSE														
Salaries and Wages	\$		\$	11,546,987	7.4%	\$	11,860,095	4.5%	\$	12,397,256 \$	11,546,987	7.4% \$	11,860,095	4.5%
Benefits		1,791,445		1,907,520	-6.1%		1,943,965	-7.8%		1,791,445	1,907,520	-6.1%	1,943,965	-7.8%
Temporary Labor Physician Fees		665,774 1.405.746		495,758 1,356,975	34.3% 3.6%		768,354 1.384.383	-13.4% 1.5%		665,774 1.405.746	495,758 1.356.975	34.3% 3.6%	768,354 1,384,383	-13.4% 1.5%
Texas Tech Support		1,042,284		1,042,618	0.0%		992,714	5.0%		1,042,284	1,042,618	0.0%	992,714	5.0%
Purchased Services		5,279,190		5,284,226	-0.1%		4,886,517	8.0%		5,279,190	5,284,226	-0.1%	4,886,517	8.0%
Supplies		6,996,051		6,916,290	1.2%		8,002,292	-12.6%		6,996,051	6,916,290	1.2%	8,002,292	-12.6%
Utilities		305,565		281,859	8.4%		330,901	-7.7%		305,565	281,859	8.4%	330,901	-7.7%
Repairs and Maintenance Leases and Rentals		1,068,108 24,683		950,974 41,354	12.3% -40.3%		761,978 13,011	40.2% 89.7%		1,068,108 24,683	950,974 41,354	12.3% -40.3%	761,978 13,011	40.2% 89.7%
Insurance		125,975		136,272	-7.6%		165,003	-23.7%		125,975	136,272	-7.6%	165,003	-23.7%
Interest Expense		87,073		79,673	9.3%		89,056	-2.2%		87,073	79,673	9.3%	89,056	-2.2%
ECHDA		152,958		113,629	34.6%		86,221	77.4%		152,958	113,629	34.6%	86,221	77.4%
Other Expense TOTAL OPERATING EXPENSES	\$	161,668 31,503,776	\$	161,634 30,315,769	0.0% 3.9% S	\$	156,626 31,441,117	3.2% 0.2%	\$	161,668 31,503,776 \$	161,634 30,315,769	0.0% 3.9% \$	156,626 31,441,117	3.2% 0.2%
Depreciation/Amortization	\$	2,222,970	\$	2,201,802	1.0%	\$	2,037,585	9.1%	\$	2,222,970 \$	2,201,802	1.0% \$	2,037,585	9.1%
(Gain)/Loss on Disposal of Assets		(24,114)		-	0.0%	_	-	0.0%	_	(24,114)	-	0.0%	-	0.0%
TOTAL OPERATING COSTS		33,702,632	\$	32,517,571		\$	33,478,702	0.7%	\$	33,702,632 \$	32,517,571	3.6% \$	33,478,702	0.7%
NET GAIN (LOSS) FROM OPERATIONS Operating Margin	\$	3,987,672 10.58%	\$	<b>2,682,641</b> 7.62%	<b>48.6%</b> 38.8%	\$	<b>(776,929)</b> -2.38%	-545.3%	\$	3,987,672 \$ 10.58%	<b>2,682,641</b> 7.62%	48.6% \$ 38.8%	(776,928) -2.38%	<b>613.3%</b> -545.3%
NONOPERATING REVENUE/EXPENSE														
Interest Income	\$	272,715	\$	184,607	47.7%	\$	66,625	309.3%	\$	272,715 \$	184,607	47.7% \$	66,625	309.3%
Tobacco Settlement		-		-	0.0%		-	0.0%		-	-		-	0.0%
Opiod Abatement Fund		-		-	0.0%		-	0.0%		-	-	0.00/	-	0.0%
Trauma Funds Donations		-		8,135	0.0% -100.0%		64,243	0.0% -100.0%			8,135	0.0% -100.0%	64,243	0.0% -100.0%
COVID-19 Stimulus		-		-	0.0%		-	0.0%		-	-	-100.070	-	0.0%
CHANGE IN NET POSITION BEFORE CAPITAL CONTRIBUTION	\$	4,260,387	¢	2,875,383	48.2%	¢	(646,061)	-759.4%	\$	4,260,387 \$	2,875,383	48.2% \$	(646,060)	-759.4%
Procare Capital Contribution	Ψ	(2,292,190)		(2,430,600)	-5.7%	Ψ	(2,360,472)	-2.9%	Ψ_	(2,292,190)	(2,430,600)	-5.7%	(2,360,472)	-2.9%
		. ,, 0 /		. , , , , ,			/				. ,,-50/		. ,	
CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY	\$	1,968,198	\$	444,783	-342.5%	\$	(3,006,532)	165.5%	\$	1,968,198 \$	444,783	-342.5% \$	(3,006,532)	165.5%
Unrealized Gain/(Loss) on Investments	\$	106,531	\$	100,093	6.4%	\$	14,457	636.9%	\$	106,531 \$	100,093	6.4% \$	14,457	636.9%
Investment in Subsidiaries	_	18,187		85,799	-78.8%		2,375	665.8%	_	18,187	85,799	-78.8%	2,375	665.8%
CHANGE IN NET POSITION	\$	2,092,915	\$	630,675	-231.9%	\$	(2,989,701)	170.0%	\$	2,092,915 \$	630,675	-231.9% \$	(2,989,701)	170.0%
ADJUSTED OPERATING EBIDA	\$	5,531,086	\$	4,201,258	31.7%	\$	677,406	716.5%	\$	5,531,086 \$	4,201,258	31.7% \$	677,407	716.5%

#### ECTOR COUNTY HOSPITAL DISTRICT PROCARE OPERATIONS SUMMARY OCTOBER 2025

	_			CUR	RENT MON	тн			_			YEAR	TO DATE			
		ACTUAL		BUDGET	BUDGET VAR		PRIOR YR	PRIOR YR VAR		ACTUAL		BUDGET	BUDGET VAR		PRIOR YR	PRIOR YR VAR
PATIENT REVENUE																
Outpatient Revenue TOTAL PATIENT REVENUE	\$	11,784,509 11,784,509		11,982,959 11,982,959	-1.7% -1.7%		11,570,063 11,570,063	1.9% 1.9%	\$		\$	11,982,959 11,982,959	-1.7% -1.7%	\$	11,570,063 11,570,063	1.9%
DEDUCTIONS FROM REVENUE																
Contractual Adjustments	\$	5,856,968	\$	6,264,425	-6.5%			-0.1%	\$	5,856,968	\$	6,264,425	-6.5%	\$	5,860,612	-0.1%
Policy Adjustments		720,778 275,985		988,755 260,733	-27.1% 5.8%		1,091,350 190,496	-34.0% 44.9%		720,778 275,985		988,755 260,733	-27.1% 5.8%		1,091,350 190,496	-34.0% 44.9%
Uninsured Discount Indigent		8,387		10,468	-19.9%		190,496	-19.2%		8,387		10,468	-19.9%		190,496	-19.2%
Provision for Bad Debts		1,516,320		1,058,260	43.3%		1,193,781	27.0%		1,516,320		1,058,260	43.3%		1,193,781	27.0%
TOTAL REVENUE DEDUCTIONS	\$	8,378,439 71.10%	\$	8,582,641 71.62%	-2.4%	\$	8,346,620 72.14%	0.4%	\$	8,378,439 71.10%	\$	8,582,641 71.62%	-2.4%	\$	8,346,620 72.14%	0.4%
NET PATIENT REVENUE	\$	3,406,070	\$	3,400,318	0.2%	\$	3,223,443	5.7%	\$	3,406,070	\$	3,400,318	0.2%	\$	3,223,443	5.7%
OTHER REVENUE																
Other Income TOTAL OTHER REVENUE	_\$_	310,249	\$	267,839	15.8%	\$	360,203	-13.9%	\$	310,249	\$	267,839	15.8%	\$	360,203	-13.9%
NET OPERATING REVENUE	\$	3,716,319	\$	3,668,157	1.3%	\$	3,583,646	3.7%	\$	3,716,319	\$	3,668,157	1.3%	\$	3,583,646	3.7%
OPERATING EXPENSE										-						
Salaries and Wages	\$	4,736,686	\$	4,741,458	-0.1%	\$	4,635,258	2.2%	\$	4,736,686	\$	4,741,458	-0.1%	\$	4.635.258	2.2%
Benefits	•	325,169	Ψ.	393,115	-17.3%		341,597	-4.8%	Ψ.	325,169	Ψ.	393,115	-17.3%	•	341,597	-4.8%
Temporary Labor		731,465		773,703	-5.5%		719,066	1.7%		731,465		773,703	-5.5%		719,066	1.7%
Physician Fees		215,017		212,269	1.3%		176,213	22.0%		215,017		212,269	1.3%		176,213	22.0%
Purchased Services Supplies		(366,910) 46,208		(399,035) 76,795	-8.1% -39.8%		(310,512) 86,050	18.2% -46.3%		(366,910) 46,208		(399,035) 76,795	-8.1% -39.8%		(310,512) 86,050	18.2% -46.3%
Utilities		716		905	-20.9%		959	-25.3%		716		905	-20.9%		959	-25.3%
Repairs and Maintenance		3,607		476	657.8%	5	-	0.0%		3,607		476	657.8%		-	0.0%
Leases and Rentals		163,692		161,579	1.3%		148,910	9.9%		163,692		161,579	1.3%		148,910	9.9%
Insurance		57,677		59,854	-3.6%		52,056	10.8%		57,677		59,854	-3.6%		52,056	10.8%
Other Expense TOTAL OPERATING EXPENSES	\$	83,758 5,997,086	\$	65,051 6,086,170	28.8%		82,591 5,932,187	1.4%	\$	83,758 5,997,086	\$	65,051 6,086,170	28.8% -1.5%	\$	82,591 5,932,187	1.4%
TO THE OF EIGHTING EXICENCES	Ψ	0,007,000	Ψ	0,000,170	1.07	Ψ	0,002,101	1.170	Ψ	0,007,000	Ψ	0,000,170	1.070	Ψ	0,002,107	1.170
Depreciation/Amortization (Gain)/Loss on Sale of Assets	\$	11,423 -	\$	12,585 -	-9.2% 0.0%		11,930 -	-4.3% 0.0%	\$	11,423 -	\$	12,585 -	-9.2% 0.0%	\$	11,930 -	-4.3% 0.0%
TOTAL OPERATING COSTS	\$	6,008,509	\$	6,098,755	-1.5%	\$	5,944,118	1.1%	\$	6,008,509	\$	6,098,755	-1.5%	\$	5,944,118	1.1%
NET GAIN (LOSS) FROM OPERATIONS Operating Margin	\$	<b>(2,292,190)</b> -61.68%	\$	<b>(2,430,598)</b> -66.26%	<b>-5.7%</b> -6.9%		(2,360,472) -65.87%	<b>-2.9%</b> -6.4%	\$	<b>(2,292,190)</b> -61.68%	\$	<b>(2,430,598)</b> -66.26%	<b>-5.7%</b> -6.9%	\$	<b>(2,360,472)</b> -65.87%	<b>-2.9%</b> -6.4%
COVID-19 Stimulus MCH Contribution	\$ \$	- 2,292,190	\$ \$	2,430,598	0.0% -5.7%			0.0% -2.9%	\$ \$	- 2,292,190	\$ \$	- 2,430,598	0.0% -5.7%	\$ \$	2,360,472	0.0% -2.9%
CAPITAL CONTRIBUTION	\$	-	\$	-	0.0%	\$	-	0.0%	\$	-	\$	-	0.0%	\$	-	0.0%
ADJUSTED OPERATING EBIDA	\$	(2,280,766)	\$	(2,418,013)	5.7%	\$	(2,348,541)	2.9%	\$	(2,280,766)	\$	(2,418,013)	5.7%	\$	(2,348,541)	2.9%
					MONTH	ILY	STATISTICAL	REPORT								
	_			CUR	RENT MON	TH			_			YEAR	TO DATE			
Total Office Visits Total Hospital Visits		8,715 6,871		8,096 7,024	7.6% -2.2%		8,595 6,815	1.40% 0.82%		8,715 6,871		8,096 7,024	7.6% -2.2%		8,595 6,815	1.40% 0.82%
Total Procedures		14,306		14,722	-2.2%		14,676	-2.52%		14,306		14,722	-2.2%		14,676	-2.52%
Total Surgeries		771		810	-4.8%		781	-1.28%		771		810	-4.8%		781	-1.28%
Total Provider FTE's		86.4		89.4	-3.4%	5	86.5	-0.19%		86.4		89.4	-3.4%		86.5	-0.19%
Total Staff FTE's		123.8		142.7	-13.2%		113.8	8.84%		123.8		142.7	-13.2%		113.8	8.84%
Total Administrative FTE's	_	8.1		9.5	-14.6%		7.8	4.60%	_	8.1		9.5	-14.6%		7.8	4.60%
Total FTE's	_	218.3		241.6	-9.6%	)	208.1	4.93%	_	218.3		241.6	-9.6%		208.1	4.93%

#### ECTOR COUNTY HOSPITAL DISTRICT TRAUMACARE OPERATIONS SUMMARY OCTOBER 2025

				CURRI	ENT MONTH							YEAF	R TO DATE		
	,	ACTUAL	E	BUDGET	BUDGET VAR	PR	IOR YR	PRIOR YR VAR	,	CTUAL	E	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE															
Outpatient Revenue TOTAL PATIENT REVENUE	\$	204,771 204,771	<u>\$</u> \$	181,693 181,693			222,117 222,117	-7.8% -7.8%	\$	204,771 204,771	\$	181,693 181,693	12.7% \$ 12.7% \$		-7.8% -7.8%
TOTAL TANEM NEVEROL	Ÿ	204,771	Ψ	101,000	12.770	Ψ	222,117	1.070	Ŷ	204,771	Ψ	101,000	12.770 4	, 222,111	1.070
DEDUCTIONS FROM REVENUE	_	400.000	_		45.40/	_		. =0/	_	400.000	_		45 40/ 4		4 = 0/
Contractual Adjustments Policy Adjustments	\$	120,892 24,412	\$	83,293 32,826	45.1% -25.6%	\$	115,664 33,769	4.5% -27.7%	\$	120,892 24,412	\$	83,293 32,826	45.1% \$ -25.6%	33,769	4.5% -27.7%
Uninsured Discount		24,412		32,020	0.0%		-	0.0%		- 24,412		-	0.0%	33,709	0.0%
Indigent		-		-	0.0%		-	0.0%		-		-	0.0%	-	0.0%
Provision for Bad Debts		22,634		30,033	-24.6%		30,338	-25.4%		22,634		30,033	-24.6%	30,338	-25.4%
TOTAL REVENUE DEDUCTIONS	\$	167,938 82.01%	\$	146,152 80.44%	14.9%	\$	179,771 80.94%	-6.6%	\$	167,938 82.01%	\$	146,152 80.44%	14.9% \$	5 179,771 80.94%	-6.6%
		02.0170		00.4470			00.5470			02.0170		00.4470		00.5470	
NET PATIENT REVENUE	\$	36,833	\$	35,541	3.6%	\$	42,346	-13.0%	\$	36,833	\$	35,541	3.6% \$	42,346	-13.0%
OTHER REVENUE										18.0%					
Other Income	\$	1,959	\$	1,101	77.9%	\$	3,542	-44.7%	\$	1,959	\$	1,101	77.9% \$	3,542	-44.7%
TOTAL OTHER REVENUE				,						,					
NET OPERATING REVENUE	\$	38,791	\$	36,642	5.9%	\$	45,888	-15.5%	\$	38,791	\$	36,642	5.9% \$	45,888	-15.5%
NET OFERATING REVENUE	Ψ	30,791	φ	30,042	3.970	φ	43,000	-13.370	Ψ	30,791	φ	30,042	3.570 4	45,000	-13.370
										-					
OPERATING EXPENSE	\$	040.704	•	054.040	0.00/	•	007.400	4.00/	•	040 704	•	054.040	0.00/_6	007.400	4.00/
Salaries and Wages Benefits	\$	248,791 12,603	\$	251,010 16,793	-0.9% -25.0%	\$	237,129 9,281	4.9% 35.8%	\$	248,791 12,603	\$	251,010 16,793	-0.9% \$ -25.0%	5 237,129 9,281	4.9% 35.8%
Temporary Labor		-		-	0.0%		-	0.0%		-		-	0.0%	5,201	0.0%
Physician Fees		(259,248)		(259,248)	0.0%	(	(259,248)	0.0%		(259,248)		(259,248)	0.0%	(259,248)	0.0%
Purchased Services		538		2,490	-78.4%		2,220	-75.8%		538		2,490	-78.4%	2,220	-75.8%
Supplies		677		340	99.2%		208	225.6%		677		340	99.2%	208	225.6%
Utilities Repairs and Maintenance		-		-	0.0% 0.0%		-	0.0% 0.0%		-		-	0.0% 0.0%	-	0.0% 0.0%
Leases and Rentals		653		802	-18.5%		1,993	-67.2%		653		802	-18.5%	1,993	-67.2%
Insurance		8,464		9,450	-10.4%		9,722	-12.9%		8,464		9,450	-10.4%	9,722	-12.9%
Other Expense		355		565	-37.2%		382	-7.0%		355		565	-37.2%	382	-7.0%
TOTAL OPERATING EXPENSES	\$	12,833	\$	22,202	-42.2%	\$	1,687	660.7%	\$	12,833	\$	22,202	-42.2% \$	1,687	660.7%
Depreciation/Amortization	\$	_	\$	-	0.0%	\$	-	0.0%	\$	-	\$	_	0.0% \$	; -	0.0%
(Gain)/Loss on Sale of Assets		-		-	0.0%		-	0.0%		-		-	0.0%	-	0.0%
TOTAL OPERATING COSTS	\$	12,833	\$	22,202	-42.2%	φ	1,687	660.7%	\$	12,833	\$	22,202	-42.2%	1,687	660.7%
TOTAL OPERATING COSTS	Ą	12,033	Ф	22,202	-42.270	Φ	1,007	000.7 70	Ф	12,033	Ф	22,202	-42.270 J	1,007	000.7 %
NET GAIN (LOSS) FROM OPERATIONS	\$	25,958	\$	14,440		\$	44,201	-41.3%	\$	25,958	\$	14,440	79.8%		-41.3%
Operating Margin		66.92%		39.41%	69.8%		96.32%	-30.5%		66.92%		39.41%	69.8%	96.32%	-30.5%
COVID-19 Stimulus	\$	_	\$	-	0.0%	\$	_	0.0%	\$	_	\$	_	0.0% \$	-	0.0%
MCH Contribution	\$	-	\$	-	0.0%	\$	-	0.0%	\$	-	\$	-	0.0% \$		0.0%
CAPITAL CONTRIBUTION	\$	25,958	\$	14,440	79.8%	\$	44,201	-41.3%	\$	25,958	\$	14,440	79.8% \$	44,201	-41.3%
ADJUSTED OPERATING EBIDA	\$	25,958	\$	14,440	79.8%	\$	44,201	-41.3%	\$	25,958	\$	14,440	79.8% \$	44,201	-41.3%
					MONTHLY S	TAT	ISTICAL F	EPORT							
				CHEE	ENT MONTH							VEA	R TO DATE		
				COAR	LITT MONTH				_			ILAI	· · O DAIL		
Total Procedures		705		519	35.84%		647	8.96%		705		519	35.84%	647	8.96%
Total Provider FTE's		7.3		7.3	0.00%		7.4	-0.53%		7.3		7.3	0.00%	7.4	-0.53%
Total Staff FTE's		1.0		0.9	7.30%		1.0	0.55%		1.0		0.9	7.30%	1.0	0.55%
Total FTE's		8.3		8.3	0.83%		8.4	-0.40%		8.3		8.3	0.83%	8.4	-0.40%

### ECTOR COUNTY HOSPITAL DISTRICT DIABETES SCREENING CLINIC - OPERATIONS SUMMARY OCTOBER 2025

	CURRENT MONTH							YEAR TO DATE							
	A	CTUAL	В	UDGET	BUDGET VAR	PF	RIOR YR	PRIOR YR VAR	,	ACTUAL	В	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE															
Outpatient Revenue	\$	9,475	\$	7,274	30.3%		7,700	23.1%	\$	9,475	\$	7,274	30.3% \$		23.1%
TOTAL PATIENT REVENUE	\$	9,475	\$	7,274	30.3%	\$	7,700	23.1%	\$	9,475	\$	7,274	30.3% \$	7,700	23.1%
DEDUCTIONS FROM REVENUE															
Contractual Adjustments	\$	-	\$	-	0.0%	\$	-	0.0%	\$	-	\$	-	0.0% \$		0.0%
Self Pay Adjustments		3,107		5,036	-38.3%		7,560	-58.9%		3,107		5,036	-38.3%	7,560	-58.9%
Bad Debts		-		-	0.0%		-	0.0%		-		-	0.0%	-	0.0%
TOTAL REVENUE DEDUCTIONS	\$	3,107	\$	5,036	-38.3%	\$	7,560	-58.9%	\$	3,107	\$	5,036	-38.3%		-58.9%
		32.8%		69.2%			98.2%			32.8%		69.2%		98.2%	
NET PATIENT REVENUE	_\$_	6,368	\$	2,238	184.5%	\$	140	4438.3%	\$	6,368	\$	2,238	184.5% \$	140	4438.3%
OTHER REVENUE															
Other Revenue	\$	-	\$	-	0.0%		-	0.0%	\$	-	\$	-	0.0% \$		0.0%
TOTAL OTHER REVENUE	\$	-	\$	-	0.0%	\$	-	0.0%	\$	-	\$	-	0.0% \$	-	0.0%
NET OPERATING REVENUE	\$	6,368	\$	2,238	184.5%	\$	140	4438.3%	\$	6,368	\$	2,238	184.5% \$	140	4438.3%
OPERATING EXPENSE															
Salaries and Wages	\$	1,034	\$	2,021	-48.9%	\$	852	21.3%	\$	1,034	\$	2,021	-48.9% \$	-	0.0%
Benefits		149		334	-55.4%		140	6.4%		149		334	-55.4%	-	0.0%
Physician Services		10,833		4,231	156.0%		2,000	441.7%		10,833		4,231	156.0%	-	0.0%
Cost of Drugs Sold		-		-	0.0%		-	0.0%		-		-	0.0%	-	0.0%
Supplies		262		205	27.8%		60	336.7%		262		205	27.8%	60	336.7%
Utilities		-		-	0.0%		-	0.0%		-		-	0.0%	-	0.0%
Repairs and Maintenance		-		208	-100.0%		40	-100.0%		-		208	-100.0%	40	-100.0%
Leases and Rentals		24		-	0.0%		-	0.0%		24		-	0.0%	-	0.0%
Other Expense		-		-	0.0%		-	0.0%		-		-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$	12,302	\$	6,999	75.8%	\$	3,092	297.9%	\$	12,302	\$	6,999	75.8% \$	100	12228.9%
Depreciation/Amortization	\$	905	\$	907	-0.2%	\$	905	0.0%	\$	905	\$	907	-0.2% \$	905	0.0%
TOTAL OPERATING COSTS	\$	13,207	\$	7,906	67.0%	\$	3,996	230.5%	\$	13,207	\$	7,906	67.0% \$	1,005	1214.4%
NET GAIN (LOSS) FROM OPERATIONS	\$	(6,839)	\$	(5,668)	-20.7%	\$	(3,856)	-77.3%	\$	(6,839)	\$	(5,668)	-20.7% \$	(864)	-691.1%
Operating Margin		-107.39%		-253.26%	-57.6%	-2	748.12%	-96.1%		-107.39%		-253.26%	-57.6%	-616.04%	-82.6%

		CURR	ENT MONTH				YEAF	TO DATE		
Medical Visits	36	24	50.0%	25	44.0%	36	24	50.0%	25	44.0%
Hospital FTE's (Salaries and Wages)	0.2	0.5	-58.8%	0.2	1.7%	0.2	0.5	-58.8%	0.2	1.7%

# ECTOR COUNTY HOSPITAL DISTRICT OCTOBER 2025

# **REVENUE BY PAYOR**

		CURRENT	MON.	тн			YEAR TO	D DATE	
	CURRENT Y	EAR		PRIOR YEAR	₹	CURRENT Y	EAR	PRIOR YEA	R
	GROSS			GROSS		GROSS		GROSS	
	REVENUE	%	F	REVENUE	%	REVENUE	%	REVENUE	%
Medicare	\$ 44,386,753	37.7%	\$	45,913,071	39.3%	\$ 44,386,753	37.7%	45,913,071	39.3%
Medicaid	11,658,801	9.9%		12,640,449	10.8%	11,658,801	9.9%	12,640,449	10.8%
Commercial	44,255,497	37.5%		42,238,100	36.2%	44,255,497	37.5%	42,238,100	36.2%
Self Pay	12,538,423	10.6%		11,868,629	10.2%	12,538,423	10.6%	11,868,629	10.2%
Other	5,083,855	4.3%		4,029,291	3.5%	5,083,855	4.3%	4,029,291	3.5%
TOTAL	\$ 117,923,328	100.0%	\$	116,689,540	100.0%	\$ 117,923,328	100.0%	116,689,540	100.0%

# PAYMENTS BY PAYOR

	CURRENT MONTH					YEAR TO DATE					
	CURRENT	YEAR		PRIOR YEAR	₹	CURRENT YEAR		AR	PRIOR YEA	R	
	PAYMENTS	%	Р	AYMENTS	% PAYME		PAYMENTS	%	PAYMENTS	%	
Medicare	\$ 9,430,727	36.1%	\$	9,941,462	39.5%	\$	9,430,727	36.1%	9,941,462	39.5%	
Medicaid	2,812,382	10.8%		1,832,366	7.3%		2,812,382	10.8%	1,832,366	7.3%	
Commercial	11,213,983	43.0%		10,539,842	41.9%		11,213,983	43.0%	10,539,842	41.9%	
Self Pay	1,274,392	4.9%		1,451,968	5.8%		1,274,392	4.9%	1,451,968	5.8%	
Other	1,369,178	5.2%		1,380,222	5.5%		1,369,178	5.2%	1,380,222	5.5%	
TOTAL	\$ 26,100,663	100.0%	\$	25,145,859	100.0%	\$	26,100,663	100.0%	25,145,859	100.0%	

# ECTOR COUNTY HOSPITAL DISTRICT STATEMENT OF CASH FLOW OCTOBER 2025

	Hospital	ProCare	TraumaCare	Blended
Cash Flows from Operating Activities and Nonoperating Revenue:  Excess of Revenue over Expenses	\$ 2,092,915	-	25,958	\$ 2,118,873
Noncash Expenses: Depreciation and Amortization	1,943,240	565	-	1,943,805
Unrealized Gain/Loss on Investments Accretion (Bonds) & COVID Funding	106,531 (44,163)	-	-	106,531 (44,163)
Changes in Assets and Liabilities Patient Receivables, Net Taxes Receivable/Deferred	(1,157,623) (2,493,552)	(143,135) 1,318	16	(1,300,742) (2,492,234)
Inventories, Prepaids and Other LT Lease Rec	885,423 161,018	(29,926)	(379)	855,118 161,018
Deferred Inflow of Resources Accounts Payable	(567,552)	124,434	(53,723)	(496,841)
Accrued Expenses Due to Third Party Payors	1,585,482 23,548	46,745 -	28,129	1,660,355 23,548
Deffered Inflows of Resources-GASB 87 Lessor Accrued Post Retirement Benefit Costs	 (162,220) (509,344)		-	(162,220) (509,344)
Net Cash Provided by Operating Activities	\$ 1,863,704	(0)		\$ 1,863,704
Cash Flows from Investing Activities: Investments	\$ (463,093)	-	-	\$ (463,093)
Acquisition of Property and Equipment	 (101,776)			(101,776)
Net Cash used by Investing Activities	\$ (564,869)	-	-	\$ (564,869)
Cash Flows from Financing Activities:				
Current Portion Debt Principal Paid on Subscription Liabitlities Principal Paid on Lease Liabitlities Intercompany Activities	\$ (39,772) (46,588)	-	-	\$ (39,772) (46,588)
LT Liab Subscriptions LT Liab Leases	(402,251)			- (402,251)
Net Repayment of Long-term Debt/Bond Issuance	 <u> </u>	-	-	<u> </u>
Net Cash used by Financing Activities	 (488,611)			(488,611)
Net Increase (Decrease) in Cash	810,224	(0)	-	810,224
Beginning Cash & Cash Equivalents @ 9/30/2025	 27,702,192	4,700		27,706,892
Ending Cash & Cash Equivalents @ 10/31/2025	\$ 28,512,417 \$	4,700	-	\$ 28,517,117

#### ECTOR COUNTY HOSPITAL DISTRICT MEDICAID SUPPLEMENTAL PAYMENTS FISCAL YEAR 2026

CASH ACTIVITY		TAX (IGT) ASSESSED	GOVERNMENT PAYOUT		BURDEN ALLEVIATION	NET INFLOW		
DSH								
1st Qtr	\$	(2,403,294)	\$	5,982,807		\$	3,579,514	
2nd Qtr	•	(2, 100,201)	*	-		•	-	
3rd Qtr								
4th Qtr								
DSH TOTAL	- \$	(2,403,294)	\$	5,982,807		\$	3,579,514	
BOILTOINE		(2,400,204)	_Ψ	0,002,001			0,010,014	
UC								
1st Qtr	\$	_	\$	_			_	
2nd Qtr	•	_	•	_			_	
3rd Qtr		_		_			_	
4th Qtr		_		_			_	
UC TOTAL	\$	-	\$	-		\$		
ARURIOA								
APHRIQA			\$			\$		
1st Qtr	Þ	-	Ф	-		Ф	-	
2nd Qtr 3rd .		-		-			-	
		-		-			-	
4th Qtr APHRIQA TOTAL	\$	<u>-</u> _	\$			\$		
APHRIQA TOTAL	<u> </u>		Φ			Φ		
DSRIP								
			•			•		
1st Qtr	\$	-	\$	-		\$	-	
2nd Qtr				-			-	
3rd Qtr		-		-			-	
4th Qtr DSRIP UPL TOTAL		<u>-</u> _	\$	<del></del>		\$		
DSKIF OFE TOTAL	<u> </u>		Ψ			_Ψ		
ATLIS								
1st Qtr	\$	(1,009,177)	\$	_		\$	(1,009,177)	
2nd Qtr		-		-			- ,	
3rd Qtr		-		-			-	
4th Qtr		-		-			-	
ATLAS TOTAL	\$	(1,009,177)	\$	-		\$	(1,009,177)	
GME								
1st Qtr	\$	-	\$	-		\$	-	
2nd Qtr		-		-			-	
3rd .		-		-			-	
4th Qtr		-		-			-	
GME TOTAL	\$		\$			_\$	-	
CHIRP								
1st Qtr	\$	-	\$	1,291,556		\$	1,291,556	
2nd Qtr		-		-			-	
3rd .		-		-			-	
4th Qtr		-		-			-	
CHIRP TOTAL	\$	-	\$	1,291,556		\$	1,291,556	
HARP								
1st Qtr	\$	-		-		\$	-	
2nd Qtr		-		-			-	
3rd .		-		-			-	
4th Qtr				-				
HARP TOTAL	\$		\$			_\$	-	
TIPPS								
1st Qtr	\$	-	\$	-		\$	-	
2nd Qtr	*	-	•	-		*	-	
3rd .		-		-			-	
4th Qtr				-			-	
TIPPS TOTAL	\$	-	\$	-		\$	-	
MCH Cash Activity	\$	(3,412,470)	\$	7,274,363		\$	3,861,893	
ProCare Cash Activity	\$	-	\$	-	\$ -	\$	-	
Blended Cash Activity	\$	(3,412,470)	\$	7,274,363	\$ -	\$	3,861,893	

INCOME STATEMENT ACTIVITY:	<u>B</u>	LENDED
FY 2026 Accrued / (Deferred) Adjustments:		
DSH	\$	447,278
UC		657,500
APHRIQA		966,667
ATLAS		12,917
GME		140,000
CHIRP		285,833
HARP		189,167
TIPPS		-
Medicaid Supplemental Payments		2,699,362
DSRIP Accrual		-
Total Adjustments	\$	2,699,362

# ECTOR COUNTY HOSPITAL DISTRICT SUPPLEMENTAL SCHEDULE OF HOSPITAL TEMPORARY LABOR FTE'S OCTOBER 2025

		CUF	RRENT MO	NTH		YEAR TO DATE				
TEMPORARY LABOR DEPARTMENT	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR
Operating Room	11.5	3.8	199.9%		8.4%	11.5	3.8	199.9%	10.6	8.4%
Cardiopulmonary	8.0	7.7	4.6%		-37.9%	8.0	7.7	4.6%		-37.9%
Labor and Delivery	2.6	1.0	165.8%		-36.6%	2.6	1.0	165.8%		-36.6%
Imaging - Nuclear Medicine	1.7	1.0	73.8%		340.5%	1.7	1.0	73.8%		340.5%
Laboratory - Chemistry	1.6	4.8	-65.7%		-14.8%	1.6	4.8	-65.7%		-14.8%
Laboratory - Chemistry  Laboratory - Histology	1.0	1.0	25.3%		79.3%	1.0	1.0	25.3%	0.7	79.3%
	1.0	-	0.0%		224.7%	1.0	-	0.0%	0.7	224.7%
Intensive Care Unit (ICU) 2	1.0						-			
6 Central		-	0.0%		100.2%	1.0	-	0.0%	0.5	100.2%
9 Central	1.0	-	0.0%		378.1%	1.0	-	0.0%	0.2	378.1%
Imaging - Diagnostics	0.8	1.9	-57.0%		-82.2%	0.8	1.9	-57.0%	4.6	-82.2%
PM&R - Physical	0.8	-	0.0%		0.0%	0.8	-	0.0%	-	0.0%
Utilization Review	0.8	1.0	-16.8%		1.1%	0.8	1.0	-16.8%	8.0	1.1%
Intensive Care Unit (CCU) 4	0.8	2.9	-72.7%		190.0%	0.8	2.9	-72.7%	0.3	190.0%
CHW - Sports Medicine	0.7	1.9	-64.3%		424.7%	0.7	1.9	-64.3%	0.1	424.7%
PM&R - Occupational	0.4	1.0	-60.2%		0.0%	0.4	1.0	-60.2%		0.0%
7 Central	0.4	-	0.0%		-78.0%	0.4	-	0.0%	1.6	-78.0%
5 Central	0.2	-	0.0%		218.4%	0.2	-	0.0%	0.1	218.4%
Nursing Flex Pool	-	2.5	-100.0%	-	0.0%	-	2.5	-100.0%	-	0.0%
PM&R - Speech	-	0.5	-100.0%	-	0.0%	-	0.5	-100.0%	-	0.0%
4 East	-	1.0	-100.0%	1.3	-100.0%	-	1.0	-100.0%	1.3	-100.0%
4 Central	=	-	0.0%	0.1	-100.0%	-	-	0.0%	0.1	-100.0%
Imaging - Ultrasound	=	-	0.0%	1.0	-100.0%	-	-	0.0%	1.0	-100.0%
Pharmacy - Retail	=	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Emergency Department	-	-	0.0%	0.1	-100.0%	-	-	0.0%	0.1	-100.0%
6 West	-	-	0.0%	0.1	-100.0%	-	-	0.0%	0.1	-100.0%
3 West Observation	-	-	0.0%	0.2	-100.0%	-	-	0.0%	0.2	-100.0%
Nursing Orientation	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Recovery Room	-	_	0.0%	0.8	-100.0%	-	-	0.0%	0.8	-100.0%
Neonatal Intensive Care	-	_	0.0%	-	0.0%	-	-	0.0%	-	0.0%
5 West	=	_	0.0%	0.1	-100.0%	-	-	0.0%	0.1	-100.0%
Laboratory - Hematology	=	_	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Cardiopulmonary - NICU	_	1.0	-100.0%		0.0%	_	1.0	-100.0%	_	0.0%
Care Management	_	_	0.0%		0.0%	_	_	0.0%	_	0.0%
Imaging - CT Scan	_	_	0.0%		0.0%	_	_	0.0%	_	0.0%
Imaging - CVI	_	_	0.0%		0.0%	_	_	0.0%	_	0.0%
SUBTOTAL	41.1	36.8	11.6%		-3.9%	41.1	36.8	11.6%		-3.9%
TRANSITION LABOR										
Laboratory - Chemistry	4.6	-	0.0%	4.5	3.6%	4.6	_	0.0%	4.5	3.6%
SUBTOTAL	4.6	-	0.0%		3.6%	4.6	-	0.0%		3.6%
GRAND TOTAL	45.7	36.8	24.1%	47.2	-3.2%	45.7	36.8	24.1%	47.2	-3.2%





# **Financial Presentation**

For the Month Ended October 31, 2025

# Results From Operations October 31, 2025

	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	
Inpatient Revenue	\$62,159,315	\$57,839,776	\$4,319,539	7.5%
Outpatient Revenue	67,753,294	64,207,111	3,546,183	5.5%
Total Patient Revenue	129,912,609	122,046,887	7,865,722	6.4%
Less: Deductions	100,161,744	95,055,157	5,106,587	5.4%
Net Patient Revenue	29,750,865	26,991,730	2,759,135	10.2%
Supplemental Funding	2,699,362	2,710,417	(11,055)	-0.4%
Tax Revenue	7,396,987	7,445,396	(48,409)	-0.7%
Other Revenue	1,598,201	1,757,468	(159,267)	-9.1%
Total Operating Revenue	41,445,415	38,905,011	2,540,404	6.5%
Salaries, Benefits & Contract Labor	20,909,188	20,126,344	782,844	3.9%
Physician Fees incl TTU	2,403,799	2,352,614	51,185	2.2%
Purchased Services	4,912,818	4,887,681	25,137	0.5%
Supplies	7,042,936	6,993,425	49,511	0.7%
Repair and Maintenance	1,071,716	951,450	120,266	12.6%
Other Expense	933,208	919,325	13,883	1.5%
ECHD Assistance	152,958	113,629	39,329	34.6%
Interest Expense	87,073	79,673	7,400	9.3%
Depreciation	2,210,279	2,214,387	(4,108)	-0.2%
Total Operating Expenses	39,723,975	38,638,528	1,085,447	2.8%
Gain from Operations	1,721,440	266,483	1,454,957	546.0%
Nonoperating income	397,433	378,634	18,799	5.0%
Excess Income over Expenses	\$2,118,873	\$645,117	\$1,473,756	228.4%

# Results From Operations October 31, 2025

Actual Budget Variance

Gain(Loss) From Operations \$1,721,440 \$226,483 \$1,494,957

# **Major Variances**

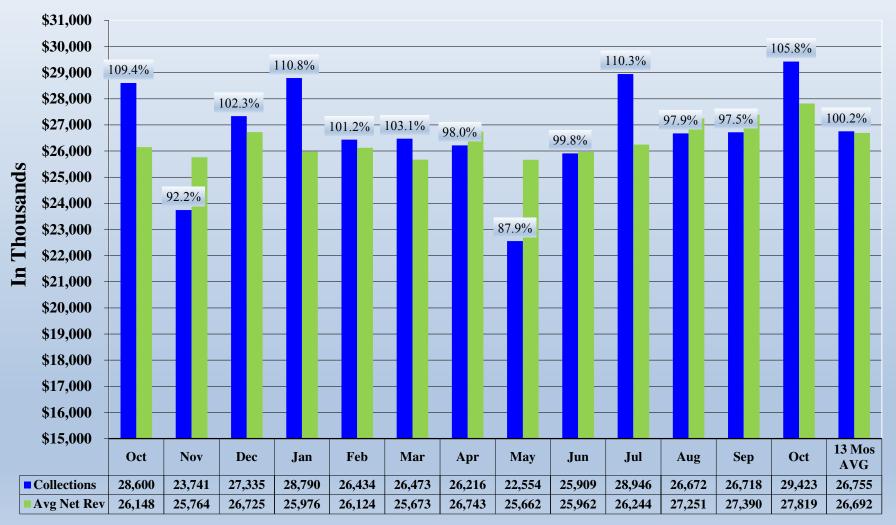
- Due to higher inpatient volumes combined with a favorable payor mix, net revenue was over budget by \$2.7M.
- Salaries and contract labor was overbudget by \$971k but was supported by productivity targets with additional patient days and longer lengths of stay. There was also a clinical ladder payout made in October.
- Repairs and Maintenance was \$120k over

# Key Statistics October 31, 2025

	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>
Inpatient Days	6,202	5,559	11.6%
CMI Adjusted LOS	3.09	2.73	13.0%
Surgeries	851	766	11.1%
<b>Emergency Visits</b>	5,256	5,108	2.9%

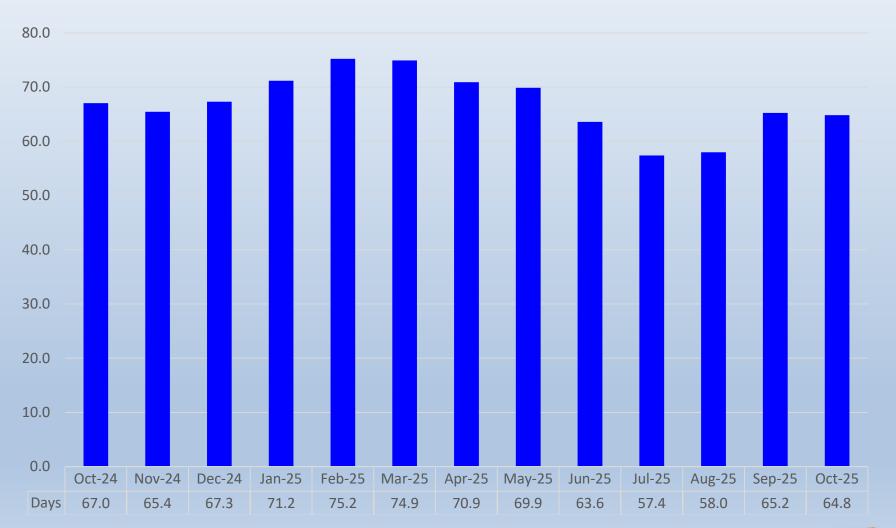
# Total AR Cash Receipts

# 13 Month Trending



# Days Cash on Hand

# Thirteen Month Trending





TO: ECHD Board of Directors

FROM: Linda Carpenter, Chief Information Officer

SUBJECT: Calian - Infoblox Support Renewal

DATE: December 1, 2025

Cost:

Infoblox Support Renewal \$111,982.00

**Budget Reference:** 

FY26 Operational Funds \$111,982.00

------

# Background/Objective:

The Infoblox upgrade from Calian was planned and approved in the FY26 budget to strengthen our network security and operational resilience. The upgrade includes updated hardware, and advanced threat protection features that strengthen our security posture, improve compliance, and reduce risk exposure.

Following this upgrade, we now need to renew annual support services to maintain premium coverage and advanced security features. This investment ensures continued compliance, reduces risk exposure, and protects against service interruptions. Your approval of the support renewal will safeguard the benefits of the upgrade and maintain the integrity of our network infrastructure.

# **Funding:**

Infoblox Upgrade and the associated support costs were included in the FY26 budget plan, ensuring financial alignment with approved capital expenditures.



TO: ECHD Board of Directors

FROM: Linda Carpenter, Chief Information Officer

SUBJECT: Microsoft Enterprise Agreement Support Renewal-3yr

DATE: December 1, 2025

Cost:

Microsoft Enterprise Agreement Support \$782,375.54

(Annual cost-3yr agreement)

**Budget Reference:** 

Operational Budget \$782,375.54

(annually)

\_\_\_\_\_

# **Background**:

The Enterprise Agreement is a three-year contract that provides licensing and updates for the core Microsoft platforms used across MCH. This includes every user's workstation, most servers, SQL databases, email and Microsoft Office licensing, antivirus/security tools, and other essential applications. It effectively covers the software foundation for daily hospital operations, supporting both clinical and administrative staff, and ensuring the systems and workstations they rely on remain secure, functional, and up to date.

# **Funding:**

Microsoft Agreement with annual fee of \$782,375.54 will come from operational budgeted funds for this project.



TO: ECHD Board of Directors

FROM: Linda Carpenter, Chief Information Officer

SUBJECT: Fortified Health Security –Virtual Information Security Officer (VISO) +

HIPAA Security Risk Assessment (SRA)

DATE: December 1, 2025

Cost:

Fortified VISO + HIPAA SRA

 Year 1
 \$ 95,000.00

 Year 2
 \$ 99,750.00

 Year 3
 \$104,738.00

 Total
 \$299,488.00

**Budget Reference:** 

Operational Budget \$299,488.00

(3yr)

# **Objective:**

Medical Center Hospital (MCH) partnership with Fortified Health Security has driven substantial improvements in cybersecurity operations. In recent months, MCH has achieved key milestones including establishing a fully functional Security Operations Center, updating policies to meet compliance standards, implementing a comprehensive risk register, and enhancing governance processes. Additionally, security awareness training participation has increased dramatically across the organization. Fortified has been instrumental in helping identify and close security gaps through very thorough yearly HIPAA Security Risk Assessments. These efforts have strengthened our overall security posture and accelerated progress on initiatives that were previously stagnant. Continued engagement with Fortified is essential to maintain this momentum and support ongoing improvements.

Risk if not approved: Loss of a dedicated advisory, mentor, and loss of direct access to a leading healthcare cybersecurity partner to guide and evolve MCH's cybersecurity program. Loss of access to monthly threat bulletins, healthcare cybersecurity briefs, and healthcare threat intelligence provided by Fortified. Loss of Centralized Risk Management via Fortified Risk Registry that provides additional monthly risk reporting. Loss of Dark Web monitoring to identify data leaks, external communication or activities about MCH that may put us at risk.

# **Funding:**

Fortified 3-Year VISO services and HIPAA SRA from Fortified Health Security will come from operational budgeted funds for this project.



FROM: Erica Wilson, Director of Pharmacy

TO: ECHD Board

THROUGH: Matt Collins, Chief Operating Officer

SUBJECT: Inovalon (formerly Vigilanz) Clinical Surveillance Program

DATE: 11/24/2025

# **Historical Cost:**

3% Increase annually 2025 annual fee approximately \$100,232

# **Estimated Cost:**

BILLING PERIOD	ANNUAL RECURRING AMOUNT
01/01/2026 – 12/31/2026	\$86,637.00
01/01/2027 – 12/31/2027	\$87,503.37
01/01/2028 – 12/31/2028	\$88,378.40
01/01/2029 – 12/31/2029	\$89,262.19
01/01/2030 – 12/31/2030	\$90,154.81

# **Background:**

The Inovalon Clinical Surveillance program, formerly named Vigilanz, is a clinical surveillance program used primarily by the pharmacy staff, but used by a few other departments as well. Clinical surveillance software is vital to the effectiveness of high-quality hospital pharmacy departments as it efficiently identifies patient care scenarios that need intervention. Some of these scenarios would be identified without the program, but only be if a full review of a patient chart was completed multiple times per day, which is not realistically feasible. In addition, the program is vital to the pharmacy staff's workflow identifying clinical tasks needed based on policy or procedure (such as vancomycin dosing consults and medication histories not completed) and allowing in program review of patient information and documentation that flows to the EMR.

Prior to Vigilanz, the staff used Cerner, but the software from Cerner was not very customizable or effective or efficient as was desired or needed to maintain high quality of care, so after years of its use we moved to Vigilanz. We have been very satisfied with Vigilanz these last 5 years.

Negotiations with Inovalon to get better pricing included:

- Reducing from 3% to 1% annual rates each year for a 5-year contract
- Reducing our annual pricing base by \$15,000 due to reduction of one program we had in the past (opioid stewardship)
- Maintain base pricing based on 300 beds vs. increasing us for each bed number as originally proposed by them until we reached 400 beds (if reached would be \$297/bed annually).

To obtain this better pricing, they asked that we enroll into their Research Solutions Starter which allows clinical trial sponsors to see de-identified patient information and if interested reach out for potential clinical trial opportunities with our institution. There is no requirement to participate in studies and no additional cost to participate.

# Staffing:

No additional FTE's required.

# **Disposition of Existing Equipment:**

none

# <u>Implementation Time Frame</u>:

As soon as contract executed, new pricing will be available

**Funding:** operational budget

Thank you

Erica Wilson Pharm D Director of Pharmacy



TO: ECHD Board of Directors

THROUGH: Russell Tippin, President & CEO

THROUGH: Sharon Clark, CFO

FROM: Eva Garcia, PT, MSPT, VP

November 24, 2025

# **MEMORANDUM**

Subject: StrataJazz (Enterprise Performance Management System): Productivity Reporting and Comparative Analytics

# **Summary**

This memo requests approval to transition from our current productivity tool (Operations Advisor) to the StrataJazz platform, which will enhance financial planning, reporting, and analytics at MCH. StrataJazz integrates data from our financial, payroll, and EMR systems, providing comprehensive, automated reporting and decision support.

# Financial Overview

- Contingency Budget Project Cost FY25: \$142,000
- Operational Fees:
  - o Year 1: \$35,594
  - Year 2: \$161,225
  - o Year 3: \$166,061
  - o Year 4: \$171,043
  - o Year 5: \$176,175
- Current annual spend on productivity and benchmarking tools: \$84,000

# Strategic Alignment

This initiative supports two key goals from the Finance Pillar of the MCHS Strategic Plan:

- 1. Implement strategic financial and HR planning processes
- 2. Optimize cost management

# Rationale

MCH currently lacks a unified reporting tool capable of extracting and synthesizing data across platforms. StrataJazz addresses this gap by:

- Automating and improving budget accuracy
- Streamlining planning processes, reducing manual effort and time
- Eliminating off-line spreadsheets
- Increasing visibility and accountability in budget management

# Request

Approval is sought to adopt StrataJazz Productivity Reporting and the Comparative Analytics modules for productivity and benchmarking reporting, replacing our current tool. This transition will:

- Consolidate reporting for financial responsibilities
- Integrate with the upcoming budgeting tool, reducing manual workload
- Support department benchmarking and staffing budget creation

# **IT Security**

The MCH IT Security Team has confirmed that StrataJazz meets all security requirements, as validated by VISO at Fortified.

Thank you for your consideration of this enhancement to our performance management capabilities.



# Internal Audit Update to the Audit Committee

**November 17, 2025** 



# Fiscal Year 2025 IA Status



Project	Project Summary	Status
Previously Repo	rted to the Audit Committee:	
Audit Pack Examination	We evaluated the period of October 1, 2024, through January 31, 2025, with a focus on manual journal entries, construction in progress (CIP), and subscription-based information technology arrangements (SBITA). We risk rated 132 manual journal entries based on significance, from low to high, and provided recommendations around the formalization of reviews and documentation related to CIP and SBITA.	Complete June 2025
Accounting Assessment	Leadership requested Weaver's support to provide advisory services to assist with initiating a transformative project in the Accounting Department. This initiative includes revamping the structure, job descriptions, and performance management process, aiming to modernize practices and empower team members for success. Weaver evaluated the current state of job descriptions, the organizational chart, and performance management to develop recommendations to align with these organizational goals.	<b>Complete</b> June 2025
Patient Credit Balances	As part of Medical Center Health System's (MCHS) evaluation of their October 2024 and January 2025 financial statements, the MCHS noticed an abnormally large increase in overall patient credit balances. MCHS engaged Weaver to evaluate patient account balances reflected in MCHS's electronic health record (EHR), Cerner, to verify the accuracy and timeliness of posting activity to the patient's account.	<b>Complete</b> July 2025
Updates to the A	udit Committee as of November 17, 2025:	

Payroll

We assisted the System by evaluating the effectiveness and efficiency of payroll activities within the information technology (IT), human resources (HR), and accounting functions, following the recent implementation of the UKG payroll and HRMS modules. We evaluated the design and operative effectiveness of existing procedures, internal controls, user access, and identify potential gaps with recommendations to enhance the current payroll process.

**Complete** October 2025

# Fiscal Year 2026 Plan



Project	Proposed Project Summary	Timing
FY2026 Internal	Audit Plan [For Audit Committee Review and Approval]	
	Phase 1: Front-End Revenue Cycle Activities:  We will evaluate the design of the front-end revenue operations, which include the following sub-processes:  Patient scheduling and registration, pre-certifications and eligibility verifications, financial counseling and collections. We will evaluate key performance metrics (KPI) to assess the efficiency and effectiveness of current practices, and overall compliance with relevant standards and regulations.	January 2026
Revenue Cycle Operations	Phase 2: Mid-Revenue Cycle Activities: We will evaluate the design of the middle-revenue operations, which include the following sub-processes: clinical documentation and charge entry, coding, charge review and reconciliations, CDM management and pricing analyses.	March 2026
	Phase 3: Back-End Revenue Activities:  We will evaluate the design of the back-end revenue operations, which include the following sub-processes: billing of claims, payer remittances and payment posting, payment validation procedures, denials management, and accounts receivable management. We will also provide specific focus to the management and adjustments to patient credit balances, both internally and through the third-party contractor, R1.	May 2026
ALOS Analysis	We will conduct an analysis of operational processes influencing the average length of stay (ALOS). This review will encompass hospital throughput activities across the admission-to-discharge cycle, including evaluation of documentation, process walkthroughs, and workflow assessments. Our objective is to identify bottlenecks and underlying causes of delays and to deliver actionable recommendations aligned with industry best practices	March 2026
Follow-Up Procedures	We will facilitate an updated risk assessment process and perform follow-up procedures over prior internal audits. This process will include evaluating actions taken by management to remediate internal control deficiencies or process improvement opportunities previously identified, as well as updating the System's risk assessment to select high-risk areas for review during fiscal year 2027.	Continuous

# FY26 Internal Audit Plan: Revenue Cycle Operations



Weaver will perform a phased internal audit evaluation over the System's revenue cycle operations. Each phase will include a design evaluation of the overall process and related internal controls, examination of documentation, and observation of system-based data points. Upon results of our procedures, recommendations will be provided to enhance the **efficiency and effectiveness** of business processes and internal controls. Areas for consideration within the revenue cycle operations review include but are not limited to the following:

Phase 1: Front-End	Phase 2: Middle	Phase 3: Back-End
Sub-processes:	Sub-processes:	Sub-processes:
<ul> <li>Patient scheduling, registration,</li> </ul>	<ul> <li>Clinical documentation</li> </ul>	<ul> <li>Billing of claims</li> </ul>
and triage	Charge entry	<ul> <li>Payer remittances</li> </ul>
<ul> <li>Pre-certifications and eligibility</li> </ul>	• Coding	<ul> <li>Payment posting</li> </ul>
verifications	<ul> <li>Charge review and</li> </ul>	<ul> <li>Payment validation procedures</li> </ul>
<ul> <li>Coordination of benefits (COB)</li> </ul>	reconciliations	<ul> <li>Denials management</li> </ul>
<ul> <li>Cost sharing and collections</li> </ul>	<ul> <li>CDM management</li> </ul>	<ul> <li>Accounts receivable</li> </ul>
<ul> <li>Pre-authorizations</li> </ul>	<ul> <li>Pricing analyses</li> </ul>	management
<ul> <li>Good Faith Estimates (GFE)</li> </ul>	<ul> <li>R1 RCM Reporting</li> </ul>	<ul> <li>R1 RCM Reporting</li> </ul>
<ul> <li>Financial counseling and</li> </ul>		
collections		* Specific focus on patient credit
<ul> <li>KPI metrics and performance</li> </ul>		balances.
monitoring		

# FY26 Internal Audit Plan: Average Length of Stay



Weaver will analyze operational business processes that impact the **average length of stay (ALOS)**, a key metric tied to clinical quality, operational efficiency, and financial sustainability. Our evaluation will focus on **hospital throughput operations**—specifically the admission-to-discharge process.

## **Scope of Procedures:**

- Documentation Review: Assess policies, procedures, and historical ALOS data.
- Walkthroughs: Observe workflows and interview stakeholders across departments.
- Workflow Assessment: Identify bottlenecks and root causes contributing to delays.
- Benchmarking: Compare current performance against industry standards.

## **Key Risk Areas:**

- Financial: Unpaid or underpaid claims due to extended inpatient stays.
- Operational: Reduced bed availability and throughput.
- Compliance: CMS quality benchmarks affecting reimbursement.
- Patient Experience: Longer stays linked to dissatisfaction and reputational impact.

**Outcome:** Recommendations will be provided to improve clinical quality and operational efficiency, reduce delays, and align with best practices.

## **Payroll Internal Audit**



## **Purpose and Scope**

We assisted the System by evaluating the effectiveness and efficiency of payroll activities within the information technology (IT), human resources (HR), and accounting functions, following the recent implementation of the UKG payroll and HRMS modules. We evaluated the design and operative effectiveness of existing procedures, internal controls, user access, and identify potential gaps with recommendations to enhance the current payroll process.

## **Procedures Performed**

- 1. We **interviewed** key stakeholders involved in the process to gain an understanding of the design of business processes and internal controls.
- 2. We **flowcharted** the current state of the business processes and internal controls and validated the accuracy of with confirmation from stakeholders involved in interviews.
- 3. We **tested** procedures over six payroll cycles for MCH and Procare personnel to validate processes and controls for earnings, deductions, timecards, segregation of duties, and review and approval.
- 4. We **evaluated user access** listings to identify opportunities to strengthen segregation of duties and minimize risk exposure at the System.

## Recommendations

We recommend the System:

- > Tailor roles in UKG to optimize segregation of duties and limit access to employee master file and payroll data.
- Remove super-user access for process owners who do not require this level of access (non-IT personnel).
- Document payroll processes and procedures, including the steps taken to validate completeness and accuracy.
- Configure UKG workflows to ensure separate users handle preparation and review tasks for HR and Payroll.
- > Payroll should generate UKG change reports before each pay run to validate appropriateness and accuracy.

\*Follow-up Procedures will be performed in FY2026 to assess remediation and provide the audit committee with an update.



## Discussion

**Anna Stevens**, CPA, CFHP | Healthcare Partner in Charge (PIC), GRC Direct: 832-320-3494 | Email: anna.stevens@weaver.com

**Jeff Jones**, CIA, CFHP | Senior Manager, GRC Direct: 512.609.1981 | Email: jeff.jones@weaver.com



#### Mission:

Medical Center Health System is a community-based teaching organization dedicated to providing high-quality and affordable healthcare to improve the health and wellness of all residents of the Permian Basin.

#### Vision:

MCHS will be the premier source for health and wellness.

#### **ICARE Values:**

Integrity | Customer Centered | Accountability | Respect | Excellence

## **Executive Policy Committee**

Team Leader:	Crystal Sanchez	Date:	11/20/2025	Start Time:	1200
Location:	Admin Conference Room A			End Time:	1300

	ı	T	
Agenda Item (Topic)	Time Allotted	Presenter	Notes
Meeting Called to Order			1204
Review of meeting minutes from previous meeting	1 min	All	<ul> <li>Motion to approve by Russell Tippin, seconded by Gingie Sredanovich</li> <li>All members in favor</li> </ul>
Old Business			
- N/A			
New Business			
<ul> <li>Revised Policies (Nursing):</li> <li>MCH-2113 Rapid Response</li> <li>Antibiotics &amp; Intubation Tray</li> <li>MCH-2073 Rapid Response Team</li> </ul>	10 min	Crystal Sanchez	<ul> <li>Motion to approve by Russell Tippin, seconded by Gingie Sredanovich</li> <li>All members in favor</li> </ul>
<ul> <li>Revised Policy (Nursing):</li> <li>MCH-2067 Management of Patient's Pain</li> </ul>	10 min	Crystal Sanchez	<ul> <li>Motion to approve by Gingie Sredanovich, seconded by Russell Tippin</li> <li>All members in favor</li> </ul>
<ul> <li>Revised Policy (Surgical Services)</li> <li>MCH-1210 MCH Surgical and Procedural Dress Code</li> </ul>	10 min	Crystal Sanchez	<ul> <li>Motion to approve by Don Hallmark, seconded by Sylvia Rodriguez-Sanchez</li> <li>All members in favor</li> </ul>

<ul><li>Revised Policy:</li><li>MCH-1027 Employee Dress Code</li></ul>	10 min	Staci Ashley	<ul> <li>Motion to approve by Russell Tippin, seconded by Gingie Sredanovich</li> <li>All members in favor</li> </ul>
Overdue Policy List	10 min	Crystal Sanchez	List was sent out via email and hard copies were given to committee members during the meeting to review and discuss the plan to get these completed.
Meeting Adjourned			1228



## Patient & Workforce Safety Update

Gallup Culture of Safety Update

## **Quick Facts**

01

The survey was distributed to hospital-based employees and remained open for three weeks.

02

Team members with less than six months in their current role were excluded from participation.

03

This year's **response rate was 50%** (Though some perceive it as a clinical team-specific survey).

## 2025 Score Change Analysis

Culture of Safety Question:	2024 Score Mean:	2025 Score: Mean / %ile	Directionality Over Baseline:
The actions of hospital management show that patient safety is a top priority.	4.09	4.42/67 <sup>th</sup> %ile	+0.33
Our procedures and systems are good at preventing errors from happening.	3.88	4.26/75 <sup>th</sup> %ile	+0.38
Problems often occur in the exchange of information across hospital units.	3.08	2.77/35 <sup>th</sup> %ile	-0.31
Important patient care information is often lost during shift changes.	3.40	3.12/57 <sup>th</sup> %ile	-0.28
In this unit, we discuss ways to prevent errors from happening again.	4.30	4.42/62 <sup>nd</sup> %ile	+0.12
We are informed about errors that happen in this unit.	4.12	4.28/62 <sup>nd</sup> %ile	+0.16
We are given feedback about changes put into place based on event reports.	4.04	4.21/63 <sup>rd</sup> %ile	+0.17
When a lot of work needs to be done quickly, we work together as a team to get the work done.	4.21	4.41/54 <sup>th</sup> %ile	+0.20
When one area in this unit gets really busy, others help out.	4.01	4.19/49 <sup>th</sup> %ile	+0.18

## Next Steps

1

Partner with Gallup to provide director-level education tailored to unit and department needs.

2

Conduct a deep-dive analysis through the Patient Safety Committee (PSC).

 One question along with the participation rate will be selected. 3

Continue committeeled improvement initiatives throughout CY26. 4

Share progress and outcomes at the next board retreat, aligning with strategic safety planning.

## 2026

## **ECHD Finance Committee and Board of Directors Meetings**

	January									
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## 2026

## **ECHD Finance Committee and Board of Directors Meetings**

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For Office Use Only: Acct.#26761549 Office: 1A Acct.#26761530 Acct.#26761506 Acct.#38285461
Financial Professional: 1AS3 Name for Filing: Ector County Hospital District



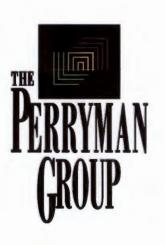
## Hilltop Securities Inc. and/or Broker/Dealers for which it clears Hilltop Securities Inc. Member NYSE/FINRA/SIPC

### Non-Incorporated Association Resolution 1. Resolution. I. Russell Tippin , in my official capacity hereby certify that I am an officer, namely President and Chief Executive Officer , of Ector County Hospital District DBA Medical Center Health System, a Non-Incorporated Association duly organized , and that the following resolution was duly and regularly adopted and existing under the laws of the State of Texas by the Board of Directors of said Non-Incorporated Association at a meeting held the \_\_\_\_\_ day of \_\_\_ quorum was present and voting and that the same has not been repealed or amended, and that such resolution is still in full force and effect, and appears as follows in the minutes of the meeting: "Resolved that the President, Vice President and the Treasurer of this Non-Incorporated Association, or any one of such officers, he/she and they hereby are fully authorized and empowered to open a brokerage account, transfer, endorse, sell, assign, set over and deliver any and all shares of stock, options, bonds, debentures, notes, evidences of indebtedness or other securities (including short sales) now or hereafter standing in the name of or owned by this Non-Incorporated Association, to purchase stocks, bonds, debentures, notes, evidences of indebtedness and other securities (on margin or otherwise), and to make, execute, and deliver, any and all written instruments necessary or proper to effectuate the authority hereby conferred. I/We further certify that the authority thereby conferred is consistent with the charter and/or by-laws of this Non-Incorporated Association and that the following is a true and correct list of the officers of this Non-Incorporated Association as of the present date and record of the officers' signatures: 2. Names and Signatures. Each officer must print and sign their name as well as date their signature. Russell Tippin President and Chief Executive Officer's Signature President and Chief Executive Officer's Printed Name Sharon Clark Chief Financial Officer's Printed Name Chief Financial Officer's Signature 3. Certification. In witness whereof, I have hereunto set my hand and the Seal of said Non-Incorporated Association this Steve Steen Chief Legal Counsel's Printed Name Chief Legal Counsel's Signature 4. Notary Public's Information. Before me this day personally appeared Steve Steen \_\_, known to be the person whose signature appears above, who states that the above statement is true and correct. <sub>in the State of</sub> Texas Sworn before me in the County of Ector \_\_\_\_\_ on this the \_\_\_\_ day of Affix Notary Stamp Here Notary Public's Signature Commission Expires:

Non-Incorporated Association Resolution (4/10/2020)



Outlook for the US, Texas, and the Midland, Odessa, and Permian Basin Area





The US economy has weakened considerably over the past year. Job gains have been small over the past few months, and data revisions have made clear that the labor market has been even weaker than was originally indicated. At the same time, inflation has remained elevated since the pandemic, and has recently ticked up slightly, due in part to the effects of tariffs. Uncertainty has escalated, not only due to the slowing growth of the economy, erratic and unpredictable policy decisions, and other domestic issues, but also because of geopolitical uncertainty with multiple conflicts ongoing. Even so, the basic structure of the US economy remains solid, and growth is projected over the five-year forecast horizon.

Over the next few months, it will be particularly challenging for the Federal Reserve to balance its dual mandates of both keeping inflation near 2% and encouraging full employment. As noted, both indicators have recently moved in the wrong direction (with inflation up and job growth down). The recent interest rate cuts by the Fed are likely to encourage some activity, particularly since additional reductions in the next few months have been signaled. Nonetheless, the scope of the Fed's actions may be muted due to ongoing inflationary pressures. As always, the path forward will depend on upcoming data releases.

Productivity increases and other shifts associated with the broader deployment of AI are a source of potential future strength. In addition, large capital investments are occurring in industries ranging from data centers to advanced manufacturing facilities. These positive developments will help

support future jobs and opportunities. The number of job openings is trending back down in pre-pandemic ranges, with alleviation of worker shortages in many markets and industries (although the loss of over 1.2 million foreign-born workers this year and long-term demographic patterns will continue to pose challenges).

Despite the difficulties the US economy is facing, The Perryman Group's latest projections indicate that, barring a major shock, growth is likely to occur over the next few years. The trend is likely to be uneven, with growth backloaded toward the latter years of the forecast horizon following a sluggish 2025 in light of current instability, but fundamental underlying strength remains in place and expansion is expected over the five-year forecast horizon.

#### PROJECTED KEY INDICATORS

Economic Indicator	2025 Level	2030 Level	Level Change	Growth Rate
Real Gross Product	\$23.7 tr	\$26.9 tr	+\$3.2 tr	+2.55%
Real Personal Income	\$20.0 tr	\$22.0 tr	+\$2.0 tr	+1.90%
Total Employment	159.5 m	170.9 m	+11.4 m	+1.39%
Population	342.5 m	352.4 m	+9.9 m	+0.57%
Consumer Price Index	131.6	151.4	+19.8	+2.84%
Industrial Production Index	103.9	115.7	+11.8	+2.17%
3 Month T-Bill	4.09%	2.67%	-1.42	N/A
10 Year T-Bond	4.32%	4.60%	+0.29	N/A
20 Year T-Bond	4.87%	5.21%	+0.34	N/A
Prime Rate	8.00%	6.09%	-1.91	N/A
Moody Aaa	5.33%	5.80%	+0.47	N/A

The Perryman Group's most recent short-term forecast for the US economy indicates significant growth over the next five years.

Real gross product is projected to increase at a 2.55% annual pace, reaching a level of \$26.9 trillion in 2030.

Almost 11.4 million net new jobs are forecast to be added, for a total 2030 employment of around 170.9 million.

Inflation and interest rates are expected to moderate from recent levels over the next five years.

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Page 1

## The State of Texas

Texas continues to outpace the US rate of job growth, though the pace has slowed markedly in recent months. Employment increases have been broad based, a positive signal for future growth, although the past few months have seen a notable slowdown. Expansion is likely beyond the current situation, though the pace is expected to be uneven.

Texas is clearly affected by national and international conditions. As the largest exporting state by a wide margin, the Lone Star State is particularly vulnerable to the ongoing retaliatory tariff uncertainty and restrictive immigration policies. In addition, tariffs on imported goods negatively affect the Texas manufacturing and mineral sectors, as well as integrated production platforms with Mexico. With oil prices generally trending in the low \$60s per barrel range, drilling activity remains at a moderate level and is down significantly since last year. Ongoing development of the LNG market and related infrastructure will support natural gas drilling and production.

Sources of strength include the fact that Texas is attracting far more major corporate locations and expansions than any other state. In addition, emerging industries ranging from technology-oriented sectors to life sciences to finance continue to spur healthy development. The state's favorable demographics relative to other areas and ongoing attraction of skilled workers from other regions are also enhancing growth potential

Business cycles are inevitable, and Texas faces notable challenges ranging from global uncertainties to investing in education and the infrastructure needed to support a growing population and economy. However, given underlying strength and momentum, The Perryman Group's latest forecast calls for significant growth over the next five years following a difficult 2025 at a rate outpacing the nation and most other areas.

#### PROJECTED KEY INDICATORS

Economic Indicator	2025 Level	2030 Level	Level Change	Growth Rate
Real Gross Product	\$2.2 tr	\$2.6 tr	+\$401.5 b	+3.34%
Real Personal Income (By Residence)	\$1.7 tr	\$2.0 tr	+\$272.6 b	+3.04%
Real Earnings (By Place of Work)	\$1.2 tr	\$1.4 tr	+\$184.3 b	+2.86%
Total Employment	21.1 m	23.2 m	+2.0 m	+1.83%
Wage and Salary Employment	14.8 m	16.1 m	+1.3 m	+1.76%
Population	31.7 m	33.9 m	+2.1 m	+1.31%
Consumer Price Index	132.0	147.9	+16.0	+2.31%
Industrial Production Index	136.3	164.1	+27.8	+3.78%
Real Retail Sales	\$488.2 b	\$559.8 b	+\$71.6 b	+2.77%

### PROJECTED INDUSTRY GROWTH 2025-2030

	<b>Real Gross</b>	Product	Employment		
Industry Sector	Level Change	Growth Rate	Level Change	Growth Rate	
Agriculture	+\$1.3 b	+1.50%	+2,841	+0.62%	
Mining	+\$41.0 b	+3.85%	+17,699	+1.57%	
Utilities	+\$3.2 b	+1.79%	+3,906	+1.16%	
Construction	+\$10.7 b	+2.18%	+88,508	+1.90%	
Manufacturing	+\$52.8 b	+3.99%	+67,555	+1.35%	
Wholesale Trade	+\$23.5 b	+2.96%	+55,243	+1.61%	
Retail Trade	+\$20.3 b	+2.88%	+94,501	+1.30%	
Logistics	+\$8.0 b	+2.01%	+60,494	+1.77%	
Information	+\$33.1 b	+5.55%	+13,374	+1.16%	
Finance and Insurance	+\$18.9 b	+3.01%	+65,696	+1.77%	
Real Estate	+\$58.7 b	+3.72%	+23,354	+1.69%	
Professional and Business Services	+\$73.3 b	+4.20%	+268,949	+2.39%	
Educational Services	+\$2.7 b	+3.21%	+31,217	+2.45%	
Health and Social Services	+\$22.5 b	+3.08%	+210,674	+2.34%	
Amusement and Recreation Services	+\$2.6 b	+3.43%	+20,864	+2.31%	
Accommodation and Food Services	+\$7.8 b	+2.77%	+151,205	+2.12%	
Miscellaneous Services	+\$4.5 b	+2.42%	+57,880	+1.68%	
Government	+\$16.8 b	+1.58%	+115,380	+1.00%	
All Industry Total	+\$401.5 b	+3.34%	+1,349,340	+1.76%	

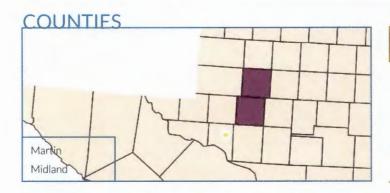
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## **Midland**

## metropolitan statistical area

Over the past year, the Midland area has experienced growth in most industry groups, though losses occurred in some sectors. The area's unemployment rate is currently well below both the state and national levels. The Perryman Group's latest

forecast calls for expansion over the next five years, though the pace may be uneven in response to global economic conditions. Employment is projected to grow by nearly 12,700 net new positions, an increase of 1.85% per year from 2025 to 2030. The largest sources of job growth over the period are projected to be mining (up more than 3,100 jobs) and professional and business services (adding almost 1,500 jobs).



PROJECTED KEY INDICATORS									
Economic Indicator	2025 Level	2030 Level	Level Change	Growth Rate					
Real Gross Product	\$52.9 b	\$63.9 b	+\$11.0 b	+3.84%					
Real Personal Income	\$21.9 b	\$25.6 b	+\$3.7 b	+3.16%					
Real Retail Sales	\$4.7 b	\$5.4 b	+\$711.8 m	+2.84%					
Population	185,390	199,300	+13,910	+1.46%					
Employment	132,370	145,050	+12,680	+1.85%					

	Real Gross F	Product	Employment	
Industry Sector	Level Change	Growth Rate	Level Change +22 +3,142 +65 +1,048 +353 +782 +673 +548 +53 +259 +409 +1,466	Growth Rate
Agriculture	+\$4.8 m	+1.64%	+22	+0.76%
Mining	+\$8,353.0 m	+4.03%	+3,142	+1.75%
Utilities	+\$15.1 m	+1.89%	+65	+1.26%
Construction	+\$97.3 m	+2.37%	+1,048	+2.09%
Manufacturing	+\$230.5 m	+3.96%	+353	+1.32%
Wholesale Trade	+\$283.3 m	+3.24%	+782	+1.89%
Retail Trade	+\$203.9 m	+2.90%	+673	+1.32%
Logistics	+\$61.3 m	+2.24%	+548	+2.00%
Information	+\$84.7 m	+5.33%	+53	+0.94%
Finance and Insurance	+\$120.5 m	+3.16%	+259	+1.92%
Real Estate	+\$693.4 m	+3.84%	+409	+1.81%
Professional and Business Services	+\$457.5 m	+4.09%	+1,466	+2.29%
Educational Services	+\$16.4 m	+3.37%	+427	+2.61%
Health and Social Services	+\$106.9 m	+3.21%	+877	+2.47%

+\$31.1 m

+\$66.0 m

+\$45.3 m

+\$93.5 m

+\$10,964.4 m

+3.57%

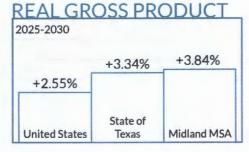
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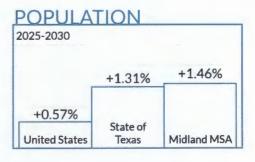
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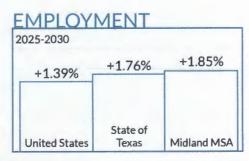
+1.63%

+3.84%

CTED INDUSTRY GROWTH 2025-2030







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Amusement and Recreation

Miscellaneous Services

Accommodation and Food Services

Services

Government

**All Industry Total** 

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+224

+1,276

+524

+528

+12,680

+2.45%

+2.30%

+1.77%

+1.05%

+1.85%

Page 3

## Odessa

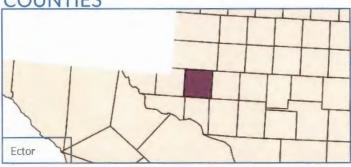
## metropolitan statistical area

The Odessa area has experienced growth across many industry groups over the past year, with unemployment in the area currently trending below both the state and national rates. Over the next five years, continued expansion is

expected according to The Perryman Group's latest forecast, though the pace may be uneven in response to global economic conditions. Roughly 7,600 net new jobs are expected to be added over the period, an increase of 1.68% per year from

2025 to 2030. The largest sources of job growth over the next five years are projected to be mining (adding about 1,100 new positions) and accommodation and food services (up more than 1,000 jobs).

### COUNTIES



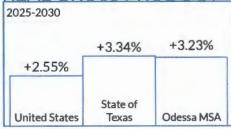
#### PROJECTED KEY INDICATORS

Economic Indicator	2025 Level	2030 Level	Level Change	Growth Rate
Real Gross Product	\$12.5 b	\$14.7 b	+\$2.2 b	+3.23%
Real Personal Income	\$8.1 b	\$9.5 b	+\$1.4 b	+3.21%
Real Retail Sales	\$6.7 b	\$7.8 b	+\$1.1 b	+2.98%
Population	171,290	183,410	+12,120	+1.38%
Employment	86,920	94,490	+7,570	+1.68%

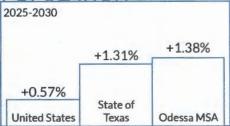
### PROJECTED INDUSTRY GROWTH 2025-2030

	Real Gross F	roduct	<b>Employment</b>	
Industry Sector	Level Change	Growth Rate	Level Change	Growth Rate
Agriculture	+\$1.4 m	+1.50%	+8	+0.62%
Mining	+\$614.9 m	+3.94%	+1,129	+1.66%
Utilities	+\$51.7 m	+1.86%	+24	+1.23%
Construction	+\$79.4 m	+2.26%	+775	+1.98%
Manufacturing	+\$167.5 m	+3.83%	+293	+1.19%
Wholesale Trade	+\$163.1 m	+3.00%	+650	+1.659
Retail Trade	+\$145.7 m	+2.91%	+631	+1.339
Logistics	+\$54.3 m	+2.05%	+372	+1.829
Information	+\$36.0 m	+5.59%	+27	+1.209
Finance and Insurance	+\$33.5 m	+3.06%	+198	+1.829
Real Estate	+\$407.0 m	+3.80%	+212	+1.779
Professional and Business Services	+\$152.9 m	+4.02%	+632	+2.219
Educational Services	+\$2.0 m	+2.94%	+31	+2.179
Health and Social Services	+\$65.8 m	+2.99%	+623	+2.259
Amusement and Recreation Services	+\$5.2 m	+3.64%	+55	+2.529
Accommodation and Food Services	+\$57.8 m	+2.72%	+1,033	+2.079
Miscellaneous Services	+\$40.2 m	+2.45%	+417	+1.719
Government	+\$76.0 m	+1.55%	+462	+0.979
All Industry Total	+\$2,154.4 m	+3.23%	+7,570	+1.689

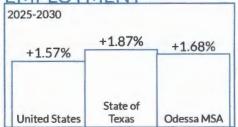
### **REAL GROSS PRODUCT**



#### POPULATION



#### **EMPLOYMENT**



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## **Permian Basin Region**

Growth across industry groups also occurred in the Permian Basin region as a whole over the past year, and unemployment in the area continues to trend below the state and national levels. Further expansion over the next five years is

projected in The Perryman Group's latest forecast, though the oil and gas sector and other global events, particularly in energy markets, will determine the pace of growth. Employment in the region is forecast to grow by over 26,000 net new

positions from 2025-2030 with substantial expected gains in the mining (oil and gas) sector. Real gross product is expected to grow by \$23.3 billion over the period.

COUNTIES



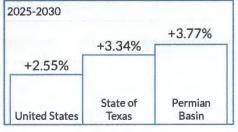
PROJECTED KEY INDICATORS

Economic Indicator	2025 Level	2030 Level	Level Change	Growth Rate
Real Gross Product	\$114.6 b	\$137.9 b	+\$23.3 b	+3.77%
Real Personal Income	\$37.4 b	\$43.8 b	+\$6.4 b	+3.20%
Real Retail Sales	\$12.3 b	\$14.1 b	+\$1.8 b	+2.72%
Population	501,790	537,440	+35,650	+1.38%
Employment	287,740	313,750	+26,010	+1.75%

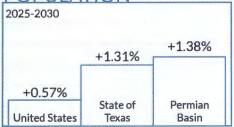
PROJECTED INDUSTRY GROWTH 2025-2030

	Real Gross F	Product	Employment	
Industry Sector	Level Change	Growth Rate	Level Change	Growth Rate
Agriculture	+\$19.3 m	+1.49%	+104	+0.60%
Mining	+\$18,311.2 m	+4.01%	+5,159	+1.71%
Utilities	+\$138.9 m	+1.78%	+128	+1.16%
Construction	+\$261.8 m	+2.38%	+2,893	+2.10%
Manufacturing	+\$541.7 m	+3.87%	+735	+1.22%
Wholesale Trade	+\$476.1 m	+3.12%	+1,639	+1.75%
Retail Trade	+\$405.0 m	+2.90%	+1,727	+1.31%
Logistics	+\$158.6 m	+2.17%	+1,290	+1.94%
Information	+\$136.7 m	+5.37%	+98	+0.98%
Finance and Insurance	+\$137.5 m	+3.16%	+612	+1.90%
Real Estate	+\$1,293.1 m	+3.80%	+722	+1.76%
Professional and Business Services	+\$643.2 m	+4.11%	+2,545	+2.30%
Educational Services	+\$17.9 m	+3.31%	+460	+2.56%
Health and Social Services	+\$197.5 m	+3.09%	+1,834	+2.34%
Amusement and Recreation Services	+\$28.1 m	+3.62%	+337	+2.50%
Accommodation and Food Services	+\$160.0 m	+2.79%	+2,845	+2.14%
Miscellaneous Services	+\$98.1 m	+2.44%	+1,159	+1.70%
Government	+\$272.6 m	+1.62%	+1,725	+1.04%
All Industry Total	+\$23,297.5 m	+3.77%	+26,010	+1.75%

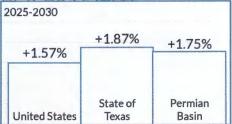
**REAL GROSS PRODUCT** 



POPULATION



**EMPLOYMENT** 



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Real Gross Product: Also called "output;" the final value of all goods and services produced in an economy during a given period of time (adjusted for inflation, 2012 US\$).

Personal Income (by place of residence): The total income accruing to households where the income-earner resides rather than works (adjusted for inflation and given in 2012 dollars).

**Retail Sales:** The total volume of retail goods sold (adjusted for inflation, in 2012 US\$).

**Population:** The total number of persons residing in a specific area.

**Employment:** (Wage and salary) a measure of the number of persons in the workforce excluding proprietors, but including agricultural workers and military personnel.

**Annual Growth:** Growth rate compounded annually, meaning that it reflects changes in the base from which growth is calculated.

Industrial Production Index: A measure of output in the core production sectors of the economy expressed as an index with 2012=100.

**Consumer Price Index:** A measure of inflation, the escalation of prices of consumer goods, expressed as an index with 2012=100.

#### **DEFINITIONS**

**Interest Rates:** The rate set on the 20-year Treasury note.

**Agriculture** includes farming, ranching, commercial fishing, forestry, hunting and trapping, and related services.

**Mining** includes companies primarily involved in the extraction of minerals occurring naturally (largely oil and gas in Texas).

**Utilities** includes electric, water, and sanitary services (including all establishments of the US Postal Service).

**Construction** includes new work, additions, alterations, and repairs of buildings, water systems, highways, utility plants, and other projects

Manufacturing involves both non-durable items consumed in a short time period such as paper, bread, chemicals, and clothing as well as durable goods typically consumed over a period of several years such as automobiles, washing machines, industrial machinery, and computers.

Wholesale & Retail Trade comprises establishments engaged in wholesaling & retailing merchandise

**Transportation & Warehousing** includes transporting passengers and goods, warehousing and storing goods, and providing similar services

Information includes establishments that create, disseminate, or provide the means to distribute information including data processing; newspaper, book, and periodical publishers; software publishers; broadcasting and telecommunications producers and distributors; motion picture and sound recording industries; and information services.

**Finance, Insurance, & Real Estate** includes depository and credit institutions, holding companies, insurance carriers and agents, real estate buyers and sellers, real estate agents, and real estate developers.

Services includes companies providing services to individuals, businesses, or government entities such as health care, business services (excluding finance, insurance, and real estate), hotels, and amusements.

**Government** includes federal, state, local, and international governments and military activity.

#### METHODOLOGY

Economic and population projections were derived using the **US Multi-Regional Econometric Model**, which was developed by Dr. M. Ray Perryman, President and CEO of The Perryman Group, 40 years ago and has been consistently maintained, expanded, and updated since that time. It is formulated in an internally consistent manner and is designed to permit the integration

of relevant global, national, state, and local factors into the projection process. It is the result of more than three decades of continuing research in econometrics, economic theory, statistical methods, and key policy issues and behavioral patterns, as well as intensive, ongoing study of all aspects of the global, US, Texas, and Texas metropolitan area economies. It is extensively

used by scores of federal and state governmental entities on an ongoing basis, as well as hundreds of major corporations. The overall methodology, while certainly not ensuring perfect foresight, has been peer-reviewed on numerous occasions and permits an enormous body of relevant information to impact the economic outlook in a systematic manner.

## Effective economics, accessible analysis

The Perryman Group provides the economic insights you need for the board room, the courtroom, the hearing room, or any other room where decisions are made.

## We are an economic and financial analysis firm that provides clients with thoroughly researched, well-documented, carefully considered answers to complex questions.

Led by Dr. M. Ray Perryman, The Perryman Group covers numerous practice areas including litigation & regulatory services, impact assessment, economic modeling & forecasting, valuation, economic development & strategic planning, and public policy. In addition, our in-house professionals also provide market & industry analysis, statistical modeling & analysis, survey & demographic studies, economic statistics, and other services in a comprehensive manner. The firm has served the needs of more than 3,000 clients ranging from

major corporations to small startups and local communities to national governments.

The Perryman Group analyzes and clearly communicates complex issues. The experienced team has a superlative track record in working with both defendants and plaintiffs in hundreds of significant assignments over more than 40 years, and Dr. Perryman has frequently provided successful testimony in numerous high-profile judicial, legislative, and regulatory proceedings. Deadlines are met, problems are solved, and messages are delivered.

#### ABOUT DR. M. RAY PERRYMAN

Dr. Ray Perryman, the founder and CEO of The Perryman Group, has guided clients, subscribers, and audiences through the complexities of economic life for more than 40 years. He holds a BS in Mathematics from Baylor and a PhD in Economics from Rice. He has held numerous academic positions; authored several books, more than 400 academic papers and 3,000

trade articles; and received hundreds of prestigious awards for his academic and professional efforts. Some of his most gratifying work has been in the fields of economic development and social policy, where he has played a role in the creation of hundreds of thousands of jobs, trillions of dollars in investments, and numerous initiatives to address pressing human needs.

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## CEO Meeting Provider Recruitment

### November 2025

## Mid-Level Opportunities

Specialty	Engagements	Site Visits	Accepted / Declined
Urgent Care	5	2	2 Pending
Clinic(s) (1)			2 Accepted: Castle and Osnay
			Castle did not get privileged.
			Amara and Regina are Pending
Cardiology (2)	0	0	0
Trauma (1)	0	0	1 Pending forward to York and
			Garret
Hospitalist (1)	1	0	0
Radiology (1)	0	0	0
Orthopedics (1)	0	0	0

## Physician Opportunities:

Specialty	Engagement	Site Visit	Accepted / Declined
Anesthesia (4)	2	2	2 Pending: Gupte and Edu
Cardiology (2)	2	0	2. Pending Virtual with Phys.
Family Med. (1)	0	0	0
Gastro (2)	2	1	2 Declined: Perez and
			Brahmbhatt
Ortho (1)	0	0	0
Neurology (1)	0	0	Pending
			-Awaiting response from CMO
OBGYN (2)	2	1	1 Pending:/Visit: Garcia
Pediatrics (1)	0	0	0
Urology (1)	0	0	0
Vascular (2)	2	1	1 Pending: Marc
			1 Pending Visit

- Orthopedics Pending –awaiting feedback from the Ortho Service Line Committee
- Cardiology Report for the Cardiology Service Line has been finalized and emailed to Garret.
- **Urology** Following my discussion with Heshmat, although there is a potential candidate identified for 2027, a search for a current urologist will be necessary and have updated the firm.
- **Urgent Care (PA/NP)** (1) left for recruitment. New Developments Castle was disqualified due to a incomplete application. As a result, we pivoted in Mid-November to include another candidate in the selection process.
- Pediatrics: Following my meeting with Russell, he requested that we secure
  documentation outlining TTUHSC support in the clinic recruitment for their
  residency program.
- Neurology Awaiting a response from Dr. Benton
- Onboarding Review and Retention
  - As a next step, we are shifting focus to evaluate the onboarding process specific to the outpatient setting, with an emphasis on identifying targeted areas of improvement.
    - Steps: Awaiting meeting with Debby Mireles (ProCare)
       Discussion.

#### **Regional Services**

### **December 2025 Board Report**

### **Regional Site Visits-**

November attended the Rural Health Day at Odessa Marriot. Was able to connect with representatives from: Kermit, Fort Stockton, Big Bend, Monahans, Crane and McCamey. Also rounded at the Veterans Affair clinic, JBS clinic and the Family Health Clinic on Clements.

For December my visits will consist of taking Christmas goodies for all our regional partners. Will also take invite for the swing-bed regional roundtable that will be hosted in January.

#### In progress projects:

### Swing-Bed Roundtable:

Scheduled for January 2026

#### Transfer Data:

 Below is your October 2025 Data for Transfer Center calls. We accepted 73% of transfers this month and denied 27%.

