



ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS MEETING
MARCH 1, 2022 - 5:30 p.m.
MEDICAL CENTER HOSPITAL BOARD ROOM (2ND FLOOR)
500 W 4TH STREET, ODESSA, TEXAS

AGENDA (p.1-2)

- I. CALL TO ORDER Bryn Dodd, President
II. INVOCATION Chaplain Doug Herget
III. PLEDGE OF ALLEGIANCE Bryn Dodd
IV. MISSION / VISION / VALUES OF MEDICAL CENTER HEALTH SYSTEM Richard Herrera (p.3)
V. AWARDS AND RECOGNITION
A. March 2022 Associates of the Month..... Russell Tippin
- Clinical - Natalie Luna
- Non-Clinical - Manuela Marin
- Nurse - Rosemarie Olisea
B. Unit HCHAPS High Performers Russell Tippin
- Family Health Clinic - OB
- 7C
C. ECHD Police Department Promotion CeremonyBrad Timmons
VI. CONFLICT OF INTEREST DISCLOSURE BY ANY BOARD MEMBER
VII. PUBLIC COMMENTS ON AGENDA ITEMS
VIII. CONSENT AGENDABryn Dodd (p.4-31)
(These items are considered to be routine or have been previously discussed, and can be approved in one motion, unless a Director asks for separate consideration of an item.)
A. Consider Approval of Regular Meeting Minutes, February 1, 2022
B. Consider Approval of Joint Conference Committee, February 22, 2022
C. Consider Approval of Federally Qualified Health Center Monthly Report, January 2022
IX. COMMITTEE REPORTS
A. Executive Policy Committee..... Kathy Rhodes

- B. Audit Committee** Wallace Dunn (p.32-103)
 - 1. Presentation of FY21 Audited Financial Statements
 - 2. Report to Management
- C. Finance Committee** Wallace Dunn (p.104-174)
 - 3. Quarterly Investment Report – Quarter 1, FY 2022
 - 4. Quarterly Investment Officer’s Certification
 - 5. Financial Report for Month Ended January 31, 2022
 - 6. Consent Agenda
 - a. Consider Approval of Citrix Platform Hardware/License Support Renewal
 - 7. Capital Expenditure Requests
 - a. Consider Approval of CER for Samsung RS85 Prestige Ultrasound Unit
 - b. Consider Approval of CER for CT Contrast Injectors
 - 8. Consider Approval of TD Industries Contract
 - 9. Consider Approval of Amendment to Vizient Statement of Work

X. TTUHSC AT THE PERMIAN BASIN REPORT..... Dr. Timothy Benton

XI. CMS STAR RATING UPDATE Christin Timmons (p.175-191)

XII. PRESIDENT/CHIEF EXECUTIVE OFFICER’S REPORT AND ACTIONS
..... Russell Tippin (p.192)

- A. Board Training – March 30, 2022**
- B. Permian Basin Behavioral Health Center**
- C. COVID-19 Update**
- D. Ad hoc Report(s)**

XIII. 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 Real Property pursuant to Section 551.072 of the Texas Government Code; (3) Deliberation regarding negotiations for health care services, pursuant to Section 551.085 of the Texas Government Code; and (4) Deliberation Regarding Economic Development Negotiations.

XIV. ITEMS FOR CONSIDERATION FROM EXECUTIVE SESSION

- A. Consider Approval of MCH ProCare Provider Agreements**
- B. Consider Approval of PILOT/Tax Abatement Agreement with 1PointFive**
- C. Consider Selling ECHD Property**
- D. Consider Formation of Professional Corporation**

XV. ADJOURNMENT Bryn Dodd

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
FEBRUARY 1, 2022 – 5:30 p.m.**

MINUTES OF THE MEETING

- MEMBERS PRESENT:** Bryn Dodd, President
Wallace Dunn, Vice President
Mary Lou Anderson
David Dunn
Don Hallmark
Richard Herrera
Kathy Rhodes
- OTHERS PRESENT:** Russell Tippin, President/Chief Executive Officer
Steve Steen, Chief Legal Counsel
Steve Ewing, Chief Financial Officer
Matt Collins, Chief Operating Officer
Christin Timmons, Chief Nursing Officer
Adiel Alvarado, President MCH ProCare
David Chancellor, Vice President of Human Resources
Dr. Donald Davenport, Chief of Staff
Dr. Jeff Pinnow, Vice Chief of Staff
Kerstin Connolly, Paralegal
Michaela Johnson, Executive Assistant to CEO
- OTHERS PRESENT:** Various other interested members of the
Medical Staff, employees, and citizens

I. CALL TO ORDER

Bryn Dodd, 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. INVOCATION

Chaplain Farrell Ard offered the invocation.

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III. PLEDGE OF ALLEGIANCE

Bryn Dodd led the Pledge of Allegiance to the United States and Texas flags.

IV. MISSION/VISION OF MEDICAL CENTER HEALTH SYSTEM

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

V. CHECK PRESENTATION TO ODESSA COLLEGE

Russell Tippin, CEO and the ECHD Board of Directors presented the first \$500,000 payment for the Odessa College Health Sciences building to representatives of Odessa College.

VI. AWARDS AND RECOGNITION

A. February 2022 Associates of the Month

Russell Tippin, President/Chief Executive Officer, introduced the February 2022 Associates of the Month as follows:

- Clinical – Amanda Everett
- Non-Clinical – Alysa Camarena
- Nurse – Michelle Lawshea

B. Unit HCAHPS High Performers

Russell Tippin, Chief Executive Officer, introduced the Unit HCAHPS High Performer(s)

- 4 East
- Cath Lab

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

- Consider Approval of Regular Meeting Minutes, January 6, 2022**
- Consider Approval of Joint Conference Committee, January 25, 2022**
- Consider Approval of Federally Qualified Health Center Monthly Report, December 2021**
- Consider Approval of TTUHSC-PB Graduate Medical Education (GME) Annual Report**
- Consider Approval of Institutional Review Board (IRB) Annual Report**

David Dunn moved, and Mary Lou Anderson seconded the motion to approve the items listed on the Consent Agenda as presented. The motion carried unanimously. Page 5 of 192

X. COMMITTEE REPORTS

A. Finance Committee

1. Quarterly Investment Report – Quarter 1, FY 2022 – tabled until next month
2. Quarterly Investment Officer's Certification – tabled until next month
3. Financial Report for Month Ended December 31, 2021
4. Capital Expenditure Requests

- a. Consider Approval of CER for Biosense Webster Carto Mapping System
- b. Consider Approval of CER Diagnostic NICU Portable X-ray Unit
5. Consider Approval of Nuance ModLink Software Contract
6. Consider Approval of HealthLinx Nursing Excellence Solution Agreement

Wallace Dunn moved, and Don Hallmark seconded the motion to approve the Finance Committee report as presented. The motion carried unanimously.

XI. TTUHSC AT THE PERMIAN BASIN REPORT

There was no report given.

XII. NURSING WORKFORCE UPDATE

Christin Timmons, Chief Nursing Officer, provided an update on the nursing workforce. This report was for information only. No action was taken.

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

A. TRAUMA RESOLUTION

Russell Tippin, President and Chief Executive Officer, presented the Trauma Resolution from Dr. York.

**THE BOARD OF DIRECTORS
OF THE
ECTOR COUNTY HOSPITAL DISTRICT**

RESOLUTION

We, the Board of Directors of the Ector County Hospital District, resolve that we will support the Trauma Program at Medical Center Hospital attaining Level III Trauma verification and designation. We will be committed to providing the resources necessary to ensure quality care of the trauma patient to achieve optimal outcomes throughout the continuum of care. This we do to further our commitment as the lead trauma facility for all citizens of Ector County and Trauma Service Area "J".

The Trauma Program is the cornerstone of our regional outreach plan and an integral component of our hospital strategic plan. Our support encompasses funding for uncompensated care, physician coverage, contracts, professional education, injury prevention education, clinical facilities, modern technologies, and dedicated staff.

Medical Center Hospital will continue to be active in leadership roles in Texas "J" Regional Advisory Council. Our Trauma Program staff will be supported in participating at the state level in the Texas Trauma Coordinators Forum, The Texas Emergency, Trauma, and Acute Care Foundation, and the Governor's Emergency and Trauma Advisory Council and Committee. We are committed to furthering the development of the Texas Trauma System in our region and the state.

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PASSED AND APPROVED by the Board of Directors of the Ector County Hospital District of Odessa, Texas this 1st day of February 2022.

Bryn Dodd
ECHD Board President

Wallace Dunn moved, and Richard Herrera seconded the motion to approve the Trauma Resolution as presented. The motion carried.

B. Permian Basin Behavioral Health Center

Russell Tippin, President and Chief Executive Officer, reported that there was a PBBHC board meeting last week. Midland Memorial Health received a \$500,000 donation. Some of those funds will be used to cover attorney fees needed in the establishment of the joint venture. The \$40 million dollars allocated by the State of Texas must be used within 2 years. The additional \$40 million dollars will need to be raised by the hospitals foundations in the form of grants and donations.

This report was informational only. No action was taken.

C. COVID-19 Update

Russell Tippin, President and Chief Executive Officer, reported that there are currently 76 active cases, but the numbers are coming down. MCH is currently on regional diversion.

This report was informational only. No action was taken.

D. Ad-hoc Reports

The Odessa Chamber of Commerce Citizen of the Year Luncheon is on Thursday, February 3, 2022. The healthcare professionals from Medical Center Health System and Odessa Regional Medical Center are the recipients of 2021 Citizens of the Year.

MCH has asked Craig Carter and Brian Jackson to conduct a Board Training Refresher on March 30th at 6:00 p.m. This training will be open for the other regional hospitals to attend. The location is being finalized.

The Regional Services Report was provided.

These reports were for information only. No action was taken.

XIV. EXECUTIVE SESSION

Bryn Dodd 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 Real Property pursuant to Section 551.072 of the Texas Government Code; (3) Personnel Matters pursuant to Section 551.074 of the Texas Government Code; (4) Deliberation regarding negotiations for health care services, pursuant to Section 551.085 of the Texas Government Code; and (5) Deliberation Regarding Economic Development Negotiations.

ATTENDEES for the entire Executive Session: ECHD Board members, Bryn Dodd, Mary Lou Anderson, David Dunn, Don Hallmark, Wallace Dunn, Kathy Rhodes, Richard Herrera and Russell Tippin, President/CEO, Steve Steen, Chief Legal Counsel, Steve Ewing, Chief

Financial Officer, Matt Collins, Chief Operating Officer, Christin Timmons, Chief Nursing Officer, Michaela Johnson, Executive Assistant to CEO, and Kerstin Connolly, Paralegal.

Steve Steen, Chief Legal Counsel and Gingie Sredanovich, Chief Compliance and Privacy Officer reported to the ECHD Board of Directors during Executive Session regarding a personnel/compliance issue in the MCH Laboratory. Ms. Sredanovich was excused from the remainder of Executive Session.

Tony Schum with Duff & Phelps, LLC presented a tax abatement request to the ECHD Board of Directors during Executive Session and then was excused from Executive Session.

Adiel Alvarado, President of MCH ProCare, presented the provider agreements and medical directorship agreement to the ECHD Board of Directors during Executive Session and then was excused from the remainder of Executive Session.

Tina Leal, Vice Present of Physician Community Relations, presented an income guarantee agreement to the ECHD Board of Directors during Executive Session and then was excused from the remainder of Executive Session.

Matt Collins, Chief Operating Officer, presented the MCHS lease agreements to the ECHD Board of Directors during Executive Session.

Russell Tippin, President and Chief Executive Officer, and Matt Collins, COO led the ECHD Board of Directors in discussion about facility planning.

Russell Tippin, President and CEO, led the ECHD Board of Directors in discussion about the CMS Vaccine Mandate.

Wallace Dunn, ECHD Board Vice President, led the ECHD Board of Directors in discussion about the Permian Basin Strategic Partnership.

Christin Timmons, Chief Nursing Officer, Steve Steen, Chief Legal Counsel and Russell Tippin, President and CEO reported to the ECHD Board of Directors about an HHS correspondence.

Russell Tippin, President and CEO, led the ECHD Board of Directors in discussion about the ECHD Board of Directors Board Retreat.

Executive Session began at 6:12 p.m.

Executive Session ended at 8:50 p.m.

XV. ITEMS FOR CONSIDERATION FROM EXECUTIVE SESSION

A. Consider Approval of MCH ProCare Provider Agreement(s).

Bryn Dodd presented the following new agreements:

- Amy Carillo, FNP-C – This is a 3-year agreement for FHC Pediatrics
- Tammy Trollope, N.P. – This is a 3-year agreement for FHC Family Medicine.
- Ngan Jenna Hill, N.P. – This is a 3-year agreement for Cardiology.

- Benjamin Luis Aguilar, FNP-C – This is a 3-year agreement for Cardiology.

Bryn Dodd presented the following amendments:

- Sam Kim, M.D. – This is an amendment to an Internal Medicine Agreement.
- Sanchita Yadalla, M.D. – This is an amendment to an OB/GYN Agreement.
- West Texas Ear, Nose, Throat & Sinus Institute – This is an amendment to a lease agreement.

Don Hallmark moved, and Mary Lou Anderson seconded the motion to approve the MCH ProCare Provider Agreements as presented. The motion carried.

B. Consider Approval of MCH Lease Agreements

Bryn Dodd presented the following Lease Agreements:

- MCH ProCare Women’s Clinic, This is a 3-year lease agreement.
- MCH ProCare Gastroenterology & Wound Care Clinic. This is a 3-year lease agreement

Kathy Rhodes moved, and Don Hallmark seconded the motion to approve the MCH Lease Agreements as presented. The motion carried.

C. Consider Approval of Medical Directorship Agreement

Bryn Dodd presented the following Medical Directorship Agreement:

- Dr. Abdul Kadir – This is a medical directorship agreement for the Neuro/Stroke Service Line.

Kathy Rhodes moved, and Mary Lou Anderson seconded the motion to approve the Medical Directorship Agreement as presented. The motion carried.

D. Consider Approval of Income Guarantee Agreement

Bryn Dodd presented the following Income Guarantee Agreement:

- Dr. Judith Birungi – This is a 24 month income guarantee agreement for general surgery.

Don Hallmark moved, and David Dunn seconded the motion to approve the Income Guarantee Agreement as presented. The motion carried.

XVI. ADJOURNMENT

There being no further business to come before the Board, Bryn Dodd adjourned the meeting at 8:51 p.m.

Respectfully submitted,



David Dunn, Secretary
Ector County Hospital District



March 1, 2022

**ECTOR COUNTY HOSPITAL DISTRICT
 BOARD OF DIRECTORS**

Item to be considered:

Medical Staff and Allied Health Professionals Staff Applicants

Statement of Pertinent Facts:

Pursuant to Article 3 of the Medical Staff Bylaws, 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
Cynthia Baca, MD	Pediatrics	Pediatrics	Covenant	03/1/2022-02/28/2023
John Parker, MD	Medicine	Interoperative Neuromonitoring	Realtime Neuromonitoring	03/1/2022-02/28/2023
Cynthia Tortorelli, MD	Radiology	Telemedicine	VRAD	03/1/2022-02/28/2024

Allied Health:

Applicant	Department	AHP Category	Specialty/Privileges	Group	Sponsoring Physician(s)	Dates
Tammy Trollope, NP	Medicine	AHP	Nurse Practitioner	ProCare	Dr. Sreedevi Godey	03/1/2022-02/28/2024
*Nneka Obidimma, NP	Hospitalist	AHP	Nurse Practitioner	ProCare	Dr. Aberra and Dr. Alase	03/1/2022-02/28/2024

*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.

Donald Davenport, DO Chief of Staff
 Executive Committee Chair
 /MM



March 1, 2022

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

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 Staff as 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/ Privileges	Group	Changes to Privileges	Dates
Simon Tan, MD	Medicine	Yes	Associate	Interoperative Neuromonitoring	Realtime Neuromonitoring	None	03/1/2022-02/28/2023
Daniel Babbel, MD	Surgery	Yes	Associate to	Orthopedic	ProCare	None	04/1/2022-03/31/2024
Ramcharitha Kandikatla, MD	Hospitalist	Yes	Active	Hospitalist	ProCare	None	04/1/2022-03/31/2024
Chuong Le, MD	Medicine	Yes	Associate	Interoperative Neuromonitoring	Realtime Neuromonitoring	None	04/1/2022-03/31/2023
Joseph Shayeb, MD	Medicine	No	Associate to	Internal Medicine	TTUHSC	None	04/1/2022-03/31/2024



Allied Health Professionals:

Applicant	Department	AHP Category	Specialty / Privileges	Group	Sponsoring Physician(s)	Changes to Privilege	Dates
Courtney Clubb, NP	Medicine	AHP	Nurse Practitioner		Dr. Anand Reddy	None	04/1/2022-03/31/2024
Christian Richardson, NP	Family Medicine	AHP	Nurse Practitioner	ProCare	Dr. Eduardo Salcedo	Yes	04/1/2022-03/31/2024
Marivic Salarda, CRNA	Anesthesia	AHP	CRNA	ProCare	Dr. Gillala, Dr. Bhari, Dr. Bryan, Dr. Reddy, Dr. Hwang, Dr. Batch Dr. Bangalore	None	04/1/2022-03/31/2024
Chasity Young, SFA	Surgery	AHP	SFA		Dr. Dyrstad and Dr. Schuster	None	05/01/2022-04/30/2024

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.

Donald Davenport, DO Chief of Staff Executive
 Committee Chair
 /MM



March 1, 2022

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

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
Ghassan Fanous, MD	OB/GYN	REMOVE: Resuscitation of Newborn
Christian Richardson, NP	Family Medicine	REMOVE: ACLS

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.

Donald Davenport, DO Chief of Staff
Executive Committee Chair
/MM



March 1, 2022

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

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
Hayleyesus Gulilat, NP	AHP	Emergency Medicine	11/29/2021	Resignation
Lorina Lujan, PA	AHP	Emergency Medicine	09/18/2021	Resignation
David Winger, MD	Telemedicine	Radiology	01/26/2022	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.

Donald Davenport, DO Chief of Staff
Executive Committee Chair
/MM



March 1, 2022

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

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 change as noted below.

Staff Category Change:

Staff Member	Department	Category
Daniel Babel, MD	Surgery	Associate to Active
Joseph Shayeb, MD	Medicine	Associate to Courtesy
Paul Baquirin, NP	Medicine	Removal of I-FPPE
Jaya Chadalavada, MD	Hospitalist	Removal of I-FPPE
Mark Davis, MD	Cardiology	Extended 1 Year
Jeffrey Freyder, MD	Surgery	Removal of I-FPPE
Steven Fussner, MD	Medicine	Removal of I-FPPE
Veronica Garcia, NP	Surgery	Removal of I-FPPE
Joshua Jordan, CRNA	Anesthesia	Removal of I-FPPE
Hassan Khalid, MD	Medicine	Removal of I-FPPE
Abiodun Adejumike Okin-Ayileka, MD	Family Medicine	Removal of I-FPPE
Thomas Mitchell, MD	Medicine	Removal of I-FPPE
Mahamudun Nabi, MD	Medicine	Removal of I-FPPE
Simon Tan, MD	Medicine	Removal of I-FPPE
Nathaniel Wolkenfeld, MD	Surgery	Removal of I-FPPE
Britni Young, NP	Cardiology	Removal of I-FPPE



March 1, 2022

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Proctoring Credentialing:

Applicant	Department	Specialty/Privileges	Group	Comments
None				

Changes to Credentialing Dates:

Staff Member	Staff Category	Department	Dates
None			

Changes of Supervising Physician(s):

Staff Member	Group	Department
None		

Leave of Absence:

Staff Member	Staff Category	Department	Effective Date	Action

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 staff category changes, changes to the credentialing dates, changes of supervising physicians and leave of absence.

Donald Davenport, DO Chief of Staff
Executive Committee Chair
/MM



March 1, 2022

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

CER – Acquisition of CT Contrast Injectors

CER – Acquisition of Ultrasound Unit at the Center for Women’s Imaging

Statement of Pertinent Facts:

The Medical Executive Committee and the Joint Conference Committee recommends approval of the following:

CER – Acquisition of CT Contrast Injectors

CER – Acquisition of Ultrasound Unit at the Center for Women’s Imaging

Advice, Opinions, Recommendations and Motion:

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 to approve the CER: Acquisition of CT Contrast Injectors and Acquisition of Ultrasound Unit at the Center for Women’s Imaging

Donald Davenport, DO, Chief of Staff
Executive Committee Chair
/MM



March 1, 2022

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

Emergency Medicine Delineation of Privilege Form

Statement of Pertinent Facts:

The Medical Executive Committee and the Joint Conference Committee recommends approval of the following:

- Emergency Medicine Delineation of Privilege Form

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 above Delineation of Privilege Form to the Ector County Hospital District Board of Directors.

Donald Davenport, DO, Chief of Staff
Executive Committee Chair
/MM

Family Health Clinic
March 2022
ECHD Board Packet

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CENTERS COMBINED - OPERATIONS SUMMARY
JANUARY 2022**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<u>PATIENT REVENUE</u>										
Outpatient Revenue	\$ 536,657	\$ 716,213	-25.1%	\$ 587,333	-8.6%	\$ 2,378,978	\$ 2,807,597	-15.3%	\$ 2,221,641	7.1%
TOTAL PATIENT REVENUE	\$ 536,657	\$ 716,213	-25.1%	\$ 587,333	-8.6%	\$ 2,378,978	\$ 2,807,597	-15.3%	\$ 2,221,641	7.1%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 308,842	\$ 364,253	-15.2%	\$ 327,570	-5.7%	\$ 1,515,914	\$ 1,431,397	5.9%	\$ 1,223,467	23.9%
Self Pay Adjustments	25,295	98,967	-74.4%	90,254	-72.0%	106,685	388,702	-72.6%	275,823	-61.3%
Bad Debts	59,879	15,695	281.5%	1,870	3101.9%	28,666	61,463	-53.4%	82,099	-65.1%
TOTAL REVENUE DEDUCTIONS	\$ 394,015	\$ 478,915	-17.7%	\$ 419,694	-6.1%	\$ 1,651,264	\$ 1,881,562	-12.2%	\$ 1,581,389	4.4%
	73.42%	66.87%		71.46%		69.41%	67.02%		71.18%	
NET PATIENT REVENUE	\$ 142,642	\$ 237,298	-39.9%	\$ 167,640	-14.9%	\$ 727,713	\$ 926,035	-21.4%	\$ 640,252	13.7%
<u>OTHER REVENUE</u>										
FHC Other Revenue	\$ 55,186	\$ 25,436	117.0%	\$ 19,463	183.5%	\$ 134,594	\$ 101,744	32.3%	\$ 61,393	119.2%
TOTAL OTHER REVENUE	\$ 55,186	\$ 25,436	117.0%	\$ 19,463	183.5%	\$ 134,594	\$ 101,744	32.3%	\$ 61,393	119.2%
NET OPERATING REVENUE	\$ 197,828	\$ 262,734	-24.7%	\$ 187,103	5.7%	\$ 862,307	\$ 1,027,779	-16.1%	\$ 701,645	22.9%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 129,589	\$ 114,160	13.5%	\$ 85,772	51.1%	\$ 395,695	\$ 448,144	-11.7%	\$ 359,213	10.2%
Benefits	33,000	32,949	0.2%	21,239	55.4%	105,241	130,588	-19.4%	90,138	16.8%
Physician Services	158,573	156,823	1.1%	139,030	14.1%	672,004	627,292	7.1%	563,241	19.3%
Cost of Drugs Sold	20,368	13,391	52.1%	3,149	546.8%	76,614	53,120	44.2%	20,216	279.0%
Supplies	7,288	24,143	-69.8%	4,612	58.0%	29,585	93,534	-68.4%	44,437	-33.4%
Utilities	6,239	8,842	-29.4%	6,054	3.1%	21,537	33,649	-36.0%	22,495	-4.3%
Repairs and Maintenance	463	2,216	-79.1%	650	-28.8%	12,764	8,864	44.0%	5,746	122.1%
Leases and Rentals	517	977	-47.1%	538	-3.9%	1,958	3,908	-49.9%	1,997	-2.0%
Other Expense	1,000	1,542	-35.1%	1,200	-16.7%	7,335	6,168	18.9%	11,842	-38.1%
TOTAL OPERATING EXPENSES	\$ 357,037	\$ 355,043	0.6%	\$ 262,245	36.1%	\$ 1,322,733	\$ 1,405,267	-5.9%	\$ 1,119,327	18.2%
Depreciation/Amortization	\$ 28,692	\$ 33,792	-15.1%	\$ 33,224	-13.6%	\$ 115,129	\$ 134,080	-14.1%	\$ 133,098	-13.5%
TOTAL OPERATING COSTS	\$ 385,728	\$ 388,835	-0.8%	\$ 295,469	30.5%	\$ 1,437,862	\$ 1,539,347	-6.6%	\$ 1,252,425	14.8%
NET GAIN (LOSS) FROM OPERATIONS	\$ (187,901)	\$ (126,101)	49.0%	\$ (108,366)	73.4%	\$ (575,555)	\$ (511,568)	12.5%	\$ (550,780)	4.5%
Operating Margin	-94.98%	-48.00%	97.9%	-57.92%	64.0%	-66.75%	-49.77%	34.1%	-78.50%	-15.0%

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
Total Visits	1,861	2,214	-15.9%	1,557	19.5%	7,726	8,673	-10.9%	5,977	29.3%
Average Revenue per Office Visit	288.37	323.49	-10.9%	377.22	-23.6%	307.92	323.72	-4.9%	371.70	-17.2%
Hospital FTE's (Salaries and Wages)	19.4	28.4	-31.9%	18.2	6.5%	21.4	28.1	-24.0%	19.6	8.9%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - SOUTH - OPERATIONS SUMMARY
JANUARY 2022**

	CURRENT MONTH					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	\$ 145,383	\$ 339,268	-57.1%	\$ 587,333	-75.2%	\$ 758,086	\$ 1,345,065	-43.6%	\$ 2,221,250	-65.9%
TOTAL PATIENT REVENUE	\$ 145,383	\$ 339,268	-57.1%	\$ 587,333	-75.2%	\$ 758,086	\$ 1,345,065	-43.6%	\$ 2,221,250	-65.9%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 86,536	\$ 184,522	-53.1%	\$ 320,286	-73.0%	\$ 591,228	\$ 731,558	-19.2%	\$ 1,219,088	-51.5%
Self Pay Adjustments	16,695	52,934	-68.5%	85,899	-80.6%	63,482	209,863	-69.8%	278,293	-77.2%
Bad Debts	5,254	10,842	-51.5%	16,203	-67.6%	(73,382)	42,985	-270.7%	91,711	-180.0%
TOTAL REVENUE DEDUCTIONS	\$ 108,485	\$ 248,298	-56.3%	\$ 422,388	-74.3%	\$ 581,328	\$ 984,406	-40.9%	\$ 1,589,092	-63.4%
	74.6%	73.2%		71.9%		76.7%	73.2%		71.5%	
NET PATIENT REVENUE	\$ 36,899	\$ 90,970	-59.4%	\$ 164,946	-77.6%	\$ 176,758	\$ 360,659	-51.0%	\$ 632,157	-72.0%
OTHER REVENUE										
FHC Other Revenue	\$ 55,186	\$ 25,436	0.0%	\$ 19,463	183.5%	\$ 134,594	\$ 101,744	0.0%	\$ 61,393	119.2%
TOTAL OTHER REVENUE	\$ 55,186	\$ 25,436	117.0%	\$ 19,463	183.5%	\$ 134,594	\$ 101,744	32.3%	\$ 61,393	119.2%
NET OPERATING REVENUE	\$ 92,084	\$ 116,406	-20.9%	\$ 184,409	-50.1%	\$ 311,351	\$ 462,403	-32.7%	\$ 693,550	-55.1%
OPERATING EXPENSE										
Salaries and Wages	\$ 116,220	\$ 59,086	96.7%	\$ 102,900	12.9%	\$ 314,849	\$ 234,253	34.4%	\$ 359,213	-12.4%
Benefits	29,596	17,053	73.6%	25,480	16.2%	83,739	68,261	22.7%	90,138	-7.1%
Physician Services	111,243	68,581	62.2%	139,746	-20.4%	347,272	274,324	26.6%	563,241	-38.3%
Cost of Drugs Sold	14,106	3,077	358.4%	3,149	347.9%	23,311	12,201	91.1%	20,216	15.3%
Supplies	2,586	4,534	-43.0%	4,612	-43.9%	15,900	18,016	-11.7%	44,437	-64.2%
Utilities	3,593	3,129	14.8%	3,129	14.8%	11,950	11,833	1.0%	11,834	1.0%
Repairs and Maintenance	463	1,799	-74.3%	650	-28.8%	12,764	7,196	77.4%	5,746	122.1%
Leases and Rentals	517	477	8.4%	538	-3.9%	1,958	1,908	2.6%	1,997	-2.0%
Other Expense	1,000	1,125	-11.1%	1,200	-16.7%	7,335	4,500	63.0%	11,842	-38.1%
TOTAL OPERATING EXPENSES	\$ 279,322	\$ 158,861	75.8%	\$ 281,404	-0.7%	\$ 819,077	\$ 632,492	29.5%	\$ 1,108,666	-26.1%
Depreciation/Amortization	\$ 2,625	\$ 4,002	-34.4%	\$ 3,900	-32.7%	\$ 10,517	\$ 15,880	-33.8%	\$ 15,800	-33.4%
TOTAL OPERATING COSTS	\$ 281,947	\$ 162,863	73.1%	\$ 285,304	-1.2%	\$ 829,594	\$ 648,372	28.0%	\$ 1,124,466	-26.2%
NET GAIN (LOSS) FROM OPERATIONS	\$ (189,863)	\$ (46,457)	-308.7%	\$ (100,895)	-88.2%	\$ (518,242)	\$ (185,969)	-178.7%	\$ (430,916)	20.3%
Operating Margin	-206.18%	-39.91%	416.6%	-54.71%	276.8%	-166.45%	-40.22%	313.9%	-62.13%	167.9%

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
Medical Visits	625	989	-36.8%	1,557	-59.9%	2,861	3,921	-27.0%	5,977	-52.1%
Average Revenue per Office Visit	232.61	343.04	-32.2%	377.22	-38.3%	264.97	343.04	-22.8%	371.63	-28.7%
Hospital FTE's (Salaries and Wages)	14.0	12.8	9.6%	18.0	-22.5%	14.8	12.7	15.7%	19.6	-24.7%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - WEST UNIVERSITY - OPERATIONS SUMMARY
JANUARY 2022**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<u>PATIENT REVENUE</u>										
Outpatient Revenue	\$ 129,487	\$ 171,070	-24.3%	\$ -	100.0%	\$ 601,938	\$ 678,682	-11.3%	\$ 392	153600.7%
TOTAL PATIENT REVENUE	\$ 129,487	\$ 171,070	-24.3%	\$ -	100.0%	\$ 601,938	\$ 678,682	-11.3%	\$ 392	153600.7%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 69,791	\$ 97,139	-28.2%	\$ 7,284	858.2%	\$ 354,732	\$ 385,377	-8.0%	\$ 4,379	8001.1%
Self Pay Adjustments	6,152	22,340	-72.5%	4,356	41.3%	27,847	88,629	-68.6%	(2,470)	-1227.4%
Bad Debts	5,946	-	0.0%	(14,333)	-141.5%	9,780	-	0.0%	(9,612)	-201.8%
TOTAL REVENUE DEDUCTIONS	\$ 81,889	\$ 119,479	-31.5%	\$ (2,694)	-3140.0%	\$ 392,359	\$ 474,006	-17.2%	\$ (7,703)	-5193.6%
	63.24%	69.84%		#DIV/0!		65.18%	69.84%		-1966.92%	
NET PATIENT REVENUE	\$ 47,598	\$ 51,591	-7.7%	\$ 2,694	1667.0%	\$ 209,579	\$ 204,676	2.4%	\$ 8,095	2489.1%
<u>OTHER REVENUE</u>										
FHC Other Revenue	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
TOTAL OTHER REVENUE	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
NET OPERATING REVENUE	\$ 47,598	\$ 51,591	-7.7%	\$ 2,694	1667.0%	\$ 209,579	\$ 204,676	2.4%	\$ 8,095	2489.1%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 1,306	\$ 26,293	-95.0%	\$ (17,128)	-107.6%	\$ 30,433	\$ 104,308	-70.8%	\$ -	100.0%
Benefits	332	7,589	-95.6%	(4,241)	-107.8%	8,094	30,395	-73.4%	-	100.0%
Physician Services	13,214	45,750	-71.1%	(716)	-1945.5%	130,421	183,000	-28.7%	-	100.0%
Cost of Drugs Sold	-	10,314	-100.0%	-	0.0%	14,723	40,919	-64.0%	-	100.0%
Supplies	2,133	5,360	-60.2%	-	100.0%	6,190	21,268	-70.9%	-	100.0%
Utilities	2,647	2,924	-9.5%	2,925	-9.5%	9,588	10,660	-10.1%	10,661	-10.1%
Repairs and Maintenance	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Other Expense	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$ 19,632	\$ 98,230	-80.0%	\$ (19,160)	-202.5%	\$ 199,448	\$ 390,550	-48.9%	\$ 10,661	1770.9%
Depreciation/Amortization	\$ 25,992	\$ 29,790	-12.7%	\$ 29,324	-11.4%	\$ 104,313	\$ 118,200	-11.7%	\$ 117,298	-11.1%
TOTAL OPERATING COSTS	\$ 45,624	\$ 128,020	-64.4%	\$ 10,165	348.8%	\$ 303,760	\$ 508,750	-40.3%	\$ 127,959	137.4%
NET GAIN (LOSS) FROM OPERATIONS	\$ 1,974	\$ (76,429)	-102.6%	\$ (7,471)	-126.4%	\$ (94,181)	\$ (304,074)	-69.0%	\$ (119,864)	-21.4%
Operating Margin	4.15%	-148.14%	-102.8%	-277.35%	-101.5%	-44.94%	-148.56%	-69.8%	-1480.78%	-97.0%

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
Total Visits	490	550	-10.9%	-	0.0%	2,151	2,182	-1.4%	-	0.0%
Average Revenue per Office Visit	264.26	311.04	-15.0%	-	0.0%	279.84	311.04	-10.0%	-	0.0%
Hospital FTE's (Salaries and Wages)	1.2	7.1	-83.3%	0.2	634.4%	2.6	7.1	-63.9%	0.0	6204.3%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - JBS - OPERATIONS SUMMARY
JANUARY 2022**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<u>PATIENT REVENUE</u>										
Outpatient Revenue	\$ 261,787	\$ 205,875	27.2%	\$ -	100.0%	\$ 1,018,954	\$ 783,850	30.0%	\$ -	100.0%
TOTAL PATIENT REVENUE	\$ 261,787	\$ 205,875	27.2%	\$ -	100.0%	\$ 1,018,954	\$ 783,850	30.0%	\$ -	100.0%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 152,515	\$ 82,592	84.7%	\$ -	100.0%	\$ 569,954	\$ 314,462	81.2%	\$ -	100.0%
Self Pay Adjustments	2,448	23,693	-89.7%	-	100.0%	15,357	90,210	-83.0%	-	100.0%
Bad Debts	48,679	4,853	903.1%	-	100.0%	92,267	18,478	399.3%	-	100.0%
TOTAL REVENUE DEDUCTIONS	\$ 203,641	\$ 111,138	83.2%	\$ -	100.0%	\$ 677,577	\$ 423,150	60.1%	\$ -	100.0%
	77.79%	53.98%		0.00%		66.50%	53.98%		0.00%	
NET PATIENT REVENUE	\$ 58,145	\$ 94,737	-38.6%	\$ -	100.0%	\$ 341,376	\$ 360,700	-5.4%	\$ -	100.0%
<u>OTHER REVENUE</u>										
FHC Other Revenue	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
TOTAL OTHER REVENUE	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
NET OPERATING REVENUE	\$ 58,145	\$ 94,737	-38.6%	\$ -	100.0%	\$ 341,376	\$ 360,700	-5.4%	\$ -	100.0%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 12,064	\$ 28,781	-58.1%	\$ -	100.0%	\$ 50,414	\$ 109,583	-54.0%	\$ -	100.0%
Benefits	3,072	8,307	-63.0%	-	100.0%	13,408	31,932	-58.0%	-	100.0%
Physician Services	34,115	42,492	-19.7%	-	100.0%	194,311	169,968	14.3%	-	100.0%
Cost of Drugs Sold	6,262	-	0.0%	-	0.0%	38,581	-	100.0%	-	100.0%
Supplies	2,569	14,249	-82.0%	-	100.0%	7,495	54,250	-86.2%	-	100.0%
Utilities	-	2,789	-100.0%	-	100.0%	-	11,156	-100.0%	-	100.0%
Repairs and Maintenance	-	417	-100.0%	-	100.0%	-	1,668	-100.0%	-	100.0%
Other Expense	-	417	-100.0%	-	0.0%	-	1,668	-100.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$ 58,083	\$ 97,952	-40.7%	\$ -	100.0%	\$ 304,208	\$ 382,225	-20.4%	\$ -	100.0%
Depreciation/Amortization	\$ 75	\$ -	0.0%	\$ -	100.0%	\$ 299	\$ -	0.0%	\$ -	100.0%
TOTAL OPERATING COSTS	\$ 58,158	\$ 97,952	-40.6%	\$ -	100.0%	\$ 304,508	\$ 382,225	-20.3%	\$ -	100.0%
NET GAIN (LOSS) FROM OPERATIONS	\$ (12)	\$ (3,215)	-99.6%	\$ -	100.0%	\$ 36,869	\$ (21,525)	-271.3%	\$ -	100.0%
Operating Margin	-0.02%	-3.39%	-99.4%	0.00%	100.0%	10.80%	-5.97%	-281.0%	0.00%	100.0%

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
Medical Visits	746	675	10.5%	-	0.0%	2,714	2,570	5.6%	-	0.0%
Total Visits	746	675	10.5%	-	0.0%	2,714	2,570	5.6%	-	0.0%
Average Revenue per Office Visit	350.92	305.00	15.1%	-	0.0%	375.44	305.00	23.1%	-	0.0%
Hospital FTE's (Salaries and Wages)	4.2	8.6	-51.0%	-	0.0%	4.1	8.3	-51.0%	-	0.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC COMBINED
JANUARY 2022**

	MONTHLY REVENUE					YTD REVENUE				
	Clements	West	JBS	Total	%	Clements	West	JBS	Total	%
Medicare	\$ 27,081	\$ 32,446	\$ -	\$ 59,527	11.1%	\$ 166,580	\$ 140,475	\$ (819)	\$ 306,236	12.9%
Medicaid	40,733	42,014	147,295	230,042	42.9%	177,075	161,677	608,329	947,081	39.8%
FAP	-	-	-	-	0.0%	-	-	-	-	0.0%
Commercial	19,915	22,060	104,458	146,432	27.3%	117,525	136,811	376,914	631,250	26.5%
Self Pay	49,226	28,655	6,318	84,199	15.7%	267,097	131,821	26,915	425,834	17.9%
Other	8,429	4,313	3,716	16,457	3.1%	29,808	31,154	7,615	68,576	2.9%
Total	\$ 145,383	\$ 129,487	\$ 261,787	\$ 536,657	100.0%	\$ 758,086	\$ 601,938	\$ 1,018,954	\$ 2,378,978	100.0%

	MONTHLY PAYMENTS					YEAR TO DATE PAYMENTS				
	Clements	West	JBS	Total	%	Clements	West	JBS	Total	%
Medicare	\$ 14,444	\$ 13,164	-	\$ 27,608	21.7%	\$ 71,026	\$ 59,191	\$ -	\$ 130,217	17.1%
Medicaid	7,907	10,430	16,826	35,163	27.7%	64,613	49,034	143,344	256,991	33.7%
FAP	-	-	-	-	0.0%	-	-	-	-	0.0%
Commercial	6,421	7,284	27,414	41,119	32.4%	46,455	50,906	175,695	273,057	35.8%
Self Pay	7,587	4,235	8,537	20,358	16.0%	37,931	22,931	28,679	89,542	11.7%
Other	978	1,425	300	2,703	2.1%	6,577	4,200	2,654	13,431	1.8%
Total	\$ 37,338	\$ 36,537	\$ 53,077	\$ 126,951	100.0%	\$ 226,601	\$ 186,263	\$ 350,373	\$ 763,237	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC CLEMENTS
JANUARY 2022**

REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	\$ 27,081	18.6%	\$ 100,908	17.2%	\$ 166,580	22.0%	\$ 370,774	16.7%
Medicaid	40,733	28.0%	246,140	41.9%	177,075	23.4%	1,010,233	45.5%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	19,915	13.7%	82,441	14.0%	117,525	15.5%	309,447	13.9%
Self Pay	49,226	33.9%	143,328	24.4%	267,097	35.2%	464,274	20.9%
Other	8,429	5.8%	14,517	2.5%	29,808	3.9%	66,521	3.0%
TOTAL	\$ 145,383	100.0%	\$ 587,333	100.0%	\$ 758,086	100.0%	\$ 2,221,250	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	14,444	38.7%	\$ 24,532	17.8%	\$ 71,026	31.4%	\$ 117,402	18.7%
Medicaid	7,907	21.2%	70,549	51.3%	64,613	28.5%	336,281	53.5%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	6,421	17.2%	17,389	12.6%	46,455	20.5%	84,051	13.4%
Self Pay	7,587	20.3%	24,155	17.5%	37,931	16.7%	88,527	14.1%
Other	978	2.6%	1,073	0.8%	6,577	2.9%	1,715	0.3%
TOTAL	\$ 37,338	100.0%	\$ 137,698	100.0%	\$ 226,601	100.0%	\$ 627,976	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC WEST UNIVERSITY
JANUARY 2022**

REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	\$ 32,446	25.1%	\$ -	0.0%	\$ 140,475	23.4%	\$ (899)	-229.6%
Medicaid	42,014	32.5%	\$ -	0.0%	161,677	26.9%	(2,113)	-539.5%
PHC	-	0.0%	\$ -	0.0%	-	0.0%	-	0.0%
Commercial	22,060	17.0%	\$ -	0.0%	136,811	22.7%	(2,984)	-761.8%
Self Pay	28,655	22.1%	\$ -	0.0%	131,821	21.8%	8,475	2164.1%
Other	4,313	3.3%	\$ -	0.0%	31,154	5.2%	(2,088)	-533.2%
TOTAL	\$ 129,487	100.0%	\$ -	0.0%	\$ 601,938	100.0%	\$ 392	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 13,164	36.1%	\$ 224	19.4%	\$ 59,191	31.8%	\$ 4,203	28.7%
Medicaid	10,430	28.5%	(327)	-28.4%	\$ 49,034	26.3%	3,656	24.9%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	7,284	19.9%	269	23.3%	50,906	27.3%	255	1.7%
Self Pay	4,235	11.6%	987	85.6%	22,931	12.3%	6,362	43.4%
Other	1,425	3.9%	-	0.0%	4,200	2.3%	187	1.3%
TOTAL	\$ 36,537	100.0%	\$ 1,153	100.0%	\$ 186,262	100.0%	\$ 14,664	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC JBS
JANUARY 2022**

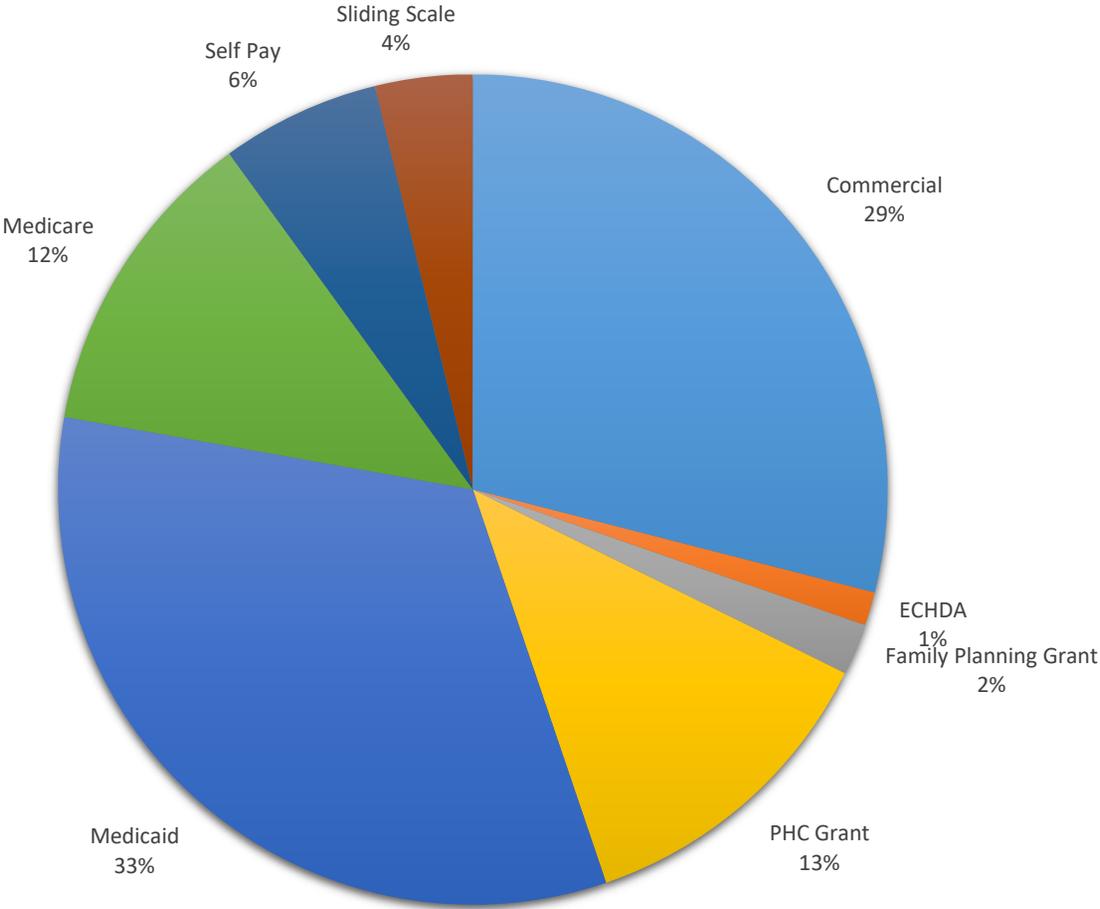
REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	\$ -	0.0%	\$ -	0.0%	\$ (819)	-0.1%	\$ -	0.0%
Medicaid	147,295	56.3%	\$ -	0.0%	608,329	59.8%	-	0.0%
PHC	-	0.0%	\$ -	0.0%	-	0.0%	-	0.0%
Commercial	104,458	39.9%	\$ -	0.0%	376,914	37.0%	-	0.0%
Self Pay	6,318	2.4%	\$ -	0.0%	26,915	2.6%	-	0.0%
Other	3,716	1.4%	\$ -	0.0%	7,615	0.7%	-	0.0%
TOTAL	\$ 261,787	100.0%	\$ -	0.0%	\$ 1,018,954	100.0%	\$ -	0.0%

PAYMENTS BY PAYOR

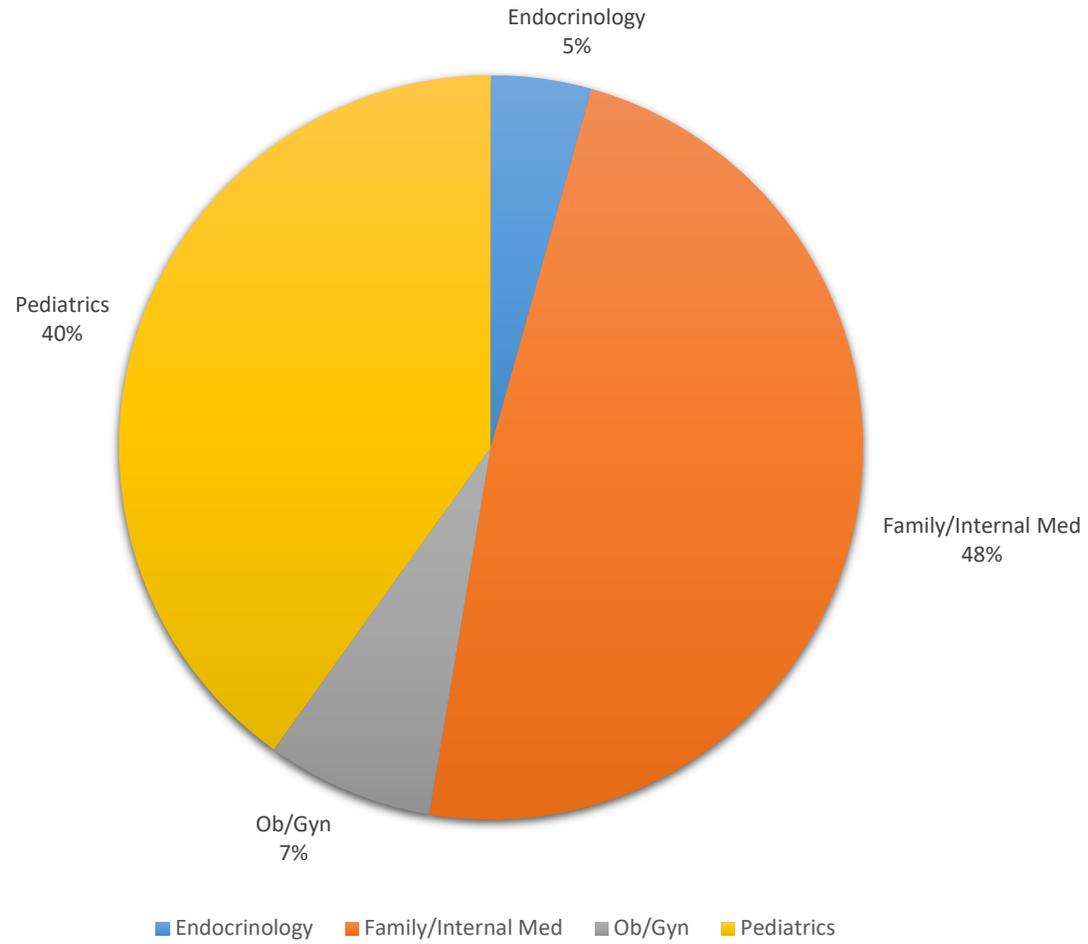
	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Medicaid	16,826	31.7%	-	0.0%	143,344	40.9%	-	0.0%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	27,414	51.6%	-	0.0%	175,695	50.1%	-	0.0%
Self Pay	8,537	16.1%	-	0.0%	28,679	8.2%	-	0.0%
Other	300	0.6%	-	0.0%	2,654	0.8%	-	0.0%
TOTAL	\$ 53,077	100.0%	\$ -	0.0%	\$ 350,374	100.0%	\$ -	0.0%

FHC January Visits by Financial Class



■ Commercial ■ ECHDA ■ Family Planning Grant ■ PHC Grant ■ Medicaid ■ Medicare ■ Self Pay ■ Sliding Scale

FHC January Visits By Service



FHC Executive Director's Report-March 2022

- **Staffing Update:** The Family Health Clinic has the following active open positions: 1 LVN, 1 Medical Assistant, and 2 Front Desk.
- **Telehealth Update:** For the month of January, telehealth visits accounted for 10% of the Clinic's total visits. We continue to provide the telehealth option for sick and follow up visits.
- **Provider Update:** Amy Carrillo, FNP, has withdrawn herself from the pediatric nurse practitioner position at JBS. We will open the search back up and begin recruitment again for this pediatric mid-level position.
- **COVID 19 Update:** The Family Health Clinic has implemented the following temporary operational changes: no walk-in patients, patients will be scheduled with same day appointments; implemented telehealth options for remote health services; decreased operating hours to Monday thru Friday 8am-Noon and 1pm-5pm; Patient screening processes at all FHC locations. Patients and employees are required to wear masks.
- **340B Recertification:** The Family Health Clinic completed the annual recertification of its 340B program with HRSA on 2/11/2022.
- **COVID 19 Testing and Vaccines:** The Family Health Clinic is in the process of implementing point of care COVID 19 testing and vaccines at all three of our locations. We intend to focus our testing and vaccine efforts to our current patient populations.

**Ector County Hospital District
d/b/a Medical Center Health System**

Independent Auditor's Report and Financial Statements

September 30, 2021 and 2020

**Ector County Hospital District
d/b/a Medical Center Health System
September 30, 2021 and 2020**

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Independent Auditor's Report

Board of Directors
Ector County Hospital District
d/b/a Medical Center Health System
Odessa, Texas

We have audited the accompanying financial statements of Ector County Hospital District d/b/a Medical Center Health System (District) as of and for the years ended September 30, 2021 and 2020, and the related notes to the financial statements, which collectively comprise the District's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Board of Directors
Ector County Hospital District
d/b/a Medical Center Health System
Page 2

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the District as of September 30, 2021 and 2020, and the changes in its financial position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis, pension information and other postemployment benefits information listed in the table of contents be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic or historical context.

We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Dallas, Texas
February , 2022

Ector County Hospital District d/b/a Medical Center Health System

Management's Discussion and Analysis September 30, 2021 and 2020

Introduction

This management's discussion and analysis of the financial performance of Ector County Hospital District d/b/a Medical Center Health System (District) provides an overview of the District's financial activities for the years ended September 30, 2021 and 2020. It should be read in conjunction with the accompanying financial statements of the District.

Financial Highlights

- The District's net position increased \$30,765,742, or 17.98%, in 2021 and decreased \$10,848,448, or 5.96%, in 2020.
- The District reported operating losses in both 2021 (\$60,063,480) and 2020 (\$74,793,745). The operating loss in 2021 improved by \$14,730,265, or 19.69%, over the operating loss reported in 2020. The operating loss in 2020 decreased by \$18,082,057, or 19.47%, from the operating loss reported in 2019. The details of the operating losses are discussed in greater detail below.
- Net nonoperating revenues increased \$26,883,925 or 42.04%, in 2021 compared to 2020 and decreased \$8,182,802 or 11.34%, in 2020 compared to 2019. The increase from 2020 to 2021 is primarily due to recognition of Provider Relief Funds (*Note 15*) as well as an increase in tax revenue.
- Cash and investments decreased in 2021 by \$9,133,250, or 7.00%, and increased in 2020 by \$54,309,616, or 71.35%. The decrease in 2021 is primarily attributable to the District expending the remaining portion of the Provider Relief Funds received during 2020.

Using This Annual Report

The District's financial statements consist of three statements—a balance sheet; a statement of revenues, expenses and changes in net position; and a statement of cash flows. These statements provide information about the activities of the District, including resources held by the District but restricted for specific purposes by creditors, contributors, grantors or enabling legislation. The District is accounted for as a business-type activity and presents its financial statements using the economic resources measurement focus and the accrual basis of accounting.

The Balance Sheet and Statement of Revenues, Expenses and Changes in Net Position

One of the most important questions asked about any hospital's finances is "Is the hospital as a whole better or worse off as a result of the year's activities?" The Balance Sheet and the Statement of Revenues, Expenses and Changes in Net Position report information about the District's resources and its activities in a way that helps answer this question. These statements include all restricted and unrestricted assets and all liabilities using the accrual basis of accounting. Using the accrual basis of accounting means that all of the current year's revenues and expenses are taken into account regardless of when cash is received or paid.

These two statements report the District's net position and changes in it. The District's total net position—the difference between assets, liabilities and deferred inflows and outflows of resources—is one measure of the District's financial health or financial position. Over time, increases or decreases in the District's net position are an indicator of whether its financial health is improving or deteriorating.

Other nonfinancial factors, such as changes in the District’s patient base, changes in legislation and regulations, measures of the quantity and quality of services provided to its patients and local economic factors should also be considered to assess the overall financial health of the District.

The Statement of Cash Flows

The statement of cash flows reports cash receipts, cash payments and net changes in cash and cash equivalents resulting from four defined types of activities. It provides answers to such questions as where did cash come from, what was cash used for and what was the change in cash and cash equivalents during the reporting period.

The District’s Net Position

The District’s net position is the difference between its assets and liabilities reported in the balance sheets. A summary of the District’s balance sheets is presented in the following table.

Table 1: Assets and Deferred Outflows of Resources, Liabilities, Deferred Inflows of Resources and Net Position

	<u>2021</u>	<u>2020</u>	<u>2019</u>
Assets			
Patient accounts receivable, net	\$ 35,746,984	\$ 31,231,024	\$ 40,619,979
Other current assets	85,718,576	108,793,555	52,230,216
Capital assets, net	170,329,690	176,633,440	179,903,484
Other noncurrent assets	<u>75,245,122</u>	<u>50,007,961</u>	<u>57,936,824</u>
Total assets	<u>367,040,372</u>	<u>366,665,980</u>	<u>330,690,503</u>
Deferred Outflows of Resources	<u>29,138,210</u>	<u>6,438,549</u>	<u>33,175,595</u>
Total assets and deferred outflows of resources	<u>\$ 396,178,582</u>	<u>\$ 373,104,529</u>	<u>\$ 363,866,098</u>
Liabilities			
Long-term debt	\$ 39,915,333	\$ 40,603,072	\$ 44,046,041
Net pension liability	44,515,430	22,684,174	56,004,121
Other postemployment benefits	20,950,660	23,213,335	25,538,688
Other current and noncurrent liabilities	<u>69,546,785</u>	<u>104,172,643</u>	<u>55,810,016</u>
Total liabilities	<u>174,928,208</u>	<u>190,673,224</u>	<u>181,398,866</u>
Deferred Inflows of Resources	<u>19,385,740</u>	<u>11,332,413</u>	<u>519,892</u>
Net Position			
Net investment in capital assets	130,288,229	133,323,224	138,690,078
Unrestricted	<u>71,576,405</u>	<u>37,775,668</u>	<u>43,257,262</u>
Total net position	<u>201,864,634</u>	<u>171,098,892</u>	<u>181,947,340</u>
Total liabilities, deferred inflows of resources and net position	<u>\$ 396,178,582</u>	<u>\$ 373,104,529</u>	<u>\$ 363,866,098</u>

Total assets and deferred outflows of resources increased by \$23,074,053, or 6.18%, between 2020 and 2021. Significant changes in the balance sheet include the following for 2021:

- Cash and investments decreased by \$9,133,250, or 7.00% as previously discussed.
- Patient accounts receivable, net, increased \$4,515,960, or 14.46% as a result of increases in services provided and patient volumes increasing from 2020.
- Deferred outflows of resources increased by \$22,699,661, or 352.56%. This increase is primarily attributable to a change in plan assumptions and inputs.
- Total liabilities decreased \$15,745,016, or 8.26%. The decrease in liabilities is primarily due to the expending of the remaining Provider Relief Funds in 2021, which were included as Provider Relief Funds received in advance at September 30, 2020.

Total assets and deferred outflows of resources increased by \$9,238,431, or 2.54%, between 2019 and 2020. Significant changes in the balance sheet include the following for 2020:

- Cash and investments increased by \$54,309,616, or 71.35% due to the receipt of Provider Relief Funds and Medicare advance payments.
- Patient accounts receivable, net, decreased \$9,388,955, or 23.11% as a result of declines in services provided and patient volumes due to COVID-19.
- Deferred outflows of resources decreased by \$26,737,046, or 80.59%. This decrease is primarily attributable to the difference between projected pension plan investment earnings and actual earnings that is recognized as a component of pension expense.
- Total liabilities increased \$9,274,358, or 5.11%. The increase in liabilities is attributable to the receipt of Provider Relief Funds that are not recognized at year end and the receipt of Medicare advance payments the District applied for and received in September 2020. See *Note 15* for additional information on these liabilities

Operating Results and Changes in the District's Net Position

The following table presents a summary of the District's revenues and expenses for each of the years ended September 30, 2021, 2020 and 2019:

Table 2: Operating Results and Changes in Net Position

	2021	2020	2019
Operating Revenues			
Net patient service revenue	\$ 263,116,260	\$ 242,372,912	\$ 272,714,495
Supplemental Medicaid funding	42,318,461	41,178,988	22,985,650
Other revenue	11,045,420	10,040,499	10,691,366
	<u>316,480,141</u>	<u>293,592,399</u>	<u>306,391,511</u>
Operating Expenses			
Salaries, wages and employee benefits	187,358,292	182,308,325	196,751,290
Purchased services and professional fees	90,028,605	95,974,899	103,164,638
Supplies and other	79,847,232	71,562,149	75,923,716
Intergovernmental transfers	-	-	4,741,800
Depreciation and amortization	19,309,492	18,540,771	18,685,869
	<u>376,543,621</u>	<u>368,386,144</u>	<u>399,267,313</u>
	<u>(60,063,480)</u>	<u>(74,793,745)</u>	<u>(92,875,802)</u>
Operating Loss			
Nonoperating Revenues (Expenses)			
Tax revenue, net	64,419,905	59,344,095	69,844,771
Interest expense	(880,534)	(2,746,777)	(3,054,239)
Build America Bond interest subsidy	-	872,245	983,111
Provider Relief Fund revenue	23,707,616	3,487,582	-
Other nonoperating revenues, net	3,582,235	2,988,152	4,354,456
	<u>90,829,222</u>	<u>63,945,297</u>	<u>72,128,099</u>
	<u>\$ 30,765,742</u>	<u>\$ (10,848,448)</u>	<u>\$ (20,747,703)</u>
Change in Net Position			

Operating Losses

The first component of the overall change in the District's net position is its operating income or loss—generally, the difference between net patient service and other operating revenues and the expenses incurred to perform those services. In each of the past three years, the District has reported an operating loss. This is consistent with the District's recent operating history as the District was formed and is operated primarily to serve residents of Ector County and the surrounding area, regardless of their ability to pay. The District levies property taxes and receives sales taxes to provide sufficient resources to enable the facility to serve lower income and other residents.

The operating loss for 2021 improved by \$14,730,265, or 19.69%, as compared to 2020. The primary components of the decreased operating loss are:

- Net patient service revenue increased \$20,743,348, or 8.56%, primarily from patient volume increases due to the COVID-19 pandemic, higher patient acuity, and increased collection rates.
- Salaries and employee benefits expense increased \$5,049,967, or 2.77%, primarily from additional staffing required by the COVID-19 pandemic.

The operating loss for 2020 decreased by \$18,082,057, or 19.47%, as compared to 2019. The primary components of the decreased operating loss are:

- Net patient service revenue decreased \$30,341,583, or 11.13% due to disruption from COVID-19. Patient volumes and the related revenues were significantly affected by COVID-19 as various policies were implemented by federal, state, and local governments in response to the pandemic that led many people to remain at home and forced the closure of or limitations on certain businesses, as well as suspended elective procedures by health care facilities.
- An increase in supplemental Medicaid funding of \$18,193,338, or 79.15%, primarily from Uncompensated Care program funding increases as discussed in *Note 3* and the enhanced Federal Medical Assistance Percentage (eFMAP) from the CARES Act due to the COVID-19 pandemic.
- A decrease in salary expense, purchased services and professional fees and supplies and other operating expenses of \$25,994,271 in response to the declines in patient volumes as a result of the COVID-19 pandemic.
- A decrease in intergovernmental transfer expense of \$4,741,800, or 100.00% due to a reduction in programs funded by the affiliation arrangements discussed in *Note 3*.

Nonoperating Revenues and Expenses

Nonoperating revenues and expenses consist primarily of sales and property taxes levied by the District, interest expense and funding recognized from the Provider Relief Funds. Tax revenue increased \$5,075,810, or 8.55% due to an increase in the tax levy as well as increases in tax revenue as the local economy recovering from COVID-19. During 2021, the District recognized approximately \$23,700,000 of revenue from the Provider Relief Funds as discussed in *Note 15*.

The District's Cash Flows

Changes in the District's cash flows are consistent with changes in balance sheet amounts, operating results and non-operating revenues and expenses previously discussed for 2021, 2020 and 2019.

Capital Asset and Debt Administration

Capital Assets

The District had \$170,329,690 and \$176,633,440 invested in capital assets, net of accumulated depreciation at September 30, 2021 and 2020, respectively. More detailed information about the District's capital assets is presented in *Note 6* of the financial statements.

Debt

At September 30, 2021 and 2020, the District had \$39,915,333 and \$40,603,072, respectively, in revenue bonds and capital lease obligations outstanding. More detailed information about the District's long-term liabilities is presented in *Note 8* of the financial statements.

Contacting the District's Financial Management

This financial report is designed to provide our patients, suppliers, taxpayers, and creditors with a general overview of the District's finances and to show the District's accountability for the money it receives. Questions about this report and requests for additional financial information should be directed to the District's financial offices at 500 West 4th Street, Odessa, Texas 79761.

Ector County Hospital District
d/b/a Medical Center Health System
Balance Sheets
September 30, 2021 and 2020

Assets and Deferred Outflows of Resources

	<u>2021</u>	<u>2020</u>
Current Assets		
Cash and cash equivalents	\$ 51,190,530	\$ 83,916,328
Patient accounts receivable, net of allowance; 2021—\$62,900,000 2020—\$87,200,000	35,746,984	31,231,024
Taxes receivable, net	8,121,560	6,690,004
Estimated amounts due from third-party payers	14,157,302	4,780,625
Supplies	7,642,274	7,585,878
Prepaid expenses and other	<u>4,606,910</u>	<u>5,820,720</u>
Total current assets	<u>121,465,560</u>	<u>140,024,579</u>
Noncurrent Cash and Investments		
Held by trustee for debt service	-	4,961
Internally designated	<u>70,105,301</u>	<u>46,507,792</u>
	<u>70,105,301</u>	<u>46,512,753</u>
Capital Assets, Net	<u>170,329,690</u>	<u>176,633,440</u>
Other Assets	<u>5,139,821</u>	<u>3,495,208</u>
Total assets	<u>367,040,372</u>	<u>366,665,980</u>
Deferred Outflows of Resources - Pensions	<u>29,138,210</u>	<u>6,438,549</u>
Total assets and deferred outflows of resources	<u><u>\$ 396,178,582</u></u>	<u><u>\$ 373,104,529</u></u>

Liabilities, Deferred Inflows of Resources and Net Position

	2021	2020
Current Liabilities		
Current maturities of long-term debt	\$ 2,556,272	\$ 2,035,380
Accounts payable	20,848,892	31,594,974
Accrued salaries and wages	7,854,681	7,509,105
Accrued expenses	422,820	317,614
Accrued compensated absences	4,536,252	4,570,771
Provider Relief Funds received in advance	-	23,040,949
Other postemployment benefits liability—current	787,318	835,012
Estimated self-insurance costs—current	2,551,189	2,975,092
Medicare advance payments—current	15,115,504	1,880,653
Total current liabilities	54,672,928	74,759,550
Estimated Self-insurance Costs	1,476,505	1,688,420
Long-term Debt	37,359,061	38,567,692
Net Pension Liability	44,515,430	22,684,174
Other Long-term Liabilities	315,474	504,759
Other Postemployment Benefits Liability	20,163,342	22,378,323
Medicare Advance Payments	16,425,468	30,090,306
Total liabilities	174,928,208	190,673,224
Deferred Inflows of Resources - Pensions	19,385,740	11,332,413
Net Position		
Net investment in capital assets	130,288,229	133,323,224
Unrestricted	71,576,405	37,775,668
Total net position	201,864,634	171,098,892
Total liabilities, deferred inflows of resources and net position	\$ 396,178,582	\$ 373,104,529

Ector County Hospital District
d/b/a Medical Center Health System
Statements of Revenues, Expenses and Changes in Net Position
Years Ended September 30, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Operating Revenues		
Net patient service revenue, net of provision for uncollectible accounts; 2021—\$68,448,000; 2020—\$75,123,000	\$ 263,116,260	\$ 242,372,912
Supplemental Medicaid funding revenue	42,318,461	41,178,988
Other revenue	<u>11,045,420</u>	<u>10,040,499</u>
Total operating revenues	<u>316,480,141</u>	<u>293,592,399</u>
Operating Expenses		
Salaries, wages and benefits	187,358,292	182,308,325
Purchased services and professional fees	90,028,605	95,974,899
Supplies and other	79,847,232	71,562,149
Depreciation and amortization	<u>19,309,492</u>	<u>18,540,771</u>
Total operating expenses	<u>376,543,621</u>	<u>368,386,144</u>
Operating Loss	<u>(60,063,480)</u>	<u>(74,793,745)</u>
Nonoperating Revenues (Expenses)		
Tax revenue, net	64,419,905	59,344,095
Investment return	(32,289)	834,873
Interest expense	(880,534)	(2,746,777)
Gain on investment in equity investees	2,146,116	847,008
Tobacco settlement	1,171,633	1,274,529
Build America Bond subsidy	-	872,245
Other nonoperating revenues, net	296,775	31,742
CARES Act funding	<u>23,707,616</u>	<u>3,487,582</u>
Total nonoperating revenues, net	<u>90,829,222</u>	<u>63,945,297</u>
Increase (Decrease) in Net Position	<u>30,765,742</u>	<u>(10,848,448)</u>
Net Position, Beginning of Year	<u>171,098,892</u>	<u>181,947,340</u>
Net Position, End of Year	<u>\$ 201,864,634</u>	<u>\$ 171,098,892</u>

Ector County Hospital District
d/b/a Medical Center Health System
Statements of Cash Flows
Years Ended September 30, 2021 and 2020

	2021	2020
Cash Flows From Operating Activities		
Receipts from and on behalf of patients	\$ 253,867,695	\$ 285,431,723
Cash received from supplemental Medicaid funding programs	34,976,358	42,913,530
Payments to suppliers and contractors	(176,481,336)	(169,752,576)
Payments to or on behalf of employees	(182,604,350)	(186,304,306)
Other receipts, net	12,451,917	9,890,765
Net cash used in operating activities	(57,789,716)	(17,820,864)
Cash Flows From Noncapital Financing Activities		
Receipt of property and sales taxes supporting operations	59,832,448	61,723,897
Proceeds received from tobacco settlement	1,171,633	1,274,529
Contributions	296,775	298,000
Cash received from CARES Act	666,667	26,528,531
Net cash provided by noncapital financing activities	61,967,523	89,824,957
Cash Flows From Capital and Related Financing Activities		
Principal paid on long-term debt	(2,088,286)	(3,337,709)
Interest paid on long-term debt	(1,698,400)	(2,963,348)
Property taxes to acquire or retire debt for acquisitions of capital assets	3,155,901	-
Receipt of Build America Bond interest subsidy	-	954,362
Cash paid at closing to refinance debt and pay debt issue costs	-	(2,389,934)
Purchase of capital assets	(13,430,038)	(11,673,467)
Net cash used in capital and related financing activities	(14,060,823)	(19,410,096)
Cash Flows From Investing Activities		
Income from investments	832,861	1,630,460
Purchase of investments	(109,822,677)	(66,064,055)
Proceeds from disposition of investments	84,698,594	71,992,127
Net cash provided by (used in) investing activities	(24,291,222)	7,558,532
Increase (Decrease) in Cash and Cash Equivalents	(34,174,238)	60,152,529
Cash and Cash Equivalents, Beginning of Year	86,687,499	26,534,970
Cash and Cash Equivalents, End of Year	\$ 52,513,261	\$ 86,687,499

Ector County Hospital District
d/b/a Medical Center Health System
Statements of Cash Flows (Continued)
Years Ended September 30, 2021 and 2020

	2021	2020
Reconciliation of Cash and Cash Equivalents to the Balance Sheets		
Cash and cash equivalents in current assets	\$ 51,190,530	\$ 83,916,328
Cash and cash equivalents in noncurrent cash and investments	1,322,731	2,771,171
Total cash and cash equivalents	\$ 52,513,261	\$ 86,687,499
Reconciliation of Operating Loss to Net Cash Used in Operating Activities		
Operating loss	\$ (60,063,480)	\$ (74,793,745)
Depreciation and amortization	19,309,492	18,540,771
Provision for uncollectible accounts	68,447,647	75,122,796
Changes in operating assets and liabilities		
Patient accounts receivable, net	(72,963,607)	(65,733,841)
Estimated amounts due from and to third-party payers	(9,376,677)	4,253,628
Accounts payable and accrued expenses	(8,569,684)	(8,432,862)
Medicare advance payment liability	(429,987)	31,970,959
Net pension liability	21,831,256	(33,319,947)
OPEB liability	(2,262,675)	(2,325,353)
Deferred outflows of resources - pensions	(22,699,661)	26,737,046
Deferred inflows of resources - pensions	8,053,327	10,812,521
Other assets and liabilities	934,333	(652,837)
Net cash used in operating activities	\$ (57,789,716)	\$ (17,820,864)
Supplemental Cash Flows Information		
Capital asset acquisitions included in accounts payable	\$ 126,128	\$ 2,707,144
Capital asset acquisitions acquired via capital lease obligation	\$ 2,133,958	\$ 1,546,461

**Ector County Hospital District
d/b/a Medical Center Health System
Notes to Financial Statements
September 30, 2021 and 2020**

Note 1: Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations and Reporting Entity

Ector County Hospital District d/b/a Medical Center Health System (District) is an acute care hospital located in Odessa, Texas. The District primarily earns revenues by providing inpatient, outpatient and emergency care services to patients in Ector County and surrounding areas. The District is governed by an elected Board of Directors (Board).

Blended component units. Medical Center Hospital Professional Care (ProCare) is a Texas nonprofit health organization certified by the Texas State Board of Medical Examiners pursuant to Section 501(a) of the *Texas Medical Practices Act*, now codified at Section 162.001 of the Texas Occupations Code. ProCare provides primary care physician services at the District's family health centers. ProCare is a taxable non-profit corporation.

The District is the sole corporate member of ProCare and has the authority to exercise significant control over the financial operations of ProCare. The District's governing board is responsible for all financial decisions related to ProCare, there exists a financial benefit or burden relationship between the District and ProCare and the District's management has operational responsibility for ProCare. As such, ProCare is presented as a blended component unit of the District. ProCare does not issue separate financial statements.

West Texas Medical Center Hospital Services (WTMCHS) was formed to establish membership in the limited liability company agreement of Texas Healthcare Linen, LLC (THL). Owned by three regional health care organizations, THL was formed on March 3, 2010, to provide linen services to businesses and institutions of the region. The District's governing board is responsible for all financial decisions related to WTMCHS, there exists a financial benefit or burden relationship between the District and WTMCHS and the District's management has operational responsibility for WTMCHS. As such, the financial statements of WTMCHS, including its equity interest in THL, are presented as a blended component unit of the District. The financial statements of WTMCHS are not material. Complete financial statements for THL can be obtained by contacting the District's financial offices, 500 W. 4th Street, Odessa, Texas 79761.

ECHD Ventures (Ventures) was formed in May 2021 and was organized to contract, collaborate, or enter into a joint venture with any public or private entity and to become a member in and owner of a limited liability company as necessary or convenient to carry out the function of or provide services on behalf of the District. Because the District is the sole corporate member of Ventures, Ventures is presented as a blended component unit of the District. Ventures did not have material financial activity in 2021.

The District's financial statements include the activities of the entities set forth above. All material intercompany accounts and transactions have been eliminated in the financial statements.

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Basis of Accounting and Presentation

The financial statements of the District have been prepared on the accrual basis of accounting using the economic resources measurement focus. Revenues, expenses, gains, losses, assets and liabilities, and deferred inflows and outflows of resources from exchange and exchange-like transactions are recognized when the exchange transaction takes place, while those from government-mandated nonexchange transactions (principally federal and state grants) are recognized when all applicable eligibility requirements are met. Operating revenues and expenses include exchange transactions and program-specific, government-mandated nonexchange transactions. Government-mandated nonexchange transactions that are not program specific, sales taxes, property taxes, investment income and interest on capital assets-related debt are included in nonoperating revenues and expenses. The District first applies restricted net position when an expense or outlay is incurred for purposes for which both restricted and unrestricted net position are available.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and deferred inflows and outflows of resources, and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash Equivalents

The District considers all liquid investments with original maturities of three months or less to be cash equivalents. At September 30, 2021 and 2020, cash equivalents consisted primarily of money market accounts.

Sales and Property Taxes

For operating purposes, the District has the authority to collect a 0.75% sales tax on all qualified retail sales in the District and to levy ad valorem taxes at a rate not to exceed 15 cents on each \$100 valuation of taxable real property in the District.

The District received approximately 17% of its financial support from sales and property taxes in both 2021 and 2020.

Sales taxes are collected by the state of Texas and remitted to the District monthly. The tax is collected by the vendor and is required to be remitted to the state by the 20th of the month following collection. The tax is then paid to the District by the Friday following the second Wednesday of the subsequent month. The District recognized \$40,070,072 and \$40,739,531 of sales tax revenue in 2021 and 2020, respectively. 100% of sales taxes were used to support operations.

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Property taxes are levied January 1 and become due October 1, each year based on the value of all real and personal property located in the County. Assessed taxes become delinquent the following February 1. Revenue from property taxes is recognized in the year for which the taxes are levied. The District recognized \$24,349,833 and \$18,604,564 of property tax revenue in 2021 and 2020, respectively.

The District's total property tax rate was \$0.150000 and \$0.112720 in 2021 and 2020, respectively. The District's maintenance and operations property tax rate was \$0.130559 per \$100 valuation in 2021 and \$0.112720 per \$100 valuation in 2020. The District's interest and debt service property tax rate was \$0.019441 per \$100 valuation in 2021 and \$0.000000 per \$100 valuation in 2020. Property tax funds were used as follows:

	2021	2020
Percentage used to support operations	87.0%	100.0%
Percentage used for debt service on bonds	13.0%	0.0%
Total	100.0%	100.0%

The District had a tax receivable of \$8,121,560 and \$6,690,004 at September 30, 2021 and 2020, respectively.

Build America Bond Interest Subsidy

The District issued taxable Build America Bonds (BABs) in June 2010. Under the BABs program, the U.S. Treasury pays 35% of the interest as a subsidy to the issuer. The District records the interest subsidy received or receivable from the U.S. Treasury as nonoperating revenue when the District has met all of the eligibility criteria to receive the subsidy. The District recorded \$0 and \$872,245 of nonoperating revenue in 2021 and 2020, respectively, for the BABs interest subsidy.

Tobacco Settlement Revenue

Tobacco settlement revenue is the result of a settlement between various counties and hospital districts in Texas and the tobacco industry for tobacco-related health care costs. The District received \$1,171,633 and \$1,274,529 in revenue from this settlement for the years ended September 30, 2021 and 2020, respectively.

Risk Management

The District is exposed to various risks of loss from torts; theft of, damage to and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; medical malpractice; and employee health, dental and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters other than professional and general liability, employee health and workers' compensation claims. Settled claims have not exceeded this commercial coverage in any of the three preceding years.

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The District is self-insured for a portion of its exposure to risk of loss from professional and general liability, employee health and workers' compensation claims. Annual estimated provisions are accrued for the self-insured portion of these risks and include an estimate of the ultimate costs for both reported claims and claims incurred but not yet reported.

Investments and Investment Income

Investments in U.S. Treasury, agency and instrumentality obligations with a remaining maturity of one year or less at time of acquisition and in non-negotiable certificates of deposit are carried at amortized cost. The investment in equity investees is reported on the equity method of accounting. All other investments are carried at fair value. Fair value is determined using quoted market prices.

Investment income includes interest income, realized gains and losses and the net change for the year in the fair value of investments carried at fair value.

Patient Accounts Receivable

The District reports patient accounts receivable for services rendered at net realizable amounts from third-party payers, patients, and others. The District provides an allowance for uncollectible accounts based upon a review of outstanding receivables, historical collection information and existing economic conditions.

Supplies

Supply inventories are stated at the lower of cost, determined using the first-in, first-out method, or market.

Capital Assets

Capital assets are recorded at cost at the date of acquisition, or acquisition value at the date of donation if acquired by gift. Depreciation is computed using the straight-line method over the estimated useful life of each asset. Assets under capital lease obligations and leasehold improvements are depreciated over the shorter of the lease term or their respective estimated useful lives. The following estimated useful lives are being used by the District:

Land improvements	10 – 20 years
Buildings and leasehold improvements	10 – 40 years
Equipment	3 – 20 years
Computer software	3 – 10 years

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Defined Benefit Pension Plan

The District provides pension benefits to its employees through an agent multiple-employer defined benefit pension plan operated by the Texas County and District Retirement System (Plan). For purposes of measuring the net pension liability, deferred outflows of resources and deferred inflows of resources related to pensions, and pension expense, information about the fiduciary net position of the Plan and additions to/deductions from the Plan's fiduciary net position have been determined on the same basis as they are reported by the Plan. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

Postemployment Benefits Other Than Pensions (OPEB)

The District provides medical benefits to certain retirees under a single-employer defined benefit OPEB plan. For purposes of measuring the total OPEB liability, deferred outflows of resources and deferred inflows of resources related to OPEB and OPEB expense have been determined on the same basis as they are reported by the OPEB Plan. For this purpose, the District recognizes benefit payments when they are due and payable in accordance with the benefit terms.

Deferred Outflows/Inflows of Resources

Transactions not meeting the definition of an asset or liability that result in the consumption or acquisition of net position in one period that are applicable to future reporting periods are reported as deferred outflows of resources or deferred inflow of resources.

Compensated Absences

District policies permit most employees to accumulate vacation and sick leave benefits that may be realized as paid time off or, in limited circumstances, as a cash payment. Expense and the related liability are recognized as vacation benefits are earned whether the employee is expected to realize the benefit as time off or in cash. Expense and the related liability for sick leave benefits are recognized when earned to the extent the employee is expected to realize the benefit in cash determined using the termination payment method. Compensated absence liabilities are computed using the regular pay and termination pay rates in effect at the balance sheet date plus an additional amount for compensation-related payments such as social security and Medicare taxes computed using rates in effect at that date.

Net Position

Net position of the District is classified in two components. Net investment in capital assets consists of capital assets net of accumulated depreciation and reduced by the outstanding balances of borrowings used to finance the purchase or construction of those assets. Unrestricted net position is the remaining net position that does not meet the definition of net investment in capital assets or restricted net position.

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At September 30, 2021 and 2020, \$70,105,301 and \$46,507,792, respectively, of unrestricted net position has been designated by the District's Board for capital acquisitions and other purposes. Designated net position remains under the control of the Board, which may, at its discretion, later use the net position for other purposes.

Net Patient Service Revenue

The District has agreements with third-party payers that provide for payments to the District at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered and includes estimated retroactive revenue adjustments and a provision for uncollectible accounts. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such estimated amounts are revised in future periods as adjustments become known.

Charity Care

The District provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its charity care policy. Because the District does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net patient service revenue.

Income Taxes

As an essential government function of the County, the District is generally exempt from federal and state income taxes under Section 115 of the Internal Revenue Code (IRC) and a similar provision of state law. The District also carries an exemption from income taxes under IRC Section 501(c)(3). However, the District is subject to federal income tax on any unrelated business taxable income.

ProCare is taxable for federal income tax purposes. ProCare has net operating loss carryforwards totaling approximately \$137,700,000 at September 30, 2021. The net operating loss carryforwards will begin to expire in September 2024 if not utilized. Management has provided a valuation allowance for the entire balance of the deferred tax assets. The valuation allowance was established due to the uncertainties regarding the realization of the tax benefits in future years and because it is more likely than not that some portion or all of the deferred tax assets may not be realized.

Newly Adopted Accounting Pronouncements

GASB released Statement No. 84, *Fiduciary Activities*, and Statement 97, *Certain Component Unit Criteria, and Accounting and Financial Reporting for Internal Revenue Code Section 457 Deferred Compensation Plans*, an amendment of GASB Statements No. 14 and 84, and a supersession of GASB Statement No. 32, both of which were effective for the District's September 30, 2021 fiscal year.

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GASB 84 establishes criteria for identifying fiduciary activities of all state and local governments. The focus of the criteria generally is on (1) whether a government is controlling the assets of the fiduciary activity and (2) the beneficiaries with whom a fiduciary relationship exists. Separate criteria are included to identify fiduciary component units and postemployment benefit arrangements that are fiduciary activities.

Under GASB 97, Section 457 plans should be accounted for as either a pension plan or other employee benefit plan, if the plan meets the definition of a pension or another employee benefit plan within GASB 67 or 73. Accounting and financial reporting requirements for 457 plans that meet the definition of pension plan are defined in the Statement.

GASB 97 also limits the applicability of the financial burden criterion in GASB 14 regarding contributions to pension and postemployment benefit plans to only defined benefit pension plans and defined benefit OPEB plans that are administered through trusts meeting paragraph 3 criteria in GASB 67 or 74. Additionally, GASB 97 changes how the absence of a governing board should be considered in determining whether a primary government is financially accountable for purposes of evaluating potential component units that are pension or OPEB plans. This amends certain previous guidance in Statement 84 and amends and supersedes certain questions in Implementation Guide 2019-2.

Note 2: Net Patient Service Revenue

The District has agreements with third-party payers that provide for payments to the District at amounts different from its established rates. These payment arrangements include:

Medicare. Inpatient acute care services and substantially all outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Certain inpatient nonacute services and defined medical education costs are paid based on a cost reimbursement methodology. The District is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the District and audits thereof by the Medicare administrative contractor. The District's Medicare cost reports have been audited by the Medicare administrative contractor through September 30, 2016.

Medicaid. Inpatient and outpatient services rendered to Medicaid program beneficiaries (including patients that participate in Medicaid managed care programs) are primarily paid at prospectively determined rates. Certain items may be reimbursed at tentative rates with final settlement determined after submission of annual cost reports by the District and audits thereof by the Medicaid administrative contractor. The District's Medicaid cost reports have been audited by the Medicaid administrative contractor through September 30, 2015.

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Approximately 34% and 33% of net patient service revenue is from participation in the Medicare and state-sponsored Medicaid programs for the years ended September 30, 2021 and 2020, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

The District has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the District under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

Note 3: Supplemental Medicaid Funding Revenue

In response to the growing number of uninsured patients and the rising cost of health care, the Texas Legislature established a Texas Medicaid Disproportionate Share Program (DSH Program) that was designed to assist those facilities serving the majority of the indigent patients by providing funds supporting increased access to health care within the community. This program allows the Texas Department of Human Services to levy assessments from certain hospitals, use the assessed funds to obtain federal matching funds, and then redistribute the total funds to those facilities serving a disproportionate share of indigent patients in the state of Texas.

On December 12, 2011, the United States Department of Health and Human Services approved a Medicaid Section 1115(a) demonstration project entitled “Texas Health Transformation Quality Improvement Program” (Waiver). This demonstration expanded Medicaid managed care programs and established two funding pools that assist providers with uncompensated care (UC Pool) costs and promote health system transformation (DSRIP Pool). The revenue from the two funding pools is recognized as earned throughout the related demonstration year.

The Waiver was originally effective from December 12, 2011 to September 30, 2016 and extended through December 2017 as the Texas Health and Human Services Commission (HHSC) and the Centers for Medicare and Medicaid Services (CMS) negotiated a longer-term extension. On December 21, 2017, HHSC received an approved extension from CMS for the period of January 1, 2018 through September 30, 2022. Among other changes, the approved plan required a change in the methodology used to allocate UC funds and a phase out of the DSRIP program over the five-year period. On November 30, 2020, CMS approved an additional extension to extend the Waiver for an additional ten-year period through September 30, 2030. This latest extension would have ended the DSRIP pool effective September 30, 2021, expanded and added other direct payment programs and made other administrative changes to reflect CMS policy changes beginning September 1, 2021. On April 16, 2021, CMS rescinded the extension approval citing an improper exemption from the public notice and comment process originally granted. In August 2021, CMS indicated that the new directed payment programs would not be approved, but offered to HHSC that Uniform Hospital Rate Increase Program (UHRIP) and DSRIP would be extended to September 30, 2022 while HHSC and CMS negotiated an extension and terms of the Waiver and new directed payment programs. In September 2021, HHSC accepted the terms of certain directed

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payment programs and an extension of the DSRIP pool through September 30, 2022. In November 2021, CMS notified HHSC that they did not believe HHSC accepted the August 2021 offer to extend UHRIP and DSRIP, in essence, the negotiations are stalled. HHSC is also seeking resolution through judicial action.

The District also participates in UHRIP. Under UHRIP, HHSC may direct Medicaid managed care organizations in a service delivery area to provide a uniform percentage rate increase to all hospitals within a particular class of hospital, increasing revenue from services provided to Medicaid managed care beneficiaries. The state's share of UHRIP funding is funded through intergovernmental transfers from certain hospitals. Revenue from UHRIP is recognized as a component of patient service revenue. The UHRIP program ended on August 31, 2021 and has yet to be extended.

The District also receives supplemental payments through the Medicaid Graduate Medical Education (GME) program. The GME program provides reimbursement to support teaching hospitals that operate approved medical residency training programs in recognition of the higher costs incurred by teaching hospitals.

Total revenue recognized from these programs (excluding UHRIP) was approximately \$42,318,000 and \$41,179,000 for the years ended September 30, 2021 and 2020, respectively, and is included as Supplemental Medicaid funding revenue within operating revenues in the statements of revenues, expenses and changes in net position. Amounts receivable under these programs were approximately \$11,456,000 and \$3,039,000 at September 30, 2021 and 2020, respectively, which is included in the estimated amounts due from third party payers in the balance sheets.

The programs described above are subject to review and scrutiny by both the Texas Legislature and CMS and the programs could be modified or terminated based on new legislation or regulation in future periods. The funding historically received may not be representative of funding that will be received in future years.

Note 4: Deposits, Investments and Investment Income

Deposits

Custodial credit risk is the risk that in the event of a bank failure, a government's deposits may not be returned to it. The District's deposit policy for custodial credit risk requires compliance with the provisions of state law.

State law requires collateralization of all deposits with federal depository insurance or other qualified investments. At September 30, 2021 and 2020, respectively, \$1,132,000 and \$1,333,000 of the District's bank balances were uninsured and uncollateralized.

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Investments

The District may legally invest in direct obligations of and other obligations guaranteed as to principal by the U.S. Treasury and U.S. agencies and instrumentalities and in bank repurchase agreements. It may also invest to a limited extent in corporate bonds and equity securities. A portion of the District's investments are in certificates of deposit which are considered deposits for disclosure purposes.

At September 30, 2021 and 2020, the District had the following investments and maturities:

September 30, 2021					
Type	Fair Value	Maturities in Years			
		Less than 1	1-5	6-10	More than 10
U.S. agencies obligations	\$ 986,868	\$ -	\$ 986,868	\$ -	\$ -
U.S. Treasury obligations	63,796,535	55,842,135	7,954,400	-	-
Money market mutual funds	9,374,589	9,374,589	-	-	-
Accrued interest	9,018	9,018	-	-	-
	<u>\$ 74,167,010</u>	<u>\$ 65,225,742</u>	<u>\$ 8,941,268</u>	<u>\$ -</u>	<u>\$ -</u>

September 30, 2020					
Type	Fair Value	Maturities in Years			
		Less than 1	1-5	6-10	More than 10
U.S. agencies obligations	\$ 8,422,867	\$ 7,500,000	\$ 922,867	\$ -	\$ -
U.S. Treasury obligations	30,266,461	30,266,461	-	-	-
Money market mutual funds	16,774,420	16,774,420	-	-	-
Accrued interest	16,970	16,970	-	-	-
	<u>\$ 55,480,718</u>	<u>\$ 54,557,851</u>	<u>\$ 922,867</u>	<u>\$ -</u>	<u>\$ -</u>

Interest Rate Risk. As a means of limiting its exposure to fair value losses arising from rising interest rates, the District's investment policy requires that total investments have a weighted-average maturity of five years or less. The District's investments in U.S. agency obligations include fixed-rate notes and bonds with a weighted average maturity of three years. The money market mutual funds are presented as an investment with a maturity of less than one year because they are redeemable in full immediately.

Credit Risk. Credit risk is the risk that the issuer or other counterparty to an investment will not fulfill its obligations. It is the District's policy to limit its investments to U.S. Treasury and agency obligations or otherwise follow the restrictions of the *Texas Public Funds Investment Act*. The debt securities of the U.S. agencies and U.S. Treasury are rated AA+ by Standard & Poor's rating agency at September 30, 2021 and 2020. The money market mutual funds invested by the District are rated as AAA by Standard & Poor's at September 30, 2021 and 2020.

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Custodial Credit Risk. For an investment, custodial credit risk is the risk that, in the event of the failure of the counterparty, the District will not be able to recover the value of its investment or collateral securities that are in the possession of an outside party. All of the District's investments are held in safekeeping or trust accounts.

Concentration of Credit Risk. The District's investment policy restricts the aggregate investment in money market funds to no more than 80% of the District's average investment fund balance, and the aggregate investment in mutual funds cannot exceed 15% of such investment fund balance.

The following table reflects the District's investments in single issuers that represent more than 5% of total investments at September 30:

	2021	2020
Federal Home Loan Bank	1.3%	13.1%

Summary of Carrying Values

The carrying values of deposits and investments shown above are included in the balance sheets as follows:

	2021	2020
Carrying value		
Deposits	\$ 47,128,821	\$ 74,948,363
Investments	74,167,010	55,480,718
	\$ 121,295,831	\$ 130,429,081
Included in the following balance sheet captions		
Cash and cash equivalents	\$ 51,190,530	\$ 83,916,328
Noncurrent cash and investments	70,105,301	46,512,753
	\$ 121,295,831	\$ 130,429,081

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Investment Income

Investment income for the years ended September 30, consisted of:

	<u>2021</u>	<u>2020</u>
Interest income	\$ 50,806	\$ 749,714
Net increase (decrease) in fair value of investments	<u>(83,095)</u>	<u>85,159</u>
Total investment income (loss)	<u>\$ (32,289)</u>	<u>\$ 834,873</u>

Note 5: Patient Accounts Receivable

The District grants credit without collateral to its patients, many of whom are area residents and are insured under third-party payer agreements. Patient accounts receivable at September 30, consisted of:

	<u>2021</u>	<u>2020</u>
Medicare	\$ 12,308,607	\$ 12,200,528
Medicaid	5,846,816	3,176,522
Other third-party payers	22,594,807	14,848,685
Patients	<u>57,904,098</u>	<u>88,211,072</u>
	98,654,328	118,436,807
Less allowance for uncollectible accounts	<u>62,907,344</u>	<u>87,205,783</u>
	<u>\$ 35,746,984</u>	<u>\$ 31,231,024</u>

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Note 7: Risk Management

Professional and General Liability Risks

The District is self-insured for professional and general liability claims. The District's maximum liability for professional and general liability claims as a governmental unit under the *Tort Claims Act* is generally \$100,000 per individual and \$300,000 per occurrence.

Losses from asserted and unasserted claims identified under the District's incident reporting system are accrued based on estimates that incorporate the District's past experience, as well as other considerations, including the nature of each claim or incident and relevant trend factors. It is reasonably possible that the District's estimate of losses will change by a material amount in the near term.

Employee Health Claims

Substantially all of the District's employees and their dependents are eligible to participate in the District's employee health insurance plan. Commercial stop-loss insurance coverage is purchased for employee health claims in excess of \$350,000 at September 30, 2021 and 2020. A provision is accrued for self-insured employee health claims including both claims reported and claims incurred but not yet reported. The accrual is estimated based on consideration of prior claims experience, recently settled claims, frequency of claims and other economic and social factors. It is reasonably possible that the District's estimate will change by a material amount in the near term.

Workers' Compensation Claims

The District is self-insured for workers' compensation claims. Commercial stop-loss insurance coverage is purchased for workers' compensation claims in excess of \$500,000. A provision is accrued for self-insured workers' compensation claims including both claims reported and claims incurred but not yet reported. The accrual is estimated based on consideration of prior claims experience, recently settled claims, frequency of claims and other economic and social factors. It is reasonably possible that the District's estimate will change by a material amount in the near term.

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Activity in the District's self-insured claims liability accounts during 2021 and 2020 is summarized below:

	2021		
	Employee Health Care Benefits	Workers' Compensation	General and Professional Liability
Balance, beginning of year	\$ 1,628,000	\$ 948,137	\$ 2,087,375
Current year claims incurred and changes in estimates for claims incurred in prior years	7,849,789	(49,907)	(192,375)
Claims and expenses paid, net	<u>(8,118,789)</u>	<u>(108,461)</u>	<u>(16,075)</u>
Balance, end of year	<u>\$ 1,359,000</u>	<u>\$ 789,769</u>	<u>\$ 1,878,925</u>
	2020		
	Employee Health Care Benefits	Workers' Compensation	General and Professional Liability
Balance, beginning of year	\$ 1,628,000	\$ 1,351,877	\$ 2,237,406
Current year claims incurred and changes in estimates for claims incurred in prior years	8,956,222	8,716	(128,872)
Claims and expenses paid, net	<u>(8,956,222)</u>	<u>(412,456)</u>	<u>(21,159)</u>
Balance, end of year	<u>\$ 1,628,000</u>	<u>\$ 948,137</u>	<u>\$ 2,087,375</u>

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Note 8: Long-term Obligations

The following is a summary of long-term obligation transactions for the District for the years ended September 30:

	2021				
	Beginning Balance	Additions	Deductions	Ending Balance	Current Portion
Long-term debt					
Bonds payable					
Series 2020	\$ 33,275,000	\$ -	\$ (1,520,000)	\$ 31,755,000	\$ 1,620,000
Series 2020 Premium	6,284,279	-	(733,411)	5,550,868	-
Capital lease obligations	1,043,793	2,133,958	(568,286)	2,609,465	936,272
Total long-term debt	<u>40,603,072</u>	<u>2,133,958</u>	<u>(2,821,697)</u>	<u>39,915,333</u>	<u>2,556,272</u>
Other long-term liabilities					
Revenue received in advance	694,044	-	(189,285)	504,759	189,285
Estimated self-insurance costs - Note 7	3,035,512	(242,282)	(124,536)	2,668,694	1,192,189
Medicare Advance Payments - Note 15	31,970,959	-	(429,988)	31,540,971	15,115,504
Total other long-term liabilities	<u>35,700,515</u>	<u>(242,282)</u>	<u>(743,809)</u>	<u>34,714,424</u>	<u>16,496,978</u>
Total long-term obligations	<u>\$ 76,303,587</u>	<u>\$ 1,891,676</u>	<u>\$ (3,565,506)</u>	<u>\$ 74,629,757</u>	<u>\$ 19,053,250</u>
	2020				
	Beginning Balance	Additions	Deductions	Ending Balance	Current Portion
Bonds payable					
Series 2010B	\$ 41,211,000	\$ -	\$ (41,211,000)	\$ -	\$ -
Series 2020	-	33,275,000	-	33,275,000	1,520,000
Series 2020 Premium	-	6,284,279	-	6,284,279	-
Notes payable					
Note payable to bank—tax-exempt	2,256,719	-	(2,256,719)	-	-
Note payable to bank—taxable	578,322	-	(578,322)	-	-
Capital lease obligations	-	1,546,461	(502,668)	1,043,793	515,380
Total long-term debt	<u>44,046,041</u>	<u>41,105,740</u>	<u>(44,548,709)</u>	<u>40,603,072</u>	<u>2,035,380</u>
Other long-term liabilities					
Revenue received in advance	883,330	-	(189,286)	694,044	189,285
Estimated self-insurance costs - Note 7	3,589,283	(120,156)	(433,615)	3,035,512	1,347,092
Medicare Advance Payments - Note 15	-	31,970,959	-	31,970,959	1,880,653
Total other long-term liabilities	<u>4,472,613</u>	<u>31,850,803</u>	<u>(622,901)</u>	<u>35,700,515</u>	<u>3,417,030</u>
Total long-term obligations	<u>\$ 48,518,654</u>	<u>\$ 72,956,543</u>	<u>\$ (45,171,610)</u>	<u>\$ 76,303,587</u>	<u>\$ 5,452,410</u>

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Revenue Received in Advance

Revenue received in advance represents amounts received by the District in advance of services being provided. The revenue is being amortized over the term of the rental agreement for the related space over a term of 10 years.

Bonds Payable – Series 2010B and Series 2020

The Series 2010B bonds consisted of hospital revenue bonds in the original amount of \$44,654,000 dated June 8, 2010, with interest at rates ranging from 5.75% to 7.18%. The Series 2010B bonds were payable in annual installments, beginning September 15, 2011 through September 15, 2035. The Series 2010B bonds were designated under the *American Recovery and Reinvestment Act of 2009* as “Qualified Build America Bonds” (BABs) debt. The 2010B bonds were subject to optional early redemption by the District subsequent to September 15, 2020, at par. The 2010B bonds were also subject to early redemption prior to September 15, 2020 under a “make-whole” provision that would require the District to pay par value of any redeemed bonds, plus the present value of any unpaid interest on the bonds from the date of redemption through September 15, 2020, using a discount rate equivalent to the Treasury Rate plus 45 basis points.

In September 2020, the District issued the Limited Tax General Obligation Refunding Bonds, Series 2020 (Series 2020 bonds) to defease and redeem all of the District’s outstanding Series 2010B bonds and pay the costs associated with the issuance of the Series 2020 bonds. The Series 2020 bond is a direct obligation of the District and is payable from an ad valorem tax.

The Series 2020 bonds consist of hospital revenue bonds in the original amount of \$33,275,000 dated September 15, 2020, which bear interest at rates ranging from 4.00% to 5.00%. The Series 2020 bonds were issued at a premium of \$6,284,279. The Series 2020 bonds are payable in annual installments, beginning September 15, 2021 through September 15, 2035. The maturity schedule of the 2020 bonds was consistently maintained with the 2010B bonds.

The Series 2020 bonds are subject to early redemption by the District subsequent to September 15, 2030, in whole or in part, at par plus accrued interest to the date of redemption. As a result of the refunding, the District decreased its total debt service requirements by approximately \$12,000,000 (\$10,800,000 present value), less \$3,900,000 of funding the District contributed at closing.

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The debt service requirements for the 2020 bonds as of September 30, 2021, are as follows:

Year Ending September 30,	Principal	Interest	Total
2022	\$ 1,620,000	\$ 1,528,350	\$ 3,148,350
2023	1,705,000	1,447,350	3,152,350
2024	1,790,000	1,362,100	3,152,100
2025	1,880,000	1,272,600	3,152,600
2026	1,970,000	1,178,600	3,148,600
2027 - 2031	11,435,000	4,312,500	15,747,500
2032 - 2035	11,355,000	1,243,500	12,598,500
	<u>\$ 31,755,000</u>	<u>\$ 12,345,000</u>	<u>\$ 44,100,000</u>

Notes Payable to Bank

The note payable to bank (tax-exempt) matured August 18, 2020, with principal and interest at a fixed rate of 2.2% payable monthly. The note was secured by certain capital assets.

The note payable to bank (taxable) matured August 18, 2020, with principal and interest at a fixed rate of 3.5% payable monthly. The note was secured by certain capital assets.

Capital Lease Obligation

The District entered into capital lease agreements for certain medical equipment. The lease obligations are secured by the equipment. At September 30, 2021, annual payments are as follows:

Year Ending September 30,	
2022	\$ 1,054,989
2023	566,610
2024	566,610
2025	566,610
2026	47,218
Total minimum lease payments	2,802,037
Less amount representing interest	(192,572)
Present value of future minimum lease payments	\$ 2,609,465

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Note 9: Charity Care

In support of its mission, the District voluntarily provides free care to patients who lack financial resources and are deemed to be medically indigent. The costs of charity care provided under the District's charity care policy was approximately \$4,603,000 and \$3,235,000 for 2021 and 2020, respectively. The cost of charity care is estimated by applying the ratio of cost to gross charges to the gross uncompensated charges.

Note 10: Pension Plan

Plan Description

The District contributes to the Texas County and District Retirement System (TCDRS), an agent multiple-employer defined benefit pension plan covering substantially all employees. The Plan is administered by a board of trustees appointed by TCERS. Benefit provisions are contained in the plan document and were established and can be amended by action of the District's governing body within the options available in the state statutes governing TCERS. The Plan does not issue a separate report that includes financial statements and required supplementary information for the Plan. TCERS in the aggregate issues a Annual Comprehensive Financial Report (ACFR) on a calendar year basis. The ACFR is available upon written request from the TCERS Board of Trustees at P.O. Box 2034, Austin, Texas 78768-2034 or from the website www.tcders.org.

Benefits Provided

The Plan provides retirement, disability, and survivor benefits to plan members and their beneficiaries. Benefit amounts are determined by the sum of the employee's contributions to the Plan, with interest, and employer-financed monetary credits. The level of these monetary credits is adopted by the governing body of the District within the actuarial constraints imposed by the TCERS Act so that the resulting benefits can be expected to be adequately financed by the commitment of the District to contribute to the Plan. At retirement, death, or disability, the benefit is calculated by converting the sum of the employee's accumulated contributions and the employer financed monetary credits to a monthly annuity using annuity purchase rates prescribed by the TCERS.

Members can retire at ages 60 and above with eight or more years of service or with 30 years regardless of age, or when the sum of their age and years of service equals 75 or more. A member is vested after eight years but must leave his accumulated contributions in the Plan to receive any employer-financed benefit. If a member withdraws his personal contributions in a lump sum, he is not entitled to any amounts contributed by the employer.

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The Plan has been adopted in lieu of the normal requirement that employers contribute to the social security program (other than for the Medicare portion).

The employees covered by the Plan at December 31, are:

	2020	2019
Inactive employees or beneficiaries currently receiving benefits	783	734
Inactive employees entitled to but not yet receiving benefits	3,560	3,297
Active employees	1,944	2,062
	6,287	6,093

Contributions

The District’s governing body has the authority to establish and amend the contribution requirements of the District and active employees.

The District establishes rates based on the annually determined rate plan provisions of the TCDRS Act. The plan is funded by monthly contributions from both the employee members and the employer based on the covered payroll of employee members. Plan members are required to contribute 6% of their annually covered salary. Under the TCDRS Act, rates are based on an actuarially determined rate recommended by an independent actuary. The actuarially determined rate is the estimated amount necessary to finance the costs of benefits earned by employees during the year, with an additional amount to finance any unfunded accrued liability.

The District is required to contribute the difference between the actuarially determined rate and the contribution rate of employees. For the fiscal years ended September 30, 2021 and 2020, employees contributed \$6,804,808 and \$6,907,627 or 6.0% and 6.0%, of annual pay, respectively, and the District contributed \$8,812,807 and \$8,442,132, or 7.7% and 7.3%, of annual pay, respectively, to the Plan.

Net Pension Liability

The District’s net pension liability as of September 30, 2021 and 2020, was measured as of December 31, 2020 and 2019, respectively, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of that date.

Ector County Hospital District
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The total pension liability in the December 31, 2020 and 2019 actuarial valuations were determined using the following actuarial assumptions, applied to all periods included in the measurements:

	<u>2020</u>	<u>2019</u>
Inflation	2.50%	2.75%
Salary increases (average over career, including inflation)	4.60%	4.90%
Ad hoc cost of living adjustments	Not included	Not included
Investment rate of return (net of investment expenses, including inflation)	7.50%	8.00%

Mortality rates for depositing members were based on RP-2014 Active Employee Mortality Table with a 110% for females and 130% for males, both projected with 110% of the MP-2014 Ultimate scale after that.

The actuarial assumptions used in the December 31, 2020 and 2019 valuations were based on the results of an actuarial experience study for the period January 1, 2013 through December 31, 2016.

The long-term expected rate of return on pension plan investments was based primarily on historical returns on plan assets, adjusted for changes in target portfolio allocations and recent changes in long-term interest rates based on publicly available information. The target allocation and geometric real rates of return for each major asset class are summarized in the table on the following page:

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Asset Class	Target Allocation	Long-Term Expected Real Rate of Return
Equities		
U.S. Equities	11.5%	4.3%
International Equities — Developed	5.0%	4.3%
International Equities — Emerging	6.0%	4.8%
Global Equities	2.5%	4.6%
Hedge Funds	6.0%	1.9%
High-Yield Investments		
Strategic Credit	9.0%	2.1%
Distressed Debt	4.0%	5.7%
Direct Lending	16.0%	6.7%
Private Equity	25.0%	7.3%
Real Assets		
REITs	2.0%	3.5%
Private Real Estate Partnerships	6.0%	4.9%
Master Limited Partnerships	2.0%	5.1%
Investment-Grade Bonds	3.0%	-0.9%
Cash Equivalents	2.0%	-0.7%
	<hr/>	
Total	<u>100%</u>	

Discount Rate

The discount rate used to measure the total pension liability was 7.6% and 8.1% at December 31, 2020 and 2019, respectively. The projection of cash flows used to determine the discount rate assumed that employee contributions will be made at the current contribution rate and that District contributions will be made at rates equal to the difference between actuarially determined contribution rates and the employee rate. Based on those assumptions, the pension plan's fiduciary net position was projected to be available to make all projected future benefit payments of current active and inactive employees. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

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Changes in the total pension liability, plan fiduciary net position and the net pension liability for the year end September 30, are:

	2021		
	Total Pension Liability (a)	Plan Fiduciary Net Position (b)	Net Pension Liability (a) - (b)
Balances at beginning of year	\$ 489,716,438	\$ 467,032,264	\$ 22,684,174
Changes for the year			
Service cost	11,373,290	-	11,373,290
Interest on total pension liability	39,702,415	-	39,702,415
Effect of plan changes	3,869,291	-	3,869,291
Effect of economic/demographic gains or losses	(3,431,439)	-	(3,431,439)
Effect of assumptions changes or inputs	33,169,296	-	33,169,296
Refund of contributions	(2,165,860)	(2,165,860)	-
Benefit payments	(20,141,346)	(20,141,346)	-
Administrative expenses	-	(371,403)	371,403
Member contributions	-	6,773,240	(6,773,240)
Net investment income	-	48,232,952	(48,232,952)
Employer contributions	-	8,387,529	(8,387,529)
Other changes	-	(170,721)	170,721
Net changes	<u>62,375,647</u>	<u>40,544,391</u>	<u>21,831,256</u>
Balances at end of year	<u>\$ 552,092,085</u>	<u>\$ 507,576,655</u>	<u>\$ 44,515,430</u>

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	2020		
	Total Pension Liability (a)	Plan Fiduciary Net Position (b)	Net Pension Liability (a) - (b)
Balances at beginning of year	\$ 460,891,655	\$ 404,887,534	\$ 56,004,121
Changes for the year			
Service cost	10,676,072	-	10,676,072
Interest on total pension liability	37,414,549	-	37,414,549
Effect of economic/demographic gains or losses	437,203	-	437,203
Refund of contributions	(1,542,619)	(1,542,619)	-
Benefit payments	(18,160,422)	(18,160,422)	-
Administrative expenses	-	(355,896)	355,896
Member contributions	-	7,304,622	(7,304,622)
Net investment income	-	66,494,590	(66,494,590)
Employer contributions	-	8,473,362	(8,473,362)
Other changes	-	(68,907)	68,907
Net changes	28,824,783	62,144,730	(33,319,947)
Balances at end of year	<u>\$ 489,716,438</u>	<u>\$ 467,032,264</u>	<u>\$ 22,684,174</u>

The net pension liability has been calculated using a discount rate of 7.6%. The following table presents the net pension (asset) liability of the District using a discount rate 1% higher and 1% lower than the current rate for September 30, 2021:

	2021		
	1% Decrease 6.6%	Current Discount Rate 7.6%	1% Increase 8.6%
District's net pension liability (asset)	<u>\$ 121,816,743</u>	<u>\$ 44,515,430</u>	<u>\$ (19,255,459)</u>

**Ector County Hospital District
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September 30, 2021 and 2020**

Pension Expense and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions

For the years ended September 30, 2021 and 2020, the District recognized pension expense of approximately \$16,309,000 and \$12,351,00, respectively. At September 30, 2021 and 2020, the District reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	2021	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Difference between expected and actual experience	\$ 145,735	\$ 2,287,626
Changes of assumptions	22,112,864	-
Net difference between projected and actual earnings on plan investments	-	17,098,114
District's contributions subsequent to the measurement date of the net pension liability	6,879,611	-
	<u>\$ 29,138,210</u>	<u>\$ 19,385,740</u>
	2020	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Difference between expected and actual experience	\$ 295,301	\$ -
Net difference between projected and actual earnings on plan investments	-	11,332,413
District's contributions subsequent to the measurement date of the net pension liability	6,143,248	-
	<u>\$ 6,438,549</u>	<u>\$ 11,332,413</u>

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At September 30, 2021 and 2020, the District reported \$6,879,611 and \$6,143,248, respectively, as deferred outflows of resources related to pensions resulting from District contributions subsequent to the measurement date that will be recognized as a reduction of the net pension liability at September 30, 2022 and 2021, respectively. Other amounts reported as deferred outflows of resources and deferred inflows of resources at September 30, 2021, related to pensions will be recognized in pension expense as follows:

Year ending September 30:		
	2022	\$ 4,653,109
	2023	9,277,502
	2024	(8,916,021)
	2025	(2,141,731)
		<hr/>
		\$ 2,872,859
		<hr/> <hr/>

Pension Plan Fiduciary Net Position

Detailed information about the Plan’s fiduciary net position is available in the separately issued financial reports of TCDRS for the years ended December 31, 2020 and 2019.

Deferred Compensation Plan

The District also offers its employees a selection of deferred compensation plans created in accordance with IRC Section 457 and 403b. The plans are available to all District employees and permit them to defer a portion of their salary until future years. All amounts of compensation deferred under the plans and income attributable to those amounts are solely the property of the employee. Thus, the plan amounts are not reported in the accompanying financial statements. Employee contributions to the deferred compensation plans were approximately \$940,000 and \$980,000 for the years ended September 30, 2021 and 2020, respectively.

ProCare 401(k)

ProCare has adopted a defined contribution retirement plan for all ProCare employees who met the eligibility requirements. Employees that were employed by ProCare after July 1, 2010, meet the minimum age and service conditions of the plan, satisfy any allocation conditions required by the plan, and are not specifically excluded by the provisions of the plan are eligible to participate in the plan. Employees entering the plan after July 1, 2010, vest at a rate of 20% each year, and are fully vested after five years of service. The employees who entered the plan prior to July 1, 2010, were 100% vested upon hire and were grandfathered at that rate upon creation of the new plan. ProCare distributes a discretionary matching contribution and a qualified matching contribution that is determined annually by the Board. Matching contributions cannot exceed 4% of employee plan compensation. Total employer contributions to the plan for the years ended September 30, 2021 and 2020, were approximately \$1,481,000 and \$1,238,000 respectively.

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Note 11: Other Postemployment Benefits (OPEB)

Plan Description and Funding Policy

The District provides postretirement health care benefits, in accordance with District policies, under a single-employer defined benefit OPEB plan administered by the District. Benefits under the plan are provided to employees hired prior to January 1, 1993, retiring from the District who elect to continue participation in the District's health insurance program and retire at the earliest of (a) attaining the age of 60 with at least 10 years of service; (b) completing 30 years of employment, regardless of age; and (c) having the sum of age plus service equal to at least 75. Employees hired after January 1, 1993, are not eligible to receive postretirement health care benefits. Prior to December 31, 2016, the District paid for all medical and hospitalization costs incurred by eligible retirees and their dependents. There was no cost to retirees, but the dependents were required to pay a quarterly premium.

On November 1, 2016, the District approved changes to the plan benefits. Effective January 1, 2017, pre-Medicare benefits are available to eligible retirees in the form of funding to a health reimbursement account (HRA). The HRA funding is \$12,000 annually starting in 2017 for pre-Medicare ages and is expected to increase with inflation in future years. A grandfathered group of post-Medicare retirees will receive HRA funding of \$3,600 annually starting in 2017. Current active employees and other retirees not in this grandfathered group are eligible for HRA funding of \$1,020 annually starting in 2017 for post-Medicare benefits. The post-Medicare benefits are expected to increase with inflation in future years. No HRA funding is provided for retiree dependents.

During 2018, the District reached a settlement with certain participants in the plan to change HRA funding levels effective January 1, 2019. The pre-Medicare HRA funding was changed from \$12,000 to \$12,500 annually. For all but a few grandfathered participants, the post-Medicare HRA funding was changed from \$1,020 to \$2,500 annually. The HRA funding for the post-Medicare grandfathered participants remained the same at \$3,600 annually. However, HRA benefits will no longer be indexed with inflation. In addition, certain dependents will be allowed to submit their qualified medical expenses for reimbursements.

The settlement lists specific participants who were party to the litigation that was filed, however, management has indicated that the new HRA funding limits will apply to all participants in the plan regardless of whether they were named in the settlement agreement. In addition, the settlement agreement indicates that there are expiration dates to the HRA funding, and the expiration date varies from 10 to 15 years beyond 2019 depending on the participant's current age. However, the District has indicated that it intends to continue funding HRA benefits for plan participants beyond these expiration dates as long as they are financially able to do so. For purposes of the below valuation information, management has assumed HRA funding will continue for each participant's lifetime, without taking into consideration expiration dates.

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No assets are accumulated in a trust that meets the criteria in paragraph 4 of GASB 75. The postretirement medical insurance benefits are currently funded on a pay-as-you-go basis. The District currently funds on a cash basis as benefits are paid.

At September 30, 2021 and 2020, the following employees were covered by the benefit terms:

	2021	2020
Inactive employees or beneficiaries currently receiving benefits	385	399
Active employees	45	59
	430	458

Total OPEB Liability

The District's total OPEB liability of \$20,950,660 and \$23,213,335 was measured as of September 30, 2021 and 2020, respectively. The liability was based on October 1, 2020 and 2019 valuation dates. No significant differences existed between the actuarial valuation and the measurement date, which would have required a roll-forward to the measurement date.

Actuarial Assumptions

The total OPEB liability in the October 1, 2020 and 2019 actuarial valuation reports was determined using the following actuarial assumptions and the entry age normal cost method, applied to all periods included in the measurement period, unless otherwise specified:

Rate of salary increase		2.5%
Discount rate	2.31% (2.28% in prior year)	
Healthcare cost trend rates		Not Applicable

For the September 30, 2021 measurement date, mortality rates are from the Pub-2010 total dataset mortality for general employees, with generational projection accordingly to Scale MP-2021.

For the September 30, 2020 measurement date, mortality rates are from the Pub-2010 total dataset mortality for general employees, with generational projection accordingly to Scale MP-2020.

Discount Rate

The discount rate used to measure the total OPEB liability at September 30, 2021 and 2020 was 2.31% and 2.28%, respectively, which is based on the average S&P municipal bond 20 Year High Grade Rate Index and the Fidelity GO AA 20 Year Index as of the measurement date. In general, GASB 75 requires a discount rate for an unfunded plan to be based on high quality, long-term municipal bond rates.

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Changes in the Total OPEB Liability

	<u>2021</u>	<u>2020</u>
Total OPEB liability, beginning of year	\$ 23,213,335	\$ 25,538,688
Changes for the year		
Service cost	76,288	76,903
Interest	483,187	692,194
Difference between expected and actual experience	(1,321,497)	(112,350)
Changes in assumptions and other inputs	59,528	(1,569,754)
Benefit payments	(1,560,181)	(1,412,346)
Net changes	<u>(2,262,675)</u>	<u>(2,325,353)</u>
Total OPEB liability, end of year	<u>\$ 20,950,660</u>	<u>\$ 23,213,335</u>

Changes in benefit terms reflect the changes discussed under the Plan Description and Funding Policy above.

Changes in assumptions and other inputs reflect a change in the discount rate previously disclosed.

Sensitivity of the District's Total OPEB Liability to Changes in the Discount Rate

The total OPEB liability has been calculated using a discount rate of 2.31%. The following table presents the total OPEB liability using a discount rate 1% higher and 1% lower than the current discount rate.

	<u>1% Decrease</u> <u>1.31%</u>	<u>Current Discount</u> <u>Rate</u> <u>2.31%</u>	<u>1% Increase</u> <u>3.31%</u>
Total OPEB Liability	\$ 19,442,888	\$ 20,950,660	\$ 22,718,540

Sensitivity of the District's Total OPEB Liability to Changes in the Healthcare Cost Trend Rates

A sensitivity analysis depicting changes in the healthcare cost trend rates is not applicable to the District's OPEB because the District provides a fixed HRA contribution to retirees each year, and those amounts are not scheduled to increase in the future.

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OPEB Expense and Deferred Inflows/Outflows of Resources Related to OPEB

For the years ended September 30, 2021 and 2020, the District recognized an OPEB benefit of approximately \$728,000 and \$913,000, respectively. The District did not report any deferred inflows of resources or deferred outflows of resources related to the OPEB at September 30, 2021 or 2020.

Note 12: Related Party Transactions

Medical Center Health System Foundation

The District is the beneficiary of the Medical Center Health System Foundation (Foundation), a separate legal entity with a separate board of directors. The Foundation has legal title to all of the Foundation's assets. The Foundation is not a component unit of the District and, thus, is not reflected in the accompanying financial statements. The District received approximately \$197,000 and \$298,000 from the Foundation in 2021 and 2020, respectively. The funds received are intended primarily for capital projects but are not restricted. Therefore, they have been included in nonoperating revenues.

Medical Center Hospital Auxiliary

From time to time, the District receives contributions from the Medical Center Hospital Auxiliary (Auxiliary), a separate legal entity with a separate board of directors. The Auxiliary has legal title to all of the Auxiliary's assets. The Auxiliary is not a component unit of the District and, thus, is not reflected in the accompanying financial statements. The District received \$100,000 and \$50,000 in donations from the Auxiliary during 2021 and 2020, respectively.

CHC Community Care, LLC

ContinueCare Hospital (CCHO) at Odessa, Inc. is a long-term acute care hospital located in Odessa, Texas. CCHO was developed in conjunction with CHC Community Care, LLC (CCC). The District has a Class H membership in CCC. The District provided CCHO a \$2,500,000 line of credit to provide working capital for CCHO. The Class H membership rights require that cash distributions from CCHO be used to first pay off any amounts outstanding under the line of credit. Subsequent to these payments, cash distributions from CCHO will be paid 80% to the District and 20% to CCC. There were no distributions to the District in 2021 or 2020. The balance of the line of credit was approximately \$415,000 and \$1,400,000 at September 30, 2021 and 2020, respectively, and is included in prepaid expenses and other current assets.

Texas Healthcare Linen, LLC

The District owns a 33.33% membership interest in THL. The District's equity interest in THL at September 30, 2021 and 2020, was \$2,322,472 and \$2,255,728 respectively. The equity interest in THL is included in other long-term assets on the accompanying balance sheets.

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In September 2010, the District entered into a guarantor agreement whereby the District has agreed to guarantee up to \$2,000,000 of loans that were extended to THL from an unrelated party. The original aggregate amount of the THL loans was \$12,291,000 and the proceeds were used for construction, equipment, and a working capital line of credit. The combined balance of the loans outstanding at September 30, 2021 and 2020, was \$3,097,299 and \$3,918,999, respectively. Because THL has not defaulted on their scheduled debt payments, the District has not reported any amounts in the accompanying financial statements related to this guarantor agreement. In February 2022, the District was released from the guarantee agreement.

Note 13: Condensed Combining Information

The following tables include condensed combining balance sheet information related for the District and its blended component unit, ProCare, as of September 30, 2021 and 2020:

	September 30, 2021			
	District	ProCare	Eliminations	Total
Assets and Deferred Outflows of Resources				
Current assets	\$ 116,386,217	\$ 5,772,655	\$ (693,312)	\$ 121,465,560
Noncurrent cash and investments	70,105,301	-	-	70,105,301
Capital assets, net	170,224,021	105,669	-	170,329,690
Other noncurrent assets	5,139,821	-	-	5,139,821
Deferred outflows of resources	29,138,210	-	-	29,138,210
Total assets and deferred outflows of resources	<u>\$ 390,993,570</u>	<u>\$ 5,878,324</u>	<u>\$ (693,312)</u>	<u>\$ 396,178,582</u>
Liabilities, Deferred Inflows of Resources and Net Position				
Current liabilities	\$ 49,455,084	\$ 5,911,156	\$ (693,312)	\$ 54,672,928
Estimated self-insurance costs	1,476,505	-	-	1,476,505
Long-term debt	37,359,061	-	-	37,359,061
Medicare Advance Payments - Long-term	16,425,468	-	-	16,425,468
Other long-term liabilities	64,994,246	-	-	64,994,246
Deferred inflows of resources	19,385,740	-	-	19,385,740
Total liabilities and deferred inflows of resources	<u>189,096,104</u>	<u>5,911,156</u>	<u>(693,312)</u>	<u>194,313,948</u>
Net Position				
Net investments in capital assets	130,182,560	105,669	-	130,288,229
Unrestricted	71,714,906	(138,501)	-	71,576,405
Total net position	<u>201,897,466</u>	<u>(32,832)</u>	<u>-</u>	<u>201,864,634</u>
Total liabilities, deferred inflows of resources and net position	<u>\$ 390,993,570</u>	<u>\$ 5,878,324</u>	<u>\$ (693,312)</u>	<u>\$ 396,178,582</u>

Ector County Hospital District
d/b/a Medical Center Health System
Notes to Financial Statements
September 30, 2021 and 2020

	September 30, 2020			
	District	ProCare	Eliminations	Total
Assets and Deferred Outflows of Resources				
Current assets	\$ 133,087,182	\$ 8,592,582	\$ (1,655,185)	\$ 140,024,579
Noncurrent cash and investments	46,512,753	-	-	46,512,753
Capital assets, net	176,497,410	136,030	-	176,633,440
Other noncurrent assets	3,495,208	-	-	3,495,208
Deferred outflows of resources	6,438,549	-	-	6,438,549
Total assets and deferred outflows of resources	<u>\$ 366,031,102</u>	<u>\$ 8,728,612</u>	<u>\$ (1,655,185)</u>	<u>\$ 373,104,529</u>
Liabilities, Deferred Inflows of Resources and Net Position				
Current liabilities	\$ 67,653,287	\$ 8,761,448	\$ (1,655,185)	\$ 74,759,550
Estimated self-insurance costs	1,688,420	-	-	1,688,420
Long-term debt	38,567,692	-	-	38,567,692
Medicare Advance Payments - Long-term	30,090,306	-	-	30,090,306
Other long-term liabilities	45,567,256	-	-	45,567,256
Deferred inflows of resources	11,332,413	-	-	11,332,413
Total liabilities and deferred inflows of resources	<u>194,899,374</u>	<u>8,761,448</u>	<u>(1,655,185)</u>	<u>202,005,637</u>
Net Position				
Net investments in capital assets	133,187,194	136,030	-	133,323,224
Unrestricted	37,944,534	(168,866)	-	37,775,668
Total net position	<u>171,131,728</u>	<u>(32,836)</u>	<u>-</u>	<u>171,098,892</u>
Total liabilities, deferred inflows of resources and net position	<u>\$ 366,031,102</u>	<u>\$ 8,728,612</u>	<u>\$ (1,655,185)</u>	<u>\$ 373,104,529</u>

Ector County Hospital District
d/b/a Medical Center Health System
Notes to Financial Statements
September 30, 2021 and 2020

The following tables include condensed combining statements of revenues, expenses and changes in net position information for the District and its blended component unit, ProCare, for the years ended September 30, 2021 and 2020:

	September 30, 2021		
	District	ProCare	Total
Operating revenues			
Net patient service revenue	\$ 222,483,447	\$ 40,632,813	\$ 263,116,260
Supplemental Medicaid funding revenue	42,318,461	-	42,318,461
Other revenue	8,546,107	2,499,313	11,045,420
Total operating revenues	<u>273,348,015</u>	<u>43,132,126</u>	<u>316,480,141</u>
Operating expenses			
Salaries, wages and benefits	134,971,546	52,386,746	187,358,292
Purchased services and professional fees	85,866,918	4,161,687	90,028,605
Supplies and other	74,850,301	4,996,931	79,847,232
Depreciation and amortization	19,229,695	79,797	19,309,492
Total operating expenses	<u>314,918,460</u>	<u>61,625,161</u>	<u>376,543,621</u>
Operating loss	<u>(41,570,445)</u>	<u>(18,493,035)</u>	<u>(60,063,480)</u>
Nonoperating Revenues (Expenses)			
Tax revenue, net	64,419,905	-	64,419,905
Interest expense	(880,534)	-	(880,534)
Other nonoperating revenues, net	26,131,531	1,158,320	27,289,851
Intercompany transfers	<u>(17,334,719)</u>	<u>17,334,719</u>	<u>-</u>
Total nonoperating revenues	<u>72,336,183</u>	<u>18,493,039</u>	<u>90,829,222</u>
Change in net position	<u>30,765,738</u>	<u>4</u>	<u>30,765,742</u>
Net position, beginning of year	<u>171,131,728</u>	<u>(32,836)</u>	<u>171,098,892</u>
Net position, end of year	<u>\$ 201,897,466</u>	<u>\$ (32,832)</u>	<u>\$ 201,864,634</u>

Ector County Hospital District
d/b/a Medical Center Health System
Notes to Financial Statements
September 30, 2021 and 2020

	September 30, 2020		
	District	ProCare	Total
Operating revenues			
Net patient service revenue	\$ 204,668,689	\$ 37,704,223	\$ 242,372,912
Supplemental Medicaid funding revenue	41,178,988	-	41,178,988
Other revenue	7,527,439	2,513,060	10,040,499
Total operating revenues	<u>253,375,116</u>	<u>40,217,283</u>	<u>293,592,399</u>
Operating expenses			
Salaries, wages and benefits	133,266,832	49,041,493	182,308,325
Purchased services and professional fees	88,298,479	7,676,420	95,974,899
Supplies and other	66,564,073	4,998,076	71,562,149
Depreciation and amortization	18,382,752	158,019	18,540,771
Total operating expenses	<u>306,512,136</u>	<u>61,874,008</u>	<u>368,386,144</u>
Operating loss	<u>(53,137,020)</u>	<u>(21,656,725)</u>	<u>(74,793,745)</u>
Nonoperating Revenues (Expenses)			
Tax revenue, net	59,344,095	-	59,344,095
Interest expense	(2,746,777)	-	(2,746,777)
Other nonoperating revenues, net	7,347,979	-	7,347,979
Intercompany transfers	(21,656,723)	21,656,723	-
Total nonoperating revenues	<u>42,288,574</u>	<u>21,656,723</u>	<u>63,945,297</u>
Change in net position	<u>(10,848,446)</u>	<u>(2)</u>	<u>(10,848,448)</u>
Net position, beginning of year	<u>181,980,174</u>	<u>(32,834)</u>	<u>181,947,340</u>
Net position, end of year	<u>\$ 171,131,728</u>	<u>\$ (32,836)</u>	<u>\$ 171,098,892</u>

Ector County Hospital District
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Notes to Financial Statements
September 30, 2021 and 2020

The following table includes condensed combining statements of cash flows information for the District and its blended component unit, ProCare, for the years ended September 30, 2021 and 2020:

	September 30, 2021		
	District	ProCare	Total
Net cash provided by (used in)			
Operating activities	\$ (40,381,453)	\$ (17,408,263)	\$ (57,789,716)
Noncapital financing activities	61,967,523	-	61,967,523
Capital and related financing activities	(31,468,936)	17,408,113	(14,060,823)
Investing activities	<u>(24,291,222)</u>	<u>-</u>	<u>(24,291,222)</u>
Decrease in cash and cash equivalents	(34,174,088)	(150)	(34,174,238)
Cash and cash equivalents, beginning of year	<u>86,682,849</u>	<u>4,650</u>	<u>86,687,499</u>
Cash and cash equivalents, end of year	<u>\$ 52,508,761</u>	<u>\$ 4,500</u>	<u>\$ 52,513,261</u>
	September 30, 2020		
	District	ProCare	Total
Net cash provided by (used in)			
Operating activities	\$ 4,994,229	\$ (22,815,093)	\$ (17,820,864)
Noncapital financing activities	88,666,637	1,158,320	89,824,957
Capital and related financing activities	(41,066,819)	21,656,723	(19,410,096)
Investing activities	<u>7,558,532</u>	<u>-</u>	<u>7,558,532</u>
Increase (decrease) in cash and cash equivalents	60,152,579	(50)	60,152,529
Cash and cash equivalents, beginning of year	<u>26,530,270</u>	<u>4,700</u>	<u>26,534,970</u>
Cash and cash equivalents, end of year	<u>\$ 86,682,849</u>	<u>\$ 4,650</u>	<u>\$ 86,687,499</u>

Ector County Hospital District
d/b/a Medical Center Health System
Notes to Financial Statements
September 30, 2021 and 2020

Note 14: Disclosures About Fair Value of Investments

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities

Recurring Measurements

The following table presents the fair value measurements of assets recognized in the accompanying balance sheets measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at September 30, 2021 and 2020:

	Fair Value Measurements Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
September 30, 2021				
Money market mutual funds	\$ 9,374,589	\$ 9,374,589	\$ -	\$ -
U.S. agencies obligations	986,868	-	986,868	-
U.S. treasury obligations	63,796,535	-	63,796,535	-
September 30, 2020				
Money market mutual funds	\$ 16,774,420	\$ 16,774,420	\$ -	\$ -
U.S. agencies obligations	8,422,867	-	8,422,867	-
U.S. treasury obligations	30,266,461	-	30,266,461	-

Ector County Hospital District
d/b/a Medical Center Health System
Notes to Financial Statements
September 30, 2021 and 2020

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. The District held no Level 3 investments at September 30, 2021 or 2020.

Note 15: COVID-19 Pandemic & CARES Act Funding

On March 11, 2020, the World Health Organization designated the SARS-CoV-2 virus and the incidence of COVID-19 (COVID-19) as a global pandemic. Patient volumes and the related revenues were significantly affected by COVID-19 as various policies were implemented by federal, state, and local governments in response to the pandemic that led many people to remain at home and forced the closure of or limitations on certain businesses, as well as suspended elective procedures by health care facilities.

Beginning in mid-March 2020, the District deferred all nonessential medical and surgical procedures and suspended elective procedures, which resumed prior to the end of fiscal year 2020.

The District received general and targeted Provider Relief Fund distributions, both as provided for under the *Coronavirus Aid, Relief, and Economic Security Act (CARES) Act*, as discussed below.

Provider Relief Fund

During the years ended September 30, 2021 and 2020, the District received approximately \$670,000 and \$26,500,000 of distributions from the CARES Act Provider Relief Fund and CARES Act Coronavirus Relief Fund. These distributions are not subject to repayment, provided the District is able to attest to and comply with the terms and conditions of the funding, including demonstrating that the distributions received have been used for qualifying expenses or lost revenue attributable to COVID-19, as defined by the Department of Health and Human Services.

Ector County Hospital District
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September 30, 2021 and 2020

The District is accounting for such payments as conditional contributions. Payments are recognized as non-operating revenue once the applicable terms and conditions required to retain the funds have been met. Based on an analysis of the compliance and reporting requirements of the Provider Relief Fund and the effect of the pandemic on the District's operating revenues and expenses through September 30, 2021, the District recognized approximately \$23,708,000 and \$3,490,000, related to the Provider Relief Fund in 2021 and 2020, respectively, and these payments are recorded as CARES Act funding in the statements of revenues, expenses and changes in net position. At September 30, 2020, the unrecognized amount of Provider Relief Fund distributions are recorded as part of Provider Relief Funds received in advance in the accompanying balance sheets.

The terms and conditions governing the Provider Relief Funds are complex and subject to interpretation and change. If the District is unable to attest to or comply with current or future terms and conditions, the District's ability to retain some or all of the distributions received may be affected. Provider Relief Fund payments are subject to government oversight, including potential audits.

Subsequent to September 30, 2021, the District received approximately \$3,115,000 of distributions from the Provider Relief Fund. These funds are to be used for qualifying expenses incurred by the District in response to the COVID-19 pandemic. This funding is not included in the accompanying balance sheet or the statements of revenues, expenses and changes in net position at September 30, 2021.

Medicare Accelerated and Advanced Payment Program

During the year ended September 30, 2020, the District requested and received approximately \$31,971,000 of accelerated Medicare payments as provided for in the CARES Act, which allows for eligible health care facilities to request up to six months of advance Medicare payments for acute care hospitals or up to three months of advance Medicare payments for other health care providers. These amounts are expected to be recaptured by CMS according to the payback provisions.

Effective September 30, 2020, the payback provisions were revised and extended the payback period to begin one year after the issuance of the advance payment through a phased payback period approach. The first 11 months of the payback period will be at 25 percent of the remittance advice payment followed by a six-month payback period at 50 percent of the remittance advice payment. After 29 months, CMS expects any amount not paid back through the withhold amounts to be paid back in a lump sum or interest will begin to accrue subsequent to the 29 month at a rate of 4 percent.

The District's outstanding balance related to the accelerated Medicare payments was approximately \$31,541,000 and \$31,971,000 at September 30, 2021 and 2020, respectively.

Ector County Hospital District
d/b/a Medical Center Health System
Notes to Financial Statements
September 30, 2021 and 2020

Note 16: Contingencies

In the normal course of business, the District is, from time to time, subject to allegations that may or do result in litigation. Some of these allegations are in areas not covered by the District's self-insurance program (discussed elsewhere in these notes) or by commercial insurance; for example, allegations regarding employment practices or performance of contracts. The District evaluates such allegations by conducting investigations to determine the validity of each potential claim. Based upon the advice of legal counsel, management records an estimate of the amount of ultimate expected loss, if any, for each. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term.

Note 17: Future Change in Accounting Principle

GASB Statement No. 87, *Leases* (GASB 87), provides a new framework for accounting for leases under the principle that leases are financings. No longer will leases be classified between capital and operating. Lessees will recognize an intangible asset and a corresponding liability. The liability will be based on the payments expected to be paid over the lease term, which includes an evaluation of the likelihood of exercising renewal or termination options in the lease. Lessors will recognize a lease receivable and related deferred inflow of resources. Lessors will not derecognize the underlying asset. An exception to the general model is provided for short-term leases that cannot last more than 12 months. Contracts that contain lease and nonlease components will need to be separated so each component is accounted for accordingly. GASB 87 is effective for financial statements for the District's fiscal year ending September 30, 2022. Governments will be allowed to transition using the facts and circumstances in place at the time of adoption, rather than retroactive to the time each lease was begun. The impact of adopting GASB 87 on the District's financial statements is not currently determinable.

Required Supplementary Information

Ector County Hospital District
d/b/a Medical Center Health System
Schedule of Changes in the District's Net Position Liability and Related Ratios
As of December 31,

	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>	<u>2014</u>
Total Pension Liability							
Service cost	\$ 11,373,290	\$ 10,676,072	\$ 10,424,169	\$ 11,664,134	\$ 12,611,339	\$ 11,722,978	\$ 11,063,097
Interest on total pension liability	39,702,415	37,414,549	35,219,433	33,423,201	30,752,584	28,642,798	26,748,805
Effect of plan changes	3,869,291	-	-	(4,482,712)	-	(1,903,496)	-
Effect of assumption changes or inputs	33,169,296	-	-	1,461,676	-	4,643,534	-
Effect of economic/demographic (gains) or losses	(3,431,439)	437,203	11,498	(1,559,674)	(464,253)	(2,168,073)	(3,304,508)
Benefit payments, including refunds of employee contributions	(22,307,206)	(19,703,041)	(17,944,799)	(16,269,752)	(14,583,702)	(13,405,611)	(12,201,099)
Net Change in Total Pension Liability	62,375,647	28,824,783	27,710,301	24,236,873	28,315,968	27,532,130	22,306,295
Total Pension Liability—Beginning	489,716,439	460,891,656	433,181,355	408,944,482	380,628,514	353,096,384	330,790,089
Total Pension Liability—Ending (a)	<u>\$ 552,092,086</u>	<u>\$ 489,716,439</u>	<u>\$ 460,891,656</u>	<u>\$ 433,181,355</u>	<u>\$ 408,944,482</u>	<u>\$ 380,628,514</u>	<u>\$ 353,096,384</u>
Plan Fiduciary Net Position							
Contributions—employer	\$ 8,387,529	\$ 8,473,362	\$ 7,541,944	\$ 8,535,709	\$ 7,881,165	\$ 8,263,374	\$ 8,021,499
Contributions—employee	6,773,240	7,304,622	6,686,804	5,373,243	5,303,910	5,345,403	4,963,799
Net investment income (loss)	48,232,952	66,494,590	(7,806,530)	53,397,053	25,372,459	(3,886,950)	21,913,195
Benefit payments, including refunds of employee contributions	(22,307,206)	(19,703,041)	(17,944,799)	(16,269,752)	(14,583,702)	(13,405,611)	(12,201,099)
Administrative expense	(371,403)	(355,896)	(325,207)	(277,189)	(275,792)	(248,388)	(259,291)
Other	(170,721)	(68,907)	(70,381)	(34,197)	(420,168)	(545,315)	(608,848)
Net Change in Plan Fiduciary Net Position	40,544,391	62,144,730	(11,918,169)	50,724,867	23,277,872	(4,477,487)	21,829,255
Plan Fiduciary Net Position—Beginning	467,032,265	404,887,535	416,805,704	366,080,837	342,802,965	347,280,452	325,451,197
Plan Fiduciary Net Position—Ending (b)	<u>\$ 507,576,656</u>	<u>\$ 467,032,265</u>	<u>\$ 404,887,535</u>	<u>\$ 416,805,704</u>	<u>\$ 366,080,837</u>	<u>\$ 342,802,965</u>	<u>\$ 347,280,452</u>
District's Net Pension Liability—Ending (a) – (b)	<u>\$ 44,515,430</u>	<u>\$ 22,684,174</u>	<u>\$ 56,004,121</u>	<u>\$ 16,375,651</u>	<u>\$ 42,863,645</u>	<u>\$ 37,825,549</u>	<u>\$ 5,815,932</u>
Plan Fiduciary Net Position as a Percentage of the Total Pension Liability							
	91.94%	95.37%	87.85%	96.22%	89.52%	90.06%	98.35%
Covered Payroll	\$ 112,887,341	\$ 121,743,700	\$ 111,446,732	\$ 107,464,853	\$ 106,072,205	\$ 106,900,052	\$ 99,275,976
District's Net Pension Liability as a Percentage of Covered Payroll	39.43%	18.63%	50.25%	15.24%	40.41%	35.38%	5.86%

This schedule is presented to illustrate the requirement to show information for 10 years. However, until a full 10-year trend is compiled, the District will present information for those years for which information is available. Information presented in this schedule has been determined as of the measurement date (December 31) of the net pension liability in accordance with GASB 68.

**Ector County Hospital District
d/b/a Medical Center Health System
Schedule of District Contributions
Year Ending September 30, 2021**

Year Ending September 30,	Actuarially Determined Contribution	Contributions in Relation to the Actuarially Determined Contribution	Contribution Deficiency (Excess)	Covered Payroll (1)	Contributions as a Percentage of Covered Payroll
2021	\$ 8,812,807	\$ 8,812,807	\$ -	\$ 114,331,281	7.7%
2020	\$ 8,442,132	\$ 8,442,132	\$ -	\$ 115,778,786	7.3%
2019	\$ 8,250,569	\$ 8,250,569	\$ -	\$ 115,953,367	7.1%
2018	\$ 7,749,743	\$ 7,749,743	\$ -	\$ 110,519,900	7.0%
2017	\$ 8,414,494	\$ 8,414,494	\$ -	\$ 109,010,606	7.7%
2016	\$ 7,928,302	\$ 7,928,302	\$ -	\$ 106,714,714	7.4%
2015	\$ 8,022,863	\$ 8,022,863	\$ -	\$ 103,172,647	7.8%

Notes to Schedule:

(1) Payroll is calculated based on contributions as reported to TCDRS

Valuation date:

Actuarially determined contribution rates are calculated as of December 31, two years prior to the end of the fiscal year in which the contributions are reported.

Methods and assumptions used to determine contribution rates:

Actuarial cost method	Entry age normal cost
Amortization method	Level percentage of payroll, closed
Remaining amortization period	20 years
Asset valuation method	5-year smoothed non-asymptotic market
Inflation	2.50%
Salary increases	4.6% average over career, including inflation
Investment rate of return	7.5%, net of pension plan investment expense, including inflation
Retirement age	61 (average)
Mortality	130% of the RP-2014 Healthy Annuitant Mortality Table for males and 110% of the RP-2014 Healthy Annuitant Mortality Table for females, both projected with 110% of the MP-2014 Ultimate scale after 2014.

This schedule is presented to illustrate the requirement to show information for 10 years. However, until a full 10-year trend is compiled, the District will present information for those years for which information is available. Information presented in this schedule has been determined as of the District's fiscal year end (September 30) in accordance with GASB 68.

**Ector County Hospital District
d/b/a Medical Center Health System
Schedule of Changes in the District's Total OPEB Liability and Related Ratios
Year Ending September 30, 2021**

	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>
Total OPEB Liability				
Service cost	\$ 76,288	\$ 76,903	\$ 96,547	\$ 112,681
Interest	483,187	692,194	890,682	713,283
Changes in benefit terms	-	-	-	3,958,585
Difference between expected and actual experience	(1,321,497)	(112,350)	-	-
Changes in assumptions and other inputs	59,528	(1,569,754)	1,498,425	(475,455)
Benefit payments	<u>(1,560,181)</u>	<u>(1,412,346)</u>	<u>(1,318,809)</u>	<u>(1,229,631)</u>
Net Change in Total OPEB Liability	<u>(2,262,675)</u>	<u>(2,325,353)</u>	<u>1,166,845</u>	<u>3,079,463</u>
Total OPEB Liability—Beginning	<u>23,213,335</u>	<u>25,538,688</u>	<u>24,371,843</u>	<u>21,292,380</u>
Total OPEB Liability—Ending	<u>\$ 20,950,660</u>	<u>\$ 23,213,335</u>	<u>\$ 25,538,688</u>	<u>\$ 24,371,843</u>
Covered-employee Payroll	\$ 4,072,559	\$ 4,068,072	\$ 5,222,568	\$ 5,123,824
District's total OPEB liability as a percentage of covered-employee payroll	514.43%	570.62%	489.01%	475.66%

This schedule is presented to illustrate the requirement to show information for 10 years. However, until a full 10-year trend is compiled, the District will present information for those years for which information is available. No assets are accumulated in a trust that meets the criteria in paragraph 4 of GASB 75.

2018

Changes in benefit terms reflect the changes discussed under the Plan Description and Funding Policy in *Note 11*.
Changes in assumptions and other inputs reflect a change in the discount rate from 3.43% to 3.74%.

2019

Changes in assumptions and other inputs reflect a change in the discount rate from 3.74% to 3.17%.

2020

Changes in assumptions and other inputs reflect a change in the discount rate from 3.17% to 2.28%.

2021

Changes in assumptions and other inputs reflect a change in the discount rate from 2.28% to 2.31%.

ECTOR COUNTY HOSPITAL DISTRICT D/B/A MEDICAL CENTER HEALTH SYSTEM

Report to the Board of Directors and Management

February , 2022

Results of the 2021 financial statement audit, internal control matters and other required communications.



February , 2022

Board of Directors and Management
Ector County Hospital District
d/b/a Medical Center Health System
Odessa, Texas

We have completed our audit of the financial statements of Ector County Hospital District d/b/a Medical Center Health System (District) as of and for the year ended September 30, 2021. This report includes communication required under auditing standards generally accepted in the United States of America, as well as other matters.

Our audit plan represented an approach responsive to the assessment of risk of material misstatement in financial reporting for the District. Specifically, auditing standards require us to:

- Express an opinion on the September 30, 2021, financial statements of the District.
- Issue communications required under auditing standards generally accepted in the United States of America to assist the board in overseeing management's financial reporting and disclosure process.

This report also presents an overview of areas of audit emphasis, as well as our perspectives on the health care environment.

This communication is intended solely for the information and use of the Board of Directors, Management, and others within the District, and is not intended to be, and should not be, used by anyone other than these specified parties.

Very truly yours,



Contents

2021 Audit Results

Summary of Our Audit Approach and Results	1
Significant Estimates	3
Opinion	5
Required Communications	6
Other Matters	9

Appendices

Management Representation Letter	Tab 1
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Summary of Our Audit Approach and Results

Our Approach

BKD's audit approach focuses on areas of higher risk—the unique characteristics of the District, your operating environment, the design effectiveness of your internal controls and your financial statement amounts and disclosures. The objective is to express an opinion on the conformity of your financial statements, in all material respects, with accounting principles generally accepted in the United States of America.

Areas of Audit Emphasis

The principal areas of audit emphasis and results were as follows:

Area	Results
<p>Management Override of Controls</p> <p>The risk that management may override existing and functioning accounting controls is an inherent risk to the District.</p>	<ul style="list-style-type: none"> No matters are reportable.
<p>Revenue Recognition</p> <p>Revenue cut-off impacts the financial statements of the District.</p>	<ul style="list-style-type: none"> No matters are reportable.
<p>Provider Relief Funding</p> <p>During 2020, the District received approximately \$26.5 million of Provider Relief Funding.</p>	<ul style="list-style-type: none"> The District was required to evaluate the revenue recognition requirements of the Provider Relief Funds. Based on that evaluation, approximately \$23 million and \$3.5 million was recognized in fiscal years 2021 and 2020, respectively.
<p>Management Estimates</p> <p>Estimates and judgments made by management materially impact financial statement amounts. The following financial statement areas include material estimates made by management:</p> <p><i>Allowance for contractual and uncollectible account adjustments</i></p>	<ul style="list-style-type: none"> No matters are reportable.



Summary of Our Audit Approach and Results (Continued)

Area	Results
<p>Management Estimates (Continued)</p> <p><i>Third-party payer settlement estimates</i></p> <p><i>Supplemental Medicaid Funding receivable</i></p> <p><i>Reserve for employee health and workers' compensation obligations</i></p> <p><i>Reserve for professional and general liability risks</i></p> <p><i>Value of sales and property taxes receivable and tax revenue</i></p> <p><i>Other Post-Retirement Benefits (OPEB)</i></p> <p><i>Net Pension Liability</i></p>	<ul style="list-style-type: none"> • A client proposed adjustment was recorded to adjust the estimated amounts owed from Medicare for the 2021 cost report. • Adjustments were proposed and recorded to properly state balances from these programs at September 30, 2021. • Client provided adjustments were recorded to update the reserves based on final actuarial determinations. • Client provided adjustments were recorded to update the reserves based on final actuarial determinations. • The amounts recorded were reasonable and no adjustments were proposed. • A client provided adjustment was proposed and recorded to update the net OPEB obligation based on the final actuarial determination. • No matters are reportable.
<p>Information Technology</p> <p>The District has a sophisticated and complex enterprise resource planning system which affects multiple areas related to financial reporting.</p>	<ul style="list-style-type: none"> • As part of our audit, we reviewed controls surrounding security and data integrity, as well as challenged access controls to identify segregation of duties conflicts. Certain items have been reported as verbal deficiencies as a result of this review.

Significant Estimates

The preparation of the financial statements requires considerable judgment because some assets, liabilities, revenues and expenses are “estimated” based on management’s assumptions about future outcomes. For example, the allowance for uncollectible accounts is impacted by patients’ willingness and ability to pay. Other estimates may be dependent on assumptions related to economic or environmental conditions, regulatory reform, or changes in industry trends.

Some estimates are inherently more difficult to evaluate and highly susceptible to variation because the assumptions relating to future outcomes have a higher degree of uncertainty. To the extent future outcomes are different than expected, management’s estimates are adjusted in future periods, sometimes having a significant effect on subsequent period financial statements. The following are considered to be significant estimates for the District:

- **Third-party Reimbursement** – Net operating revenues include management’s estimates of amounts to be reimbursed by third parties. Amounts received for patient billings are generally less than amounts billed. The difference between what is billed and expected to be received is recorded through contractual adjustments. Management’s process of estimating amounts to be received from third parties requires estimation based on payer classification, historical data, and payer contract provisions. Estimates of third-party reimbursements also include management assumptions about uncertainties related to the continued evolution of alternative payment models, changes in payer mix and the current state of the economy.

Net operating revenues also include estimated amounts due to and from the Medicaid supplemental funding programs. These estimates are based on communications from the state, historical and subsequent funding and include an allowance for recoupment upon final settlement of the funding.

- **Allowance for Uncollectible Accounts** – Primary collection risks related to patient accounts receivable include uninsured patients and patient balances where the insurance payer did not pay the entire balance. Management’s estimate for allowance for doubtful accounts is based on historical and subsequent collections, payer mix and anticipated trends. Similar to third-party reimbursements, management assumptions about the economy and types of payers affect the estimation of allowance for uncollectible accounts.
- **Employee Health and Workers Compensation Risks** – Management records an estimate of a liability based on a valuation provided by an independent actuary. Reserves for employee health and workers compensation claims are based on estimates of known claims and estimates for incurred but not reported claims. Management reviews the estimates for the reasonableness of assumptions used in the development of the estimate by the actuary.
- **Professional and General Liability Risks** – Management records an estimate of a liability based on a valuation provided by an independent actuary. The estimate is based on known claims, claims history and industry specific experience. Management reviews the estimate for the reasonableness of assumptions used in the development of the estimate by the actuary.

- **Net Pension Liability** – Management records an estimated pension liability based on a valuation provided by an independent actuary. The estimate represents the difference between the projected benefit obligation and the fair value of the plan assets and is based on a variety of assumptions including a discount rate to equate the obligation to present value at the balance sheet date. Management reviews the estimate for the reasonableness of assumptions used in the development of the estimate by the actuary.
- **Other Post-Retirement Benefits** – The District offers post-retirement health insurance to certain beneficiaries. Management records an estimated liability based on a valuation provided by an independent actuary. The estimate represents the difference between the projected benefit obligation and the fair value of the plan assets and is based on a variety of assumptions including investment return, health care trends, and future costs of employee health insurance to equate the obligation to present value at the balance sheet date. Management reviews these estimates for the reasonableness of assumptions used in the development of the estimate by the actuary.



Opinion

Unmodified, or “Clean,” Opinion Issued

We have issued an unmodified opinion as to whether the financial statements of the District as of and for the year ended September 30, 2021, are fairly presented, in all material respects.



Auditor’s Responsibilities Under Auditing Standards Generally Accepted in the United States of America (GAAS).

An audit performed in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* is designed to obtain reasonable, rather than absolute, assurance about the financial statements. In performing auditing procedures, we establish scopes of audit tests in relation to the financial statements taken as a whole. Our engagement does not include a detailed audit of every transaction. Our engagement letter more specifically describes our responsibilities.

These standards require communication of significant matters related to the financial statement audit that are relevant to the responsibilities of those charged with governance in overseeing the financial reporting process. Such matters are communicated in the remainder of this letter or have previously been communicated during other phases of the audit. The standards do not require the auditor to design procedures for the purpose of identifying other matters to be communicated with those charged with governance.

An audit of the financial statements does not relieve management or those charged with governance of their responsibilities. Our engagement letter more specifically describes your responsibilities.

Area	Comments
<p>Significant Accounting Policies</p> <p>Significant accounting policies are described in <i>Note 1</i> of the financial statements.</p>	<ul style="list-style-type: none"> • During 2021, the District adopted GASB Statement No. 84, <i>Fiduciary Activities</i>, and No. 97, <i>Certain Component Unit Criteria, and Accounting and Financial Reporting for Internal Revenue Code Section 457 Deferred Compensation Plans, an amendment of GASB Statements No. 14 and No. 84, and a supersession of GASB Statement No. 32</i> as further discussed in <i>Note 1</i>.
<p>Alternative Accounting Treatments</p> <p>We are required to report any discussions with management regarding alternative accounting treatments within accounting principles generally accepted in the United States of America for policies and practices for material items, including recognition, measurement and disclosure considerations related to the accounting for specific transactions, as well as general accounting policies.</p>	<ul style="list-style-type: none"> • No matters are reportable.



<p>Management Judgments and Accounting Estimates</p> <p>Accounting estimates are an integral part of financial statement preparation by management, based on its judgments. Areas involving significant areas of such estimates for which we are prepared to discuss management’s estimation process and our procedures for testing the reasonableness of those estimates are listed in the adjacent comments section.</p>	<ul style="list-style-type: none"> • See analysis of management’s judgments and accounting estimates on <i>Page 2</i>. • In addition to the estimates on page 2, the District was required to evaluate the revenue recognition requirements of the Provider Relief Funds. Based on that evaluation, \$23 million of revenue was recognized in fiscal year 2021.
<p>Financial Statement Disclosures</p> <p>These areas involve particularly sensitive financial statement disclosures for which we are prepared to discuss the issues involved and related judgments made in formulating those disclosures.</p>	<ul style="list-style-type: none"> • Patient revenue recognition • Medicaid supplemental payment programs • Defined benefit pension plan • Other Post Employment Benefit plan • COVID-19 and CARES Act Provisions
<p>Audit Adjustments</p> <p>During the course of any audit, an auditor may propose adjustments to financial statement amounts. Management evaluates our proposals and records those adjustments that, in its judgment, are required to prevent the financial statements from being materially misstated.</p>	<p><i>Adjustments Recorded</i></p> <ul style="list-style-type: none"> • Estimated amounts due related to Medicaid supplemental payment programs • Bond premium amortization • Other long-term assets • Based on information that became available subsequent to year end, management proposed certain adjustments.

Auditor's Judgments About the Quality of the District's Accounting Policies

During the course of the audit, we made observations regarding the District's application of accounting principles.

- During 2021, the District adopted GASB Statement No. 84, *Fiduciary Activities*, and No. 97, *Certain Component Unit Criteria, and Accounting and Financial Reporting for Internal Revenue Code Section 457 Deferred Compensation Plans*, an amendment of *GASB Statements No. 14 and No. 84*, and a supersession of *GASB Statement No. 32* as further discussed in *Note 1*.

Other Material Written Communications

Other material written communications between management and us related to the audit include:

- Management representation letter (*Tab 1*)
- Single audit reports will start soon and will be issued at a later date.
- We orally communicated to management other deficiencies in internal control identified during our audit that are not considered material weaknesses or significant deficiencies.

Other Matters

Future Accounting Standards

GASB Statement No. 87, Leases

This Statement was the result of a multi-year project to reexamine the accounting and financial reporting for leases and establishes a single model for lease accounting based on the principle that leases represent the financing of the right to use an underlying asset. Specifically, GASB 87 includes the following accounting guidance for lessees and lessors:

Lessee Accounting: A lessee will recognize a liability measured at the present value of payments expected to be made for the lease term, and an intangible asset measured at the amount of the initial lease liability, plus any payments made to the lessor at or before the beginning of the lease and certain indirect costs. A lessee will reduce the liability as payments are made and recognize an outflow of resources for interest on the liability. The asset will be amortized by the lessee over the shorter of the lease term or the useful life of the asset.

Lessor Accounting: A lessor will recognize a receivable measured at the present value of the lease payments expected for the lease term and a deferred inflow of resources measured at the value of the lease receivable plus any payments received at or prior to the beginning of the lease that relate to future periods. The lessor will reduce the receivable as payments are received and recognize an inflow of resources from the deferred inflow of resources in a systematic and rational manner over the term of the lease. A lessor will not derecognize the asset underlying the lease. There is an exception for regulated leases for which certain criteria are met, such as airport-aeronautical agreements.

The lease term used to measure the asset or liability is based on the period in which the lessee has the noncancelable right to use the underlying asset. The lease term also contemplates any lease extension or termination option that is reasonably certain of being exercised.

GASB 87 does not apply to leases for intangible assets or leases in which the underlying asset is financed with conduit debt that is reported by the lessor. Additionally, leases with a maximum possible term of 12 months or less are excluded.

GASB 87 will be effective for the District's fiscal year ending September 30, 2022. It is anticipated that leases would be recognized using the facts and circumstances in effect at the beginning of the period of implementation.

GASB Statement No. 89, Accounting for Interest Cost Incurred before the End of a Construction Period

This Statement removes the concept of capitalized interest from all types of governmental entities. GASB 89 is effective for the District's fiscal year ending September 30, 2022 and will be adopted prospectively.

Price Transparency

Effective January 1, 2021, hospitals operating in the U.S. are required to make their standard charges for all items and services provided by the hospital publicly available in a comprehensive, machine-readable file. In addition, hospitals must make public, in a consumer-friendly format, standard charge information for 300 shoppable services.

In the calendar-year 2022 Outpatient Prospective Payment System proposed rule, CMS shows no sign of backing off on the current requirements but instead proposes to amend several hospital price transparency policies to further encourage compliance.

The most notable change to the price transparency requirement is a proposed increase to the amount of the monetary penalty for noncompliance through the use of a proposed scaling factor based on hospital bed count. While the current civil monetary penalty for noncompliance would not exceed \$300 per day for any hospital, the proposed penalty of \$10 per day per hospital bed for hospitals with more than 30 beds could increase penalties up to \$5,500 per day for a hospital with more than 550 beds as summarized by CMS in the following table.

Number of Beds	Penalty Applied per Day	Total Full-Year Penalty
30 or fewer	\$300 per hospital	\$109,500 per hospital
31 up to 550	\$310–\$5,500 per hospital (number of beds * \$10)	\$113,150–\$2,007,500 per hospital
More than 550	\$5,500 per hospital	\$2,007,500 per hospital

Source: CMS CY 2022 OPSS Proposed Rule, Table 63

Additional proposed amendments to the price transparency policies include deeming state forensic hospitals that meet certain requirements to be in compliance with the requirements of 45 Code of Federal Regulations Part 180 and prohibiting certain conduct that CMS has concluded to be barriers to accessing the standard charge information. CMS also clarifies the expected output of hospital online price estimator tools when hospitals choose to use them to provide price estimates for shoppable services in a consumer-friendly format.

CMS has prepared Hospital Price Transparency Requirements Quick Reference Checklists to assist hospitals with determining whether the hospital is meeting current price transparency requirements. The checklists can be found on CMS' website.



This communication is intended solely for the information and use of management, the Board of Directors and others within the District and is not intended to be, and should not be, used by anyone other than these specified parties.

February , 2022



Investor Statement

September 30, 2021 - December 31, 2021

Prepared for

ECTOR COUNTY HOSPITAL DISTRICT

ECTOR COUNTY HOSPITAL DISTRICT
PO BOX 7239
Odessa, TX 79761

Advisor

Charles Brown, Jarrod Patterson
Momentum Independent Network
Managed Accounts

ECTOR COUNTY HOSPITAL DISTRICT
December 31, 2021

Yield Summary

Sector	Cost Basis	Weighted Avg Yield	Market Value	Gain/Loss
INVESTMENTS	\$ 71,905,311	0.40%	\$ 71,657,232.00	\$ - 248,080.00
Total	\$ 71,905,311	0.40%	\$ 71,657,232.00	\$ -248,080

	12/31/2021	12/31/2020
3 MONTH TREASURY BILL	0.06%	0.09%
5 YEAR TREASURY BILL	1.26%	0.36%
10 YEAR TREASURY NOTE	1.52%	0.93%
30 YEAR TREASURY NOTE	1.90%	1.65%

The information is based on data received. Information supporting the recommendation is enclosed. Mutual funds, ETFs and variable products are sold by prospectus. Please consider the investment objectives, risks, charges, and expenses of the investment company carefully before investing. The prospectus contains this and other information about the investment company. Prospectuses may be obtained from the investment company or from your registered representative. Please read the prospectus carefully before investing. Investors should consider their individual investment time horizon and income tax brackets, both current and anticipated, when making an investment decision. ETFs trade like a stock and may trade for less than their net asset value. Asset allocation and Diversification does not ensure a profit and may not protect against loss in declining markets.

ECTOR COUNTY HOSPITAL DISTRICT Reports: Rollup of All Accounts



Holdings Detail As of Dec 31, 2021

Holdings	Units	Cost ¹	Portfolio Value	Gain/Loss ²	Gain/Loss %	% of Portfolio	Dur	Mat. Date	Price	YTM	Yield ³	S&P Rate
26761549		\$ 3,117,047	\$ 3,082,489	\$ -34,558	-1.12 %	4.30 %						
US Treasury 0.250 06/15/24 91282CCG4	1,600,000	1,600,010	1,576,752	-23,258	-1.45	2.20	2.38	Jun 15, 2024	\$ 98.55	0.25 %	—	NR
Cash		19,357	19,357			0.03				—	—	NR
FHLBanks 0.860 10/27/25 '22 3130APGW9	1,500,000	1,497,680	1,486,380	-11,300	-0.75	2.07	3.28	Oct 27, 2025	99.09	0.90	—	AA+
38285456		23,261,355	23,193,314	-68,041	-0.29	32.37						
US Treasury 0.250 06/15/24 91282CCG4	2,700,000	2,700,010	2,660,769	-39,241	-1.45	3.71	2.38	Jun 15, 2024	98.55	0.25	—	NR
Cash		41,085	41,085			0.06				—	—	NR
Farmer Mac 0.550 06/30/23 MTN 31422XRF1	20,000,000	20,021,020	19,996,000	-25,020	-0.12	27.91	1.43	Jun 30, 2023	99.98	0.48	—	NR
FHLBanks 0.860 10/27/25 '22 3130APGW9	500,000	499,240	495,460	-3,780	-0.76	0.69	3.28	Oct 27, 2025	99.09	0.90	—	AA+
26761610		2,294,994	2,267,204	-27,790	-1.26	3.16						
US Treasury 0.250 06/15/24 91282CCG4	1,600,000	1,600,010	1,576,752	-23,258	-1.45	2.20	2.38	Jun 15, 2024	98.55	0.25	—	NR
Cash		95,900	95,900			0.13				—	—	NR
FHLBanks 0.860 10/27/25 '22 3130APGW9	600,000	599,084	594,552	-4,532	-0.76	0.83	3.28	Oct 27, 2025	99.09	0.90	—	AA+
26761530		5,403,542	5,376,900	-26,643	-0.50	7.50						
Cash		38,416	38,416			0.05				—	—	NR
Freddie Mac 0.600 10/15/25 '22 MTN 3134GWYS9	750,000	740,772	733,148	-7,625	-1.03	1.02	3.50	Oct 15, 2025	97.75	0.92	—	NR
Federal Farm 1.300 12/01/25 '23 3133ENGA2	4,600,000	4,624,354	4,605,336	-19,018	-0.41	6.43	3.34	Dec 1, 2025	100.12	1.03	—	AA+
26761506		34,809,123	34,755,386	-53,737	-0.20	48.50						
US Treasury Bill 04/21/22 912796G45	19,000,000	18,992,433	18,995,820	3,387	0.02	26.51	0.25	Apr 21, 2022	99.98	0.04	—	NR
Cash		7,837,639	7,837,639			10.94				—	—	NR
Freddie Mac 0.600 10/15/25 '22 MTN 3134GWYS9	2,700,000	2,666,729	2,639,331	-27,398	-1.03	3.68	3.50	Oct 15, 2025	97.75	0.92	—	NR
FHLBanks 0.860 10/27/25 '22 3130APGW9	2,300,000	2,296,432	2,279,116	-17,316	-0.75	3.18	3.28	Oct 27, 2025	99.09	0.90	—	AA+
Federal Farm 1.300 12/01/25 '23 3133ENGA2	3,000,000	3,015,890	3,003,480	-12,410	-0.41	4.19	3.34	Dec 1, 2025	100.12	1.03	—	AA+
38285461		3,019,250	2,981,939	-37,311	-1.24	4.16						
US Treasury 0.250 06/15/24 91282CCG4	2,100,000	2,100,010	2,069,487	-30,523	-1.45	2.89	2.38	Jun 15, 2024	98.55	0.25	—	NR
Cash		20,624	20,624			0.03				—	—	NR
FHLBanks 0.860 10/27/25 '22 3130APGW9	900,000	898,616	891,828	-6,788	-0.76	1.24	3.28	Oct 27, 2025	99.09	0.90	—	AA+
Total		71,905,311	71,657,232	-248,080	-0.39							

1 Cost basis values are not provided by the custodian in all cases, and should be independently verified from your original purchase records.

2 Capital gain/loss data presented here is a general guide and should not be relied upon in the preparation of your tax returns.

3 An indication of the current dividends and interest vs. the current market value of the holdings. The yield represents the current amount of income that is being generated from the portfolio without liquidating the principal or capital gains on the portfolio. However, the yield will fluctuate daily and current or past performance is not a guarantee of future results.

4 Net and Gross expense ratio data is obtained from a third party data provider and is believed to be accurate, but has not been verified by Envestnet.

These reports are not to be construed as an offer or the solicitation of an offer to buy or sell securities mentioned herein. Information contained in these reports is based on sources and data believed reliable. The information used to construct these reports was received via a variety of sources. These reports are for informational purposes only. These reports do not take the place of any brokerage statements, any fund company statements, or any tax forms. You are urged to compare this report with the statement you receive from your custodian covering the same period. Differences in positions may occur due to reporting dates used and whether certain assets are not maintained by your custodian. There may also be differences in the investment values shown due to the use of differing valuation sources and methods.

Note regarding loan balance: Your group annuity contract loan balance (if applicable) is not itemized in this report although it is reflected in your Contract Value. For more details regarding your loan balance please review your most recent group annuity statement or contact your Advisor who can assist you in obtaining this information.

ECTOR COUNTY HOSPITAL DISTRICT Reports: Rollup of All Accounts



Bond Analysis As of Dec 31, 2021

Overview ^{1 2}

Total Number of Issues	15
Face Value	63,850,000
Market Value	\$ 63,604,210
Long/Intermediate Term Average S&P Rating ³	—
Long/Intermediate Term Average Moody's Rating ³	#Aaa

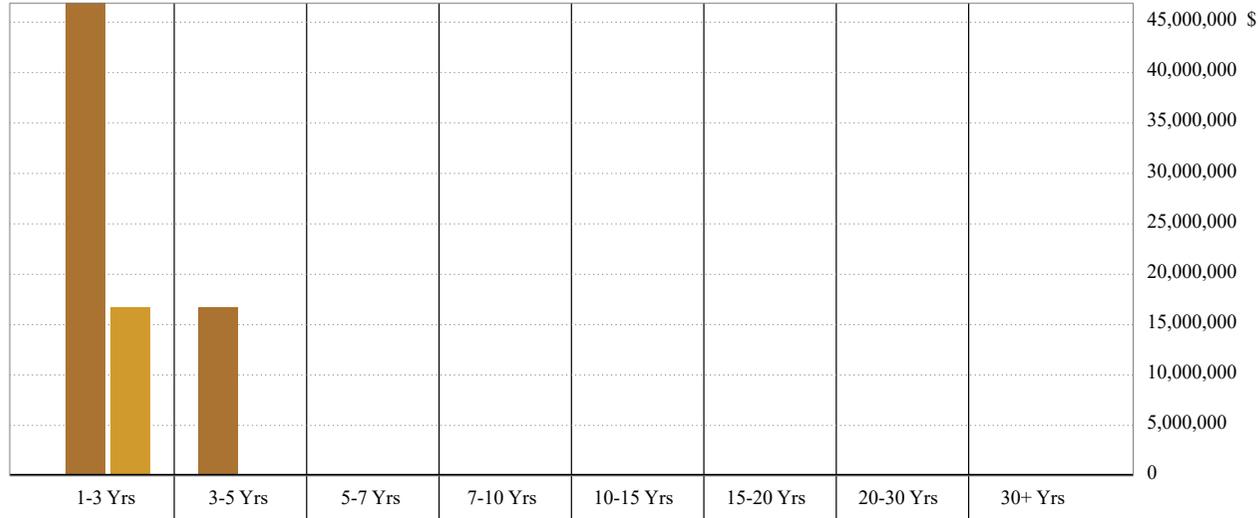
Statistics ^{1 2}

Average Bond Yield ⁴	0.47 %
Average Yield to Maturity ⁵	0.87 %
Average Yield to Worst ⁶	0.87 %
Average Coupon	0.47 %
Average Modified Duration (Years) ⁷	1.80
Average Effective Duration (Years) ⁸	1.70
Average Duration to Worst ⁹	1.80
Average Convexity (par) ¹⁰	0.06

Bond Analysis As of Dec 31, 2021

Bond Maturity vs. Call Date Distribution

Maturity | Call Date



Period	Bond Maturity	Total %	Callable	Total %
1 to 3 Years	\$ 46,875,580	73.70 %	\$ 16,728,630	26.30 %
3 to 5 Years	16,728,630	26.30	—	—

Bond Coupon Concentration ¹¹



Bond Distribution by Type ¹¹²



ECTOR COUNTY HOSPITAL DISTRICT Reports: Rollup of All Accounts



Bond Analysis As of Dec 31, 2021

Bond Distribution by S&P Rating ^{1 13 14}



Bond Distribution by Moody Rating ^{1 15 14}



These reports are not to be construed as an offer or the solicitation of an offer to buy or sell securities mentioned herein. Information contained in these reports is based on sources and data believed reliable. The information used to construct these reports was received via a variety of sources. These reports are for informational purposes only. These reports do not take the place of any brokerage statements, any fund company statements, or any tax forms. You are urged to compare this report with the statement you receive from your custodian covering the same period. Differences in positions may occur due to reporting dates used and whether certain assets are not maintained by your custodian. There may also be differences in the investment values shown due to the use of differing valuation sources and methods.

- 1 Bond type, statistics and rating information is provided by Refinitiv.
- 2 Data is weighted and calculated, if information is available on at least 50% of holdings in total bond market value. If information is available on less than 50%, the data is shown as 'n/a'.
- 3 Average credit quality gives a snapshot of the portfolio's overall credit quality. It is an average of each bond's credit rating, adjusted for its relative weighting in the portfolio. Bonds with one year to maturity at the time of issuance are considered cash and are not include in the Average Credit ratings.
- 4 Average Bond Yield is an indication of the interest earned vs. the current market value of the holdings. The yield represents the current amount of income that is being generated from the portfolio without liquidating the principal or capital gains on the portfolio. The Average Bond Yield will fluctuate daily and current or past performance is not a guarantee of future results.
- 5 Average Yield to Maturity is the yield of the bonds taking into account the price discount or premium over face value. It is calculated with the cash-flow assumption that the instruments trade to maturity and is averaged with the corresponding weights of the constituent bonds.
- 6 Average Yield To Worst is an arithmetic average of the Daily Yield To Worst which is the lowest amount an investor could earn if the bond is purchased at the current price and held until the bond matures or is called.
- 7 Average Modified Duration is a measurement of change in the value of a bond to a change in interest rates; it determines the effect a 100 basis point (1%) change in interest rates will have on the price of the bond. It is calculated with the cash-flow assumption that the instrument trades to maturity and is averaged with the corresponding weights of the constituent bonds.
- 8 Average Effective Duration is a simulated measure of duration which measures change in price for given change in rates. It is calculated using an option based model that accounts for embedded options and is averaged with the corresponding weights of the constituent bonds.
- 9 Average Duration to Worst represents the percentage change in value per unit shift in the yield curve. It is calculated using certain cash flow assumptions and is averaged with the corresponding weights of the constituent bonds.
- 10 Convexity is the measure of the sensitivity of a bond's price to a change in yield. A high convexity bond is more sensitive to changes in interest rates and should consequently witness larger fluctuations in price when interest rates move. The opposite is true of low convexity bonds, whose prices don't fluctuate as much when interest rates change. Average convexity is calculated using certain cash flow assumptions and is averaged with the corresponding weights of the constituent bonds.
- 11 The Group By Bond Coupon Concentration Holdings Report includes only Bonds Holdings.
- 12 The Group By Bond Distribution by Type Holdings Report includes only Bonds Holdings.
- 13 The Group By Bond Distribution by S&P Rating Holdings Report includes only Bonds Holdings.
- 14 Parent style classifications are provided by Morningstar, Inc. and mapped into one of the style classifications supported on this platform. Sector information is provided by Morningstar. Bond type and rating information is provided by Refinitiv.
- 15 The Group By Bond Distribution by Moody Rating Holdings Report includes only Bonds Holdings.



MEMORANDUM

TO: Russell Tippin, President and Chief Executive Officer

FROM: Steve Ewing, Chief Financial Officer

RE: **Quarterly Investment Report – First Quarter 2022**

DATE: February 1, 2022

The Investment Report of Ector County Hospital District for the first quarter ended December 31, 2021, will be presented at the Finance Committee meeting February 1, 2022. This report was prepared to provide the Hospital President and Chief Financial Officer and Board of Directors information as required under the Public Funds Investment Act. Investments purchased during the first quarter of fiscal 2022 met the requirements of the Investment Policy and the Public Funds Investment Act.

To the best of my knowledge, as of December 31, 2021, the investment portfolio is in compliance with the Public Funds Investment Act and with the District's Investment Policy.



Steve Ewing
Investment Officer

**ECTOR COUNTY HOSPITAL DISTRICT
MONTHLY STATISTICAL REPORT
JANUARY 2022**

	CURRENT MONTH					YEAR-TO-DATE				
	ACTUAL	BUDGET		PRIOR YEAR		ACTUAL	BUDGET		PRIOR YEAR	
		AMOUNT	VAR. %	AMOUNT	VAR. %		AMOUNT	VAR. %	AMOUNT	VAR. %
Hospital InPatient Admissions										
Acute / Adult	998	1,008	-1.0%	1,044	-4.4%	4,016	3,913	2.6%	4,015	0.0%
Neonatal ICU (NICU)	22	25	-12.0%	26	-15.4%	77	99	-22.2%	101	-23.8%
Total Admissions	1,020	1,033	-1.3%	1,070	-4.7%	4,093	4,012	2.0%	4,116	-0.6%
Patient Days										
Adult & Pediatric	4,869	3,708	31.3%	4,832	0.8%	19,396	14,388	34.8%	17,602	10.2%
ICU	478	403	18.6%	499	-4.2%	2,026	1,563	29.6%	1,728	17.2%
CCU	516	290	77.9%	373	38.3%	1,723	1,124	53.3%	1,674	2.9%
NICU	211	388	-45.6%	346	-39.0%	973	1,506	-35.4%	1,309	-25.7%
Total Patient Days	6,074	4,789	26.8%	6,050	0.4%	24,118	18,581	29.8%	22,313	8.1%
Observation (Obs) Days	391	460	-15.0%	485	-19.4%	1,766	1,824	-3.2%	2,228	-20.7%
Nursery Days	283	197	43.7%	254	11.4%	1,172	788	48.7%	1,139	2.9%
Total Occupied Beds / Bassinets	6,748	5,446	23.9%	6,789	-0.6%	27,056	21,193	27.7%	25,680	5.4%
Average Length of Stay (ALOS)										
Acute / Adult & Pediatric	5.87	4.37	34.6%	5.46	7.5%	5.76	4.36	32.1%	5.23	10.2%
NICU	9.59	15.52	-38.2%	13.31	-27.9%	12.64	15.21	-16.9%	12.96	-2.5%
Total ALOS	5.95	4.64	28.4%	5.65	5.3%	5.89	4.63	27.2%	5.42	8.7%
Acute / Adult & Pediatric w/o OB	6.68			6.40	4.5%	6.71			6.21	8.1%
Average Daily Census	195.9	154.5	26.8%	195.2	0.4%	196.1	151.1	29.8%	181.4	8.1%
Hospital Case Mix Index (CMI)	1.7935	1.5386	16.6%	1.8587	-3.5%	1.7462	1.5386	13.5%	1.7608	-0.8%
Medicare										
Admissions	369	372	-0.8%	381	-3.1%	1,446	1,443	0.2%	1,432	1.0%
Patient Days	2,600	1,895	37.2%	2,512	3.5%	9,963	7,353	35.5%	9,152	8.9%
Average Length of Stay	7.05	5.09	38.3%	6.59	6.9%	6.89	5.10	35.2%	6.39	7.8%
Case Mix Index	2.0196	1.9446	4%	2.2135	-8.8%	2.0193	1.9446	4%	2.0891	-3.3%
Medicaid										
Admissions	133	129	3.1%	124	7.3%	549	502	9.4%	552	-0.5%
Patient Days	705	537	31.3%	593	18.9%	2,645	2,084	26.9%	2,331	13.5%
Average Length of Stay	5.30	4.16	27.3%	4.78	10.8%	4.82	4.15	16.1%	4.22	14.1%
Case Mix Index	1.3506	0.9632	40%	1.3585	-0.6%	1.2322	0.9632	28%	1.1373	8.3%
Commercial										
Admissions	276	276	0.0%	308	-10.4%	1,113	1,071	3.9%	1,132	-1.7%
Patient Days	1,421	1,155	23.0%	1,559	-8.9%	5,633	4,480	25.7%	5,503	2.4%
Average Length of Stay	5.15	4.18	23.0%	5.06	1.7%	5.06	4.18	21.0%	4.86	4.1%
Case Mix Index	1.7343	1.5059	15.2%	1.7962	-3.4%	1.7316	1.5059	15.0%	1.7249	0.4%
Self Pay										
Admissions	220	230	-4.3%	236	-6.8%	892	893	-0.1%	898	-0.7%
Patient Days	1,223	1,073	14.0%	1,256	-2.6%	5,215	4,164	25.2%	4,740	10.0%
Average Length of Stay	5.56	4.67	19.2%	5.32	4.5%	5.85	4.66	25.4%	5.28	10.8%
Case Mix Index	1.6742	1.5823	5.8%	1.6042	4.4%	1.5716	1.5823	-0.7%	1.5901	-1.2%
All Other										
Admissions	22	26	-15.4%	21	4.8%	93	103	-9.7%	102	-8.8%
Patient Days	125	128	-2.3%	130	-3.8%	662	498	32.9%	587	12.8%
Average Length of Stay	5.68	4.92	15.4%	6.19	-8.2%	7.12	4.83	47.2%	5.75	23.7%
Case Mix Index	2.6920	1.8985	41.8%	1.6911	59.2%	2.1441	1.8985	12.9%	1.9131	12.1%
Radiology										
InPatient	4,444	3,620	22.8%	4,460	-0.4%	17,810	14,046	26.8%	16,479	8.1%
OutPatient	6,808	7,115	-4.3%	6,387	6.6%	28,538	28,222	1.1%	25,934	10.0%
Cath Lab										
InPatient	418	479	-12.7%	451	-7.3%	1,926	1,858	3.7%	1,662	15.9%
OutPatient	380	660	-42.4%	407	-6.6%	1,783	2,618	-31.9%	2,292	-22.2%
Laboratory										
InPatient	81,301	61,698	31.8%	86,689	-6.2%	328,109	239,404	37.1%	316,873	3.5%
OutPatient	65,021	53,606	21.3%	53,926	20.6%	243,424	212,595	14.5%	219,449	10.9%
Other										
Deliveries	188	151	24.5%	157	19.7%	726	586	23.9%	696	4.3%
Surgical Cases										
InPatient	174	253	-31.2%	235	-26.0%	886	978	-9.4%	802	10.5%
OutPatient	442	551	-19.8%	403	9.7%	2,062	2,187	-5.7%	1,811	13.9%
Total Surgical Cases	616	804	-23.4%	638	-3.4%	2,948	3,165	-6.9%	2,613	12.8%
GI Procedures (Endo)										
InPatient	101	143	-29.4%	92	9.8%	581	554	4.9%	363	60.1%
OutPatient	95	217	-56.2%	86	10.5%	510	862	-40.8%	441	15.6%
Total GI Procedures	196	360	-45.6%	178	10.1%	1,091	1,416	-23.0%	804	35.7%

**ECTOR COUNTY HOSPITAL DISTRICT
MONTHLY STATISTICAL REPORT
JANUARY 2022**

	CURRENT MONTH					YEAR-TO-DATE				
	ACTUAL	BUDGET		PRIOR YEAR		ACTUAL	BUDGET		PRIOR YEAR	
		AMOUNT	VAR.%	AMOUNT	VAR.%		AMOUNT	VAR.%	AMOUNT	VAR.%
OutPatient (O/P)										
Emergency Room Visits	4,691	4,016	16.8%	3,397	38.1%	17,943	15,864	13.1%	12,455	44.1%
Observation Days	391	460	-15.0%	485	-19.4%	1,766	1,824	-3.2%	2,228	-20.7%
Other O/P Occasions of Service	21,343	17,552	21.6%	16,483	29.5%	83,129	69,607	19.4%	67,984	22.3%
Total O/P Occasions of Svc.	26,425	22,028	20.0%	20,365	29.8%	102,838	87,295	17.8%	82,667	24.4%
Hospital Operations										
Manhours Paid	263,883	271,022	-2.6%	253,247	4.2%	1,041,976	1,072,386	-2.8%	1,033,133	0.9%
FTE's	1,496.4	1,534.9	-2.5%	1,435.1	4.3%	1,488.1	1,530.7	-2.8%	1,475.0	0.9%
Adjusted Patient Days	10,509	8,882	18.3%	10,378	1.3%	42,278	34,708	21.8%	40,770	3.7%
Hours / Adjusted Patient Day	25.11	30.51	-17.7%	24.40	2.9%	24.65	30.90	-20.2%	27.57	-10.6%
Occupancy - Actual Beds	56.1%	44.3%	26.8%	54.8%	2.4%	56.2%	43.3%	29.8%	52.0%	8.1%
FTE's / Adjusted Occupied Bed	4.4	5.4	-17.6%	4.6	-4.3%	4.3	5.4	-20.2%	4.8	-10.2%
InPatient Rehab Unit										
Admissions	-	-	0.0%	33	-100.0%	-	-	0.0%	142	-100.0%
Patient Days	-	-	0.0%	457	-100.0%	-	-	0.0%	1,887	-100.0%
Average Length of Stay	-	-	0.0%	13.8	-100.0%	-	-	0.0%	13.3	-100.0%
Manhours Paid	-	-	0.0%	(59)	-100.0%	-	-	0.0%	17,073	-100.0%
FTE's	-	-	0.0%	(0.3)	-100.0%	-	-	0.0%	13.4	-100.0%
Center for Primary Care - Clements										
Total Medical Visits	625	989	-36.8%	1,557	-59.9%	2,861	3,921	-27.0%	5,977	-52.1%
Manhours Paid	2,477	2,259	9.6%	3,195	-22.5%	10,368	8,959	15.7%	13,770	-24.7%
FTE's	14.0	12.8	9.6%	18.0	-22.5%	14.8	12.7	15.7%	19.6	-24.7%
Center for Primary Care - West University										
Total Medical Visits	490	550	-10.9%	-	0.0%	2,151	2,182	-1.4%	-	0.0%
Manhours Paid	210	1,257	-83.3%	29	634.4%	1,799	4,988	-63.9%	29	6204.3%
FTE's	1.2	7.1	-83.3%	0.2	634.4%	2.6	7.1	-63.9%	0.0	6204.3%
Center for Primary Care - JBS										
Total Medical Visits	746	675	10.5%	-	0.0%	2,714	2,570	5.6%	-	0.0%
Manhours Paid	747	1,523	-51.0%	-	0.0%	2,854	5,825	-51.0%	-	0.0%
FTE's	4.2	8.6	-51.0%	-	0.0%	4.1	8.3	-51.0%	-	0.0%
Total ECHD Operations										
Total Admissions	1,020	1,033	-1.3%	1,103	-7.5%	4,093	4,012	2.0%	4,258	-3.9%
Total Patient Days	6,074	4,789	26.8%	6,507	-6.7%	24,118	18,581	29.8%	24,200	-0.3%
Total Patient and Obs Days	6,465	5,249	23.2%	6,992	-7.5%	25,884	20,405	26.9%	26,428	-2.1%
Total FTE's	1,515.8	1,563.3	-3.0%	1,453.1	4.3%	1,509.5	1,558.8	-3.2%	1,508.0	0.1%
FTE's / Adjusted Occupied Bed	4.5	5.5	-18.1%	4.3	3.0%	4.4	5.5	-20.5%	4.5	-3.5%
Total Adjusted Patient Days	10,509	8,882	18.3%	10,378	1.3%	42,278	34,708	21.8%	40,770	3.7%
Hours / Adjusted Patient Day	25.44	31.08	-18.2%	24.71	3.0%	25.00	31.47	-20.5%	26.10	-4.2%
Outpatient Factor	1.7301	1.8546	-6.7%	1.5950	8.5%	1.7529	1.8679	-6.2%	1.6847	4.1%
Blended O/P Factor	1.9053	2.0573	-7.4%	1.7902	6.4%	1.9399	2.0816	-6.8%	1.9084	1.7%
Total Adjusted Admissions	1,765	1,916	-7.9%	1,759	0.3%	7,175	7,494	-4.3%	7,173	0.0%
Hours / Adjusted Admission	151.48	144.10	5.1%	145.75	3.9%	147.32	145.74	1.1%	148.32	-0.7%
FTE's - Hospital Contract	102.5	47.6	115.1%	30.3	237.9%	102.4	46.8	118.9%	34.8	193.9%
FTE's - Mgmt Services	50.9	53.4	-4.7%	42.9	18.6%	46.7	53.4	-12.6%	43.6	6.9%
Total FTE's (including Contract)	1,669.2	1,664.4	0.3%	1,526.3	9.4%	1,658.5	1,659.0	0.0%	1,586.5	4.5%
Total FTE'S per Adjusted Occupied Bed (including Contract)	4.9	5.8	-15.2%	4.6	8.0%	4.8	5.9	-17.9%	4.8	0.8%
ProCare FTEs	204.7	239.5	-14.5%	203.6	0.5%	212.8	236.3	-9.9%	204.4	4.1%
Total System FTEs	1,873.8	1,903.9	-1.6%	1,729.9	8.3%	1,871.3	1,895.3	-1.3%	1,790.8	4.5%
Urgent Care Visits										
JBS Clinic	2,824	1,770	59.5%	535	427.9%	10,083	7,023	43.6%	2,231	351.9%
West University	2,293	1,938	18.3%	518	342.7%	8,031	7,680	4.6%	3,926	104.6%
42nd Street	-	2,559	-100.0%	1,282	-100.0%	9	10,149	-99.9%	5,812	-99.8%
Total Urgent Care Visits	5,117	6,267	-18.4%	2,335	119.1%	18,123	24,852	-27.1%	11,969	51.4%
Wal-Mart Clinic Visits										
East Clinic	239	191	25.1%	191	25.1%	1,362	598	127.8%	598	127.8%
West Clinic	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Total Wal-Mart Visits	239	191	25.1%	191	25.1%	1,362	598	127.8%	598	127.8%

**ECTOR COUNTY HOSPITAL DISTRICT
BALANCE SHEET - BLENDED
JANUARY 2022**

	ECTOR COUNTY HOSPITAL DISTRICT		
	HOSPITAL	PRO CARE	DISTRICT
ASSETS			
CURRENT ASSETS:			
Cash and Cash Equivalents	\$ 60,435,170	\$ 4,850	\$ 60,440,020
Investments	63,368,149	-	63,368,149
Patient Accounts Receivable - Gross	239,735,739	22,746,045	262,481,784
Less: 3rd Party Allowances	(159,245,448)	(9,005,094)	(168,250,542)
Bad Debt Allowance	(49,300,637)	(8,754,178)	(58,054,815)
Net Patient Accounts Receivable	31,189,654	4,986,773	36,176,427
Taxes Receivable	8,867,114	-	8,867,114
Accounts Receivable - Other	13,956,412	35,117	13,991,529
Inventories	7,754,371	420,138	8,174,509
Prepaid Expenses	4,974,814	145,492	5,120,306
Total Current Assets	190,545,684	5,592,369	196,138,053
CAPITAL ASSETS:			
Property and Equipment	496,284,935	393,970	496,678,905
Construction in Progress	518,956	-	518,956
	496,803,891	393,970	497,197,861
Less: Accumulated Depreciation and Amortization	(330,319,842)	(293,958)	(330,613,800)
Total Capital Assets	166,484,049	100,012	166,584,061
RESTRICTED ASSETS:			
Restricted Assets Held by Trustee	4,896	-	4,896
Restricted Assets Held in Endowment	6,284,907	-	6,284,907
Restricted TPC, LLC	1,078,095	-	1,078,095
Restricted MCH West Texas Services	2,334,621	-	2,334,621
Pension, Deferred Outflows of Resources	29,138,210	-	29,138,210
Assets whose use is Limited	-	106,146	106,146
TOTAL ASSETS	\$ 395,870,462	\$ 5,798,527	\$ 401,668,989
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES:			
Current Maturities of Long-Term Debt	\$ 2,491,382	\$ -	\$ 2,491,382
Self-Insurance Liability - Current Portion	2,975,092	-	2,975,092
Accounts Payable	24,496,816	(251,668)	24,245,148
A/R Credit Balances	2,596,093	-	2,596,093
Accrued Interest	537,939	-	537,939
Accrued Salaries and Wages	7,589,031	5,748,406	13,337,437
Accrued Compensated Absences	4,387,473	-	4,387,473
Due to Third Party Payors	10,479,963	-	10,479,963
Deferred Revenue	5,068,275	334,619	5,402,894
Total Current Liabilities	60,622,065	5,831,357	66,453,422
ACCRUED POST RETIREMENT BENEFITS	89,246,561	-	89,246,561
SELF-INSURANCE LIABILITIES - Less Current Portion	1,688,420	-	1,688,420
LONG-TERM DEBT - Less Current Maturities	53,983,934	-	53,983,934
Total Liabilities	205,540,979	5,831,357	211,372,337
FUND BALANCE	190,329,483	(32,831)	190,296,652
TOTAL LIABILITIES AND FUND BALANCE	\$ 395,870,462	\$ 5,798,527	\$ 401,668,989

**ECTOR COUNTY HOSPITAL DISTRICT
BALANCE SHEET - BLENDED
JANUARY 2022**

	CURRENT YEAR	PRIOR FISCAL YEAR END		CURRENT YEAR CHANGE
		HOSPITAL UNAUDITED	PRO CARE UNAUDITED	
ASSETS				
CURRENT ASSETS:				
Cash and Cash Equivalents	\$ 60,440,020	\$ 51,186,029	\$ 4,500	\$ 9,249,491
Investments	63,368,149	63,929,700	-	(561,551)
Patient Accounts Receivable - Gross	262,481,784	238,367,515	23,851,173	263,097
Less: 3rd Party Allowances	(168,250,542)	(153,865,506)	(10,248,128)	(4,136,908)
Bad Debt Allowance	(58,054,815)	(53,122,125)	(8,592,762)	3,660,071
Net Patient Accounts Receivable	36,176,427	31,379,884	5,010,283	(213,740)
Taxes Receivable	8,867,114	8,121,560	-	745,554
Accounts Receivable - Other	13,991,529	13,516,790	36,244	438,494
Inventories	8,174,509	7,642,276	420,138	112,095
Prepaid Expenses	5,120,306	3,223,336	159,539	1,737,431
Total Current Assets	196,138,053	178,999,575	5,630,704	11,507,775
CAPITAL ASSETS:				
Property and Equipment	496,678,905	494,009,653	393,970	2,275,282
Construction in Progress	518,956	886,158	-	(367,202)
	497,197,861	494,895,810	393,970	1,908,081
Less: Accumulated Depreciation and Amortization	(330,613,800)	(324,671,790)	(288,301)	(5,653,709)
Total Capital Assets	166,584,061	170,224,021	105,668	(3,745,628)
RESTRICTED ASSETS:				
Restricted Assets Held by Trustee	4,896	4,896	-	-
Restricted Assets Held in Endowment	6,284,907	6,303,870	-	(18,962)
Restricted TPC, LLC	1,078,095	1,169,753	-	(91,658)
Restricted MCH West Texas Services	2,334,621	2,322,472	-	12,149
Pension, Deferred Outflows of Resources	29,138,210	29,138,210	-	-
Assets whose use is Limited	106,146	-	97,008	9,138
TOTAL ASSETS	\$ 401,668,989	\$ 388,162,796	\$ 5,833,380	\$ 7,672,813
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES:				
Current Maturities of Long-Term Debt	\$ 2,491,382	\$ 2,556,272	\$ -	\$ (64,890)
Self-Insurance Liability - Current Portion	2,975,092	2,975,092	-	-
Accounts Payable	24,245,148	16,754,399	1,363,641	6,127,109
A/R Credit Balances	2,596,093	2,342,858	-	253,234
Accrued Interest	537,939	19,294	-	518,645
Accrued Salaries and Wages	13,337,437	4,066,267	4,173,631	5,097,539
Accrued Compensated Absences	4,387,473	4,151,036	-	236,437
Due to Third Party Payors	10,479,963	15,115,504	-	(4,635,540)
Deferred Revenue	5,402,894	422,820	328,939	4,651,135
Total Current Liabilities	66,453,422	48,403,543	5,866,210	12,183,669
ACCRUED POST RETIREMENT BENEFITS	89,246,561	87,114,505	-	2,132,056
SELF-INSURANCE LIABILITIES - Less Current Portion	1,688,420	1,688,420	-	-
LONG-TERM DEBT - Less Current Maturities	53,983,934	54,414,462	-	(430,528)
Total Liabilities	211,372,337	191,620,930	5,866,210	13,885,197
FUND BALANCE	190,296,652	196,541,866	(32,831)	(6,212,383)
TOTAL LIABILITIES AND FUND BALANCE	\$ 401,668,989	\$ 388,162,796	\$ 5,833,380	\$ 7,672,813

**ECTOR COUNTY HOSPITAL DISTRICT
BLENDED OPERATIONS SUMMARY
JANUARY 2022**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<u>PATIENT REVENUE</u>										
Inpatient Revenue	\$ 57,690,696	\$ 51,050,963	13.0%	\$ 60,863,667	-5.2%	\$ 235,118,378	\$ 200,166,821	17.5%	\$ 220,447,933	6.7%
Outpatient Revenue	52,226,072	53,977,159	-3.2%	48,092,502	8.6%	220,981,677	216,503,845	2.1%	200,247,905	10.4%
TOTAL PATIENT REVENUE	\$ 109,916,768	\$ 105,028,122	4.7%	\$ 108,956,169	0.9%	\$ 456,100,055	\$ 416,670,666	9.5%	\$ 420,695,838	8.4%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 72,625,309	\$ 64,337,929	12.9%	\$ 63,214,667	14.9%	\$ 298,375,795	\$ 255,156,361	16.9%	\$ 254,380,696	17.3%
Policy Adjustments	798,771	1,852,395	-56.9%	4,533,467	-82.4%	3,716,372	7,520,781	-50.6%	18,594,255	-80.0%
Uninsured Discount	8,318,765	9,799,245	-15.1%	9,452,351	-12.0%	29,890,518	38,903,982	-23.2%	37,006,130	-19.2%
Indigent	701,929	1,697,961	-58.7%	1,403,191	-50.0%	3,910,838	6,700,949	-41.6%	5,412,320	-27.7%
Provision for Bad Debts	5,192,169	5,577,380	-6.9%	7,987,625	-35.0%	29,904,254	22,361,375	33.7%	17,906,672	67.0%
TOTAL REVENUE DEDUCTIONS	\$ 87,636,943	\$ 83,264,910	5.3%	\$ 86,591,301	1.2%	\$ 365,797,777	\$ 330,643,448	10.6%	\$ 333,300,073	9.8%
	79.73%	79.28%		79.47%		80.20%	79.35%		79.23%	
<u>OTHER PATIENT REVENUE</u>										
Medicaid Supplemental Payments	\$ 1,547,093	\$ 1,892,772	-18.3%	\$ 1,954,337	-20.8%	\$ 7,303,896	\$ 7,571,088	-3.5%	\$ 7,884,786	-7.4%
DSRIP	1,282,780	1,282,780	0.0%	1,040,493	134.4%	5,131,120	5,131,120	0.0%	2,188,692	134.4%
TOTAL OTHER PATIENT REVENUE	\$ 2,829,873	\$ 3,175,552	-10.9%	\$ 2,501,510	13.1%	\$ 12,435,016	\$ 12,702,208	-2.1%	\$ 10,073,478	23.4%
NET PATIENT REVENUE	\$ 25,109,698	\$ 24,938,764	0.7%	\$ 24,866,378	1.0%	\$ 102,737,294	\$ 98,729,426	4.1%	\$ 97,469,243	5.4%
<u>OTHER REVENUE</u>										
Tax Revenue	\$ 5,768,664	\$ 5,332,860	8.2%	\$ 6,310,625	-8.6%	\$ 23,180,649	\$ 21,712,750	6.8%	\$ 21,167,357	9.5%
Other Revenue	982,621	880,068	11.7%	1,040,493	-5.6%	3,708,805	3,501,774	5.9%	3,702,546	0.2%
TOTAL OTHER REVENUE	\$ 6,751,285	\$ 6,212,928	8.7%	\$ 7,351,118	-8.2%	\$ 26,889,454	\$ 25,214,524	6.6%	\$ 24,869,903	8.1%
NET OPERATING REVENUE	\$ 31,860,982	\$ 31,151,692	2.3%	\$ 32,217,496	-1.1%	\$ 129,626,748	\$ 123,943,950	4.6%	\$ 122,339,145	6.0%
<u>OPERATING EXPENSES</u>										
Salaries and Wages	\$ 12,542,424	\$ 13,157,741	-4.7%	\$ 12,833,832	-2.3%	\$ 53,105,991	\$ 51,922,624	2.3%	\$ 51,454,994	3.2%
Benefits	2,709,626	3,088,748	-12.3%	2,676,831	1.2%	11,617,008	12,031,510	-3.4%	10,664,202	8.9%
Temporary Labor	3,101,372	1,034,098	199.9%	853,096	263.5%	12,259,237	4,045,501	203.0%	3,402,845	260.3%
Physician Fees	1,479,681	1,259,979	17.4%	1,411,203	4.9%	5,770,956	5,039,916	14.5%	5,551,045	4.0%
Texas Tech Support	859,446	885,637	-3.0%	861,002	-0.2%	3,455,016	3,542,548	-2.5%	3,408,913	1.4%
Purchased Services	4,924,812	4,320,898	14.0%	3,784,778	30.1%	17,529,337	17,289,029	1.4%	16,079,318	9.0%
Supplies	5,065,082	4,935,126	2.6%	5,206,150	-2.7%	22,187,259	19,736,842	12.4%	20,674,534	7.3%
Utilities	383,287	318,758	20.2%	316,406	21.1%	1,353,814	1,297,306	4.4%	1,287,765	5.1%
Repairs and Maintenance	882,415	803,672	9.8%	815,120	8.3%	3,586,985	3,211,788	11.7%	2,833,001	26.6%
Leases and Rent	297,668	152,160	95.6%	181,910	63.6%	1,154,215	608,410	89.7%	699,312	65.0%
Insurance	167,552	156,479	7.1%	142,951	17.2%	643,041	624,118	3.0%	593,699	8.3%
Interest Expense	71,171	133,380	-46.6%	108,179	-34.2%	397,311	534,535	-25.7%	427,955	-7.2%
ECHDA	147,476	200,924	-26.6%	217,923	-32.3%	619,998	803,696	-22.9%	774,339	-19.9%
Other Expense	604,428	207,523	191.3%	309,255	95.4%	1,069,644	728,294	46.9%	618,286	73.0%
TOTAL OPERATING EXPENSES	\$ 33,236,441	\$ 30,655,123	8.4%	\$ 29,718,637	11.8%	\$ 134,749,812	\$ 121,416,117	11.0%	\$ 118,470,208	13.7%
Depreciation/Amortization	\$ 1,649,110	\$ 1,611,589	2.3%	\$ 1,586,022	4.0%	\$ 6,665,697	\$ 6,394,640	4.2%	\$ 6,311,664	5.6%
(Gain) Loss on Sale of Assets	-	681	-100.0%	-	0.0%	7,515	2,724	175.9%	2,700	178.3%
TOTAL OPERATING COSTS	\$ 34,885,551	\$ 32,267,393	8.1%	\$ 31,304,658	11.4%	\$ 141,423,024	\$ 127,813,481	10.6%	\$ 124,784,572	13.3%
NET GAIN (LOSS) FROM OPERATIONS	\$ (3,024,569)	\$ (1,115,701)	-171.1%	\$ 912,838	431.3%	\$ (11,796,276)	\$ (3,869,531)	204.9%	\$ (2,445,427)	382.4%
Operating Margin	-9.49%	-3.58%	165.1%	2.83%	-435.0%	-9.10%	-3.12%	191.5%	-2.00%	355.3%
<u>NONOPERATING REVENUE/EXPENSE</u>										
Interest Income	\$ 26,785	\$ 17,785	50.6%	\$ (12,238)	-318.9%	\$ 63,234	\$ 71,140	-11.1%	\$ 25,322	149.7%
Tobacco Settlement	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Trauma Funds	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Donations	-	11,772	-100.0%	1,675	-100.0%	-	47,088	-100.0%	1,675	-100.0%
COVID-19 Stimulus	-	-	0.0%	-	0.0%	6,113,607	-	0.0%	-	0.0%
CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY	\$ (2,997,784)	\$ (1,086,144)	-176.0%	\$ 902,275	432.2%	\$ (5,619,435)	\$ (3,751,303)	-49.8%	\$ (2,418,430)	-132.4%
Unrealized Gain/(Loss) on Investments	\$ (369,226)	\$ (9,360)	0.0%	\$ 5,506	-6805.9%	\$ (605,098)	\$ (37,440)	0.0%	\$ (12,871)	4601.3%
Investment in Subsidiaries	12,240	124,344	-90.2%	(4,046)	-402.5%	12,149	497,376	-97.6%	24,668	-50.7%
CHANGE IN NET POSITION	\$ (3,354,770)	\$ (971,160)	-245.4%	\$ 903,735	471.2%	\$ (6,212,384)	\$ (3,291,367)	-88.7%	\$ (2,406,633)	-158.1%

**ECTOR COUNTY HOSPITAL DISTRICT
HOSPITAL OPERATIONS SUMMARY
JANUARY 2022**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE										
Inpatient Revenue	\$ 57,690,696	\$ 51,050,963	13.0%	\$ 60,863,667	-5.2%	\$ 235,118,378	\$ 200,166,821	17.5%	\$ 220,447,933	6.7%
Outpatient Revenue	42,119,683	43,627,614	-3.5%	36,211,555	16.3%	177,032,096	173,726,643	1.9%	150,942,311	17.3%
TOTAL PATIENT REVENUE	\$ 99,810,378	\$ 94,678,577	5.4%	\$ 97,075,222	2.8%	\$ 412,150,474	\$ 373,893,464	10.2%	\$ 371,390,244	11.0%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 67,299,020	\$ 59,662,891	12.8%	\$ 57,783,786	16.5%	\$ 276,544,007	\$ 235,622,157	17.4%	\$ 232,114,152	19.1%
Policy Adjustments	204,902	940,323	-78.2%	2,817,985	-92.7%	1,134,354	3,693,395	-69.3%	12,898,897	-91.2%
Uninsured Discount	7,888,254	9,189,180	-14.2%	8,860,363	-11.0%	28,195,427	36,334,124	-22.4%	33,554,372	-16.0%
Indigent Care	700,564	1,684,633	-58.4%	1,393,040	-49.7%	3,872,837	6,648,958	-41.8%	5,395,958	-28.2%
Provision for Bad Debts	4,538,414	4,794,399	-5.3%	7,356,494	-38.3%	25,834,893	18,934,010	36.4%	14,251,180	81.3%
TOTAL REVENUE DEDUCTIONS	\$ 80,631,154	\$ 76,271,426	5.7%	\$ 78,211,669	3.1%	\$ 335,581,518	\$ 301,232,644	11.4%	\$ 298,214,558	12.5%
	80.78%	80.57%		80.57%		81.42%	80.57%		80.30%	
OTHER PATIENT REVENUE										
Medicaid Supplemental Payments	\$ 1,547,093	\$ 1,892,772	-18.3%	\$ 1,954,337	-20.8%	\$ 7,303,896	\$ 7,571,088	-3.5%	\$ 7,884,786	-7.4%
DSRIP	1,282,780	1,282,780	0.0%	547,173	134.4%	5,131,120	5,131,120	0.0%	2,188,692	134.4%
TOTAL OTHER PATIENT REVENUE	\$ 2,829,873	\$ 3,175,552	-10.9%	\$ 2,501,510	13.1%	\$ 12,435,016	\$ 12,702,208	-2.1%	\$ 10,073,478	23.4%
NET PATIENT REVENUE	\$ 22,009,097	\$ 21,582,703	2.0%	\$ 21,365,063	3.0%	\$ 89,003,973	\$ 85,363,028	4.3%	\$ 83,249,164	6.9%
OTHER REVENUE										
Tax Revenue	\$ 5,768,664	\$ 5,332,860	8.2%	\$ 6,310,625	-8.6%	\$ 23,180,649	\$ 21,712,750	6.8%	\$ 21,167,357	9.5%
Other Revenue	685,237	671,306	2.1%	728,565	-5.9%	2,743,060	2,682,726	2.2%	2,692,520	1.9%
TOTAL OTHER REVENUE	\$ 6,453,900	\$ 6,004,166	7.5%	\$ 7,039,191	-8.3%	\$ 25,923,708	\$ 24,395,476	6.3%	\$ 23,859,878	8.6%
NET OPERATING REVENUE	\$ 28,462,997	\$ 27,586,869	3.2%	\$ 28,404,254	0.2%	\$ 114,927,681	\$ 109,758,504	4.7%	\$ 107,109,042	7.3%
OPERATING EXPENSE										
Salaries and Wages	\$ 8,646,061	\$ 8,920,456	-3.1%	\$ 8,958,224	-3.5%	\$ 37,017,160	\$ 35,224,489	5.1%	\$ 36,090,366	2.6%
Benefits	2,201,763	2,574,572	-14.5%	2,218,255	-0.7%	9,845,332	10,264,369	-4.1%	9,056,221	8.7%
Temporary Labor	2,813,806	832,981	237.8%	554,107	407.8%	11,303,555	3,241,033	248.8%	2,438,371	363.6%
Physician Fees	1,292,805	1,144,616	12.9%	1,317,853	-1.9%	5,092,840	4,578,464	11.2%	5,123,032	-0.6%
Texas Tech Support	859,446	885,637	-3.0%	861,002	-0.2%	3,455,016	3,542,548	-2.5%	3,408,913	1.4%
Purchased Services	5,073,470	4,321,164	17.4%	3,881,677	30.7%	17,904,977	17,276,032	3.6%	16,151,640	10.9%
Supplies	4,912,919	4,813,095	2.1%	5,055,115	-2.8%	21,720,472	19,263,188	12.8%	20,171,016	7.7%
Utilities	382,655	318,253	20.2%	315,638	21.2%	1,351,039	1,295,286	4.3%	1,284,967	5.1%
Repairs and Maintenance	882,415	803,567	9.8%	813,512	8.5%	3,585,440	3,209,368	11.7%	2,831,392	26.6%
Leases and Rentals	142,575	(7,470)	-2008.6%	14,646	873.5%	535,892	(29,880)	-1893.5%	38,470	1293.0%
Insurance	117,038	103,977	12.6%	93,013	25.8%	439,801	415,908	5.7%	395,384	11.2%
Interest Expense	71,171	133,380	-46.6%	108,179	-34.2%	397,311	534,535	-25.7%	427,955	-7.2%
ECHDA	147,476	200,924	-26.6%	217,923	-32.3%	619,998	803,696	-22.9%	774,339	-19.9%
Other Expense	553,992	133,289	315.6%	245,252	125.9%	898,068	424,297	111.7%	381,660	135.3%
TOTAL OPERATING EXPENSES	\$ 28,097,593	\$ 25,178,441	11.6%	\$ 24,654,395	14.0%	\$ 114,166,902	\$ 100,043,333	14.1%	\$ 98,573,725	15.8%
Depreciation/Amortization	\$ 1,644,202	\$ 1,603,443	2.5%	\$ 1,579,304	4.1%	\$ 6,645,715	\$ 6,362,056	4.5%	\$ 6,283,780	5.8%
(Gain)/Loss on Disposal of Assets	-	681	-100.0%	-	0.0%	-	2,724	100.0%	2,700	-100.0%
TOTAL OPERATING COSTS	\$ 29,741,795	\$ 26,782,565	11.0%	\$ 26,233,699	13.4%	\$ 120,812,618	\$ 106,408,113	13.5%	\$ 104,860,206	15.2%
NET GAIN (LOSS) FROM OPERATIONS	\$ (1,278,798)	\$ 804,304	-259.0%	\$ 2,170,554	158.9%	\$ (5,884,936)	\$ 3,350,391	-275.6%	\$ 2,248,836	-361.7%
Operating Margin	-4.49%	2.92%	-254.1%	7.64%	-158.8%	-5.12%	3.05%	-267.7%	2.10%	-343.9%
NONOPERATING REVENUE/EXPENSE										
Interest Income	\$ 26,785	\$ 17,785	50.6%	\$ (12,238)	-318.9%	\$ 63,234	\$ 71,140	-11.1%	\$ 25,322	149.7%
Tobacco Settlement	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Trauma Funds	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Donations	-	11,772	-100.0%	1,675	-100.0%	-	47,088	-100.0%	1,675	-100.0%
COVID-19 Stimulus	-	-	0.0%	-	0.0%	6,113,807	-	-	-	0.0%
CHANGE IN NET POSITION BEFORE CAPITAL CONTRIBUTION	\$ (1,252,012)	\$ 833,861	-250.1%	\$ 2,159,992	-158.0%	\$ 291,904	\$ 3,468,619	-91.6%	\$ 2,275,833	-87.2%
Procure Capital Contribution	(1,745,771)	(1,920,005)	-9.1%	(1,257,716)	38.8%	(5,911,339)	(7,219,922)	-18.1%	(4,694,263)	25.9%
CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY	\$ (2,997,784)	\$ (1,086,144)	-176.0%	\$ 902,275	432.2%	\$ (5,619,435)	\$ (3,751,303)	-49.8%	\$ (2,418,430)	-132.4%
Unrealized Gain/(Loss) on Investments	\$ (369,226)	\$ (9,360)	3844.7%	\$ 5,506	-6805.9%	\$ (605,098)	\$ (37,440)	1516.2%	\$ (12,871)	4601.3%
Investment in Subsidiaries	12,240	124,344	-90.2%	(4,046)	-402.5%	12,149	497,376	-97.6%	24,668	-50.7%
CHANGE IN NET POSITION	\$ (3,354,770)	\$ (971,160)	-245.4%	\$ 903,735	471.2%	\$ (6,212,384)	\$ (3,291,367)	-88.7%	\$ (2,406,633)	-158.1%

**ECTOR COUNTY HOSPITAL DISTRICT
PROCARE OPERATIONS SUMMARY
JANUARY 2022**

	CURRENT MONTH					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	\$ 10,106,389	\$ 10,349,545	-2.3%	\$ 11,880,947	-14.9%	\$ 43,949,581	\$ 42,777,202	2.7%	\$ 49,305,593	-10.9%
TOTAL PATIENT REVENUE	\$ 10,106,389	\$ 10,349,545	-2.3%	\$ 11,880,947	-14.9%	\$ 43,949,581	\$ 42,777,202	2.7%	\$ 49,305,593	-10.9%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 5,326,289	\$ 4,675,038	13.9%	\$ 5,430,881	-1.9%	\$ 21,831,789	\$ 19,534,204	11.8%	\$ 22,266,544	-2.0%
Policy Adjustments	593,869	912,072	-34.9%	1,715,482	-65.4%	2,582,018	3,827,386	-32.5%	5,695,358	-54.7%
Uninsured Discount	430,511	610,065	-29.4%	591,988	-27.3%	1,695,091	2,569,858	-34.0%	3,451,759	-50.9%
Indigent	1,365	13,328	-89.8%	10,151	-86.5%	38,001	51,991	-26.9%	16,362	132.2%
Provision for Bad Debts	653,755	782,981	-16.5%	631,131	3.6%	4,069,361	3,427,365	18.7%	3,655,492	11.3%
TOTAL REVENUE DEDUCTIONS	\$ 7,005,789	\$ 6,993,484	0.2%	\$ 8,379,632	-16.4%	\$ 30,216,259	\$ 29,410,804	2.7%	\$ 35,085,515	-13.9%
	69.32%	67.57%		70.53%		68.75%	68.75%		71.16%	
NET PATIENT REVENUE	\$ 3,100,601	\$ 3,356,061	-7.6%	\$ 3,501,315	-11.4%	\$ 13,733,322	\$ 13,366,398	2.7%	\$ 14,220,079	-3.4%
						31.2%				
OTHER REVENUE										
Other Income	\$ 297,384	\$ 208,762	42.5%	\$ 311,928	-4.7%	\$ 965,745	\$ 819,048	17.9%	\$ 1,010,025	-4.4%
TOTAL OTHER REVENUE	\$ 297,384	\$ 208,762	42.5%	\$ 311,928	-4.7%	\$ 965,745	\$ 819,048	17.9%	\$ 1,010,025	-4.4%
NET OPERATING REVENUE	\$ 3,397,985	\$ 3,564,823	-4.7%	\$ 3,813,243	-10.9%	\$ 14,699,067	\$ 14,185,446	3.6%	\$ 15,230,104	-3.5%
OPERATING EXPENSE										
Salaries and Wages	\$ 3,896,364	\$ 4,237,285	-8.0%	\$ 3,875,608	0.5%	\$ 16,088,831	\$ 16,698,135	-3.6%	\$ 15,364,628	4.7%
Benefits	507,863	514,176	-1.2%	458,576	10.7%	1,771,676	1,767,141	0.3%	1,607,982	10.2%
Temporary Labor	287,567	201,117	43.0%	298,989	-3.8%	955,682	804,468	18.8%	964,473	-0.9%
Physician Fees	186,876	115,363	62.0%	93,350	100.2%	678,116	461,452	47.0%	428,012	58.4%
Purchased Services	(148,658)	(266)	55786.6%	(96,900)	53.4%	(375,641)	12,997	-2990.2%	(72,321)	419.4%
Supplies	152,163	122,031	24.7%	151,036	0.7%	466,787	473,654	-1.4%	503,518	-7.3%
Utilities	632	505	25.1%	768	-17.8%	2,776	2,020	37.4%	2,798	-0.8%
Repairs and Maintenance	(0.01)	105	-100.0%	1,608	-100.0%	1,545	2,420	-36.2%	1,608	-3.9%
Leases and Rentals	155,093	159,630	-2.8%	167,264	-7.3%	618,323	638,290	-3.1%	660,842	-6.4%
Insurance	50,513	52,502	-3.8%	49,938	1.2%	203,239	208,210	-2.4%	198,316	2.5%
Other Expense	50,437	74,234	-32.1%	64,003	-21.2%	171,575	303,997	-43.6%	236,626	-27.5%
TOTAL OPERATING EXPENSES	\$ 5,138,848	\$ 5,476,682	-6.2%	\$ 5,064,242	1.5%	\$ 20,582,910	\$ 21,372,784	-3.7%	\$ 19,896,483	3.4%
Depreciation/Amortization	\$ 4,908	\$ 8,146	-39.7%	\$ 6,718	-26.9%	\$ 19,981	\$ 32,584	-38.7%	\$ 27,884	-28.3%
(Gain)/Loss on Sale of Assets	-	-	0.0%	-	0.0%	7,515	-	0.0%	-	0.0%
TOTAL OPERATING COSTS	\$ 5,143,756	\$ 5,484,828	-6.2%	\$ 5,070,959	1.4%	\$ 20,610,406	\$ 21,405,368	-3.7%	\$ 19,924,367	3.4%
NET GAIN (LOSS) FROM OPERATIONS	\$ (1,745,771)	\$ (1,920,005)	9.1%	\$ (1,257,716)	38.8%	\$ (5,911,339)	\$ (7,219,922)	18.1%	\$ (4,694,263)	-25.9%
Operating Margin	-51.38%	-53.86%	-4.6%	-32.98%	55.8%	-40.22%	-50.90%	-21.0%	-30.82%	30.5%
COVID-19 Stimulus	\$ -	\$ -		\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
MCH Contribution	\$ 1,745,771	\$ 1,920,005	-9.1%	\$ 1,257,716	38.8%	\$ 5,911,339	\$ 7,219,922	-18.1%	\$ 4,694,263	25.9%
CAPITAL CONTRIBUTION	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%

MONTHLY STATISTICAL REPORT

	CURRENT MONTH					YEAR TO DATE				
Total Office Visits	8,794	8,390	4.82%	8,108	8.46%	34,549	32,371	6.73%	30,944	11.65%
Total Hospital Visits	6,216	5,948	4.51%	5,823	6.75%	24,378	21,204	14.97%	20,866	16.83%
Total Procedures	10,830	11,342	-4.51%	11,150	-2.87%	47,291	47,268	0.05%	46,943	0.74%
Total Surgeries	629	690	-8.84%	629	0.00%	3,146	2,809	12.00%	2,621	20.03%
Total Provider FTE's	91.1	99.4	-8.35%	93.1	-2.15%	91.6	97.4	-5.95%	92.0	-0.39%
Total Staff FTE's	100.6	127.1	-20.85%	98.3	2.34%	108.1	125.9	-14.14%	100.0	8.05%
Total Administrative FTE's	13.0	13.0	-0.21%	12.2	6.33%	13.1	13.0	0.85%	12.4	6.01%
Total FTE's	204.7	239.5	-14.54%	203.6	0.53%	212.8	236.3	-9.94%	204.4	4.13%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - SOUTH - OPERATIONS SUMMARY
JANUARY 2022**

	CURRENT MONTH					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	\$ 145,383	\$ 339,268	-57.1%	\$ 587,333	-75.2%	\$ 758,086	\$ 1,345,065	-43.6%	\$ 2,221,250	-65.9%
TOTAL PATIENT REVENUE	\$ 145,383	\$ 339,268	-57.1%	\$ 587,333	-75.2%	\$ 758,086	\$ 1,345,065	-43.6%	\$ 2,221,250	-65.9%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 86,536	\$ 184,522	-53.1%	\$ 320,286	-73.0%	\$ 591,228	\$ 731,558	-19.2%	\$ 1,219,088	-51.5%
Self Pay Adjustments	16,695	52,934	-68.5%	85,899	-80.6%	63,482	209,863	-69.8%	278,293	-77.2%
Bad Debts	5,254	10,842	-51.5%	16,203	-67.6%	(73,382)	42,985	-270.7%	91,711	-180.0%
TOTAL REVENUE DEDUCTIONS	\$ 108,485	\$ 248,298	-56.3%	\$ 422,388	-74.3%	\$ 581,328	\$ 984,406	-40.9%	\$ 1,589,092	-63.4%
	74.6%	73.2%		71.9%		76.7%	73.2%		71.5%	
NET PATIENT REVENUE	\$ 36,899	\$ 90,970	-59.4%	\$ 164,946	-77.6%	\$ 176,758	\$ 360,659	-51.0%	\$ 632,157	-72.0%
OTHER REVENUE										
FHC Other Revenue	\$ 55,186	\$ 25,436	0.0%	\$ 19,463	183.5%	\$ 134,594	\$ 101,744	0.0%	\$ 61,393	119.2%
TOTAL OTHER REVENUE	\$ 55,186	\$ 25,436	117.0%	\$ 19,463	183.5%	\$ 134,594	\$ 101,744	32.3%	\$ 61,393	119.2%
NET OPERATING REVENUE	\$ 92,084	\$ 116,406	-20.9%	\$ 184,409	-50.1%	\$ 311,351	\$ 462,403	-32.7%	\$ 693,550	-55.1%
OPERATING EXPENSE										
Salaries and Wages	\$ 116,220	\$ 59,086	96.7%	\$ 102,900	12.9%	\$ 314,849	\$ 234,253	34.4%	\$ 359,213	-12.4%
Benefits	29,596	17,053	73.6%	25,480	16.2%	83,739	68,261	22.7%	90,138	-7.1%
Physician Services	111,243	68,581	62.2%	139,746	-20.4%	347,272	274,324	26.6%	563,241	-38.3%
Cost of Drugs Sold	14,106	3,077	358.4%	3,149	347.9%	23,311	12,201	91.1%	20,216	15.3%
Supplies	2,586	4,534	-43.0%	4,612	-43.9%	15,900	18,016	-11.7%	44,437	-64.2%
Utilities	3,593	3,129	14.8%	3,129	14.8%	11,950	11,833	1.0%	11,834	1.0%
Repairs and Maintenance	463	1,799	-74.3%	650	-28.8%	12,764	7,196	77.4%	5,746	122.1%
Leases and Rentals	517	477	8.4%	538	-3.9%	1,958	1,908	2.6%	1,997	-2.0%
Other Expense	1,000	1,125	-11.1%	1,200	-16.7%	7,335	4,500	63.0%	11,842	-38.1%
TOTAL OPERATING EXPENSES	\$ 279,322	\$ 158,861	75.8%	\$ 281,404	-0.7%	\$ 819,077	\$ 632,492	29.5%	\$ 1,108,666	-26.1%
Depreciation/Amortization	\$ 2,625	\$ 4,002	-34.4%	\$ 3,900	-32.7%	\$ 10,517	\$ 15,880	-33.8%	\$ 15,800	-33.4%
TOTAL OPERATING COSTS	\$ 281,947	\$ 162,863	73.1%	\$ 285,304	-1.2%	\$ 829,594	\$ 648,372	28.0%	\$ 1,124,466	-26.2%
NET GAIN (LOSS) FROM OPERATIONS	\$ (189,863)	\$ (46,457)	-308.7%	\$ (100,895)	-88.2%	\$ (518,242)	\$ (185,969)	-178.7%	\$ (430,916)	20.3%
Operating Margin	-206.18%	-39.91%	416.6%	-54.71%	276.8%	-166.45%	-40.22%	313.9%	-62.13%	167.9%

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
Medical Visits	625	989	-36.8%	1,557	-59.9%	2,861	3,921	-27.0%	5,977	-52.1%
Average Revenue per Office Visit	232.61	343.04	-32.2%	377.22	-38.3%	264.97	343.04	-22.8%	371.63	-28.7%
Hospital FTE's (Salaries and Wages)	14.0	12.8	9.6%	18.0	-22.5%	14.8	12.7	15.7%	19.6	-24.7%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - WEST UNIVERSITY - OPERATIONS SUMMARY
JANUARY 2022**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<u>PATIENT REVENUE</u>										
Outpatient Revenue	\$ 129,487	\$ 171,070	-24.3%	\$ -	100.0%	\$ 601,938	\$ 678,682	-11.3%	\$ 392	153600.7%
TOTAL PATIENT REVENUE	\$ 129,487	\$ 171,070	-24.3%	\$ -	100.0%	\$ 601,938	\$ 678,682	-11.3%	\$ 392	153600.7%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 69,791	\$ 97,139	-28.2%	\$ 7,284	858.2%	\$ 354,732	\$ 385,377	-8.0%	\$ 4,379	8001.1%
Self Pay Adjustments	6,152	22,340	-72.5%	4,356	41.3%	27,847	88,629	-68.6%	(2,470)	-1227.4%
Bad Debts	5,946	-	0.0%	(14,333)	-141.5%	9,780	-	0.0%	(9,612)	-201.8%
TOTAL REVENUE DEDUCTIONS	\$ 81,889	\$ 119,479	-31.5%	\$ (2,694)	-3140.0%	\$ 392,359	\$ 474,006	-17.2%	\$ (7,703)	-5193.6%
	63.24%	69.84%		#DIV/0!		65.18%	69.84%		-1966.92%	
NET PATIENT REVENUE	\$ 47,598	\$ 51,591	-7.7%	\$ 2,694	1667.0%	\$ 209,579	\$ 204,676	2.4%	\$ 8,095	2489.1%
<u>OTHER REVENUE</u>										
FHC Other Revenue	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
TOTAL OTHER REVENUE	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
NET OPERATING REVENUE	\$ 47,598	\$ 51,591	-7.7%	\$ 2,694	1667.0%	\$ 209,579	\$ 204,676	2.4%	\$ 8,095	2489.1%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 1,306	\$ 26,293	-95.0%	\$ (17,128)	-107.6%	\$ 30,433	\$ 104,308	-70.8%	\$ -	100.0%
Benefits	332	7,589	-95.6%	(4,241)	-107.8%	8,094	30,395	-73.4%	-	100.0%
Physician Services	13,214	45,750	-71.1%	(716)	-1945.5%	130,421	183,000	-28.7%	-	100.0%
Cost of Drugs Sold	-	10,314	-100.0%	-	0.0%	14,723	40,919	-64.0%	-	100.0%
Supplies	2,133	5,360	-60.2%	-	100.0%	6,190	21,268	-70.9%	-	100.0%
Utilities	2,647	2,924	-9.5%	2,925	-9.5%	9,588	10,660	-10.1%	10,661	-10.1%
Repairs and Maintenance	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Other Expense	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$ 19,632	\$ 98,230	-80.0%	\$ (19,160)	-202.5%	\$ 199,448	\$ 390,550	-48.9%	\$ 10,661	1770.9%
Depreciation/Amortization	\$ 25,992	\$ 29,790	-12.7%	\$ 29,324	-11.4%	\$ 104,313	\$ 118,200	-11.7%	\$ 117,298	-11.1%
TOTAL OPERATING COSTS	\$ 45,624	\$ 128,020	-64.4%	\$ 10,165	348.8%	\$ 303,760	\$ 508,750	-40.3%	\$ 127,959	137.4%
NET GAIN (LOSS) FROM OPERATIONS	\$ 1,974	\$ (76,429)	-102.6%	\$ (7,471)	-126.4%	\$ (94,181)	\$ (304,074)	-69.0%	\$ (119,864)	-21.4%
Operating Margin	4.15%	-148.14%	-102.8%	-277.35%	-101.5%	-44.94%	-148.56%	-69.8%	-1480.78%	-97.0%

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
Total Visits	490	550	-10.9%	-	0.0%	2,151	2,182	-1.4%	-	0.0%
Average Revenue per Office Visit	264.26	311.04	-15.0%	-	0.0%	279.84	311.04	-10.0%	-	0.0%
Hospital FTE's (Salaries and Wages)	1.2	7.1	-83.3%	0.2	634.4%	2.6	7.1	-63.9%	0.0	6204.3%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - JBS - OPERATIONS SUMMARY
JANUARY 2022**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
<u>PATIENT REVENUE</u>										
Outpatient Revenue	\$ 261,787	\$ 205,875	27.2%	\$ -	100.0%	\$ 1,018,954	\$ 783,850	30.0%	\$ -	100.0%
TOTAL PATIENT REVENUE	\$ 261,787	\$ 205,875	27.2%	\$ -	100.0%	\$ 1,018,954	\$ 783,850	30.0%	\$ -	100.0%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 152,515	\$ 82,592	84.7%	\$ -	100.0%	\$ 569,954	\$ 314,462	81.2%	\$ -	100.0%
Self Pay Adjustments	2,448	23,693	-89.7%	-	100.0%	15,357	90,210	-83.0%	-	100.0%
Bad Debts	48,679	4,853	903.1%	-	100.0%	92,267	18,478	399.3%	-	100.0%
TOTAL REVENUE DEDUCTIONS	\$ 203,641	\$ 111,138	83.2%	\$ -	100.0%	\$ 677,577	\$ 423,150	60.1%	\$ -	100.0%
	77.79%	53.98%		0.00%		66.50%	53.98%		0.00%	
NET PATIENT REVENUE	\$ 58,145	\$ 94,737	-38.6%	\$ -	100.0%	\$ 341,376	\$ 360,700	-5.4%	\$ -	100.0%
<u>OTHER REVENUE</u>										
FHC Other Revenue	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
TOTAL OTHER REVENUE	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
NET OPERATING REVENUE	\$ 58,145	\$ 94,737	-38.6%	\$ -	100.0%	\$ 341,376	\$ 360,700	-5.4%	\$ -	100.0%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 12,064	\$ 28,781	-58.1%	\$ -	100.0%	\$ 50,414	\$ 109,583	-54.0%	\$ -	100.0%
Benefits	3,072	8,307	-63.0%	-	100.0%	13,408	31,932	-58.0%	-	100.0%
Physician Services	34,115	42,492	-19.7%	-	100.0%	194,311	169,968	14.3%	-	100.0%
Cost of Drugs Sold	6,262	-	0.0%	-	0.0%	38,581	-	100.0%	-	100.0%
Supplies	2,569	14,249	-82.0%	-	100.0%	7,495	54,250	-86.2%	-	100.0%
Utilities	-	2,789	-100.0%	-	100.0%	-	11,156	-100.0%	-	100.0%
Repairs and Maintenance	-	417	-100.0%	-	100.0%	-	1,668	-100.0%	-	100.0%
Other Expense	-	417	-100.0%	-	0.0%	-	1,668	-100.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$ 58,083	\$ 97,952	-40.7%	\$ -	100.0%	\$ 304,208	\$ 382,225	-20.4%	\$ -	100.0%
Depreciation/Amortization	\$ 75	\$ -	0.0%	\$ -	100.0%	\$ 299	\$ -	0.0%	\$ -	100.0%
TOTAL OPERATING COSTS	\$ 58,158	\$ 97,952	-40.6%	\$ -	100.0%	\$ 304,508	\$ 382,225	-20.3%	\$ -	100.0%
NET GAIN (LOSS) FROM OPERATIONS	\$ (12)	\$ (3,215)	-99.6%	\$ -	100.0%	\$ 36,869	\$ (21,525)	-271.3%	\$ -	100.0%
Operating Margin	-0.02%	-3.39%	-99.4%	0.00%	100.0%	10.80%	-5.97%	-281.0%	0.00%	100.0%

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
Medical Visits	746	675	10.5%	-	0.0%	2,714	2,570	5.6%	-	0.0%
Total Visits	746	675	10.5%	-	0.0%	2,714	2,570	5.6%	-	0.0%
Average Revenue per Office Visit	350.92	305.00	15.1%	-	0.0%	375.44	305.00	23.1%	-	0.0%
Hospital FTE's (Salaries and Wages)	4.2	8.6	-51.0%	-	0.0%	4.1	8.3	-51.0%	-	0.0%

**ECTOR COUNTY HOSPITAL DISTRICT
JANUARY 2022**

REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	\$ 39,037,910	39.0%	\$ 38,353,074	39.5%	\$ 159,840,891	38.8%	\$ 147,983,010	39.8%
Medicaid	13,854,789	13.9%	10,710,027	11.0%	54,729,331	13.3%	42,101,987	11.3%
Commercial	28,998,362	29.1%	27,660,172	28.5%	119,631,093	29.0%	106,551,531	28.7%
Self Pay	9,754,965	9.8%	16,297,966	16.8%	40,725,376	9.9%	44,059,782	11.9%
Other	8,164,352	8.2%	4,053,983	4.2%	37,223,783	9.0%	30,693,934	8.3%
TOTAL	\$ 99,810,378	100.0%	\$ 97,075,222	100.0%	\$ 412,150,474	100.0%	\$ 371,390,244	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 6,983,952	40.7%	\$ 5,947,567	36.1%	\$ 28,198,611	37.1%	\$ 29,213,534	41.5%
Medicaid	1,734,206	10.1%	2,477,761	15.1%	7,034,561	9.2%	8,046,027	11.4%
Commercial	5,543,358	32.3%	6,170,348	37.6%	29,956,461	39.4%	25,022,879	35.5%
Self Pay	1,265,901	7.4%	1,130,354	6.9%	4,589,506	6.0%	3,711,138	5.3%
Other	1,634,200	9.5%	701,949	4.3%	6,321,914	8.3%	4,439,311	6.3%
TOTAL	\$ 17,161,617	100.0%	\$ 16,427,979	100.0%	\$ 76,101,052	100.0%	\$ 70,432,890	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC CLEMENTS
JANUARY 2022**

REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	\$ 27,081	18.6%	\$ 100,908	17.2%	\$ 166,580	22.0%	\$ 370,774	16.7%
Medicaid	40,733	28.0%	246,140	41.9%	177,075	23.4%	1,010,233	45.5%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	19,915	13.7%	82,441	14.0%	117,525	15.5%	309,447	13.9%
Self Pay	49,226	33.9%	143,328	24.4%	267,097	35.2%	464,274	20.9%
Other	8,429	5.8%	14,517	2.5%	29,808	3.9%	66,521	3.0%
TOTAL	\$ 145,383	100.0%	\$ 587,333	100.0%	\$ 758,086	100.0%	\$ 2,221,250	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	14,444	38.7%	\$ 24,532	17.8%	\$ 71,026	31.4%	\$ 117,402	18.7%
Medicaid	7,907	21.2%	70,549	51.3%	64,613	28.5%	336,281	53.5%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	6,421	17.2%	17,389	12.6%	46,455	20.5%	84,051	13.4%
Self Pay	7,587	20.3%	24,155	17.5%	37,931	16.7%	88,527	14.1%
Other	978	2.6%	1,073	0.8%	6,577	2.9%	1,715	0.3%
TOTAL	\$ 37,338	100.0%	\$ 137,698	100.0%	\$ 226,601	100.0%	\$ 627,976	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC WEST UNIVERSITY
JANUARY 2022**

REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	\$ 32,446	25.1%	\$ -	0.0%	\$ 140,475	23.4%	\$ (899)	-229.6%
Medicaid	42,014	32.5%	\$ -	0.0%	161,677	26.9%	(2,113)	-539.5%
PHC	-	0.0%	\$ -	0.0%	-	0.0%	-	0.0%
Commercial	22,060	17.0%	\$ -	0.0%	136,811	22.7%	(2,984)	-761.8%
Self Pay	28,655	22.1%	\$ -	0.0%	131,821	21.8%	8,475	2164.1%
Other	4,313	3.3%	\$ -	0.0%	31,154	5.2%	(2,088)	-533.2%
TOTAL	\$ 129,487	100.0%	\$ -	0.0%	\$ 601,938	100.0%	\$ 392	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 13,164	36.1%	\$ 224	19.4%	\$ 59,191	31.8%	\$ 4,203	28.7%
Medicaid	10,430	28.5%	(327)	-28.4%	\$ 49,034	26.3%	3,656	24.9%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	7,284	19.9%	269	23.3%	50,906	27.3%	255	1.7%
Self Pay	4,235	11.6%	987	85.6%	22,931	12.3%	6,362	43.4%
Other	1,425	3.9%	-	0.0%	4,200	2.3%	187	1.3%
TOTAL	\$ 36,537	100.0%	\$ 1,153	100.0%	\$ 186,262	100.0%	\$ 14,664	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC JBS
JANUARY 2022**

REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	\$ -	0.0%	\$ -	0.0%	\$ (819)	-0.1%	\$ -	0.0%
Medicaid	147,295	56.3%	\$ -	0.0%	608,329	59.8%	-	0.0%
PHC	-	0.0%	\$ -	0.0%	-	0.0%	-	0.0%
Commercial	104,458	39.9%	\$ -	0.0%	376,914	37.0%	-	0.0%
Self Pay	6,318	2.4%	\$ -	0.0%	26,915	2.6%	-	0.0%
Other	3,716	1.4%	\$ -	0.0%	7,615	0.7%	-	0.0%
TOTAL	\$ 261,787	100.0%	\$ -	0.0%	\$ 1,018,954	100.0%	\$ -	0.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Medicaid	16,826	31.7%	-	0.0%	143,344	40.9%	-	0.0%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	27,414	51.6%	-	0.0%	175,695	50.1%	-	0.0%
Self Pay	8,537	16.1%	-	0.0%	28,679	8.2%	-	0.0%
Other	300	0.6%	-	0.0%	2,654	0.8%	-	0.0%
TOTAL	\$ 53,077	100.0%	\$ -	0.0%	\$ 350,374	100.0%	\$ -	0.0%

**ECTOR COUNTY HOSPITAL DISTRICT
SCHEDULE OF CASH AND INVESTMENTS - HOSPITAL ONLY
JANUARY 2022**

<u>Cash and Cash Equivalents</u>	<u>Frost</u>	<u>Hilltop</u>	<u>Total</u>
Operating	\$ 24,791,018	\$ -	\$ 24,791,018
Mission Fitness	378,065	-	378,065
Petty Cash	8,700	-	8,700
Dispro	-	38,417	38,417
General Liability	-	20,624	20,624
Professional Liability	-	19,358	19,358
Funded Worker's Compensation	-	95,902	95,902
Funded Depreciation	-	7,837,841	7,837,841
Designated Funds	-	41,086	41,086
	<hr/>	<hr/>	<hr/>
Total Cash and Cash Equivalents	\$ 25,177,782	\$ 8,053,229	\$ 33,231,012

<u>Investments</u>	<u>Other</u>	<u>Hilltop</u>	<u>Total</u>
Dispro	\$ -	\$ 5,350,000	\$ 5,350,000
Funded Depreciation	-	27,000,000	27,000,000
Funded Worker's Compensation	-	2,200,000	2,200,000
General Liability	-	3,000,000	3,000,000
Professional Liability	-	3,100,000	3,100,000
Designated Funds	133,165	23,200,000	23,333,165
Allowance for Change in Market Values	-	(615,016)	(615,016)
	<hr/>	<hr/>	<hr/>
Total Investments	\$ 133,165	\$ 63,234,985	\$ 63,368,149
Total Unrestricted Cash and Investments			\$ 96,599,161

<u>Restricted Assets</u>	<u>Reserves</u>	<u>Prosperity</u>	<u>Total</u>
Assets Held By Trustee - Bond Reserves	\$ 4,896	\$ -	\$ 4,896
Assets Held In Endowment-Board Designated	-	6,284,907	6,284,907
Advanced Medicare Payment	27,204,158	-	27,204,158
Restricted TPC, LLC-Equity Stake	1,078,095	-	1,078,095
Restricted MCH West Texas Services-Equity Stake	2,334,621	-	2,334,621
Total Restricted Assets	<hr/>	<hr/>	<hr/>
	\$ 30,621,770	\$ 6,284,907	\$ 36,906,678

Total Cash & Investments **\$ 133,505,839**

**ECTOR COUNTY HOSPITAL DISTRICT
STATEMENT OF CASH FLOW
JANUARY 2022**

	Hospital	Procare	Blended
Cash Flows from Operating Activities and Nonoperating Revenue:			
Excess of Revenue over Expenses	\$ (6,212,384)	-	\$ (6,212,384)
Noncash Expenses:			
Depreciation and Amortization	5,648,052	5,657	5,653,709
Unrealized Gain/Loss on Investments	(605,098)	-	(605,098)
Accretion (Bonds) & COVID Funding	(193,303)	-	(193,303)
Changes in Assets and Liabilities			
Patient Receivables, Net	190,230.51	23,510	213,740
Taxes Receivable/Deferred	3,899,901	5,680	3,905,581
Inventories, Prepaids and Other	(2,303,195)	15,175	(2,288,020)
Accounts Payable	7,995,651	(1,615,309)	6,380,343
Accrued Expenses	4,277,845.86	1,565,637	5,843,483
Due to Third Party Payors	(4,635,540)	-	(4,635,540)
Accrued Post Retirement Benefit Costs	2,132,056	-	2,132,056
Net Cash Provided by Operating Activities	<u>\$ 10,194,217</u>	<u>350</u>	<u>\$ 10,194,567</u>
Cash Flows from Investing Activities:			
Investments	\$ 1,166,649	-	\$ 1,166,649
Acquisition of Property and Equipment	<u>(1,908,081)</u>	<u>-</u>	<u>(1,908,081)</u>
Net Cash used by Investing Activities	<u>\$ (741,432)</u>	<u>-</u>	<u>\$ (741,432)</u>
Cash Flows from Financing Activities:			
Current Portion Debt	\$ (64,890)	-	\$ (64,890)
Intercompany Activities	-	-	-
Net Repayment of Long-term Debt/Bond Issuance	<u>(237,225)</u>	<u>-</u>	<u>(237,225)</u>
Net Cash used by Financing Activities	<u>(302,115)</u>	<u>-</u>	<u>(302,115)</u>
Net Increase (Decrease) in Cash	9,150,670	350	9,151,020
Beginning Cash & Cash Equivalents @ 9/30/2021	<u>60,987,020</u>	<u>4,500</u>	<u>60,991,520</u>
Ending Cash & Cash Equivalents @ 1/31/2022	<u>\$ 70,137,689</u>	<u>\$ 4,850</u>	<u>\$ 70,142,539</u>
<hr/>			
Balance Sheet			
Cash and Cash Equivalents	\$ 33,231,012	4,850	\$ 33,235,862
Restricted Assets	<u>36,906,678</u>	<u>-</u>	<u>36,906,678</u>
Ending Cash & Cash Equivalents @ 1/31/2022	<u>\$ 70,137,689</u>	<u>4,850</u>	<u>\$ 70,142,539</u>

ECTOR COUNTY HOSPITAL DISTRICT
TAX COLLECTIONS
FISCAL 2022

	<u>ACTUAL COLLECTIONS</u>	<u>BUDGETED COLLECTIONS</u>	<u>VARIANCE</u>	<u>PRIOR YEAR COLLECTIONS</u>	<u>VARIANCE</u>
<u>AD VALOREM</u>					
OCTOBER	\$ 215,347	\$ 1,918,187	\$ (1,702,840)	\$ 251,630	\$ (36,283)
NOVEMBER	1,231,030	1,918,187	(687,157)	1,075,295	155,735
DECEMBER	6,614,568	1,918,187	4,696,381	6,840,747	(226,179)
JANUARY	5,169,442	1,918,187	3,251,255	7,131,638	(1,962,196)
TOTAL	<u>\$ 13,230,386</u>	<u>\$ 7,672,748</u>	<u>\$ 5,557,638</u>	<u>\$ 15,299,310</u>	<u>\$ (2,068,923)</u>
<u>SALES</u>					
OCTOBER	\$ 3,421,981	\$ 3,511,415	\$ (89,434)	\$ 2,929,377	\$ 492,604
NOVEMBER	3,326,676	3,556,241	(229,565)	3,099,131	227,545
DECEMBER	4,147,133	3,557,673	589,460	2,855,097	1,292,036
JANUARY	3,621,391	3,414,673	206,718	2,796,371	825,019
SUB TOTAL	14,517,180	14,040,002	477,178	11,679,976	2,837,204
ACCRUAL	990,721	-	990,721	-	990,721
TOTAL	<u>\$ 15,507,901</u>	<u>\$ 14,040,002</u>	<u>\$ 1,467,899</u>	<u>\$ 11,679,976</u>	<u>\$ 3,827,925</u>
TAX REVENUE	<u><u>\$ 28,738,287</u></u>	<u><u>\$ 21,712,750</u></u>	<u><u>\$ 7,025,537</u></u>	<u><u>\$ 26,979,286</u></u>	<u><u>\$ 1,759,002</u></u>

**ECTOR COUNTY HOSPITAL DISTRICT
MEDICAID SUPPLEMENTAL PAYMENTS
FISCAL YEAR 2022**

CASH ACTIVITY	TAX (IGT) ASSESSED	GOVERNMENT PAYOUT	BURDEN ALLEVIATION	NET INFLOW
DSH				
1st Qtr	\$ (1,848,293)	\$ 5,600,889		\$ 3,752,596
2nd Qtr	-	-		-
3rd Qtr	-	-		-
4th Qtr	-	-		-
DSH TOTAL	\$ (1,848,293)	\$ 5,600,889		\$ 3,752,596
UC				
1st Qtr	\$ (4,129,344)	\$ 12,908,233		8,778,889
2nd Qtr	-	-		-
3rd Qtr	-	-		-
4th Qtr	-	-		-
UC TOTAL	\$ (4,129,344)	\$ 12,908,233		\$ 8,778,889
DSRIP				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	(64,999)	-		(64,999)
3rd Qtr	-	-		-
4th Qtr	-	-		-
DSRIP UPL TOTAL	\$ (64,999)	\$ -		\$ (64,999)
UHRIP				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	-	-		-
3rd Qtr	-	-		-
4th Qtr	-	-		-
UHRIP TOTAL	\$ -	\$ -		\$ -
GME				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	(222,893)	675,433		452,540
3rd	-	-		-
4th Qtr	-	-		-
GME TOTAL	\$ (222,893)	\$ 675,433		\$ 452,540
CHIRP				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	-	-		-
3rd	-	-		-
4th Qtr	-	-		-
CHIRP TOTAL	\$ -	\$ -		\$ -
MCH Cash Activity	\$ (6,265,528)	\$ 19,184,555		\$ 12,919,027
ProCare Cash Activity	\$ -	\$ -	\$ -	\$ -
Blended Cash Activity	\$ (6,265,528)	\$ 19,184,555	\$ -	\$ 12,919,027

INCOME STATEMENT ACTIVITY:

FY 2022 Accrued / (Deferred) Adjustments:

	BLENDED
DSH Accrual	\$ 4,260,260
Uncompensated Care Accrual	4,317,636
URIP	-
GME	287,734
CHIRP	(1,561,734)
Regional UPL Benefit	-
Medicaid Supplemental Payments	7,303,896
DSRIP Accrual	5,131,120
Total Adjustments	\$ 12,435,016

**ECTOR COUNTY HOSPITAL DISTRICT
CONSTRUCTION IN PROGRESS - HOSPITAL ONLY
AS OF JANUARY 31, 2022**

<u>ITEM</u>	<u>CIP BALANCE AS OF 12/31/2021</u>	<u>JANUARY "+" ADDITIONS</u>	<u>JANUARY "- " ADDITIONS</u>	<u>JANUARY TRANSFERS</u>	<u>CIP BALANCE AS OF 1/31/2022</u>	<u>ADD: AMOUNTS CAPITALIZED</u>	<u>PROJECT TOTAL</u>	<u>BUDGETED AMOUNT</u>	<u>UNDER/(OVER) APRVD/BUDGET</u>
<u>RENOVATIONS</u>									
IFIRST FLOOR COMMON AREAS	-	261	-	-	261	-	261	720,000	719,739
IRELOCATE SPD	8,935	-	-	-	8,935	-	8,935	4,000,000	3,991,065
SUB-TOTAL	\$ 8,935	\$ 261	\$ -	\$ -	\$ 9,196	\$ -	\$ 9,196	\$ 4,720,000	\$ 4,710,804
<u>MINOR BUILDING IMPROVEMENT</u>									
IBADGE ACCESS UPGRADE	23,505	-	-	(23,505)	-	-	-	45,000	45,000
IRETAIL PHARMACY PROJECT	-	-	-	-	-	-	-	250,000	250,000
SUB-TOTAL	\$ 23,505	\$ -	\$ -	\$ (23,505)	\$ -	\$ -	\$ -	\$ 295,000	\$ 295,000
<u>EQUIPMENT & SOFTWARE PROJECTS - CIP INCOMPLETE</u>									
VARIOUS CAPITAL EXPENDITURE PROJECTS	\$ 778,651	\$ 405,433	\$ (674,324)	\$ -	\$ 509,760	\$ -	\$ 509,760	\$ 6,750,000	\$ 6,240,240
SUB-TOTAL	\$ 778,651	\$ 405,433	\$ (674,324)	\$ -	\$ 509,760	\$ -	\$ 509,760	\$ 6,750,000	\$ 6,240,240
TOTAL CONSTRUCTION IN PROGRESS	\$ 811,091	\$ 405,693	\$ (674,324)	\$ (23,505)	\$ 518,956	\$ -	\$ 518,956	\$ 11,765,000	\$ 11,246,044

ECTOR COUNTY HOSPITAL DISTRICT
CAPITAL PROJECT & EQUIPMENT EXPENDITURES
JANUARY 2022

<u>ITEM</u>	<u>CLASS</u>	<u>BOOKED AMOUNT</u>
TRANSFERRED FROM CONSTRUCTION IN PROGRESS/RENOVATION PROJECTS		
Badge Access Upgrade	Building	\$ 23,505
TOTAL PROJECT TRANSFERS		\$ 23,505
EQUIPMENT PURCHASES		
None		\$ -
TOTAL EQUIPMENT PURCHASES		\$ -
TOTAL TRANSFERS FROM CIP/EQUIPMENT PURCHASES		\$ 23,505

**ECTOR COUNTY HOSPITAL DISTRICT
FISCAL 2022 CAPITAL EQUIPMENT
CONTINGENCY FUND
JANUARY 2022**

MONTH/ YEAR	DESCRIPTION	DEPT NUMBER	BUDGETED AMOUNT	P.O AMOUNT	ACTUAL AMOUNT	TO/(FROM) CONTINGENCY
	Available funds from budget		\$ 600,000	\$ -	\$ -	\$ 600,000
Oct-21	ThinPrep 2000 Processor	7040	-	-	46,000	(46,000)
Oct-21	Convection Steamer	8020	-	-	8,570	(8,570)
Oct-21	Roll Around Monitor	8420	-	-	5,094	(5,094)
Oct-21	Replacement Wall Monitor	7300	-	-	4,916	(4,916)
Oct-21	Reach In Freezer	8020	-	-	3,815	(3,815)
Oct-21	Surgical Instruments	6620	-	-	16,940	(16,940)
Oct-21	Surgical Instruments	6620	-	-	16,940	(16,940)
Oct-21	Surgical Instruments	6620	-	-	16,940	(16,940)
Oct-21	Surgical Instruments	6620	-	-	16,940	(16,940)
Oct-21	Surgical Instruments	6620	-	-	9,720	(9,720)
Oct-21	Olympic Brain Monitor	6550	-	-	23,186	(23,186)
Nov-21	Four Stack Gym 5 Stations	7430	-	-	12,622	(12,622)
Nov-21	Dishwasher Flight Type	8020	-	-	94,698	(94,698)
Nov-21	Jaco Carts	9100	-	-	24,955	(24,955)
Nov-21	Bar Code Scanners	6790	-	-	16,137	(16,137)
Nov-21	Kangaroo ePump	6760	-	-	6,875	(6,875)
Dec-21	CHW Flooring	7480	60,000	-	62,519	(2,519)
Dec-21	Stretchers	6850	-	-	309,396	(309,396)
Dec-21	Iris Camera Kit	6550	-	-	44,025	(44,025)
Dec-21	Refrigerator	7050	-	-	4,725	(4,725)
Dec-21	Clinical System	7060	-	-	228,649	(228,649)
Dec-21	Latitude 5320	7070	-	-	4,377	(4,377)
Dec-21	Pharmacy Refrigerator	7050	-	-	15,140	(15,140)
Dec-21	Clickline Surgical Instruments	6620	-	-	16,940	(16,940)
Jan-22	Badge Access Upgrade	8410	45,000	-	23,505	21,495
Jan-22	Pyxis Anesthesia System	7330	-	-	38,440	(38,440)
Jan-22	Prime Transport Chair	6090	-	-	2,784	(2,784)
Jan-22	Convection Oven	8020	-	-	20,413	(20,413)
Jan-22	Kinevo 90	6620	-	-	567,820	(567,820)
Jan-22	CareAware MDI	7060	-	-	6,000	(6,000)
Jan-22	Digital Front Door Solution	9100	-	-	110,325	(110,325)
Jan-22	Film Array Torch Module Box	7060	-	-	49,500	(49,500)
Jan-22	Neo Blue Units	6170	-	-	22,799	(22,799)
Jan-22	Fiber Optic Cables	9100	-	-	13,715	(13,715)
Jan-22	Tims 2000	7260	21,495	-	21,495	-
			\$ 660,000	\$ -	\$ 1,010,120	\$ (350,120)

**ECTOR COUNTY HOSPITAL DISTRICT
SUPPLEMENTAL SCHEDULE OF ACCOUNTS RECEIVABLE - OTHER
JANUARY 2022**

	CURRENT YEAR	PRIOR YEAR		CURRENT YEAR CHANGE
		HOSPITAL UNAUDITED	PRO CARE UNAUDITED	
AR DISPRO/UPL	\$ 507,664	\$ -	\$ -	\$ 507,664
AR UNCOMPENSATED CARE	4,317,636	8,778,889	-	(4,461,253)
AR DSRIP	6,871,988	1,675,869	-	5,196,119
AR NURSING HOME UPL	669,315	2,231,049	-	(1,561,734)
AR UHRIP	-	-	-	-
AR GME	(164,806)	-	-	(164,806)
AR PHYSICIAN GUARANTEES	472,454	518,647	-	(46,193)
AR ACCRUED INTEREST	50,074	5,863	-	44,211
AR OTHER:	1,371,151	(1,663,343)	36,244	2,998,250
Procure On-Call Fees	6,846	-	6,846	-
Procure A/R - FHC	-	-	-	-
Other Misc A/R	1,364,304	(1,663,343)	29,398	2,998,250
AR DUE FROM THIRD PARTY PAYOR	2,807,993	2,657,942	-	150,051
TOTAL ACCOUNTS RECEIVABLE - OTHER	\$ 13,991,529	\$ 13,516,790	\$ 36,244	\$ 438,494

**ECTOR COUNTY HOSPITAL DISTRICT
SUPPLEMENTAL SCHEDULE OF HOSPITAL TEMPORARY LABOR FTE'S
JANUARY 2022**

TEMPORARY LABOR DEPARTMENT	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR PRIOR YR	PRIOR YR VAR
Intensive Care Unit (CCU) 4	21.8	6.9	217.0%	6.9	213.2%	21.9	6.7	227.2%	9.8	123.9%
Intensive Care Unit (ICU) 2	14.7	5.3	177.8%	4.1	261.0%	14.8	5.2	186.5%	2.1	602.8%
Cardiopulmonary	10.7	11.6	-7.3%	1.9	458.5%	10.6	11.3	-6.2%	3.6	191.6%
4 Central	6.7	0.8	772.0%	0.9	686.5%	6.8	0.8	799.9%	1.5	354.3%
3 West Observation	6.7	2.2	206.8%	-	0.0%	6.8	2.2	209.0%	-	0.0%
6 Central	5.7	1.5	270.0%	0.7	707.3%	5.7	1.5	282.3%	0.8	634.3%
5 Central	4.3	2.5	70.9%	1.9	126.4%	4.3	2.4	75.9%	2.3	89.3%
Emergency Department	4.2	-	0.0%	-	0.0%	4.3	-	0.0%	-	0.0%
9 Central	3.9	4.1	-5.2%	0.9	331.9%	4.0	4.1	-2.3%	1.4	177.2%
7 Central	3.8	1.9	101.5%	1.2	210.3%	3.8	1.8	108.2%	1.1	244.6%
Operating Room	5.2	2.6	99.4%	1.5	236.2%	3.7	2.6	44.2%	2.5	46.0%
8 Central	3.5	0.8	319.0%	1.4	147.6%	3.5	0.8	332.1%	2.2	62.0%
2 Central	2.2	-	0.0%	1.7	26.3%	2.2	-	0.0%	0.6	290.2%
Imaging - Diagnostics	0.5	1.9	-75.9%	1.0	-53.9%	1.3	1.9	-27.7%	0.5	163.0%
6 West	1.2	0.3	379.0%	-	0.0%	1.2	0.2	392.7%	0.1	879.4%
NURSING ORIENTATION	1.8	-	0.0%	0.6	217.9%	1.0	-	0.0%	0.3	286.1%
Care Management	0.7	-	0.0%	-	0.0%	0.7	-	0.0%	-	0.0%
Imaging - MRI	0.7	0.5	55.4%	-	0.0%	0.7	0.5	46.3%	-	0.0%
Imaging - Ultrasound	0.2	0.5	-52.9%	-	0.0%	0.7	0.5	35.8%	-	0.0%
Human Resources	0.2	-	0.0%	-	0.0%	0.2	-	0.0%	-	0.0%
Imaging - CVI	-	0.5	-100.0%	-	0.0%	0.1	0.5	-76.6%	-	0.0%
Labor & Delivery	0.2	0.4	-55.8%	1.4	-87.3%	0.0	0.4	-88.6%	1.7	-97.5%
4 EAST	-	-	0.0%	-	0.0%	0.0	-	0.0%	-	0.0%
Disaster & Emergency Operations	-	-	0.0%	-	0.0%	-	-	0.0%	0.3	-100.0%
5 West	-	-	0.0%	-	0.0%	-	-	0.0%	0.0	-100.0%
Laboratory - Chemistry	-	3.5	-100.0%	-	0.0%	-	3.4	-100.0%	-	0.0%
SUBTOTAL	100.1	47.6	110.1%	27.0	270.9%	98.8	46.8	111.4%	31.1	217.6%
TRANSITION LABOR										
Laboratory - Chemistry	2.4	-	0.0%	3.3	-28.0%	3.5	-	0.0%	3.7	-5.1%
SUBTOTAL	2.4	-	0.0%	3.3	-28.0%	3.5	-	0.0%	3.7	-5.1%
GRAND TOTAL	102.5	47.6	115.1%	30.3	237.9%	102.4	46.8	118.9%	34.8	193.9%

**ECTOR COUNTY HOSPITAL DISTRICT
SUPPLEMENTAL SCHEDULE OF TEMPORARY LABOR, TRANSITION LABOR & PURCHASED SERVICES - HOSPITAL ONLY
JANUARY 2022**

	CURRENT MONTH						YEAR TO DATE					
	ACTUAL	BUDGET	\$ VAR	% VAR	PRIOR YR	% VAR	ACTUAL	BUDGET	\$ VAR	% VAR	PRIOR YR	% VAR
ICU4 TEMPORARY LABOR	\$ 431,818	\$ 135,763	\$ 296,055	218.1%	\$ 158,542	172.4%	\$ 2,567,270	\$ 526,197	\$ 2,041,073	387.9%	\$ 870,706	194.8%
ICU2 TEMPORARY LABOR	588,400	104,737	483,663	461.8%	95,447	516.5%	2,053,598	406,213	1,647,385	405.5%	192,380	967.5%
IMCU4 TEMPORARY LABOR	194,218	14,986	179,232	1196.0%	12,253	1485.1%	776,870	58,226	718,644	1234.2%	101,133	668.2%
TEMPORARY LABOR	178,369.92	33,411	144,959	433.9%	-	100.0%	713,479.69	132,620	580,860	438.0%	-	100.0%
6C TEMPORARY LABOR	157,989.00	23,344	134,645	576.8%	9,475	1567.4%	631,956.01	90,556	541,400	597.9%	42,167	1398.7%
ED TEMPORARY LABOR	159,702.04	-	159,702	100.0%	-	100.0%	539,808.17	-	539,808	100.0%	-	100.0%
8C TEMPORARY LABOR	104,651	12,736	91,915	721.7%	29,508	254.7%	418,602	49,422	369,180	747.0%	149,064	180.8%
TEMPORARY LABOR	74,439.88	-	74,440	100.0%	38,359	94.1%	297,759.51	-	297,760	100.0%	48,978	508.0%
7C TEMPORARY LABOR	96,953	34,736	62,217	179.1%	23,600	310.8%	387,813	134,661	253,152	188.0%	77,379	401.2%
OR TEMPORARY LABOR	127,967	33,181	94,786	285.7%	22,471	469.5%	302,049	130,081	171,968	132.2%	170,831	76.8%
RT TEMPORARY LABOR	320,478.27	241,097	79,381	32.9%	29,988	968.7%	1,089,038.13	936,648	152,390	16.3%	217,334	401.1%
Temp Labor - Productive Salaries	57,272.05	-	57,272	100.0%	12,043	375.6%	149,095.85	-	149,096	100.0%	22,364	566.7%
IMCU9 TEMPORARY LABOR	98,287	71,114	27,173	38.2%	11,798	733.1%	393,149	276,015	117,134	42.4%	92,801	323.6%
ORTHO/NEURO TEMPORARY LABOR	29,713.18	3,920	25,793	658.0%	-	100.0%	118,852.73	15,218	103,635	681.0%	8,416	1312.2%
COMM HEALTH TEMPORARY LABOR	15,552.35	-	15,552	100.0%	-	100.0%	62,209.39	-	62,209	100.0%	-	100.0%
MRI TEMPORARY LABOR	15,919.40	8,228	7,691	93.5%	-	100.0%	60,645.28	32,378	28,267	87.3%	-	100.0%
US TEMPORARY LABOR	4,940.00	9,284	(4,344)	-46.8%	-	100.0%	57,127.60	36,590	20,538	56.1%	-	100.0%
DIAG TEMPORARY LABOR	7,220.00	28,675	(21,455)	-74.8%	13,048	-44.7%	81,607.33	112,581	(30,974)	-27.5%	27,008	202.2%
ALL OTHER	20,645	39,543	(18,898)	-47.8%	39,943	-48.3%	52,825	155,225	(102,400)	-66.0%	146,992	-64.1%
TOTAL TEMPORARY LABOR	\$ 2,790,055	\$ 832,981	\$ 1,957,074	234.9%	\$ 525,189	431.2%	\$ 11,175,839	\$ 3,241,033	\$ 7,934,806	244.8%	\$ 2,300,529	385.8%
CHEM TRANSITION LABOR	\$ 23,751.22	\$ -	\$ 23,751	100.0%	\$ 28,918	-17.9%	\$ 127,716	\$ -	\$ 127,716	100.0%	\$ 137,842	-7.3%
ALL OTHER	-	-	-	100.0%	-	100.0%	-	-	-	100.0%	-	100.0%
TOTAL TRANSITION LABOR	\$ 23,751.22	\$ -	\$ 23,751	0%	\$ 28,918	-17.9%	\$ 127,716	\$ -	\$ 127,716	0%	\$ 137,842	-7.3%
GRAND TOTAL TEMPORARY LABOR	\$ 2,813,806	\$ 832,981	\$ 1,980,825	237.8%	\$ 554,107	407.8%	\$ 11,303,555	\$ 3,241,033	\$ 8,062,522	248.8%	\$ 2,438,371	363.6%
NSG OTHER PURCH SVCS	\$ 783,737	\$ 5,304	\$ 778,433	14676.3%	\$ 403	194255.1%	\$ 813,089	\$ 21,216	\$ 791,873	3732.4%	\$ 24,239	3254.5%
OTHER PURCH SVCS	264,488	53,134	211,354	397.8%	13,583	1847.1%	375,022.25	212,536	162,486	76.5%	423,005	-11.3%
PI FEES (TRANSITION NURSE PROGRAM)	57,297	48,121	9,176	19.1%	17,910	219.9%	368,955.25	192,484	176,471	91.7%	63,975	467.7%
CONSULTANT FEES	60,739	8,053	52,686	654.2%	5,000	1114.8%	178,219.00	32,212	146,007	453.3%	37,640	373.5%
ADM CONTRACT STRYKER	41,906	11,407	30,499	267.4%	23,653	77.2%	136,281.90	45,628	90,654	198.7%	99,924	36.4%
UC-WEST CLINIC - PURCH SVCS-OTHER	74,548	25,063	49,485	197.4%	22,861	226.1%	262,147	100,252	161,895	161.5%	96,184	172.5%
ADM PHYS RECRUITMENT	45,904	15,883	30,021	189.0%	45,647	0.6%	139,119.39	63,532	75,587	119.0%	69,551	100.0%
ARP LAL PROVIDER SALARIES	63,204	-	63,204	100.0%	-	100.0%	63,204.00	-	63,204	100.0%	-	100.0%
HK SVC CONTRACT PURCH SVC	119,495	81,855	37,640	46.0%	70,180	70.3%	389,896	327,420	62,476	19.1%	274,639	42.0%
REF LAB ARUP PURCH SVCS	61,471	56,682	4,789	8.4%	65,981	-6.8%	284,825	226,728	58,097	25.6%	241,466	18.0%
FHC PHC OTHER PURCH SVCS	14,692	-	14,692	100.0%	5,418	171.2%	52,334.17	-	52,334	100.0%	14,184	269.0%
DIET OTHER PURCH SVCS	26,311	16,021	10,290	64.2%	15,167	73.5%	115,634.89	64,084	51,551	80.4%	71,762	61.1%
LAB ADMIN OTHER PURCH SVCS	3,006	5,186	(2,180)	-42.0%	5,386	-44.2%	51,725.81	20,744	30,982	149.4%	22,108	134.0%
SERV EXC SURVEY SERVICES	20,297	12,618	7,679	60.9%	75,520	-73.1%	78,938.28	50,472	28,466	56.4%	64,343	22.7%
UC-CPC JBS PARKWAY PURCH SVCS-OTHER	84,780	45,006	39,774	88.4%	54,473	62.8%	293,140	180,024	113,116	62.8%	205,368	42.7%
HISTOLOGY SERVICES	21,891	25,732	(3,841)	-14.9%	20,217	8.3%	124,855	102,928	21,927	21.3%	98,148	27.2%
ENGINEERING OTHER PURCH SVCS	4,855	9,353	(4,498)	-48.1%	11,352	-57.2%	58,805.36	37,412	21,393	57.2%	47,134	24.8%
AMBULANCE FEES	(3,612)	9,804	(13,416)	-136.8%	1,767	-304.4%	55,339.65	39,216	16,124	41.1%	24,880	122.4%
OBLD OTHER PURCH SVCS	19,641	15,825	3,816	24.1%	17,214	14.1%	75,344	63,300	12,044	19.0%	68,933	9.3%
ADMIN OTHER FEES	57,736	12,019	45,717	380.4%	14,162	307.7%	93,868.20	48,076	45,792	95.2%	82,358	14.0%
COMM REL ADVERTISMENT PURCH SVCS	18,965	28,066	(9,101)	-32.4%	(82,679)	-122.9%	75,536	112,264	(36,728)	-32.7%	146,631	-48.5%
ADMIN LEGAL FEES	(7,911)	45,954	(53,865)	-117.2%	23,920	-133.1%	128,645	183,816	(55,171)	-30.0%	156,862	-18.0%
PT ACCTS COLLECTION FEES	46,996	70,569	(23,573)	-33.4%	62,418	-24.7%	202,269	282,276	(80,007)	-28.3%	308,364	-34.4%
MISSION FITNESS CONTRACT PURCH SVC	57,874	68,133	(10,259)	-15.1%	60,251	-3.9%	182,309.41	268,637	(86,328)	-32.1%	248,570	-26.7%
PRIMARY CARE WEST OTHER PURCH SVCS	13,214	45,750	(32,536)	-71.1%	(716)	-1945.5%	130,421.29	183,000	(52,579)	-28.7%	-	100.0%
IT INFORMATION SOLUTIONS SVCS	11,460	44,692	(33,232)	-74.4%	21,409	-46.5%	67,319	178,768	(111,449)	-62.3%	109,356	-38.4%
FHC OTHER PURCH SVCS	29,788	67,686	(37,898)	-56.0%	133,335	-77.7%	213,340	270,744	(57,404)	-21.2%	542,976	-60.7%
OR FEES (PERFUSION SERVICES)	34,254	68,819	(34,565)	-50.2%	25,772	32.9%	134,312	275,276	(140,964)	-51.2%	147,245	-8.8%
DIALYSIS SERVICES	137,334	145,960	(8,626)	-5.9%	131,713	4.3%	434,674.08	583,840	(149,166)	-25.5%	561,123	-22.5%
ADM CONSULTANT FEES	28,102	87,028	(58,926)	-67.7%	88,153	-68.1%	166,284	348,112	(181,828)	-52.2%	503,987	-67.0%
ALL OTHERS	2,881,006	3,191,441	(310,435)	-9.7%	2,932,209	-1.7%	12,159,124	12,761,035	(601,911)	-4.7%	11,396,686	6.7%
TOTAL PURCHASED SERVICES	\$ 5,073,470	\$ 4,321,164	\$ 752,306	17.4%	\$ 3,881,677	30.7%	\$ 17,904,977	\$ 17,276,032	\$ 628,945	3.6%	\$ 16,151,640	10.9%



Financial Presentation

For the Month Ended

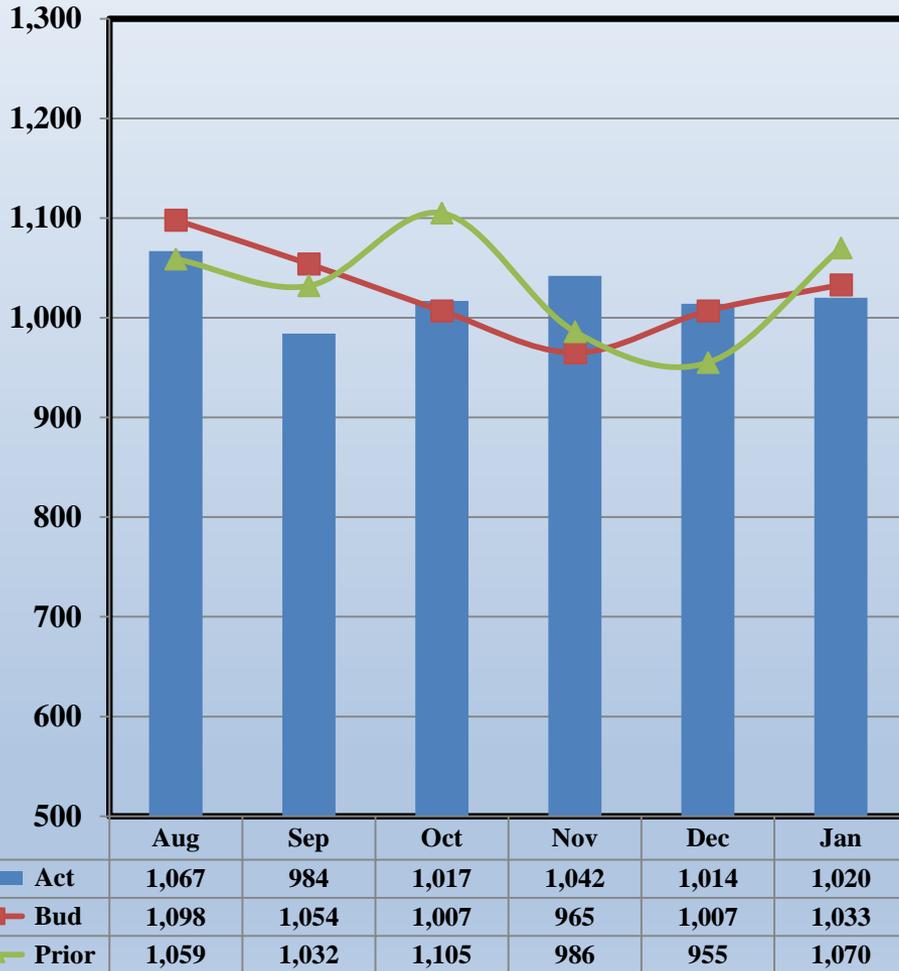
January 31, 2022

Volume



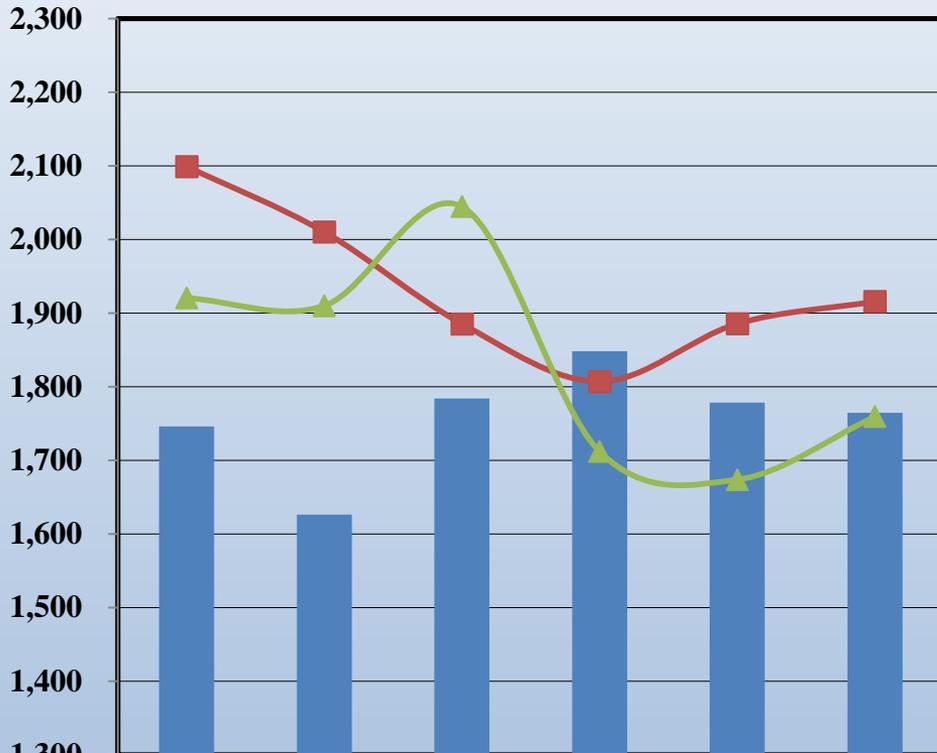
Admissions

Total – Adults and NICU



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	1,020	1,033	1,070
Var %		-1.3%	-4.7%
Year-To-Date	4,093	4,012	4,116
Var %		2.0%	-0.6%
Annualized	12,296	12,883	12,122
Var %		-4.6%	1.4%

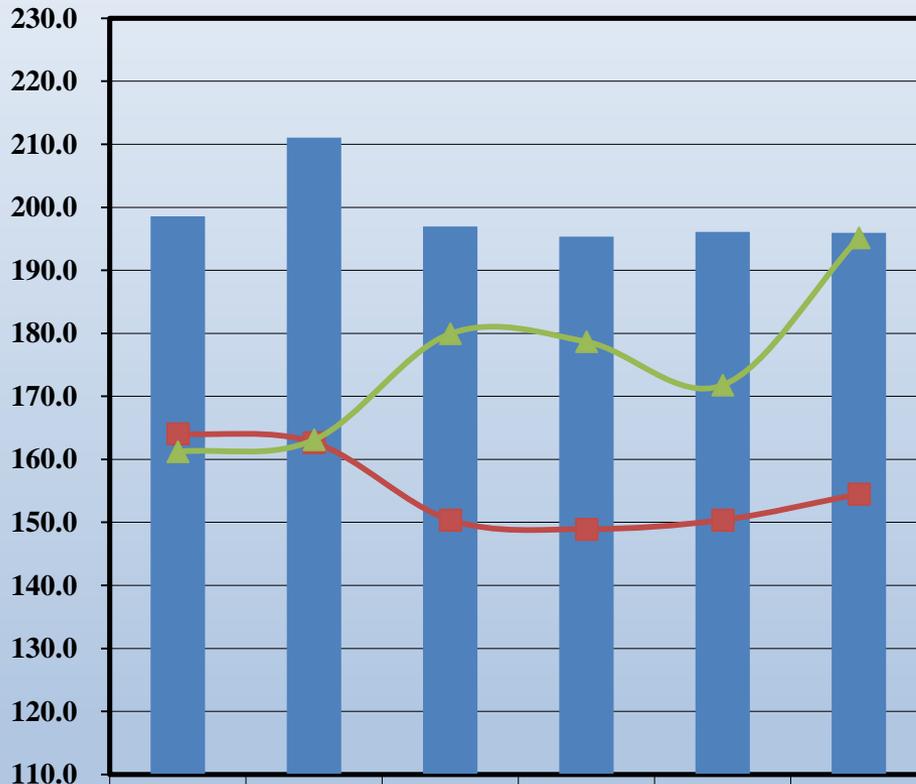
Adjusted Admissions



	Aug	Sep	Oct	Nov	Dec	Jan
Act	1,746	1,626	1,784	1,848	1,778	1,765
Bud	2,099	2,010	1,886	1,807	1,886	1,916
Prior	1,921	1,910	2,045	1,712	1,674	1,759

	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	1,765	1,916	1,759
Var %		-7.9%	0.3%
Year-To-Date	7,175	7,494	7,173
Var %		-4.3%	0.0%
Annualized	22,354	24,352	22,037
Var %		-8.2%	1.4%

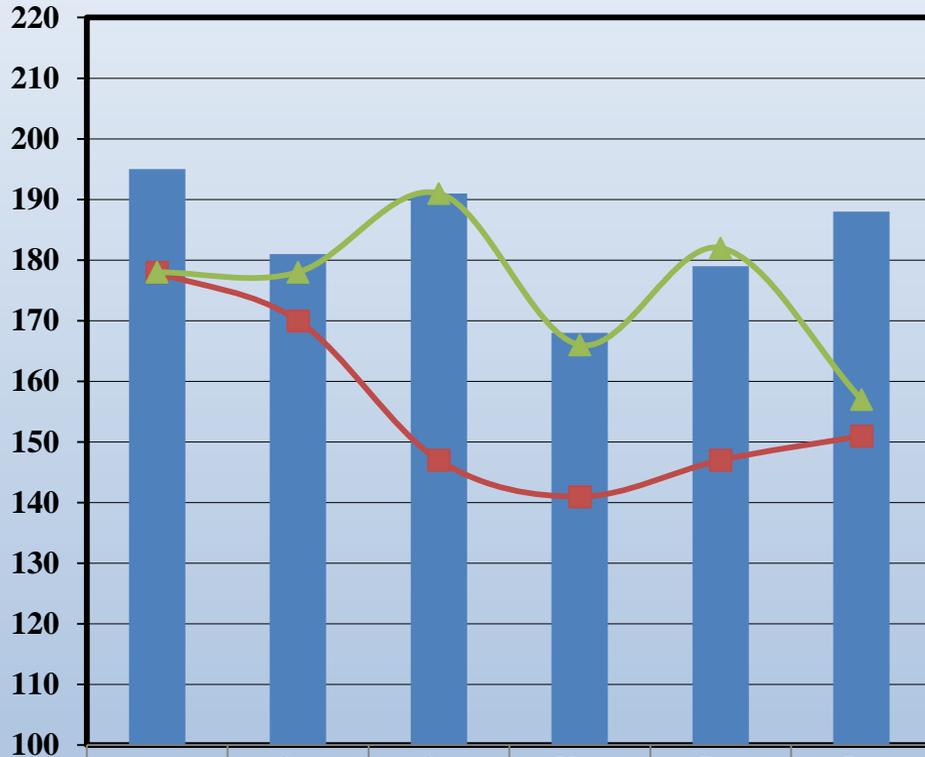
Average Daily Census



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	195.9	154.5	195.2
Var %		26.8%	0.4%
Year-To-Date	196.1	151.1	181.4
Var %		29.8%	8.1%
Annualized	186.6	163.7	165.4
Var %		14.0%	12.8%

	Aug	Sep	Oct	Nov	Dec	Jan
Act	198.6	211.0	196.9	195.3	196.1	195.9
Bud	164.1	162.7	150.4	148.9	150.4	154.5
Prior	161.2	163.1	179.9	178.7	171.8	195.2

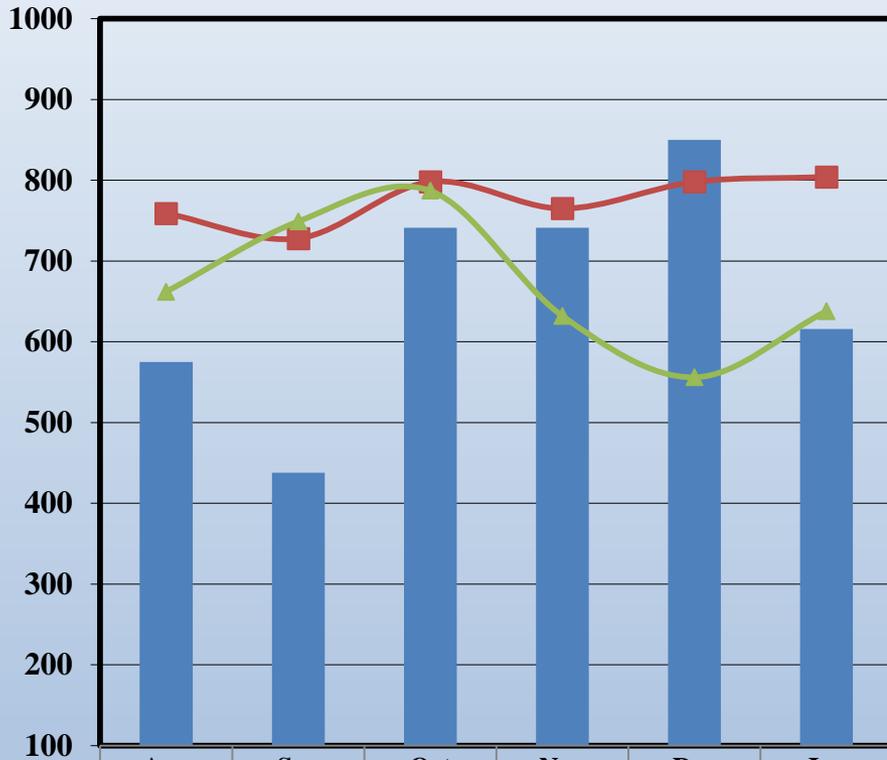
Deliveries



	Aug	Sep	Oct	Nov	Dec	Jan
Act	195	181	191	168	179	188
Bud	178	170	147	141	147	151
Prior	178	178	191	166	182	157

	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	188	151	157
Var %		24.5%	19.7%
Year-To-Date	726	586	696
Var %		23.9%	4.3%
Annualized	2,007	2,022	2,110
Var %		-0.7%	-4.9%

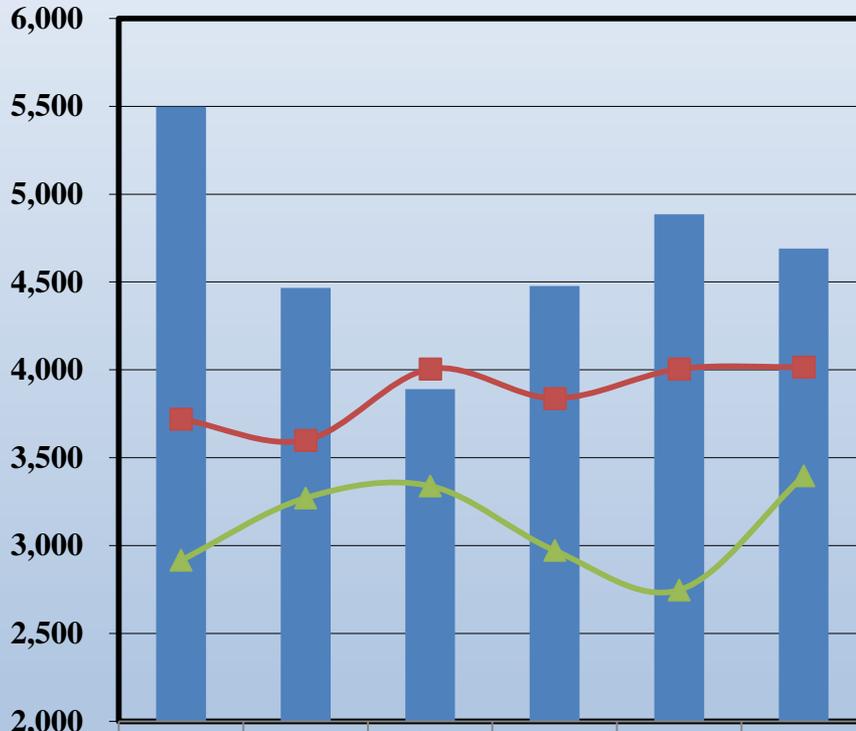
Total Surgical Cases



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	616	804	638
Var %		-23.4%	-3.4%
Year-To-Date	2,948	3,165	2,613
Var %		-6.9%	12.8%
Annualized	8,360	9,296	7,431
Var %		-10.1%	12.5%

	Aug	Sep	Oct	Nov	Dec	Jan
Act	575	438	741	741	850	616
Bud	759	728	798	765	798	804
Prior	662	749	787	632	556	638

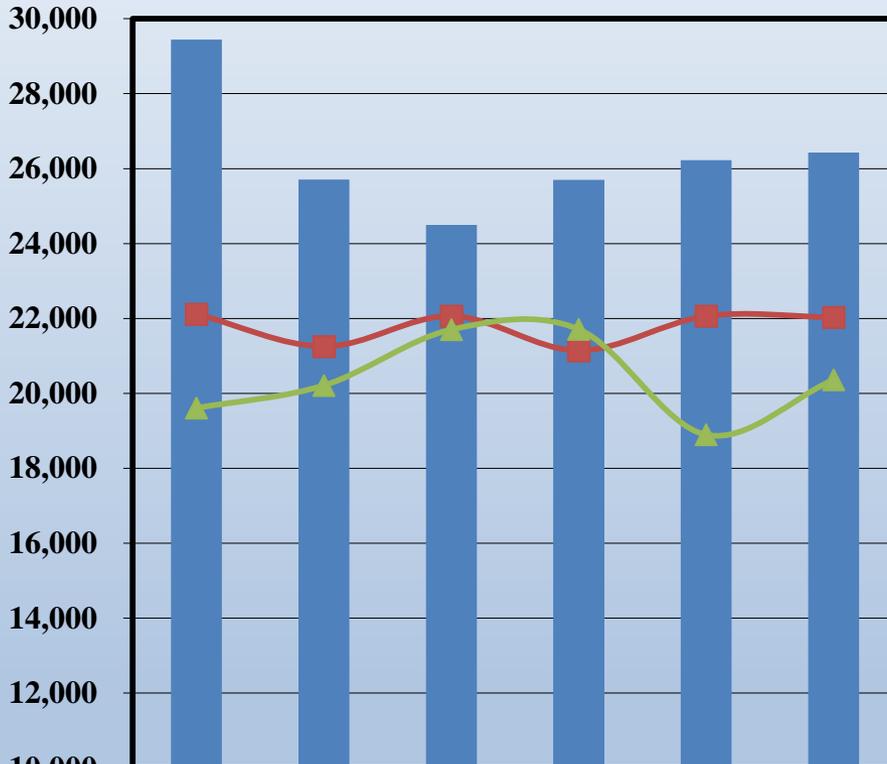
Emergency Room Visits



■ Act	5,497	4,467	3,890	4,477	4,885	4,691
■ Bud	3,720	3,600	4,005	3,838	4,005	4,016
▲ Prior	2,916	3,271	3,339	2,972	2,747	3,397

	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	4,691	4,016	3,397
Var %		16.8%	38.1%
Year-To-Date	17,943	15,864	12,455
Var %		13.1%	44.1%
Annualized	49,256	44,609	38,015
Var %		10.4%	29.6%

Total Outpatient Occasions of Service

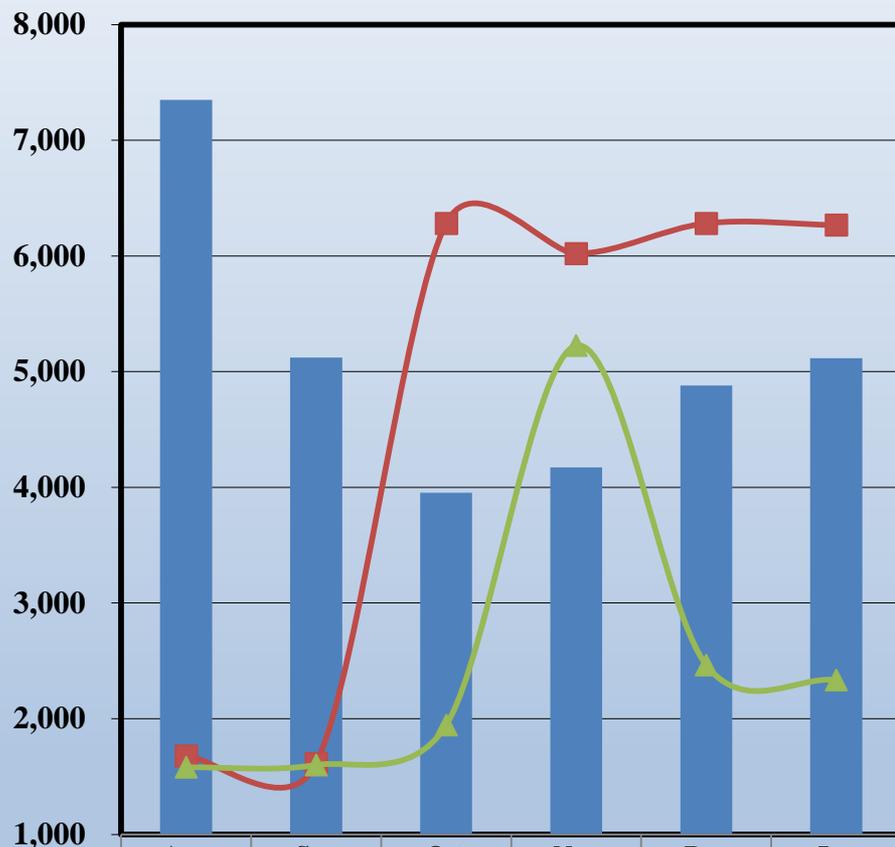


	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	26,425	22,028	20,365
Var %		20.0%	29.8%
Year-To-Date	102,838	87,295	82,667
Var %		17.8%	24.4%
Annualized	290,409	264,673	240,812
Var %		9.7%	20.6%

	Aug	Sep	Oct	Nov	Dec	Jan
Act	29,441	25,706	24,493	25,698	26,222	26,425
Bud	22,117	21,252	22,062	21,143	22,062	22,028
Prior	19,607	20,212	21,702	21,709	18,892	20,365

Urgent Care Visits

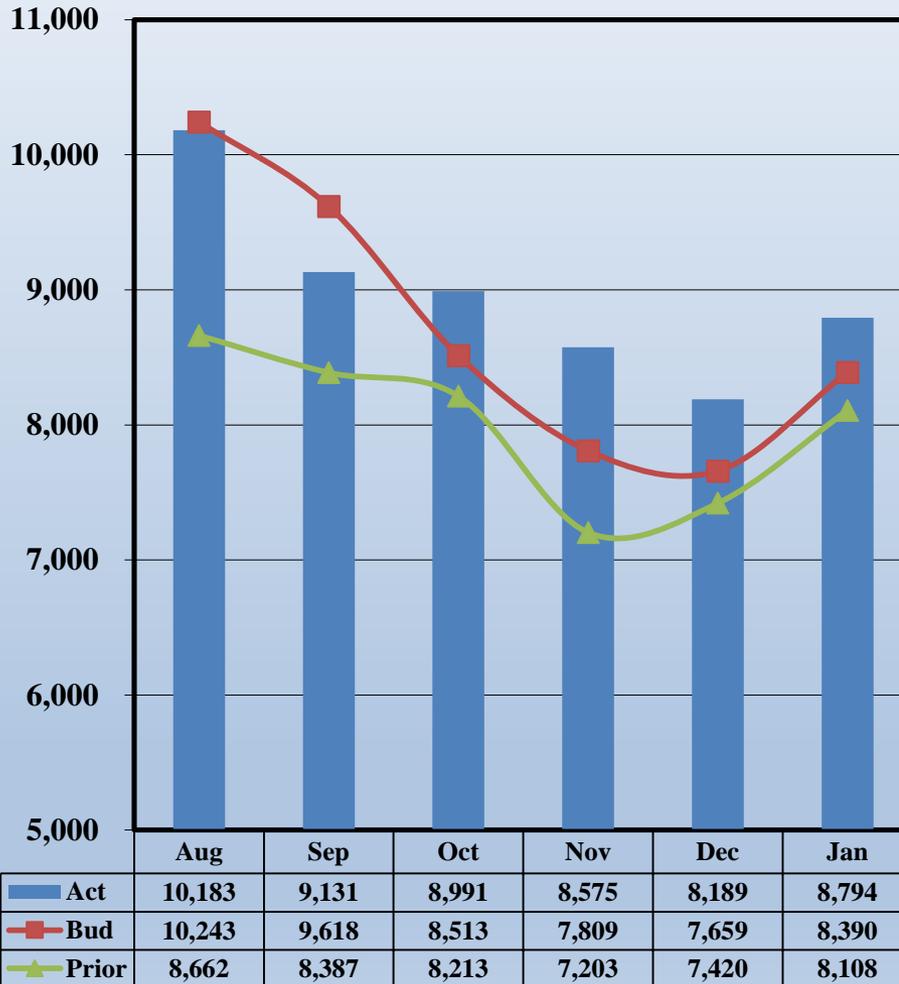
(JBS Clinic, West University & 42nd Street)



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	5,117	6,267	2,335
Var %		-18.4%	119.1%
Year-To-Date	18,123	24,852	11,969
Var %		-27.1%	51.4%
Annualized	45,035	38,428	27,145
Var %		17.2%	65.9%

■ Act	7,349	5,121	3,954	4,172	4,880	5,117
■ Bud	1,680	1,612	6,282	6,021	6,282	6,267
▲ Prior	1,579	1,600	1,945	5,225	2,464	2,335

Total ProCare Office Visits



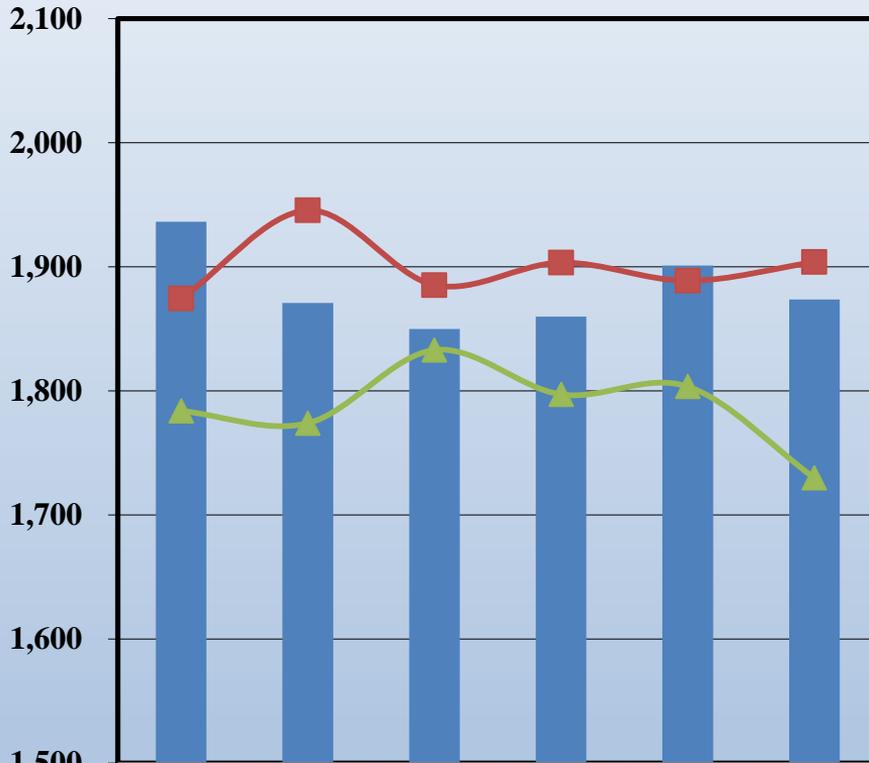
	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	8,794	8,390	8,108
Var %		4.8%	8.5%
Year-To-Date	34,549	32,371	30,944
Var %		6.7%	11.7%
Annualized	107,493	108,411	96,547
Var %		-0.8%	11.3%

Staffing



Blended FTE's

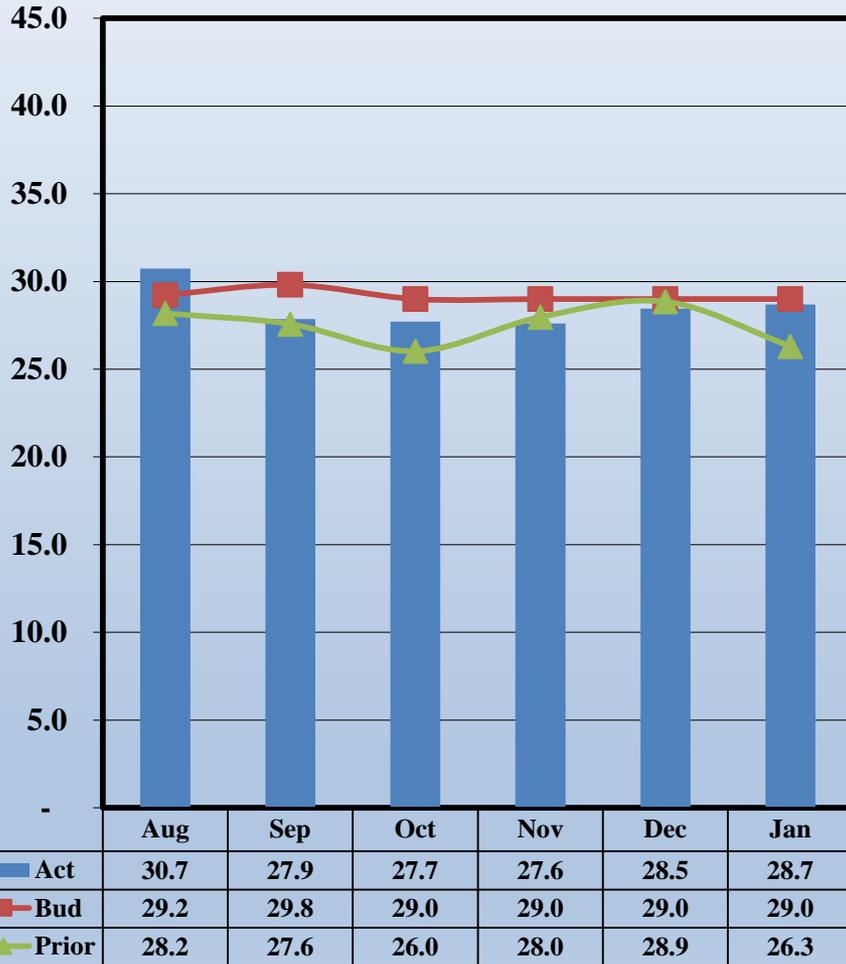
Including Contract Labor and Management Services



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	1,874	1,904	1,730
Var %		-1.6%	8.3%
Year-To-Date	1,871	1,895	1,791
Var %		-1.3%	4.5%
Annualized	1,856	1,916	1,778
Var %		-3.1%	4.4%

	Aug	Sep	Oct	Nov	Dec	Jan
Act	1,936	1,871	1,850	1,860	1,901	1,874
Bud	1,874	1,946	1,885	1,903	1,889	1,904
Prior	1,784	1,774	1,833	1,797	1,804	1,730

Paid Hours per Adjusted Patient Day *(Ector County Hospital District)*



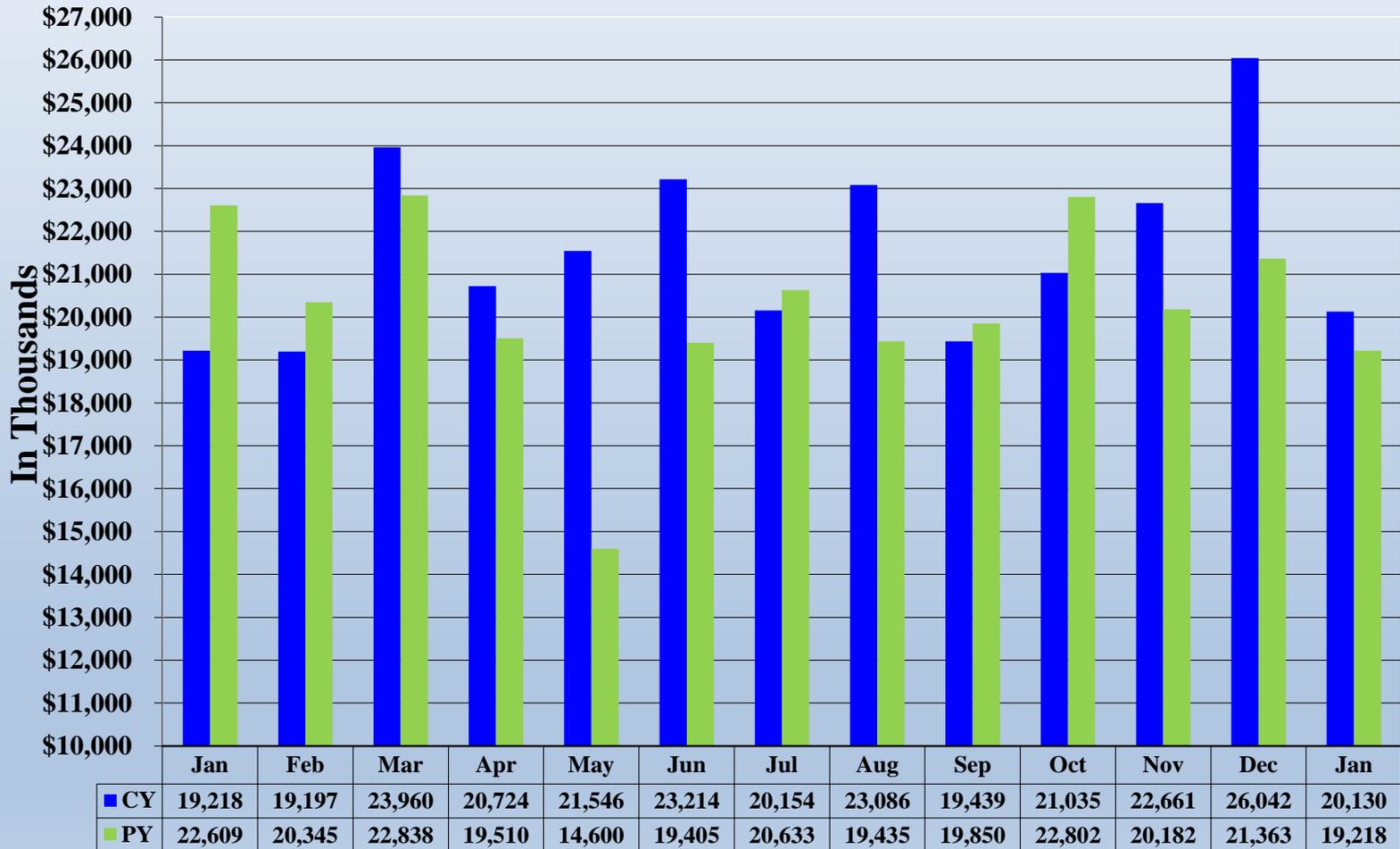
	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	28.7	29.0	26.3
Var %		-1.1%	9.0%
Year-To-Date	28.1	29.0	27.3
Var %		-3.1%	2.9%
Annualized	27.3	29.0	28.4
Var %		-5.9%	-3.9%

Accounts Receivable



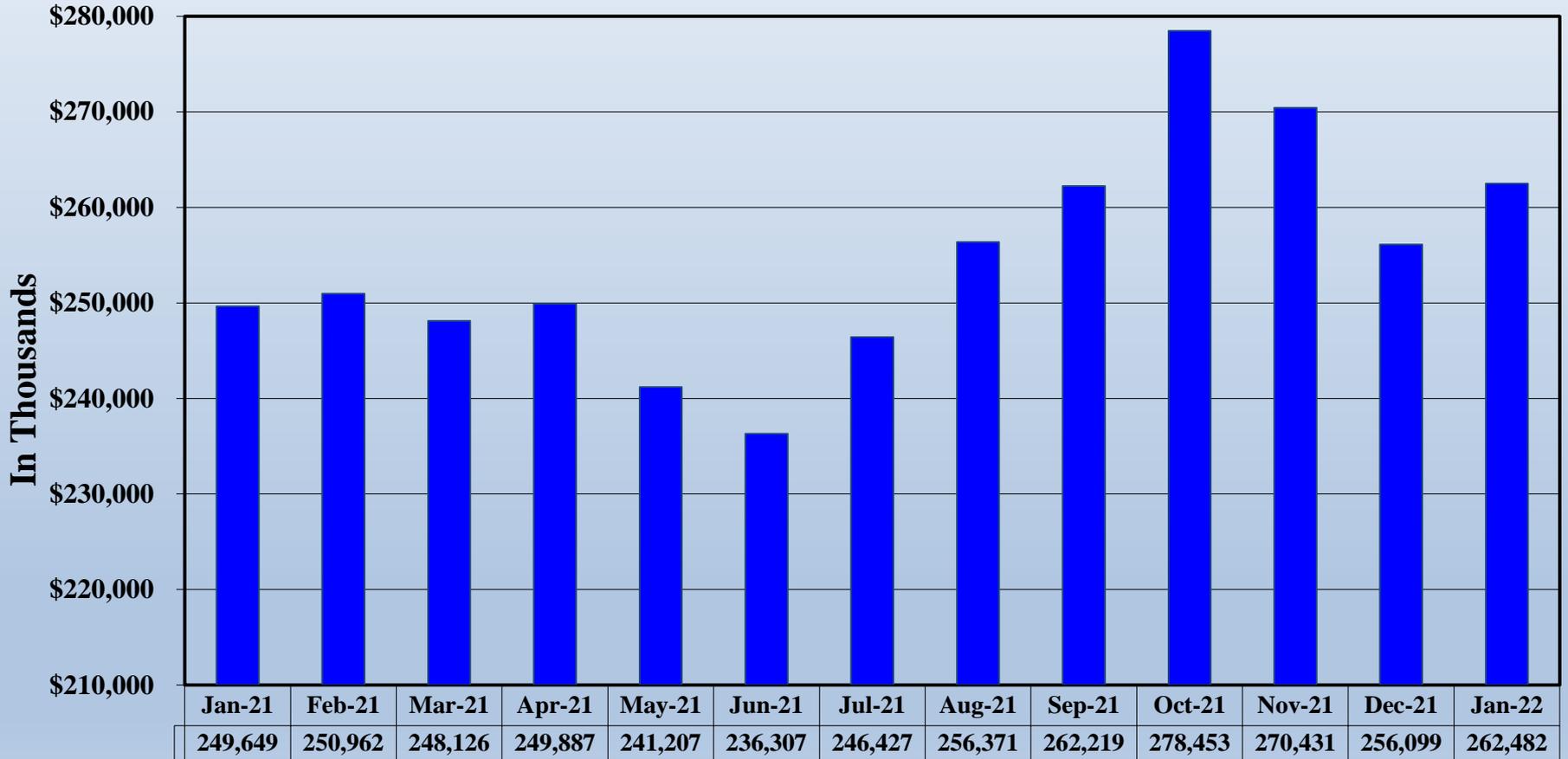
Total AR Cash Receipts

13 Month Trending



Total Accounts Receivable – Gross

Thirteen Month Trending



Revenues & Revenue Deductions



Total Patient Revenues

(Ector County Hospital District)



	Aug	Sep	Oct	Nov	Dec	Jan
Act	\$119.2	\$110.8	\$116.3	\$112.3	\$117.6	\$109.9
Bud	\$104.5	\$106.3	\$106.5	\$100.6	\$104.5	\$105.0
Prior	\$100.1	\$100.7	\$112.4	\$98.7	\$100.7	\$109.0

	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 109.9	\$ 105.0	\$ 109.0
Var %		4.7%	0.9%
Year-To-Date	\$ 456.1	\$ 416.7	\$ 420.7
Var %		9.5%	8.4%
Annualized	\$ 1,333.1	\$ 1,262.2	\$ 1,180.3
Var %		5.6%	12.9%

Total Net Patient Revenues



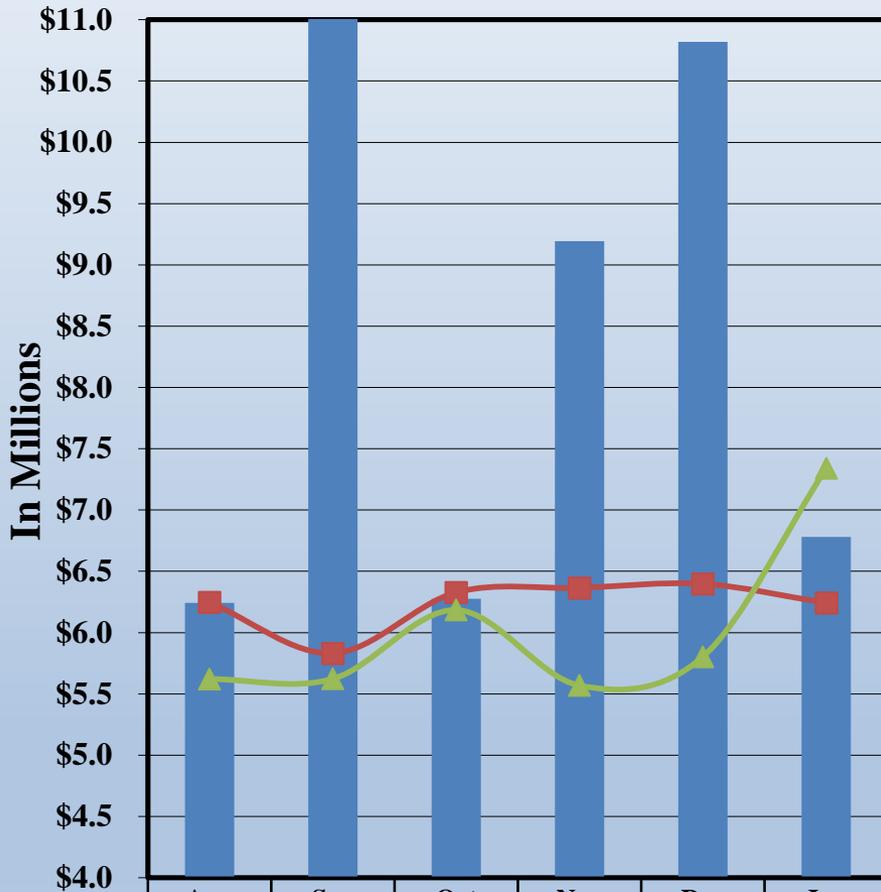
Act	\$32.1	\$29.7	\$24.8	\$24.8	\$28.0	\$25.1
Bud	\$23.4	\$23.8	\$25.1	\$23.9	\$24.7	\$24.9
Prior	\$23.7	\$30.5	\$25.3	\$24.0	\$23.3	\$24.9

	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 25.1	\$ 24.9	\$ 24.9
Var %		0.7%	1.0%
Year-To-Date	\$ 102.7	\$ 98.7	\$ 97.5
Var %		4.1%	5.4%
Annualized	\$ 309.9	\$ 287.2	\$ 276.2
Var %		7.9%	12.2%

Other Revenue

(Ector County Hospital District)

Including Tax Receipts, Interest & Other Operating Income



	Aug	Sep	Oct	Nov	Dec	Jan
Act	\$6.2	\$28.8	\$6.3	\$9.2	\$10.8	\$6.8
Bud	\$6.2	\$5.8	\$6.3	\$6.4	\$6.4	\$6.2
Prior	\$5.6	\$5.6	\$6.2	\$5.6	\$5.8	\$7.3

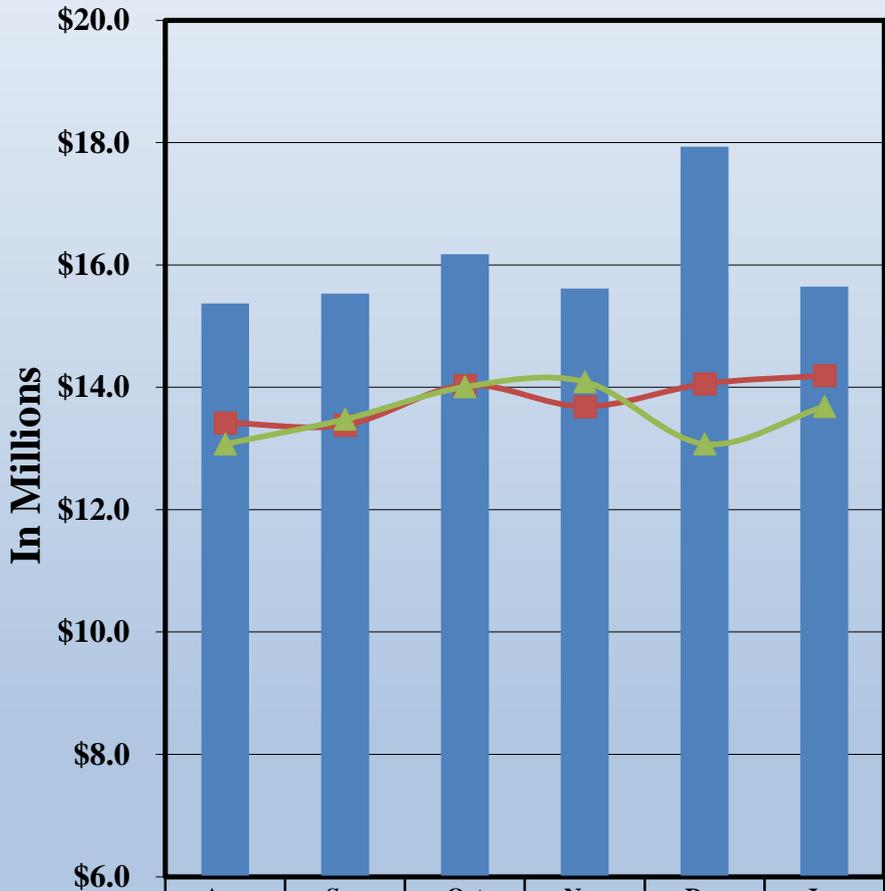
	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 6.8	\$ 6.2	\$ 7.3
Var %		8.6%	-7.7%
Year-To-Date	\$ 33.1	\$ 25.3	\$ 24.9
Var %		30.5%	32.8%
Annualized	\$ 85.2	\$ 63.1	\$ 58.6
Var %		35.1%	45.3%

Operating Expenses



Salaries, Wages & Contract Labor

(Ector County Hospital District)

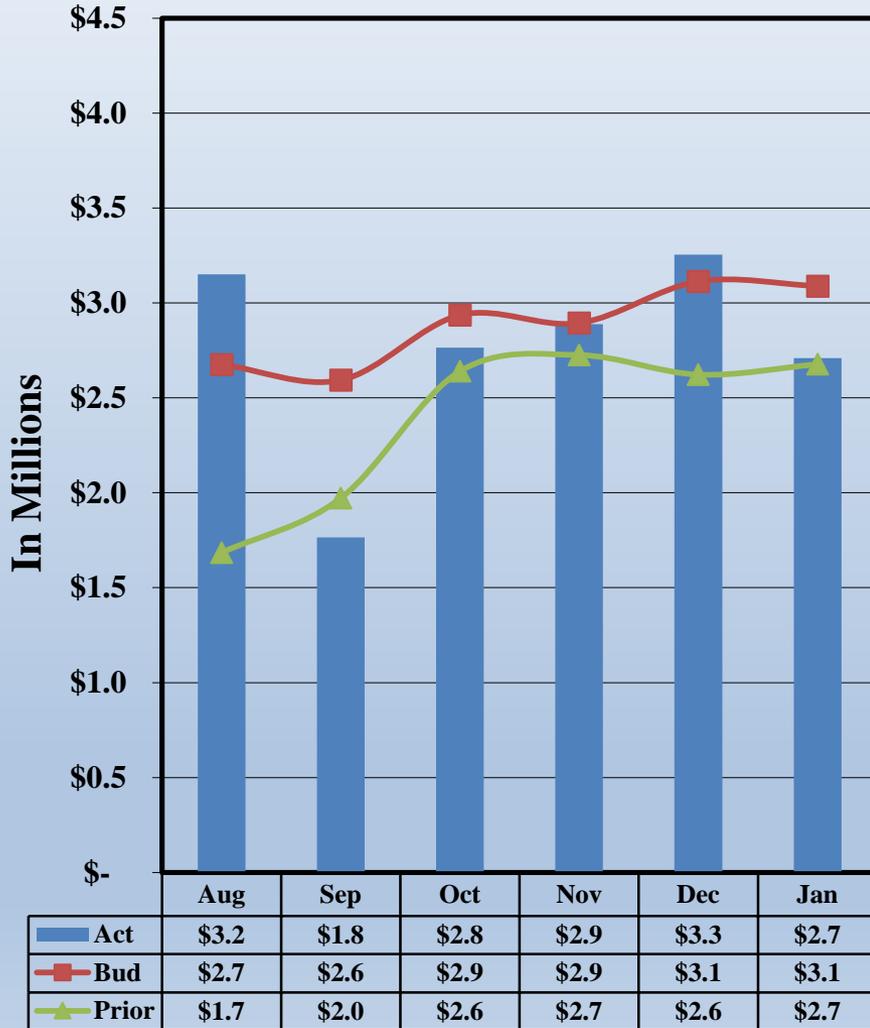


	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 15.6	\$ 14.2	\$ 13.7
Var %		9.9%	13.9%
Year-To-Date	\$ 65.4	\$ 56.0	\$ 54.9
Var %		16.8%	19.1%
Annualized	\$ 178.5	\$ 164.3	\$ 159.2
Var %		8.6%	12.1%

	Aug	Sep	Oct	Nov	Dec	Jan
Act	\$15.4	\$15.5	\$16.2	\$15.6	\$17.9	\$15.6
Bud	\$13.4	\$13.4	\$14.0	\$13.7	\$14.1	\$14.2
Prior	\$13.1	\$13.5	\$14.0	\$14.1	\$13.1	\$13.7

Employee Benefit Expense

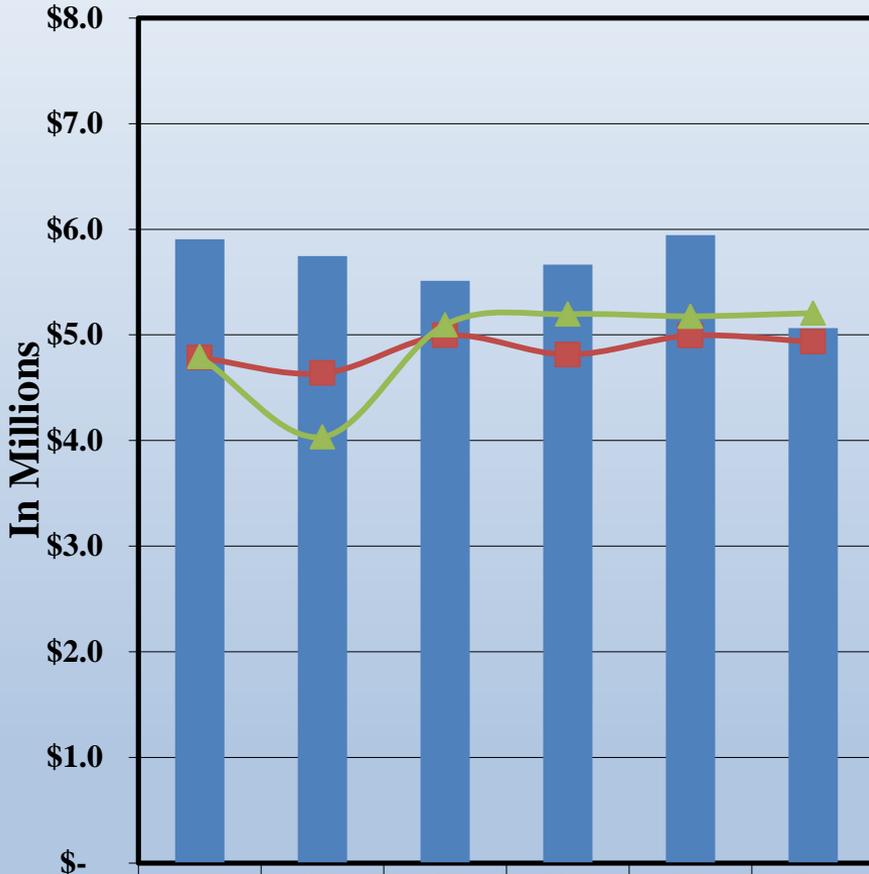
(Ector County Hospital District)



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 2.7	\$ 3.1	\$ 2.7
Var %		-12.3%	1.2%
Year-To-Date	\$ 11.6	\$ 12.0	\$ 10.7
Var %		-3.4%	8.9%
Annualized	\$ 34.3	\$ 33.0	\$ 28.7
Var %		3.9%	19.5%

Supply Expense

(Ector County Hospital District)

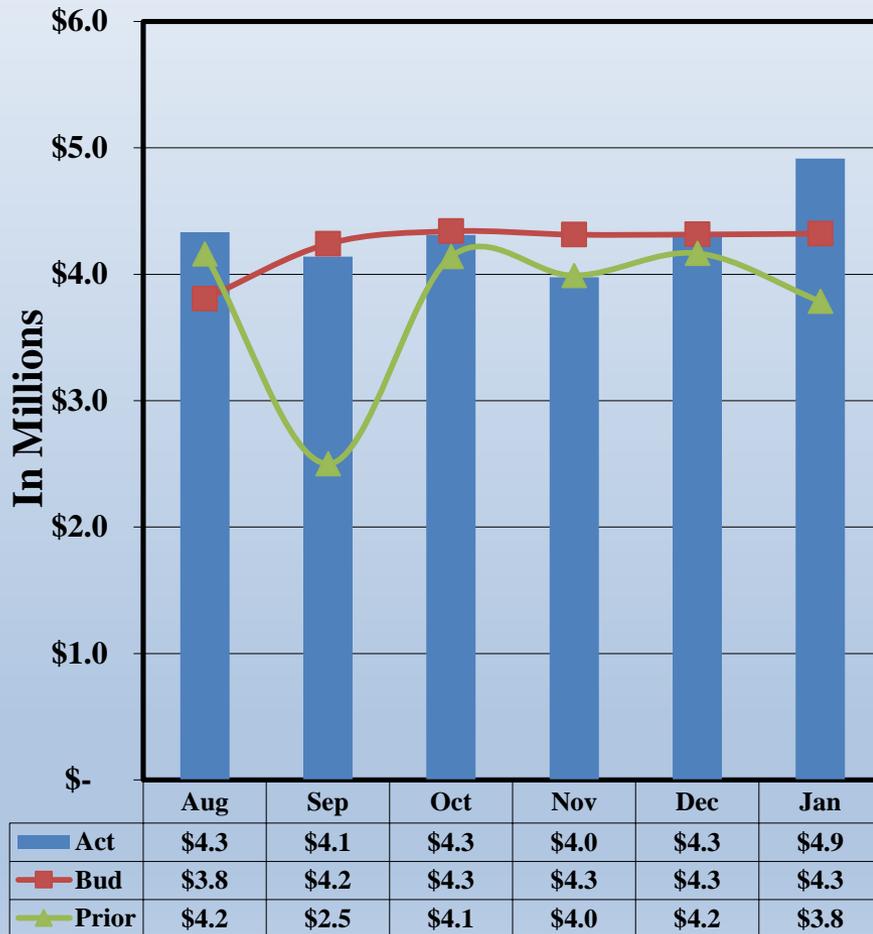


	Aug	Sep	Oct	Nov	Dec	Jan
Act	\$5.9	\$5.7	\$5.5	\$5.7	\$5.9	\$5.1
Bud	\$4.8	\$4.6	\$5.0	\$4.8	\$5.0	\$4.9
Prior	\$4.8	\$4.0	\$5.1	\$5.2	\$5.2	\$5.2

	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 5.1	\$ 4.9	\$ 5.2
Var %		2.6%	-2.7%
Year-To-Date	\$ 22.2	\$ 19.7	\$ 20.7
Var %		12.4%	7.3%
Annualized	\$ 62.7	\$ 58.6	\$ 55.1
Var %		7.0%	13.8%

Purchased Services

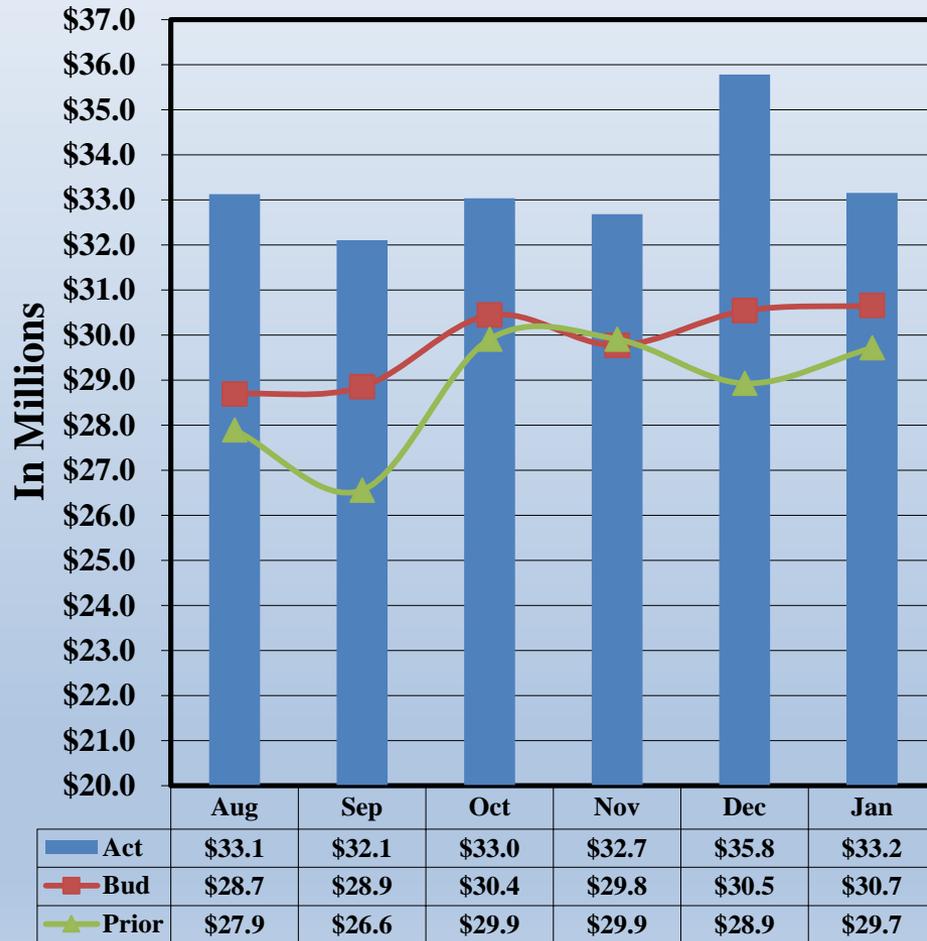
(Ector County Hospital District)



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 4.9	\$ 4.3	\$ 3.8
Var %		14.0%	30.1%
Year-To-Date	\$ 17.5	\$ 17.3	\$ 16.1
Var %		1.4%	9.0%
Annualized	\$ 49.7	\$ 47.7	\$ 48.8
Var %		4.2%	1.8%

Total Operating Expense

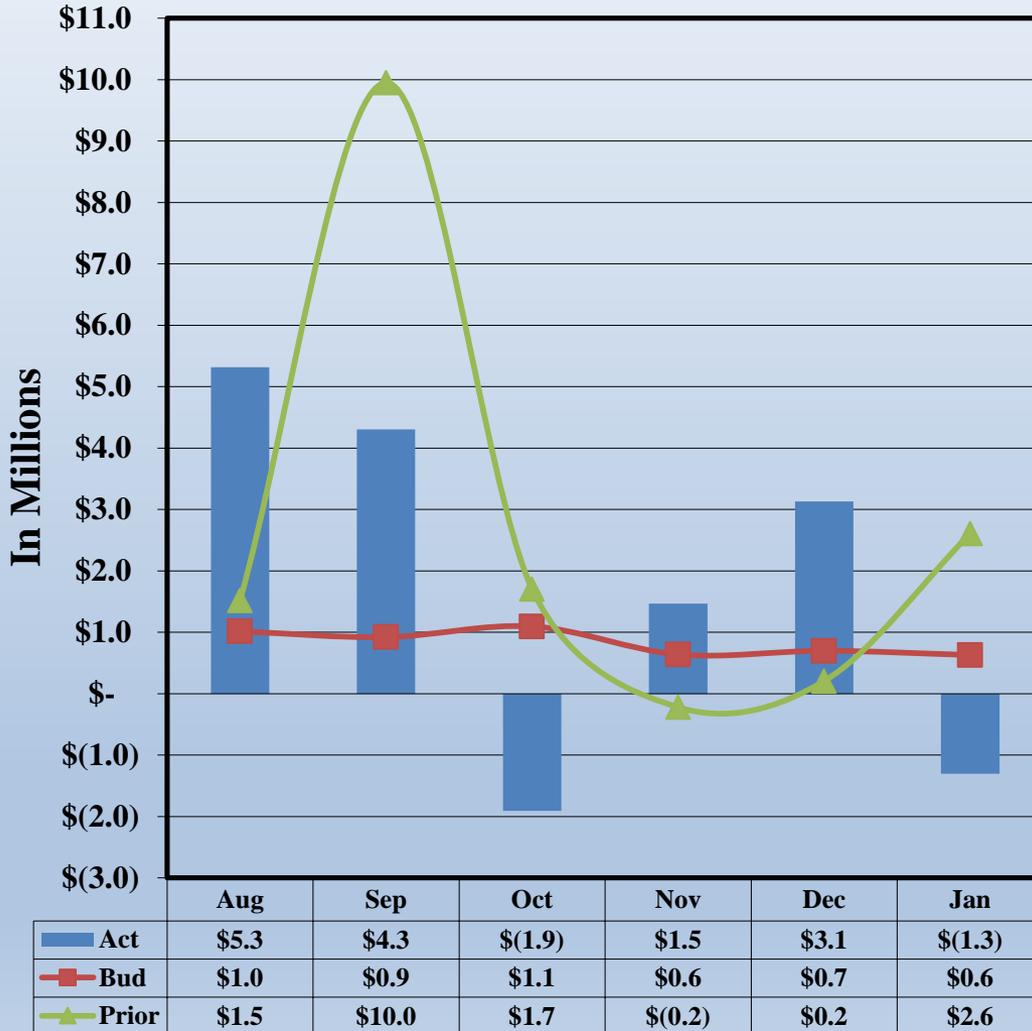
(Ector County Hospital District)



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 33.2	\$ 30.7	\$ 29.7
Var %		8.4%	11.8%
Year-To-Date	\$ 134.7	\$ 121.4	\$ 118.5
Var %		11.0%	13.7%
Annualized	\$ 377.6	\$ 352.1	\$ 343.3
Var %		7.2%	10.0%

Operating EBIDA

Ector County Hospital District Operations

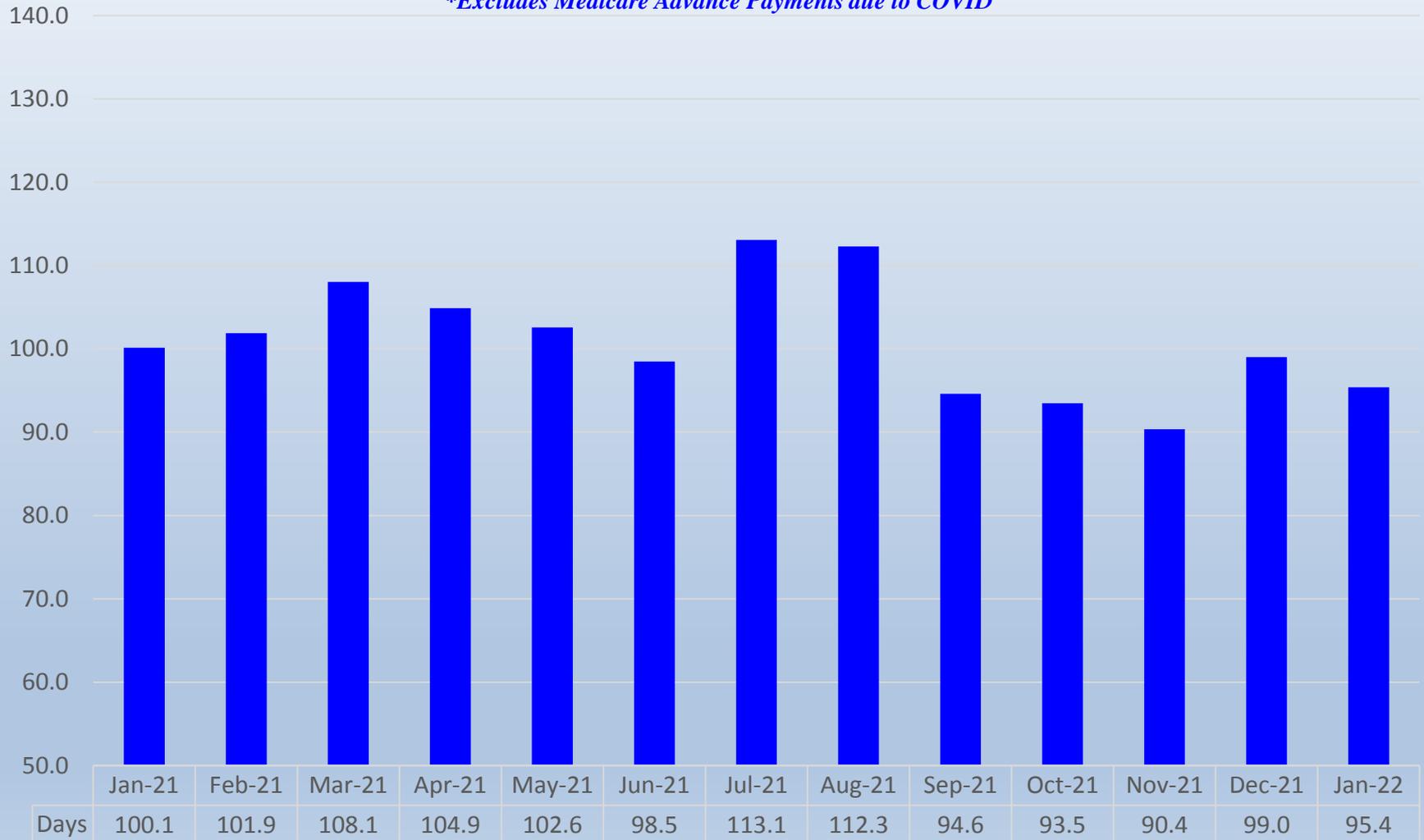


	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ (1.3)	\$ 0.6	\$ 2.6
Var		(1.90)	(3.90)
Var %		-316.7%	-150.0%
Year-To-Date	\$ 1.4	\$ 3.1	\$ 4.3
Var %		-54.8%	-67.4%
Annualized	\$ 39.0	\$ 10.4	\$ 4.0
Var %		275.0%	875.0%

Days Cash on Hand

Thirteen Month Trending

**Excludes Medicare Advance Payments due to COVID*



mch



MEMORANDUM

TO: ECHD Board of Directors
FROM: Linda Carpenter, Chief Information Officer
SUBJECT: Citrix Platform Hardware/License Support Renewal
DATE: March 1, 2022

Cost:

Citrix License/Hardware Support (1-Yr Renewal Support)	\$116,510.50
---	--------------

Budget Reference:

FY2022 Operational Funds	\$116,510.50
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Background:

The Citrix platform allows Medical Center Health System's (MCHS) users secure virtual computing throughout the organization. Citrix provides users with a unified digital workspace experience with the choice to use any device and any network to access any of their enterprise apps, desktops, and data. Citrix also enables IT to manage virtualized applications, desktops and data by providing various access controls for a secure digital perimeter around the user when accessing enterprise content, therefore providing the necessary level of enterprise security.

Citrix Workspace License and Hardware support offers the necessary continued support and updates for another year term.

Funding:

Citrix License and Hardware 1-Yr Support in the amount of \$116,510.50 from Superior Turnkey Solutions Group, Inc. will come from FY2022 budgeted operational funds.

NON-PHYSICAN CONTRACT ROUTING SHEET

REVIEW MCH-1059 POLICY PRIOR TO COMPLETING THIS FORM

Type:	Renewal	Budgeted:	Yes
CONTRACT NO:	001-9100-STSG-2019-MWC	Contract Begin Date:	4/1/2022
Out Clause:	N/A	Contract End Date:	4/1/2023
Termination: Written notice required:	Yes	Days required:	30
Business Associate Agreement (BAA) Required?:	No	(Check If Yes) (MCH BAA preferred; other partys BAA requires legal review & approval):	

Director:	Linda Carpenter	Phone Number:	
E-Team Member:	Linda Carpenter	Dept. Number:	9100
Premier Vendor Number:	5182	Address:	
Vendor Name:	Superior Turnkey Solution	Phone Number:	
Sales Representative Name:	Josh Thomas	Email:	
Purpose of Contract:	Citrix License Support - Virtual Computing throughout the organization.		

EMTS (Equipment Management and Technology Solutions) Reviewed: Yes

Performance Tool Form Required: Yes

Per MCH-1076 Retention of Records: Document retention is 5 years; Grant retention is 7 years.

Does this contract require additional retention time? : No **If yes; total additional years:**

Select Contract Type: Software License and Service Agreement,

ECHD Board Approval Required: (All contracts â‰¥ \$50,000.00 require board approval) Yes **Date Presented to the Board:** 3/1/2022

Replaces Purchase Order #: 228892 If a P.O. is required, complete this section

EXPENSE ACCOUNT	ITEM DESCRIPTION	CATALOG #	UNIT	QTY	UNIIT PRICE	EXTENDED AMT
9100.8300.6510	Citrix License Renewal		YR	1	116510.50	\$116,510.50
	Renewal ID: RN-848					

Comments:
Citrix Renewal 2022 to 2023



Opportunity ID:
RENEWAL ID: **RN-848**
PROPOSAL NAME: MCH-Citrix Renewal
PROPOSAL DATE: 1/7/2022

TO: Medical Center Hospital of Odessa
400 W 4th Street
Suite 300
Odessa, Texas 79760

ATTN: David Booth/Karl Keissling
PHONE: 432-640-1155 Ext. 0
FAX: 432-640-1378 Mail: dbooth@echd.org
Cell:

SUBMITTED BY: **Lisa Lewis**
E-Mail: Lisa.Lewis@STSGInc.com
Title: Inside Sales Renewal Representative
Mobile Number: (817) 819-8394
Direct Office: (972) 340-6850
FAX: (972) 340-6850

Vendor Contact:
E-mail:
Engineer Assigned: **SME Consultants**
E-mail: Support@STSGInc.com

Superior TurnKey Solutions Group, Inc IS PLEASED TO PROPOSE AS FOLLOWS:

ITEM	DESCRIPTION	Delivery Time:	Part Number	QTY	UNIT PRICE	EXTENSION
1	Citrix Workspace Bundle-1x Perpetual license Phone/Updates 4-2-2022 to 4-01-2023		LA-0002091414	1025	\$ 97.38	\$ 99,814.50
2	Citrix Netscaler SDX 8015 Gold Phone Support/Updates 4-2-2022 to 4-1-2023		BHRT0CN6RG	2	\$ 8,348.00	\$ 16,696.00
Subtotal						\$ 116,510.50

Proposal: Proposal for Citrix one year usage for MCH users.

Pre-Discount SubTotals	Discounts	\$	116,510.50
Promotional Discount: Year	\$	-	
		\$	116,510.50
Shipping and Insurance		\$	-
Sales Tax		\$	-
Total		\$	116,510.50
Leasing 3 years \$1B0:			

Terms of Sale

Software Sale is offered into an agreement with Superior TurnKey Solutions Group, Inc. a Texas corporation and Customer listed above on this page. All Prices are F.O.B. Point of Origin and do not include unless stated, freight, Sales tax, excise taxes, duties, tariffs, or other charges Levied by federal, state, or local governmental authority. Payment in full Due 25 calendar days after Invoice date. A finance charge of 1.5% per month, which is an annual Rate of 18% will be charged on all past due invoices. STSG accepts AE, MC & Visa charges w/ 2% processing fee. Quote is valid 20 days from Proposal date or if vendor pricing changes.

Please refer to applicable STSG Installation, maintenance, technical services and warranty policies. This transaction and future ones will be governed in accordance with the laws of the State of Texas, USA. Any dispute that may arise from this agreement shall be first be resolved by the two parties in this purchase to clear up any issues in writing or by conference call or email. STSG shall in no event be liable for any special, indirect, consequential, or other damages of any kind outside our signed documents and with the installation work is sign-off as complete. Without prior written consent of STSG, client shall not employ or solicit employment, directly or indirectly from any STSG employee or contractor. Associated documentation included in this contract:
 _ Statement of Work dated: ___/___/2022
 _ Software License Agreement dated: ___/___/2022
 _ Project Plan implementation dated: ___/___/2022
 _ 3rd Party documentation needed: _____
 STSG, Inc. Is a C Corporation formed April 2007 in Texas

Company: Ector County Hospital District/Medical Center Hospital
 Accepted by: _____
 Signature
 Your (Title): President/CEO _____
 Date: ___/___/2022
 PO: _____ date ___/___/2022
 Superior TurnKey Solutions Group, Inc.
 Print Name: Josh B. Thomas _____
 BY: Josh B. Thomas
 Signature
 Your (Title): President _____
 Date: ___/___/2022

Superior TurnKey Solutions Group, Inc.
P.O. Box 262145
Plano, Texas 75026-2145
Phone: 972-491-1294
Fax: 208-275-7440
Attn: Sales Department

Delivery time: Normally within two weeks as agreed to,
Travel & Living at customer: ___Yes ___No
Charged as budget or actual: ___Yes ___No

PERFORMANCE TOOL

Annual Review of Contract Service – (MCH-1059 Section 1A3b)

DO NOT LEAVE BLANKS (State entry is not applicable by using N/A)

Return to **COMPLIANCE/CONTRACT OFFICE** on Annual basis (along with Annual Review)

Date: 02/22/22

Contract Vendor Name: STSG

Aperk Vendor Contract Number: 001-9100-STSG-2019-MWC

Nature of service: Citrix License Support

Evaluation Performed by: **[SIGNATURE REQUIRED]: Linda Carpenter Date: 2/22/22**

Are you responsible person for this contract: **YES X NO _____**

If no, name the responsible party:

Evaluation	Met Expectation	Did Not Meet Expectation
1. Abides by applicable law, regulation, and organization policy in the provision of its care, treatment, and service.	x	
2. Abides by applicable standards of accrediting or certifying agencies that the organization itself must adhere to.	x	
3. Provides a level of care, treatment, and service that would be comparable had the organization provided such care, treatment, and service itself.	x	
4. Actively participates in the organization's quality improvement program, responds to concerns regarding care, treatment, and service rendered, and undertakes corrective actions necessary to address issues identified.	N/A	
5. Assures that care, treatment, and service is provided in a safe, effective, efficient, and timely manner emphasizing the need to – as applicable to the scope and nature of the Contract service – improve health outcomes and to prevent and reduce medical errors.	N/A	
6. Vendor/Individual adheres to the Identification Badge Policy (MCH-3000) in wearing MCH issued photo-identification and is visible at all times.	x	

Performance Metrics-Direct Patient Care Only (Specific expectations in conjunction with contract/agreement)

METRIC	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR	Cumulative Total
N/A					
N/A					

Corrective Action & follow up (describe): _____

Comments: _____

Conclusion (check one)

- Contract service has met expectations for the review period
- Contract service has not met expectations for the review period. The following action(s) has or will be taken: (Check all that apply)
 - Monitoring and oversight of the contract service has been increased
 - Training and consultation has been provided to the contract service
 - The terms of the contractual agreement have been renegotiated with the contract entity without disruption in the continuity of patient care
 - Penalties or other remedies have been applied to the contract entity
 - The contractual agreement has been terminated without disruption in the continuity of patient care
 - Other: _____

For help with this form contact Compliance/Contract Office Ext 3016



To: ECHD Board of Directors
 Through: Russell Tippin, President & CEO
 Through: Matt Collins, COO
 From: Carol Evans, Divisional Director - Imaging Services
 Date: January 28, 2022
 RE: Acquisition of Ultrasound Unit at the Center for Women’s Imaging

CER #7240-22-01: \$250,000
 Samsung RS85 Prestige: 130,567
 To Contingency: \$119,433

REQUEST

The Department of Radiology’s Center for Women’s Imaging is requesting approval to purchase a Samsung RS85 Prestige ultrasound unit at a total cost of \$130,567.

OBJECTIVE

This acquisition is to a 12 year old ultrasound unit that is dedicated to MCH breast care services. Replacement is advised for the following reasons:

1. Unit is end-of-life as of May of 2015 and is expected to reach end-of-support by in 2023 making repairs increasingly difficult.
2. Operating system is XP which creates IT security issues especially in the wireless environment. Replacement unit has Windows 10 operating system.
3. Technology is outdated.

IT REQUIREMENTS

Digital images will be sent to DR PACS and then to MCH Portal.

VENDOR CONSIDERATION

Vendor	Cost
Samsung	\$130,566.62
Philips	\$75,292.40
Siemens	\$101,465.00

Samsung is the vendor of choice due to the technological advancement of their software and other advantages as described below:

- Samsung has increased sensitivity for color enhancement compared to the other vendors' technology.
- Technology utilized by other vendors presents an image with increased noise levels in the form of shadowing and image artifacts which complicate interpretation.
- Samsung provides software, not offered by the other vendors, to enhance vascular resolution which is utilized to determining blood flow surrounding a possible lesion.
- Samsung offers the longest parts and labor warranty at five years.
- Samsung will provide onsite training for the Trimedx group currently taking "first call" on all imaging equipment.

Please see table below for additional comparison information.

VENDOR	WARRANTY PERIOD	# OF TRANSDUCERS	BIOMED SERVICE TRAINING
SAMSUNG	5 yrs	2	2 days
PHILIPS	3 yrs	2	None
SIEMENS	1 yrs	1	None

FINANCIAL CONSIDERATION

Symplr reviewed the quote and no further savings were identified.

FTE IMPACT

No additional FTEs are needed.

WARRANTY & SERVICE COVERAGE

Samsung warrants the system will be free from defects in material and manufacturing workmanship for a period of 5 years upon availability for first patient use. In addition, Samsung is offering on-site training to Trimedx in order to assist MCHS in taking “first call” for urgent downtime repairs.

DISPOSITION OF EXISTING EQUIPMENT

The 12 year old system will be retained for emergency use for both breast imaging and diagnostic ultrasound at the main facility as well as the WSMP. This will provide needed backup when current systems are down.

COMMITTEE APPROVALS

Radiology Section Meeting	Approved	1/20/2022
FCC	Pending	
MEC	Pending	
Joint Conference	Pending	
ECHD Board	Pending	



To: ECHD Board of Directors
Through: Russell Tippin, President & CEO
Through: Matt Collins, COO
From: Carol Evans, Divisional Director - Imaging Services
Date: January 28, 2022
RE: Acquisition of CT Contrast Injectors
Open Markets #1360

CER # 7230-22-02	\$75,850
MedRad Stellant Flex CT injectors	<u>76,970</u>
From Contingency	\$ 1,120

REQUEST

The Department of Radiology is requesting approval to purchase five MedRad Stellant Flex Dual Head CT Power injectors at a total cost of \$76,970.

OBJECTIVE

This acquisition is to replace five dual head CT contrast power injectors and will replace the following injectors: (1) PET/CT, (1) WSMP CT, (3) Main CT – one for each of three scanners. This purchase will also replace one of the current overhead counterpoise injector mounts. This mount will no longer support the weight of the injector and has been deemed unrepairable by Trimedx.

The injectors being replaced include the following:

- 14 year old PET/CT injector installed 2/26/2007.
- 14 year old WSMP CT injector installed 4/13/2007.
- 12 year old CT room 1 injector installed 3/12/2009.
- 11 year old CT room 3 injector installed 9/7/2010.
- 10 year old CT room 2 injector installed 2/23/2011.

All the current injectors have reached end of life and are due to reach end of support by the end of 2022. This is a vendor upgrade program offered for older systems and will upgrade these to the current offering by MedRad.

IT REQUIREMENTS

NONE

VENDOR CONSIDERATION

Vendor	Cost
MedRad	\$76,970.00

MedRad is the vendor of choice. It is currently used in every modality throughout the Health System. This is an upgrade to the existing systems and purchase of new injectors from any vendor would result in a substantial price increase.

FTE IMPACT

No additional FTEs are needed.

WARRANTY & SERVICE COVERAGE

MedRad warrants the systems will be free from defects in material and manufacturing workmanship for a period of twelve months upon availability for first patient use

DISPOSITION OF EXISTING EQUIPMENT

The Current systems will be returned to MedRad as part of the upgrade program.

COMMITTEE APPROVALS

Radiology Section Meeting	Approved	1/20/2022
FCC	Pending	
MEC	Pending	
Joint Conference	Pending	
ECHD Board	Pending	

MEMORANDUM

TO: ECHD Board of Directors

FROM: Carlos Aguilar, Director of Engineering
 Through Matt Collins, Chief Operating Officer

SUBJECT: TD Industries-Contract Replacement – Ice Machines

DATE: March 1, 2022

<u>Cost:</u>	
Preventative Maintenance (Inspection 1/1/2022 – 12/31/2022) <i>(Operational Budget)</i>	\$24,744.00
Preventative Maintenance (Inspection 1/1/2023 – 12/31/2023) <i>(Operational Budget)</i>	\$25,488.00
Preventative Maintenance (Inspection 1/1/2024 – 12/31/2024) <i>(Operational Budget)</i>	<u>\$25,998.00</u>
Contract Total	\$76,230.00

Background:

This contract will replace the contract with Commercial Ice and provide all labor, tools and equipment to test, clean and sanitize the ice machines listed in the contract. This testing is required to maintain our compliance with DNV and CMS. Inspection and Service is performed quarterly each year.

Staffing:

No additional FTE's required.

Disposition of Existing Equipment:

N/A

Implementation Time Frame:

N/A

Funding: budgeted operational expense

FY 2021 CAPITAL REQUEST

Date: February 1, 2022

To: Ector County Hospital District Board of Directors

From : Steve Ewing CFO
Christin Timmons, Vice-President / CNO

Re: Accelerate performance & enhance revenue with improved utilization management program.

Total Cost (unbudgeted) \$ 97,000

OBJECTIVE

Vizient will provide a comprehensive UM program expert for MCH’s acute care facility, encompassing inpatient, surgical, observation and emergency department services.

Proposal

MCH desires to have a robust utilization management (UM) program that consistently delivers the right care at the right time in the right setting. Vizient’s current partnership with MCH to stand up a brand-new observation unit has exposed improvement opportunities in our case management/utilization review (UR) department around clinical documentation, completion of required reviews, and ensuring compliance with the Medicare and Medicaid conditions of Participation.

Deliverables

- Provide staffing analysis plan to meet the demand of MCH’s UM needs
- Create a dashboard that monitors UM processes and performance metrics to evaluate effectiveness
- Assist in the deployment of workflows and processes to ensure reviews for medical necessity and continued stays
- Assist in the development of an ongoing education and training plan for UM and case management staff to sustain change
- Establish an audit process to evaluate the application of medical necessity criteria audits (IRR)

CMS Star Rating Update

Updates to Star Rating

- Next Star Rating should be available **JULY 2022**.

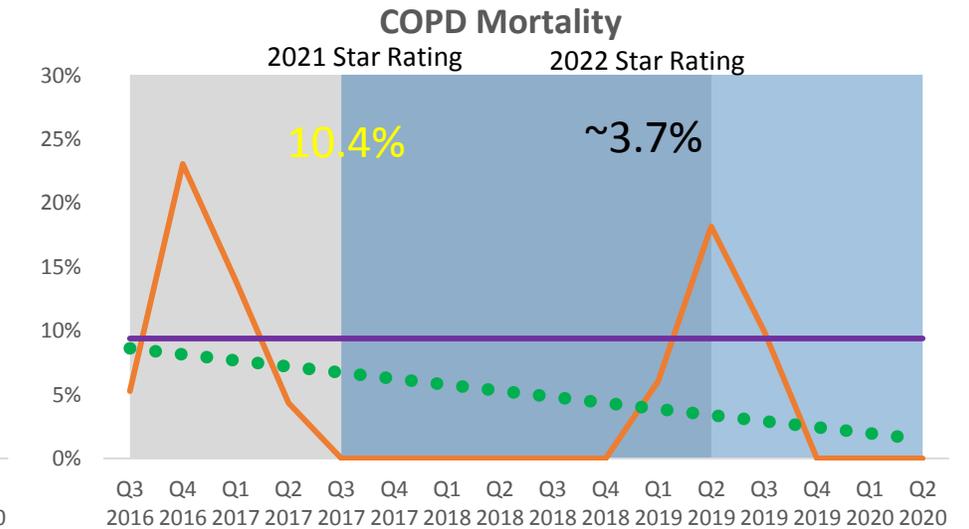
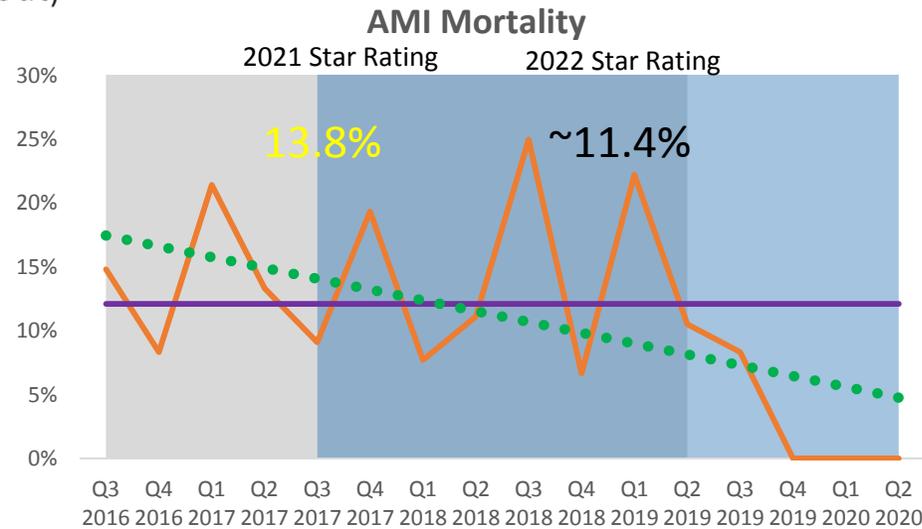
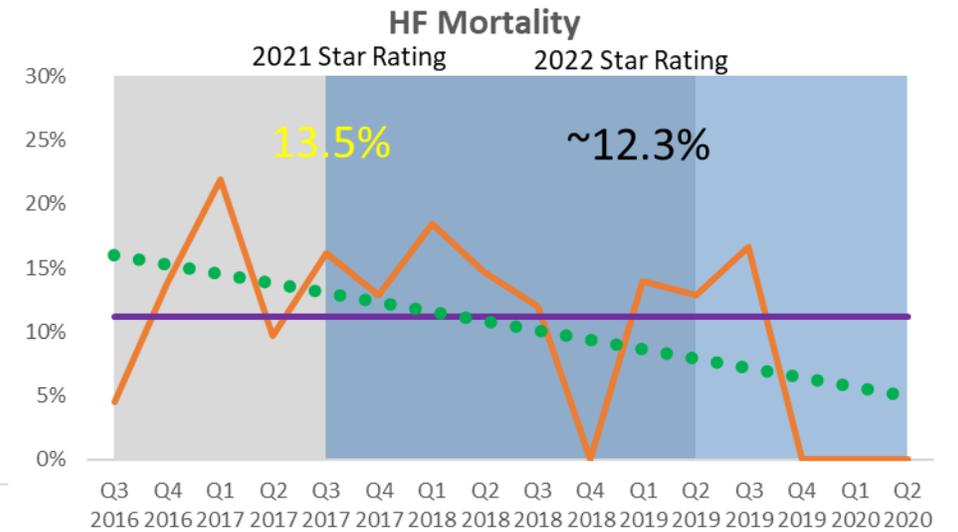
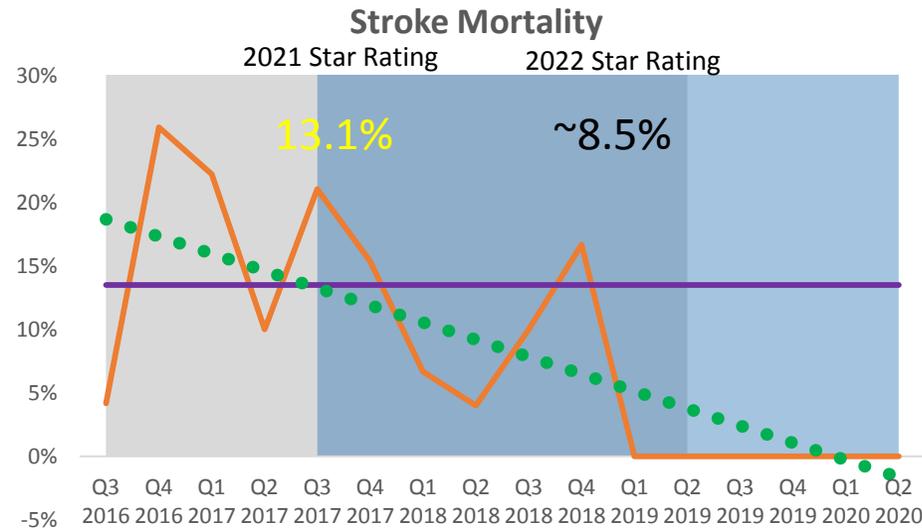


CMS is postponing refreshing Hospital Public Reporting and Hospital Overall Star Ratings until July 2022, with the exception of Hospital Value Based Purchasing Program Data that will be updated on the Provider Data Catalog in April 2022.

- Some of the updated slides have both an orange data line as well as a navy-blue data line.
 - Orange Line = Data from CMS (may take over a year to see current data)
 - Navy-Blue Line = Quality Advisor Data (internal process to see correlating internal data for some measures)
- Newest hospital compare preview report out for January 2022.
 - Improved 13 measures over last year
 - Worsened in only 2 measures

Mortality

(No new reports since last report out)



Mortality Action Plan

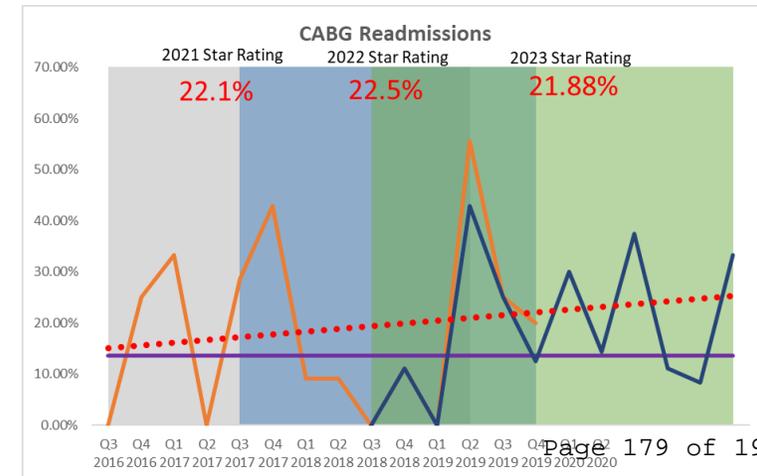
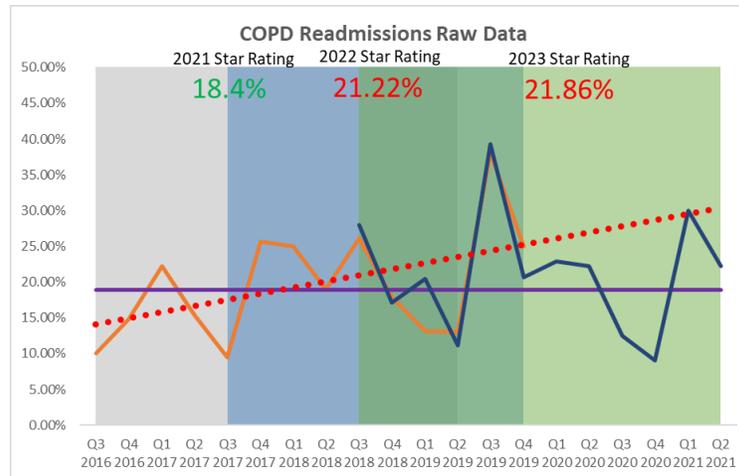
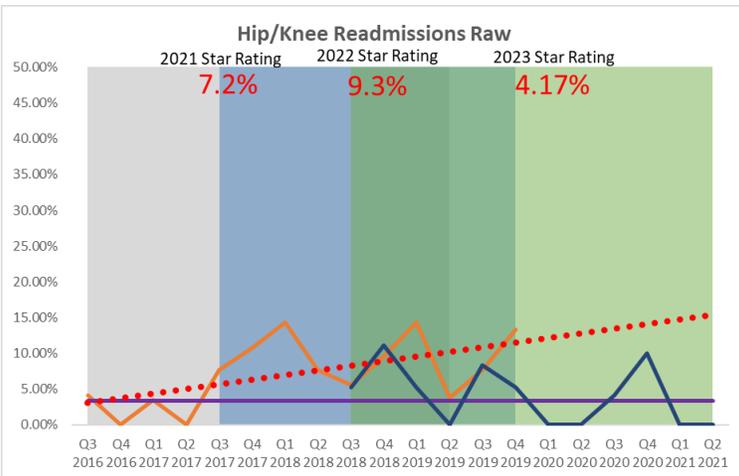
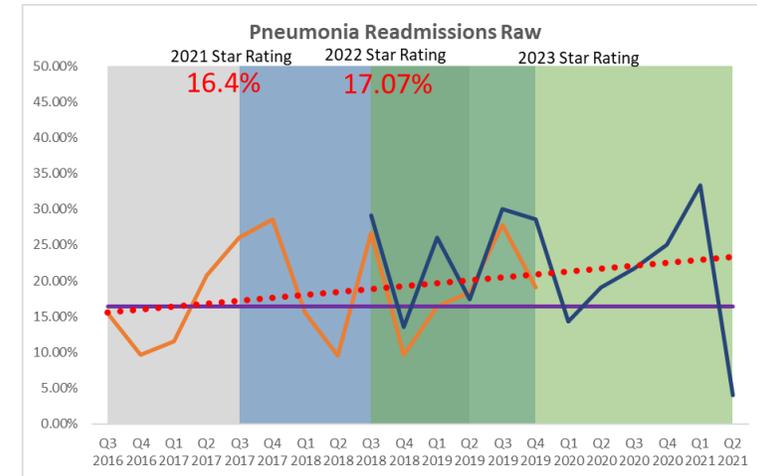
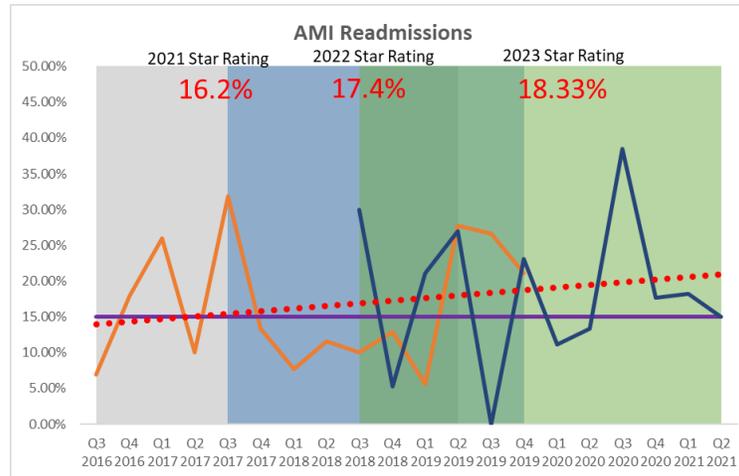
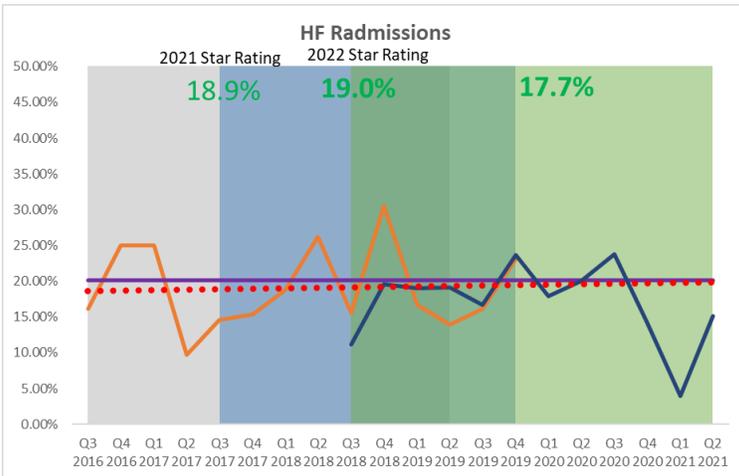
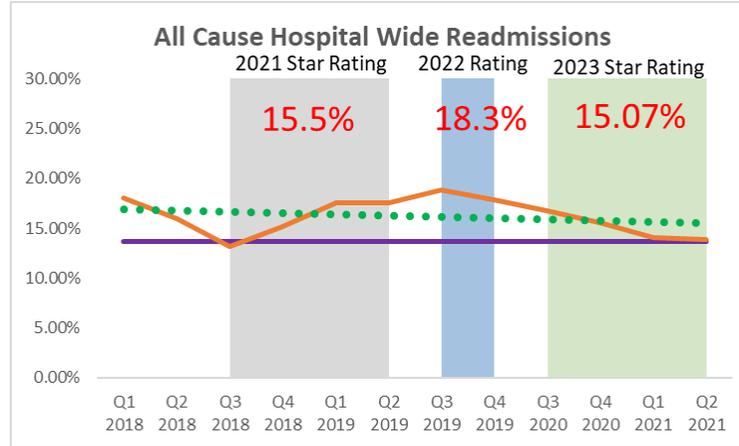
- Peer review coordinator to continue reviewing all deaths and forwarding to peer review if delay of care is noted.
- Once PSO position filled, form an interdisciplinary committee to review mortalities.

Readmission Data

Orange Line = CMS

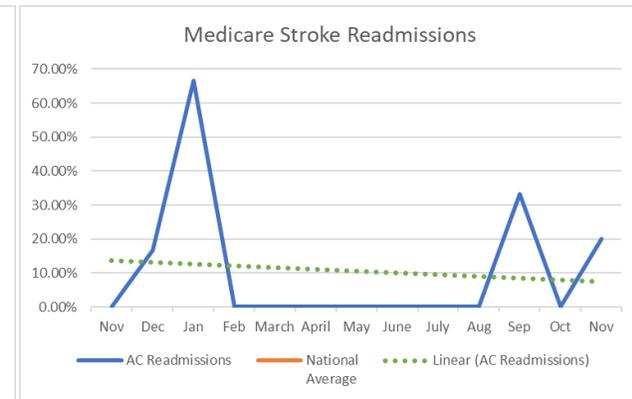
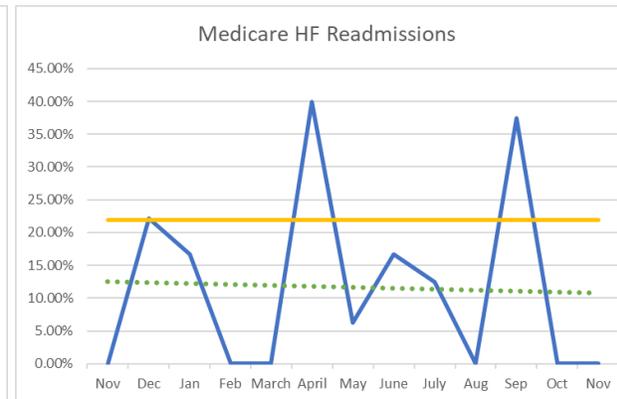
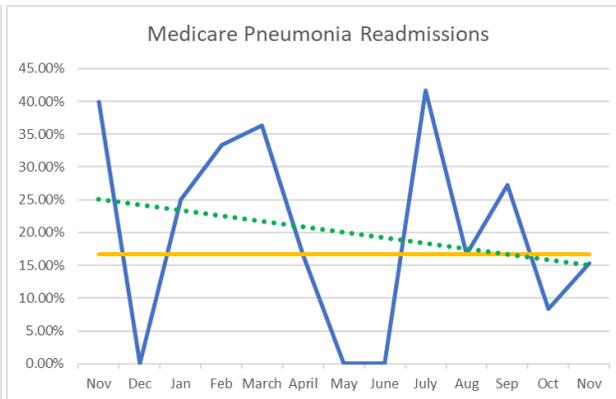
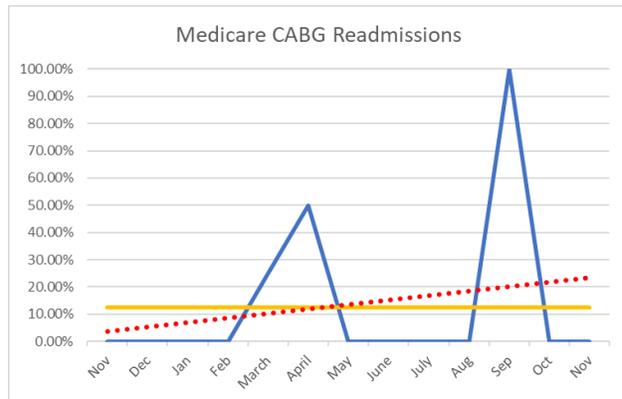
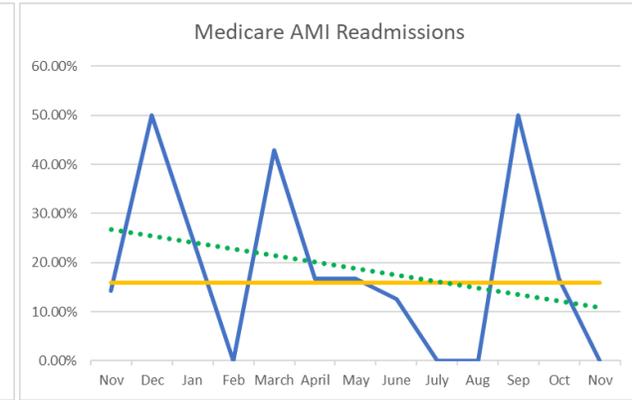
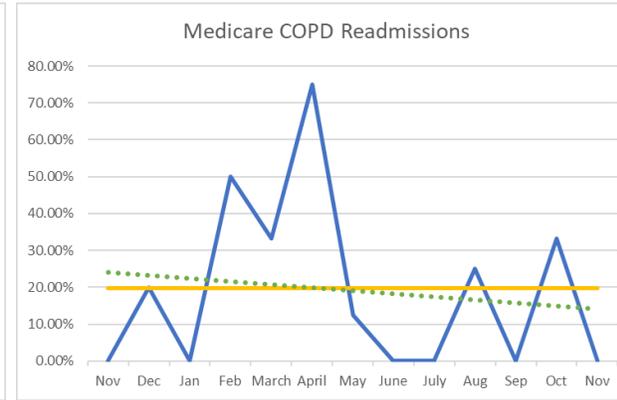
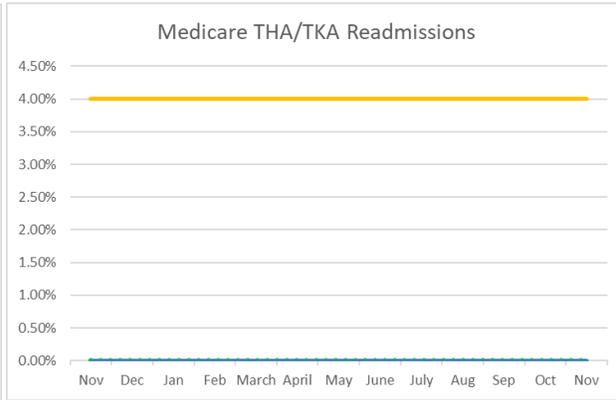
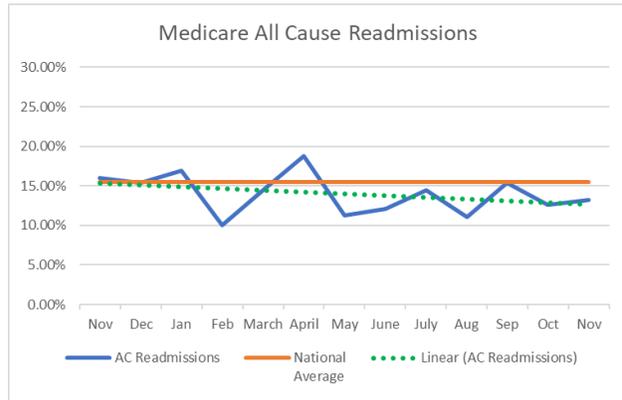
Navy Line = Quality Advisor

(No update since last report out)



Readmissions Internal Data (12 Month Review)

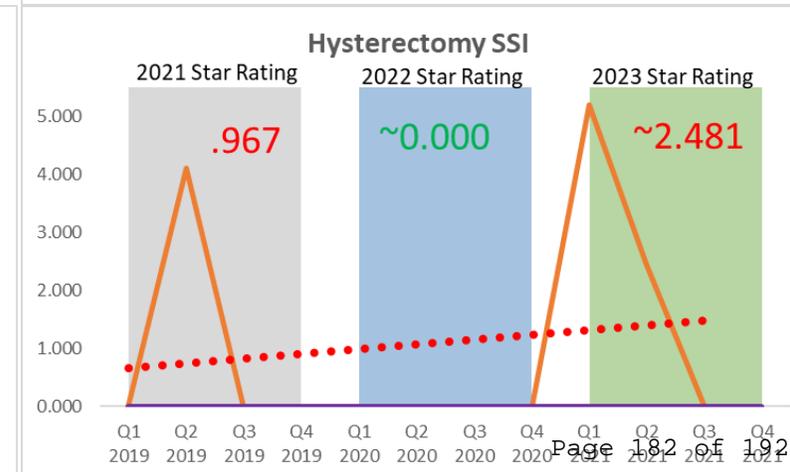
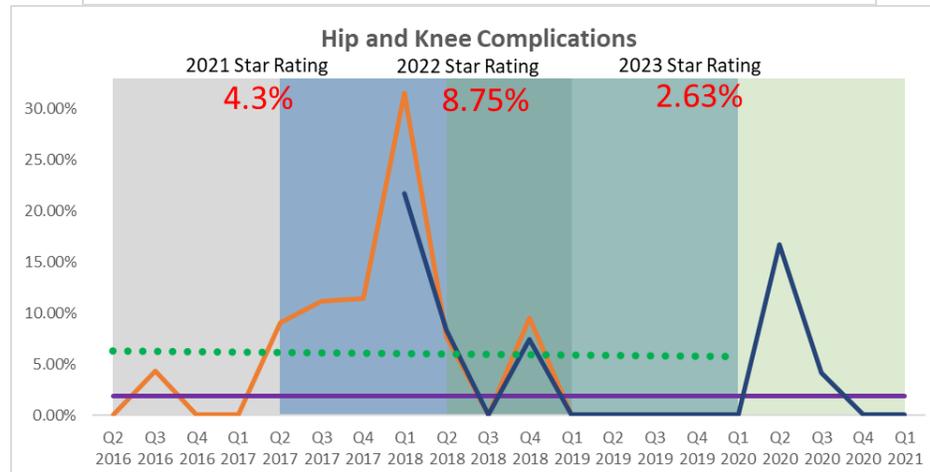
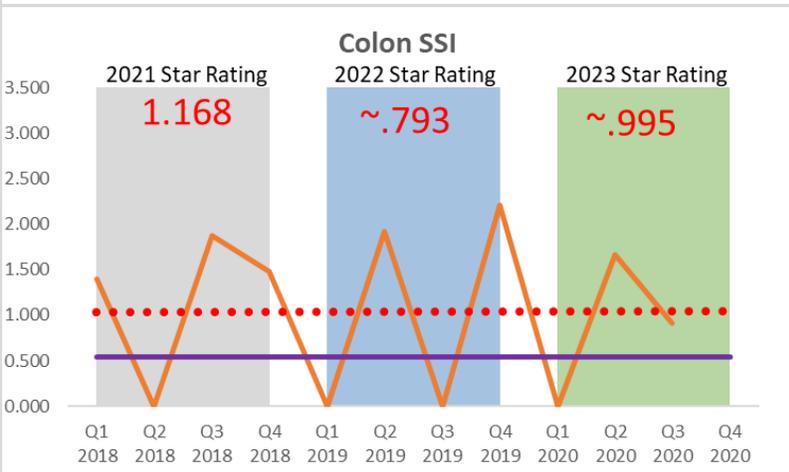
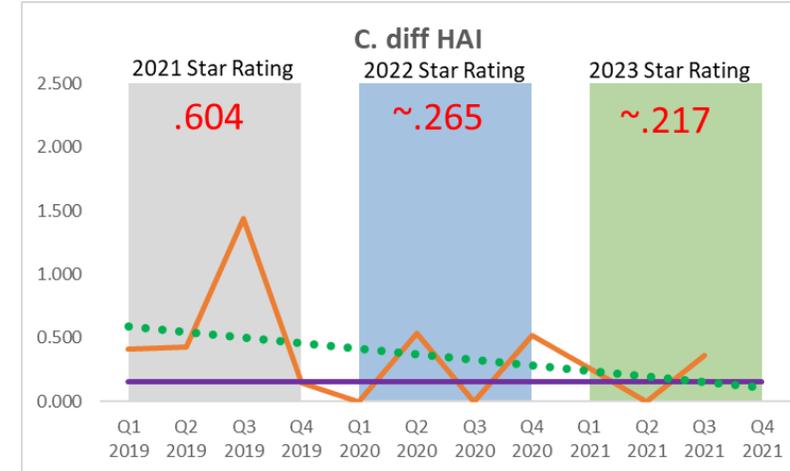
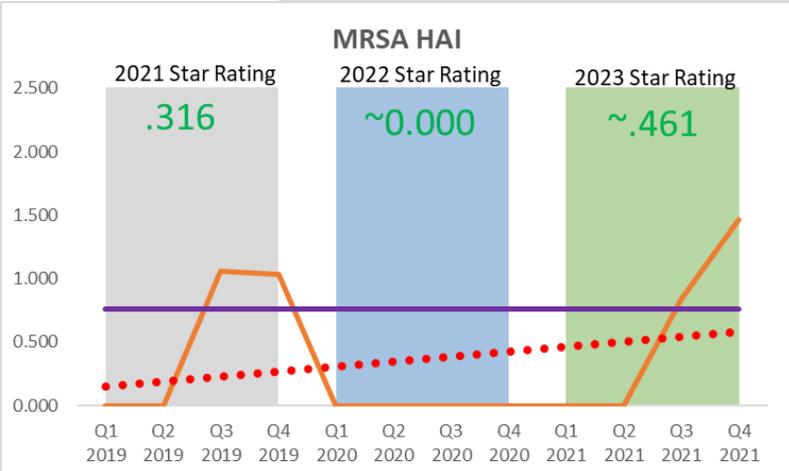
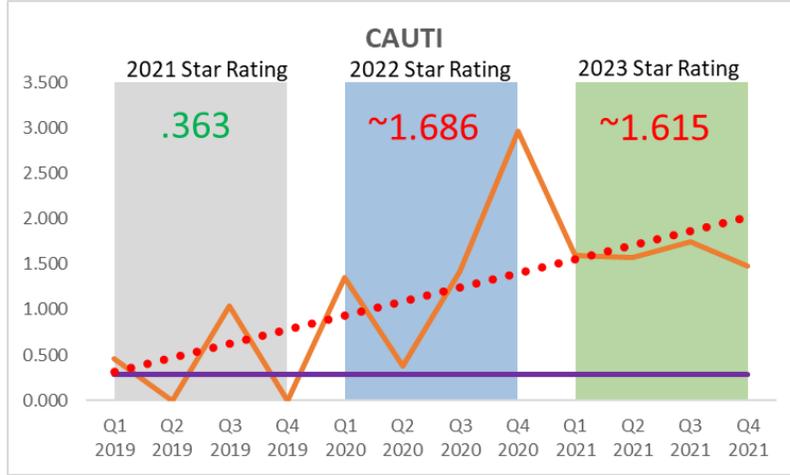
This data only looks at re-admissions into our own hospital.



Readmissions Action Plan

- Readmission Steering Committee – Cohort teams will continue to meet monthly and steering committee quarterly.
- Working with Vigilance system to get real time information when re-admits are in house.
- Encouraging physicians' involvement in re-admission teams.
- Expand re-admissions to include teams that are not defined within the CMS cohort definitions (sepsis, kidney failure, etc.). This will help lower the all cause re-admissions.
- Working toward solution to exclude hospice patients in the Quality Advisor platform

Complications



Complications Action Plan

SSI

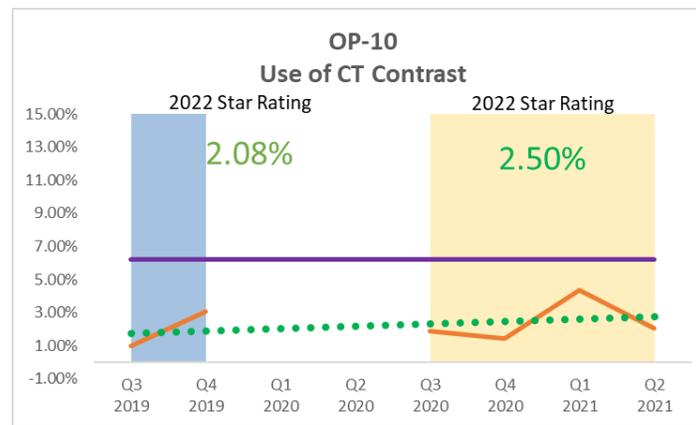
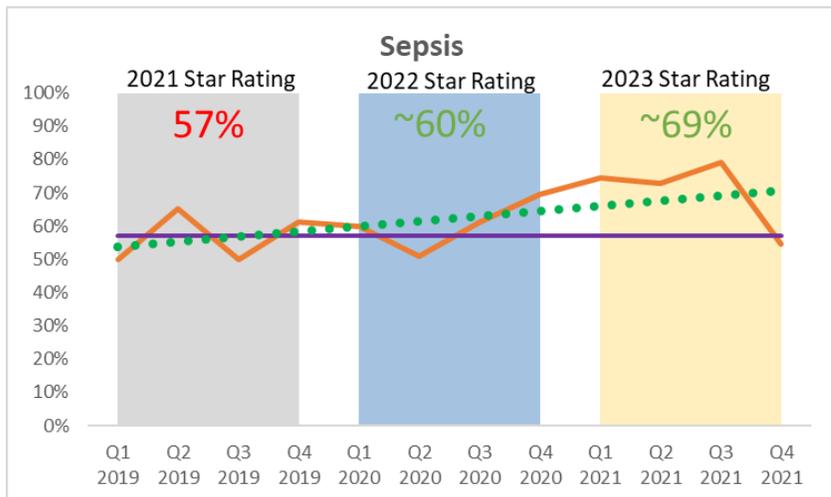
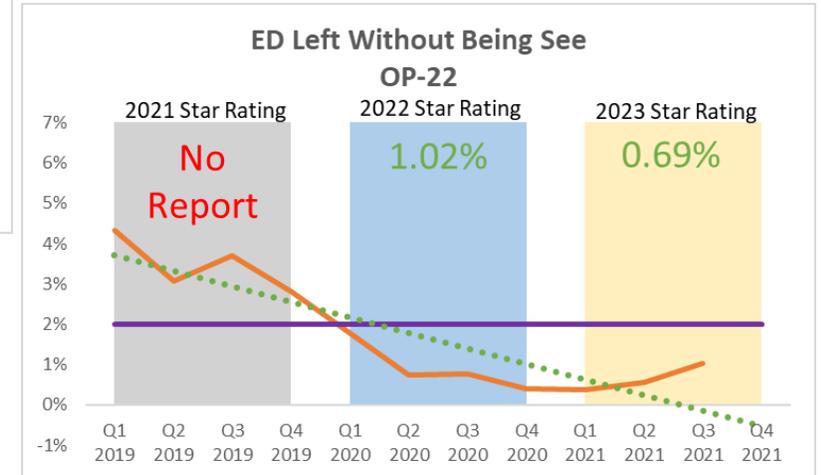
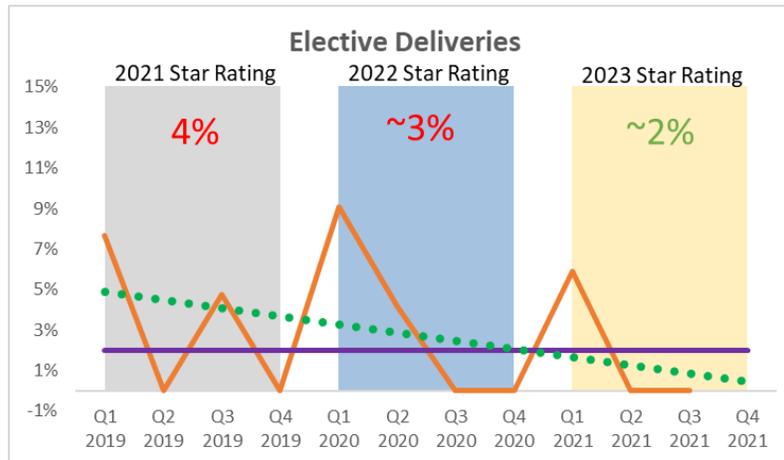
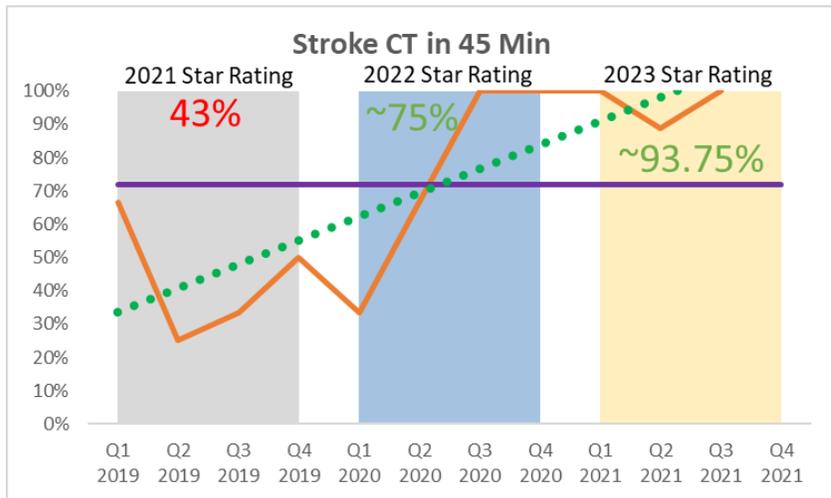
- SSI Committee has re-convened and working to find trending causes.
- Implement De-colonization for CABG, COLO, and Joint Procedures. – Should be implemented by end of March.
- Keeping an eye on hysterectomy numbers to see any trends.

CAUTI

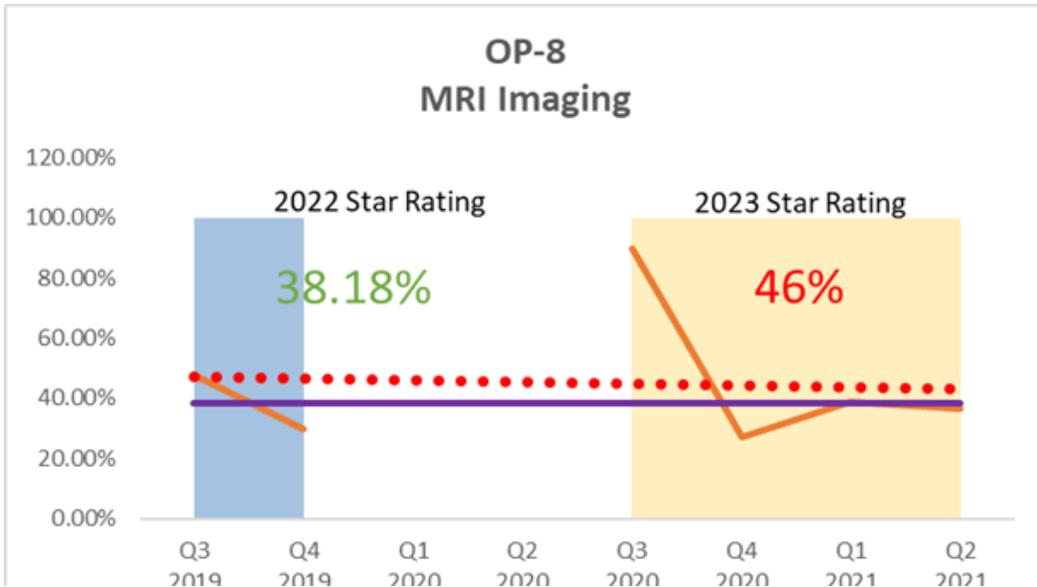
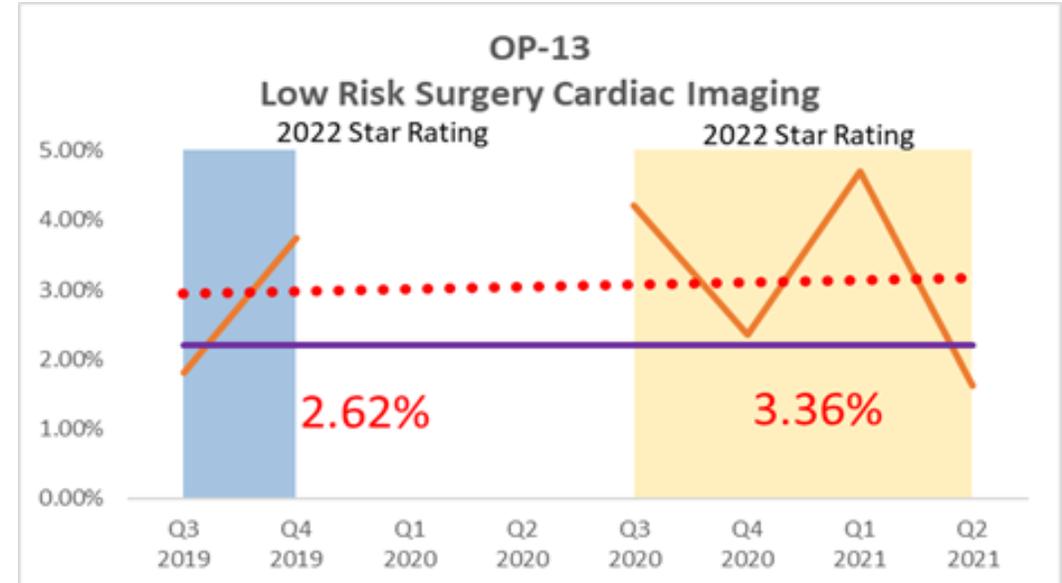
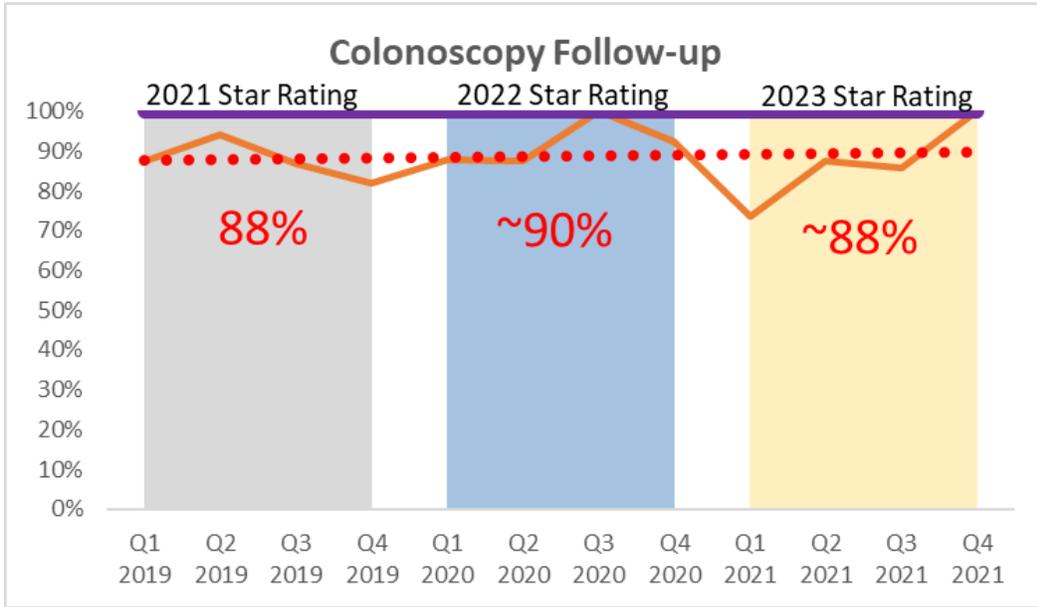
- Newly formed CAUTI committee is formed and working.
- Educate on Orders, nurse driven protocol, and decreasing foley utilization. – working to ensure nurses can see orders on the front side consistently.
- Work with Nursing Education for nursing re-education on peri-care.
- Add Foley care onto the travel/agency nursing onboarding education.
- IP Audits

CLABSI

- Newly formed CLABSI committee is formed and working.
- IP Audits
- Implementation of decolonization process should be implemented by end of March.
- Continue to work toward improved hand hygiene numbers house wide.



Timely & Effective Care



Timely &
Effective
Care

Timely & Effective Care Action Plan

HOP-29 (Colonoscopy Follow-up Interval)

- Re-enforce education with the providers to ensure understanding of measure.

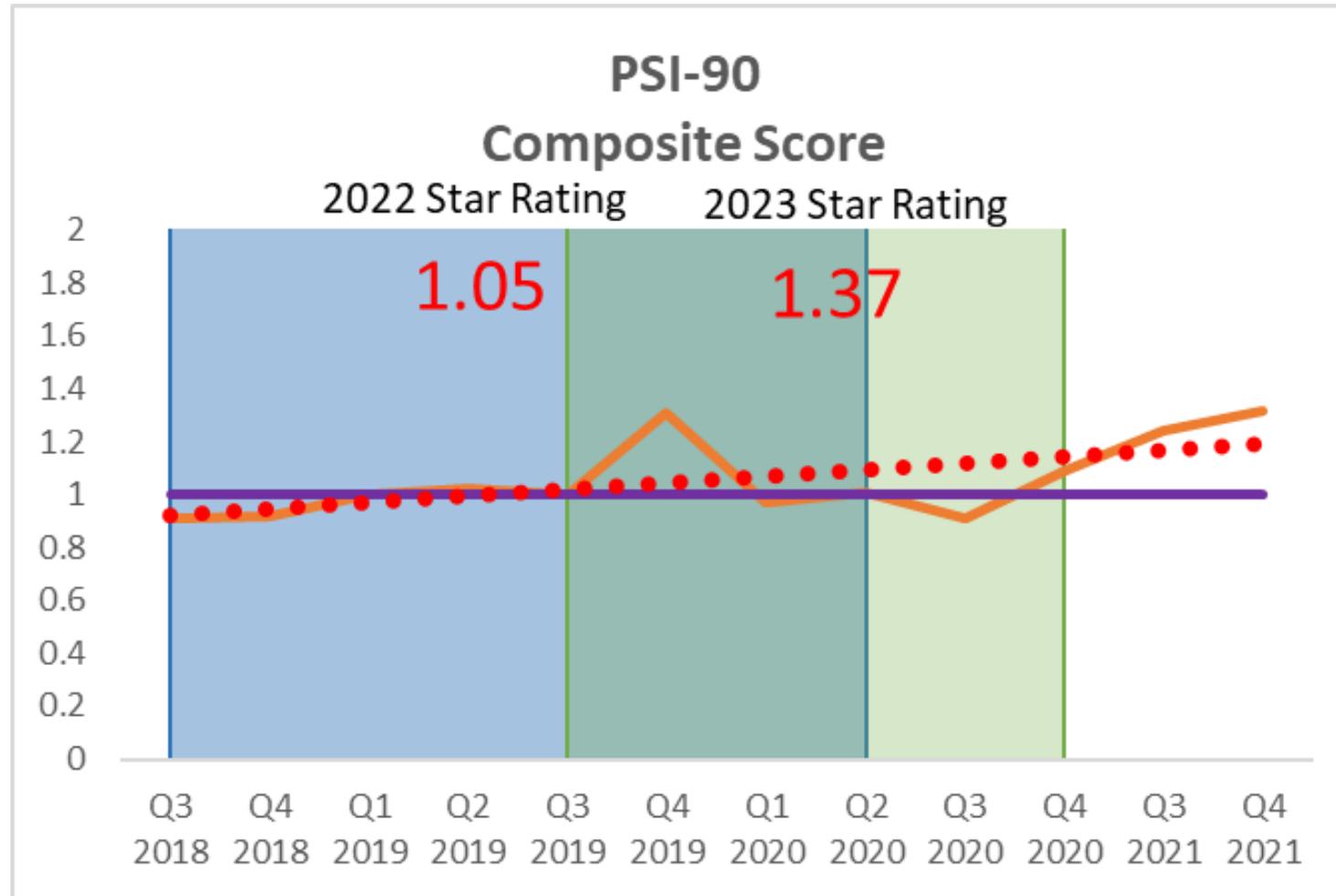
OP-8

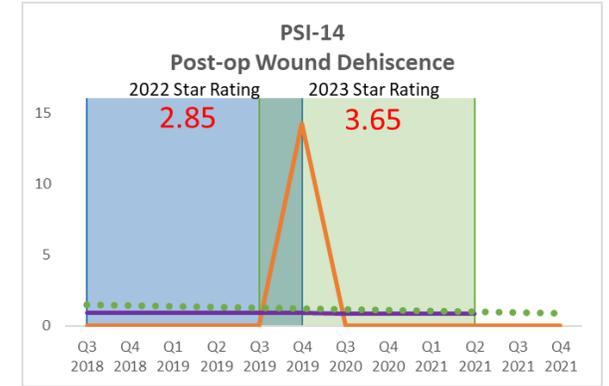
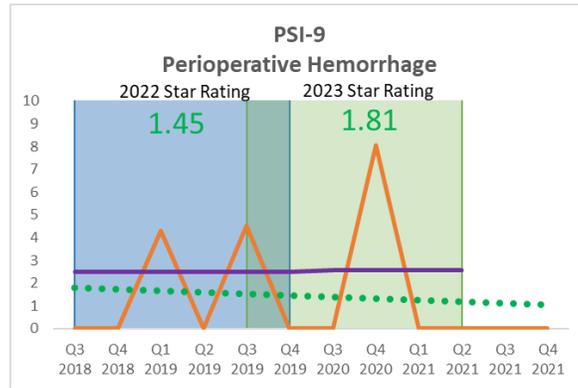
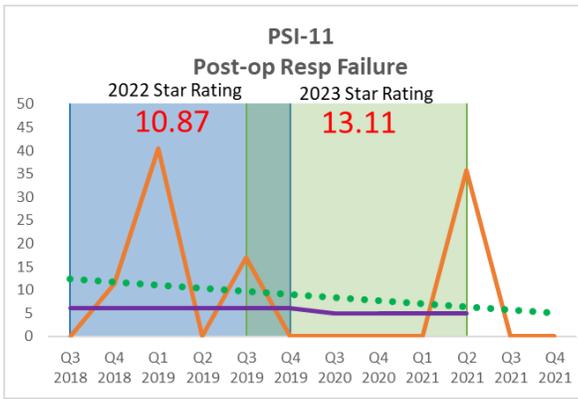
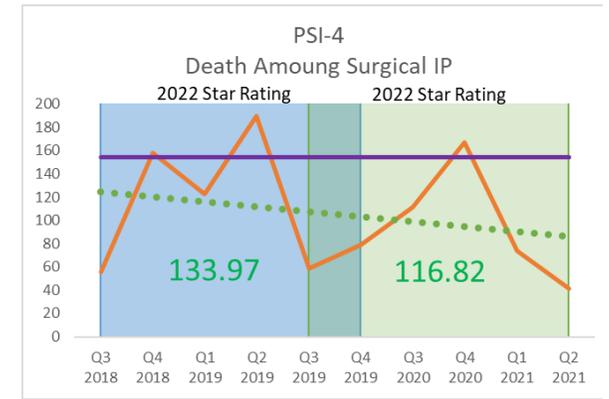
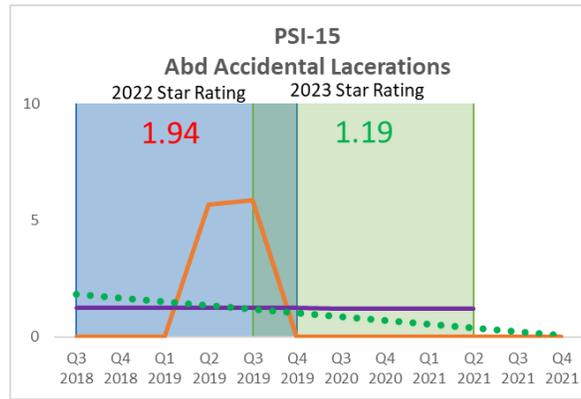
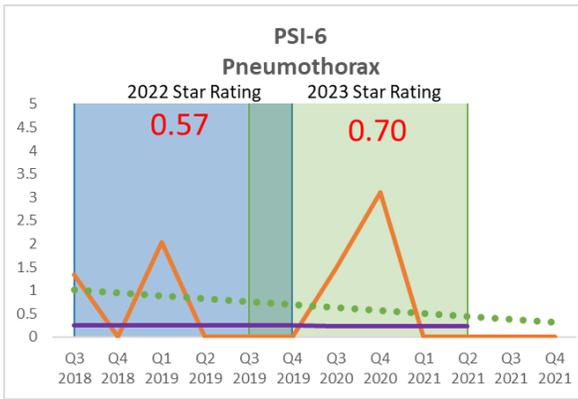
- Work with radiology to implement processes to ensure MRI orders are accompanied with previous history of more conservative therapy in last 60 days.
- Educate physicians.

OP-13

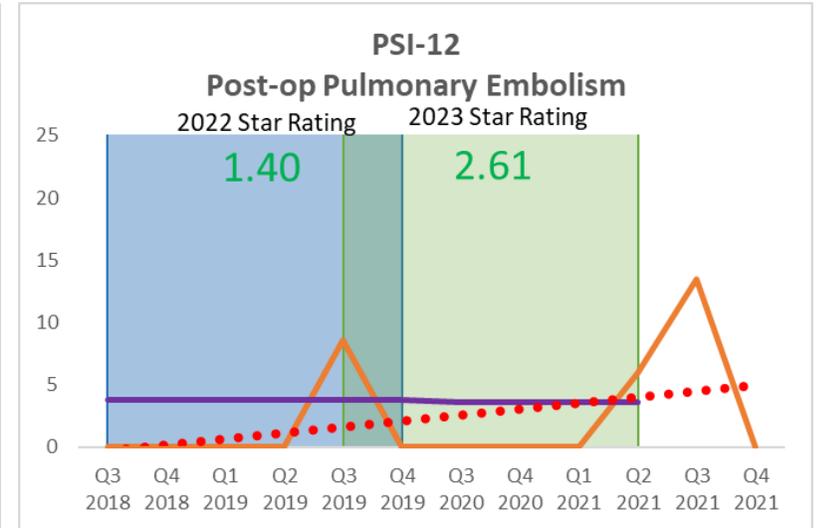
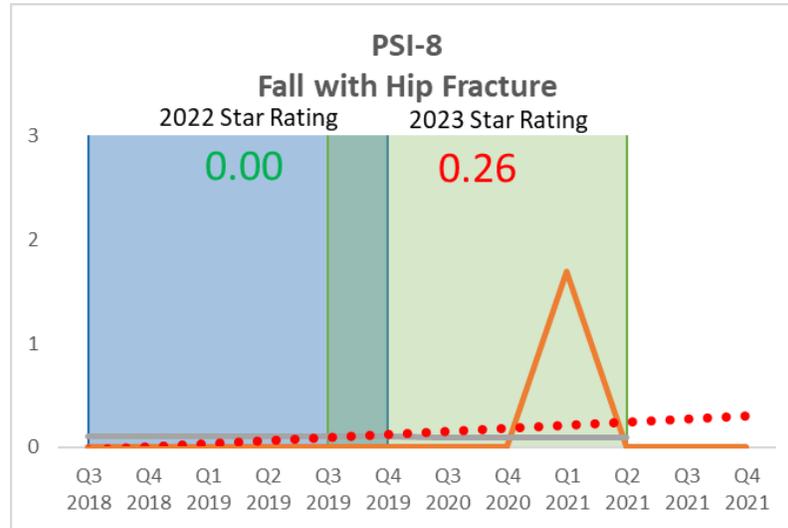
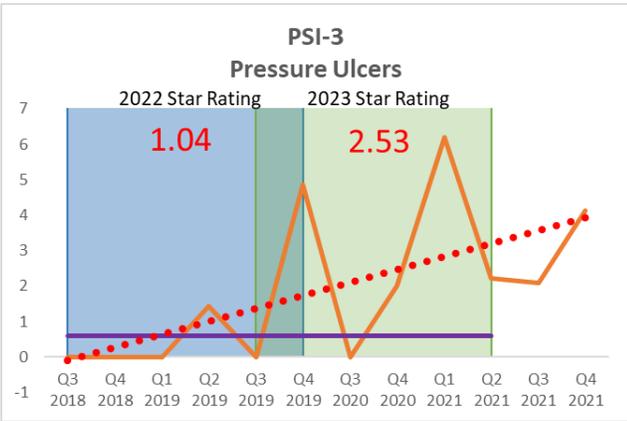
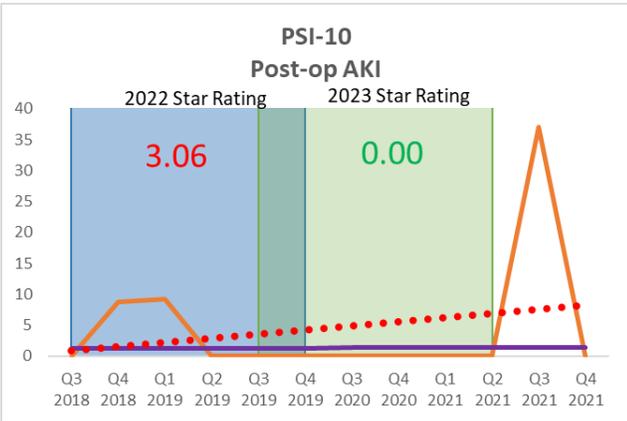
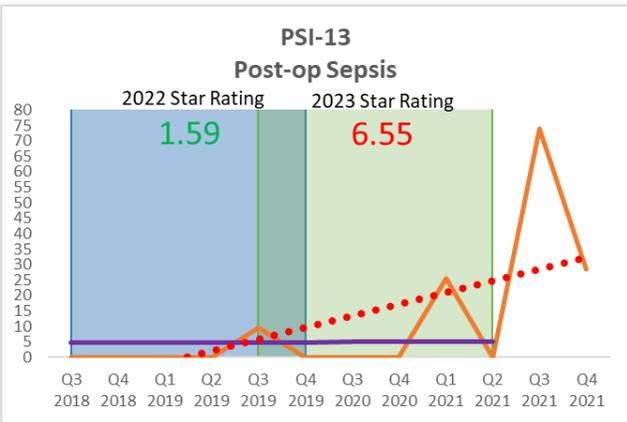
- Educate physicians that heart work-up is not indicated in low-risk surgical patients for low-risk procedures.
- Review OP surgery protocols.

Patient Safety Indicator Composite Score





PSI Making Progress



PSI Needing Action

PSI Action Plan

- Utilizing 3M360 Coding/Quality to review each PSI.
- Working with CDI and coding on any findings from quality review.
- Forming Focus Quality Reviews on all PSIs. (started in February)



Important Date:							
October 2021	Fall hospital grade can be previewed by hospitals.						
	<div data-bbox="537 529 1352 893" style="text-align: center;"> <p>Medical Center Hospital (45-0132) 500 W 4TH ST, Odessa, TX 79761-5059</p> <table border="1" style="margin: auto;"> <thead> <tr> <th data-bbox="537 686 886 736">My Score</th> <th data-bbox="886 686 1235 736">My Letter Grade</th> </tr> </thead> <tbody> <tr> <td data-bbox="537 736 886 846">2.5138</td> <td data-bbox="886 736 1235 846">C</td> </tr> <tr> <td colspan="2" data-bbox="537 846 1235 893">More Information</td> </tr> </tbody> </table> </div>	My Score	My Letter Grade	2.5138	C	More Information	
My Score	My Letter Grade						
2.5138	C						
More Information							
November 30th	The 2021 Leapfrog Hospital Survey will close to new submissions, and re-submissions that reflect updates to performance, at midnight ET on November 30. Adult and general hospitals that would like Leapfrog Hospital Survey Results included in the Spring 2022 Leapfrog Hospital Safety Grade must submit a Survey by November 30 in order to have Leapfrog Hospital Survey Results available for the January 31 Data Snapshot Date						
January 31st (2022)	Hospitals that need to make data entry corrections (i.e., correct data entry errors) or reporting corrections (i.e., in response to Leapfrog’s Extensive Monthly Data Review) to previously submitted 2021 Leapfrog Hospital Surveys must make necessary updates and re-submit the entire Survey by January 31, 2021.						
April 1st (2022)	Launch of 2022 Survey						

March Board Report

Regional Services

Regional outreach

Rankin- Introduced MCH hand orthopedic providers to Rankin providers and CEO. CNO currently out of office. We spoke about the services the group provides and providers exchanged contact information. The providers were glad to hear Dr Babbel accepts pediatric patients and stated they have sent adult patients and patients are always very pleased.

McCamey- Introduced MCH hand orthopedic providers to ED staff, clinic providers, and CNO. We discussed all services the group provides and providers exchanged contact information. I spoke with CNO about transfers, she stated they are seeing a decrease in COVID cases but still seeing some in clinic setting. She did express some concerns about handoffs taking place recently, they are having issues receiving handoffs for swing bed patients. I have let her know to please contact me when this happens so we can get this addressed. She cannot recall at the time what floor these patients were from.

Crane- introduced MCH hand orthopedic providers to staff, CNO, providers and physical therapy department. Providers were able to tour physical therapy building and felt very comfortable with referring patients there. Providers in Crane were glad to hear Dr Babbel is able to serve some pediatric population as this is a huge need in the community.

Alpine- Introduced MCH hand orthopedic group to CEO, CNO, and clinic manager. We discussed service line and CEO presented opportunity for our ortho group to see patients on a monthly basis in the specialty clinic. He stated he has a group from El Paso coming but there is a need for more and is certain our clinic would be just as full. We have let them know we can talk to the group and see if this might be an option. We did request a market analysis and CEO stated that would be no problem. He stated they are getting several more specialist to the area as well. Alpine served lunch and we met with all providers. They were thankful for the outreach and glad to meet.

Andrews- Introduced MCH hand orthopedic group and MCH vascular surgeon to ED staff and all clinic providers. Each group spoke about the services they offer. We also met with referral specialist. They all stated they are thankful we accept Medicaid as that is a huge need. They do have a podiatrist on site, we will plan to bring Dr Alaryhayem back to meet her.

Met with Dr. Nayak and his office staff. Dr Nayak was glad to hear we have a new vascular surgeon he stated he knows there is a need and Dr Alarhayem will be very busy very soon. He stated he knows they have referred several patients to Dr Babbel and they are very pleased.

Clinic outreach-

Dr Alarhayem- Dr Kim, Dr Reddy, Dr Abijay, Dr. Agusala

Dr Freyder- Signature care, West Tx. urgent care, Vital care, Excel ED, and Trinity urgent care/ family medicine

MCH Telemedicine-

MCH Employees- 7 visits

MCH Telecare- 586 visits