

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS MEETING
AUGUST 5, 2025 – 5:30 p.m.
MEDICAL CENTER HOSPITAL BOARD ROOM (2ND FLOOR)
500 W 4TH STREET, ODESSA, TEXAS**

AGENDA (p.1-3)

- I. CALL TO ORDER..... David Dunn, President**
- II. ROLL CALL AND ECHD BOARD MEMBER ATTENDANCE/ABSENCES David Dunn**
- III. INVOCATION..... Chaplain Doug Herget**
- IV. PLEDGE OF ALLEGIANCE David Dunn**
- V. MISSION / VISION / VALUES OF MEDICAL CENTER HEALTH SYSTEM.....**
..... Sylvia Rodriguez-Sanchez (p.4)
- VI. AWARDS AND RECOGNITION**
 - A. August 2025 Associates of the Month Russell Tippin**
 - Nurse - Sirena Watts
 - Clinical – Donna Halbrooks
 - Non-Clinical – Jesus Cervantez
 - B. Net Promoter Score Recognition..... Russell Tippin**
 - Deephak Swaminath, MD
 - Gia Marotta, MD
 - MCH Healthy Kids Clinic
 - C. Volunteers Recognition Russell Tippin**
 - D. Samantha Serrano – CMN Recognition..... Russell Tippin**
 - E. Odessa Downtown Lions Club Presentation Russell Tippin**
- VII. CONFLICT OF INTEREST DISCLOSURE BY ANY BOARD MEMBER**
- VIII. PUBLIC COMMENTS ON AGENDA ITEMS**

IX. CONSENT AGENDADavid Dunn (p.5-52)
(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, July 1, 2025**
- B. Consider Approval of Joint Conference Committee, July 29, 2025**
- C. Consider Approval of Federally Qualified Health Center Monthly Report, June 2025**

X. COMMITTEE REPORTS

- A. Finance Committee** Bryn Dodd (p.53-110)
 - 1. Quarterly Investment Report – Quarter 3, FY2025
 - 2. Quarterly Investment Officer's Certification
 - 3. Financial Report for Month Ended June 30, 2025
 - 4. Consent Agenda
 - a. Consider Approval of Advanced Cardiovascular Perfusion Inc. Contract Renewal.
 - b. Consider Approval of Intuitive Surgical DaVinci Robot #1 Annual Service and Simulator Software Renewal.
 - 5. Consider Approval of Contingency Purchase of New Histology Cryostats
- B. Audit Committee** Bryn Dodd (p.111-168)
- C. Executive Policy Committee**Don Hallmark (p.169-170)

XI. TTUHSC AT THE PERMIAN BASIN REPORT

XII. COMMUNITY NEEDS ASSESSMENT Kim Leftwich (p.171-173)

XIII. CHANGE TO FINANCIAL ACCOUNTS WITH PROSPERITY BANK Russell Tippin

XIV. CONSIDER APPROVAL OF 4 CENTRAL INTERMEDIATE CARE UNIT PROJECT
.....Matt Collins (p.174-175)

XV. CONSIDER APPROVAL EAAS PROPOSAL AND BOARD RESOLUTION
..... Matt Collins/Steve Steen (p.176-182)

XVI. PRESIDENT/CHIEF EXECUTIVE OFFICER'S REPORT AND ACTIONS
.....Russell Tippin (p.183-207)

- A. Provider Recruitment**
- B. ECISD Convocation**
- C. Diabetes Clinic Update**
- D. ACC HeartCARE Center Designation**
- E. ACC Cardiac Cath Lab Accreditation with PCI**
- F. 2025 Certification – ECHD Appraisal Roll**
- G. Medicaid Spending Reductions**
- H. ORMC Discharge**
- I. Board Meeting Streaming**
- J. Ad hoc Report(s)**

XVII. EXECUTIVE SESSION

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

XVIII. ITEMS FOR CONSIDERATION FROM EXECUTIVE SESSION

- A. Consider Approval of MCH ProCare Provider Agreements**
- B. Consider Approval of MCH Lease Agreement**
- C. Consider Approval of WittKiefer Agreement**
- D. Consider Approval to Sell ECHD Property**

XIX. ADJOURNMENTDavid Dunn

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
JULY 1, 2025 – 5:30 p.m.**

MINUTES OF THE MEETING

MEMBERS PRESENT: David Dunn, President
Bryn Dodd, Vice President
Sylvia Rodriguez-Sanchez
Will Kappauf
Kathy Rhodes

MEMBERS ABSENT: Don Hallmark
Wallace Dunn

OTHERS PRESENT: Russell Tippin, Chief Executive Officer
Steve Steen, Chief Legal Counsel
Matt Collins, Chief Operating Officer
Kim Leftwich, Chief Nursing Officer
Dr. Timothy Benton, Chief Medical Officer
Grant Trollope, Assistant Chief Financial Officer
Kerstin Connolly, Paralegal
Lisa Russell, Executive Assistant to the CEO
Various other interested members of the
Medical Staff, employees, and citizens

I. CALL TO ORDER

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

II. ROLL CALL AND ECHD BOARD MEMBER ATTENDANCE/ABSENCES

David Dunn called roll, and Don Hallmark and Wallace Dunn had an excused absence. Bryn Dodd moved, and Kathy Rhodes seconded the motion to accept the excused absences.

III. INVOCATION

Chaplain Doug Herget offered the invocation.

IV. PLEDGE OF ALLEGIANCE

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

V. MISSION/VISION OF MEDICAL CENTER HEALTH SYSTEM

Will Kappauf presented the Mission, Vision and Values of Medical Center Health System.

VI. AWARDS AND RECOGNITION

A. July 2025 Associates of the Month

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

- Clinical – Heather Garcia
- Non-Clinical – Gerald McBride
- Nurse – Areli Adame

B. Net Promoter Score Recognition

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

- Dr. Merry Hart
- Dr. Saima Mahmood

VII. CONFLICT OF INTEREST DISCLOSURE BY ANY BOARD MEMBER

No conflicts were disclosed.

VIII. PUBLIC COMMENTS ON AGENDA ITEMS

No comments from the public were received.

IX. CONSENT AGENDA

- A. Consider Approval of Board Retreat Minutes, May 28-29, 2025**
- B. Consider Approval of Regular Meeting Minutes, June 3, 2025**
- C. Consider Approval of Joint Conference Committee, June 24, 2025**
- D. Consider Approval of Federally Qualified Health Center Monthly Report, May 2025**
- E. Consider Approval of ECHD Board Committee Assignments**
- F. Consider Approval of the 2025 Charter for Compliance Committee**

Kathy Rhodes moved, and Sylvia Rodriguez-Sanchez seconded the motion to approve the items listed on the Consent Agenda as presented. The motion carried unanimously.

X. COMMITTEE REPORTS

A. Finance Committee

Since the Finance Committee did not have a quorum, Bryn Dodd moved to have the Finance Committee items presented in the Regular Board Meeting, and Kathy Rhodes seconded the motion. The motion carried.

1. Review of the Minutes for June 3, 2025.

Kathy Rhodes moved, and Will Kappauf seconded the motion to approve the minutes of the June 3, 2025 Finance Committee meeting as presented. The motion carried.

2. Financial Report for Month Ended May 31, 2025.

Grant Trollope, Assistant Chief Financial Officer, presented a summary review of the financial reports for the month ended May 31, 2025.

Kathy Rhodes moved, and Bryn Dodd seconded the motion to approve the summary review of the financial reports for the month ended May 31, 2025 as presented. The motion carried.

3. Consent Agenda

- a. Consider Approval of Merge Healthcare – Unity Contract Renewal.
- b. Consider Approval of Carefusion BD Contract Renewal.
- c. Consider Approval of ChemAqua Contract Renewal.
- d. Consider Approval of Lockton Dunning Brokerage & Consulting Contract Renewal.
- e. Consider Approval of Sleep Sofas and Chairs – CMN Funding Approved.
- f. Consider Approval of RetCam Envision System – CMN Funding Approved.
- g. Consider Approval of Triton Technology – CMN Funding Approved.

Kathy Rhodes moved, and Sylvia Rodriguez-Sanchez seconded the motion to approve the items on the consent agenda. The motion carried.

4. Consider Approval of Medical Technology Associates Agreement

Matt Collins, Chief Operating Officer, presented the Medical Technology Associates Agreement for approval. This agreement is for complete environmental testing for the detection and quantification of Halogenated Anesthetic, Xylene, Formaldehyde, and Acetic Acid for the Lab Department to ensure compliance with regulatory standards.

Kathy Rhodes moved, and Bryn Dodd seconded to motion to approve the Medical Technology Associates Agreement as presented. The motion carried.

5. Consider Approval of Electronic Signs for Clinics.

Matt Collins, Chief Operating Officer, presented the bids for the electronic signs at the Urgent Care clinics (JBS and West University). The recommendation is to award the project to Aria Signs & Design at a total project cost of \$165,220.

Will Kappauf moved, and Bryn Dodd seconded to motion to approve and award the project to Aria Signs & Design. The motion carried.

B. Executive Policy Committee

The Executive Policy Committee met on Thursday, June 26, 2025 to review and approve six (6) MCH policies meeting the committee guidelines. One (1) policy was tabled and five (5) policies were approved. The committee recommends approval of the five (5) submitted policies as presented.

Bryn Dodd moved, and Kathy Rhodes seconded the motion to approve the Executive Policy Committee report as presented. The motion carried.

XI. TTUHSC AT THE PERMIAN BASIN REPORT

Dr. George Thomas provided an update on Texas Tech University Health Science Center. This report was informational only. No action was taken.

XII. CHANGE TO FINANCIAL ACCOUNTS WITH FROST AND MOMENTUM

Bryn Dodd moved to remove Steve Ewing and add Stephen M. Steen, Jr. and Matt Collins to all Medical Center Hospital financial accounts, including but not limited to:

Frost Account No. XXX640
Frost Account No. XXX659
Frost Account No. XXX667
Frost Account No. XXX675
Frost Account No. XXX705
Frost Account No. XXX713
Frost Account No. XXX184
Frost Account No. XXX192
Frost Account No. XXX548
Frost Account No. XXX628
Momentum Account No. XXX506
Momentum Account No. XXX456
Momentum Account No. XXX530
Momentum Account No. XXX549
Momentum Account No. XXX713
Momentum Account No. XXX461
Momentum Account No. XXX610

Kathy Rhodes seconded the motion as presented. The motion carried.

XIII. CONSIDER APPROVAL OF WITTKIEFER MASTER INTERIM SERVICES AGREEMENT

Steve Steen, Chief Legal Officer, requested that this item be moved to Executive Session for discussion.

Will Kappauf moved to table the item, and Sylvia Rodriguez-Sanchez seconded the motion. The motion carried.

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

A. HealthSure Insurance Renewal

Russell Tippin, President/CEO, provided a summary of the HealthSure insurance renewals for the 2025-2026 year.

Sylvia Rodriguez-Sanchez moved, and Kathy Rhodes seconded the motion to approve the HealthSure insurance renewals. The motion carried.

B. Clinic Update

Russell Tippin, President/CEO, reported that he had scheduled a meeting at the West Clinic that included representatives from Texas Tech, David Garcia, Adiel Alvarado and board member, Will Kappauf. Mr. Tippin was not able to attend the meeting, but the plan is to keep moving forward with the meetings.

This report was informational only. No action was taken.

C. Update on Energy-As-A-Service (Eaas)

Matt Collins, Chief Operating Officer, reported to the board that currently there is a Request for Proposal (RFP) out for the Energy-As-A-Service. This system would produce enough energy to allow the MCH campus to be self-reliant and produce investment money for equipment. The plan is to bring this back to the board for approval in August.

This report was informational only. No action was taken.

D. Comprehensive Hospital Increase Reimbursement Program (CHIRP) / Delivery System Reform Incentive Pay (DSRIP) Rates

Russell Tippin, President/CEO, reported to the board that due to changes happening in Washington, DC we will likely see decreased funding in the Medicare/Medicaid payments MCH receives.

This report was informational only. No action was taken.

E. Ad hoc Reports

Russell Tippin, President/CEO, has assumed the Chief Financial Officer duties upon the passing of Mr. Steve Ewing, until a replacement can be found.

Included in the packet was the June 2025 CEO Report from Communications and Marketing.

These reports were informational only. No action was taken.

XV. EXECUTIVE SESSION

David Dunn stated that the Board would go into Executive Session for the meeting held in closed session involving any of the following: (1) Consultation with attorney regarding legal matters and legal issues pursuant to Section 551.071 of the Texas Government Code; (2) Deliberations regarding negotiations for health care services, pursuant to Section 551.085 of the Texas Government Code; and (3) Discussion of Personnel Matters pursuant to Section 551.074 of the Texas Government Code.

ATTENDEES for the entire Executive Session: ECHD Board members, Bryn Dodd, Will Kappauf, Sylvia Rodriguez-Sanchez, David Dunn, Kathy Rhodes, and Russell Tippin, President/CEO, Steve Steen, Chief Legal Counsel, and Kerstin Connolly, Paralegal.

Adiel Alvarado, President of ProCare, presented the ProCare provider agreement to the ECHD Board of Directors during Executive Session. He was excused from the remainder of Executive Session.

ECHD PD Chief Kelly Cecil and SGT Reyes Nunez reported to the ECHD Board of Directors that they have completed their interviews regarding an official complaint they received from ECHD Board member Kathy Rhodes. Chief Cecil and SGT Nunez were excused from the remainder of Executive Session.

Steve Steen, Chief Legal Counsel, led the board in discussions about the WittKieffer Master Interim Services Agreement for the Interim Chief Financial Officer.

Russell Tippin, President and CEO, and Kerstin Connolly, Paralegal were excused from Executive Session.

Steve Steen, Chief Legal Counsel, led the board in discussion about the CEO's evaluation.

Russell Tippin, rejoined Executive Session to discuss the CEO evaluation with the board.

Executive Session began at 6:37 p.m.

Executive Session ended at 8:43 p.m.

No action was taken during Executive Session.

XVI. ITEMS FOR CONSIDERATION FROM EXECUTIVE SESSION

A. Consider Approval of MCH ProCare Provider Agreements.

David Dunn presented the following new contracts:

- Sean Noormohamed Lee, M.D. – This is a new three (3) year Anesthesia Contract.
- Anahi Gloria, PA-C – This is a new three (3) year Family Medicine Contract.

David Dunn presented the following amendments:

- Michael Cuizon, N.P. – This is an amendment to a Hospitalist Contract.

David Dunn presented the following renewal contracts:

- Rebecca Mantsch, M.D. – This is a three (3) year renewal of a Pathology Contract.
- Claudia Molina, M.D. – This is three (3) year renewal of a Pathology Contract.
- Getnet Abera, M.D. – This is a three (3) year renewal of a Family Medicine Contract.

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


B. Consider Approval of WittKieffer Master Interim Services Agreement

Will Kappauf moved to approve the WittKieffer Master Interim Services Agreement with a limit of up to \$15,000 per week, and Sylvia Rodriguez-Sanchez seconded the motion. The motion carried.

XVII. ADJOURNMENT

There being no further business to come before the Board, David Dunn adjourned the meeting at 8:45 p.m.

Respectfully submitted,



Will Kappauf, Secretary
Ector County Hospital District Board of Directors



August 5, 2025

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

Medical Staff:

Applicant	Department	Specialty/Privileges	Group	Comments
Alfred Balasa, MD	Pediatrics	Telemedicine Pediatric Neurology	Cook Children	08/05/2025-08/04/2027
Pablo Feuillet, MD	Medicine	Infectious Disease	Eagle Telemedicine	08/05/2025-08/04/2026
*Keren Guiab, MD	Hospitalist	Hospitalist	ProCare	08/05/2025-08/04/2026
Timothy Hofstra, MD	Radiology	Telemedicine	VRAD	08/05/2025-08/04/2027
*Karrar Husain, MD	Medicine	Psychiatry	TTUHSC	08/05/2025-08/04/2026
Krishna Iyer, MD	Radiology	Telemedicine	VRAD	08/05/2025-08/04/2027
Rolla Shbarou, MD	Pediatrics	Telemedicine Pediatric Neurology	Cook Children	08/05/2025-08/04/2027

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Allied Health:

Applicant	Department	AHP Category	Specialty/ Privileges	Group	Sponsoring Physician(s)	Comments
*Forrest Neese, CRNA	Anesthesia	AHP	CRNA	Midwest Anesthesia	Dr. Putta Shankar Bangalore, Dr. Abhishek Jayadevappa, Dr. Marlys Munnell, Dr. Hwang, Dr. Skip Batch, Dr. Joe Bryan, Dr. Jannie Tang, Meghana Gillala, Dr. P. Reddy	08/05/2025-08/04/2027
*LeAnn Neese, CRNA	Anesthesia	AHP	CRNA	Midwest Anesthesia	Dr. Putta Shankar Bangalore, Dr. Abhishek Jayadevappa, Dr. Marlys Munnell, Dr. Hwang, Dr. Skip Batch, Dr. Joe Bryan, Dr. Jannie Tang, Meghana Gillala, Dr. P. Reddy	08/05/2025-08/04/2027

*Please grant temporary Privileges

Advice.Opinions.Recommendations and Motions:

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

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



August 5, 2025

**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's submitted. These reappointment recommendations are made pursuant to and in accordance with Article 5 of the Medical Staff Bylaws.

Medical Staff:

Applicant	Department	Status Criteria Met	Staff Category	Specialty/ Privileges	Group	Change to Privileges	Dates
Nimat Alam, MD	Family Medicine	Yes	Active	Family Medicine	TTUHSC	Updated Privilege Form	09/01/2025-08/31/2027
Bharat Bhushan, MD	Hospitalist	Yes	Associate to Active	Hospitalist	ProCare	Updated Privilege Form	09/01/2025-08/31/2027
Katie Corkill, MD	Family Medicine	Yes	Active	Family Medicine	TTUHSC	Updated Privilege Form	09/01/2025-08/31/2027
John T. Garcia, MD	Family Medicine	Yes	Affiliate	Family Medicine			09/01/2025-08/31/2027
Alfonso Gonzalez, MD	Family Medicine	Yes	Affiliate	Family Medicine			09/01/2025-08/31/2027
Michael Heidlebaugh MD	Emergency Medicine	Yes	Active	Emergency Medicine	BEPO	Updated Privilege Form	09/01/2025-08/31/2027
Momin Islam, MD	Hospitalist	Yes	Associate	Hospitalist	ProCare	Updated Privilege Form	09/01/2025-08/31/2026
Chau Le, MD	Family Medicine	Yes	Active	Family Medicine	TTUHSC	Updated Privilege Form	09/01/2025-08/31/2027
Eduardo Morfa Romero, MD	Medicine	Yes	Associate to Active	Infectious Disease	ProCare	Updated Privilege Form	09/01/2025-08/31/2027
Steven Mszyco, MD	Radiology	Yes	Telemedicine	Telemedicine	VRAD		09/01/2025-08/31/2027
Srikanth Mukkera, MD	Medicine	Yes	Active	Rheumatology		Updated Privilege Form	09/01/2025-08/31/2027
Joy Okwuwa, MD	Medicine	Yes	Active	Nephrology		Updated Privilege Form	09/01/2025-08/31/2027
Alan Pratt, MD	Radiology	Yes	Telemedicine	Telemedicine	VRAD		09/01/2025-08/31/2027
Eduardo Salcedo, MD	Family Medicine	Yes	Active	Family Medicine	ProCare	Updated Privilege Form	09/01/2025-08/31/2027
Clare Savage, MD	Radiology	Yes	Associate	Radiology	ProCare	Updated Privilege	09/01/2025-08/31/2026

						Form	
Sagarika Satyavada, MD	Medicine	Yes	Associate	Gastroenterology	ProCare	Updated Privilege Form	09/01/2025-08/31/2026
Kranthi Seelaboyina, MD	Pediatrics	Yes	Associate to Active	Pediatrics	TTUHSC	Updated Privilege Form	09/01/2025-08/31/2027
Michael Shelton, MD	Family Medicine	Yes	Affiliate	Family Medicine		None	09/01/2025-08/31/2027
Karen Simmons, MD	Radiology	Yes	Telemedicine	Telemedicine	VRAD		09/01/2025-08/31/2027
Lori Stafford, DO	OB/GYN	Yes	Active	OB/GYN		Updated Privilege Form	09/01/2025-08/31/2027
Timothy Townsend, MD	Radiology	Yes	Active	Radiology	ProCare	Updated Privilege Form	09/01/2025-08/31/2027
Peter Verhey, MD	Radiology	Yes	Telemedicine	Telemedicine	VRAD		09/01/2025-08/31/2027
Lawrence Voesack, MD	Family Medicine	Yes	Active	Family Medicine		None	09/01/2025-08/31/2027
Rebecca Mantsch, DO	Pathology	Yes	Active	Pathology	ProCare	Updated Privilege Form	10/01/2025-09/30/2027
Claudia Molina, MD	Pathology	Yes	Active	Pathology	ProCare	Updated Privilege Form	10/01/2025-09/30/2027
Fouzia Tabasam, MD	Hospitalist	Yes	Active	Hospitalist	ProCare	Updated Privilege Form	10/01/2025-09/30/2027
Stephanie Villarreal, MD	Pediatrics	Yes	Active	Pediatrics	TTUHSC	Updated Privilege Form	10/01/2025-09/30/2027
Getnet Abera, MD	Family Medicine	Yes	Active	Family Medicine	ProCare	Updated Privilege Form	11/01/2025-10/31/2027
Donald Davenport, DO	Surgery	Yes	Active	Surgery		Updated Privilege Form	11/01/2025-10/31/2027
Matthew Furst, MD	Surgery	Yes	Active	Plastic Surgery		Updated Privilege Form	11/01/2025-10/31/2027
Vani Selvan, MD	Family Medicine	Yes	Associate	Family Medicine	TTUHSC	Updated Privilege Form	11/01/2025-10/31/2026



Allied Health Professionals:

Applicant	Department	AHP Category	Specialty / Privileges	Group	Sponsoring Physician (s)	Changes to Privileges	Dates
Janette Ornelas, NP	Medicine	AHP	Nurse Practitioner		Dr. Khavar Dar	Updated Privilege Form	09/01/2025-08/31/2027
Ramnauth Ramkissoon, PA	Family Medicine	AHP	Physician Assistant	ProCare	Dr. Jorge Alamo	Updated Privilege Form	09/01/2025-08/31/2027
Laura Saar, CRNA	Anesthesia	AHP	CRNA	ProCare	Dr. Putta Shankar Bangalore, Dr. Abhishek Jayadevappa, Dr. Marlys Munnell, Dr. Hwang, Dr. Skip Batch, Dr. Joe Bryan, Dr. Jannie Tang, Meghana Gillala, Dr. P. Reddy	Updated Privilege Form	09/01/2025-08/31/2027
Jeffrey White, CRNA	Anesthesia	AHP	CRNA	Midwest Anesthesia	Dr. Putta Shankar Bangalore, Dr. Abhishek Jayadevappa, Dr. Marlys Munnell, Dr. Hwang, Dr. Skip Batch, Dr. Joe Bryan, Dr. Jannie Tang, Meghana Gillala, Dr. P. Reddy	Updated Privilege Form	09/01/2025-08/31/2027
Jennie Wolfram, CRNA	Anesthesia	AHP	CRNA	Midwest Anesthesia	Dr. Putta Shankar Bangalore, Dr. Abhishek Jayadevappa, Dr. Marlys Munnell, Dr. Hwang, Dr. Skip Batch, Dr. Joe Bryan, Dr. Jannie Tang, Meghana Gillala, Dr. P. Reddy	Updated Privilege Form	09/01/2025-08/31/2027
Morag Bell,	Anesthesia	AHP	CRNA	Midwest	Dr. Putta	Updated	10/01/2025-

CRNA				Anesthesia	Shankar Bangalore, Dr. Abhishek Jayadevappa, Dr. Marlys Munnell, Dr. Hwang, Dr. Skip Batch, Dr. Joe Bryan, Dr. Jannie Tang, Meghana Gillala, Dr. P. Reddy	Privilege Form	09/30/2027
Alicia Fletcher, NP	Hospitalist	AHP	Nurse Practitioner	ProCare	Dr. Sajja, Dr. Enuganti, Dr. Kandikatla, Dr. Bare, Dr. Basham, Dr. Lopez	Updated Privilege Form	10/01/2025-09/30/2027
Brian Griffin, NP	Medicine	AHP	Nurse Practitioner	ProCare	Dr. Azarov, Dr. Ayyagari, Dr. Garcia, Dr. Dar, and Dr. Mahfoud	Updated Privilege Form	10/01/2025-09/30/2027
Mark Varner, CCP	Surgery	AHP	CCP		Dr. Kirit Patel and Dr. Staton Awtrey	None	11/01/2025-10/31/2027

Advice, Opinions, Recommendations and Motions:

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

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

August 5, 2025

**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
Hina Budhwani, MD	Hospitalist	ADDING: Updated Privilege Form
Thao Dang, MD	Medicine	ADDING: Updated Privilege Form
*Timothy Gutierrez, MD	Surgery	ADDING: Updated Privilege Form; DaVinci Surgical System
*Priya Velumani, MD	Medicine	ADDING: Endocrinology, Diabetes, Metabolism Privileges
Leonardo Zelaya, MD	Hospitalist	ADDING: Updated Privilege Form

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Advice, Opinions, Recommendations and Motions:

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

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



August 5, 2025

**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	Resignation/Lapse
Hassan Khalid, MD	Active	Medicine	06/30/2025	Resignation
Barbara Magwire, CCP	AHP	Surgery	07/31/2025	Lapse in Privileges
Chittur Ramanathan, MD	Active	Family Medicine	06/30/2025	Honorary
Steve Siegler, MD	Affiliate	Family Medicine	12/31/2024	Resignation
Christian VanKirk, MD	Telemedicine	Radiology	5/30/2025	Resignation

Advice, Opinions, Recommendations and Motion:

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

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



August 5, 2025

**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 changes noted below.

Staff Category Change:

Staff Member	Department	Category
Bharat Bhushan, MD	Hospitalist	Associate to Active
Eduardo Morfa Romero, MD	Medicine	Associate to Active
Kranthi Seelaboyina, MD	Pediatrics	Associate to Active

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
None				



August 5, 2025

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Removal of I-FPPE

Staff Member	Department	Removal/Extension
Bharat Bhushan, MD	Hospitalist	I-FPPE Removal
Ryan Davis, CRNA	Anesthesia	I-FPPE Removal
Edward Nwanegbo, MD	Hospitalist	I-FPPE Removal
DeVontee Rayford, CRNA	Anesthesia	I-FPPE Removal
Vicky Webb Bakhos, MD	Family Medicine	6 Month Extension
Sagarika Satyavada, MD	Medicine	I-FPPE Removal

Change Privileges

Staff Member	Department	Privilege
None		

Proctoring Request(s)/Removal(s)

Staff Member	Department	Privilege(s)
None		

Advice, Opinions, Recommendations and Motion:

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



August 5, 2025

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

Statement of Pertinent Facts:

The Medical Executive Committee recommends approval of the following Delineation of Privileges Form

- Hyperbaric Medicine and Wound Care

Advice, Opinions, Recommendations and Motion:

- Hyperbaric Medicine and Wound Care

Advice, Opinions, Recommendations and Motion:

If the Hospital District Board of Directors concurs, the following motions in order: Accept and approve the recommendations of the Medical Executive Committee and the Joint Conference Committee to approve of the following Delineation of Privileges Form

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



August 5, 2025

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

Statement of Pertinent Facts:

The Medical Executive Committee recommends approval of the following Medicine Department Additional Chairman

- Medicine Department Additional Chairman

Advice, Opinions, Recommendations and Motion:

- Medicine Department Additional Chairman

Advice, Opinions, Recommendations and Motion:

If the Hospital District Board of Directors concurs, the following motions in order: Accept and approve the Medicine Department Additional Chairman and Forward this recommendation to the Ector County Hospital District Board of Directors.

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

Family Health Clinic
August 2025
ECHD Board Update

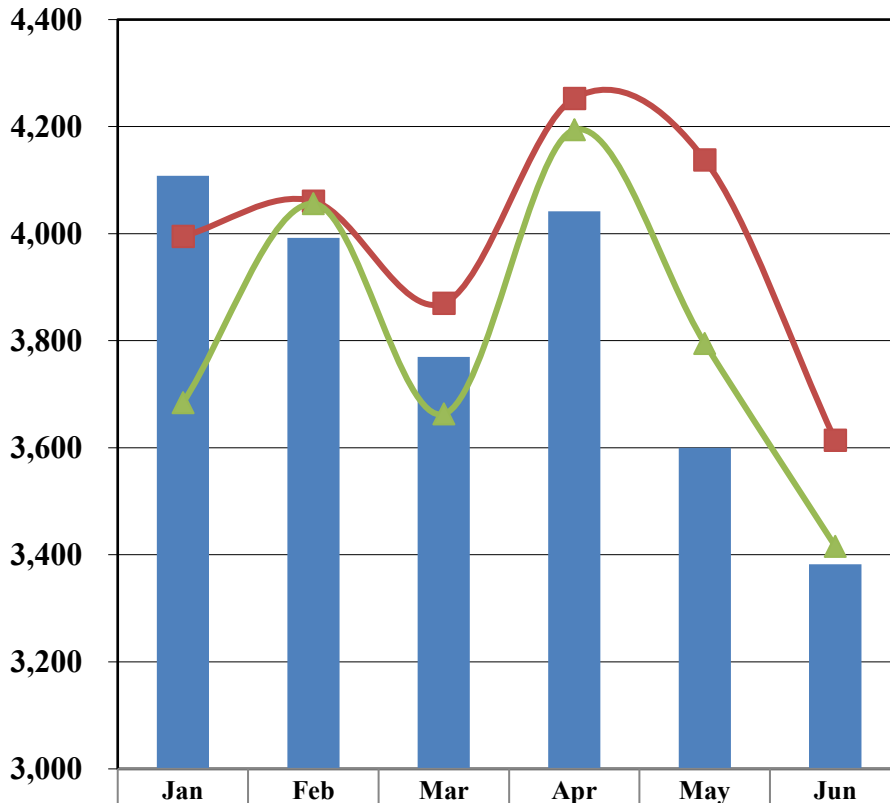


Financial Presentation

For the Month Ended

June 30, 2025

Family Health Clinic Total Visits

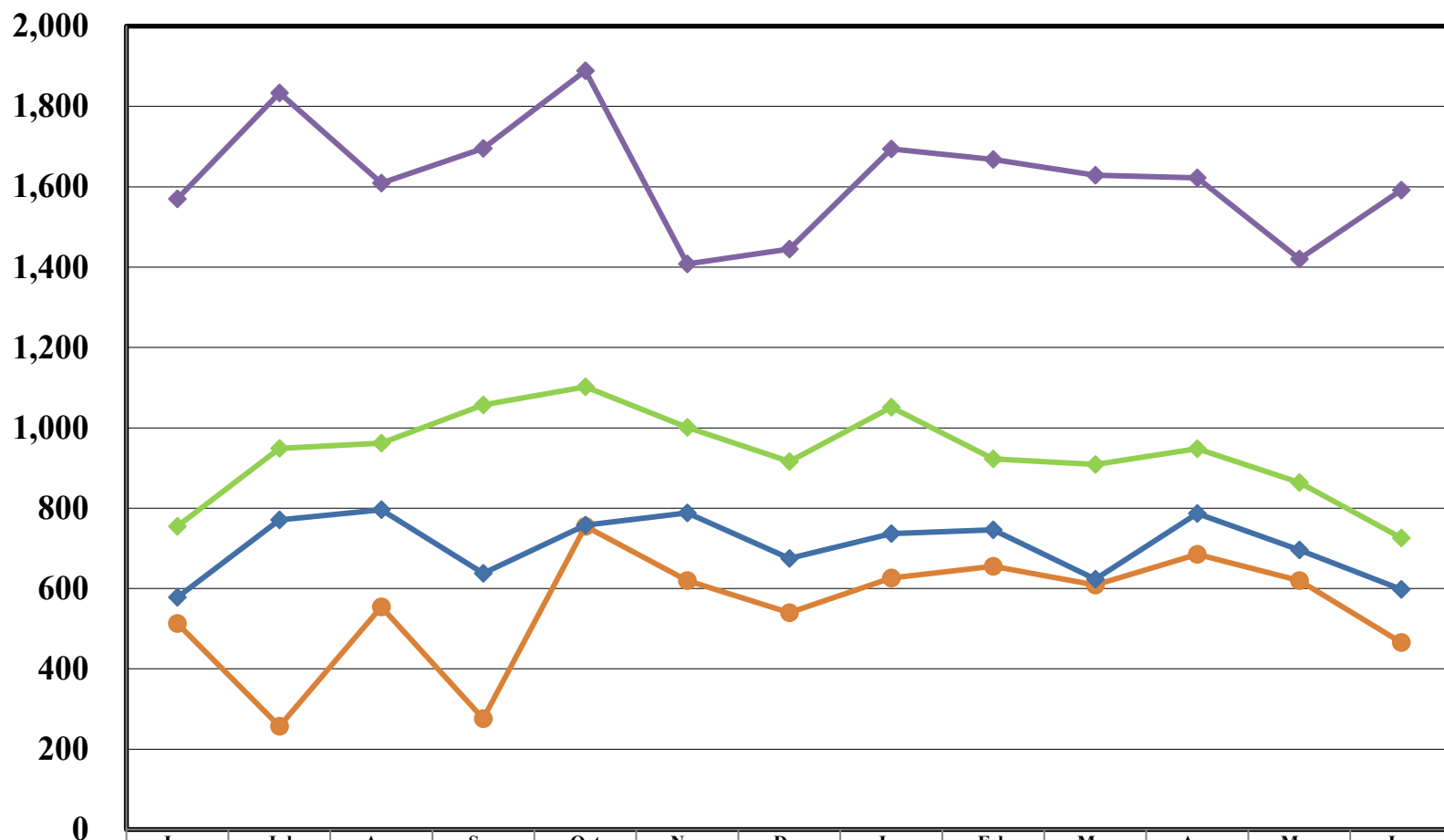


Act	4,108	3,992	3,770	4,042	3,600	3,382
Bud	3,995	4,061	3,870	4,253	4,138	3,614
Prior	3,684	4,056	3,663	4,194	3,795	3,416

	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	3,382	3,614	3,416
Var %		-6.4%	-1.0%
Year-To-Date	34,791	35,267	33,343
Var %		-1.3%	4.3%
Annualized	46,190	47,585	40,659
Var %		-2.9%	13.6%

Family Health Center Visits

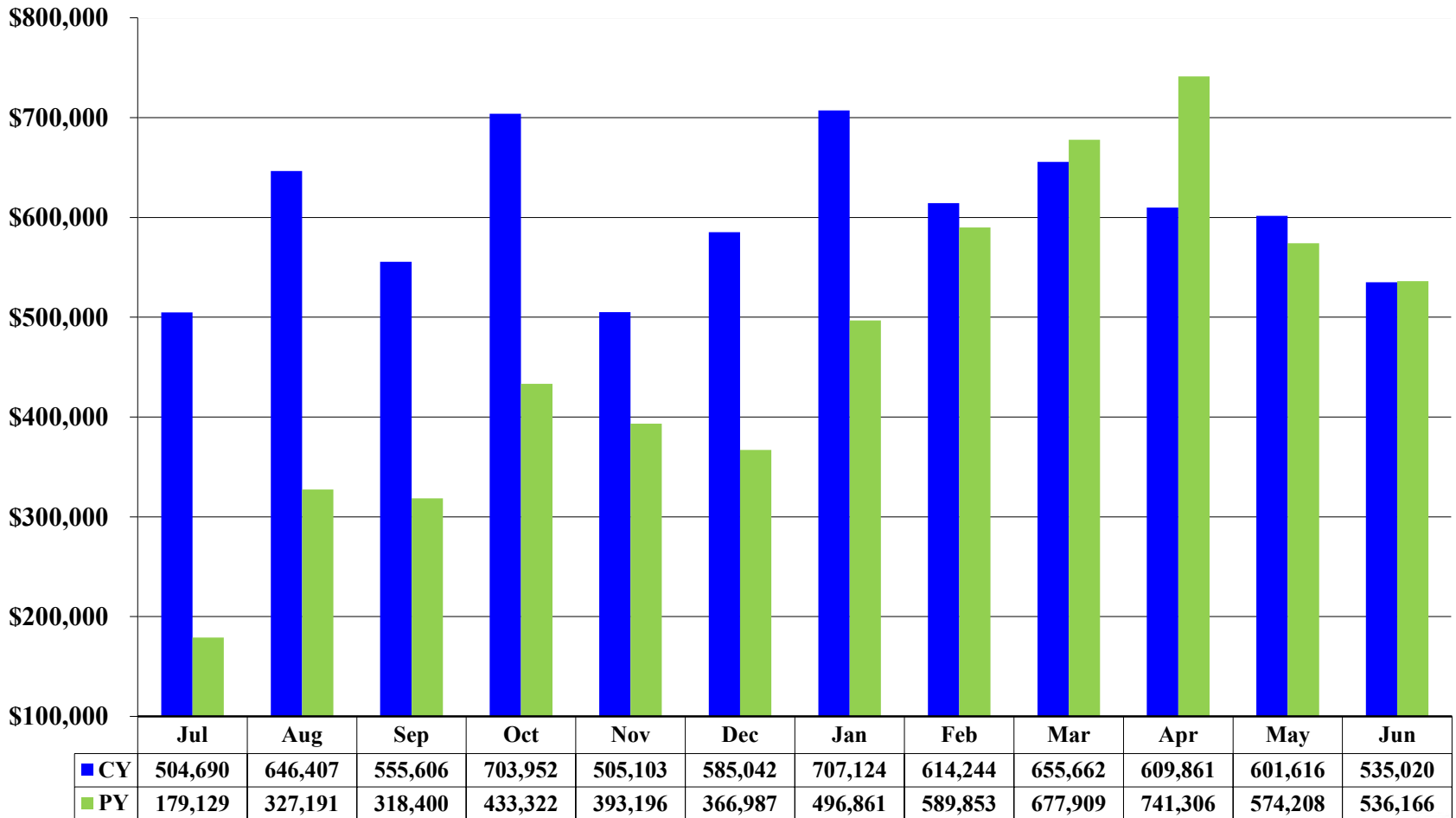
Thirteen Month Trending



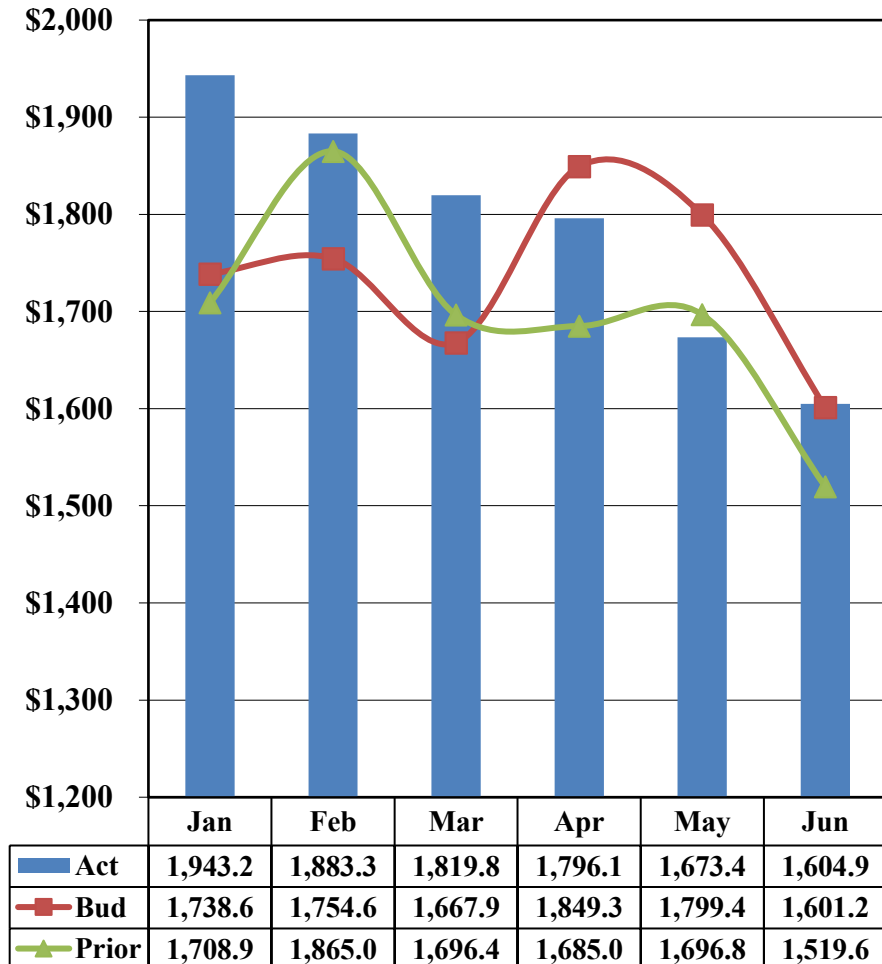
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
—●— Clements Medical	513	257	554	276	755	620	540	626	655	609	685	620	466
—◆— W. University Medical	578	771	796	638	758	788	675	737	746	623	787	696	598
—◆— JBS	755	949	962	1,057	1,102	1,001	916	1,051	923	909	948	864	726
—◆— Womens Clinic	1,570	1,834	1,609	1,696	1,889	1,408	1,445	1,694	1,668	1,629	1,622	1,420	1,592

Total AR Cash Receipts

Compared to Prior Twelve Months

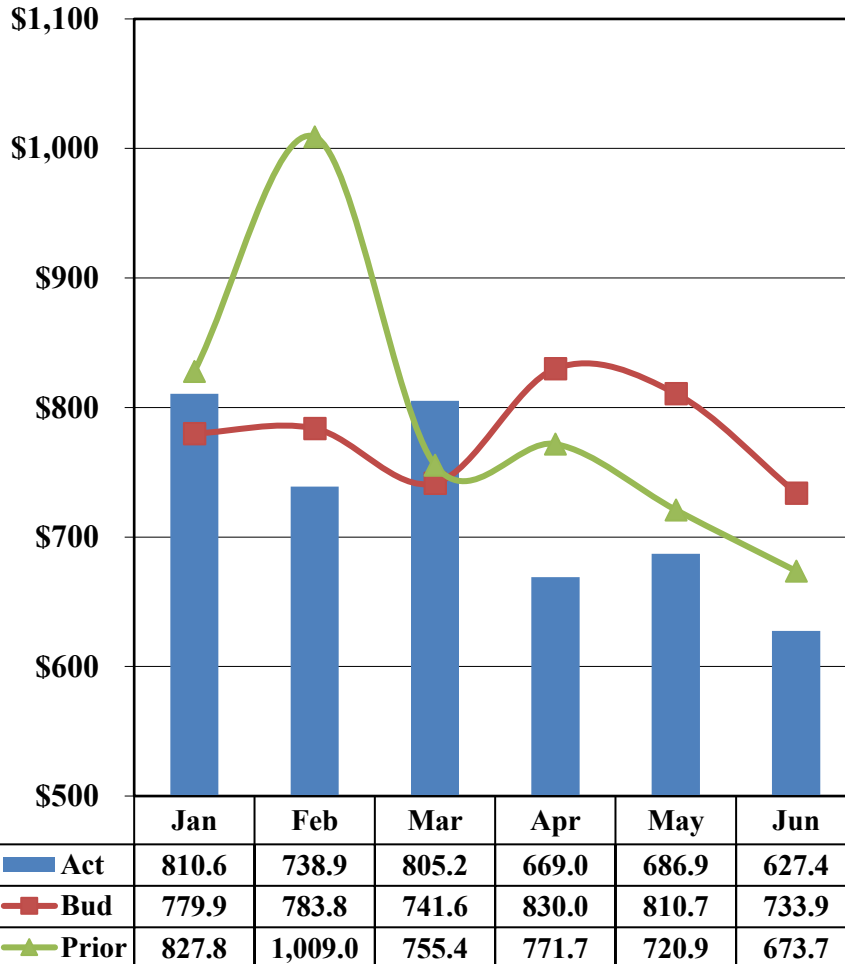


Total Patient Revenues



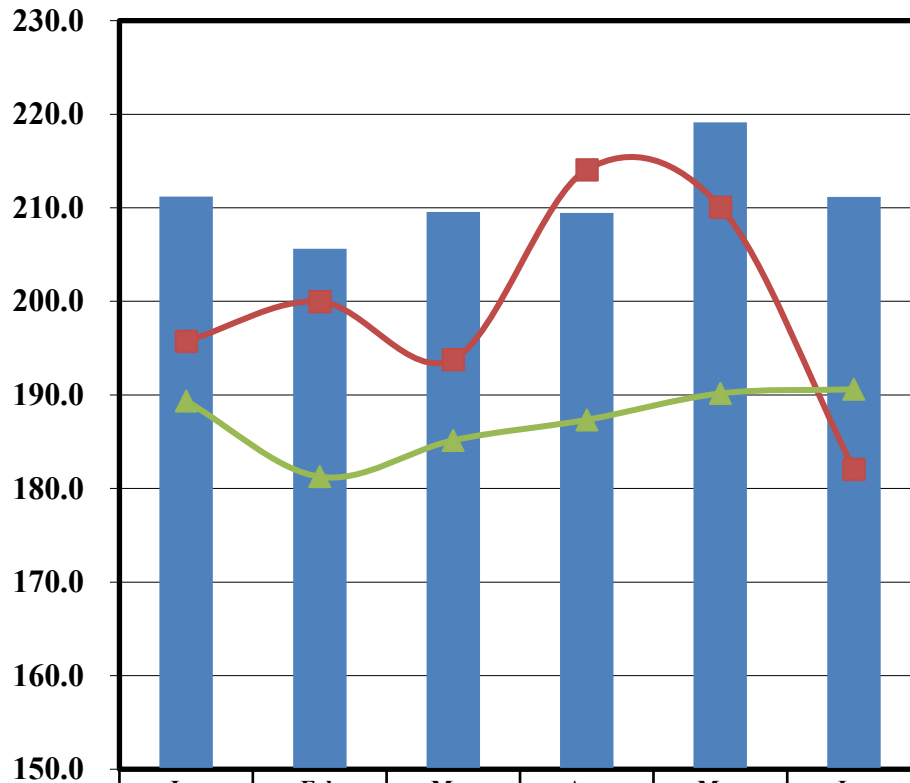
	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	1,604.9	1,601.2	1,519.6
Var %		0.2%	5.6%
Year-To-Date	16,003.2	15,401.5	14,632.7
Var %		3.9%	9.4%
Annualized	21,024.6	20,599.8	16,827.9
Var %		2.1%	24.9%

Net Patient Revenues



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	627.4	733.9	673.7
Var %		-14.5%	-6.9%
Year-To-Date	6,604.3	6,936.6	6,996.3
Var %		-4.8%	-5.6%
Annualized	8,763.0	9,091.2	7,837.0
Var %		-3.6%	11.8%

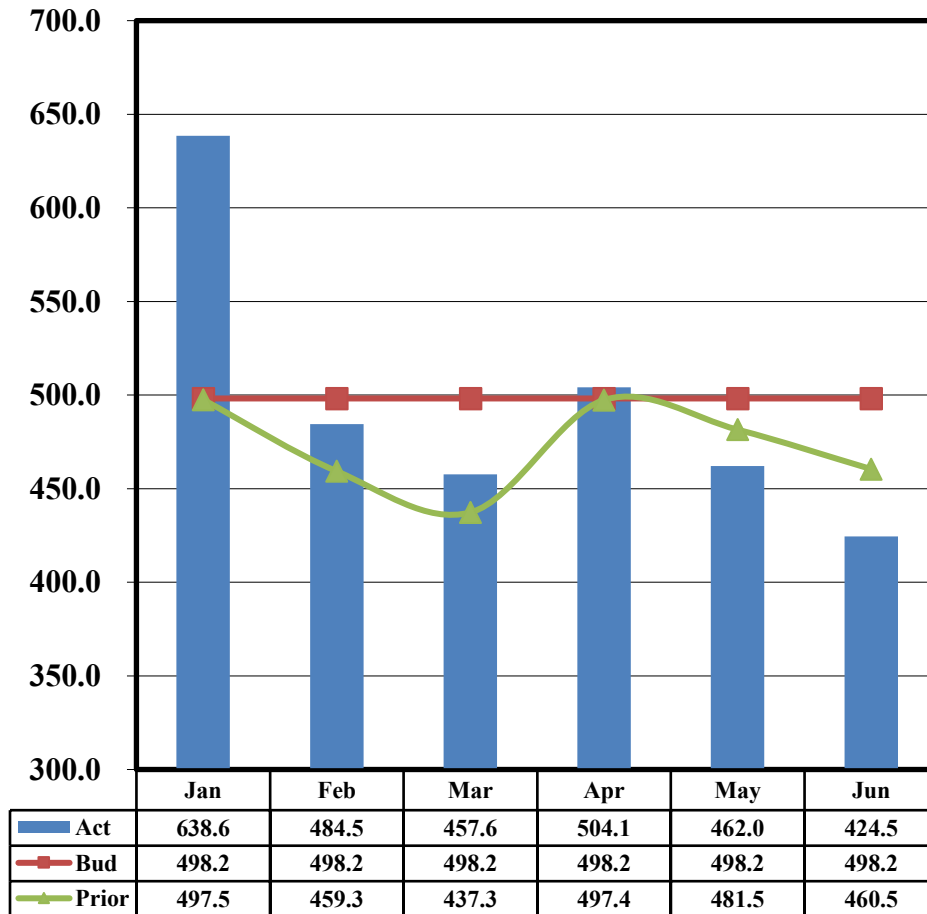
Salaries, Wages & Contract Labor



	Jan	Feb	Mar	Apr	May	Jun
Act	211.2	205.6	209.5	209.5	219.1	211.2
Bud	195.7	200.0	193.8	214.1	210.1	182.1
Prior	189.4	181.3	185.2	187.3	190.2	190.6

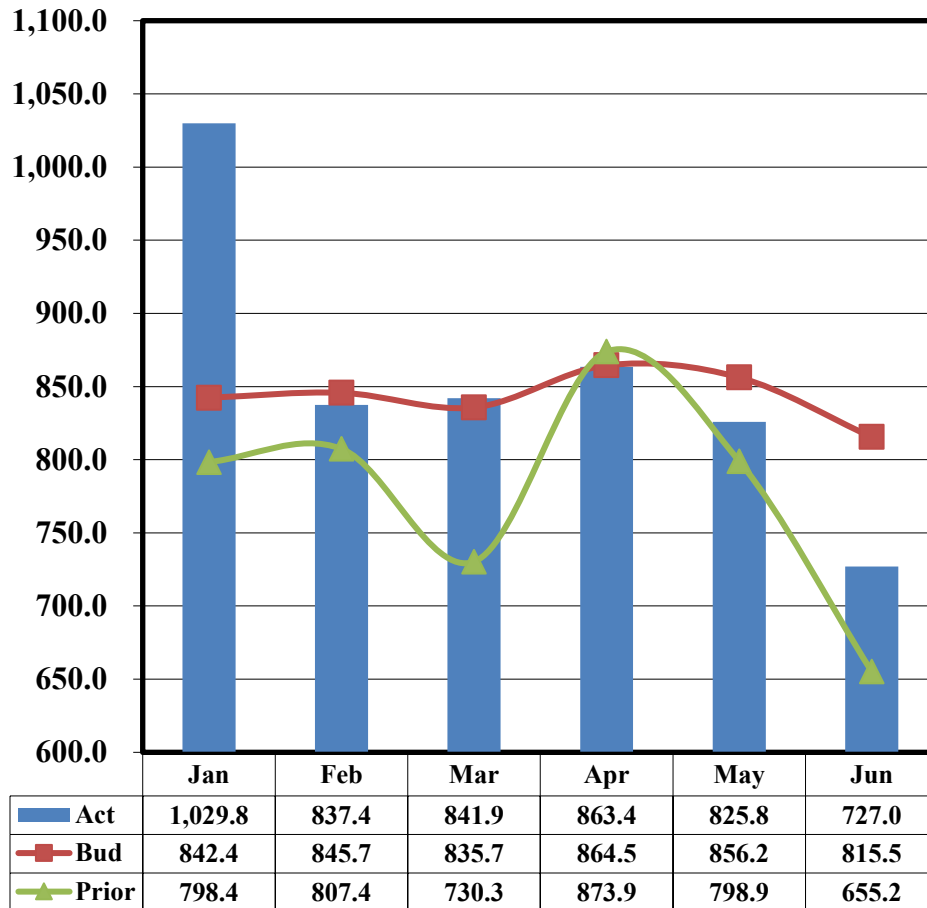
	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	211.2	182.1	190.6
Var %		16.0%	10.8%
Year-To-Date	1,864.0	1,745.1	1,723.3
Var %		6.8%	8.2%
Annualized	2,456.3	2,499.8	2,092.7
Var %		-1.7%	17.4%

Physician Services



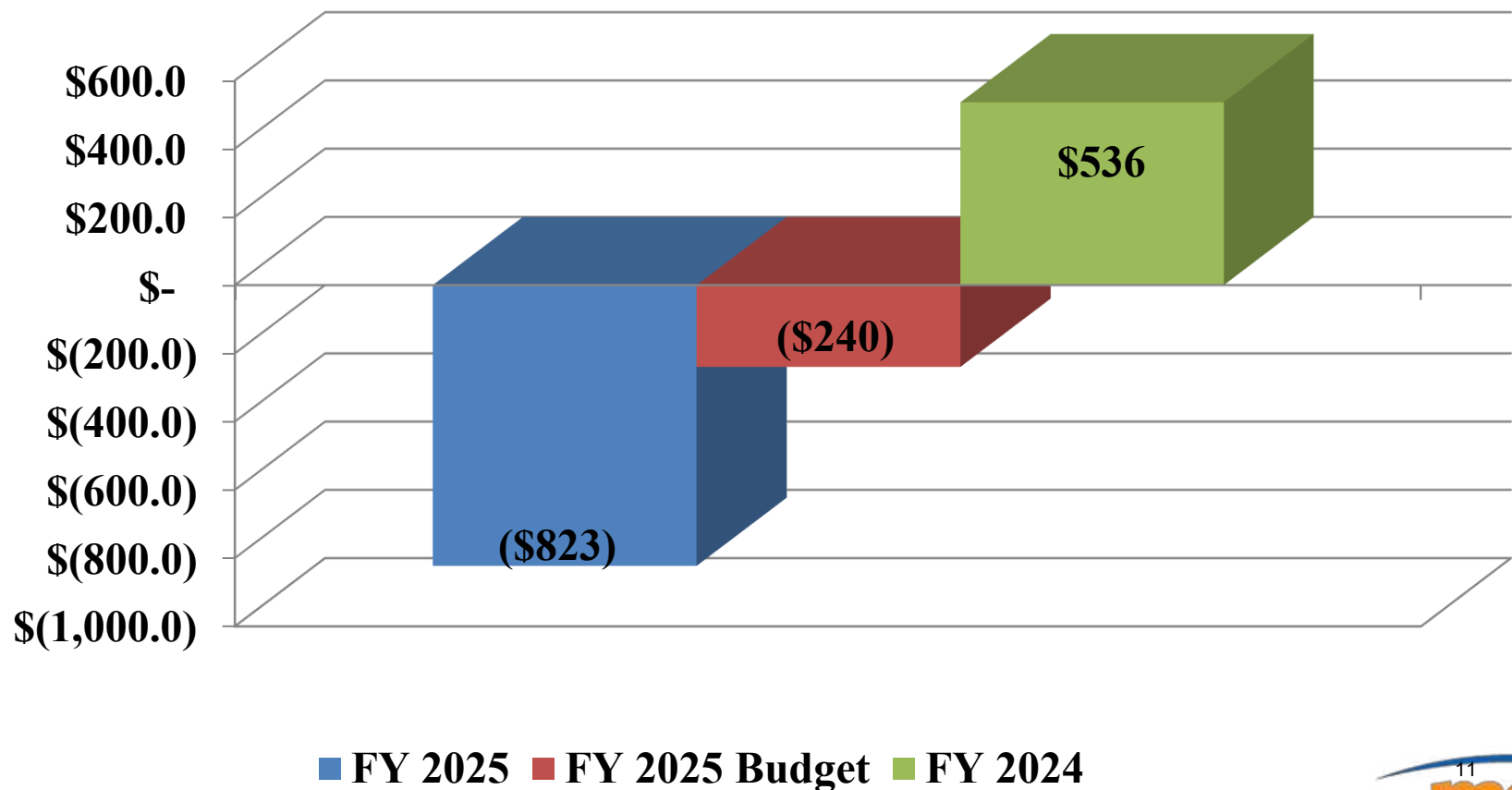
	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	424.5	498.2	460.5
Var %		-14.8%	-7.8%
Year-To-Date	4,539.3	4,483.8	3,997.3
Var %		1.2%	13.6%
Annualized	6,083.4	5,885.0	4,652.2
Var %		3.4%	30.8%

Total Operating Cost



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	727.0	815.5	655.2
Var %		-10.8%	11.0%
Year-To-Date	7,841.8	7,528.7	6,813.0
Var %		4.2%	15.1%
Annualized	10,555.5	10,161.9	8,112.6
Var %		3.9%	30.1%

Net Gain (Loss) From Operations - YTD



**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CENTERS COMBINED - OPERATIONS SUMMARY
JUNE 2025**

	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	\$ 1,604,854	\$ 1,601,181	0.2%	\$ 1,519,579	5.6%	\$ 16,003,166	\$ 15,401,495	3.9%	\$ 14,632,716	9.4%
TOTAL PATIENT REVENUE	\$ 1,604,854	\$ 1,601,181	0.2%	\$ 1,519,579	5.6%	\$ 16,003,166	\$ 15,401,495	3.9%	\$ 14,632,716	9.4%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 767,334	\$ 738,392	3.9%	\$ 697,974	9.9%	\$ 7,776,075	\$ 7,199,428	8.0%	\$ 6,614,945	17.6%
Self Pay Adjustments	253,520	73,002	247.3%	90,386	180.5%	1,676,411	724,038	131.5%	535,834	212.9%
Bad Debts	(43,400)	55,842	-177.7%	57,485	-175.5%	(53,652)	541,460	-109.9%	485,629	-111.0%
TOTAL REVENUE DEDUCTIONS	\$ 977,454	\$ 867,236	12.7%	\$ 845,845	15.6%	\$ 9,398,834	\$ 8,464,926	11.0%	\$ 7,636,409	23.1%
	60.91%	54.16%		55.66%		58.73%	54.96%		52.19%	
NET PATIENT REVENUE	\$ 627,400	\$ 733,945	-14.5%	\$ 673,734	-6.9%	\$ 6,604,332	\$ 6,936,569	-4.8%	\$ 6,996,307	-5.6%
<u>OTHER REVENUE</u>										
FHC Other Revenue	\$ 9,850	\$ 39,174	-74.9%	\$ 49,927	-80.3%	\$ 414,634	\$ 352,566	17.6%	\$ 352,556	17.6%
TOTAL OTHER REVENUE	\$ 9,850	\$ 39,174	-74.9%	\$ 49,927	-80.3%	\$ 414,634	\$ 352,566	17.6%	\$ 352,556	17.6%
NET OPERATING REVENUE	\$ 637,250	\$ 773,119	-17.6%	\$ 723,662	-11.9%	\$ 7,018,966	\$ 7,289,135	-3.7%	\$ 7,348,863	-4.5%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 211,167	\$ 182,073	16.0%	\$ 190,598	10.8%	\$ 1,863,980	\$ 1,745,057	6.8%	\$ 1,723,313	8.2%
Benefits	(73,993)	25,665	-388.3%	(117,571)	-37.1%	188,798	252,995	-25.4%	105,390	79.1%
Physician Services	424,481	498,196	-14.8%	460,463	-7.8%	4,539,293	4,483,764	1.2%	3,997,273	13.6%
Cost of Drugs Sold	121,934	55,954	117.9%	69,772	74.8%	802,784	552,868	45.2%	502,087	59.9%
Supplies	16,196	18,983	-14.7%	18,677	-13.3%	175,798	178,626	-1.6%	170,631	3.0%
Utilities	2,688	5,154	-47.8%	5,487	-51.0%	43,937	48,661	-9.7%	50,276	-12.6%
Repairs and Maintenance	1,292	2,099	-38.4%	1,227	5.3%	13,470	18,891	-28.7%	18,889	-28.7%
Leases and Rentals	767	1,212	-36.7%	561	36.6%	9,524	10,908	-12.7%	10,909	-12.7%
Other Expense	1,000	1,427	-29.9%	1,000	0.0%	10,219	12,843	-20.4%	9,693	5.4%
TOTAL OPERATING EXPENSES	\$ 705,531	\$ 790,763	-10.8%	\$ 630,214	12.0%	\$ 7,647,803	\$ 7,304,613	4.7%	\$ 6,588,461	16.1%
Depreciation/Amortization	\$ 21,510	\$ 24,694	-12.9%	\$ 24,947	-13.8%	\$ 193,953	\$ 224,124	-13.5%	\$ 224,574	-13.6%
TOTAL OPERATING COSTS	\$ 727,042	\$ 815,457	-10.8%	\$ 655,161	11.0%	\$ 7,841,756	\$ 7,528,737	4.2%	\$ 6,813,035	15.1%
NET GAIN (LOSS) FROM OPERATIONS	\$ (89,791)	\$ (42,338)	112.1%	\$ 68,500	-231.1%	\$ (822,790)	\$ (239,602)	243.4%	\$ 535,829	-253.6%
Operating Margin	-14.09%	-5.48%	157.3%	9.47%	-248.9%	-11.72%	-3.29%	256.6%	7.29%	-260.8%

	CURRENT MONTH					YEAR TO DATE				
	3,382	3,614	-6.4%	3,416	-1.0%	34,791	35,267	-1.3%	33,343	4.3%
Total Visits										
Average Revenue per Office Visit	474.53	443.05	7.1%	444.84	6.7%	459.98	436.71	5.3%	438.85	4.8%
Hospital FTE's (Salaries and Wages)	48.5	41.1	18.0%	44.4	9.5%	48.0	44.5	7.8%	44.8	7.3%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - SOUTH - OPERATIONS SUMMARY
JUNE 2025**

	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	\$ 148,284	\$ 159,384	-7.0%	\$ 141,046	5.1%	\$ 1,573,968	\$ 1,512,051	4.1%	\$ 1,329,776	18.4%
TOTAL PATIENT REVENUE	\$ 148,284	\$ 159,384	-7.0%	\$ 141,046	5.1%	\$ 1,573,968	\$ 1,512,051	4.1%	\$ 1,329,776	18.4%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 51,917	\$ 55,499	-6.5%	\$ 55,979	-7.3%	\$ 559,755	\$ 526,507	6.3%	\$ 666,672	-16.0%
Self Pay Adjustments	55,250	15,584	254.5%	34,214	61.5%	512,718	147,843	246.8%	177,915	188.2%
Bad Debts	(5,599)	8,913	-162.8%	5,351	-204.6%	(11,264)	84,556	-113.3%	66,288	-117.0%
TOTAL REVENUE DEDUCTIONS	\$ 101,567	\$ 79,996	27.0%	\$ 95,543	6.3%	\$ 1,061,210	\$ 758,906	39.8%	\$ 910,875	16.5%
	68.5%	50.2%		67.7%		67.4%	50.2%		68.5%	
NET PATIENT REVENUE	\$ 46,716	\$ 79,388	-41.2%	\$ 45,503	2.7%	\$ 512,758	\$ 753,145	-31.9%	\$ 418,901	22.4%
OTHER REVENUE										
FHC Other Revenue	\$ 9,850	\$ 39,174	0.0%	\$ 49,927	-80.3%	\$ 414,634	\$ 352,566	0.0%	\$ 352,556	17.6%
TOTAL OTHER REVENUE	\$ 9,850	\$ 39,174	-74.9%	\$ 49,927	-80.3%	\$ 414,634	\$ 352,566	17.6%	\$ 352,556	17.6%
NET OPERATING REVENUE	\$ 56,566	\$ 118,562	-52.3%	\$ 95,430	-40.7%	\$ 927,392	\$ 1,105,711	-16.1%	\$ 771,457	20.2%
OPERATING EXPENSE										
Salaries and Wages	\$ 61,384	\$ 52,883	16.1%	\$ 57,992	5.8%	\$ 542,520	\$ 492,991	10.0%	\$ 515,967	5.1%
Benefits	(21,509)	7,454	-388.6%	(35,773)	-39.9%	54,951	71,473	-23.1%	31,554	74.1%
Physician Services	54,628	69,696	-21.6%	87,753	-37.7%	651,286	627,264	3.8%	568,505	14.6%
Cost of Drugs Sold	55,020	9,108	504.1%	14,006	292.8%	265,058	86,408	206.8%	75,989	248.8%
Supplies	3,149	6,262	-49.7%	4,067	-22.6%	28,649	57,084	-49.8%	56,411	-49.2%
Utilities	508	2,506	-79.7%	2,552	-80.1%	19,684	24,790	-20.6%	25,490	-22.8%
Repairs and Maintenance	531	1,278	-58.5%	527	0.8%	5,440	11,502	-52.7%	11,503	-52.7%
Leases and Rentals	572	606	-5.6%	521	9.7%	5,825	5,454	6.8%	5,455	6.8%
Other Expense	1,000	1,427	-29.9%	1,000	0.0%	10,219	12,843	-20.4%	9,693	5.4%
TOTAL OPERATING EXPENSES	\$ 155,284	\$ 151,220	2.7%	\$ 132,645	17.1%	\$ 1,583,632	\$ 1,389,809	13.9%	\$ 1,300,568	21.8%
Depreciation/Amortization	\$ 4,048	\$ 4,034	0.4%	\$ 4,048	0.0%	\$ 36,435	\$ 36,454	-0.1%	\$ 36,481	-0.1%
TOTAL OPERATING COSTS	\$ 159,332	\$ 155,254	2.6%	\$ 136,694	16.6%	\$ 1,620,067	\$ 1,426,263	13.6%	\$ 1,337,049	21.2%
NET GAIN (LOSS) FROM OPERATIONS	\$ (102,766)	\$ (36,692)	-180.1%	\$ (41,264)	-149.0%	\$ (692,674)	\$ (320,552)	-116.1%	\$ (565,591)	-22.5%
Operating Margin	-181.67%	-30.95%	487.0%	-43.24%	320.2%	-74.69%	-28.99%	157.6%	-73.31%	1.9%

	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	466	571	-18.4%	513	-9.2%	5,576	5,417	2.9%	4,764	17.0%
Average Revenue per Office Visit	318.20	279.13	14.0%	274.94	15.7%	282.28	279.13	1.1%	279.13	1.1%
Hospital FTE's (Salaries and Wages)	10.7	10.0	7.1%	9.8	9.2%	10.8	10.4	3.1%	10.2	5.7%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - WEST UNIVERSITY - OPERATIONS SUMMARY
JUNE 2025**

	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	\$ 179,395	\$ 172,505	4.0%	\$ 161,822	10.9%	\$ 1,989,892	\$ 1,804,785	10.3%	\$ 1,800,162	10.5%
TOTAL PATIENT REVENUE	\$ 179,395	\$ 172,505	4.0%	\$ 161,822	10.9%	\$ 1,989,892	\$ 1,804,785	10.3%	\$ 1,800,162	10.5%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 75,192	\$ 128,337	-41.4%	\$ 69,286	8.5%	\$ 852,971	\$ 1,342,683	-36.5%	\$ 889,512	-4.1%
Self Pay Adjustments	50,301	30,420	65.4%	30,224	66.4%	424,713	318,265	33.4%	187,232	126.8%
Bad Debts	(3,686)	9,261	-139.8%	6,782	-154.3%	(8,783)	96,891	-109.1%	68,680	-112.8%
TOTAL REVENUE DEDUCTIONS	\$ 121,807	\$ 168,018	-27.5%	\$ 106,292	14.6%	\$ 1,268,901	\$ 1,757,839	-27.8%	\$ 1,145,424	10.8%
	67.90%	97.40%		65.68%		63.77%	97.40%		63.63%	
NET PATIENT REVENUE	\$ 57,588	\$ 4,487	1183.4%	\$ 55,529	3.7%	\$ 720,991	\$ 46,946	1435.8%	\$ 654,738	10.1%
<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	\$ 57,588	\$ 4,487	1183.4%	\$ 55,529	3.7%	\$ 720,991	\$ 46,946	1435.8%	\$ 654,738	10.1%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 22,437	\$ 28,780	-22.0%	\$ 16,385	36.9%	\$ 222,943	\$ 295,583	-24.6%	\$ 185,575	20.1%
Benefits	(7,862)	4,057	-293.8%	(10,107)	-22.2%	22,581	42,853	-47.3%	11,349	99.0%
Physician Services	47,031	57,658	-18.4%	39,978	17.6%	492,470	518,922	-5.1%	440,917	11.7%
Cost of Drugs Sold	18,984	3,298	475.6%	9,414	101.7%	66,718	34,502	93.4%	34,413	93.9%
Supplies	1,572	1,598	-1.6%	1,676	-6.2%	20,602	16,197	27.2%	16,171	27.4%
Utilities	2,180	2,648	-17.7%	2,934	-25.7%	24,253	23,871	1.6%	24,786	-2.1%
Repairs and Maintenance	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Leases and Rentals	93	40	131.4%	40	131.4%	640	360	77.8%	360	77.8%
Other Expense	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$ 84,435	\$ 98,079	-13.9%	\$ 60,320	40.0%	\$ 850,208	\$ 932,288	-8.8%	\$ 713,571	19.1%
Depreciation/Amortization	\$ 17,387	\$ 20,585	-15.5%	\$ 20,824	-16.5%	\$ 156,844	\$ 186,995	-16.1%	\$ 187,419	-16.3%
TOTAL OPERATING COSTS	\$ 101,822	\$ 118,664	-14.2%	\$ 81,145	25.5%	\$ 1,007,052	\$ 1,119,283	-10.0%	\$ 900,990	11.8%
NET GAIN (LOSS) FROM OPERATIONS	\$ (44,234)	\$ (114,177)	-61.3%	\$ (25,615)	72.7%	\$ (286,061)	\$ (1,072,337)	-73.3%	\$ (246,252)	16.2%
Operating Margin	-76.81%	-2544.62%	-97.0%	-46.13%	66.5%	-39.68%	-2284.19%	-98.3%	-37.61%	5.5%

	CURRENT MONTH					YEAR TO DATE				
	598	569	5.1%	578	3.5%	6,408	5,953	7.6%	5,938	7.9%
Total Visits										
Average Revenue per Office Visit	299.99	303.17	-1.0%	279.97	7.2%	310.53	303.17	2.4%	303.16	2.4%
Hospital FTE's (Salaries and Wages)	8.2	7.1	14.5%	5.9	39.7%	8.9	8.2	8.8%	6.9	30.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - JBS - OPERATIONS SUMMARY
JUNE 2025**

	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	\$ 267,562	\$ 287,114	-6.8%	\$ 338,642	-21.0%	\$ 3,548,766	\$ 3,340,055	6.2%	\$ 3,359,174	5.6%
TOTAL PATIENT REVENUE	\$ 267,562	\$ 287,114	-6.8%	\$ 338,642	-21.0%	\$ 3,548,766	\$ 3,340,055	6.2%	\$ 3,359,174	5.6%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 133,806	\$ 143,916	-7.0%	\$ 163,160	-18.0%	\$ 1,715,697	\$ 1,674,201	2.5%	\$ 1,700,242	0.9%
Self Pay Adjustments	17,253	6,432	168.2%	7,239	138.3%	194,692	74,825	160.2%	69,007	182.1%
Bad Debts	(15,646)	9,026	-273.3%	12,795	-222.3%	(4,237)	105,006	-104.0%	105,693	-104.0%
TOTAL REVENUE DEDUCTIONS	\$ 135,413	\$ 159,374	-15.0%	\$ 183,194	-26.1%	\$ 1,906,152	\$ 1,854,032	2.8%	\$ 1,874,942	1.7%
	50.61%	55.51%		54.10%		53.71%	55.51%		55.82%	
NET PATIENT REVENUE	\$ 132,149	\$ 127,740	3.5%	\$ 155,449	-15.0%	\$ 1,642,614	\$ 1,486,023	10.5%	\$ 1,484,232	10.7%
<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	\$ 132,149	\$ 127,740	3.5%	\$ 155,449	-15.0%	\$ 1,642,614	\$ 1,486,023	10.5%	\$ 1,484,232	10.7%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 38,946	\$ 29,477	32.1%	\$ 34,475	13.0%	\$ 303,414	\$ 336,539	-9.8%	\$ 289,967	4.6%
Benefits	(13,647)	4,155	-428.4%	(21,266)	-35.8%	30,732	48,791	-37.0%	17,733	73.3%
Physician Services	46,070	63,193	-27.1%	45,907	0.4%	568,264	568,737	-0.1%	518,806	9.5%
Cost of Drugs Sold	20,451	16,235	26.0%	22,818	-10.4%	192,603	188,864	2.0%	165,668	16.3%
Supplies	3,855	2,735	40.9%	6,270	-38.5%	61,685	30,588	101.7%	28,200	118.7%
Utilities	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Repairs and Maintenance	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Other Expense	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$ 95,568	\$ 115,795	-17.5%	\$ 88,204	8.3%	\$ 1,157,016	\$ 1,173,519	-1.4%	\$ 1,020,373	13.4%
Depreciation/Amortization	\$ 75	\$ 75	-0.2%	\$ 75	0.0%	\$ 674	\$ 675	-0.2%	\$ 674	0.0%
TOTAL OPERATING COSTS	\$ 95,643	\$ 115,870	-17.5%	\$ 88,279	8.3%	\$ 1,157,690	\$ 1,174,194	-1.4%	\$ 1,021,047	13.4%
NET GAIN (LOSS) FROM OPERATIONS	\$ 36,505	\$ 11,870	207.5%	\$ 67,170	-45.7%	\$ 484,924	\$ 311,829	55.5%	\$ 463,185	4.7%
Operating Margin	27.62%	9.29%	197.3%	43.21%	-36.1%	29.52%	20.98%	40.7%	31.21%	-5.4%

	CURRENT MONTH					YEAR TO DATE				
Total Visits	726	687	5.7%	755	-3.8%	8,440	7,992	5.6%		0.0%
Average Revenue per Office Visit	368.54	417.92	-11.8%	448.53	-17.8%	420.47	417.92	0.6%	417.91	0.6%
Hospital FTE's (Salaries and Wages)	10.2	8.1	25.9%	10.0	1.7%	8.9	10.3	-13.4%	9.2	-2.8%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - WOMENS CLINIC- OPERATIONS SUMMARY
JUNE 2025**

	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	\$ 1,009,614	\$ 982,178	2.8%	\$ 878,069	15.0%	\$ 8,890,539	\$ 8,744,604	1.7%	\$ 8,143,604	9.2%
TOTAL PATIENT REVENUE	\$ 1,009,614	\$ 982,178	2.8%	\$ 878,069	15.0%	\$ 8,890,539	\$ 8,744,604	1.7%	\$ 8,143,604	9.2%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 506,419	\$ 410,640	23.3%	\$ 409,549	23.7%	\$ 4,647,652	\$ 3,656,037	27.1%	\$ 3,358,519	38.4%
Self Pay Adjustments	130,717	20,566	535.6%	18,710	598.7%	544,288	183,105	197.3%	101,680	435.3%
Bad Debts	(18,469)	28,642	-164.5%	32,556	-156.7%	(29,369)	255,007	-111.5%	244,969	-112.0%
TOTAL REVENUE DEDUCTIONS	\$ 618,667	\$ 459,848	34.5%	\$ 460,815	34.3%	\$ 5,162,570	\$ 4,094,149	26.1%	\$ 3,705,168	39.3%
	61.28%	46.82%		52.48%		58.07%	46.82%		45.50%	
NET PATIENT REVENUE	\$ 390,947	\$ 522,330	-25.2%	\$ 417,254	-6.3%	\$ 3,727,969	\$ 4,650,455	-19.8%	\$ 4,438,436	-16.0%
<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	\$ 390,947	\$ 522,330	-25.2%	\$ 417,254	-6.3%	\$ 3,727,969	\$ 4,650,455	-19.8%	\$ 4,438,436	-16.0%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 88,401	\$ 70,933	24.6%	\$ 81,746	8.1%	\$ 795,103	\$ 619,944	28.3%	\$ 731,805	8.6%
Benefits	(30,975)	9,999	-409.8%	(50,425)	-38.6%	80,534	89,878	-10.4%	44,754	79.9%
Physician Services	276,752	307,649	-10.0%	286,825	-3.5%	2,827,273	2,768,841	2.1%	2,469,045	14.5%
Cost of Drugs Sold	27,478	27,313	0.6%	23,534	16.8%	278,406	243,094	14.5%	226,017	23.2%
Supplies	7,619	8,388	-9.2%	6,664	14.3%	64,861	74,757	-13.2%	69,848	-7.1%
Utilities	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Repairs and Maintenance	761	821	-7.3%	700	8.7%	8,030	7,389	8.7%	7,386	8.7%
Leases and Rentals	208	566	-63.2%	-	0.0%	2,741	5,094	-46.2%	5,094	-46.2%
Other Expense	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$ 370,244	\$ 425,669	-13.0%	\$ 349,044	6.1%	\$ 4,056,948	\$ 3,808,997	6.5%	\$ 3,553,949	14.2%
Depreciation/Amortization	\$ -	\$ -	0.0%	\$ -	100.0%	\$ -	\$ -	0.0%	\$ -	100.0%
TOTAL OPERATING COSTS	\$ 370,244	\$ 425,669	-13.0%	\$ 349,044	6.1%	\$ 4,056,948	\$ 3,808,997	6.5%	\$ 3,553,949	14.2%
NET GAIN (LOSS) FROM OPERATIONS	\$ 20,703	\$ 96,661	-78.6%	\$ 68,209	-69.6%	\$ (328,979)	\$ 841,458	-139.1%	\$ 884,487	-137.2%
Operating Margin	5.30%	18.51%	-71.4%	16.35%	-67.6%	-8.82%	18.09%	-148.8%	19.93%	-144.3%

	CURRENT MONTH					YEAR TO DATE				
	1,592	1,787	-10.9%	1,570	1.4%	14,367	15,905	-9.7%	14,603	-1.6%
Total Visits										
Average Revenue per Office Visit	634.18	549.62	15.4%	559.28	13.4%	618.82	549.80	12.6%	557.67	11.0%
Hospital FTE's (Salaries and Wages)	19.5	15.9	22.4%	18.7	4.2%	19.4	15.6	24.5%	18.5	4.7%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC COMBINED
JUNE 2025**

	MONTHLY REVENUE						YTD REVENUE					
	Clements	West	JBS	Womens	Total	%	Clements	West	JBS	Womens	Total	%
Medicare	\$ 52,896	\$ 49,332	\$ -	\$ 72,540	\$ 174,768	10.9%	\$ 526,565	\$ 476,395	\$ 425	\$ 472,100	\$ 1,475,485	9.2%
Medicaid	24,290	25,012	186,592	246,223	482,118	30.0%	244,462	352,613	2,425,996	2,645,444	5,668,515	35.4%
FAP	-	-	-	-	-	0.0%	-	-	-	-	-	0.0%
Commercial	25,161	52,472	71,256	662,894	811,783	50.6%	267,802	614,278	945,175	5,425,472	7,252,727	45.3%
Self Pay	42,322	41,576	8,787	18,060	110,745	6.9%	497,744	427,812	162,427	219,923	1,307,905	8.2%
Other	3,615	11,004	927	9,896	25,441	1.6%	37,395	118,795	14,743	127,600	298,533	1.9%
Total	\$ 148,284	\$ 179,395	\$ 267,562	\$ 1,009,614	\$ 1,604,854	100.0%	\$ 1,573,968	\$ 1,989,892	\$ 3,548,766	\$ 8,890,539	\$ 16,003,166	100.0%

	MONTHLY PAYMENTS						YEAR TO DATE PAYMENTS					
	Clements	West	JBS	Womens	Total	%	Clements	West	JBS	Womens	Total	%
Medicare	\$ 17,390	\$ 21,562	\$ -	\$ 14,326	\$ 53,278	10.0%	\$ 212,538	\$ 190,266	\$ -	\$ 142,328	\$ 545,132	9.9%
Medicaid	10,859	17,910	100,196	\$ 70,684	199,649	37.3%	109,914	174,772	1,188,213	781,547	2,254,447	40.9%
FAP	-	-	-	\$ -	-	0.0%	-	-	-	-	-	0.0%
Commercial	8,296	23,057	43,979	\$ 131,738	207,069	38.7%	82,054	239,923	430,703	1,260,930	2,013,610	36.5%
Self Pay	8,296	8,716	6,665	\$ 41,573	65,250	12.2%	83,418	105,495	81,949	358,375	629,237	11.4%
Other	754	3,314	1,741	\$ 3,965	9,774	1.8%	6,455	29,980	7,923	30,839	75,197	1.4%
Total	\$ 45,595	\$ 74,559	\$ 152,581	\$ 262,286	\$ 535,020	100.0%	\$ 494,379	\$ 740,436	\$ 1,708,789	\$ 2,574,019	\$ 5,517,623	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC CLEMENTS
JUNE 2025**

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	\$ 52,896	35.7%	\$ 45,333	32.1%	\$ 526,565	33.5%	456,306	34.4%
Medicaid	24,290	16.4%	23,386	16.6%	244,462	15.5%	216,983	16.3%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	25,161	17.0%	21,296	15.1%	267,802	17.0%	227,311	17.1%
Self Pay	42,322	28.5%	49,482	35.1%	497,744	31.7%	426,155	32.0%
Other	3,615	2.4%	1,548	1.1%	37,395	2.4%	3,022	0.2%
TOTAL	\$ 148,284	100.0%	\$ 141,046	100.0%	\$ 1,573,968	100.1%	1,329,776	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	17,390	38.1%	\$ 23,683	49.0%	\$ 212,538	43.0%	185,085	42.9%
Medicaid	10,859	23.8%	10,609	22.0%	109,914	22.2%	105,116	24.4%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	8,296	18.2%	6,255	12.9%	82,054	16.6%	85,993	19.9%
Self Pay	8,296	18.2%	7,792	16.1%	83,418	16.9%	54,188	12.6%
Other	754	1.7%	(12)	0.0%	6,455	1.3%	974	0.2%
TOTAL	\$ 45,595	100.0%	\$ 48,327	100.0%	\$ 494,379	100.0%	431,356	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC WEST UNIVERSITY
JUNE 2025**

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	\$ 49,332	27.5%	\$ 31,937	19.7%	\$ 476,395	23.9%	\$ 409,975	22.8%
Medicaid	25,012	13.9%	\$ 22,489	13.9%	352,613	17.7%	310,137	17.2%
PHC	-	0.0%	\$ -	0.0%	-	0.0%	-	0.0%
Commercial	52,472	29.3%	\$ 60,869	37.6%	614,278	30.9%	539,914	30.0%
Self Pay	41,576	23.2%	\$ 39,930	24.7%	427,812	21.5%	447,020	24.8%
Other	11,004	6.1%	\$ 6,596	4.1%	118,795	6.0%	93,116	5.2%
TOTAL	\$ 179,395	100.0%	\$ 161,822	100.0%	\$ 1,989,892	100.0%	\$ 1,800,162	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 21,562	28.9%	\$ 8,148	17.0%	\$ 190,266	25.7%	\$ 168,564	27.1%
Medicaid	17,910	24.0%	14,844	30.9%	\$ 174,772	23.6%	142,287	22.8%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	23,057	31.0%	13,551	28.2%	239,923	32.5%	216,844	34.8%
Self Pay	8,716	11.7%	8,800	18.3%	105,495	14.2%	65,748	10.6%
Other	3,314	4.4%	2,686	5.6%	29,980	4.0%	29,467	4.7%
TOTAL	\$ 74,559	100.0%	\$ 48,029	100.0%	\$ 740,436	100.0%	\$ 622,911	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC JBS
JUNE 2025**

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%	\$ 236	0.1%	\$ 425	0.0%	\$ 190	0.0%
Medicaid	186,592	69.8%	\$ 227,652	67.2%	2,425,996	68.5%	2,299,038	68.4%
PHC	-	0.0%	\$ -	0.0%	-	0.0%	-	0.0%
Commercial	71,256	26.6%	\$ 96,618	28.5%	945,175	26.6%	912,686	27.2%
Self Pay	8,787	3.3%	\$ 12,380	3.7%	162,427	4.6%	125,476	3.7%
Other	927	0.3%	\$ 1,755	0.5%	14,743	0.4%	21,784	0.6%
TOTAL	\$ 267,562	100.0%	\$ 338,642	100.0%	\$ 3,548,766	100.1%	\$ 3,359,174	100.0%

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	100,196	65.7%	111,813	68.2%	1,188,213	69.5%	1,005,074	69.2%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	43,979	28.8%	43,886	26.7%	430,703	25.2%	381,554	26.3%
Self Pay	6,665	4.4%	6,137	3.7%	81,949	4.8%	57,127	3.9%
Other	1,741	1.1%	2,228	1.4%	7,923	0.5%	9,266	0.6%
TOTAL	\$ 152,581	100.0%	\$ 164,063	100.0%	\$ 1,708,789	100.0%	\$ 1,453,022	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - WOMENS CLINIC
JUNE 2025**

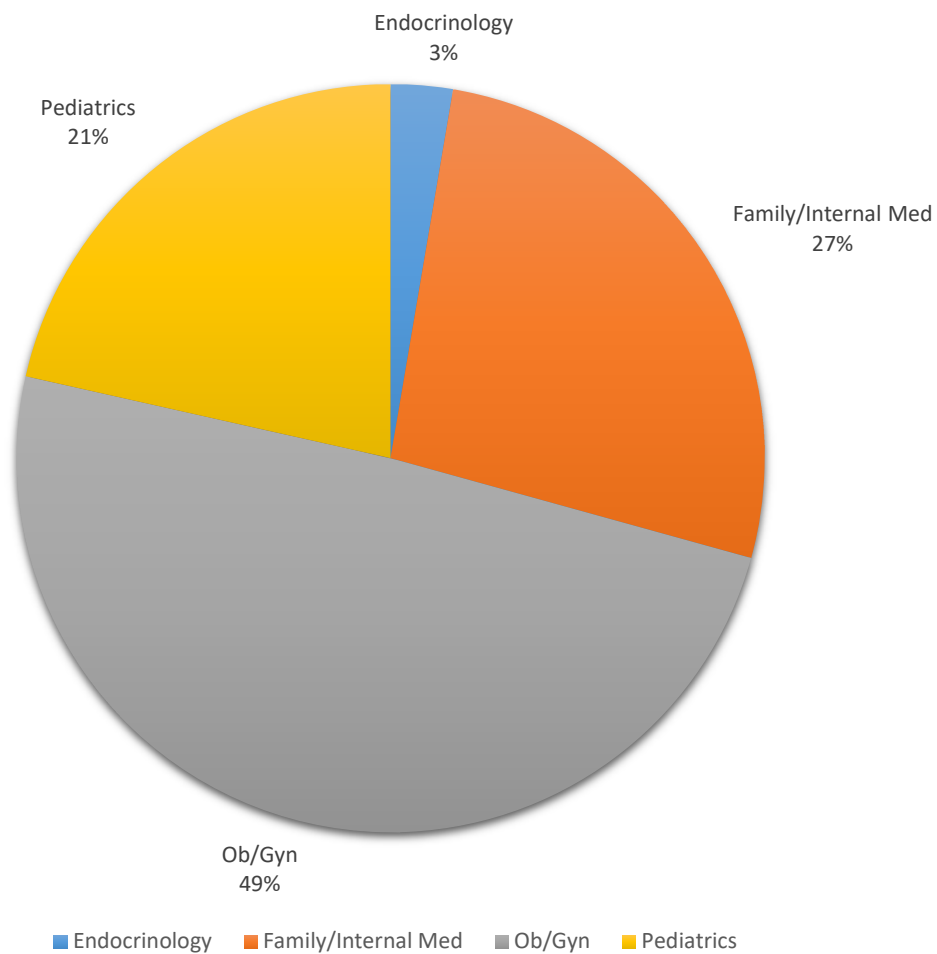
REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	\$ 72,540	7.2%	\$ 47,821	5.4%	\$ 472,100	5.3%	\$ 394,931	4.8%
Medicaid	246,223	24.4%	\$ 297,052	33.8%	2,645,444	29.8%	2,729,911	33.5%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	662,894	65.6%	\$ 496,244	56.5%	5,425,472	61.0%	4,641,240	57.0%
Self Pay	18,060	1.8%	\$ 26,440	3.0%	219,923	2.5%	254,580	3.1%
Other	9,896	1.0%	\$ 10,512	1.2%	127,600	1.4%	122,942	1.5%
TOTAL	\$ 1,009,614	100.0%	\$ 878,069	100.0%	\$ 8,890,539	100.0%	\$ 8,143,604	100.0%

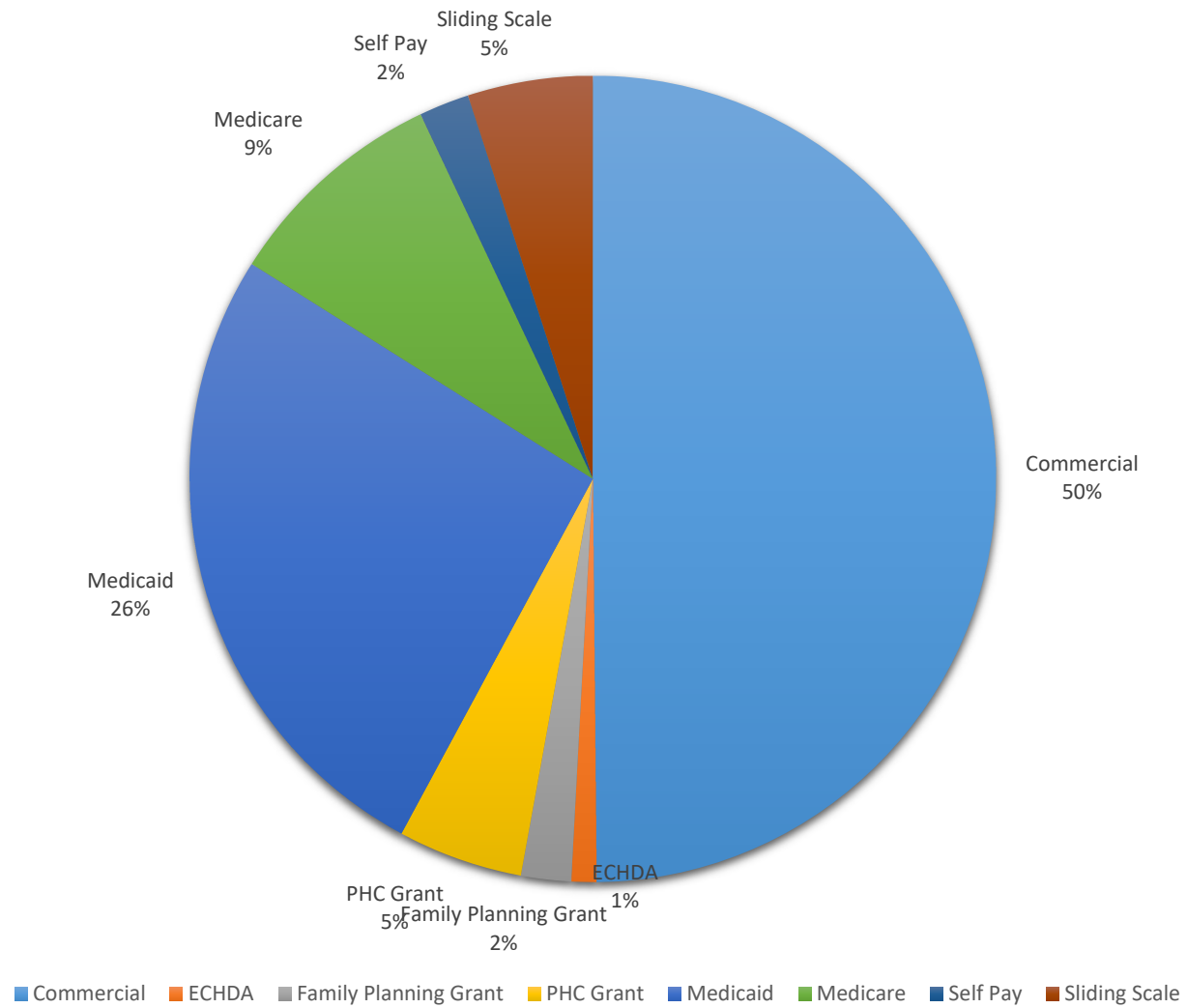
PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 14,326	5.5%	\$ 37,151	13.5%	\$ 142,328	5.5%	\$ 103,494	4.5%
Medicaid	70,684	26.9%	87,431	31.7%	781,547	30.4%	628,066	27.3%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	131,738	50.2%	105,548	38.3%	1,260,930	49.0%	1,119,193	48.6%
Self Pay	41,573	15.9%	41,964	15.2%	358,375	13.9%	420,215	18.3%
Other	3,965	1.5%	3,654	1.3%	30,839	1.2%	31,552	1.4%
TOTAL	\$ 262,286	100.0%	\$ 275,747	100.0%	\$ 2,574,019	100.0%	\$ 2,302,520	100.0%

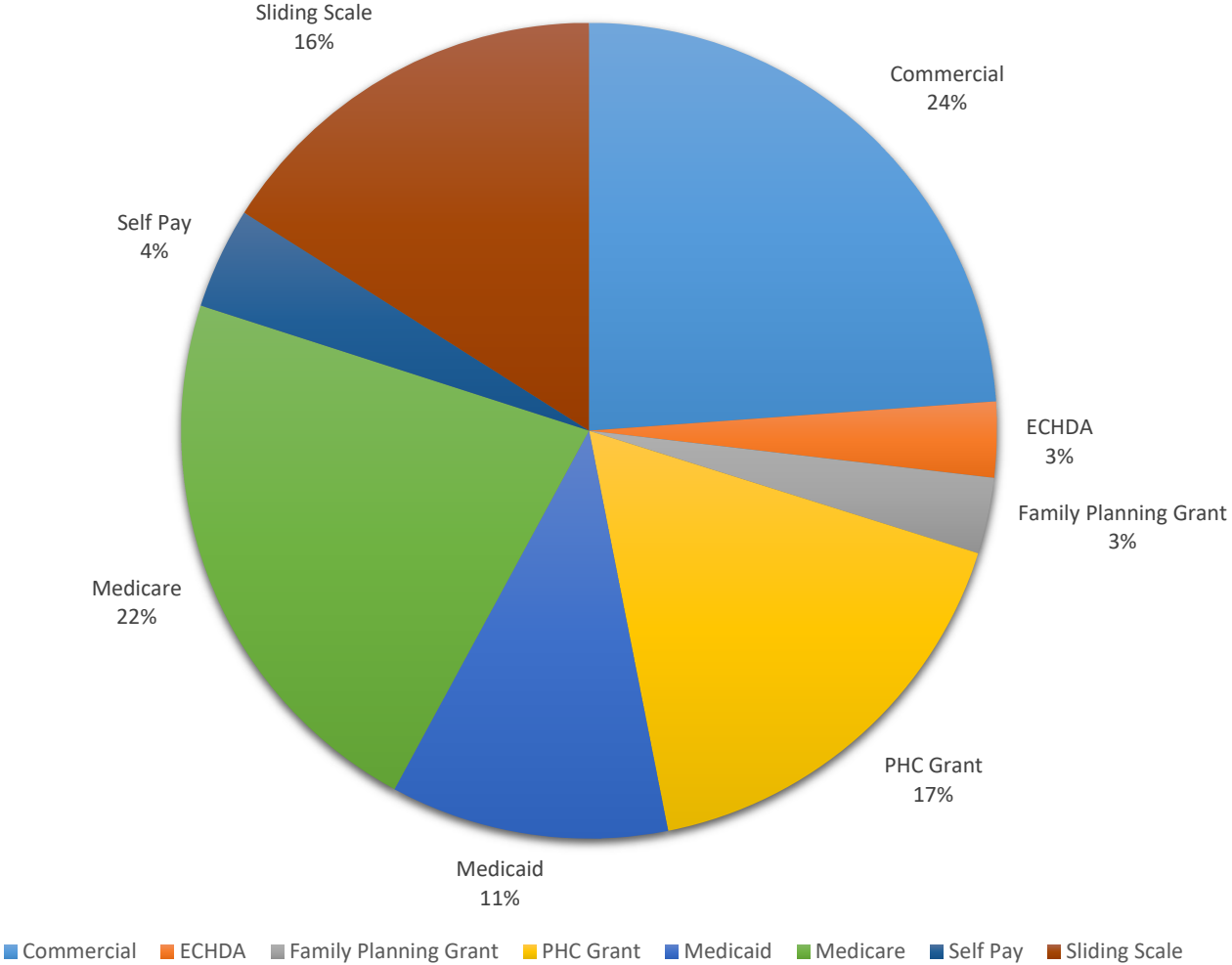
FHC June Visits By Service



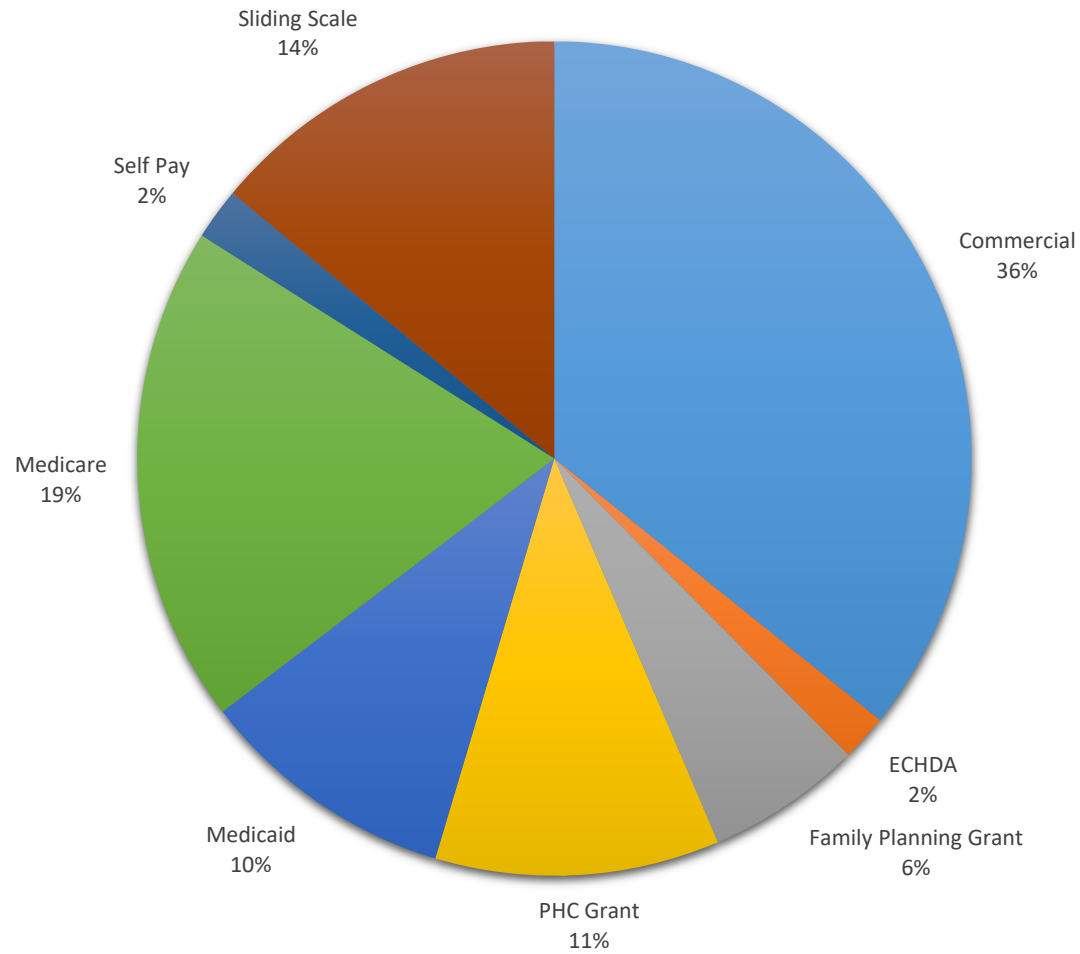
Total FHC June Visits by Financial Class



FHC Clements June Visits by Financial Class

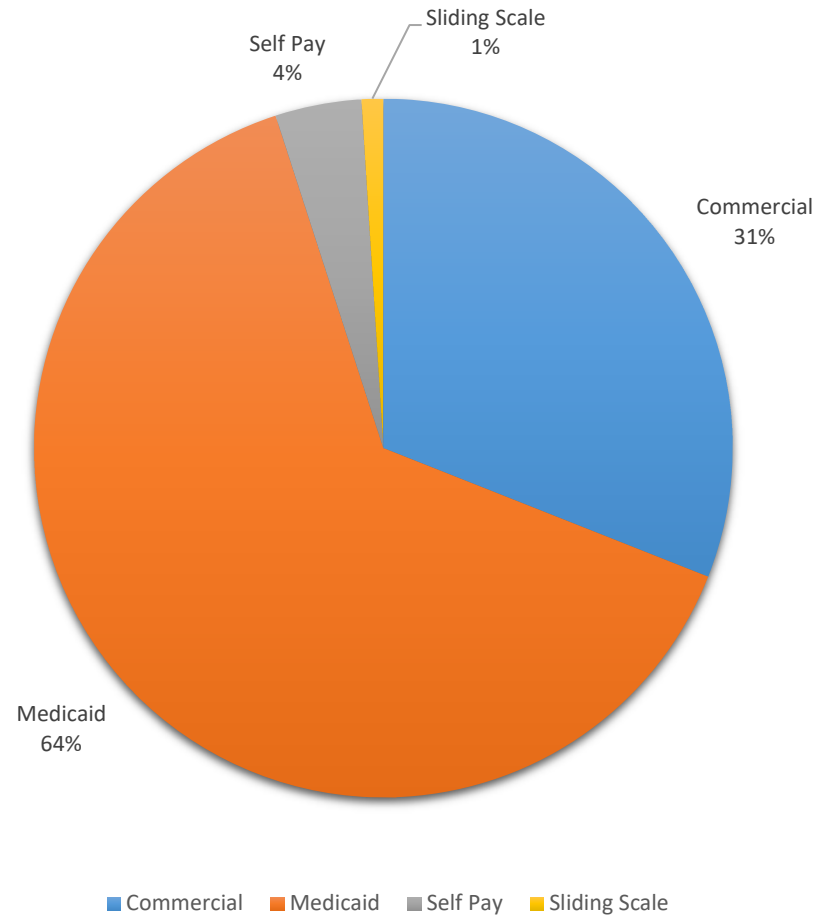


FHC West University June Visits by Financial Class

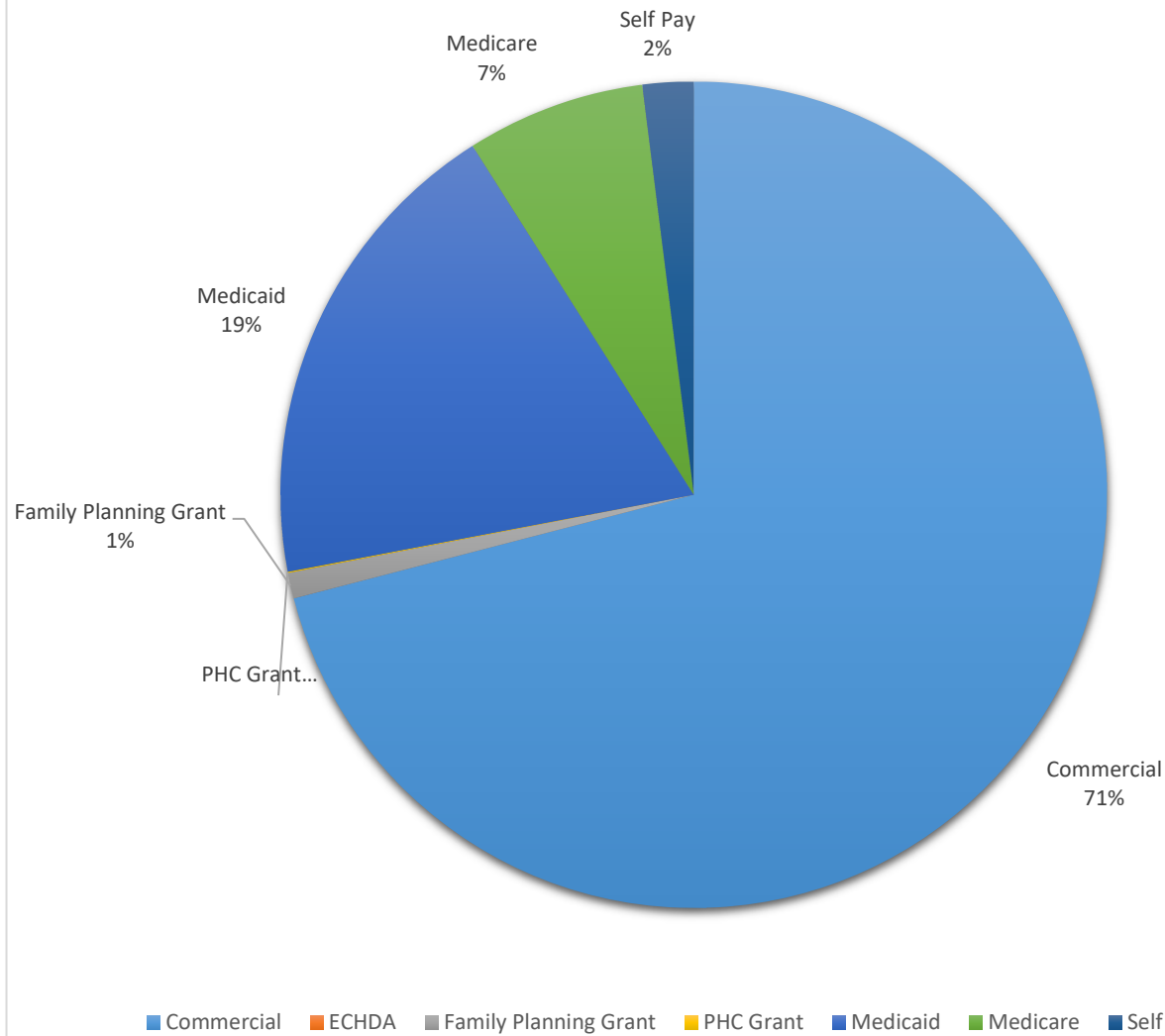


Commercial ECHDA Family Planning Grant PHC Grant Medicaid Medicare Self Pay Sliding Scale

Healthy Kids Clinic June Visits by Financial Class



Womens Clinic June Visits by Financial Class



FHC Executive Director's Report-August 2025

- **Staffing Update:**
 - **Women's Clinic:** The Women's Clinic is currently searching for an Ultrasound Tech and LVN.
 - **Healthy Kids Clinic:** The Healthy Kids Clinic is currently in search of a part time and full time LVN.
 - **Family Health Clinic:** FHC Clements is currently in search of a Medical Assistant and Reimbursement Analyst. West University is currently in search of a part time Medical Assistant, LVN, and a front desk position.
- **Provider Update:**
 - **West University:** We are currently searching for a pediatrician for our West University location.
 - **Women's Clinic:** The Women's Clinic is currently searching for an OB/Gyn. Dr. Nguyen signed his contract and has an expected start date of October 1, 2025.



Investor Statement

March 31, 2025- June 30, 2025

Prepared for

ECTOR COUNTY HOSPITAL DISTRICT

ECTOR COUNTY HOSPITAL DISTRICT
PO BOX 7239
Odessa, TX 79761

Advisor

Charles Brown & Jarrod Patterson

Momentum Independent Network Inc.

ECTOR COUNTY HOSPITAL DISTRICT
June 30, 2025

Yield Summary

Sector	Cost Basis	Weighted Avg Yield	Market Value	Unrealized Gain/Loss
Treasuries/Agencies/CDs	\$ 53,684,437	2.82%	\$ 53,886,610	\$ 202,171
Money Market/Cash	\$ 8,303,268	3.92%	\$ 8,303,268	\$ 0
Total	\$ 61,987,707	2.97%	\$ 62,189,879	\$ 202,171

	06/30/2025	06/30/2024
3 MONTH TREASURY BILL	4.41%	5.48%
5 YEAR TREASURY BILL	3.79%	4.33%
10 YEAR TREASURY NOTE	4.24%	4.36%
30 YEAR TREASURY NOTE	4.78%	4.51%

The information is based on data received. Information supporting the recommendation is enclosed.

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ECTOR COUNTY HOSPITAL DISTRICT Reports: Rollup of All Accounts



Holdings Detail As of Jun 30, 2025

Holdings	Units	Cost ¹	Portfolio Value	Gain/Loss ²	Gain/Loss %	% of Portfolio	Dur	Mat. Date	Price	YTM
26761549		\$ 1,579,477	\$ 1,564,772	\$ -14,705	-0.93 %	2.52 %				
Federal Home Loan Banks 0.86 10/27/25 3130APGW9	1,500,000	1,497,680	1,482,975	-14,705	-0.98	2.38	0.27	Oct 27, 2025	\$ 98.86	0.90 %
Dreyfus Government Cash Mgmt Inv DGVXX	81,594.34	81,594	81,594	0	0.00	0.13			1.00	—
Cash		203	203			0.00				—
38285456		8,853,820	8,891,890	38,070	0.43	14.30				
Federal Home Loan Banks 0.86 10/27/25 3130APGW9	500,000	499,240	494,325	-4,915	-0.98	0.79	0.27	Oct 27, 2025	98.86	0.90
United States Treasury Notes 0.5 02/28/26 91282CBQ3	5,391,000	5,218,793	5,261,778	42,985	0.82	8.46	0.60	Feb 28, 2026	97.60	3.71
Dreyfus Government Cash Mgmt Inv DGVXX	3,135,585.12	3,135,585	3,135,585	0	0.00	5.04			1.00	—
Cash		202	202			0.00				—
26761610		738,594	732,701	-5,894	-0.80	1.18				
Federal Home Loan Banks 0.86 10/27/25 3130APGW9	600,000	599,084	593,190	-5,894	-0.98	0.95	0.27	Oct 27, 2025	98.86	0.90
Dreyfus Government Cash Mgmt Inv DGVXX	139,311.46	139,311	139,311	0	0.00	0.22			1.00	—
Cash		199	199			0.00				—
26761530		5,627,177	5,568,319	-58,859	-1.05	8.95				
Federal Home Loan Mortgage Corp. 0.6 10/15/25 3134GWYS9	750,000	740,772	742,065	1,292	0.17	1.19	0.24	Oct 15, 2025	98.94	0.92
Federal Farm Credit Banks 1.3 12/01/25 3133ENGA2	4,600,000	4,602,651	4,542,500	-60,151	-1.31	7.30	0.36	Dec 1, 2025	98.75	1.03
Dreyfus Government Cash Mgmt Inv DGVXX	283,538.16	283,538	283,538	0	0.00	0.46			1.00	—
Cash		215	215			0.00				—
26761506		44,222,484	44,474,874	252,390	0.57	71.51				
United States Treasury Bills 0.0 09/25/25 912797PY7	5,163,000	5,078,213	5,111,215	33,002	0.65	8.22	0.18	Sep 25, 2025	99.00	3.42
United States Treasury Notes 0.75 03/31/26 91282CBT7	12,313,000	11,972,804	12,009,238	36,435	0.30	19.31	0.68	Mar 31, 2026	97.53	3.54
Federal Farm Credit Banks 1.3 12/01/25 3133ENGA2	3,000,000	3,001,730	2,962,500	-39,230	-1.31	4.76	0.36	Dec 1, 2025	98.75	1.03
United States Treasury Notes 3.75 04/15/26 91282CGV7	3,745,000	3,744,893	3,735,151	-9,742	-0.26	6.01	0.72	Apr 15, 2026	99.74	3.75
Federal Home Loan Mortgage Corp. 0.6 10/15/25 3134GWYS9	2,700,000	2,666,729	2,671,434	4,705	0.18	4.30	0.24	Oct 15, 2025	98.94	0.92
United States Treasury Notes 0.25 07/31/25 91282CAB7	7,180,000	6,898,195	7,155,803	257,608	3.73	11.51	0.03	Jul 31, 2025	99.66	4.30
Federal Home Loan Banks 0.86 10/27/25 3130APGW9	2,300,000	2,296,432	2,273,895	-22,537	-0.98	3.66	0.27	Oct 27, 2025	98.86	0.90
United States Treasury Notes 3.125 08/15/25 91282CFE6	2,985,000	2,977,411	2,979,926	2,514	0.08	4.79	0.07	Aug 15, 2025	99.83	3.60
Dreyfus Government Cash Mgmt Inv DGVXX	4,594,665.79	4,594,666	4,594,666	0	0.00	7.39			1.00	—
Morgan Stanley Bk N A Cd 1.10000% 11/19/202 61765Q6N4	250,000	241,192	240,208	-985	-0.41	0.39		Nov 19, 2026	96.08	1.89
Goldman Sachs Bank USA 1.8 03/09/26 38149M2P7	250,000	250,001	245,972	-4,028	-1.61	0.40	0.62	Mar 9, 2026	98.39	1.80
Midwest Independent Bank 1.8 03/16/26 59833LAY8	250,000	250,001	245,940	-4,061	-1.62	0.40	0.64	Mar 16, 2026	98.38	1.80

ECTOR COUNTY HOSPITAL DISTRICT Reports: Rollup of All Accounts



Holdings Detail As of Jun 30, 2025

Live Oak Banking Company 1.9 09/15/25 538036VN1	250,000	250,000	248,710	-1,290	-0.52	0.40	0.16	Sep 15, 2025	99.48	1.90
Cash		216	216			0.00				—
38285461		966,155	957,324	-8,831	-0.91	1.54				
Federal Home Loan Banks 0.86 10/27/25 3130APGW9	900,000	898,616	889,785	-8,831	-0.98	1.43	0.27	Oct 27, 2025	98.86	0.90
Dreyfus Government Cash Mgmt Inv DGVXX	67,335.73	67,336	67,336	0	0.00	0.11			1.00	—
Cash		203	203			0.00				—
Total		61,987,707	62,189,879	202,171	0.33					

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 Sector information is provided by Morningstar.

4 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.

5 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.

For Canadian mutual funds and ETFs, management expense ratio (MER) will be used as a net expense ratio equivalent. MER differs from Net Expense Ratio in that MER takes into consideration investment management fees, operating expenses and taxes while Net Expense Ratio reflects the amount paid for investment management fees after accounting for discounts and temporary fee waivers, distribution fees, 12(b)-1 fees and other operating expenses.

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.

Overview ^{1 2}

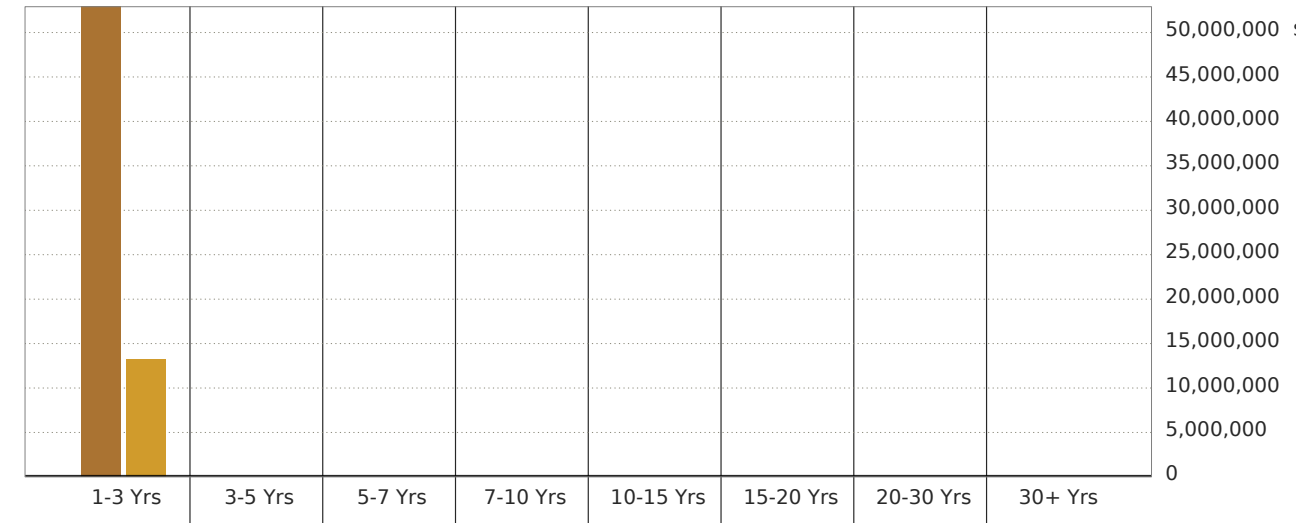
Total Number of Issues	15
Face Value	53,627,000
Market Value	\$ 52,905,780
Long/Intermediate Term Average S&P Rating ³	—
Long/Intermediate Term Average Moody's Rating ³	Aa1

Statistics ^{1 2}

Average Bond Yield ⁴	1.02 %
Average Yield to Maturity ⁵	4.15 %
Average Yield to Worst ⁶	4.15 %
Average Coupon	1.01 %
Average Modified Duration (Years) ⁷	0.39
Average Effective Duration (Years) ⁸	0.39
Average Duration to Worst ⁹	0.39
Average Convexity (par) ¹⁰	0.00

Bond Maturity vs. Call Date Distribution

Maturity | Call Date



Period	Bond Maturity	Total %	Callable	Total %
1 to 3 Years	\$ 52,905,780	100.00 %	\$ 13,239,170	25.02 %

Bond Analysis As of Jun 30, 2025

Bond Coupon Concentration ¹¹



Bond Distribution by Type ^{1 12}



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



Bond Distribution by Moody Rating ^{1 15 14}



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- 1 Bond type, statistics and rating information is provided by Intercontinental Exchange.
- 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 Intercontinental Exchange.
 - 15 The Group By Bond Distribution by Moody Rating Holdings Report includes only Bonds Holdings.
-



ECTOR COUNTY HOSPITAL DISTRICT

Investment Portfolio

June 30, 2025

Charles Brown, Jarrod Patterson
Momentum Independent Network

All prices and values reflected in this report are captured from the current Hilltop Securities statements.

"This report is given as a courtesy to our clients. Hilltop Securities makes no warranties as to the completeness or accuracy of this information and specifically disclaims any liability arising from your use or reliance on this information. Hilltop Securities does not offer tax advice. You are solely responsible for the accuracy of cost basis and gain/loss information reported to tax authorities."

ECTOR COUNTY HOSPITAL DISTRICT
June 30, 2025

Yield Summary

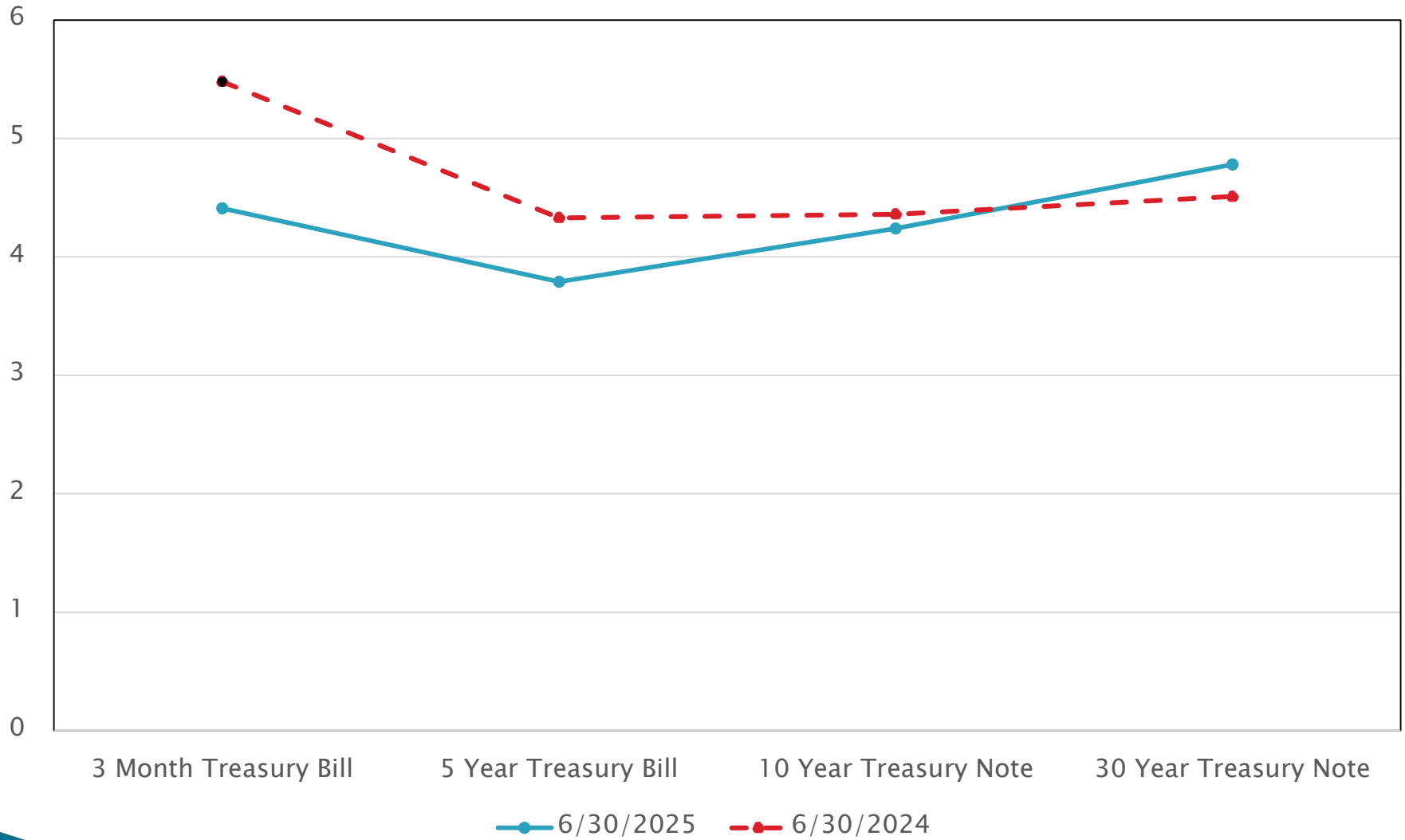
Sector	Cost Basis	Weighted Avg Yield	Market Value	Unrealized Gain/Loss
Treasuries/Agencies/CDs	\$ 53,684,437	2.82%	\$ 53,886,610	\$ 202,171
Money Market/Cash	\$ 8,303,268	3.92%	\$ 8,303,268	\$ 0
Total	\$ 61,987,707	2.97%	\$ 62,189,879	\$ 202,171

	06/30/2025	06/30/2024
3 MONTH TREASURY BILL	4.41%	5.48%
5 YEAR TREASURY BILL	3.79%	4.33%
10 YEAR TREASURY NOTE	4.24%	4.36%
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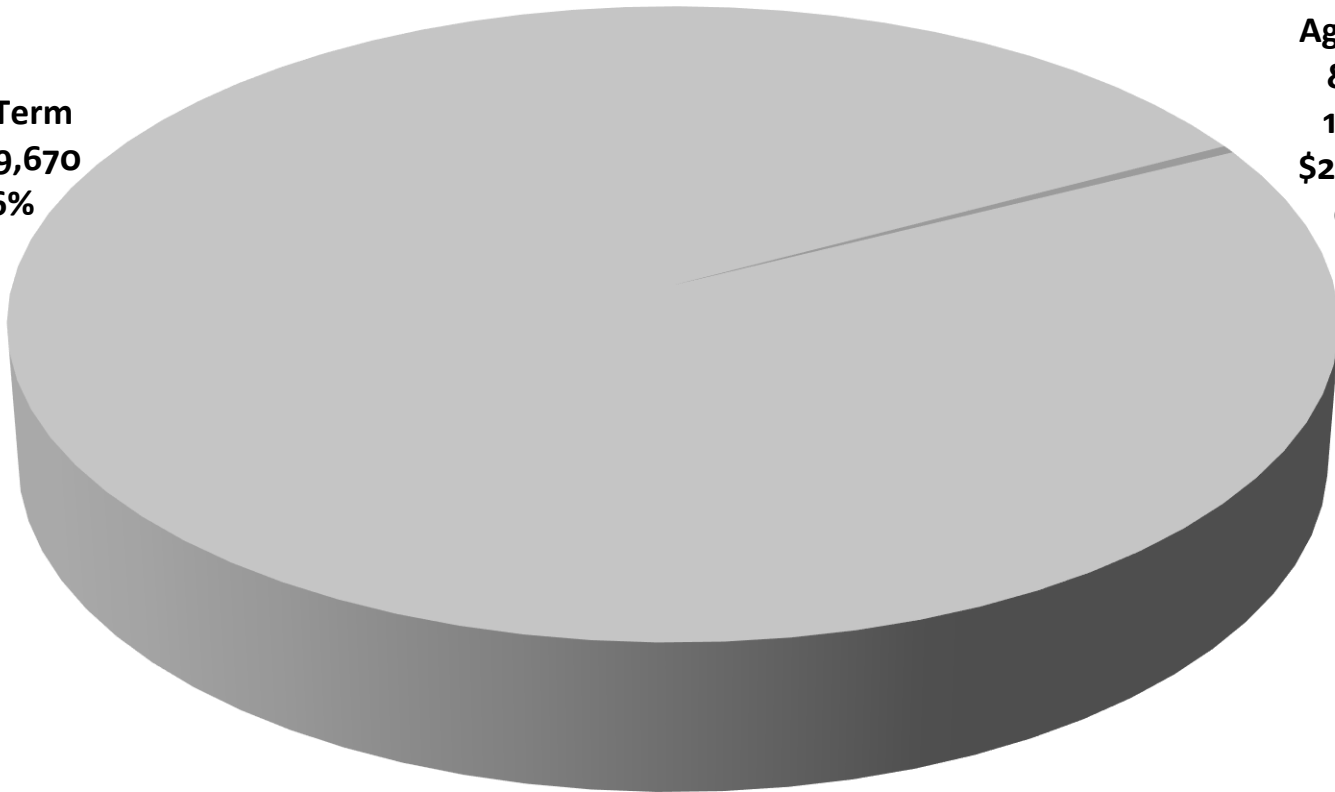
Yield Curve



Asset Distribution by Market Value

Short Term
\$61,949,670
99.6%

**Treasuries,
Agencies,
& CDs
1-5 Yrs**
\$240,208
0.4%



**Charles Brown and Jarrod Patterson,
Financial Consultants
600 Strada Circle Suite 210
Mansfield, TX 76063
979-249-2545**

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MEMORANDUM

TO: ECHD Board of Directors

FROM: Russell Tippin, President and Chief Executive Officer

RE: **Quarterly Investment Report – Third Quarter 2025**

DATE: August 5, 2025

The Investment Report of Ector County Hospital District for the third quarter ended June 30, 2025, will be presented at the Finance Committee meeting August 5, 2025. This report was prepared to provide the Hospital President and Board of Directors information as required under the Public Funds Investment Act. Investments purchased during the third quarter of fiscal 2025 met the requirements of the Investment Policy and the Public Funds Investment Act.

To the best of my knowledge, as of June 30, 2025, the investment portfolio is in compliance with the Public Funds Investment Act and with the District's Investment Policy.



Russell Tippin
Investment Officer

**ECTOR COUNTY HOSPITAL DISTRICT
MONTHLY STATISTICAL REPORT
JUNE 2025**

	CURRENT MONTH					YEAR-TO-DATE				
	ACTUAL	BUDGET		PRIOR YEAR		ACTUAL	BUDGET		PRIOR YEAR	
		AMOUNT	VAR.%	AMOUNT	VAR.%		AMOUNT	VAR.%	AMOUNT	VAR.%
<u>Hospital InPatient Admissions</u>										
Acute / Adult	1,217	1,291	-5.7%	1,191	2.2%	10,364	11,372	-8.9%	10,541	-1.7%
Neonatal ICU (NICU)	17	20	-15.0%	16	6.3%	190	174	9.2%	173	9.8%
Total Admissions	1,234	1,311	-5.9%	1,207	2.2%	10,554	11,546	-8.6%	10,714	-1.5%
<u>Patient Days</u>										
Adult & Pediatric	4,642	4,734	-1.9%	4,668	-0.6%	40,622	41,680	-2.5%	40,544	0.2%
ICU	441	472	-6.6%	442	-0.2%	3,973	4,152	-4.3%	3,997	-0.6%
CCU	429	457	-6.1%	405	5.9%	3,954	4,024	-1.7%	3,873	2.1%
NICU	303	313	-3.2%	365	-17.0%	3,442	2,728	26.2%	2,708	27.1%
Total Patient Days	5,815	5,976	-2.7%	5,880	-1.1%	51,991	52,584	-1.1%	51,122	1.7%
Observation (Obs) Days	556	708	-21.5%	711	-21.8%	6,624	6,234	6.3%	5,848	13.3%
Nursery Days	286	309	-7.4%	271	5.5%	2,450	2,719	-9.9%	2,702	-9.3%
Total Occupied Beds / Bassinets	6,657	6,993	-4.8%	6,862	-3.0%	61,065	61,537	-0.8%	59,672	2.3%
<u>Average Length of Stay (ALOS)</u>										
Acute / Adult & Pediatric	4.53	4.39	3.3%	4.63	-2.2%	4.68	4.38	6.8%	4.59	2.0%
NICU	17.82	15.65	13.9%	22.81	-21.9%	18.12	15.68	15.5%	15.65	15.7%
Total ALOS	4.71	4.56	3.4%	4.87	-3.3%	4.93	4.55	8.2%	4.77	3.2%
Acute / Adult & Pediatric w/o OB	5.31			5.40	-1.7%	5.55			5.35	3.7%
Average Daily Census	193.8	199.2	-2.7%	196.0	-1.1%	190.4	192.6	-1.1%	186.6	2.1%
Hospital Case Mix Index (CMI)	1.7909	1.7180	4.2%	1.6856	6.2%	1.7644	1.7180	2.7%	1.7186	2.7%
CMI Adjusted LOS	2.63	2.65	-0.8%	2.89	-9.0%	2.79	2.65	5.3%	2.78	0.6%
<u>Medicare</u>										
Admissions	479	528	-9.3%	494	-3.0%	4,145	4,652	-10.9%	4,297	-3.5%
Patient Days	2,617	2,731	-4.2%	2,609	0.3%	22,937	24,039	-4.6%	23,313	-1.6%
Average Length of Stay	5.46	5.17	5.6%	5.28	3.4%	5.53	5.17	7.1%	5.43	2.0%
Case Mix Index	2.1302	1.9465	9.4%	1.8588	14.6%	2.0138	1.9465	3.5%	1.9436	3.6%
<u>Medicaid</u>										
Admissions	132	131	0.8%	103	28.2%	1,054	1,151	-8.4%	1,082	-2.6%
Patient Days	389	507	-23.3%	474	-17.9%	4,321	4,456	-3.0%	4,345	-0.6%
Average Length of Stay	2.95	3.87	-23.9%	4.60	-36.0%	4.10	3.87	5.9%	4.02	2.1%
Case Mix Index	1.2162	1.1174	8.8%	1.0795	12.7%	1.2181	1.1174	9.0%	1.1164	9.1%
<u>Commercial</u>										
Admissions	391	413	-5.3%	404	-3.2%	3,418	3,644	-6.2%	3,379	1.2%
Patient Days	1,792	1,711	4.7%	1,908	-6.1%	15,460	15,098	2.4%	14,705	5.1%
Average Length of Stay	4.58	4.14	10.6%	4.72	-3.0%	4.52	4.14	9.2%	4.35	3.9%
Case Mix Index	1.5926	1.6559	-3.8%	1.6808	-5.2%	1.6504	1.6559	-0.3%	1.6605	-0.6%
<u>Self Pay</u>										
Admissions	197	206	-4.4%	172	14.5%	1,654	1,811	-8.7%	1,697	-2.5%
Patient Days	838	866	-3.2%	722	16.1%	7,695	7,616	1.0%	7,418	3.7%
Average Length of Stay	4.25	4.20	1.2%	4.20	1.3%	4.65	4.21	10.6%	4.37	6.4%
Case Mix Index	1.6203	1.5885	2.0%	1.5456	4.8%	1.7228	1.5885	8.5%	1.5894	8.4%
<u>All Other</u>										
Admissions	35	33	6.1%	34	2.9%	283	288	-1.7%	259	9.3%
Patient Days	179	158	13.3%	167	7.2%	1,578	1,379	14.4%	1,341	17.7%
Average Length of Stay	5.11	4.79	6.8%	4.91	4.1%	5.58	4.79	16.5%	5.18	7.7%
Case Mix Index	2.4777	2.0742	19.5%	1.9397	27.7%	2.1417	2.0742	3.3%	2.0588	4.0%
<u>Radiology</u>										
InPatient	4,824	4,985	-3.2%	4,813	0.2%	42,604	43,865	-2.9%	42,638	-0.1%
OutPatient	8,119	9,249	-12.2%	8,928	-9.1%	75,746	81,443	-7.0%	76,407	-0.9%
<u>Cath Lab</u>										
InPatient	793	711	11.5%	486	63.2%	5,913	6,259	-5.5%	6,031	-2.0%
OutPatient	361	583	-38.1%	447	-19.2%	3,358	5,130	-34.5%	4,897	-31.4%
<u>Laboratory</u>										
InPatient	84,437	85,525	-1.3%	83,004	1.7%	747,348	752,549	-0.7%	730,957	2.2%
OutPatient	64,583	75,230	-14.2%	67,710	-4.6%	644,288	662,486	-2.7%	633,313	1.7%
<u>Other</u>										
Deliveries	181	182	-0.5%	163	11.0%	1,596	1,600	-0.3%	1,593	0.2%
<u>Surgical Cases</u>										
InPatient	276	264	4.5%	274	0.7%	2,162	2,322	-6.9%	2,168	-0.3%
OutPatient	447	566	-21.0%	492	-9.1%	4,675	4,981	-6.1%	4,684	-0.2%
Total Surgical Cases	723	830	-12.9%	766	-5.6%	6,837	7,303	-6.4%	6,852	-0.2%
<u>GI Procedures (Endo)</u>										
InPatient	117	153	-23.5%	156	-25.0%	1,103	1,347	-18.1%	1,282	-14.0%
OutPatient	169	200	-15.5%	176	-4.0%	1,511	1,765	-14.4%	1,694	-10.8%
Total GI Procedures	286	353	-19.0%	332	-13.9%	2,614	3,112	-16.0%	2,976	-12.2%

**ECTOR COUNTY HOSPITAL DISTRICT
MONTHLY STATISTICAL REPORT
JUNE 2025**

	CURRENT MONTH					YEAR-TO-DATE				
	ACTUAL	BUDGET		PRIOR YEAR		ACTUAL	BUDGET		PRIOR YEAR	
		AMOUNT	VAR.%	AMOUNT	VAR. %		AMOUNT	VAR. %	AMOUNT	VAR. %
<u>OutPatient (O/P)</u>										
Emergency Room Visits	5,220	5,486	-4.8%	4,550	14.7%	46,653	48,318	-3.4%	47,890	-2.6%
Observation Days	556	708	-21.5%	711	-21.8%	6,624	6,234	6.3%	5,848	13.3%
Other O/P Occasions of Service	17,601	20,890	-15.7%	17,292	1.8%	175,341	183,959	-4.7%	179,042	-2.1%
Total O/P Occasions of Svc.	23,377	27,084	-13.7%	22,553	3.7%	228,618	238,511	-4.1%	232,780	-1.8%
<u>Hospital Operations</u>										
Manhours Paid	305,941	301,756	1.4%	290,652	5.3%	2,690,861	2,681,157	0.4%	2,561,841	5.0%
FTE's	1,784.7	1,760.2	1.4%	1,695.5	5.3%	1,724.9	1,718.7	0.4%	1,636.2	5.4%
Adjusted Patient Days	10,414	11,589	-10.1%	11,169	-6.8%	97,380	101,740	-4.3%	98,075	-0.7%
Hours / Adjusted Patient Day	29.38	26.04	12.8%	26.02	12.9%	27.63	26.35	4.9%	26.13	5.8%
Occupancy - Actual Beds	52.7%	57.1%	-7.7%	53.3%	-1.1%	51.8%	55.2%	-6.2%	50.7%	2.1%
FTE's / Adjusted Occupied Bed	5.1	4.6	12.8%	4.6	12.9%	4.8	4.6	4.9%	4.6	5.8%
<u>Family Health Clinic - Clements</u>										
Total Medical Visits	466	571	-18.4%	513	-9.2%	5,576	5,417	2.9%	4,764	17.0%
Manhours Paid	1,838	1,716	7.1%	1,682	9.2%	16,786	16,284	3.1%	15,946	5.3%
FTE's	10.7	10.0	7.1%	9.8	9.2%	10.8	10.4	3.1%	10.2	5.7%
<u>Family Health Clinic - West University</u>										
Total Medical Visits	598	569	5.1%	578	3.5%	6,408	5,953	7.6%	5,938	7.9%
Manhours Paid	1,401	1,224	14.5%	1,003	39.7%	13,941	12,810	8.8%	10,762	29.5%
FTE's	8.2	7.1	14.5%	5.9	39.7%	8.9	8.2	8.8%	6.9	30.0%
<u>Family Health Clinic - JBS</u>										
Total Medical Visits	726	687	5.7%	755	-3.8%	8,440	7,992	5.6%	8,038	5.0%
Manhours Paid	1,740	1,382	25.9%	1,711	1.7%	13,928	16,077	-13.4%	14,389	-3.2%
FTE's	10.2	8.1	25.9%	10.0	1.7%	8.9	10.3	-13.4%	9.2	-2.8%
<u>Family Health Clinic - Womens</u>										
Total Medical Visits	1,592	1,787	-10.9%	1,570	1.4%	14,367	15,905	-9.7%	14,603	-1.6%
Manhours Paid	3,343	2,730	22.4%	3,207	4.2%	30,266	24,301	24.5%	29,001	4.4%
FTE's	19.5	15.9	22.4%	18.7	4.2%	19.4	15.6	24.5%	18.5	4.7%
<u>Total ECHD Operations</u>										
Total Admissions	1,234	1,311	-5.9%	1,207	2.2%	10,554	11,546	-8.6%	10,714	-1.5%
Total Patient Days	5,815	5,976	-2.7%	5,880	-1.1%	51,991	52,584	-1.1%	51,122	1.7%
Total Patient and Obs Days	6,371	6,684	-4.7%	6,591	-3.3%	58,615	58,818	-0.3%	56,970	2.9%
Total FTE's	1,833.2	1,801.4	1.8%	1,739.8	5.4%	1,772.9	1,763.2	0.6%	1,681.0	5.5%
FTE's / Adjusted Occupied Bed	5.3	4.7	13.2%	4.7	13.0%	5.0	4.7	5.1%	4.7	5.8%
Total Adjusted Patient Days	10,414	11,589	-10.1%	11,169	-6.8%	97,380	101,740	-4.3%	98,075	-0.7%
Hours / Adjusted Patient Day	30.18	26.65	13.2%	26.70	13.0%	28.40	27.04	5.1%	26.84	5.8%
Outpatient Factor	1.7909	1.9392	-7.6%	1.8995	-5.7%	1.8730	1.9348	-3.2%	1.9184	-2.4%
Blended O/P Factor	1.9615	2.1234	-7.6%	2.0972	-6.5%	2.0654	2.1250	-2.8%	2.1186	-2.5%
Total Adjusted Admissions	2,210	2,542	-13.1%	2,293	-3.6%	19,768	22,339	-11.5%	20,554	-3.8%
Hours / Adjusted Admission	142.20	121.47	17.1%	130.09	9.3%	139.91	123.13	13.6%	128.05	9.3%
FTE's - Hospital Contract	46.6	59.7	-21.9%	52.1	-10.6%	46.2	57.7	-19.9%	55.0	-15.9%
FTE's - Mgmt Services	48.9	53.7	-9.1%	50.1	-2.4%	56.4	53.7	5.0%	54.0	4.5%
Total FTE's (including Contract)	1,928.7	1,914.8	0.7%	1,842.0	4.7%	1,875.6	1,874.7	0.0%	1,789.9	4.8%
Total FTE'S per Adjusted Occupied Bed (including Contract)	5.56	4.96	12.1%	4.95	12.3%	5.26	5.03	4.5%	5.00	5.1%
ProCare FTEs	212.8	238.9	-10.9%	206.9	2.9%	207.5	238.5	-13.0%	205.1	1.2%
TraumaCare FTEs	7.3	9.2	-20.6%	8.5	-14.0%	8.2	9.0	-7.9%	9.1	-9.0%
Total System FTEs	2,148.8	2,162.9	-0.7%	2,057.4	4.4%	2,091.4	2,122.2	-1.5%	2,004.1	4.4%
<u>Urgent Care Visits</u>										
JBS Clinic	936	1,394	-32.9%	982	-4.7%	12,480	12,279	1.6%	12,392	0.7%
West University	545	936	-41.8%	502	8.6%	8,123	8,244	-1.5%	8,383	-3.1%
Total Urgent Care Visits	1,481	2,330	-36.4%	1,484	-0.2%	20,603	20,523	0.4%	20,775	-0.8%
<u>Retail Clinic Visits</u>										
Retail Clinic	94	72	30.6%	69	36.2%	1,474	807	82.7%	772	90.9%

**ECTOR COUNTY HOSPITAL DISTRICT
BALANCE SHEET - BLENDED
JUNE 2025**

	CURRENT YEAR	HOSPITAL AUDITED	PRIOR FISCAL YEAR END		CURRENT YEAR CHANGE
ASSETS					
CURRENT ASSETS:					
Cash and Cash Equivalents	\$ 16,445,138	\$ 39,080,496	\$ 4,500	\$ -	\$ (22,639,858)
Investments	62,316,033	51,625,680	-	-	10,690,353
Patient Accounts Receivable - Gross	248,748,667	214,878,735	20,514,645	2,184,343	11,170,944
Less: 3rd Party Allowances	(158,607,695)	(137,537,477)	(11,562,038)	(1,672,339)	(7,835,841)
Bad Debt Allowance	(47,682,877)	(38,524,192)	(5,030,483)	(410,000)	(3,718,202)
Net Patient Accounts Receivable	42,458,094	38,817,066	3,922,124	102,004	(383,099)
Taxes Receivable	11,575,725	11,080,895	-	-	494,830
Accounts Receivable - Other	8,702,113	4,024,723	84,681	-	4,592,709
Inventories	10,760,856	9,707,477	481,637	-	571,742
Prepaid Expenses	5,385,720	5,310,963	154,463	24,531	(104,238)
Total Current Assets	157,643,679	159,647,300	4,647,405	126,535	(6,777,561)
CAPITAL ASSETS:					
Property and Equipment	530,499,170	521,685,955	403,173	-	8,410,042
Construction in Progress	22,012,978	17,368,743	-	-	4,644,235
	552,512,148	539,054,698	403,173	-	13,054,277
Less: Accumulated Depreciation and Amortization	(390,763,644)	(377,031,484)	(338,723)	-	(13,393,437)
Total Capital Assets	161,748,504	162,023,214	64,449	-	(339,160)
LEASE ASSETS					
Leased Assets	2,337,842	4,190,843	-	-	(1,853,000)
Less Accumulated Amortization Lease Assets	(2,112,241)	(1,956,677)	-	-	(155,564)
Total Lease Assets	225,602	2,234,166	-	-	(2,008,564)
SUBSCRIPTION ASSETS					
Subscription Assets	14,426,982	8,410,917	-	-	6,016,065
Less Accumulated Amortization Subscription Assets	(4,518,594)	(2,749,774)	-	-	(1,768,821)
Total Subscription Assets	9,908,388	5,661,144	-	-	4,247,244
LT Lease Recieivable	5,362,510	6,227,920	-	-	(865,409)
INTANGIBLE ASSETS / GOODWILL - NET	-	-	-	-	-
RESTRICTED ASSETS:					
Restricted Assets Held by Trustee	4,896	4,896	-	-	-
Restricted Assets Held in Endowment	6,447,355	6,469,359	-	-	(22,005)
Restricted TPC, LLC	1,826,505	1,707,903	-	-	118,602
Investment in PBBHC	44,756,193	30,997,988	-	-	13,758,205
Restricted MCH West Texas Services	2,413,291	2,356,263	-	-	57,028
Pension, Deferred Outflows of Resources	9,844,646	10,795,764	-	-	(951,117)
Assets whose use is Limited	359,722	-	271,068	6,480	82,174
TOTAL ASSETS	\$ 400,541,291	\$ 388,125,916	\$ 4,982,922	\$ 133,015	\$ 7,299,438
LIABILITIES AND FUND BALANCE					
CURRENT LIABILITIES:					
Current Maturities of Long-Term Debt	\$ 1,880,000	\$ 1,880,000	\$ -	\$ -	\$ -
Self-Insurance Liability - Current Portion	2,941,169	3,640,526	-	-	(699,357)
Current Portion of Lease Liabilities	417,421	627,362	-	-	(209,942)
Current Portion of Subscription Liabilities	2,391,221	1,325,425	-	-	1,065,796
Accounts Payable	25,558,300	35,655,859	(1,957,165)	(531,939)	(7,608,454)
A/R Credit Balances	2,602,470	2,596,359	-	-	6,111
Accrued Interest	456,229	214,256	-	-	241,974
Accrued Salaries and Wages	16,748,265	5,947,335	6,995,870	232,095	3,572,965
Accrued Compensated Absences	5,593,106	5,326,543	-	-	266,563
Due to Third Party Payors	11,536,273	8,683,192	-	-	2,853,081
Deferred Revenue	4,987,142	261,004	(22,952)	-	4,749,091
Total Current Liabilities	75,111,596	66,157,860	5,015,753	(299,844)	3,937,984
ACCRUED POST RETIREMENT BENEFITS	20,661,594	31,003,241	-	-	(10,341,648)
LESSOR DEFERRED INFLOWS OF RESOUCES	6,123,247	7,050,609	-	-	(927,362)
SELF-INSURANCE LIABILITIES - Less Current Portion	1,799,851	2,422,562	-	-	(622,711)
LEASE LIABILITIES	39,983	2,097,459	-	-	(2,057,477)
SUBSCRIPTION LIABILITIES	5,305,630	3,919,443	-	-	1,386,187
LONG-TERM DEBT - Less Current Maturities	27,931,234	28,360,398	-	-	(429,164)
Total Liabilities	136,973,135	141,011,572	5,015,753	(299,844)	(8,754,347)
FUND BALANCE	263,568,156	247,114,344	(32,831)	432,859	263,600,987
TOTAL LIABILITIES AND FUND BALANCE	\$ 400,541,291	\$ 388,125,916	\$ 4,982,922	\$ 133,015	\$ 7,299,438

**ECTOR COUNTY HOSPITAL DISTRICT
BLENDED OPERATIONS SUMMARY
JUNE 2025**

	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	\$ 60,002,655	\$ 62,854,192	-4.5%	\$ 56,881,028	5.5%	\$ 529,531,788	\$ 554,201,743	-4.5%	\$ 509,618,766	3.9%
Outpatient Revenue	57,691,763	70,609,080	-18.3%	62,409,825	-7.6%	564,164,029	623,481,227	-9.5%	570,062,787	-1.0%
TOTAL PATIENT REVENUE	\$ 117,694,418	\$ 133,463,272	-11.8%	\$ 119,290,853	-1.3%	\$ 1,093,695,817	\$ 1,177,682,970	-7.1%	\$ 1,079,681,553	1.3%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 74,496,189	\$ 86,746,386	-14.1%	\$ 76,848,807	-3.1%	\$ 693,791,443	\$ 766,429,975	-9.5%	\$ 698,158,622	-0.6%
Policy Adjustments	1,229,744	1,264,791	-2.8%	1,420,520	-13.4%	9,860,315	11,452,649	-13.9%	10,747,357	-8.3%
Uninsured Discount	8,371,455	7,760,638	7.9%	107,335	7699.4%	85,553,803	68,234,618	25.4%	65,978,878	29.7%
Indigent	1,317,976	1,095,577	20.3%	5,255,004	-74.9%	10,437,578	9,720,670	7.4%	8,427,179	23.9%
Provision for Bad Debts	6,215,693	8,014,228	-22.4%	10,937,813	-43.2%	58,971,489	71,670,136	-17.7%	68,266,797	-13.6%
TOTAL REVENUE DEDUCTIONS	\$ 91,631,058	\$ 104,881,620	-12.6%	\$ 94,569,479	-3.1%	\$ 858,614,628	\$ 927,508,048	-7.4%	\$ 851,578,833	0.8%
	77.86%	78.58%		79.28%		78.51%	78.76%		78.87%	
<u>OTHER PATIENT REVENUE</u>										
Medicaid Supplemental Payments	\$ 2,230,435	\$ 1,810,333	23.2%	\$ 1,627,528	37.0%	\$ 18,595,338	\$ 16,292,997	14.1%	\$ 13,043,776	42.6%
DSRIP/CHIRP	(625,148)	494,167	-226.5%	(119,304)	424.0%	(1,434,106)	4,447,503	-132.2%	7,235,183	-119.8%
Medicare Meaningful Use Subsidy	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OTHER PATIENT REVENUE	\$ 1,605,288	\$ 2,304,500	-30.3%	\$ 1,508,224	6.4%	\$ 17,161,232	\$ 20,740,500	-17.3%	\$ 20,278,959	-15.4%
NET PATIENT REVENUE	\$ 27,668,648	\$ 30,886,152	-10.4%	\$ 26,229,598	5.5%	\$ 252,242,420	\$ 270,915,422	-6.9%	\$ 248,381,680	1.6%
<u>OTHER REVENUE</u>										
Tax Revenue	\$ 6,838,193	\$ 6,693,589	2.2%	\$ 6,232,828	9.7%	\$ 62,993,738	\$ 60,242,301	4.6%	\$ 57,833,968	8.9%
Other Revenue	1,829,967	1,566,182	16.8%	1,438,058	27.3%	14,251,197	14,176,840	0.5%	13,864,833	2.8%
TOTAL OTHER REVENUE	\$ 8,668,160	\$ 8,259,771	4.9%	\$ 7,670,886	13.0%	\$ 77,244,935	\$ 74,419,141	3.8%	\$ 71,698,801	7.7%
NET OPERATING REVENUE	\$ 36,336,808	\$ 39,145,923	-7.2%	\$ 33,900,485	7.2%	\$ 329,487,355	\$ 345,334,563	-4.6%	\$ 320,080,481	2.9%
<u>OPERATING EXPENSES</u>										
Salaries and Wages	\$ 16,308,524	\$ 16,538,966	-1.4%	\$ 15,511,938	5.1%	\$ 143,836,221	\$ 146,433,968	-1.8%	\$ 136,869,957	5.1%
Benefits	(3,645,134)	2,024,368	-280.1%	(6,251,361)	-41.7%	14,444,902	18,932,885	-23.7%	9,825,737	47.0%
Temporary Labor	1,545,266	1,528,281	1.1%	1,495,238	3.3%	12,441,119	13,513,565	-7.9%	15,764,474	-21.1%
Physician Fees	1,351,074	1,199,487	12.6%	1,101,584	22.6%	11,785,370	10,793,283	9.2%	10,652,087	10.6%
Texas Tech Support	961,840	1,002,447	-4.1%	964,591	-0.3%	9,083,566	9,022,023	0.7%	8,637,823	5.2%
Purchased Services	4,877,849	4,728,337	3.2%	4,757,448	2.5%	43,453,371	43,152,096	0.7%	41,812,926	3.9%
Supplies	6,441,508	7,144,260	-9.8%	6,115,811	5.3%	60,987,679	63,470,171	-3.9%	59,493,905	2.5%
Utilities	319,705	333,884	-4.2%	329,353	-2.9%	2,990,411	3,257,420	-8.2%	3,329,559	-10.2%
Repairs and Maintenance	634,191	1,039,521	-39.0%	728,440	-12.9%	7,625,800	9,357,274	-18.5%	6,890,974	10.7%
Leases and Rent	128,346	107,361	19.5%	107,159	19.8%	1,146,278	965,151	18.8%	933,230	22.8%
Insurance	200,854	185,312	8.4%	127,357	57.7%	1,969,785	1,844,600	6.8%	1,630,819	20.8%
Interest Expense	118,118	117,840	0.2%	94,056	25.6%	786,958	1,060,560	-25.8%	932,080	-15.6%
ECHDA	109,329	283,446	-61.4%	55,768	96.0%	1,022,669	2,551,014	-59.9%	1,266,513	-19.3%
Other Expense	232,755	237,264	-1.9%	165,797	40.4%	1,907,282	2,264,132	-15.8%	1,754,371	8.7%
TOTAL OPERATING EXPENSES	\$ 29,584,227	\$ 36,470,774	-18.9%	\$ 25,303,179	16.9%	\$ 313,481,412	\$ 326,618,142	-4.0%	\$ 299,794,456	4.6%
Depreciation/Amortization	\$ 2,356,168	\$ 1,991,230	18.3%	\$ 2,010,879	17.2%	\$ 19,023,320	\$ 17,976,426	5.8%	\$ 17,967,901	5.9%
(Gain) Loss on Sale of Assets	-	-	0.0%	2,070	-100.0%	(300)	-	0.0%	(25,332)	-98.8%
TOTAL OPERATING COSTS	\$ 31,940,395	\$ 38,462,004	-17.0%	\$ 27,316,128	16.9%	\$ 332,504,432	\$ 344,594,568	-3.5%	\$ 317,737,025	4.6%
NET GAIN (LOSS) FROM OPERATIONS	\$ 4,396,413	\$ 683,919	-542.8%	\$ 6,584,356	33.2%	\$ (3,017,077)	\$ 739,995	-507.7%	\$ 2,343,456	-228.7%
Operating Margin	12.10%	1.75%	592.5%	19.42%	-37.7%	-0.92%	0.21%	-527.3%	0.73%	-225.1%
<u>NONOPERATING REVENUE/EXPENSE</u>										
Interest Income	\$ 272,327	\$ 137,303	98.3%	\$ 215,274	26.5%	\$ 1,633,772	\$ 1,235,727	32.2%	\$ 1,579,335	3.4%
Tobacco Settlement	-	-	0.0%	-	0.0%	1,630,271	1,324,391	23.1%	1,423,034	14.6%
Opioid Abatement Fund	-	-	0.0%	-	0.0%	210,135	-	0.0%	-	0.0%
Trauma Funds	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Donations	-	-	0.0%	-	0.0%	73,213	-	0.0%	(3,000)	-2540.4%
COVID-19 Stimulus	-	-	0.0%	-	0.0%	78,390	-	0.0%	-	0.0%
CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY	\$ 4,668,740	\$ 821,222	-468.5%	\$ 6,799,630	31.3%	\$ 608,703	\$ 3,300,113	81.6%	\$ 5,342,826	88.6%
Unrealized Gain/(Loss) on Investments	\$ 150,733	-	0.0%	\$ 182,672	-17.5%	\$ 900,834	-	0.0%	\$ 1,580,396	-43.0%
Investment in Subsidiaries	525,071	96,879	442.0%	205,376	155.7%	772,192	871,911	-11.4%	871,907	-11.4%
CHANGE IN NET POSITION	\$ 5,344,545	\$ 918,101	-482.1%	\$ 7,187,678	25.6%	\$ 2,281,729	\$ 4,172,024	45.3%	\$ 7,795,129	70.7%

**ECTOR COUNTY HOSPITAL DISTRICT
HOSPITAL OPERATIONS SUMMARY
JUNE 2025**

	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	\$ 60,002,655	\$ 62,854,192	-4.5%	\$ 56,881,028	5.5%	\$ 529,531,788	\$ 554,201,743	-4.5%	\$ 509,618,766	3.9%
Outpatient Revenue	47,455,752	59,034,482	-19.6%	51,166,156	-7.3%	462,294,726	518,072,864	-10.8%	468,056,693	-1.2%
TOTAL PATIENT REVENUE	\$ 107,458,408	\$ 121,888,674	-11.8%	\$ 108,047,184	-0.5%	\$ 991,826,514	\$ 1,072,274,607	-7.5%	\$ 977,675,460	1.4%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 69,320,764	\$ 80,970,766	-14.4%	\$ 71,039,454	-2.4%	\$ 639,886,541	\$ 713,820,294	-10.4%	\$ 646,871,165	-1.1%
Policy Adjustments	536,905	82,847	548.1%	81,935	555.3%	1,061,474	730,225	45.4%	731,984	45.0%
Uninsured Discount	8,099,960	7,509,773	7.9%	(86,919)	-9418.9%	83,332,054	65,915,653	26.4%	63,694,925	30.8%
Indigent Care	1,311,862	1,084,701	20.9%	5,246,750	-75.0%	10,350,665	9,623,249	7.6%	8,359,008	23.8%
Provision for Bad Debts	5,206,142	7,010,938	-25.7%	9,820,265	-47.0%	49,459,398	61,815,710	-20.0%	57,237,243	-13.6%
TOTAL REVENUE DEDUCTIONS	\$ 84,475,633	\$ 96,659,025	-12.6%	\$ 86,101,485	-1.9%	\$ 784,090,133	\$ 851,905,131	-8.0%	\$ 776,894,325	0.9%
	78.61%	79.30%		79.69%		79.06%	79.45%		79.46%	
<u>OTHER PATIENT REVENUE</u>										
Medicaid Supplemental Payments	\$ 2,230,435	\$ 1,810,333	23.2%	\$ 1,627,528	37.0%	\$ 18,595,338	\$ 16,292,997	14.1%	\$ 13,043,776	42.6%
DSRIP/CHIRP	(625,148)	494,167	-226.5%	(119,304)	424.0%	(1,434,106)	4,447,503	-132.2%	7,235,183	-119.8%
TOTAL OTHER PATIENT REVENUE	\$ 1,605,288	\$ 2,304,500	-30.3%	\$ 1,508,224	6.4%	\$ 17,161,232	\$ 20,740,500	-17.3%	\$ 20,278,959	-15.4%
NET PATIENT REVENUE	\$ 24,588,062	\$ 27,534,149	-10.7%	\$ 23,453,923	4.8%	\$ 224,897,613	\$ 241,109,976	-6.7%	\$ 221,060,093	1.7%
<u>OTHER REVENUE</u>										
Tax Revenue	\$ 6,838,193	\$ 6,693,589	2.2%	\$ 6,232,828	9.7%	\$ 62,993,738	\$ 60,242,301	4.6%	\$ 57,833,968	8.9%
Other Revenue	1,492,392	1,360,832	9.7%	1,275,468	17.0%	12,015,164	12,274,480	-2.1%	11,975,949	0.3%
TOTAL OTHER REVENUE	\$ 8,330,585	\$ 8,054,421	3.4%	\$ 7,508,296	11.0%	\$ 75,008,902	\$ 72,516,781	3.4%	\$ 69,809,917	7.4%
NET OPERATING REVENUE	\$ 32,918,647	\$ 35,588,570	-7.5%	\$ 30,962,219	6.3%	\$ 299,906,515	\$ 313,626,757	-4.4%	\$ 290,870,010	3.1%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 11,469,373	\$ 11,708,061	-2.0%	\$ 10,737,659	6.8%	\$ 101,879,880	\$ 102,943,730	-1.0%	\$ 96,808,528	5.2%
Benefits	(4,018,848)	1,650,365	-343.5%	(6,623,553)	-39.3%	10,319,203	14,924,543	-30.9%	5,920,369	74.3%
Temporary Labor	634,401	919,889	-31.0%	838,361	-24.3%	5,896,965	8,097,537	-27.2%	7,934,983	-25.7%
Physician Fees	1,435,381	1,240,268	15.7%	1,160,135	23.7%	12,208,960	11,162,412	9.4%	11,127,244	9.7%
Texas Tech Support	961,840	1,002,447	-4.1%	964,591	-0.3%	9,083,566	9,022,023	0.7%	8,637,823	5.2%
Purchased Services	5,090,110	5,025,273	1.3%	4,938,282	3.1%	45,901,652	45,876,820	0.1%	44,310,694	3.6%
Supplies	6,389,053	7,066,614	-9.6%	6,045,915	5.7%	60,357,286	62,807,101	-3.9%	58,880,548	2.5%
Utilities	318,898	332,806	-4.2%	328,160	-2.8%	2,983,434	3,250,687	-8.2%	3,321,578	-10.2%
Repairs and Maintenance	634,191	1,038,229	-38.9%	728,440	-12.9%	7,624,364	9,345,646	-18.4%	6,886,662	10.7%
Leases and Rentals	(35,186)	(38,486)	-8.6%	(43,439)	-19.0%	(192,335)	(346,374)	-44.5%	(392,531)	-51.0%
Insurance	140,035	145,158	-3.5%	128,998	8.6%	1,380,081	1,306,422	5.6%	1,172,242	17.7%
Interest Expense	118,118	117,840	0.2%	94,056	25.6%	786,958	1,060,560	-25.8%	932,080	-15.6%
ECHDA	109,329	283,446	-61.4%	55,768	96.0%	1,022,669	2,551,014	-59.9%	1,266,513	-19.3%
Other Expense	174,780	175,219	-0.3%	97,859	78.6%	1,335,518	1,590,212	-16.0%	1,221,690	9.3%
TOTAL OPERATING EXPENSES	\$ 23,421,476	\$ 30,667,129	-23.6%	\$ 19,451,232	20.4%	\$ 260,588,203	\$ 273,592,333	-4.8%	\$ 248,028,423	5.1%
Depreciation/Amortization	\$ 2,344,406	\$ 1,979,003	18.5%	\$ 1,999,133	17.3%	\$ 18,916,275	\$ 17,866,383	5.9%	\$ 17,880,202	5.8%
(Gain)/Loss on Disposal of Assets	-	-	0.0%	2,070	-100.0%	(300)	-	0.0%	(25,332)	-98.8%
TOTAL OPERATING COSTS	\$ 25,765,881	\$ 32,646,132	-21.1%	\$ 21,452,435	20.1%	\$ 279,504,179	\$ 291,458,716	-4.1%	\$ 265,883,293	5.1%
NET GAIN (LOSS) FROM OPERATIONS	\$ 7,152,766	\$ 2,942,438	143.1%	\$ 9,509,783	24.8%	\$ 20,402,337	\$ 22,168,041	-8.0%	\$ 24,986,717	18.3%
Operating Margin	21.73%	8.27%	162.8%	30.71%	-29.3%	6.80%	7.07%	-3.8%	8.59%	-20.8%
<u>NONOPERATING REVENUE/EXPENSE</u>										
Interest Income	\$ 272,327	\$ 137,303	98.3%	\$ 215,274	26.5%	\$ 1,633,772	\$ 1,235,727	32.2%	\$ 1,579,335	3.4%
Tobacco Settlement	-	-	0.0%	-	0.0%	1,630,271	1,324,391	23.1%	1,423,034	14.6%
Opioid Abatement Fund	-	-	0.0%	-	0.0%	210,135	-	-	-	0.0%
Trauma Funds	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Donations	-	-	0.0%	-	0.0%	73,213	-	-	(3,000)	-2540.4%
COVID-19 Stimulus	-	-	0.0%	-	0.0%	78,390	-	-	-	0.0%
CHANGE IN NET POSITION BEFORE CAPITAL CONTRIBUTION	\$ 7,425,093	\$ 3,079,741	141.1%	\$ 9,725,058	-23.6%	\$ 24,028,117	\$ 24,728,159	-2.8%	\$ 27,986,087	-14.1%
Procure Capital Contribution	(2,786,903)	(2,297,928)	21.3%	(2,962,402)	-5.9%	(23,641,163)	(21,678,941)	9.1%	(22,936,486)	3.1%
CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY	\$ 4,638,189	\$ 781,813	-493.3%	\$ 6,762,656	31.4%	\$ 386,954	\$ 3,049,218	87.3%	\$ 5,049,601	92.3%
Unrealized Gain/(Loss) on Investments	\$ 150,733	-	0.0%	\$ 182,672	-17.5%	\$ 900,834	-	0.0%	\$ 1,580,396	-43.0%
Investment in Subsidiaries	525,071	96,879	442.0%	205,376	155.7%	772,192	871,911	-11.4%	871,907	-11.4%
CHANGE IN NET POSITION	\$ 5,313,994	\$ 878,692	-504.8%	\$ 7,150,704	25.7%	\$ 2,059,980	\$ 3,921,129	47.5%	\$ 7,501,904	72.5%

**ECTOR COUNTY HOSPITAL DISTRICT
PROCARE OPERATIONS SUMMARY
JUNE 2025**

	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	\$ 9,987,922	\$ 11,324,184	-11.8%	\$ 10,963,578	-8.9%	\$ 100,106,200	\$ 103,472,941	-3.3%	\$ 99,926,103	0.2%
TOTAL PATIENT REVENUE	\$ 9,987,922	\$ 11,324,184	-11.8%	\$ 10,963,578	-8.9%	\$ 100,106,200	\$ 103,472,941	-3.3%	\$ 99,926,103	0.2%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 5,078,382	\$ 5,655,369	-10.2%	\$ 5,652,535	-10.2%	\$ 53,080,157	\$ 51,680,278	2.7%	\$ 50,288,630	5.6%
Policy Adjustments	626,415	1,143,663	-45.2%	1,292,372	-51.5%	8,480,300	10,426,554	-18.7%	9,697,406	-12.6%
Uninsured Discount	271,495	250,865	8.2%	194,254	39.8%	2,221,749	2,318,965	-4.2%	2,283,952	-2.7%
Indigent	6,114	10,876	-43.8%	8,254	-25.9%	86,913	97,421	-10.8%	68,171	27.5%
Provision for Bad Debts	960,413	964,847	-0.5%	1,085,781	-11.5%	9,220,661	9,557,304	-3.5%	10,710,236	-13.9%
TOTAL REVENUE DEDUCTIONS	\$ 6,942,820	\$ 8,025,620	-13.5%	\$ 8,233,196	-15.7%	\$ 73,089,779	\$ 74,080,522	-1.3%	\$ 73,048,395	0.1%
	69.51%	70.87%		75.10%		73.01%	71.59%		73.10%	
NET PATIENT REVENUE	\$ 3,045,102	\$ 3,298,564	-7.7%	\$ 2,730,383	11.5%	\$ 27,016,421	\$ 29,392,419	-8.1%	\$ 26,877,708	0.5%
OTHER REVENUE										
Other Income	\$ 334,754	\$ 204,275	63.9%	\$ 162,564	105.9%	\$ 2,226,124	\$ 1,892,685	17.6%	\$ 1,879,211	18.5%
TOTAL OTHER REVENUE	\$ 334,754	\$ 204,275	63.9%	\$ 162,564	105.9%	\$ 2,226,124	\$ 1,892,685	17.6%	\$ 1,879,211	18.5%
NET OPERATING REVENUE	\$ 3,379,856	\$ 3,502,839	-3.5%	\$ 2,892,947	16.8%	\$ 29,242,545	\$ 31,285,104	-6.5%	\$ 28,756,919	1.7%
OPERATING EXPENSE										
Salaries and Wages	\$ 4,598,133	\$ 4,585,050	0.3%	\$ 4,537,013	1.3%	\$ 39,789,720	\$ 41,283,320	-3.6%	\$ 37,853,736	5.1%
Benefits	357,588	357,905	-0.1%	354,492	0.9%	3,965,136	3,821,602	3.8%	3,730,983	6.3%
Temporary Labor	910,865	608,392	49.7%	656,877	38.7%	6,544,154	5,416,028	20.8%	7,829,491	-16.4%
Physician Fees	174,941	218,467	-19.9%	200,697	-12.8%	1,909,641	1,964,103	-2.8%	1,858,076	2.8%
Purchased Services	(212,497)	(298,439)	-28.8%	(182,814)	16.2%	(2,470,690)	(2,738,251)	-9.8%	(2,511,290)	-1.6%
Supplies	51,698	77,418	-33.2%	69,859	-26.0%	627,117	661,237	-5.2%	611,418	2.6%
Utilities	807	1,078	-25.1%	1,193	-32.3%	6,977	6,733	3.6%	7,981	-12.6%
Repairs and Maintenance	-	1,292	-100.0%	-	0.0%	1,437	11,628	-87.6%	4,312	-66.7%
Leases and Rentals	162,879	143,854	13.2%	148,605	9.6%	1,331,391	1,293,588	2.9%	1,307,821	1.8%
Insurance	53,540	31,922	67.7%	(9,525)	-662.1%	504,652	464,090	8.7%	384,490	31.3%
Other Expense	57,043	61,601	-7.4%	67,206	-15.1%	567,126	669,924	-15.3%	528,688	7.3%
TOTAL OPERATING EXPENSES	\$ 6,154,997	\$ 5,788,540	6.3%	\$ 5,843,603	5.3%	\$ 52,776,663	\$ 52,854,002	-0.1%	\$ 51,605,706	2.3%
Depreciation/Amortization	\$ 11,762	\$ 12,227	-3.8%	\$ 11,745	0.1%	\$ 107,045	\$ 110,043	-2.7%	\$ 87,699	22.1%
(Gain)/Loss on Sale of Assets	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING COSTS	\$ 6,166,759	\$ 5,800,767	6.3%	\$ 5,855,348	5.3%	\$ 52,883,708	\$ 52,964,045	-0.2%	\$ 51,693,405	2.3%
NET GAIN (LOSS) FROM OPERATIONS	\$ (2,786,903)	\$ (2,297,928)	21.3%	\$ (2,962,402)	-5.9%	\$ (23,641,163)	\$ (21,678,941)	9.1%	\$ (22,936,486)	3.1%
Operating Margin	-82.46%	-65.60%	25.7%	-102.40%	-19.5%	-80.85%	-69.29%	16.7%	-79.76%	1.4%
COVID-19 Stimulus	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
MCH Contribution	\$ 2,786,903	\$ 2,297,928	21.3%	\$ 2,962,402	-5.9%	\$ 23,641,163	\$ 21,678,941	9.1%	\$ 22,936,486	3.1%
CAPITAL CONTRIBUTION	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%

MONTHLY STATISTICAL REPORT

	CURRENT MONTH					YEAR TO DATE				
Total Office Visits	8,150	8,394	-2.9%	8,063	1.08%	70,475	74,092	-4.9%	70,095	0.54%
Total Hospital Visits	6,774	7,218	-6.2%	6,725	0.73%	60,241	64,674	-6.9%	60,663	-0.70%
Total Procedures	12,039	13,204	-8.8%	12,371	-2.68%	114,144	123,164	-7.3%	113,603	0.48%
Total Surgeries	799	808	-1.1%	806	-0.87%	6,960	6,926	0.5%	6,909	0.74%
Total Provider FTE's	82.3	89.7	-8.3%	85.6	-3.92%	84.7	89.7	-5.6%	84.5	0.27%
Total Staff FTE's	119.3	137.7	-13.3%	109.7	8.80%	113.5	137.3	-17.3%	108.7	4.42%
Total Administrative FTE's	11.2	11.5	-2.5%	11.6	-3.12%	9.3	11.5	-19.0%	11.9	-21.67%
Total FTE's	212.8	238.9	-10.9%	206.9	2.87%	207.5	238.5	-13.0%	205.1	1.20%

**ECTOR COUNTY HOSPITAL DISTRICT
TRAUMACARE OPERATIONS SUMMARY
JUNE 2025**

	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	\$ 248,089	\$ 250,414	-0.9%	\$ 280,091	-11.4%	\$ 1,763,102	\$ 1,935,422	-8.9%	\$ 2,079,991	-15.2%
TOTAL PATIENT REVENUE	\$ 248,089	\$ 250,414	-0.9%	\$ 280,091	-11.4%	\$ 1,763,102	\$ 1,935,422	-8.9%	\$ 2,079,991	-15.2%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 97,044	\$ 120,251	-19.3%	\$ 156,818	-38.1%	\$ 824,746	\$ 929,403	-11.3%	\$ 998,826	-17.4%
Policy Adjustments	66,424	38,281	73.5%	46,213	43.7%	318,541	295,870	7.7%	317,968	0.2%
Uninsured Discount	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Indigent	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Provision for Bad Debts	49,138	38,443	27.8%	31,767	54.7%	291,430	297,122	-1.9%	319,319	-8.7%
TOTAL REVENUE DEDUCTIONS	\$ 212,606	\$ 196,975	7.9%	\$ 234,798	-9.5%	\$ 1,434,717	\$ 1,522,395	-5.8%	\$ 1,636,113	-12.3%
	85.70%	78.66%		83.83%		81.37%	78.66%		78.66%	
NET PATIENT REVENUE	\$ 35,483	\$ 53,439	-33.6%	\$ 45,293	-21.7%	\$ 328,385	\$ 413,027	-20.5%	\$ 443,878	-26.0%
						18.6%				
<u>OTHER REVENUE</u>										
Other Income	\$ 2,822	\$ 1,075	162.5%	\$ 26	10875.6%	\$ 9,909	\$ 9,675	2.4%	\$ 9,674	2.4%
TOTAL OTHER REVENUE										
NET OPERATING REVENUE	\$ 38,305	\$ 54,514	-29.7%	\$ 45,319	-15.5%	\$ 338,295	\$ 422,702	-20.0%	\$ 453,552	-25.4%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 241,018	\$ 245,855	-2.0%	\$ 237,265	1.6%	\$ 2,166,620	\$ 2,206,918	-1.8%	\$ 2,207,693	-1.9%
Benefits	16,127	16,098	0.2%	17,701	-8.9%	160,563	186,740	-14.0%	174,386	-7.9%
Temporary Labor	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Physician Fees	(259,248)	(259,248)	0.0%	(259,248)	0.0%	(2,333,232)	(2,333,232)	0.0%	(2,333,232)	0.0%
Purchased Services	237	1,503	-84.3%	1,980	-88.0%	22,408	13,527	65.7%	13,523	65.7%
Supplies	757	228	231.8%	38	1912.7%	3,276	1,833	78.7%	1,939	69.0%
Utilities	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Repairs and Maintenance	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Leases and Rentals	653	1,993	-67.2%	1,993	-67.2%	7,221	17,937	-59.7%	17,940	-59.7%
Insurance	7,279	8,232	-11.6%	7,884	-7.7%	85,052	74,088	14.8%	74,086	14.8%
Other Expense	932	444	109.9%	731	27.5%	4,638	3,996	16.1%	3,992	16.2%
TOTAL OPERATING EXPENSES	\$ 7,754	\$ 15,105	-48.7%	\$ 8,345	-7.1%	\$ 116,546	\$ 171,807	-32.2%	\$ 160,327	-27.3%
Depreciation/Amortization	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
(Gain)/Loss on Sale of Assets	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING COSTS	\$ 7,754	\$ 15,105	-48.7%	\$ 8,345	-7.1%	\$ 116,546	\$ 171,807	-32.2%	\$ 160,327	-27.3%
NET GAIN (LOSS) FROM OPERATIONS	\$ 30,551	\$ 39,409	-22.5%	\$ 36,974	-17.4%	\$ 221,749	\$ 250,895	-11.6%	\$ 293,225	-24.4%
Operating Margin	79.76%	72.29%	10.3%	81.59%	-2.2%	65.55%	59.36%	10.4%	64.65%	1.4%
COVID-19 Stimulus	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
MCH Contribution	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
CAPITAL CONTRIBUTION	\$ 30,551	\$ 39,409	-22.5%	\$ 36,974	-17.4%	\$ 221,749	\$ 250,895	-11.6%	\$ 293,225	-24.4%

MONTHLY STATISTICAL REPORT

	CURRENT MONTH					YEAR TO DATE				
Total Procedures	853	734	16.21%	884	-3.51%	5,036	5,673	-11.23%	6,097	-17.40%
Total Provider FTE's	6.3	8.1	-21.91%	7.5	-16.09%	7.2	8.0	-9.42%	8.0	-10.18%
Total Staff FTE's	1.0	1.2	-11.65%	1.0	2.02%	1.0	1.0	4.02%	1.0	0.56%
Total FTE's	7.3	9.2	-20.62%	8.5	-13.96%	8.2	9.0	-7.95%	9.1	-8.98%

**ECTOR COUNTY HOSPITAL DISTRICT
DIABETES SCREENING CLINIC - OPERATIONS SUMMARY
JUNE 2025**

	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	\$ 5,671	\$ 4,369	29.8%	\$ 10,110	-43.9%	\$ 61,602	\$ 37,575	63.9%	\$ 26,434	133.0%
TOTAL PATIENT REVENUE	\$ 5,671	\$ 4,369	29.8%	\$ 10,110	-43.9%	\$ 61,602	\$ 37,575	63.9%	\$ 26,434	133.0%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
Self Pay Adjustments	-	2,439	-100.0%	9,375	-100.0%	45,321	21,951	106.5%	21,952	106.5%
Bad Debts	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL REVENUE DEDUCTIONS	\$ -	\$ 2,439	-100.0%	\$ 9,375	-100.0%	\$ 45,321	\$ 21,951	106.5%	\$ 21,952	106.5%
	0.0%	55.8%		92.7%		73.6%	58.4%		83.0%	
NET PATIENT REVENUE	\$ 5,671	\$ 1,930	193.8%	\$ 735	671.2%	\$ 16,281	\$ 15,624	4.2%	\$ 4,483	263.2%
OTHER REVENUE										
Other Revenue	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
TOTAL OTHER REVENUE	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
NET OPERATING REVENUE	\$ 5,671	\$ 1,930	193.8%	\$ 735	671.2%	\$ 16,281	\$ 15,624	4.2%	\$ 4,483	263.2%
OPERATING EXPENSE										
Salaries and Wages	\$ 689	\$ 584	17.9%	\$ 993	-30.7%	\$ 5,485	\$ 4,935	11.1%	\$ -	0.0%
Benefits	(241)	82	-393.9%	(613)	-60.7%	556	715	-22.2%	-	0.0%
Physician Services	2,500	937	166.8%	2,000	25.0%	38,075	8,433	351.5%	-	0.0%
Cost of Drugs Sold	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Supplies	-	765	-100.0%	5	-100.0%	1,705	6,627	-74.3%	4,988	-65.8%
Utilities	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Repairs and Maintenance	975	3,061	-68.1%	3,338	-70.8%	1,873	27,549	-93.2%	27,552	-93.2%
Leases and Rentals	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Other Expense	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$ 3,923	\$ 5,429	-27.7%	\$ 5,724	-31.5%	\$ 47,694	\$ 48,259	-1.2%	\$ 32,540	46.6%
Depreciation/Amortization	\$ 905	\$ 2,137	-57.7%	\$ 905	0.0%	\$ 8,145	\$ 19,231	-57.6%	\$ 19,236	-57.7%
TOTAL OPERATING COSTS	\$ 4,828	\$ 7,566	-36.2%	\$ 6,629	-27.2%	\$ 55,839	\$ 67,490	-17.3%	\$ 51,776	7.8%
NET GAIN (LOSS) FROM OPERATIONS	\$ 843	\$ (5,636)	115.0%	\$ (5,893)	114.3%	\$ (39,557)	\$ (51,866)	23.7%	\$ (47,293)	16.4%
Operating Margin	14.87%	-292.02%	-105.1%	-801.44%	-101.9%	-242.96%	-331.96%	-26.8%	-1055.05%	-77.0%

	CURRENT MONTH					YEAR TO DATE				
Medical Visits	19	15	26.7%	27	-29.6%	203	129	57.4%	91	123.1%
Hospital FTE's (Salaries and Wages)	0.2	0.2	-18.7%	0.2	-24.4%	0.1	0.2	-31.6%	0.1	15.0%

**ECTOR COUNTY HOSPITAL DISTRICT
JUNE 2025**

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	\$ 44,122,293	41.1%	\$ 44,262,816	41.0%	\$ 389,998,961	39.4%	390,366,642	39.9%
Medicaid	10,970,491	10.2%	10,920,032	10.1%	104,100,926	10.5%	117,501,980	12.0%
Commercial	37,128,423	34.6%	37,174,024	34.4%	357,534,968	36.0%	338,001,320	34.6%
Self Pay	11,009,754	10.2%	9,768,148	9.0%	106,563,656	10.7%	92,172,515	9.4%
Other	4,227,446	3.9%	5,922,164	5.5%	33,628,003	3.4%	39,633,004	4.1%
TOTAL	\$ 107,458,408	100.0%	\$ 108,047,184	100.0%	\$ 991,826,514	100.0%	977,675,460	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 8,678,351	37.7%	\$ 7,675,428	40.0%	\$ 81,984,804	39.3%	77,181,167	38.4%
Medicaid	1,946,288	8.5%	1,763,574	9.2%	21,637,365	10.4%	24,358,515	12.1%
Commercial	9,385,381	40.7%	7,912,548	41.2%	83,374,109	40.0%	78,817,890	39.2%
Self Pay	1,282,909	5.6%	1,225,949	6.4%	11,914,502	5.7%	12,168,559	6.0%
Other	1,735,469	7.5%	618,070	3.2%	9,557,549	4.6%	8,614,177	4.3%
TOTAL	\$ 23,028,399	100.0%	\$ 19,195,569	100.0%	\$ 208,468,329	100.0%	201,140,308	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
STATEMENT OF CASH FLOW
JUNE 2025**

	Hospital	ProCare	TraumaCare	Blended
Cash Flows from Operating Activities and Nonoperating Revenue:				
Excess of Revenue over Expenses	\$ 2,059,980	-	221,749	\$ 2,281,729
Noncash Expenses:				
Depreciation and Amortization	15,486,596	10,548	-	15,497,144
Unrealized Gain/Loss on Investments	900,834	-	-	900,834
Accretion (Bonds) & COVID Funding	(429,164)	-	-	(429,164)
Changes in Assets and Liabilities				
Patient Receivables, Net	330,873	53,850	(1,623)	383,099
Taxes Receivable/Deferred	4,312,351	(58,090)	-	4,254,261
Inventories, Prepaids and Other	(4,890,037)	98,030	32,628	(4,759,378)
LT Lease Rec	865,409	-	-	-
Deferred Inflow of Resources	-	-	-	-
Accounts Payable	(7,220,119)	(427,093)	(233,559)	(7,880,770)
Accrued Expenses	3,742,377	322,956	(19,195)	4,046,138
Due to Third Party Payors	2,206,682	-	-	2,206,682
Accrued Post Retirement Benefit Costs	(11,228,251)	-	-	(11,228,251)
Net Cash Provided by Operating Activities	\$ 6,137,533	200	-	\$ 6,137,733
Cash Flows from Investing Activities:				
Investments	\$ (11,591,187)	-	-	\$ (11,591,187)
Acquisition of Property and Equipment	(19,070,342)	-	-	(19,070,342)
Net Cash used by Investing Activities	\$ (30,661,529)	-	-	\$ (30,661,529)
Cash Flows from Financing Activities:				
Current Portion Debt	\$ -	-	-	\$ -
Principal Paid on Subscription Liabilities	\$ 1,065,796	-	-	-
Principal Paid on Lease Liabilities	\$ (137,053)	-	-	-
Intercompany Activities	-	-	-	-
LT Liab Subscriptions	1,386,187	-	-	-
LT Liab Leases	(277,365)	-	-	-
Net Repayment of Long-term Debt/Bond Issuance	-	-	-	-
Net Cash used by Financing Activities	2,037,565	-	-	2,037,565
Net Increase (Decrease) in Cash	(22,486,432)	200	-	(22,486,232)
Beginning Cash & Cash Equivalents @ 9/30/2024	49,618,916	4,500	-	49,623,416
Ending Cash & Cash Equivalents @ 6/30/2025	\$ 27,132,485	\$ 4,700	\$ -	\$ 27,137,185

**ECTOR COUNTY HOSPITAL DISTRICT
MEDICAID SUPPLEMENTAL PAYMENTS
FISCAL YEAR 2025**

CASH ACTIVITY	TAX (IGT) ASSESSED	GOVERNMENT PAYOUT	BURDEN ALLEVIATION	NET INFLOW
DSH				
1st Qtr	\$ (4,976,937)	\$ 12,442,343		\$ 7,465,406
2nd Qtr	-	-		-
3rd Qtr	-	-		-
4th Qtr	-	-		-
DSH TOTAL	\$ (4,976,937)	\$ 12,442,343		\$ 7,465,406
UC				
1st Qtr	\$ -	\$ -		-
2nd Qtr	(3,541,947)	8,854,868		5,312,921
3rd Qtr	-	-		-
4th Qtr	-	-		-
UC TOTAL	\$ (3,541,947)	\$ 8,854,868		\$ 5,312,921
APHRIQA				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	-	980,119		980,119
3rd	-	378,487		378,487
4th Qtr	-	-		-
APHRIQA TOTAL	\$ -	\$ 1,358,606		\$ 1,358,606
DSRIP				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	-	-		-
3rd Qtr	-	-		-
4th Qtr	-	-		-
DSRIP UPL TOTAL	\$ -	\$ -		\$ -
ATLAS				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	(1,472,873)	-		(1,472,873)
3rd Qtr	-	1,832,080		1,832,080
4th Qtr	-	-		-
ATLAS TOTAL	\$ (1,472,873)	\$ 1,832,080		\$ 359,207
GME				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	(651,186)	1,627,965		976,779
3rd	-	-		-
4th Qtr	-	-		-
GME TOTAL	\$ (651,186)	\$ 1,627,965		\$ 976,779
CHIRP				
1st Qtr	\$ (6,004,341)	\$ 461,991		\$ (5,542,350)
2nd Qtr	-	2,042,788		2,042,788
3rd	(6,400,694)	1,193,081		(5,207,612)
4th Qtr	-	-		-
CHIRP TOTAL	\$ (12,405,035)	\$ 3,697,861		\$ (8,707,174)
HARP				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	(804,258)	2,010,644		1,206,387
3rd	(804,258)	2,010,644		1,206,386
4th Qtr	-	-		-
HARP TOTAL	\$ (1,608,515)	\$ 4,021,288		\$ 2,412,773
TIPPS				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	-	-		-
3rd	-	-		-
4th Qtr	-	-		-
TIPPS TOTAL	\$ -	\$ -		\$ -
MCH Cash Activity	\$ (24,656,494)	\$ 33,835,012		\$ 9,178,518
ProCare Cash Activity	\$ -	\$ -	\$ -	\$ -
Blended Cash Activity	\$ (24,656,494)	\$ 33,835,012	\$ -	\$ 9,178,518

INCOME STATEMENT ACTIVITY:

FY 2025 Accrued / (Deferred) Adjustments:

	BLENDED
DSH	\$ 8,404,997
UC	7,218,137
APHRIQA	1,358,606
ATLAS	359,207
GME	1,287,000
CHIRP	(2,792,712)
HARP	1,116,000
TIPPS	209,997
Regional UPL Benefit	-
Medicaid Supplemental Payments	17,161,232
DSRIP Accrual	-
Total Adjustments	\$ 17,161,232

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

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
Cardiopulmonary	8.6	12.5	-31.6%	11.3	-24.0%	10.3	12.1	-14.5%	13.3	-22.3%
Operating Room	9.7	13.0	-25.1%	11.7	-16.9%	9.0	12.6	-28.9%	12.5	-28.2%
Imaging - Diagnostics	5.4	3.6	49.6%	2.1	153.9%	4.7	3.5	34.8%	2.9	60.1%
Labor and Delivery	3.7	5.2	-30.3%	3.0	20.5%	3.7	5.1	-27.6%	4.1	-9.6%
Intensive Care Unit (ICU) 2	2.1	1.7	27.7%	0.4	490.9%	1.9	1.6	20.9%	1.0	87.9%
Intensive Care Unit (CCU) 4	1.4	1.2	11.6%	0.8	76.4%	1.4	1.2	14.2%	0.7	83.9%
Laboratory - Chemistry	2.4	6.9	-64.4%	1.6	48.7%	1.2	6.6	-81.2%	3.9	-67.7%
7 Central	0.5	1.1	-50.0%	1.9	-71.9%	1.0	1.0	3.4%	0.9	11.1%
PM&R - Physical	0.9	0.5	69.8%	-	0.0%	0.9	0.5	79.1%	-	0.0%
4 East	-	1.6	-100.0%	1.2	-100.0%	0.9	1.5	-41.4%	1.4	-36.9%
Utilization Review	-	0.6	-100.0%	0.2	-100.0%	0.8	0.6	34.5%	0.5	62.7%
Laboratory - Histology	1.1	1.0	19.6%	1.0	16.3%	0.8	0.9	-15.3%	0.9	-17.4%
CHW - Sports Medicine	1.0	1.8	-43.7%	0.9	8.8%	0.8	1.7	-55.7%	0.8	-10.8%
PM&R - Speech	0.8	-	0.0%	0.8	2.8%	0.7	-	0.0%	0.2	302.1%
Imaging - Ultrasound	-	1.1	-100.0%	2.1	-100.0%	0.6	1.0	-41.3%	1.4	-57.9%
Imaging - Nuclear Medicine	0.9	-	0.0%	-	0.0%	0.5	-	0.0%	-	0.0%
6 Central	0.5	0.3	78.3%	0.7	-24.9%	0.4	0.3	21.1%	0.2	49.2%
9 Central	0.6	0.3	155.8%	0.3	121.8%	0.3	0.2	12.5%	0.1	93.3%
Pharmacy - Retail	-	-	0.0%	-	0.0%	0.3	-	0.0%	-	0.0%
Emergency Department	0.1	0.5	-88.9%	0.8	-93.1%	0.2	0.5	-57.1%	0.3	-24.7%
3 West Observation	0.1	0.5	-72.2%	0.4	-66.0%	0.2	0.5	-61.7%	0.3	-29.3%
4 Central	0.4	0.5	-14.8%	0.6	-22.2%	0.2	0.5	-62.7%	0.4	-47.5%
5 Central	0.3	0.4	-20.6%	0.7	-57.0%	0.2	0.3	-54.2%	0.2	-19.7%
6 West	0.1	0.1	-7.9%	0.3	-75.5%	0.1	0.1	47.5%	0.1	-0.6%
Recovery Room	-	0.5	-100.0%	1.0	-100.0%	0.1	0.5	-81.0%	1.4	-92.9%
Nursing Orientation	-	-	0.0%	0.3	-100.0%	0.1	-	0.0%	0.3	-64.4%
5 West	0.1	-	0.0%	-	0.0%	0.0	-	0.0%	-	0.0%
Neonatal Intensive Care	-	-	0.0%	-	0.0%	0.0	-	0.0%	0.3	-95.2%
Laboratory - Hematology	-	2.2	-100.0%	-	0.0%	-	2.1	-100.0%	-	0.0%
Cardiopulmonary - NICU	-	0.7	-100.0%	-	0.0%	-	0.7	-100.0%	-	0.0%
Care Management	-	-	0.0%	-	0.0%	-	-	0.0%	0.1	-100.0%
Imaging - CT Scan	-	-	0.0%	1.5	-100.0%	-	-	0.0%	1.3	-100.0%
Imaging - CVI	-	1.1	-100.0%	-	0.0%	-	1.0	-100.0%	-	0.0%
PM&R - Occupational	-	1.1	-100.0%	0.9	-100.0%	-	1.0	-100.0%	1.4	-100.0%
SUBTOTAL	41.7	59.7	-30.1%	46.5	-10.2%	41.5	57.7	-28.2%	50.8	-18.4%
TRANSITION LABOR										
Laboratory - Chemistry	4.9	-	0.0%	5.7	-13.8%	4.8	-	0.0%	4.2	15.3%
SUBTOTAL	4.9	-	0.0%	5.7	-13.8%	4.8	-	0.0%	4.2	15.3%
GRAND TOTAL	46.6	59.7	-21.9%	52.1	-10.6%	46.2	57.7	-19.9%	55.0	-15.9%



Financial Presentation

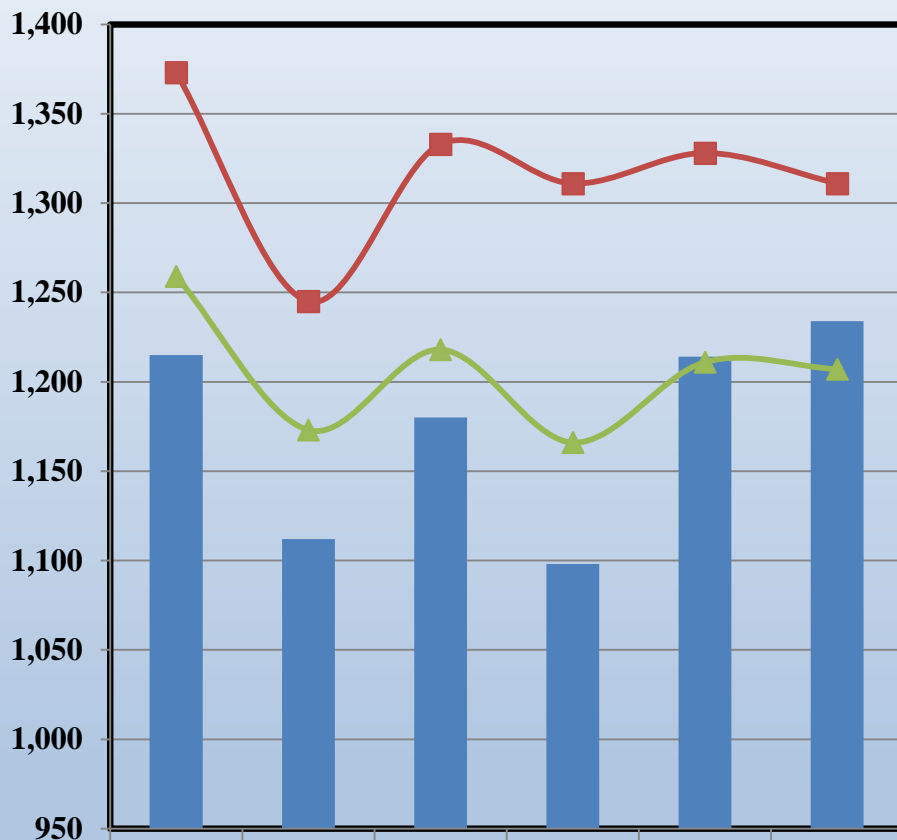
For the Month Ended June 30, 2025

Volume



Admissions

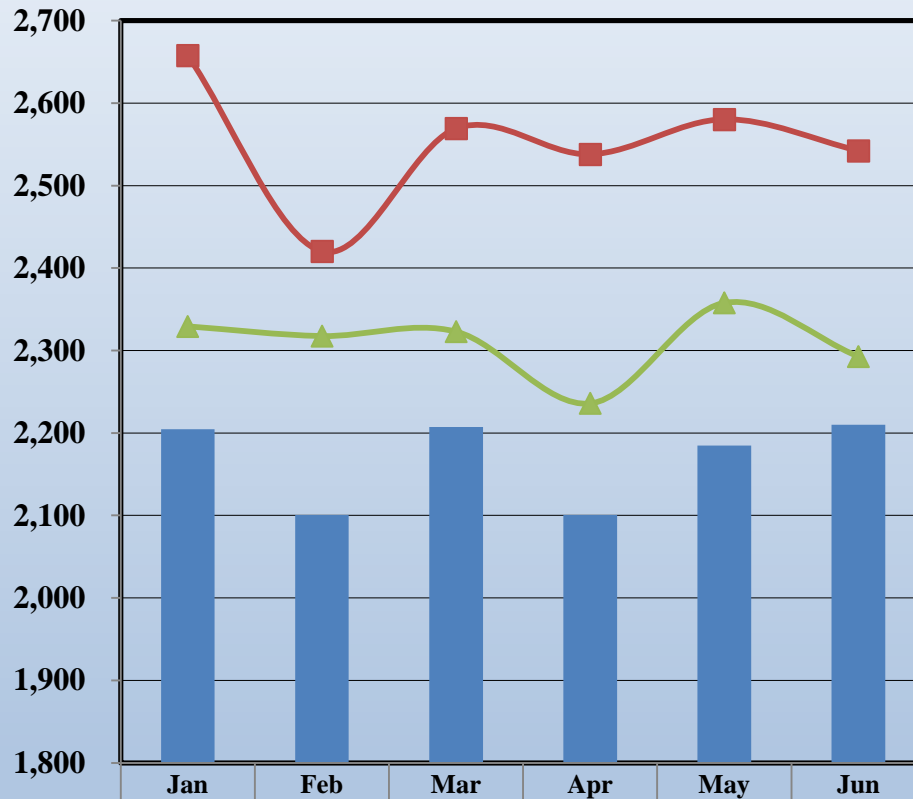
Total – Adults and NICU



	Jan	Feb	Mar	Apr	May	Jun
Act	1,215	1,112	1,180	1,098	1,214	1,234
Bud	1,373	1,245	1,333	1,311	1,328	1,311
Prior	1,259	1,173	1,218	1,166	1,211	1,207

	Actual	Budget	Prior Year
Month	1,234	1,311	1,207
Var %		-5.9%	2.2%
Year-To-Date	10,554	11,546	10,714
Var %		-8.6%	-1.5%
Annualized	14,255	14,705	14,088
Var %		-3.1%	1.2%

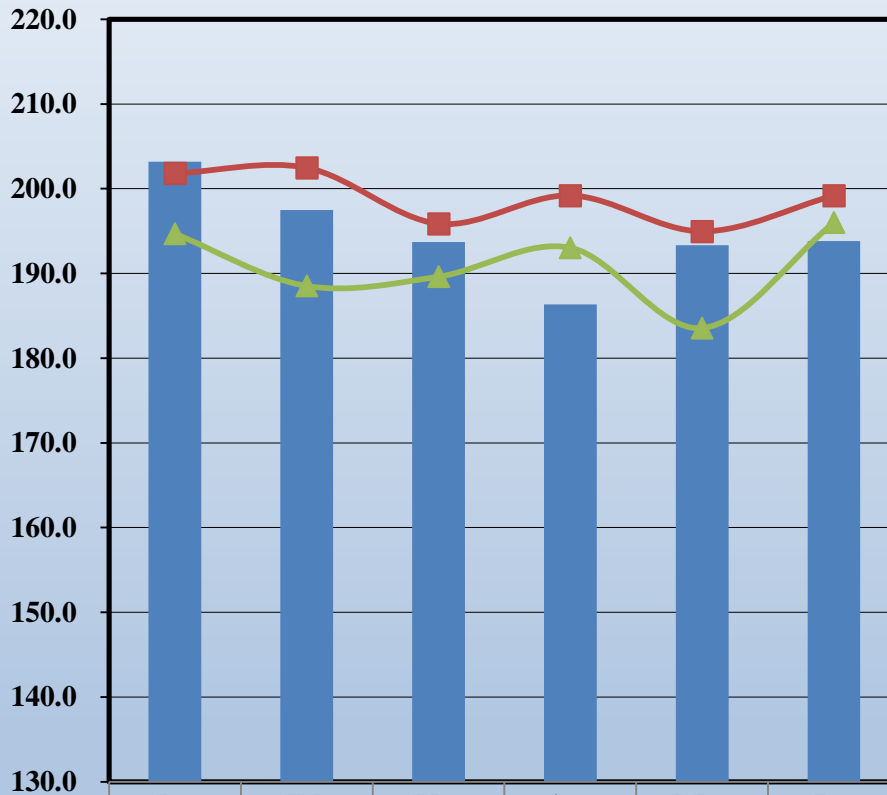
Adjusted Admissions



Act	2,204	2,101	2,207	2,100	2,185	2,210
Bud	2,658	2,420	2,569	2,538	2,580	2,542
Prior	2,329	2,318	2,323	2,236	2,358	2,293

	Actual	Budget	Prior Year
Month	2,210	2,542	2,293
Var %		-13.1%	-3.6%
Year-To-Date	19,768	22,339	20,554
Var %		-11.5%	-3.8%
Annualized	26,814	28,436	27,230
Var %		-5.7%	-1.5%

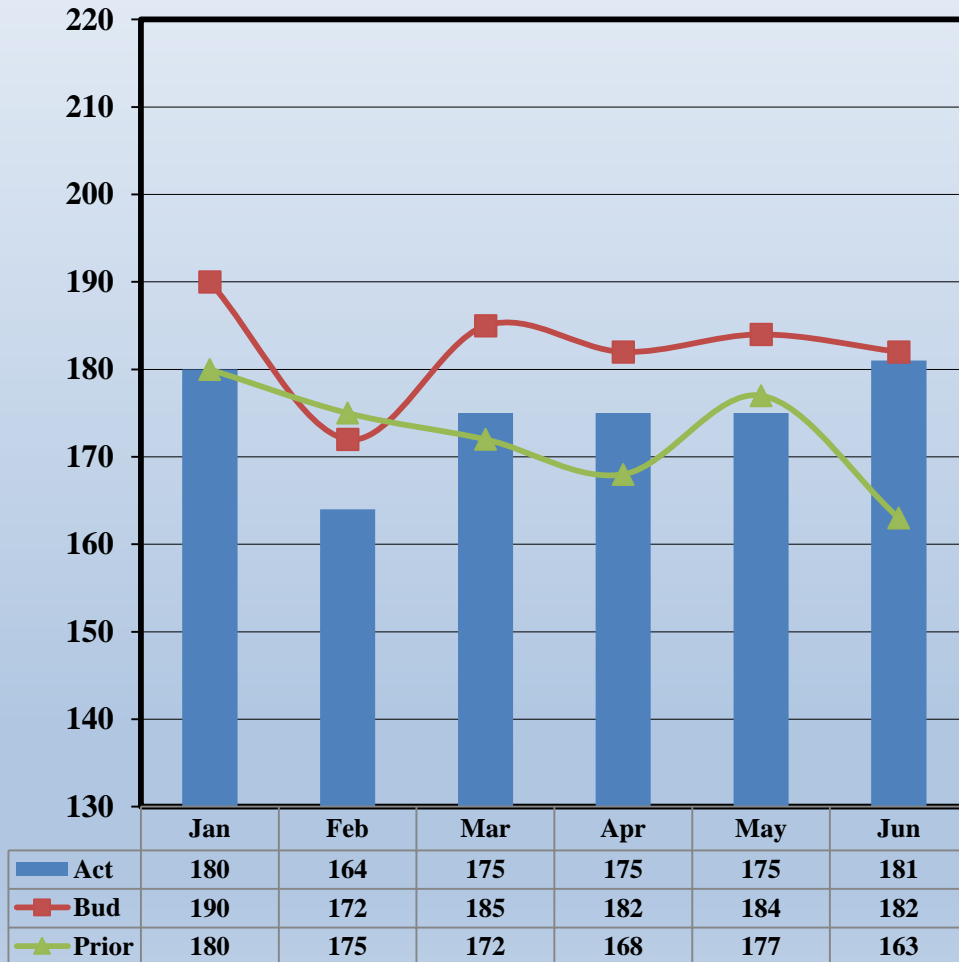
Average Daily Census



	Jan	Feb	Mar	Apr	May	Jun
Act	203.2	197.5	193.7	186.3	193.3	193.8
Bud	201.8	202.5	195.9	199.2	195.0	199.2
Prior	194.7	188.5	189.6	193.0	183.5	196.0

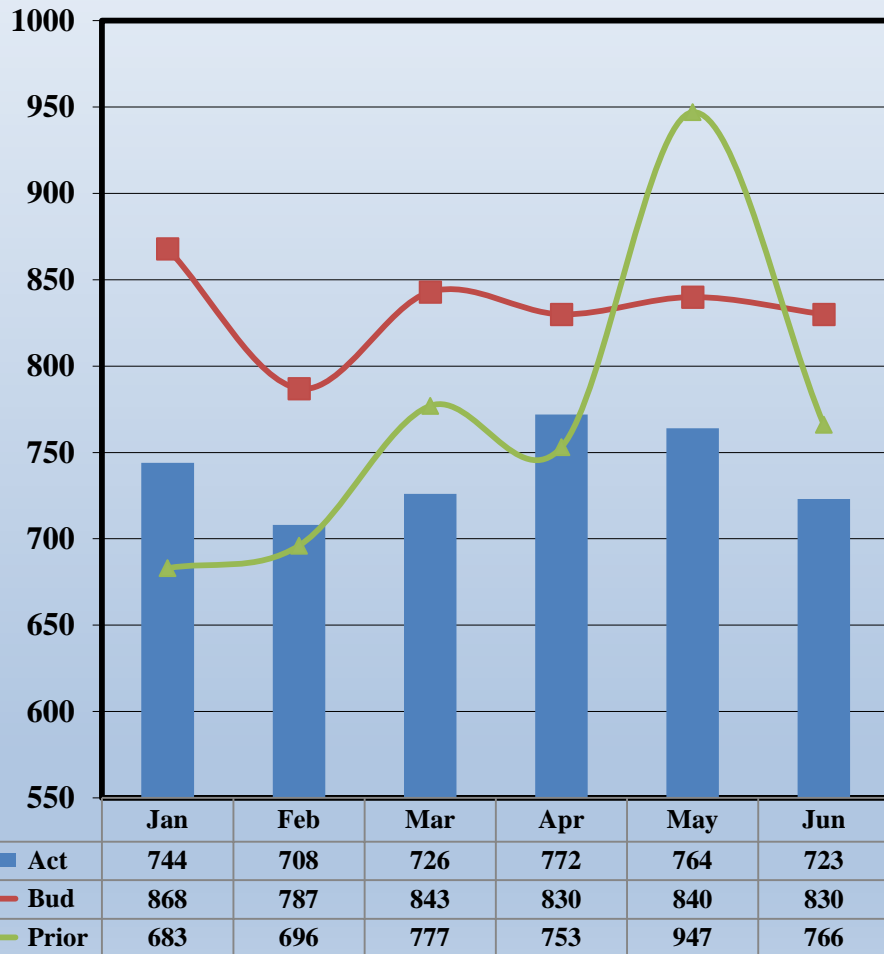
	Actual	Budget	Prior Year
Month	193.8	199.2	196.0
Var %		-2.7%	-1.1%
Year-To-Date	190.4	192.6	186.6
Var %		-1.1%	2.1%
Annualized	191.4	187.3	181.8
Var %		2.2%	5.3%

Deliveries



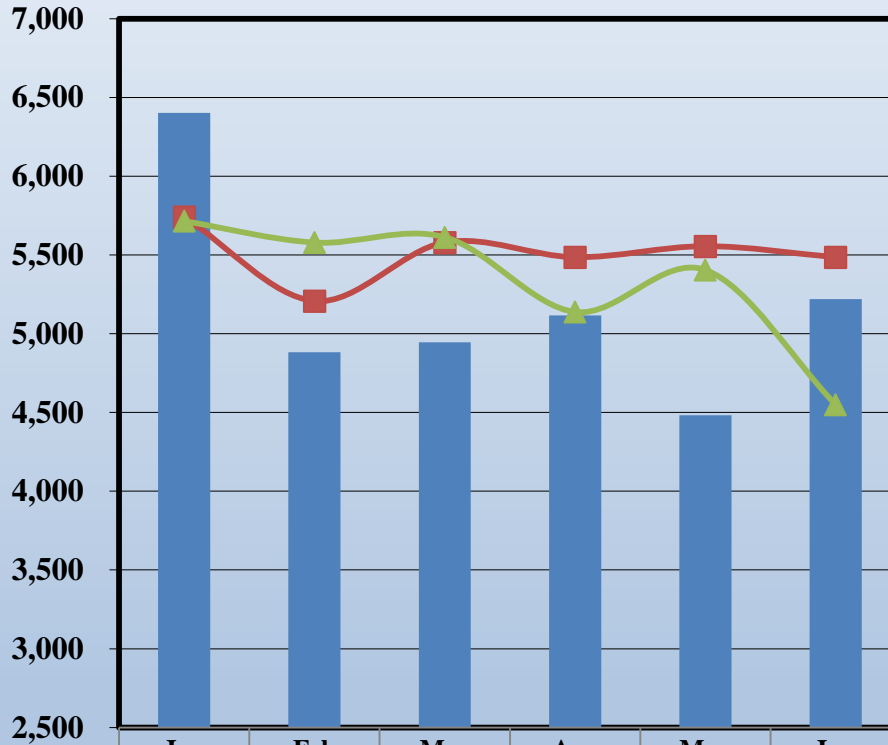
	Actual	Budget	Prior Year
Month	181	182	163
Var %		-0.5%	11.0%
Year-To-Date	1,596	1,600	1,593
Var %		-0.3%	0.2%
Annualized	2,225	2,107	2,178
Var %		5.6%	2.2%

Total Surgical Cases



	Actual	Budget	Prior Year
Month	723	830	766
Var %		-12.9%	-5.6%
Year-To-Date	6,837	7,303	6,852
Var %		-6.4%	-0.2%
Annualized	9,255	9,692	9,278
Var %		-4.5%	-0.2%

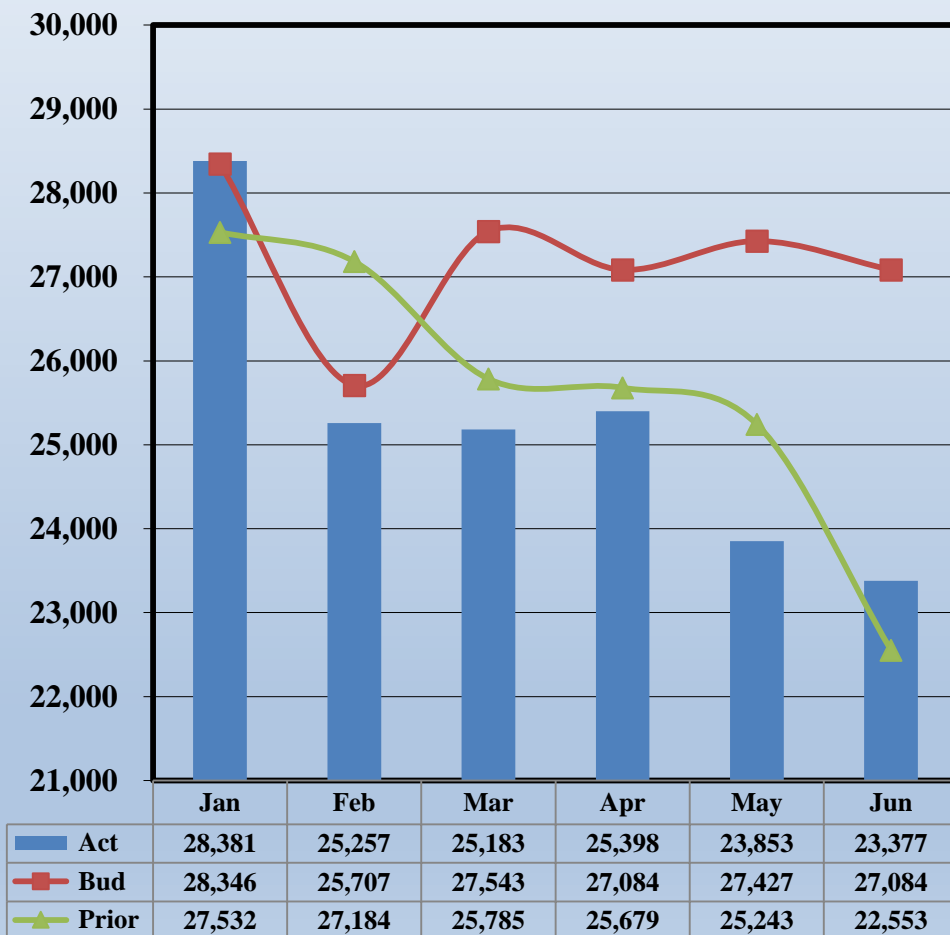
Emergency Room Visits



■ Act	Jan	Feb	Mar	Apr	May	Jun
■ Bud	5,742	5,208	5,580	5,486	5,556	5,486
▲ Prior	5,715	5,579	5,613	5,138	5,405	4,550

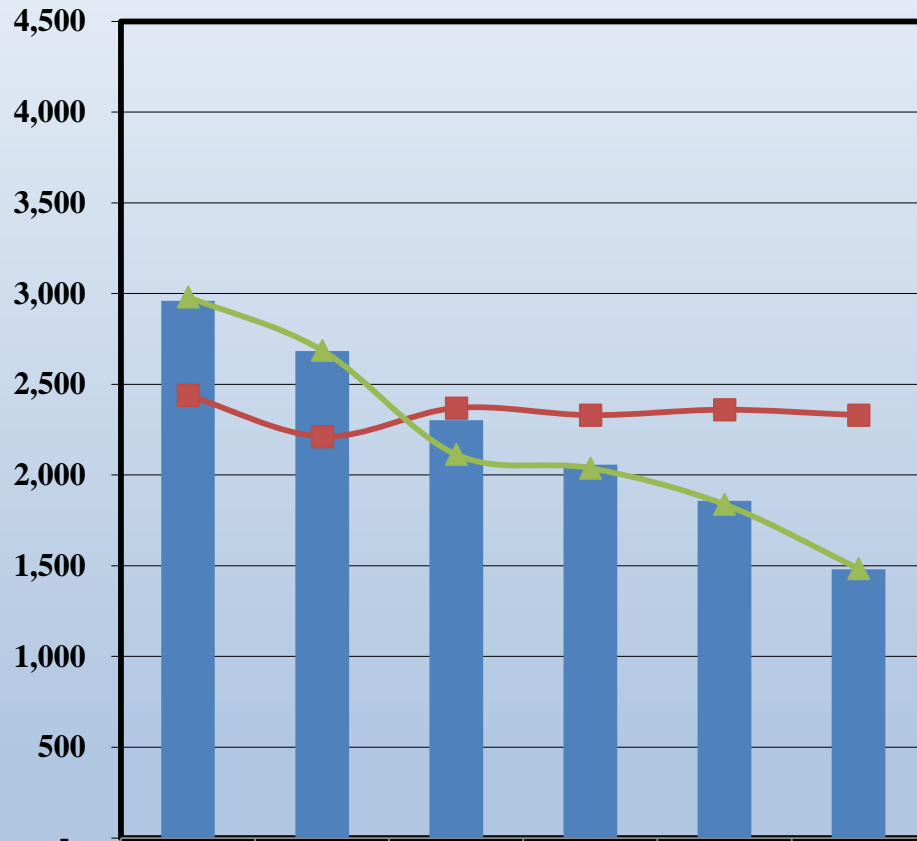
	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	5,220	5,486	4,550
Var %		-4.8%	14.7%
Year-To-Date	46,653	48,318	47,890
Var %		-3.4%	-2.6%
Annualized	62,249	62,813	62,257
Var %		-0.9%	0.0%

Total Outpatient Occasions of Service



	Actual	Budget	Prior Year
Month	23,377	27,084	22,553
Var %		-13.7%	3.7%
Year-To-Date	228,618	238,511	232,780
Var %		-4.1%	-1.8%
Annualized	303,576	315,069	309,079
Var %		-3.6%	-1.8%

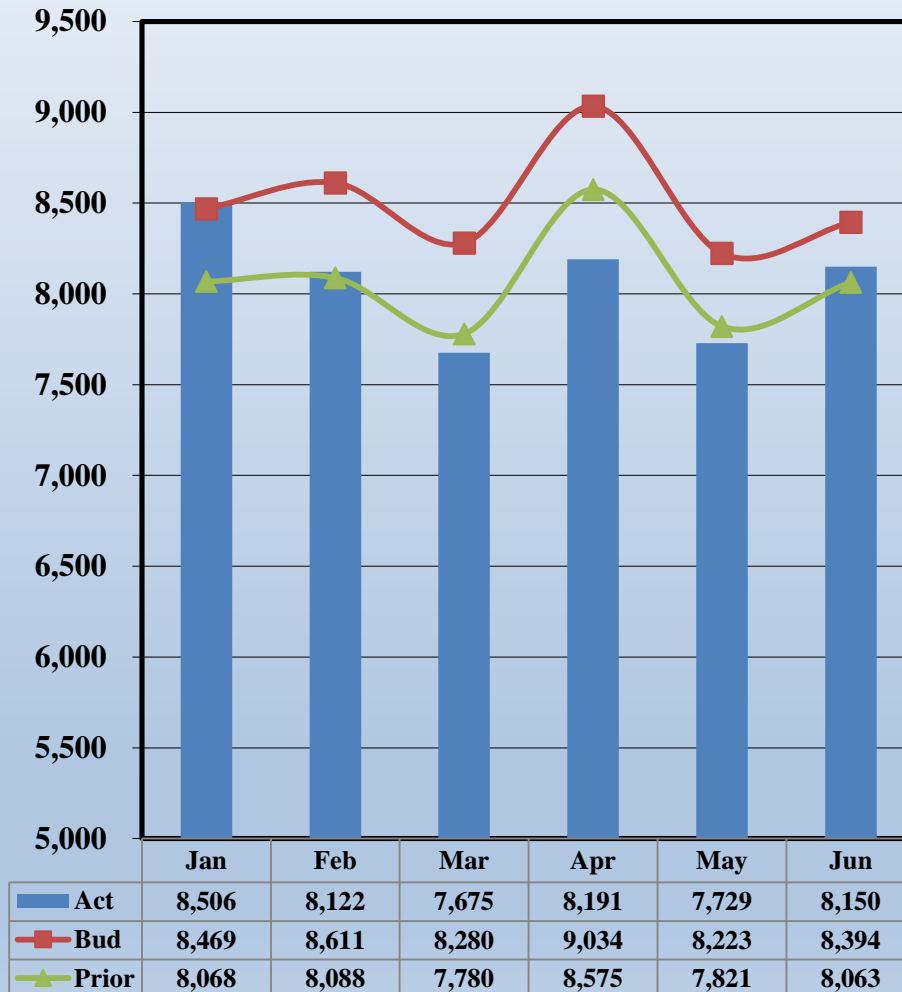
Urgent Care Visits



■ Act	2,960	2,683	2,302	2,058	1,858	1,481
■ Bud	2,439	2,213	2,370	2,330	2,360	2,330
▲ Prior	2,981	2,687	2,113	2,038	1,838	1,484

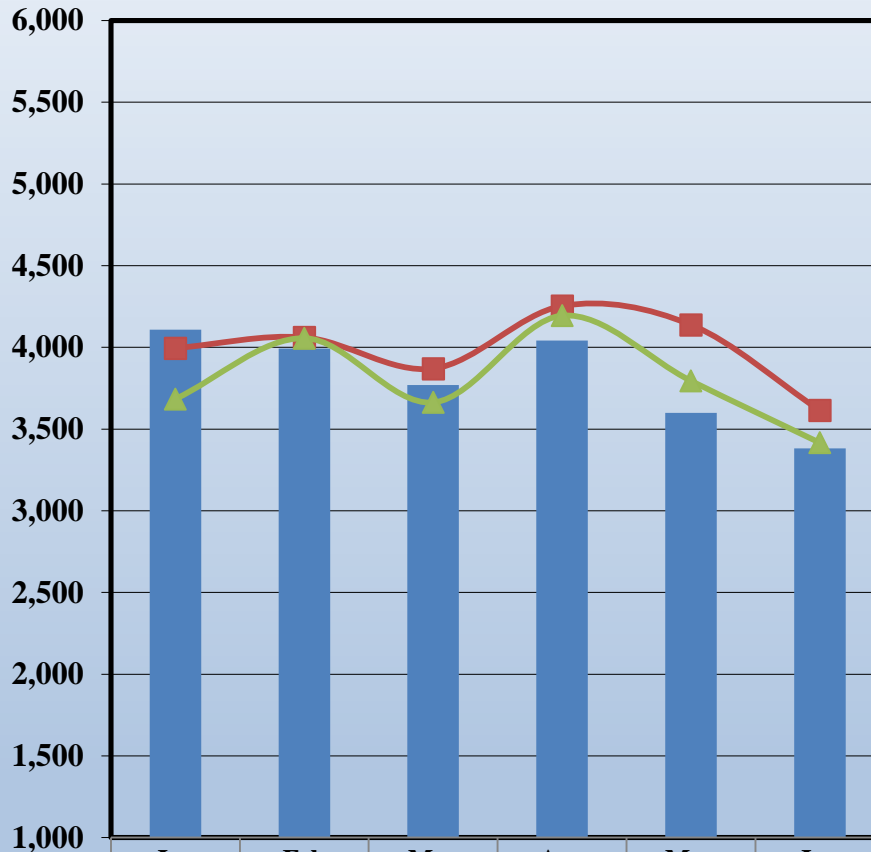
	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	1,481	2,330	1,484
Var %		-36.4%	-0.2%
Year-To-Date	20,603	20,523	20,775
Var %		0.4%	-0.8%
Annualized	26,736	28,179	27,226
Var %		-5.1%	-1.8%

Total ProCare Office Visits



	Actual	Budget	Prior Year
Month	8,150	8,394	8,063
Var %		-2.9%	1.1%
Year-To-Date	70,475	74,092	70,095
Var %		-4.9%	0.5%
Annualized	94,339	97,668	96,285
Var %		-3.4%	-2.0%

Total Family Health Clinic Visits



■ Act	4,108	3,992	3,770	4,042	3,600	3,382
■ Bud	3,995	4,061	3,870	4,253	4,138	3,614
▲ Prior	3,684	4,056	3,663	4,194	3,795	3,416

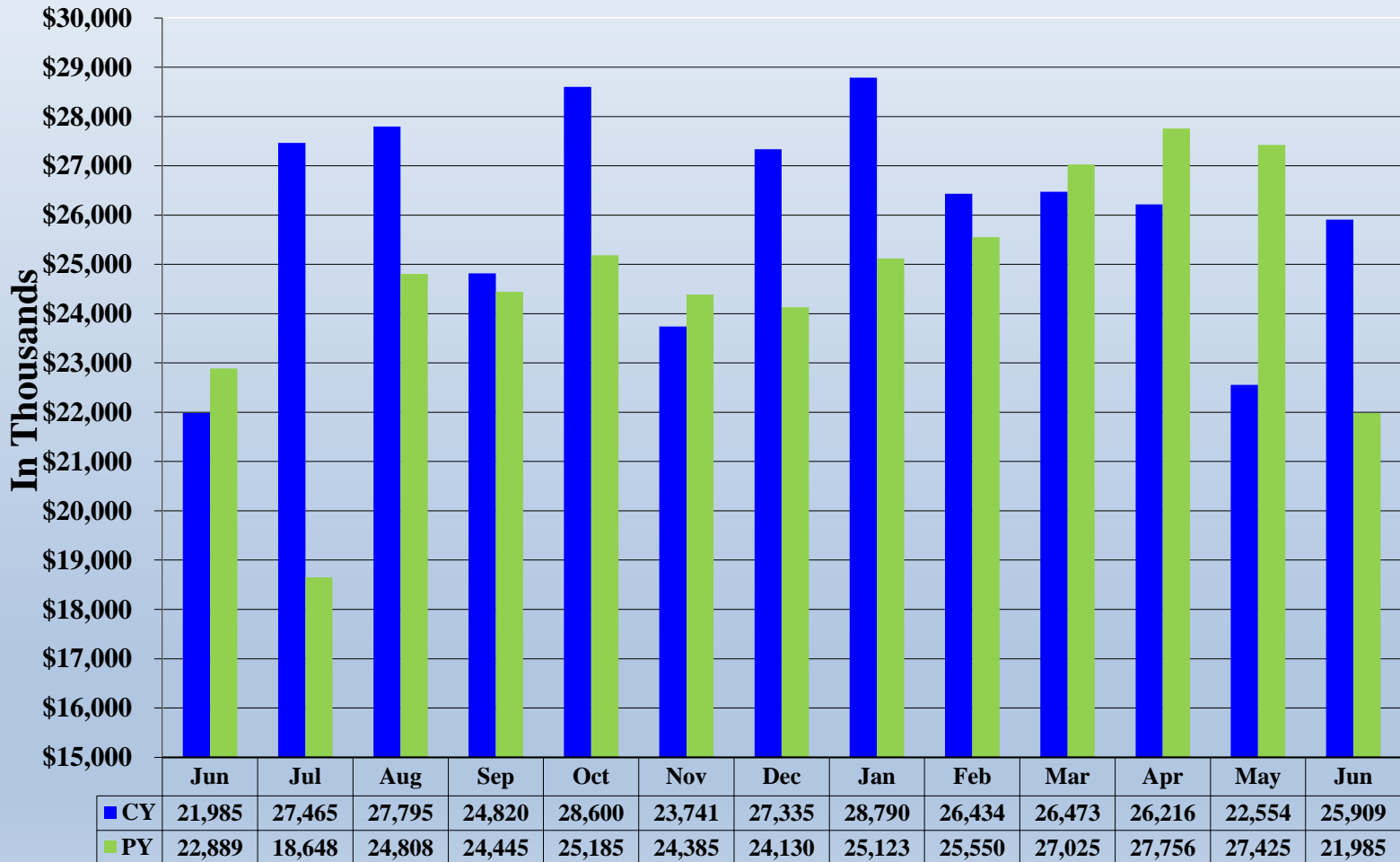
	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	3,382	3,614	3,416
Var %		-6.4%	-1.0%
Year-To-Date	34,791	35,267	33,343
Var %		-1.3%	4.3%
Annualized	46,190	47,585	40,659
Var %		-2.9%	13.6%

Accounts Receivable



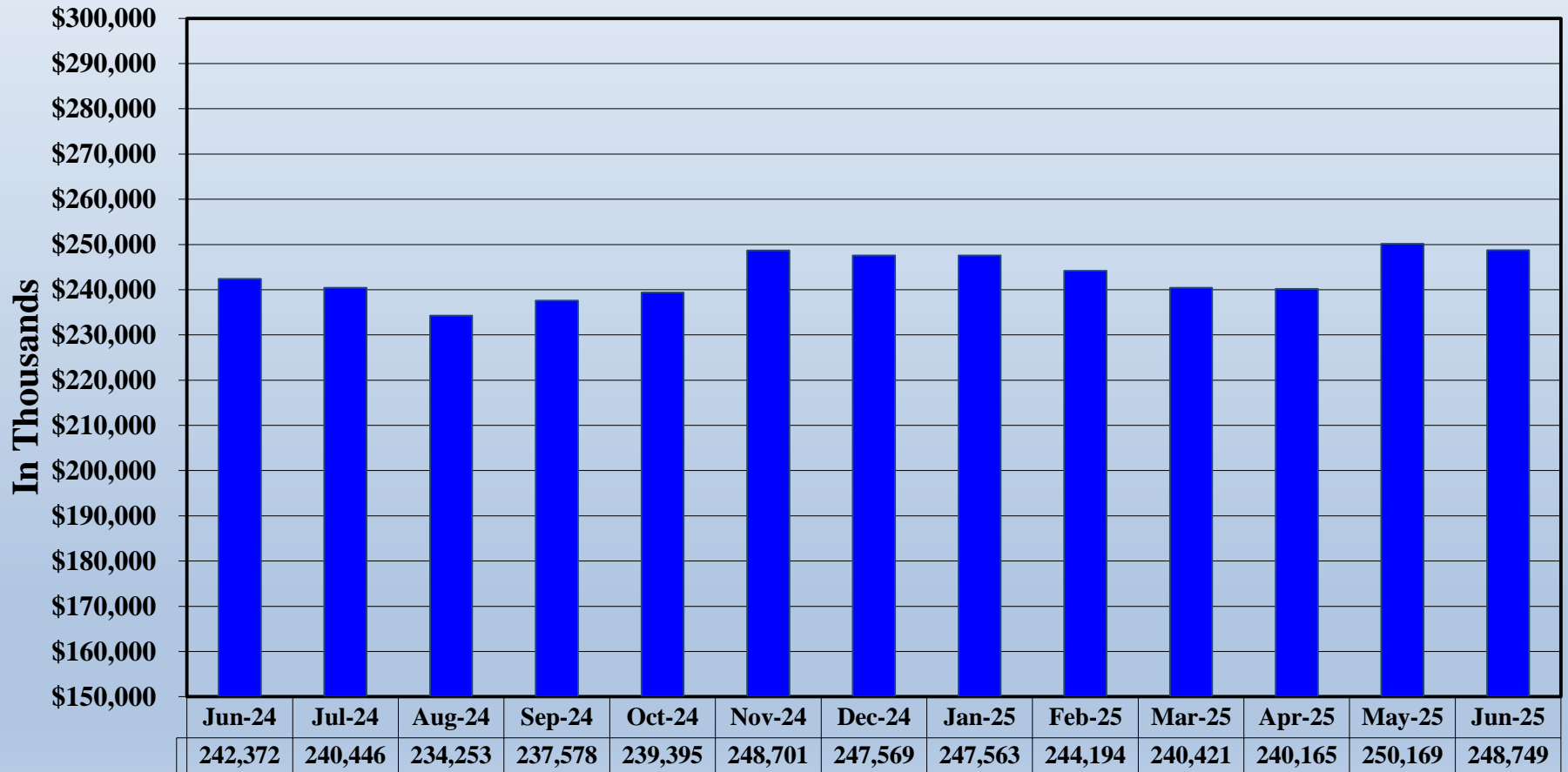
Total AR Cash Receipts

13 Month Trending



Total Accounts Receivable – Gross

Thirteen Month Trending

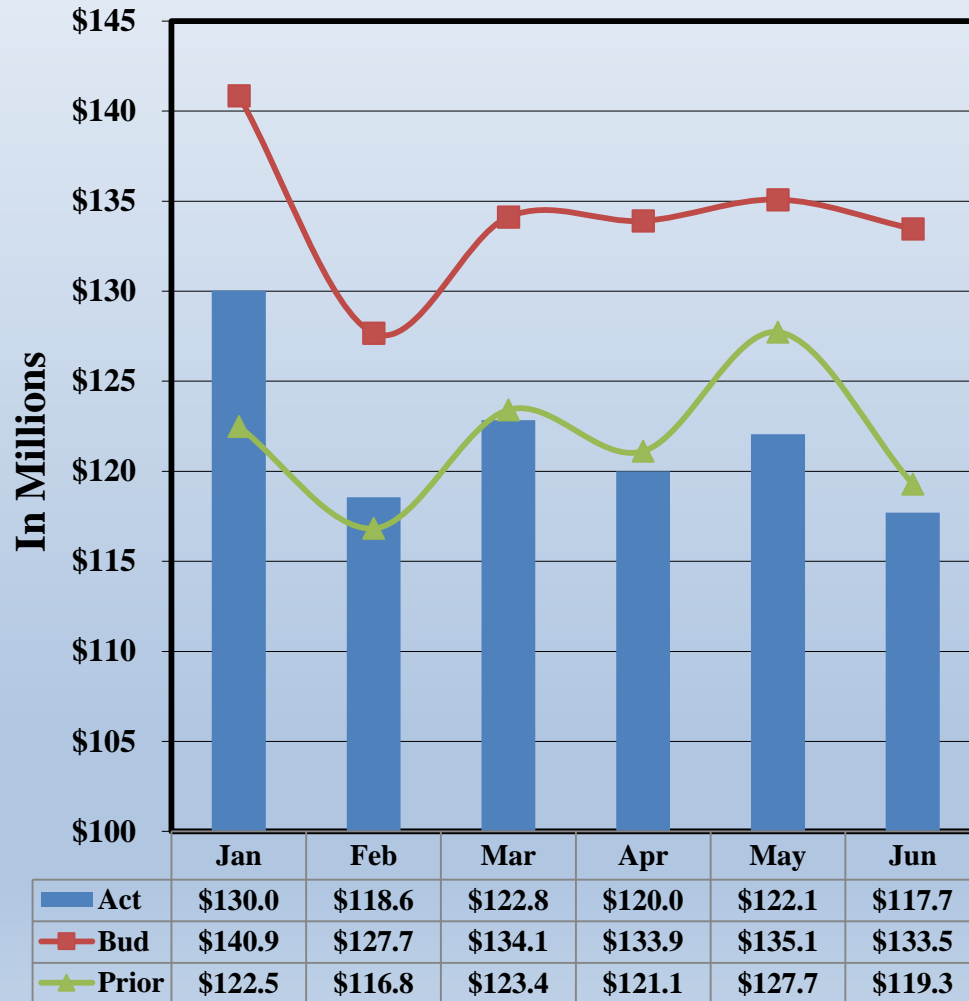


Revenues & Revenue Deductions



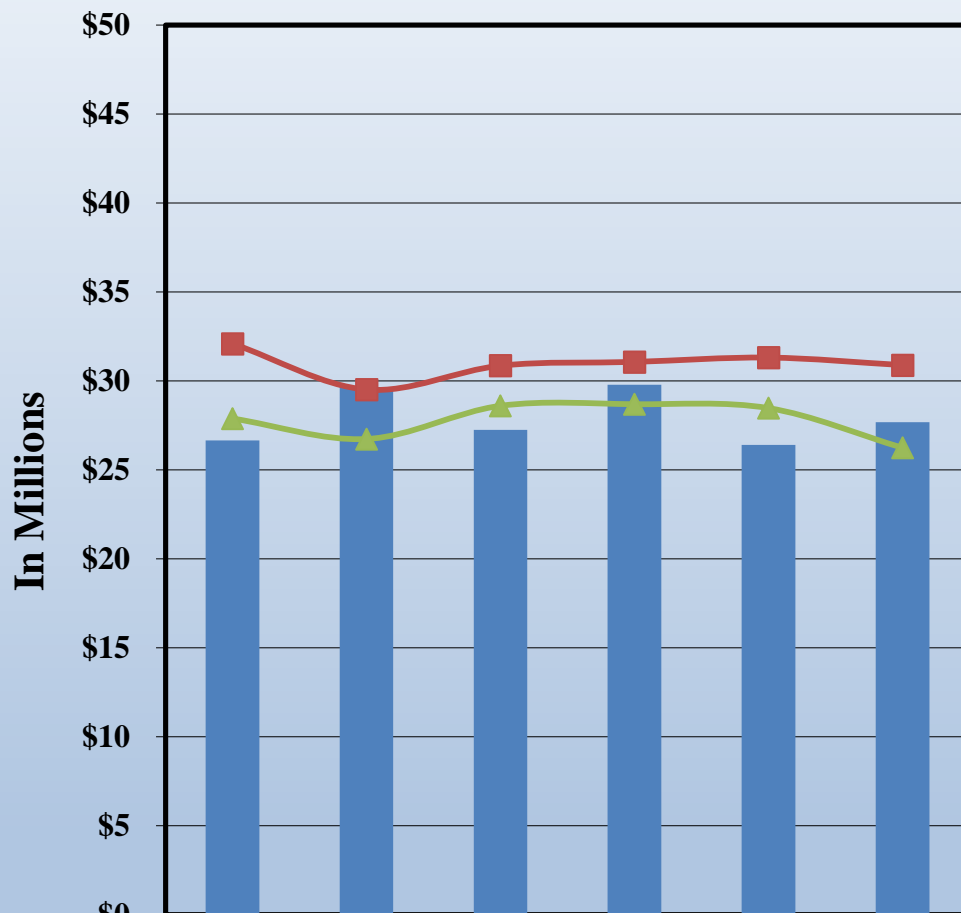
Total Patient Revenues

(Ector County Hospital District)



	Actual	Budget	Prior Year
Month	\$ 117.7	\$ 133.5	\$ 119.3
Var %		-11.8%	-1.3%
Year-To-Date	\$ 1,093.7	\$ 1,177.7	\$ 1,079.7
Var %		-7.1%	1.3%
Annualized	\$ 1,465.8	\$ 1,524.5	\$ 1,423.7
Var %		-3.9%	3.0%

Total Net Patient Revenues



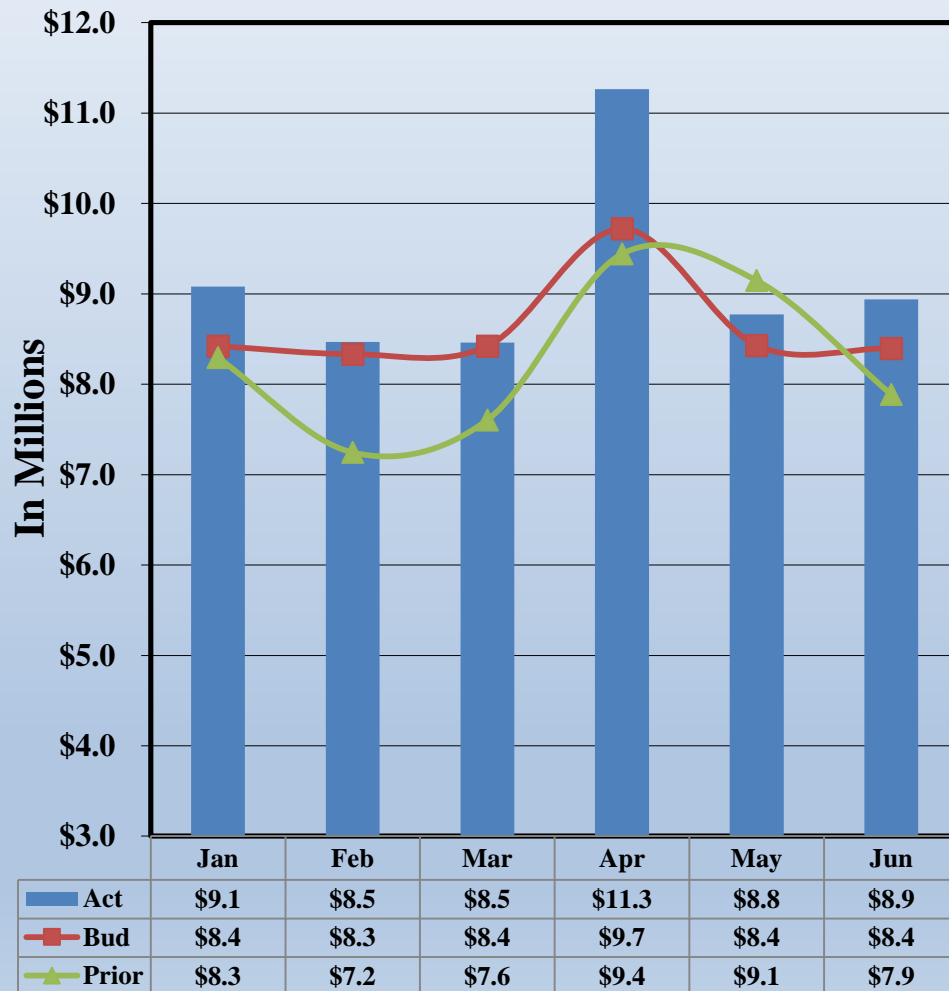
	Jan	Feb	Mar	Apr	May	Jun
Act	\$26.6	\$29.7	\$27.2	\$29.8	\$26.4	\$27.7
Bud	\$32.1	\$29.5	\$30.9	\$31.1	\$31.3	\$30.9
Prior	\$27.9	\$26.7	\$28.6	\$28.7	\$28.5	\$26.2

	Actual	Budget	Prior Year
Month	\$ 27.7	\$ 30.9	\$ 26.2
Var %		-10.4%	5.4%
Year-To-Date	\$ 252.2	\$ 270.9	\$ 248.4
Var %		-6.9%	1.5%
Annualized	\$ 355.0	\$ 352.5	\$ 335.2
Var %		0.7%	5.9%

Other Revenue

(Ector County Hospital District)

Including Tax Receipts, Interest & Other Operating Income



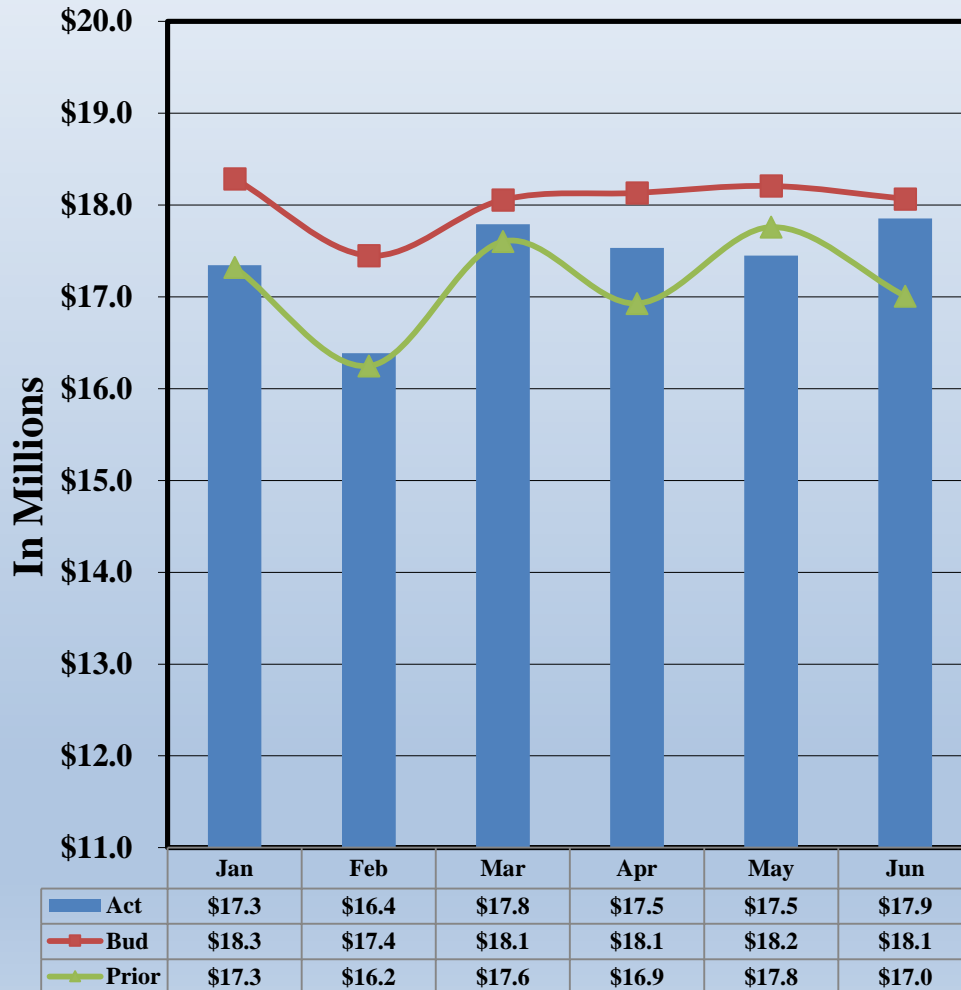
	<u>Actual</u>		<u>Budget</u>		<u>Prior Year</u>	
Month	\$	8.9	\$	8.4	\$	7.9
Var %				6.5%		13.4%
Year-To-Date	\$	80.7	\$	77.0	\$	74.7
Var %				4.8%		8.0%
Annualized	\$	105.7	\$	99.7	\$	100.5
Var %				6.0%		5.2%

Operating Expenses



Salaries, Wages & Contract Labor

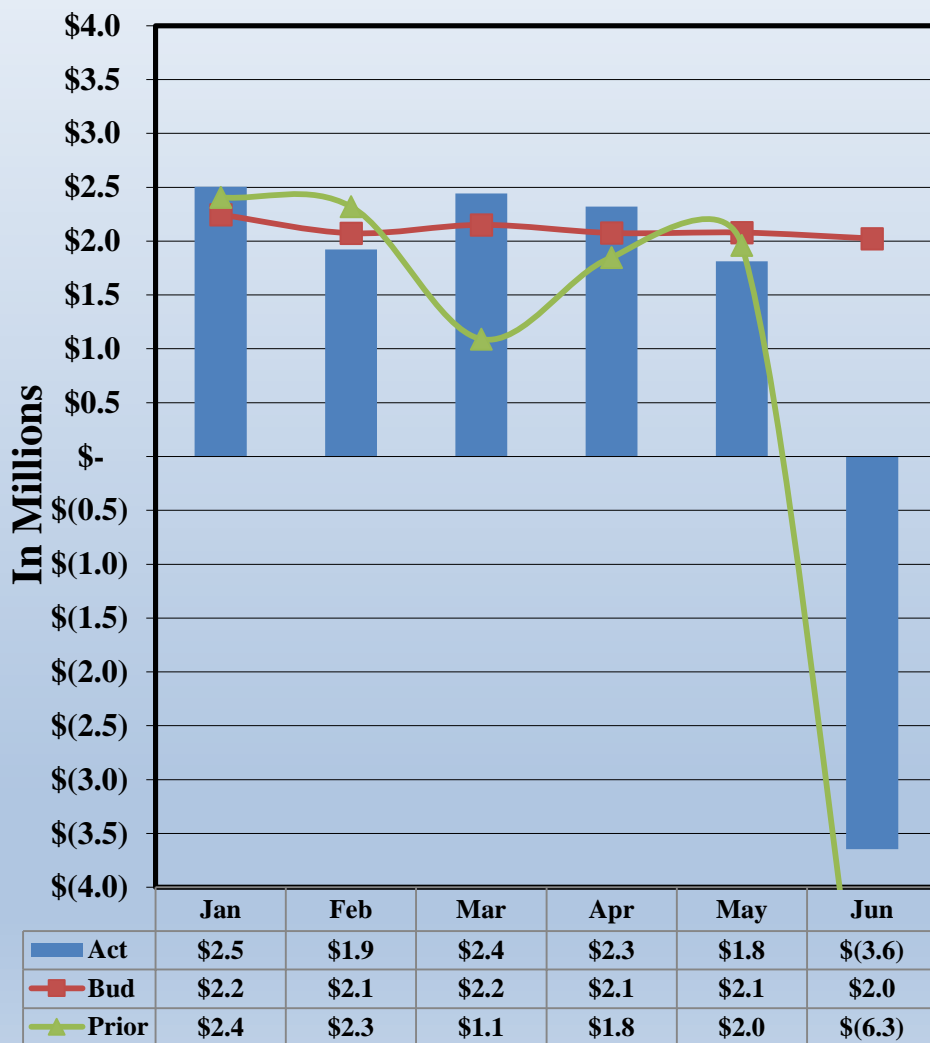
(Ector County Hospital District)



	<u>Actual</u>		<u>Budget</u>		<u>Prior Year</u>	
Month	\$	17.9	\$	18.1	\$	17.0
Var %				-1.1%		5.3%
Year-To-Date	\$	156.3	\$	159.9	\$	152.6
Var %				-2.3%		2.4%
Annualized	\$	209.5	\$	208.6	\$	202.0
Var %				0.4%		3.7%

Employee Benefit Expense

(Ector County Hospital District)



	<u>Actual</u>		<u>Budget</u>		<u>Prior Year</u>	
Month	\$	(3.6)	\$	2.0	\$	(6.3)
Var %				-280.1%		-41.7%
Year-To-Date	\$	14.4	\$	18.9	\$	9.8
Var %				-23.7%		47.0%
Annualized	\$	22.0	\$	23.2	\$	22.5
Var %				-5.2%		-2.3%

Supply Expense

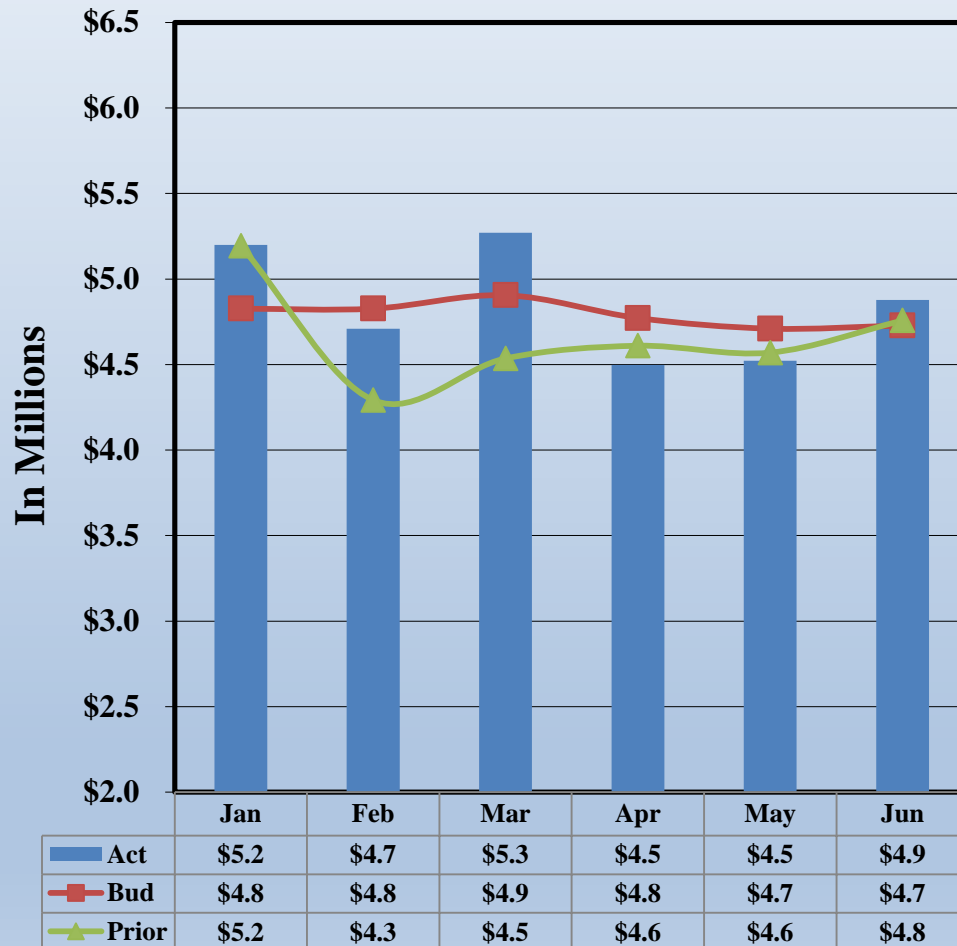
(Ector County Hospital District)



	<u>Actual</u>		<u>Budget</u>		<u>Prior Year</u>	
Month	\$	6.4	\$	7.1	\$	6.1
Var %				-9.8%		5.3%
Year-To-Date	\$	61.0	\$	63.5	\$	59.5
Var %				-3.9%		2.5%
Annualized	\$	81.4	\$	81.5	\$	76.6
Var %				-0.1%		6.3%

Purchased Services

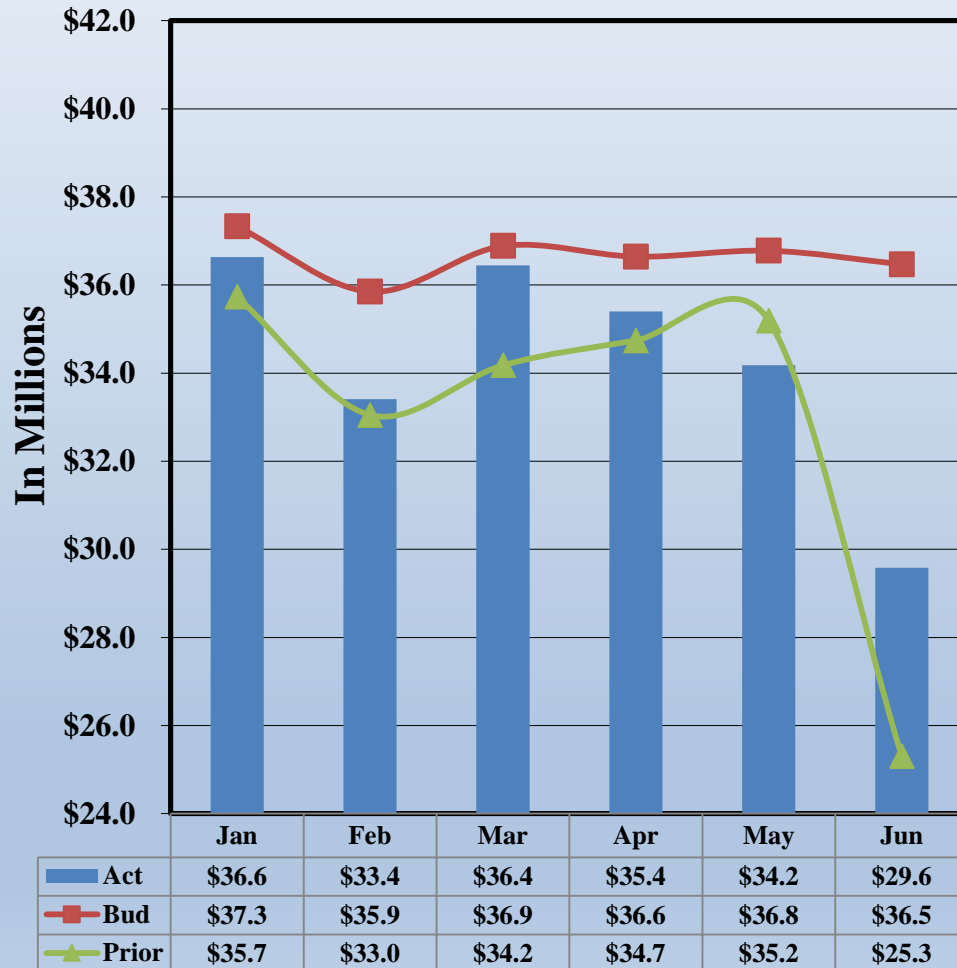
(Ector County Hospital District)



	<u>Actual</u>		<u>Budget</u>		<u>Prior Year</u>	
Month	\$	4.9	\$	4.7	\$	4.8
Var %				3.2%		2.5%
Year-To-Date	\$	43.5	\$	43.2	\$	41.8
Var %				0.7%		3.9%
Annualized	\$	58.4	\$	56.6	\$	56.6
Var %				4.1%		5.2%

Total Operating Expense

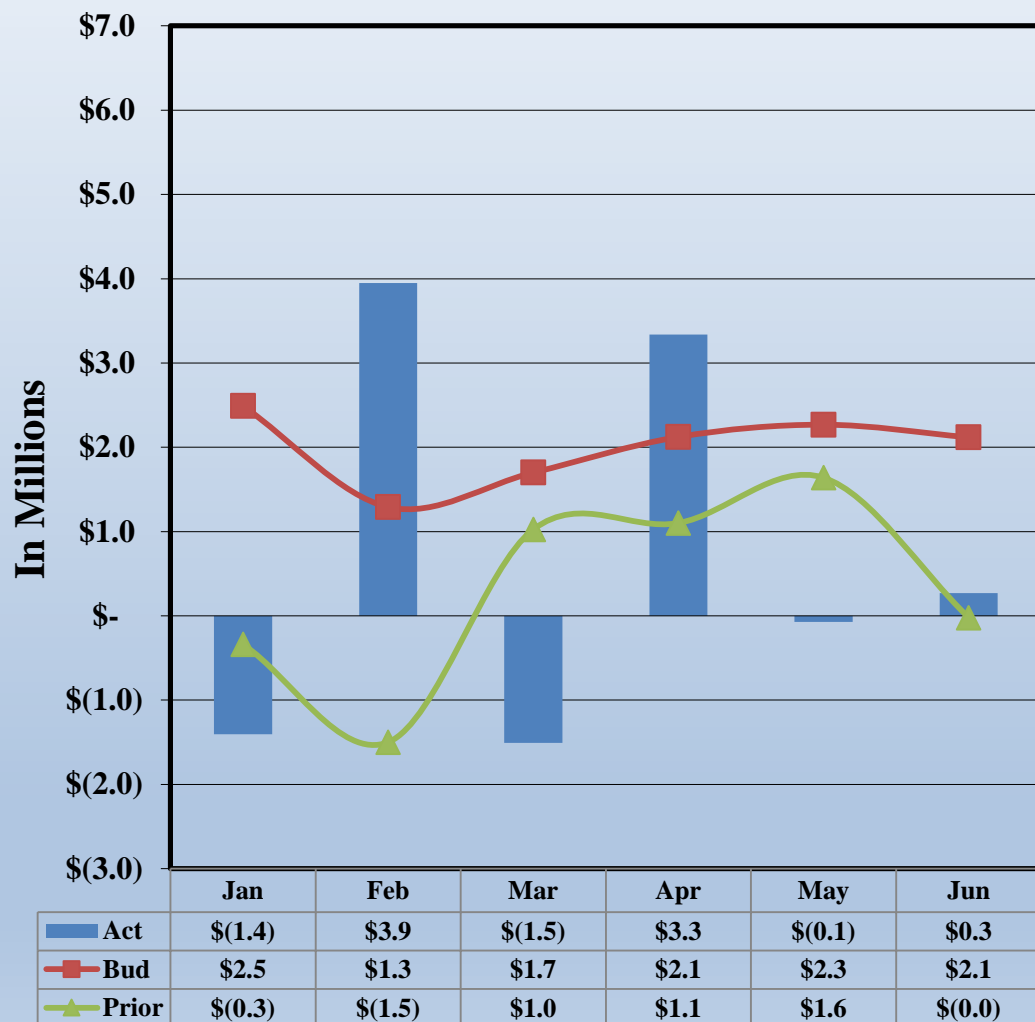
(Ector County Hospital District)



	<u>Actual</u>		<u>Budget</u>		<u>Prior Year</u>	
Month	\$	29.6	\$	36.5	\$	25.3
Var %				-18.9%		16.9%
Year-To-Date	\$	313.5	\$	326.6	\$	299.8
Var %				-4.0%		4.6%
Annualized	\$	422.8	\$	425.4	\$	399.5
Var %				-0.6%		5.8%

Adjusted Operating EBIDA

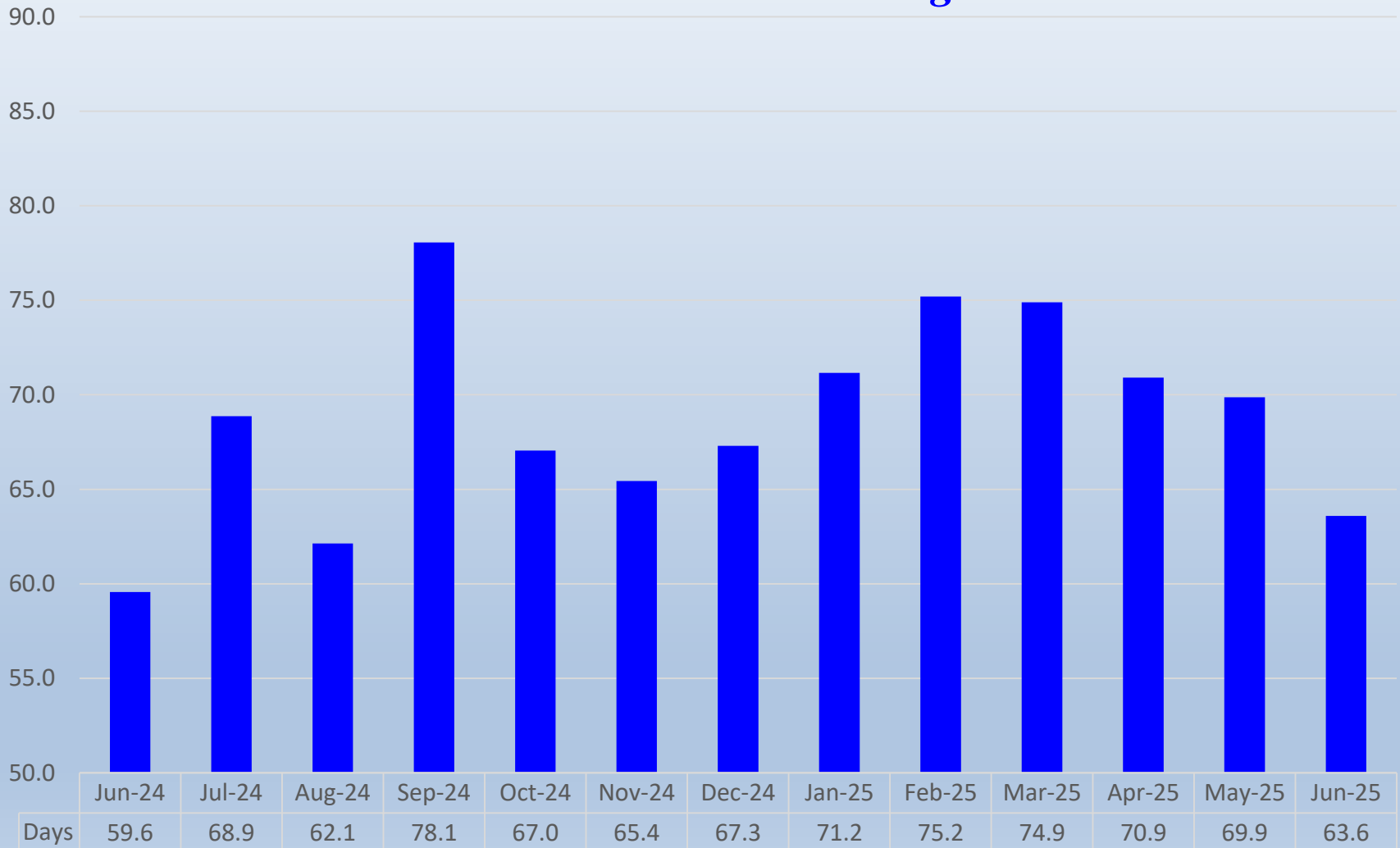
Ector County Hospital District Operations



	<u>Actual</u>		<u>Budget</u>		<u>Prior Year</u>	
Month	\$	0.3	\$	2.1	\$	(0.0)
Var %				-85.7%		-1600.0%
Year-To-Date	\$	5.0	\$	13.7	\$	4.8
Var %				-63.5%		4.2%
Annualized	\$	22.3	\$	17.1	\$	19.4
Var %				30.4%		14.9%

Days Cash on Hand

Thirteen Month Trending







Memorandum

Date: July 14, 2025

To: Ector County Hospital District Board of Directors

Through: Russell Tippin, President / CEO
Kim Leftwich, Vice-President / CNO

From: Michelle Sullivan MSN, BSN, RN, ACNO Surgical Services
Jade Barroquillo BSN, RN, Director of Surgical Operations

Re: Advanced Cardiovascular Perfusion Inc. (Contract Renewal)

Total Cost -Budgeted

\$407,000/yr. x 2years.

OBJECTIVE

Renew Advanced Cardiovascular Perfusionist Contract for two additional years. Current contract expires 8/31/2025

History

We have utilized Advanced Cardiovascular Perfusion Inc. for at least the past 23 years to provide perfusion support In the Operating Room for our Coronary Artery Bypass Surgeries (Open heart Procedures, valve replacements) and support in Cath Lab for Transcatheter Aortic Valve Replacements (TAVR) procedures when needed. Our Cardiologists and Cardiac Surgeons prefer and work well with these Certified Perfusionists. There are 2 perfusionists in this group that cover MCH's day to day and 24hr/365 call.

PURCHASE CONSIDERATIONS

The contract renewal amount for term 2025-2027 has increased. The previous rate of \$370,00 per year has been the same since 2018. See attached historical contractual agreement compensation since 2002 and number of Coronary Artery Bypass Graft surgeries since 2015.

FTE IMPACT

No additional FTE(s) required.

INSTALLATION & TRAINING

N/A

WARRANTY AND SERVICE CONTRACT

2 Year contract

LIFE EXPECTANCY OF EQUIPMENT

N/A

MD BUYLINE INFORMATION

Meets EMTS

COMMITTEE APPROVAL

Surgery Dept.

FCC

MEC

Joint Conference

ECHD Board



FY 2025 SERVICE AGREEMENT RENEWAL REQUEST

Date: July1, 2025

To: Ector County Hospital District Board of Directors

Through: Russell Tippin, President / CEO
Kim Leftwich, DNP, RN Vice-President / CNO

From: Michelle Sullivan MSN, BSN, RN, ACNO Surgical Services
Jade Barroquillo BSN, RN, Director of Surgical Operations

Re: Intuitive Surgical-DaVinci robot #1 Annual Service and Simulator Software
Renewal (3-year agreement)

Total Cost for one year	\$ 194,000
Total contract cost for 3 years	\$582,000

OBJECTIVE

Renew DV Complete Care Service agreement and Simulator Software annual service support for Robot #1 (SK2923and SU0523).

HISTORY

Our current DaVinci complete care service agreement and yearly software support expires 9/9/2025.

PURCHASE CONSIDERATIONS

This service agreement renewal will assist with the smooth operation of the robot. It provides 24 hour/7 day a week technical support and service for our first DaVinci Robot. Repair and replacement of parts and service are covered in this agreement as well as yearly simulator software updates for the console.

No additional FTE(s) will be required.

INSTALLATION & TRAINING

None needed

WARRANTY AND SERVICE CONTRACT warranty expired in 2020 now solely using Service contract which is for 3 years.

DISPOSITION OF EXISTING EQUIPMENT

N/A

LIFE EXPECTANCY OF EQUIPMENT

5-7years

MD BUYLINE INFORMATION

Meets MD Buyline and Vizient pricing recommendation.

COMMITTEE APPROVAL

Surgery Dept.	Pending
FCC	Pending
MEC	Pending
Joint Conference	Pending
ECHD Board	Pending

MEMORANDUM

TO: ECHD Board of Directors

FROM: Tara Ward, Divisional Director of Laboratory Services
Through Matt Collins, Chief Operating Officer

SUBJECT: Contingency Purchase of New Histology Cryostats

DATE: July 28, 2025

Cost:

Purchase, Leica UV Cryostat with AgProtect x2	\$54,292.56
Purchase, Power Cord x2	\$80.18
Purchase, Low-profile disposable blades x2	\$243.10
Purchase, High-profile disposable blades x2	\$236.26
Purchase, Frozen section composite x2	\$79.76
Estimated Freight and Handling x2	\$1,468.72
 Purchase Total	 \$56,400.58

Background:

The current Cryostats are 12 years old and barely functioning. One of the two is currently down and the repair quote is more than 50% of the fair-market value of the equipment, due to its age. Trimedx will not cover the repairs of this equipment because of the age of the equipment and how much the repair is in relation to its fair-market value. The cryostats are used by the pathologists to prepare frozen sections of tissues during surgical procedures such as mastectomies, brain surgeries, and lymph node cases which require pathological interpretation while the patient is still in the operating room. The pathologists then use the frozen sections to determine the presence or absence of malignancies in those tissues and whether the surgeon should remove more tissue or not. If the one working cryostat fails or breaks down, our pathologists will have no means to provide rapid interpretations for intraoperative cases and patient diagnoses will be delayed while more traditional and time-consuming methods are used. The cryostats are vital to the daily operations of the Pathology and Histology departments, and it is urgent to replace them before the remaining one fails.

Funding:

Capital/Contingency Budget for equipment
Operating Budget for consumables

Internal Audit Update to the Audit Committee

July 30, 2025

Internal Audit Status Update



Project	Project Summary	Status
FY2025 Internal Audit Plan		
Payroll	We will assist the System by evaluating the effectiveness and efficiency of payroll activities within the information technology (IT), human resources (HR), and accounting functions, following the recent implementation of the UKG payroll and HRMS modules. We will evaluate the design and effectiveness of internal controls related to segregation of duties and user access to identify potential gaps withing the payroll process.	In Progress
Audit Pack Examinations (2)	Audit Pack Examinations (APEs) are part of a continuous program which evaluates key accounting and financial reporting activities with the objective of supporting accurate and complete preparation of period-close activities. Evaluation areas are rotated to focus on areas with increased materiality and/or risk exposure. Procedures include validation of month-end procedures and activities and/or assisting management in the preparation of action items extending from prior APE recommendations.	APE 1 Complete APE 2 Q4 2025
FY2025 Additional Projects		
Accounting Assessment	Leadership requested Weaver's support in providing advisory services to assist with initiating a transformative project in the Accounting Department. This initiative includes revamping the structure, job descriptions, and performance management process, aiming to modernize practices and empower team members for success. Weaver evaluated the current state of job descriptions, the organizational chart, and performance management to develop recommendations to align with these organizational goals.	Complete / Ongoing Support
Patient Credit Balances	As part of Medical Center Health System's (MCHS) evaluation of their October 2024 and January 2025 financial statements, MCHS identified an increase in overall patient credit balances. MCHS engaged Weaver to evaluate patient account balances reflected in MCHS's electronic health record (EHR), Cerner, to verify the accuracy and timeliness of posting activity to the patient's account.	Complete
Rescheduled to Q1 of FY 2026		
Admissions	We will evaluate the design of the admissions process and identify associated internal controls including the following sub-activities: insurance pre-certification, coding and admission, and patient disclosures and consent.	Scheduled

Audit Pack Examination Background

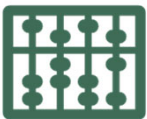


Background: APEs are recurring advisory engagements focused on strengthening business processes and internal controls over period-end close activities.



APE Coverage Periods:

- APE #2: April 1, 2024, through June 30, 2024 **[FY2024]**
- APE #1: October 1, 2024, through January 31, 2025 **[FY2025]**



Objective: Ensure that period-end close validation and reporting procedures are well-designed and effective through reperformance or observation. Provide additional guidance as needed to facilitate process improvements and enhance operational efficiency.



Procedures: Perform walkthroughs with key personnel to comprehend procedures and review supporting documentation to evaluate process effectiveness. Create supplemental guides such as flowcharts, policies, procedures, and roles matrix, while identifying control gaps or inefficiencies and proposing enhancements.

Audit Pack Examinations (APE)

Review Area	Results Summary
FY24 APE #2	
Manual Journal Entry (MJE) Policy	<ul style="list-style-type: none"> ❖ We reviewed and updated the manual journal entry policy and procedures and provided this document for management's consideration.
Inventory Management	<ul style="list-style-type: none"> ❖ We identified 13 internal controls that are designed to mitigate critical risks within the inventory management process. ❖ We identified opportunities to enhance the inventory management process through testing and validation of count sheets and review of Premier. ❖ Our recommendations focus on enhancing policies, procedures, implementing periodic testing of system-calculated inventory, and validating balances used in reporting.
FY25 APE #1	
MJE Significant Assessment	<ul style="list-style-type: none"> ❖ We evaluated the complexity of 132 manual journal entries and assigned a significance level ranging from low, medium, elevated, and high, based on complexity, materiality, risk, cadence, and timing. ❖ We recommend enhancing documentation review protocols for tool utilized in monitoring period-end close, such as month-end checklists, to ensure procedures are performed as intended.
Construction in Progress (CIP) Balance Validation	<ul style="list-style-type: none"> ❖ We recommend formalizing interdepartmental CIP transfers through a documentation and approval, as we were unable to identify corresponding documentation for transfers during testing. ❖ We recommend establishing monthly validation procedures of the asset management system, BNA, to ensure month-end roll forwards are complete and accurate.
Subscription Based IT Arrangement (SBITA) Balance Validation	<ul style="list-style-type: none"> ❖ Our recommendations focus on the development of formal guidance that coincides with the newly established GASB 96 standards, as well as formal review of system records for accuracy / completeness. ❖ Opportunities exist to strengthen controls for SBITA's within the lease management system, LeaseCrunch, through validation of data entry into the system.

Patient Credit Balances



Background: As part of Medical Center Health System's (MCHS) evaluation of their October 2024 and January 2025 financial statements, MCHS identified an increase in overall patient credit balances. MCHS engaged Weaver to evaluate patient account balances reflected in MCHS's electronic health record (EHR), Cerner, to verify the accuracy and timeliness of posting activity to the patient's account.

Procedures: Weaver performed a trend analysis on total credit balances by month and validated an increase during October 2024 with a peak in January of 2025. We selected a sample of 40 individual net credit balances and tested the timeliness, completeness, and accuracy of posting.

Results: We determined 34 of 40, or 85%, were inaccurately recorded, with a magnitude of the impact being approximately \$6M recorded in the improper month. The root cause of the issues identified included a lack of centralization and communication regarding the execution of processes and internal controls as posting of remittance advice (RA) are handled by the third-party service provider (R1).

We **recommend** the System consult with the third-party service provider (R1) to implement preventive and detective internal controls for posting, adjusting, and reconciling EOBs. This process should be done on a weekly basis, and all adjustments should be updated prior to closing the period-end financials.

Accounting Assessment Background



With a vision to enhance the **professional journey** of members of the department, and to improve **engagement** of team members; leadership has initiated a **transformative** project to revamp the structure, job descriptions, and performance management process within the Accounting Department. This initiative aims to **modernize** the department's tools, **foster** a sense of purpose and **growth**, and equip the team with resources needed to **thrive**.

- ✓ **Empowering Growth and Success:** Leadership's goal is to provide the department with opportunities and support to grow professionally and have successful careers within the accounting department.
- ✓ **Modernization and Transformation:** Leadership is committed to modernizing our practices and structures to align with industry best practices and ensure relevance and effectiveness in today's dynamic environment.
- ✓ **Building a Future Together:** By reimagining the department's structure, job descriptions, and performance management system, the department is creating a future where staff can envision long-term growth and fulfillment.

Procedures Performed



Task Matrix:

- ✓ Interviewed 11 accounting personnel to understand roles and responsibilities and evaluated task assignments.
- ✓ Developed a task matrix that mapped 69 identified tasks to one (1) or more key accounting personnel.



Accounting Department Organizational Chart:

- ✓ Developed current and future state organizational charts to promote effective team structure and workload consistency.
- ✓ Consulted with Weaver specialists and recommended specialization groups; AP, Payroll, Fixed Assets, GL Accounting.
- ✓ Added additional layers of supervision for increased specialization, oversight, and support.



Future State Job Descriptions:

- ✓ Updated job descriptions to align with the future state organizational chart and promote specialization and optimization.
- ✓ General, technical, and people sections were added to tailor job descriptions based on the role and tasks performed.



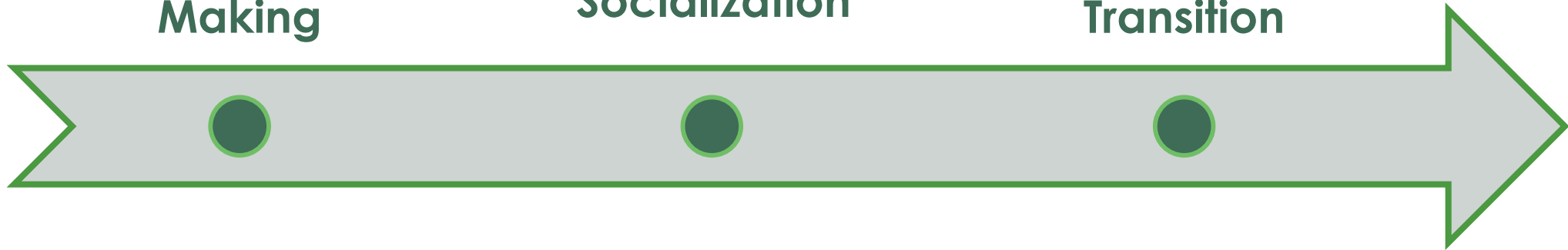
Performance Management Process and Supplementary Tools:

- ✓ Evaluated available performance management and evaluation tools.
- ✓ Developed supplemental guidance and materials to assist the Accounting Department in the evaluation process.
- ✓ Developed instructions and timelines, and the future state evaluation process.

**Decision
Making**

Socialization

**Strategic
Transition**



Next Steps

- Review the proposed organizational changes with leadership, including Human Resources.
- Confirm departmental changes, including leads for accounts payable, payroll, and GL accounting.
- Socialize the positive change, emphasizing the focus on career growth, clarity into roles, and specialization.
- Prioritize cross-training based on short-term needs such as payroll, and MCHS/Procure tasks.



John Wauson, Partner

972.448.9239

john.wauson@weaver.com

Anna Stevens, Partner

832.320.3494

anna.stevens@weaver.com

Jeff Jones, Sr. Manager

512.609.1981

jeff.jones@weaver.com



Accounting Department Consultation

Medical Center Health System
June 2025

Background & Scope



With a vision to enhance the **professional journey** of members of the department, and to **empower** each team member with success; leadership has initiated a **transformative** project to revamp the structure, job descriptions, and performance management process within the Accounting Department. This initiative aims to **modernize** the department's approach, **foster** a sense of purpose and **growth**, and equip the team with resources needed to **thrive**.

- ✓ **Empowering Growth and Success:** Leadership's goal is to provide the department with opportunities and support to grow professionally and have successful careers within the accounting department.
- ✓ **Modernization and Transformation:** Leadership is committed to modernizing our practices and structures to align with industry best practices and ensure relevance and effectiveness in today's dynamic environment.
- ✓ **Building a Future Together:** By reimagining the department's structure, job descriptions, and performance management system, the department is creating a future where staff can envision long-term growth and fulfillment.

Procedures Performed Summary



Task Matrix	Departmental Structure	Job Descriptions	Performance Evaluations
<ul style="list-style-type: none"> ✓ Interviewed 11 accounting personnel to understand roles and responsibilities and evaluated task assignments. ✓ Identified opportunities for cross-training. ✓ Developed a task matrix that mapped 69 identified tasks to one (1) or more key accounting personnel. 	<ul style="list-style-type: none"> ✓ Developed current and future state departmental organizational charts to promote effective team structure and workload consistency. ✓ Consulted Weaver organizational change experts in the development of future state structure. 	<ul style="list-style-type: none"> ✓ Obtained, reviewed, and evaluated existing job descriptions against tasks performed. ✓ Updated job descriptions to align with the future state organizational chart and promote independent accountability. 	<ul style="list-style-type: none"> ✓ Evaluated available performance management and evaluation tools. ✓ Developed supplemental guidance and materials to assist the Accounting Department in the evaluation process. ✓ Developed instructions and timelines, and the future state evaluation process.



1. Task Matrix

Task Matrix

Medical Center Hospital System
Roles and Responsibilities Matrix
June 2025
DRAFT - For Discussion Purposes Only

		Assistant Controller (MCH)	Finance Director (Procare)	Sr. Accountant (MCH)
Financial Services	Activities	Christine Stucks	Ashley Rimer	Cuca Franco
Supervisory Activities	Financial Reporting Review and Monitoring	✓	✓	✓
	Board Material and Tie-Out Binder Review	✓	✓	
	Monthly Regulatory and Compliance Reporting	✓	✓	
	Collaboration & Support Across Functions	✓	✓	✓
	AP and Accounting Supervision and Oversight	✓	✓	✓
	Benefits Data Monitoring & Analysis	✓	✓	✓
	External Audit Liaison	✓	✓	
	Bad Debt Reporting and Write-Offs	✓	✓	
	Banking Operations		✓	✓
	Training, Policy Development			✓
	Purchase Card Monitoring			✓

The illustration above is a sample of the task matrix. The complete matrix will be provided separately.

Task Matrix Overview

- ✓ Visual representation of tasks performed by 11 members of the department.
- ✓ Useful during decision making, to determine who is performing critical functions within the proposed verticals (AP, Payroll, Fixed Assets, GL, etc.)
- ✓ Useful in identifying potential departmental leads.
- ✓ Useful as a cross-training tool, to identify existing cross-training and map future needs.
- ✓ Will require ongoing updates as roles are filled in the future structure.

Next Steps

Short-Term Uses (30 days)

- ✓ **Utilize for Decision Making:** The task matrix can be utilized during the decision-making process when evaluating the proposed organizational changes to determine the existing level of staff members, who should be considered as a senior/lead, and if there are future state roles that existing staff cannot fill.
- ✓ **Task Distribution:** Review the task matrix to understand the distribution of tasks among team members and identify optimal organizational restructuring needs.
- ✓ **Identify Cross-Training Needs:** Analyze the task matrix to identify areas where cross-training is required, ensuring that team members are equipped to perform tasks across different areas effectively.

Long-Term Uses (1-3 months)

- ✓ **Develop Cross-Training Plan:** Create a structured cross-training plan outlining the tasks to be cross-trained, the timeline for training, and the responsible individuals for conducting and receiving training.
- ✓ **Implement Organizational Structure Changes:** Align the task matrix with the proposed organizational structure changes, ensuring that roles and responsibilities are clearly defined and distributed according to the new structure.
- ✓ **Monitor Progress and Feedback:** Regularly monitor the implementation of cross-training initiatives and organizational changes, gather feedback from team members on the effectiveness of the process, and make adjustments as needed to optimize performance and efficiency.



2. Departmental Structure

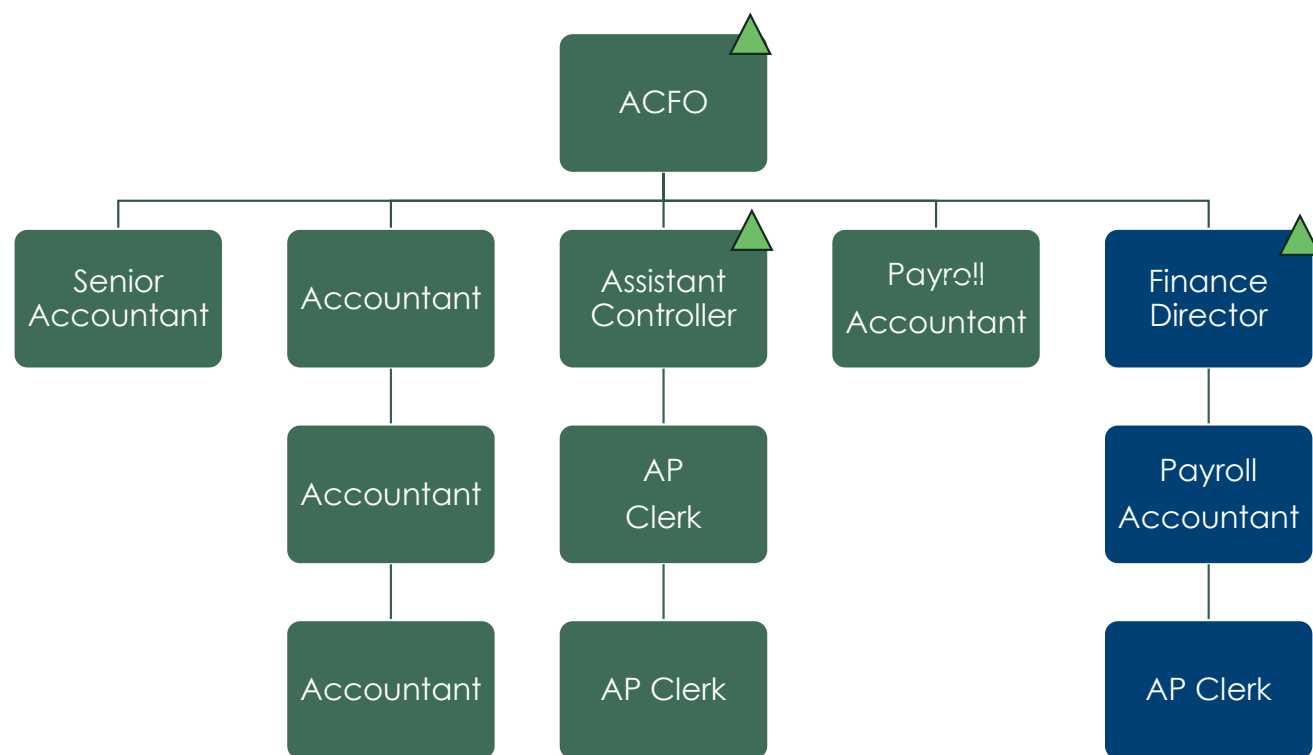
Departmental Structure Best Practices



Well-structured departments are essential for providing clear roles, responsibilities, and reporting lines, fostering efficiency, accountability, and effective collaboration within an organization.

- ✓ **Career Development Pathways:** Providing clear career development pathways and opportunities for growth within the organization to retain talent, boost morale, and drive employee engagement.
- ✓ **Clear Reporting Lines:** Establishing clear reporting relationships and hierarchies to ensure accountability, direction, and efficient decision-making within the organization.
- ✓ **Defined Roles and Responsibilities:** Clearly defining roles, responsibilities, and expectations for each position within the organization to minimize confusion, overlap, and gaps in accountability.
- ✓ **Specialization and Expertise:** Structuring the organization to leverage specialized skills and expertise by assigning individuals to roles that align with their strengths and competencies.
- ✓ **Cross-Functional Collaboration:** Encouraging collaboration and communication across departments and teams to foster innovation, problem-solving, and a holistic view of organizational goals.

Accounting Department Structure (Current State)



 Supervisor With Annual Evaluation Responsibilities

Recommended Changes



Recommended organizational structure changes, and the anticipated impact or outcomes of these changes include, but are not limited to the following:

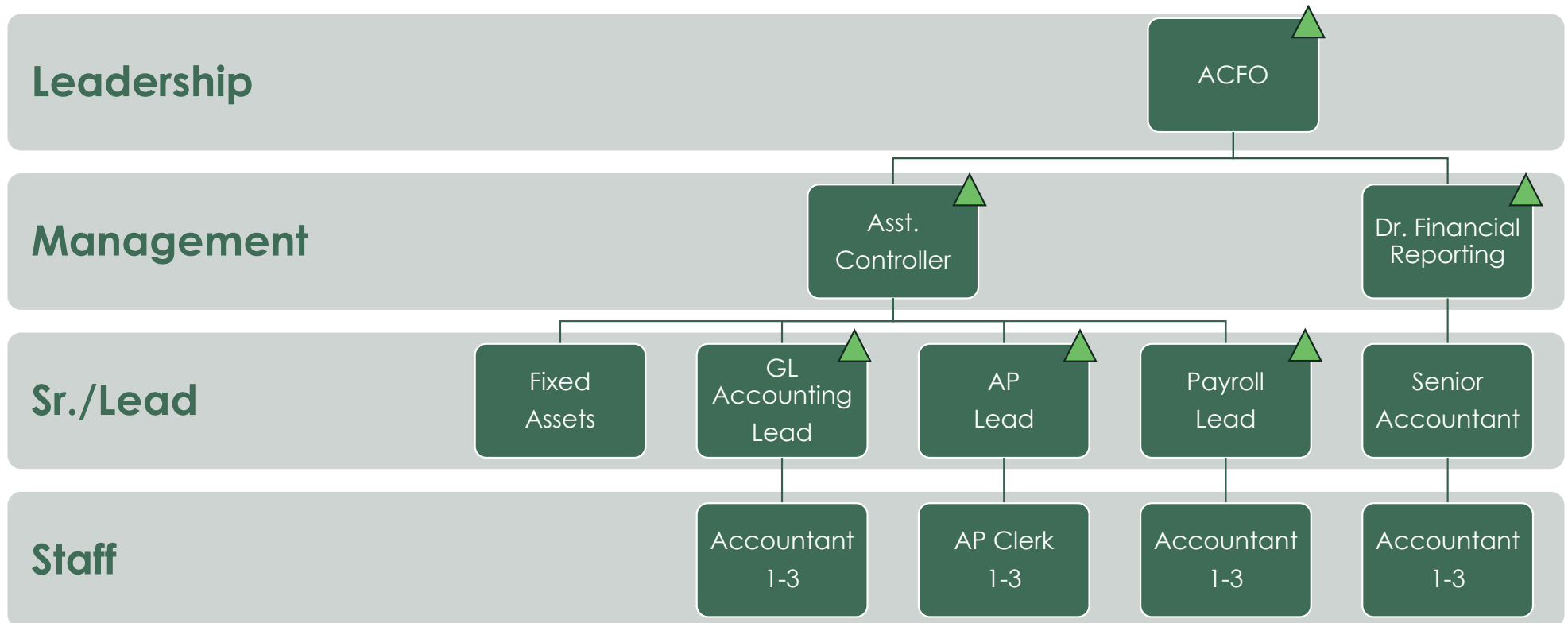
Recommendations:

- Merge MCHS and ProCare into one consolidated department
- Carve out AP, GL Accounting, Fixed Assets, Payroll, and Financial Reporting
- Add additional layers into staff roles; i.e., accountant I, II, III
- Add additional supervisors

Expected Outcomes

- ✓ Career growth opportunities will be enhanced by providing upward mobility within the department.
- ✓ Clear reporting lines is achieved through increasing the number of supervisors in the department from 3 to 6.
- ✓ Increase specialization and expertise is achieved through consolidating activities by specialization.
- ✓ Increased efficiency and less redundancies is achieved by reducing the performance of duplicative processes.

Accounting Department Structure (Future State)



▲ Supervisor With Annual Evaluation Responsibilities

Legend

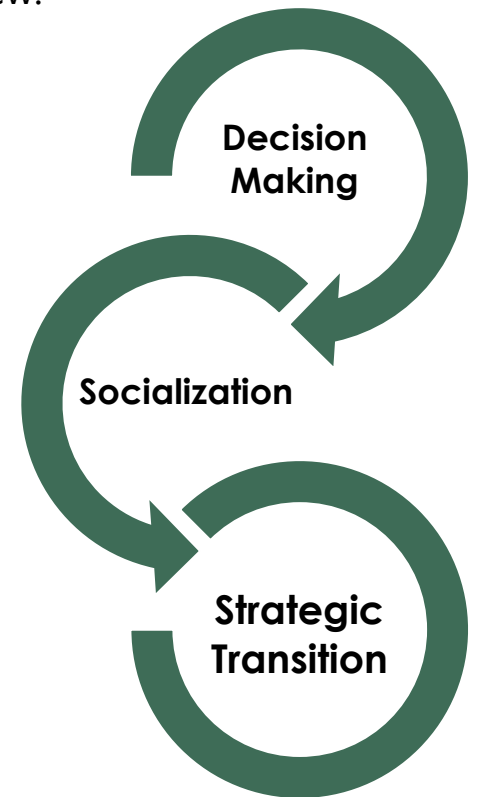
MCHS

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Next Steps

Weaver will provide the recommended organizational structure changes for your review. Recommended next steps include the following:

- ★ **Decision Making:** Review the proposed changes and determine the following:
 - Is the structure acceptable, or are changes required?
 - Who are the department leaders (Payroll Lead, GL Accounting Lead, etc.)?
 - Do these individuals want direct reports, which include evaluations?
 - Determine the level of each departmental staff based on competency (1-3)
 - Are there organizational approvals required for the restructure?
 - Will there be increased compensation for these changes in roles?
- ✓ **Socialization & Positive Change:** Schedule meetings with the department to communicate the positive change, focusing on the career growth opportunities, clarity of roles and responsibilities, and building expertise within defined skillsets (AP, Payroll, GL Accounting, Fixed Assets, and Financial).
- ✓ **Strategic Transition:** Develop a cross-training programs to equip team members with the necessary skills and knowledge to perform tasks across different areas such as fixed assets, accounts payable, payroll, financial reporting, and general ledger accounting effectively.





3. Job Descriptions

Next Steps



Weaver has drafted updated job descriptions for the roles within the future state organizational structure. We will provide these for your review and will make updates as requested. Recommended next steps include:

- ✓ Reviewing drafted job descriptions for the recommended **future state** departmental structure.
- ✓ The job descriptions take into consideration the following:
 - Updated evaluation process as of March 2025, which includes ten (10) evaluation domains.
 - Future state draft reporting structure
 - People lead roles and responsibilities
 - General roles and responsibilities (10 domains)
 - Technical responsibilities based on the task matrix

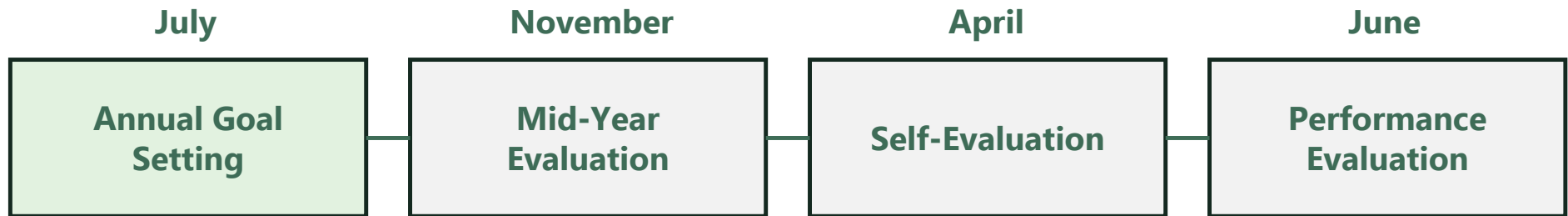
Draft Job Descriptions:

1. Assistant Controller
2. AP Senior/Lead
3. AP Clerk
4. Director of Financial Reporting
5. Fixed Assets
6. GL Accountant Lead
7. GL Accountant
8. Payroll Lead
9. Payroll Accountant
10. Senior Accountant



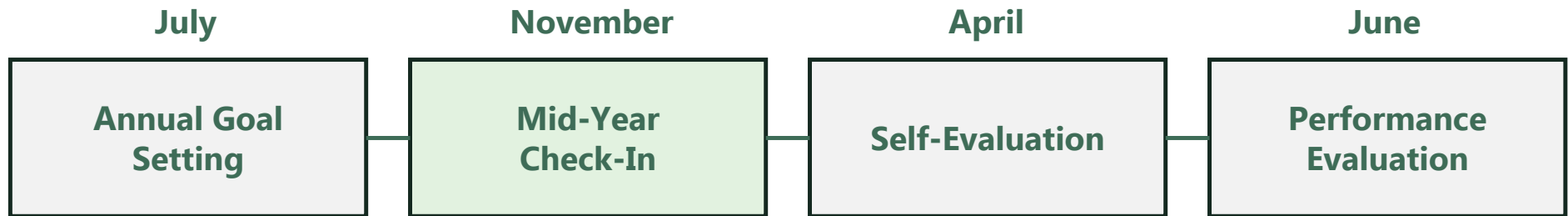
4. Performance Management

Performance Management



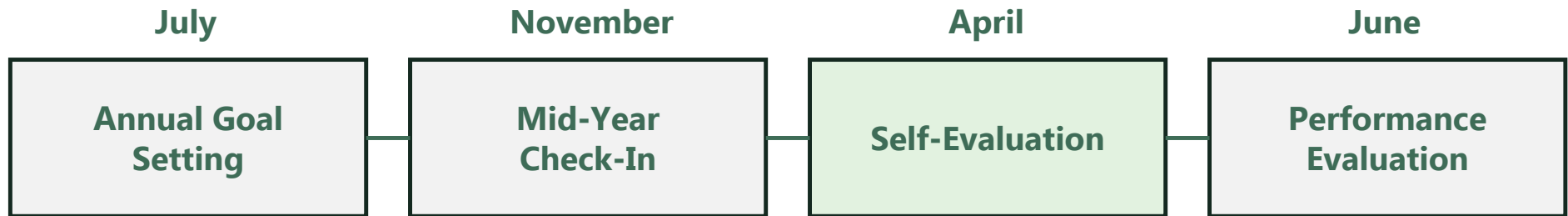
- ✓ Annual goals should be developed for both the department and all staff within the department.
 - ✓ Individual goals should support progress towards overall departmental goals, and pillars (finance).
 - ✓ Goals should be established after receiving a performance evaluation.
 - ✓ Progress towards the achievement of goals should be tracked throughout the year.
 - ✓ Goals should be relevant, specific, measurable, achievable, and have established timelines.
 - ✓ Goals should be communicated by staff and tracked by both the staff and supervisor throughout the year.
- ★ A supplemental goal development toolkit has been developed and will be provided.

Performance Management



- ✓ Mid-Year check-ins should be performed between staff and their supervisor.
- ✓ Job descriptions should be reviewed during these discussions.
- ✓ Areas of success and focus areas for improvement should be discussed.
- ✓ Progress towards goals should be discussed during these meetings.
- ✓ Supervisors should emphasize support and should assist staff with meeting their annual goals.

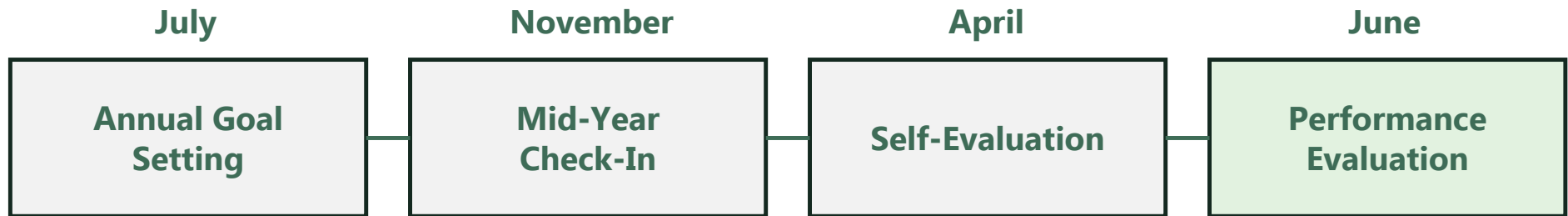
Performance Management



- ✓ Self-Evaluations should be complete by each staff within the department.
- ✓ Staff should self-evaluate themselves against the same criteria used during the performance evaluation.
- ✓ Staff should indicate areas where they believe they have not met, met, or exceeded expectations.
- ✓ Staff should evaluate progress towards their goals and document steps taken and achievements.
- ✓ Supervisor should meet with their direct-reports before June to review discuss the self-evaluation.

★ A supplemental self-evaluation toolkit has been developed and will be provided.

Performance Management



- ✓ Evaluations should be complete on an annual basis.
- ✓ Supervisors should review job descriptions, self-evaluations, and the evaluation toolkit.
- ✓ Areas where staff do not meet expectations should include remediation plans, even if a PIP is not required.
- ✓ Supervisors should consider advancement opportunities if staff are exceeding expectations.
- ✓ Supervisors should meet with staff to discuss the results in detail to ensure clarity and understanding.



John Wauson, Partner

972.448.9239
john.wauson@weaver.com

Anna Stevens, Partner

832.320.3494
anna.stevens@weaver.com

Memorandum

To: Grant Trollope *Assistant CFO Medical Center Heath System*
From: Weaver –Consulting Services
Date: July 2025
Subject: 2025 Patient Credit Balance Analysis

Background

As part of Medical Center Health System's (MCHS) evaluation of their October 2024 and January 2025 financial statements, they noticed an abnormally large increase in overall patient credit balances. Upon initial review of a small population of individual patient accounts, MCHS discovered instances where total reprocessed claim activity was posted in two separate period ends. For example, the reprocessed remittance advice activity was posted in one month, and the removal of the prior remittance advice activity was not removed from the account until the subsequent month.

Scope

MCHS engaged Weaver to evaluate patient account balances reflected in MCHS's electronic health record (EHR), Cerner, to verify the accuracy and timeliness of posting activity to the patient's account.

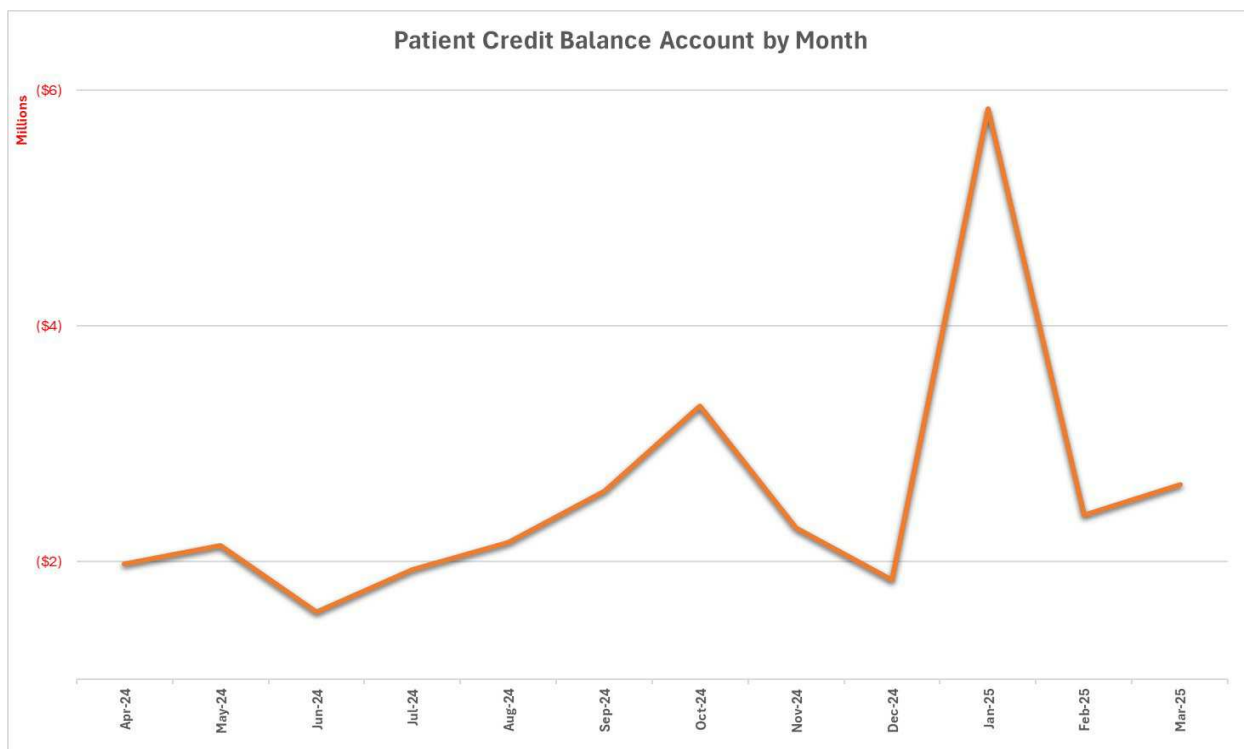
Procedures performed were:

- Examined a trend analysis on patient data reflected in Cerner to corroborate management's assumptions
- Reviewed a sample of individual patient accounts to verify the following:
 - Timing of activity posted to the Cerner patient record
 - Accuracy of activity posted to the Cerner patient record

Procedures Performed

Trend Analysis

Weaver performed a trend analysis on total credit balances by month to validate the preliminary assumptions made by MCHS. This analysis revealed a significant increase in the monthly credit balance activity during October 2024 and January 2025 as compared to previous months.



Review of Patient Accounts

Weaver judgmentally selected a sample of 40 individual net credit patient balances from the January 2025 Cerner patient account balance report. We obtained third party remittance advice(s) for the encounters associated with the patients selected and compared this to the activity posted in Cerner for the patient. We noted a significant number of patient balance selections in which the activity posted was not posted timely.

Example patient account - patient #1203360514 -

The encounter was originally billed on September 17, 2024, and processed and paid on September 25, 2024. On January 30, 2025, the claim was reprocessed, and a new remittance advice was submitted. Per review of the Cerner patient statement, the patient account reflected the posting of the activity from the reprocessed remittance advice on January 30, 2025, without evaluating the impact of the original remittance advice. On February 3, 2025, the reversal of the contractual allowance adjustment related to the original remittance advice was posted. As a result, at the period end January 30, 2025, the patient account balance reflected an incorrect credit balance.

Results

Sample Size	Accurately Recorded	Inaccurately Recorded	Error Rate
40	6	34	85%

Total Account Balance*	Error Rate	Estimated Magnitude
\$7,526,986	85%	\$6,397,938

Based upon the magnitude of the error, this would indicate a systemic issue that significantly impacts the entire population.

*Total account balance is based on all accounts in which the adjustment is greater than the charges.

Recommendation

Based upon the results of our procedures performed, we recommend MCHS work with their third-party revenue cycle management company (R1) to ensure proper processes are in place for accurate and timely posting of all claim activity in the Cerner patient account.

Memorandum

To: Grant Trollope *Assistant CFO Medical Center Heath System*
From: Weaver – Governance, Risk, and Compliance Services
Date: June 2025
Subject: 2025 Audit Pack Examination (APE) #1

This memo presents the summary procedures and results of our Audit Pack Examination (APE) over activities executed during the period of October 1, 2024, through January 31, 2025.

Purpose and Background

Each APE iteration is designed to evaluate monthly accounting and financial reporting activities and identify opportunities to improve these processes and enhance period-close and monthly internal financial reporting. APE's are intended to focus on specific areas and may change with each iteration, based on current trends and key accounting areas.

APE's include an evaluation of the efficiency and effectiveness of processes and associated control activities as well as the timeliness of activities supporting reported results. Where applicable, we may assist the System with drafting formal policies and procedures for improvement opportunities identified within prior APE's.

This APE is not an audit of the System's financial statements and does not provide an opinion nor should it be relied upon regarding the accuracy, completeness and presentation of interim financial statements and related disclosures.

Scoping and Procedures Performed

We conducted a scoping analysis to determine the areas for evaluation within this APE. The scoping analysis included the following considerations:

- Financial statement assessment, identifying significant line items for the period October 1, 2024, through January 31, 2025.
- Discussions with the Assistant CFO and Assistant Controller to identify reporting areas that have changed, experienced challenges during the examination period, or have not been evaluated through prior APE's.
- Points for consideration issued during prior audit pack examinations, including formalization of processes and establishment of documented policies and procedural guidance.

Through these procedures and collaboration with management, we determined the following scope areas to perform our APE evaluation activities, summarized as:

1. ***Manual Journal Entries (MJE) Significance Assessment***, a risk-based assessment of month-end manual journal entries, which was created to help direct the level of supervision needed and opportunity to delegate oversight of MJE entry preparation and review.
2. ***Construction in Progress (CIP) Balance Validation***, including a walkthrough to understand the procedures performed in calculating and validating monthly CIP ending balances, reperformance of balance calculations and validation procedures, and development of an Expected Controls Matrix to identify potential control gaps in the current process.
3. ***Subscription Assets Balance Validation***, including a walkthrough to understand the procedures performed in calculating the monthly subscription assets balance, reperformance of balance validation procedures, and reconciliation of system inputs to underlying agreements/documentation.

We performed the following validation and evaluation procedures over the above in-scope areas*:

- Evaluation of associated policies, procedures, and guidance to support processes and activities.
- Walkthroughs of procedures performed and relevant process documentation with responsible key personnel, as needed.
- Repformance of identified validation procedures, including reconciling documented balances or system inputs to supporting documentation.
- Development of an Expected Control Matrix to document existing procedures and identify potential control gaps.
- Development of recommendations to enhance existing policies and procedures, formalize processes and create consistent guidance for responsible personnel.

*Procedures listed above were applied to each review area as applicable.

Summary of Results

Manual Journal Entry (MJE) Significance Assessment

Ongoing collaboration has been executed with the System to enhance the efficiency and effectiveness of the manual journal entry process, including establishment of a framework and roles structure to improve the review process.

To assist management in advancing this initiative, we have developed a risk-based inventory of significant manual journal entries based on each MJE's complexity and subjectivity, materiality, risk of misstatement, cadence, and timing. All entries are rated as low, medium, elevated or high, based on our analysis of the MJE checklists and posted MJE listings from our scope period, and discussion with key personnel. The assessment should provide management with insights into the volume of entries that may warrant increased supervision or reduced supervision and delegation. This approach is expected to enhance efficiency and effectiveness of review, reduce potential bottlenecks, and promote knowledge sharing. The results of our assessment, which display the number of journal entries classified in each category, are as follows:

Significance Rating	Total Entries
Low	9
Medium	29
Elevated	49
High	45
Total	132

Once adopted, we may assess the incorporation and alignment of the significance assessment during future audit pack examinations to continue to support the effective review of MJEs and promote process efficiency.

Refer to Appendix B: Points for Consideration (PFC) and Appendix C: Manual Journal Entry (MJE) Significance Assessment for further detail of results and related recommendations.

Construction in Progress (CIP) Balance Validation Process

Through our walkthroughs with key accounting personnel and reperformance of monthly balance reporting procedures, we observed the following:

- ❖ Routine, enhanced collaboration between departments and accounting through monthly meetings to verify project statuses and identify expenses to CIP transfers to/from fixed asset accounts.
- ❖ Supporting documentation for CIP transfers does not appear to be consistently retained; evidence was missing for 2 sampled reclassifications.
- ❖ Fixed asset procedures can be improved by ensuring complete and accurate data in the BNA system, particularly for CIP reclassifications to prevent improper depreciation on inactive assets.

Refer to Appendix B – Points for Consideration for additional details of our observations and related recommendations.

Subscription Assets Balance Validation Process

Through interviews with the key accounting personnel over the month-end subscription-based information technology arrangements (SBITA) process, we identified 18 controls within the following sub-activities:

SBITA Expected Controls		
Sub-Process	Expected Control	Identified Controls
New/Adjusted/Terminated Contracts	7	3
Completeness and Accuracy of Records / Documentation	4	4
Reporting	2	1
Monitoring and Review Procedures	5	4
Amortization	6	4
Adjustments and Reconciliations	3	3
Total	27	18

Refer to Appendix D – Subscription Asset – Expected Controls Matrix

Through interviews and examination of completed month-end procedures, we determined the following:

- Accounting is notified of new contracts via quarterly Board meeting minutes, but no process appears to exist to communicate early terminations or modifications of existing SBITAs.
- Informal assessments are used to evaluate contracts under Standard No. 96 of the Government Accounting Standards and Board (GASB); however, three (3) contracts were misclassified as SBITAs in the FY24 audit.
- Inconsistent practices exist for maintaining and reviewing SBITAs in LeaseCrunch; three (3) sampled agreements contained input errors, such as incorrect start dates.
- We did not observe a routine process in place to update contract status in the system as 19 expired or inactive contracts were still included in amortization schedules used for month-end reporting.

Opportunities exist for the System to enhance its current month-end SBITA process through development and implementation of various review processes, including SBITA qualifications and LeaseCrunch inputs.

Refer to Appendix B – Points for Consideration PFC #05 and #06 for additional details of our observations and related recommendations.

Conclusion

This APE validated all scope areas with exception.

We identified six (6) Points for Consideration (PFCs) in the performance of our evaluation procedures. A summary of these PFCs is presented in the table below, additional detail over procedures and results is available in *Appendix A* and *B*, respectively.

Ref	Status	Summary
Manual Journal Entry (MJE) Significance Assessment:		
PFC-01	<i>New</i>	- Utilization of the developed significance assessment to guide the assignment and delegation of entry review.
Manual Journal Entry (MJE) Monitoring Tools:		
PFC-02	<i>New</i>	- Short-term refresh and continuous monitoring of the MJE checklist to ensure current, relevant entry types are included and tracked.
Documentation of Transfers to/from CIP Accounts:		
PFC-03	<i>Existing</i>	- Implementation of a formal process to document and support transfers to and from CIP accounts.
Fixed Asset Management System Review:		
PFC-04	<i>Existing</i>	- Establishing a of formal review to validate completeness and accuracy of CIP transfers within the System's fixed asset management system.
Formalized GASB 96 Procedures:		
PFC-05	<i>New</i>	- Enhancement to current interdepartmental communications to identify and facilitate timely accounting adjustments for early terminations or modifications to existing SBITAs.
		- Development of formal checklist to assess and appropriately classify new contracts as SBITAs, ensuring compliance with GASB 96 standards.

Lease Accounting Software Review and Data Maintenance:

- | | | |
|---------------|------------|---|
| PFC-06 | <i>New</i> | <ul style="list-style-type: none">- Implementation of a formal review of new leases and modifications to existing leases for completeness and accuracy within the System's lease system.- Removal of inactive or expired contracts, reducing irrelevant and outdated data. |
|---------------|------------|---|
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Please find appendices to this memo:

Appendix A – *Detailed Results of Procedures Performed*

Appendix B – *Points for Consideration* for additional information regarding improvement opportunities and recommendations and *Risk Ratings*

Appendix C – *Manual Journal Entry (MJE) Significance Assessment*

Appendix D– *Subscription Asset – Expected Control Matrix*

Appendix A: Detailed Results of Procedures Performed

Area	Description	Objective	Procedures Performed:	PFC Ref.
Manual Journal Entry (MJE) Significance Assessment	Manual journal entries performed by the Accounting Department to record transactions, adjust account balances, correct errors, record accruals, or make other necessary accounting adjustments that cannot be processed through the regular accounting system.	Generate a comprehensive inventory of high-risk manual journal entries that require management's judgement and approval to ensure completeness and accuracy of account balances.	1. Obtained and examined a population of month-end manual journal entries posted during October 1, 2024 – January 31, 2025.	PFC-01 PFC-02
			2. Examined the manual journal entry checklist to identify significant entries and performed a risk-based assessment with consideration to entry cadence/frequency, materiality, sensitive accounts, and period-end adjustments.	
			3. Validated MJE significance assignment with the Assistant CFO and Assistant Controller.	
			4. Developed a significance assessment that highlights significant entries rated as low, moderate, elevated, and high to guide entry review delegation efforts.	
Construction in Progress (CIP) Balance Validation	CIP used to track the costs of ongoing construction projects that have not yet been completed and placed into service, representing work in progress that has not yet been transferred to fixed assets or expensed.	Ensure CIP processes and controls are effective and efficiently designed.	1. Performed walkthroughs with accounting to understand the procedures performed in determining and verifying the completeness and accuracy of monthly CIP balances.	PFC-03 PFC-04
			2. Obtained and examined supporting documentation to validate the effectiveness of procedures performed.	
			3. Reperformed validation procedures to verify that CIP balances appear complete and accurate.	
Subscriptions Assets Balance Validation	Intangible assets acquired through subscription-based information technology arrangements (SBITA), as defined by GASB Statement No. 96. These assets represent the right to access or use software or technology services over a specified period, typically involving ongoing payments for subscription services.	Ensure subscription assets processes and controls are effective and efficiently designed.	1. Performed walkthroughs with accounting to understand the procedures performed in obtaining the monthly subscription assets balance.	PFC-05 PFC-06
			2. Obtained and examined supporting documentation to validate the effectiveness of procedures performed.	
			3. Performed validation procedures to ensure that subscription assets are recorded completely, accurately and based on contractual terms.	

Appendix B: Points for Consideration (PFC) and Priority Ratings

PFC	Issue Identified	Risk	Priority	Recommendation
01	<p>Manual Journal Entry (MJE) Significance Assessment:</p> <p>Our review of the journal entry policy and FY23 APE #1 and #2 procedures identified a need for policy enhancements to promote a consistent, effective process.</p> <p>Specifically, we identified that:</p> <ul style="list-style-type: none"> The Assistant Controller reviews 96% of all manual journal entries, creating a potential decrease in timely approval and posting. Source reports and/or calculations used to prepare entries are not consistently validated for completeness and accuracy. 	Inefficient or ineffective review activities may increase the risk of reporting over- or understatements.	2	<p>We performed an assessment of all significant manual journal entries based on existing knowledge and consideration of various factors, including complexity and subjectivity, materiality, misstatement risk, cadence, and timing. We recommend MCHS utilized the assessment and perform the following steps to enhance journal entry review efficiency and effectiveness:</p> <ul style="list-style-type: none"> Review the significant assessment to ensure that all ratings align with management's expectations / perspective. Identify various accounting personnel who have the necessary competencies and authority to review and approve journal entries. Based on significance rating, determine the degree of validation procedures required to review the respective entry. Assign review responsibilities to the identified accounting personnel by significance rating. Conduct training for any newly assigned reviewers to ensure that procedures are performed consistently, accurately, and effectively. For any entries that have been delegated to new personnel, management should maintain oversight to ensure that review is performed accurately and timely.

Appendix B: Points for Consideration (PFC) and Priority Ratings

PFC	Issue Identified	Risk	Priority	Recommendation
02	<p>Manual Journal Entry (MJE) Monitoring Tools:</p> <p>Through examination of documentation provided, we determined that monitoring tools used to track the completion of month-end MJEs do not appear consistent with current practices. In developing an MJE inventory for our Significance Assessment (refer to PFC #1), we leveraged the October, November, and December 2024 MJE checklists to identify critical entries. Our review of the checklist identified the following inconsistencies:</p> <ul style="list-style-type: none"> 15 of the 182 entries within the October 2024 checklist contained a status with notes such as 'No longer needed' or 'removed' and were consistently documented as such throughout remaining months of the quarter. 16 out of 182 entries within the October 2024 checklist were remarked as posted, however we could not identify a corresponding transaction posted within the JE listing provided. 	<p>Inconsistencies or gaps in reporting may increase the risk of incomplete or inaccurate financial reporting, which could lead to errors or misstatements.</p>	3	<p>We recommend MCHS establish and implement a formal process to periodically review and revise the manual journal entry checklist for alignment with current procedures. The following steps should be performed:</p> <p><u>Standardized Checklist Maintenance:</u></p> <ul style="list-style-type: none"> Maintain the checklist in a central location to allow easy access for all responsible individuals to update in a timely manner. Define a threshold to determine when checklist line items should be revised or removed to eliminate stale entry types. Require review and documented approval of all checklist changes to verify modifications or removals are valid and reasonable. Maintain a change log to document entry types that have been removed or modified to ensure no entries were erroneously removed or changed. <p><u>Reconciliation of Journal Entries:</u></p> <ul style="list-style-type: none"> Establish monitoring procedures to ensure that all entries noted as complete on the checklist were posted within Premier. Investigate and resolve any unposted entries or differences in entries posted and checklist statuses.

Appendix B: Points for Consideration (PFC) and Priority Ratings

PFC	Issue Identified	Risk	Priority	Recommendation
03	<p>Documentation of Transfers to/from CIP Accounts:</p> <p>Our walkthrough of the Construction in Progress (CIP) balance validation process identified opportunities to improve documentation of CIP transfers. Improvements to interdepartmental communications between accounting and various departments were observed, as monthly meetings are held to confirm project status and identify necessary transfers. Upon informal confirmation, the accountant records the reclassification within a manually maintained Access database, however formal documentation is not consistently retained to support the transfer.</p> <p>We selected seven (7) transfers for our testing and did not identify formal support retained for CIP-to-fixed asset reclassifications for two (2) of our samples.</p>	<p>Lack of supporting documentation inhibits the inability to validate recorded transactions for completeness and accuracy and may lead to financial inaccuracies.</p>	3	<p>We recommend that MCHS establish and implement a formal process to identify and document CIP transfers to sufficiently support the accuracy and validity of transfers, including:</p> <p><u>General Guidelines:</u></p> <ul style="list-style-type: none"> • Define roles and responsibilities for all responsible personnel involved in the CIP inventory transfer identification and confirmation process. • Define a timeline in which all CIP inventory transfers should be communicated to accounting. • Require that all CIP inventory transfers be documented and approved by both the accounting and user departments or engineering. <p><u>Documentation Procedures</u></p> <ul style="list-style-type: none"> • Implement a standardized tracking tool for engineers or user departments to document monthly CIP transfers, including asset ID, in-service/out-of-service dates, and value. Use the existing monthly meetings to review and validate entries in the tracker. • Ensure supporting documentation (e.g., invoices, project completion certificates) is attached to each confirmed transfer to substantiate the reclassification entry. <p>Training should be provided to all responsible individuals once a formal process has been implemented to ensure consistent understanding and process effectiveness.</p>

Appendix B: Points for Consideration (PFC) and Priority Ratings

PFC	Issue Identified	Risk	Priority	Recommendation
04	<p>Fixed Asset Management System Review:</p> <p>Discussions over the fixed asset procedures, specifically CIP account balance validation, with key accounting personnel indicated that formal review of monthly activity within the System's fixed asset management system, BNA, is not performed. Construction in progress inventory items are not input within BNA until it is placed in service. Modifications, upgrades, or expansions made to existing fixed assets may require reclassification to a CIP account, which should be recorded within BNA. We did not observe procedures in place to record executed transfers, or verify that transfers are valid and accurate.</p> <p>Our evaluations during the FY23 and FY24 APEs determined that the Fixed Asset Listing from BNA is utilized as source data to prepare the monthly fixed asset rollforward. Accuracy of recorded transfers is critical to avoid inappropriate depreciation of assets not in use, or inaccurate reporting of ending balances.</p>	<p>Inaccurate or incomplete system records may increase the risk of misclassified transactions or over / understatement of CIP balances.</p>	3	<p>We recommend that MCHS develop and implement procedures to validate fixed asset source data for completeness and accurate, including:</p> <p><u>General Guidelines:</u></p> <ol style="list-style-type: none"> 1. Define roles and responsibilities for BNA system entry and review. 2. Require a timeline in which CIP transfers should be updated within BNA. 3. Consider use of system-based reporting to identify and verify the status of all CIP inventory items. 4. Explore system-based options to input CIP items not yet placed in service within the system to fully document all fixed asset activity within one repository. 5. Establish monitoring procedures to ensure that all deviations are effectively tracked and remediated timely. <p><u>Data Validation Procedures:</u></p> <ol style="list-style-type: none"> 1. Document confirmations of inventory transfers to support adjustments to items within BNA. 2. Develop instructional steps to ensure all required information is input within BNA to completely and accurately document confirmed transfers. 3. Develop instructional steps to guide reviewers to ensure that all transfers are accurately documented and reflect the current status (i.e., in service, out of service).

Appendix B: Points for Consideration (PFC) and Priority Ratings

PFC	Issue Identified	Risk	Priority	Recommendation
05	<p>Formalized GASB 96 Procedures: Discussions with accounting personnel did not identify a formal process for identifying contracts that qualify as subscription-based information technology arrangements (SBITAs), which require specific accounting treatment under Statement No. 96 of the Governmental Accounting Standards Board (GASB).</p> <p>SBITAs must be classified as intangible assets with corresponding liabilities and measured as the sum of:</p> <ol style="list-style-type: none"> 1) The initial subscription liability amount, 2) Payments made to the SBITA vendor before commencement of the subscription term, and 3) Capitalizable implementation costs, less any incentives received from the SBITA vendor at or before the commencement of the subscription term. <p>Key observations included:</p> <ul style="list-style-type: none"> • New contracts are identified through Board meeting minutes, but no formal process exists for early terminations or modifications to existing SBITAs. • Contracts are reviewed for SBITA qualification using an informal checklist; however, three (3) contracts were incorrectly classified during the FY24 audit. 	Ineffectively governed or recorded subscription asset activities increases risk for over / understatement of subscription assets and financial reporting inaccuracies.	2	<p>We recommend that MCHS develop and implement a formal process to consistently and accurately identify contracts that qualify as SBITAs. The following components should be documented as a policy and/or procedural guide:</p> <p>Roles and Responsibilities: Coordinate with contract owners across the system to develop roles and responsibilities related to identifying and communicating relevant subscription contract changes.</p> <p>Communication / Identification of SBITAs: Establish routine communication with responsible departments, which may include:</p> <ul style="list-style-type: none"> • Form-based submissions by user departments to accounting to indicate new, modified, or terminated subscription arrangements. • Interdepartmental monthly meetings to discuss and confirm changes submitted by form. <p>SBITA Qualifications Review: Create instructional guides for accountants to consistently and accurately identify SBITAs.</p> <ul style="list-style-type: none"> • Research and periodically revisit GASB 96 standards to ensure that all critical components and identifying factors are considered. Consult with internal or external audit to ensure all relevant factors have been identified. • Develop a formal checklist that includes all qualifiers to be used to review each subscription-based contract. • Document reviews and maintain all completed documentation to sufficiently support accounting treatments and conclusions. <p>SBITA Review Checklist: Consider including the following checklist items*:</p> <ul style="list-style-type: none"> • IT assets are clearly conveyed; • Contract contains a finite, defined term; • Subscription payments are tied to the asset used; • Contract does not transfer ownership at the end of term; and • Short-term exceptions may exist <p>*The items list above are considered baseline criteria as per <i>Statement No. 96 of the Government Accounting Standards Board (GASB)</i>, however additional detail and considerations should be researched and included as appropriate.</p>

Appendix B: Points for Consideration (PFC) and Priority Ratings

PFC	Issue Identified	Risk	Priority	Recommendation
06	<p>Lease Accounting Software Review and Data Maintenance:</p> <p>Through our walkthroughs with key accounting personnel, we did not identify or observe consistent practices to maintain and review SBITAs within the System's leasing management system, LeaseCrunch. The System utilizes LeaseCrunch data and system-based calculations of the right of use (ROU) asset, corresponding liabilities and amortization schedules to facilitate month-end balance reporting.</p> <p>We judgmentally selected three, (3) high-value SBITAs and identified the following:</p> <ol style="list-style-type: none"> Iodine Software – AwareCDI & Optum Insight: The annual lease payment was made 47 and 52 days, respectively, after the ROU start date. LeaseCrunch can accommodate for this difference when calculating monthly balances, however it relies on the accuracy of data entry, increasing the need for accuracy reviews of new lease inputs. Premier Supply Chain Management Solution: The current executed contract term is one (1) year, however the contract is noted as a five-year arrangement within LeaseCrunch. <p>Additionally, we reviewed the monthly amortization tables used to report ending balances during our scope period and identified 19 inactive or expired leases within LeaseCrunch. Further inquiry indicated that there are no current procedures to clean and reduce expired data from the system.</p>	Ineffectively governed or recorded subscription asset activities increases risk for over / understatement of subscription assets and material financial reporting inaccuracies.	1	<p>We recommend MCHS establish a formal review of system inputs and modifications by appropriate personnel with knowledge of GASB 96 and contract review experience. The review should be performed by an individual separate from the preparer, and steps should include:</p> <p>New/Modified SBITA System Entry Review:</p> <ol style="list-style-type: none"> Ensuring system inputs of contract details such as payment dates, subscription terms, and capitalized costs are reflective of the executed underlying contracts. Ensuring system inputs are timely with respect to when the contract was executed. Document variances between system inputs and contract details and enforce a timeline for variances to be promptly addressed. Conduct recalculations of SBITA amounts, such as liability and related right-of-use assets for all newly executed or adjusted contracts. <p>Ongoing Data Maintenance & Monitoring:</p> <ol style="list-style-type: none"> Periodically review the SBITA portfolio within LeaseCrunch to identify expired or inactive leases by reviewing executed contracts, lease schedules and internal trackers to determine the status of each lease. Obtain and document secondary approval prior to removal of leases to mitigate the risk of inappropriately removing active or current contracts. Consider archiving expired, inactive, or stale subscription asset contracts for recordkeeping purposes and future reference. Periodically review archived contracts to ensure that only approved changes were executed within the system.

Priority Ratings

All PFCs have been rated to provide guidance on the level of priority that each recommended improvement should be considered and implemented.

Rating	Definitions & Considerations
1	<p>Remediation efforts are high priority, with the following considerations:</p> <ul style="list-style-type: none"> - Issue(s) identified pose a significant risk of material misstatement or operational inefficiencies. - Remediation is critical and likely to drive meaningful improvements beyond the immediate issue identified, addressing broader process inefficiencies or control gaps. - Timely action is essential to prevent or mitigate major financial, compliance, or reputation impacts.
2	<p>Remediation efforts are moderate priority, with the following considerations:</p> <ul style="list-style-type: none"> - Issues identified may not result in material misstatement but could affect process integrity, efficiency, or compliance if unaddressed. - Remediation can support incremental improvement and serve as a catalyst for optimizing related processes.
3	<p>Remediate efforts are low priority, with the following consideration:</p> <ul style="list-style-type: none"> - Issue identified leads to minimal impact to financial reporting or operational outcomes. - Remediation can enhance clarify or consistency, however its impact is limited and unlikely to influence broader controls or systems. - Remediation is best addressed opportunistically or as part of a broader process enhancement.

Overview and Definitions

Overview
<p>Significance Assessment Worksheet:</p> <p>We created a Significance Assessment Worksheet which includes an inventory listing of all high risk manual journal entries based on certain risk considerations. The purpose of this assessment is to determine which entries require a higher level review, allowing for better delegation and increased efficiency in the review process.</p> <p>The assessment is organized into the following:</p> <p>1. Significant Accounts: Identified significant entry types and what account they belong to.</p> <p>2. Significance Rating: Lists high-risk entries together with an assigned <u>overall</u> significance rating assigned to each one.</p> <p>The overall significance rating considers the following factors:</p>

Risk Factors
<p>Complexity & Subjectivity: Level of difficulty and/or degree of judgement needed to interpret, validate, and verify the completeness, accuracy, and reasonableness of prepared transactions and underlying support/ calculations.</p>
<p>Materiality: Journal entry amounts that can substantially (i.e., entry amount in total, or as a component of the total balance) influence the accuracy or reliability of financial transactions. Entries exceeding \$1MM were identified as indicators of higher risk.</p>
<p>Misstatement Risk: Likelihood that misstatement has occurred/ can occur and will materially impact financial reporting.</p>
<p>Cadence: Timing and frequency of journal entries (i.e., as needed, monthly, quarterly, annually, etc.) which reveal the number of instances this balance is revisited through the year, the degree of repeatability, and the volume of each line item. Entries recorded less frequently (annually) were considered to present a higher risk.</p>
<p>Timing: The period of time in which the journal entry is typically prepared and posted, and reserved or reclassified, if necessary, which can suggest potential errors or manipulation.</p>

Significant Rating Scale

High	Significant likelihood and impact of adverse events occurring without the presence of preventative measures.
Elevated	Heightened likelihood and impact of adverse events occurring without the presence of preventative measures.
Medium	Moderate likelihood and impact of adverse events occurring without the presence of preventative measures.
Low	Minimal likelihood and impact of adverse events occurring without the presence of preventative measures.

Appendix C: Manual Journal Entry (MJE) Significance Assessment

MJE Significance Assessment

Nature of Account	JE Description	Significance	Frequency	Nature of JE	Reversal Required?
Cash Accounts (10000)					
	Ad Valorem_Debt Services Bank Transactions	Medium	Monthly	Debt Settlement	N
	Payroll Transfer to Operating	Medium	Monthly	Cash Transfer	N
	Operating Cash Account Funds Transfers	Elevated	Monthly	Cash Transfer	N
	9995 GL Fallout accruals	Elevated	Monthly	Accrual	Y
	Hilltop Investment Transactions	Elevated	Monthly	Investment	N
	UMR/WebTPA Claims	Elevated	Monthly	Expense	N
	FLEX COBRA	Low	Monthly	Employee Benefit	N
	MISSION FITNESS	Medium	Monthly	Employee Benefit	N
	MM DISPRO BANK ACTIVITY	Elevated	Monthly	Cash Equivalent	N
	CHIRP Reclass	Elevated	Monthly	Reclass	N
A/R & Contractuals (20000)					
	LTAC ACCRUALS	Elevated	Monthly	Accrual	N
	Winkler Salary Receivable (Winkler Sal. Accr)	Medium	Monthly	Accrual	N
	AD VALOREM TAX ACCRUAL	Elevated	Monthly	Accrual	N
	SALES TAX REVENUE ACCRUAL	Elevated	Monthly	Accrual	Y
	VA CLINIC REVENUE ACCRUAL	Medium	Monthly	Accrual	Y
	MISC REV - FOOD CT RENT & RONALD MC DONATIONS	Elevated	Monthly	Revenue	N
	RADIOLOGY USAGE FEE	Low	Monthly	Expense	N
	FHC 340B Admin Fee and Claim Cost Lia	Low	Monthly	Expense	N
	RAC RECOVERY TRUE UP	Elevated	Monthly	Adjustment	N
	FHC Clements Contractual Adjustments	High	Monthly	Adjustment	Y
	FHC West Contractual Adjustments	High	Monthly	Adjustment	Y
	FHC JBS Contractual Adjustments	High	Monthly	Adjustment	Y
	FHC Womens Clinic Contractual Adjustments	High	Monthly	Adjustment	Y
	MCH Contractuals	High	Monthly	Contractual	Y

Appendix C: Manual Journal Entry (MJE) Significance Assessment

Nature of Account	JE Description	Significance	Frequency	Nature of JE	Reversal Required?
	Reclass FHC Clements Discounts from Hospital	Medium	Monthly	Reclass	N
	AR Credit Balances;Bad Debt; Balance AR	Elevated	Monthly	Revenue / Rev Adj.	Y
	Reclass FHC West Discounts from Hospital	Medium	Monthly	Reclass	N
	Reclass FHC JBS Discounts from Hospital	Medium	Monthly	Reclass	N
	Reclass FHC Womens Center Discounts from Hospital	Medium	Monthly	Reclass	N
	Additional Bad Debt	Elevated	Monthly	Bad Debt	Y
	Contractual Adjustment per Financial Review/Additional entries	High	Monthly	Adjustment	Y
	Retail Pharmacy AR/Rev	High	Monthly	Revenue	N
	Retail Pharmacy AR True Up	High	Monthly	Adjustment	N
Prepaid, Inventory, Fixed Assets, and Restricted Assets (30000)					
	<i>CIP - FREIGHT</i>	Medium	Monthly	Expense	N
	<i>Prosperity ENDOWMENT REVERSING</i>	Medium	Monthly	Reversal	Y
	<i>FA & Incomplete Reclass</i>	Elevated	Monthly	Reclass	N
	<i>FA & CIP Reclass</i>	Elevated	Monthly	Reclass	N
	<i>FA Disposals</i>	Medium	Monthly	Disposal	N
	<i>INVESTMENT IN SUB 's</i>	Medium	Monthly	Investment	N
	<i>SBITA 96 - Accruals</i>	Elevated	Monthly	Accrual	Y
	<i>GASB 96</i>	High	Monthly	Expense - Liability	N
	<i>GASB 96 Adj</i>	High	Monthly	Adjustment	N
	<i>GASB 96 - reclass</i>	High	Monthly	Reclass	N
	<i>GASB 87 - Lesser</i>	High	Monthly	Expense - Liability	N
	<i>GASB 87 - Lessor</i>	High	Monthly	Revenue - Asset	N

Appendix C: Manual Journal Entry (MJE) Significance Assessment

Nature of Account	JE Description	Significance	Frequency	Nature of JE	Reversal Required?
AP Liabilities (40000)					
	SALES TAX ACCRUAL	High	Monthly	Accrual	Y
	COPIER SERVICE ACCRUAL	Elevated	Monthly	Accrual	Y
	CONTRACT ACCRUALS	High	Monthly	Accrual	Y
	PROPERTY TAX ACCRUAL	Elevated	Monthly	Accrual	Y
	AMEX ACTUAL CHARGES	Low	Monthly	Expense/Liability	N
	ACCOUNTING ACCRUALS - Utilities	Elevated	Monthly	Accrual	Y
	ACCOUNTING ACCRUALS - Temporary Labor	Elevated	Monthly	Accrual	Y
	ACCOUNTING ACCRUALS - Temporary Labor	Elevated	Monthly	Accrual	Y
	OC ACCRUAL	Elevated	Monthly	Accrual	Y
	AP ACCRUAL PURCHASED SVCS	High	Monthly	Accrual	Y
	AP ACCRUAL R & M	Elevated	Monthly	Accrual	Y
	AP ACCRUAL SUPPLIES	Elevated	Monthly	Accrual	Y
	AP ACCRUAL SUPPLIES-MCKESSON	Elevated	Monthly	Accrual	Y
	AP ACCRUAL PHYSICIAN FEES #1	Elevated	Monthly	Accrual	Y
	AP Accrual Locum PC Physician Fee	Elevated	Monthly	Accrual	Y
	AP ACCRUAL LEASES & RENT #1	Elevated	Monthly	Accrual	Y
	AP Accrual #1 for Business Office (only)	Elevated	Monthly	Accrual	Y
	CERNER & MISC OTHER ACCRUAL #1	Elevated	Monthly	Accrual	Y
	R1 Accrual #1	Elevated	Monthly	Accrual	Y
	ACCOUNTING ACCRUALS -Other	Elevated	Monthly	Accrual	Y
	ACCOUNTING ACCRUALS - Repairs & Maintenance	High	Monthly	Accrual	Y
	ACCOUNTING ACCRUALS - Repairs & Maintenance	High	Monthly	Accrual	Y
	ACCOUNTING ACCRUALS - Repairs & Maintenance	High	Monthly	Accrual	Y
	ACCOUNTING ACCRUALS - Leases & Rentals	Elevated	Monthly	Accrual	Y
	ACCOUNTING ACCRUALS - FHC & UC accruals for ProCare	High	Monthly	Accrual	Y

Appendix C: Manual Journal Entry (MJE) Significance Assessment

Nature of Account	JE Description	Significance	Frequency	Nature of JE	Reversal Required?
Payroll Liabilities (50000)					
	Accrued PPL	High	Monthly	Accrual	N
	LEM ACCRUAL	Elevated	Monthly	Accrual	Y
	Reverse Kronos TCDRS Accrual	Elevated	Monthly	Accrual	Y
	MISC PAYROLL DEDUCTION RECLASS	Medium	Monthly	Reclass	N
	FLEX POOL DOLLARS TRANSFER	Elevated	Monthly	Intercompany	N
	PAYROLL OVERTIME DOLLARS TRANSFER	Elevated	Monthly	Intercompany	N
	GASB 68 monthly Accrual	Elevated	Monthly	Accrual	N
	LIFE BENEFIT TRUE UP	Medium	Monthly	Adjustment	N
	STATE UNEMPLOYMENT ACCRUAL	Medium	Monthly	Accrual	Y
Misc. Transfers/Reclasses (60000)					
	OFFICEWISE RECLASS #1 (formerly Buffalo reclass)	Medium	Monthly	Reclass	N
	COPIER SERVICE ACTUAL	Medium	Monthly	Expense	N
	DIETARY TRANSFER	Medium	Monthly	Intercompany	N
	OFFICEWISE RECLASS #2 (formerly Buffalo reclass)	Medium	Monthly	Reclass	N
	PROCARE AR RECLASSES	Medium	Monthly	Reclass	N
	A/P P/R EMP HOSP ACCTS	Medium	Monthly	Payables	N
	A/R OTHER	Medium	As needed	Revenue	N
	FHC Primary Health Care Grant Reclass	Medium	Monthly	Reclass	N
	Family Planning Grant reclass	Medium	Monthly	Reclass	N
	FHC LAL ECT Funding	Elevated	Monthly	Grant	N
	FHC LAL ECT Funding	Elevated	Monthly	Grant	N

Appendix C: Manual Journal Entry (MJE) Significance Assessment

Nature of Account	JE Description	Significance	Frequency	Nature of JE	Reversal Required?
Quarterly/ Annual Entries (70000)					
	ACCRUE PAYROLL PPL TAXES; Yearly	High	Annual	Accrual	Y
	Post Retirement Benefits	High	Annual	Expense	N
	BENEFIT ACCRUALS-IBNR FROM LOCKTON	High	Annual (Sept only)	Accrual	Y
	Long Term Bond Reclass to Current	High	Annual (Sept only)	Reclass	N
	GASB 68	High	Annual	Expense	N
	INVENTORY ADJUSTMENT	High	Annual (Sept only)	Adjustment	N
	Prosperity ENDOWMENT	Elevated	As needed	Revenue	Y
	Prosperity ENDOWMENT	Elevated	As needed	Revenue	Y
	AD VAL TAX REV ACCR FY 2024	High	Annual (Sept only)	Accrual	Y
	AD VAL TAX REV ACCR FY24 (Unrecoverable Estimate)	High	Annual (Sept only)	Accrual	Y
	FY2024 SALES TAX REC ADJ	High	Annual (Sept only)	Adjustment	Y
	AD VALOREM TAX IN TRANSIT	High	Annual (Sept only)	Accrual	Y
	BREAKOUT VA CLINIC INTO ST & LT	High	Annual	Reclass	N
	HARP, GME, DSH and UC - these should be zero at year end	High	N/A	Reclass	Y
Stats (9000)					
	STATS (THIS IS UPDATED UNTIL FINAL)	High	Monthly	Internal Reports	N
	STATS (adj)	High	N/A	Internal Reports	N
	OP STATS ADJ.	High	N/A	Internal Reports	N
	Reclass Hours Payroll	High	N/A	Internal Reports	N
	Department Stats	High	Monthly	Internal Reports	N
	Admissions & Patient Days	High	Monthly	Internal Reports	N
	Urgent Care Visits	High	Monthly	Internal Reports	N
	Other OP Occasions of Service	High	Monthly	Internal Reports	N
	Case Mix Indices-Initial	High	Monthly	Internal Reports	N
	Case Mix Indices-Updated	High	Monthly	Internal Reports	N

Appendix C: Manual Journal Entry (MJE) Significance Assessment

Nature of Account	JE Description	Significance	Frequency	Nature of JE	Reversal Required?
<i>Misc</i>					
	<i>Misc. Reclass</i>	Elevated	As needed	Reclass	N
	<i>Misc. Reclass</i>	Elevated	As needed	Reclass	N
	<i>Misc. Reclass</i>	Elevated	As needed	Reclass	N
	<i>Misc. Reclass</i>	Elevated	As needed	Reclass	N
	<i>Misc. Reclass</i>	Elevated	As needed	Reclass	N
	<i>one time reclass</i>	High	As needed	Reclass	N
	<i>Misc Reimb 340B ScriptCare</i>	Medium	As needed	Reimbursement	N
	<i>comdata discounts</i>	Low	As needed	Adjustment	N
	<i>Stop Loss</i>	Medium	As needed	Expense	N
	<i>True Up Doubtful Accounts</i>	Low	As needed	Adjustment	N
	<i>Return checks</i>	Low	As needed	Revenue	N
	<i>Misc RCL</i>	Medium	As needed	Reclass	N
	<i>Misc Rcl move to AR from CIP</i>	Low	As needed	Reclass	N
	<i>Reimb to MCH from CMN</i>	Low	As needed	Reimbursement	N
	<i>Misc RCL</i>	Medium	As needed	Reclass	N
	<i>Reimb to MCH for CIP</i>	Elevated	As needed	Reclass	N
	<i>Accrual #2</i>	Elevated	As needed	Accrual	Y
	<i>Accrual #3</i>	Elevated	As needed	Accrual	Y
	<i>GASB Adjustment</i>	High	As needed	Adjustment	N

Appendix D: Subscription Assets – Expected Controls Matrix

Risk	EC Ref	Expected Control	IC Ref	Identified Control
New/Adjusted/Terminated Contracts				
New, adjusted, and terminated contracts are not appropriately approved by the proper level of authorization.	EC-01	There is a defined process for approving new subscription contracts, adjustments to existing contracts, and termination of contracts involving appropriate levels of authorization and review to prevent unauthorized subscriptions or changes.	SA-01	Approval of new subscription contracts, adjustments to existing contracts, and termination of contracts is determined by the Board of Directors (BOD) and documented in the monthly Board meeting minutes.
Executed contracts or governing documents to support subscription assets are not retained in a central repository.	EC-02	Executed contracts and governing documents are attached to the system inputs in the lease accounting software used to monitor and record subscription assets.	SA-02	Subscription contracts and governing documents are maintained in Premier, MCHS's ERP system.
Appropriate personnel are not notified of newly executed contracts, adjusted contracts, or early terminated contracts in a timely manner, leading to inaccurate subscription asset balances.	EC-03	There is a clear communication or notification system in place for the management / BOD to notify the accountant responsible for subscription assets of any newly executed, adjusted, or early terminated contracts.	CO-01	<i>Control Opportunity</i>
New contracts that classify as SBITA 96 assets are not entered into the lease accounting software in timely manner.	EC-04	There is a clear communication process in place for the BOD responsible for approving new subscription asset contracts to notify the accountant responsible for entering the subscription asset into the accounting software.	CO-02	<i>Control Opportunity</i>
New contracts are not classified correctly in the subscription asset class, leading to inaccurate classifications.	EC-05	New contracts are reviewed by personnel with contract review experience and sufficient knowledge regarding subscription asset classifications and GASB Statement No. 96.	CO-03	<i>Control Opportunity</i>

Appendix D: Subscription Assets – Expected Controls Matrix

Risk	EC Ref	Expected Control	IC Ref	Identified Control
The same individual is responsible for initiating, approving, and recording new contracts, resulting in a heightened risk of error and fraud.	EC-06	There are proper segregation of duties to prevent the same individual from initiating, approving, and recording new contracts or changes to existing contracts.	SA-03	<p>Initiation: Any user department that has a need for a new subscription service will request.</p> <p>Approval: The BOD approves new contracts, adjustments to existing contracts, and termination of contracts.</p> <p>Recording: The accountant manually entering the contract details into Lease Crunch, the lease accounting software, including incremental payment, total # of payments, payment frequency, and payment start/end dates.</p>
Subscription contract details entered into the lease accounting software are not secondarily reviewed, leading to inaccurate data entry.	EC-07	Subscription contract details entered into Lease Crunch are reviewed and approved by someone other than the individual who entered the data.	CO-04	<i>Control Opportunity</i>
Completeness and Accuracy of Records, Documentation				
There is insufficient documentation to support subscription asset transactions, resulting in difficulties in verifying the accuracy and completeness of the account.	EC-08	All relevant documentation related to subscription assets, including payment invoices, journal entries and amortization schedules are maintained and accessible in a central location.	SA-04	Invoices, journal entries, and amortization schedules to support subscription asset transactions are maintained in both Lease Crunch and Premier. Supporting documentation is stored in Lease Crunch and shared in the finance drive.

Appendix D: Subscription Assets – Expected Controls Matrix

Risk	EC Ref	Expected Control	IC Ref	Identified Control
Subscription assets are not properly recorded, leading to incomplete information in the account and potential misstatement of the asset account balance.	EC-09	There are policies and procedures in place for recording and maintaining subscription asset records.	SA-05	<p>MCHS maintains an internal policy that guides all employees at MCHS to abide by the GASB guidelines for Statement 96. Stage 1 of the policy is to identify if the subscription asset qualifies or should be excluded as a SBITA.</p> <p>The procedure lists items that indicate exclusion (12 months or less, termination without cause, variable payments based on # of employees or licenses, under materiality threshold of \$50k, etc.).</p> <p>The list of data to review for inclusion consideration are subscription/payment terms, termination/cancellation clauses, implementation costs, etc.</p>
	EC-10	A lease accounting software is used to record subscription assets in accordance with accounting standards and legal requirements.	SA-06	MCHS utilizes Lease Crunch, a lease accounting software, to record SBITA GASB 96 assets. Lease Crunch ensures compliance with lease accounting standards and requirements of GASB 96 through the Report Center, which automatically provides journal entries, footnote disclosures and amortization schedules based off of the system inputs.
Appropriate review is not performed to ensure that inputs facilitating subscription asset-related entries and ending balances are complete and accurate.	EC-11	Senior personnel perform a detailed review of subscription asset-related entries, amortization schedules and ending balances to ensure completeness and accuracy based on the underlying contract and system inputs.	CO-05	<i>Control Opportunity</i>
Reporting				
Monthly journal entries and amortization schedules are not produced, or are inaccurate based on the executed subscription contract.	EC-12	Monthly journal entries and amortization schedules are automatically generated from the lease accounting software in accordance with GASB 96.	SA-07	Monthly reports are generated by the accountant from Lease Crunch to create month-end journal entries to true up the asset and depreciation values, and amortization reports to reconcile to the General Ledger.

Appendix D: Subscription Assets – Expected Controls Matrix

Risk	EC Ref	Expected Control	IC Ref	Identified Control
Newly executed, adjusted, or early terminated contracts are not periodically reported on, resulting in unawareness and/or inconsistencies across departments.	EC-13	Management periodically reports on newly executed, adjusted, or early terminated contracts to ensure all appropriate personnel are aware and make necessary adjustments.	CO-06	<i>Control Opportunity</i>
Monitoring and Review Procedures				
Subscription Assets are not properly identified in accordance with GASB 96.	EC-14	There is a review by senior personnel of all newly acquired intangible assets to determine if the intangible asset qualifies as a SBITA as outlined in GASB 96.	SA-08	MCHS has established all subscriptions with IT software over the \$50,000 threshold in total lease life be reviewed monthly by the accountant over subscription assets for wording to establish if qualified, including intercompany subscriptions.
Monthly journal entries and amortization schedules relating to subscription assets are not reviewed and approved by senior personnel, resulting in inaccuracies.	EC-15	Monthly journal entries and amortization schedules relating to subscription assets are reviewed and approved by senior personnel for accuracy and to ensure they are in accordance with GASB 96.	SA-09	The Assistant Controller reviews the system-generated manual journal entries and amortization schedules on a monthly basis for accuracy.
	EC-16	Review and approval by senior personnel of monthly journal entries and amortization schedules is documented for recordkeeping purposes.	SA-10	The Assistant Controller's review of the system-generated manual journal entries and amortization schedules is documented in system workflows within BNA and Premier.
Expiration or renewals of subscription contracts are not monitored on a monthly basis.	EC-17	Senior personnel are monitoring leases for expired dates or any renewal and are reviewing the expense lines on a monthly basis.	SA-11	MCHS's internal policy relating to GASB 96 specifically states that there is monthly monitoring of leases for expired dates or any renewal, as well as a review of the expense lines. Lease monitoring for prepaid contracts falling under the SBITA GASB 96 standards is a manual process performed as part of the month-end close process by the accountant responsible for subscription assets.
Expired, inactive, or canceled subscription assets are not promptly removed from the lease accounting system.	EC-18	A review of the lease accounting software is performed monthly senior personnel to identify and remove expired or canceled subscription assets.	CO-07	<i>Control Opportunity</i>

Appendix D: Subscription Assets – Expected Controls Matrix

Risk	EC Ref	Expected Control	IC Ref	Identified Control
Amortization				
The useful life of the subscription assets are misstated, leading to incorrect amortization periods and amounts.	EC-19	The accountant utilizes the executed contract to determine the system inputs for subscription term, payment frequency and payment dates.	SA-12	The accountant responsible for subscription assets inputs the lease payment dates and term length according to the underlying executed contract.
	EC-20	A senior personnel is responsible for reviewing subscription asset details at the inception of new leases, as well as when adjustments, early terminations, or renewals occur.	CO-08	<i>Control Opportunity</i>
Subscription assets are amortized using an incorrect amortization method, resulting in inaccurate amortization expenses.	EC-21	The lease accounting software automatically generates amortization schedules and month-end journal entries in accordance with SBITA GASB 96 guidelines.	SA-13	Lease Crunch, the software used to record SBITA GASB 96 assets, automatically calculates multiple items within the SBITA guidelines including journal entries for month-end close process and amortization schedules.
Changes in subscription terms or agreements are not reflected in the amortization schedules.	EC-22	The accountant responsible for subscription assets update the system inputs in the lease accounting software to reflect changes in subscription terms or agreements.	SA-14	The accountant is responsible for updating the system inputs in the lease accounting software to reflect changes in subscription terms or agreements. The lease accounting software allows for revisions, which is the same process for early cancellations.
	EC-23	Periodic reconciliations between subscription agreements and the corresponding amortization schedules are conducted to ensure alignment and accuracy of subscription terms and/or agreements.	CO-09	<i>Control Opportunity</i>
Amortization schedules are not documented and maintained for recordkeeping purposes.	EC-24	Monthly amortization schedules for subscription assets are maintained in a central repository and easily accessible by employees responsible for accounting for subscription assets.	SA-15	The lease accounting software, Lease Crunch, maintains the system-generated amortization schedules, and the amortization schedules are uploaded to Microsoft Access for recordkeeping purposes.

Appendix D: Subscription Assets – Expected Controls Matrix

Risk	EC Ref	Expected Control	IC Ref	Identified Control
Adjustments and Reconciliations				
Adjustments made to the subscription asset account are incomplete or incorrect, leading to misstated balances.	EC-25	Designated accounting personnel conduct monthly or quarterly reconciliations of adjustments made to the subscription asset account.	SA-16	Reconciliations are performed both before and after revisions to subscription asset balance are made to determine and record any necessary adjusting entries resulting from those revisions. Reconciliations are also performed after month-end close, and are reviewed by the assistant controller.
Adjustments made to the subscription asset account are not authorized and approved, resulting in unauthorized changes to financial data and potential misappropriation of assets.	EC-26	Senior personnel with appropriate authority approve adjustments made to the subscription asset account, and evidence of their review and approval is documented and maintained.	SA-17	The BOD authorizes and approves adjustments made to the subscription asset account.
Errors in reconciling the subscription asset account with supporting documentation or other accounts are not investigated and resolved promptly.	EC-27	Senior personnel with appropriate authority conduct regular reviews to ensure timely resolution of reconciliation discrepancies.	SA-18	The Assistant Controller reviews the monthly reconciliation of subscription asset account with supporting documentation or other accounts and approves via Premier workflow.

Mission:

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

Vision:

MCHS will be the premier source for health and wellness.

ICARE Values:

Integrity | Customer Centered | Accountability | Respect | Excellence

Executive Policy Committee

Team Leader:	Crystal Sanchez	Date:	07/31/2025	Start Time:	1200
Location:	Admin Conference Room A			End Time:	1300

Agenda Item (Topic)	Time Allotted	Presenter	Notes
Meeting Called to Order			
Review of meeting minutes from previous meeting	5 min	All	<ul style="list-style-type: none"> <i>Motion to approve- Gingie Sredanovich, seconded by Russell Tippin</i> <i>All members in favor</i>
Old Business			
– N/A			
New Business			
– Revised Policy: <ul style="list-style-type: none"> MCH-1118 Crash Cart Mgmt & Replacement 	10 min	Crystal Sanchez	<ul style="list-style-type: none"> <i>Policy updated to include carts, trays, and boxes house wide</i> <i>Team was able to merge and retire 8 other policies</i> <ul style="list-style-type: none"> <i>Motion to approve by Russell Tippin, seconded by Gingie Sredanovich</i> <i>All members in favor</i>
– Revised Policies: <ul style="list-style-type: none"> MCH-1005 Exit Interview MCH-3031 Fair Labor Standards Act Compliance MCH-3036 Criminal History Checks MCH-3048 Attendance & Punctuality MCH-3054 Weekend Differential Pay MCH-3056 Confidentiality of Employee Records 	10 min	Crystal Sanchez on behalf of Staci Ashley	<ul style="list-style-type: none"> <i>Policies updated to align with current processes and create consistency in language throughout</i> <i>See red/blue for edits</i> <ul style="list-style-type: none"> <i>Motion to approve by Russell Tippin , seconded by Sylvia Rodriguez-Sanchez</i> <i>All members in favor</i>

<ul style="list-style-type: none"> – Revised Policy: <ul style="list-style-type: none"> ○ NADM-0009 AMA/Unapproved Patient Leave 	10 min	Crystal Sanchez	<ul style="list-style-type: none"> • Policy updated to outline process for AMA vs elopement of patients. Please see revisions in red. <ul style="list-style-type: none"> ○ <i>Motion to approve by Russell Tippin , seconded by Sylvia Rodriguez-Sanchez</i> ○ <i>All members in favor</i>
<ul style="list-style-type: none"> – Revised Policies: <ul style="list-style-type: none"> ○ HIPAA-5051 Section 15 Breach Notifications & Mitigation ○ HIPAA-5033 Section 6.23: E-mail Communications and Retention 	10 min	Gingie Sredanovich	<ul style="list-style-type: none"> • Policies updated to align with new standards/regs <ul style="list-style-type: none"> ○ <i>Motion to approve by Russell Tippin , seconded by Sylvia Rodriguez-Sanchez</i> ○ <i>All members in favor</i>
<ul style="list-style-type: none"> – Overdue List 	5 min	Crystal Sanchez	<ul style="list-style-type: none"> • <i>Sent via email</i>
Open Forum	10 min		
Meeting Adjourned			



Keeping the  in Hometown®

Medical Center Hospital

Community Health Needs Assessment and Implementation Plan

Board Meeting Presentation

August 5, 2025

Community Health Needs Assessment

Data Collection

- CHC Consulting conducted a CHNA report for the hospital and the Family Health Clinic
- Collected and analyzed the most current health indicator data for residents in Ector County including, but not limited to:

– Demographic Data

- Population composition and growth by age and ethnicity
- Median age
- Median household income
- Poverty
- Unemployment

– Health Data

- Mortality
- Chronic disease categories
- Communicable diseases
- Maternal and child health
- Minority populations, including senior citizens
- Mental Health
- Access to health care

– Community Input

- 23 key informant interviews
- FHC Patient Survey
- *CHC Consulting contacted several individuals in the community to participate in the interview process.*

Community Health Needs Assessment

Prioritization Process and Final Prioritized Needs

- **May 2025: Initial Review and Prioritization**

- Data was reviewed to rank community health needs via a prioritization ballot process based on:
 - Size and prevalence of the issue
 - Effectiveness of interventions
 - The hospital's capacity to address the need

- **MCH Final Prioritized Needs for Next 3 Years**

1. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
2. Continued Emphasis on Healthcare Workforce Recruitment, Retention and Patient Care Coordination to Improve Access to Primary and Specialty Care
3. Increased Focus on Addressing Social Determinants of Health Across Underserved Populations
4. Access to Mental and Behavioral Health Care Services and Providers



To: ECHD Board of Directors
Through: Russell Tippin, CEO
From: Matt Collins, Chief Operating Officer
Date: July 29, 2025
Subject: 4 Central Intermediate Care Unit

Objective

Modernize 4 Central med surg unit into a 14 Bed Intermediate Care Unit.

Scope of Work

This project is to renovate an existing area on the 4th floor of the hospital so that it functions as a new Universal Care Suite. The new Universal Care Suite will replace 30 existing med-surg patient beds. The renovated area is located on the 4th floor of an existing 9-story patient room tower. All requirements, including HVAC and Electrical, are designed to meet State of Texas Hospital licensing rules and all applicable codes.

- 14 Universal Care – single occupancy patient rooms
- 4 of the 14 rooms will be Universal Care Isolation Rooms
- 1 of the 4 Isolation Rooms will be Accessible
- 1 of the remaining 10 standard Universal Care rooms will be Accessible
- Equipment Storage
- Updated Nurse Station with adjoining Med Room
- Nourishment Room
- Expanded Mechanical and Electrical Rooms
- Staff Break Room
- Office
- Multi-Purpose Room
- Soiled Workroom
- Housekeeping
- Staff Charting Room

The existing building and all renovations are a NFPA 101 Type I (332) construction.

Bid and Pricing Considerations:

MCHS Currently has a contract with Robins and Morton Construction as the Contractor at Risk for this project. The project was competitively bid and priced in July of 2025 and Guaranteed Maximum Price GMP of \$12,238,408.

Current Construction Budget:

Guaranteed Maximum Price	\$12,238,408
Remaining Architectural and Engineering	\$441,520
Other Owner Provided Items (IT FFE)	<u>\$3,119,870</u>
SUB TOTAL	\$15,799,798
Contingency 5%	<u>\$789,990</u>
TOTAL	<u>\$16,589,788</u>

Funding:

There is \$16,550,000 reserved in 2025/2026 capital for the 4C Project.

Recommendation:

We recommend the ECHD Board approve the total project budget and authorize the CEO and COO to execute an Authorization to Proceed letter with Robins Morton as well as execute all construction related documents and invoices as appropriate.



To: ECHD Board of Directors
Through: Russell Tippin, CEO
From: Matt Collins, Chief Operating Officer
Date: July 29, 2025
Subject: Energy as a Service EaaS- ENFRA Proposal

Objective

EaaS serves to reduce MCH utility expenses by investing in energy producing assets and an arrangement with an energy infrastructure partner to monetize thermal energy. The program results in a significant reduction in utility expenses. This savings is then used to fund the construction of energy producing assets and provide access to an elective capital amount.

Benefits

- Reduction in hospital energy consumption
- Reduce reliance on Ercott energy supply for hospital
- Guaranteed demand side energy consumption/expenses
- Energy Efficiency Projects: Upgrades to lighting, HVAC, and building automation systems.
- Continuous monitoring and analytics
- Physical Power Plant maintenance
- Transaction seeks neutral cash flow model
- Funding for accretive and elective projects

Scope of Work

ENFRA's proposed EaaS project is structured to provide MCH with significant guaranteed utility cost savings through accretive infrastructure improvements. Through ENFRA's diligence process to date, the following engineering projects have been identified to generate \$3.2 million or over 85% in year-one post-construction utility cost savings:

- Solar array installation
- Resiliency measure implementation
- Air handling unit and Building Automation System (BAS) upgrades
- Retro-commissioning and controls upgrades
- Heat pump chiller installation
- Interior and exterior lighting upgrades
- Thermal energy system upgrades (chilled water and heating water)

Bid and RFP Considerations:

A Request for Proposal was released on June 30, 2025. A pre-proposal submittal meeting was held On July 15th held with prospective respondents. Although multiple respondents attended the pre-proposal meeting, only one provided a proposal by the deadline of July 25, 2025. ENFRA was the respondent to the RFP. The proposal was evaluated by a selection committee comprised of board members and the hospital management team. The selection committee is recommending the ENFRA proposal.

Funding Considerations:

Through Energy-as-a-Service, MCH would agree to pay a fixed Thermal Services Charge, to a Special Purpose Entity (SPE) comprised of: A Capacity Charge (sufficient to cover underlying SPE principal and interest that supports the upfront proceeds), and an Operations & Maintenance (O&M) Charge. In exchange for these fixed, monthly fees, ENFRA makes certain contractual obligations to MCH, including 24/7/365 uptime availability, guaranteed utility cost savings, and transfer of pre-mature failure risk, among others. The Capacity Charge portion of the monthly cash outflows is fixed, similar to a traditional bond deal, and the O&M fees are fixed, subject to annual escalation to provide long-term budget certainty.

Outflows - For Year 1, the breakdown of the monthly charge is as follows:

Capacity Charge	\$113,701
O&M Charge	<u>207,161</u>
Total Thermal Services Charge	\$320,862

Inflows - In year 1, MCH will receive the following cash distributions from the SPE

\$61,785,954 – For Investment in Accretive Infrastructure

\$28,736,681 – Elective capital to go towards future infrastructure improvements

(Working towards financing an additional \$20 million for elective projects)

\$90,522,635 - Total Transaction Consideration

Recommendation:

We recommend the ECHD Board approve and accept the ENFRA Energy as a Service Proposal and continue working in a good faith effort to advance the project to fruition. Approve up to \$2,000,000 in advance purchase of solar related equipment. Authorize the CEO and COO to approve and execute, as appropriate, documents and expenses related to deal development.

RESOLUTION NO. _____

RESOLUTION DESIGNATING ENFRA, LLC AS THE SUCCESSFUL RESPONDENT UNDER THE THERMAL SERVICES OPTIMIZATION REQUEST FOR PROPOSALS, AUTHORIZING STAFF TO NEGOTIATE DEFINITIVE AGREEMENTS WITH SUCH RESPONDENT AND AUTHORIZING CERTAIN OTHER ACTIONS IN CONNECTION THEREWITH

WHEREAS, the Ector County Hospital District (the “District”) has been created and organized as a political subdivision of the State of Texas pursuant to the provisions of applicable law, including Chapter 1024, Special District Local Laws Code, as amended;

WHEREAS, on June 30, 2025, the District released a Request for Proposals (the “RFP”) seeking qualified firms with extensive experience in the management, operation, improvement and optimization of thermal plants and energy assets servicing hospitals and local government entities;

WHEREAS, ENFRA, LLC (the “Respondent”) submitted a response to the RFP, in a timely manner, that demonstrates their experience and ability to improve, operate and effectively manage the District’s thermal system and energy assets including buildings, equipment, and distribution systems;

WHEREAS, the District’s staff has reviewed Respondent’s experience, qualifications, past performance, project approach and compensation proposal and has determined that Respondent’s proposal provides the best combined terms to achieve the District’s economic and sustainability goals;

WHEREAS, the District’s staff recommends the selection of Respondent to the Board of Directors of the District (the “Board”);

WHEREAS, the Board hereby finds and determines that it is a public purpose and in the best interests of the District to move forward with improvements to, and optimization of, the District’s thermal system and energy assets as described in the RFP (the “Project”), select Respondent as the successful respondent under the RFP and authorize staff to negotiate definitive Project agreements with the Respondent;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE ECTOR COUNTY HOSPITAL DISTRICT:

Section 1. Approval of Recitals. The District hereby finds and determines that the foregoing recitals are true and correct and are hereby incorporated by reference and made a part of this Resolution for all purposes as if the same were restated in full in this Section.

Section 2. Designation of the Successful Respondent. The District hereby designates the Respondent as the successful respondent under the RFP and District staff is authorized to negotiated exclusively with the Respondent with respect to the Project.

Section 3. Officers Authorized to Negotiate Final Commercial Terms and Agreements. The President and Chief Executive Officer of the District, the Vice President and Chief Operations Officer of the District and the Chief Legal Officer of the District are hereby each designated an "Authorized Officer." Each Authorized Officer and other appropriate officers and agents of the District are hereby authorized and directed, jointly and severally, for and in the name and on behalf of the District, to negotiate final commercial terms and definitive agreements memorializing the Project and any and all other documents, certificates and other agreements, necessary or desirable in connection with the Project, and to do any and all things and take any and all actions which may be necessary or advisable, in their discretion to effectuate the actions which the Board has approved in this Resolution; provided, however, that definitive Project agreements shall be submitted to the Board for approval prior to their execution.

Section 4. Investment Tax Credits. To the extent an Authorized Officer determines it is necessary to assure the availability of investment tax credits for the solar energy portion of the Project, such Authorized Officer is authorized to begin construction on the Project by paying for, and/or authorizing the payment of, solar panels to be used in the Project in an amount not to exceed \$2 million prior to definitive Project agreements being approved by the Board and executed by the District. It is expected that any such authorized payment would be reimbursed from funds made available as part of the Project.

Section 5. Ratification. All actions heretofore taken by any Authorized Officer or any officer, employee or agent of the District with respect to any matter related to the RFP or this Resolution are hereby approved, confirmed and ratified.

Section 6. Professionals. The law firm of Norton Rose Fulbright US LLP is hereby approved and confirmed to serve as special counsel to the District in connection the Project and any associated financing. The Chief Legal Officer is authorized and directed to sign an agreement with such firm reflecting such engagement. RBC Capital Markets is hereby designated to act as underwriter and/or placement agent with respect to any debt financing associated with the Project and any Authorized Officer is hereby authorized and directed to execute or consent to any agreement that is necessary or requested in connection with such engagement.

Section 7. Effective Date. This Resolution shall be in force and effect from and after its passage on the date shown below.

Section 8. No Personal Liability. No recourse shall be had for payment of any amount authorized by this Resolution or for any claim based on this Resolution, against any Authorized Officer, other officer, board member or employee of the District.

Section 9. Open Meeting. It is hereby officially found and determined that the meeting at which this Resolution was adopted was open to the public, and public notice of the time, place and purpose of such meeting was given, all as required by the Texas Open Meetings Act.

[Remainder of Page Intentionally Left Blank]

APPROVED AND ADOPTED this 5th day of August, 2025.

ECTOR COUNTY HOSPITAL DISTRICT

President, Board of Directors

Attest:

Secretary, Board of Directors

CEO Meeting

Provider Recruitment

July 2025

Mid- Level Opportunities

2 Urgent Care

1 Cardiology (Outpatient)

1 Radiology

1 Orthopedics

1 Critical Care

1 Hospitalist

Engagements	Site Visits	Accepted	Declined/Reason
5	1	0	3 – Location

- Engaged with Recruitment Firms to help with Urgent Care Recruitment Efforts
 - JW Lively Firm
 - Curative (pending)
 - AMN
- Marketing and Communications/ Updating the flyer (Pending)

Physician Opportunities:

Specialty	Engagement	Site Visit	Accepted / Declined
Anesthesia	1	0	1 Pending visit / Gupte
Cardiology	2	1	1 Pending
Family Med.	3	1	1 Pending 2 Declined: No call back and compensation / location
Gastro	1	0	2 Pending site visit

Ortho	1	0	1 Pending
Neurology	10	0	No call backs. / Income Gua. Reviewing with Benton to look at Hospitalist model
OBGYN	2	1	1 Accepted 1 Pending
Pediatrics	2	0	2 Pending
Urology	3	2	3 Pending

- Focus is on Urgent Care and getting the Marketing out
- Focus on Cardiology / Juan Sierra and Wife Recruitment (TTUHSC)
- Email OUT : TTUHSC on Chaudhry wife

Pending items :

- Pending : Ortho
- Pending : Cardiology
- Pending : Urology
- Pending : Family Medicine
- Pending : Urgent Care (PA/NP)
- Pending : discussion with Adiel about adding Neurology ProCare
- Pending : Onboarding Review

Good morning, friends,





The new school year is quickly approaching and our preparations are well underway. As you know, one of the bellwether events for this time of the year is Convocation, the day all ECISD staff comes together to celebrate the start of a new year.

Convocation 2025 is scheduled for 1:30 p.m. on Monday, August 4, at the Ector County Coliseum. In addition to remarks from Superintendent Dr. Keeley Boyer, this year's keynote speaker is José Hernández, an American engineer and former NASA astronaut whose life changed forever in the second grade when a dedicated teacher, Ms. Young, recognized his potential and encouraged his migrant worker parents to settle in one place so he could receive a stable education. His is an inspiring story of perseverance.

We will reserve special seating for you, we hope to see you there for ECISD Convocation 2025!

A graphic for ECISD Convocation 2025. At the top right is the ECISD logo with the tagline "OUR students. THE future." Below it, the text "OUR FUTURE" is in large, bold, black letters. The word "BEGIN" is written in large, stylized letters where each letter contains a different photo: 'B' shows a woman waving, 'E' shows a group of children, 'G' shows a woman and a child, 'I' is a purple flame icon, 'N' shows a woman clapping, and 'S' shows a graduate in a red cap and gown. To the right of "BEGIN" is the word "HERE." in large, bold, black letters. At the bottom, a dark grey banner contains the text "CONVOCATION 2025" in large, white, bold letters. Below the banner, the text "Monday, August 4 | 1:30 p.m. | Ector County Coliseum" is written in a smaller, black font.

Mike Adkins
*Chief Communications
Officer*
ECISD

 [432-456-9019](tel:432-456-9019)
 Michael.Adkins@ectorcountysd.org
 www.ectorcountysd.org
 P.O. Box 3912, Odessa, TX 79760

Medical Center Health System – Diabetes

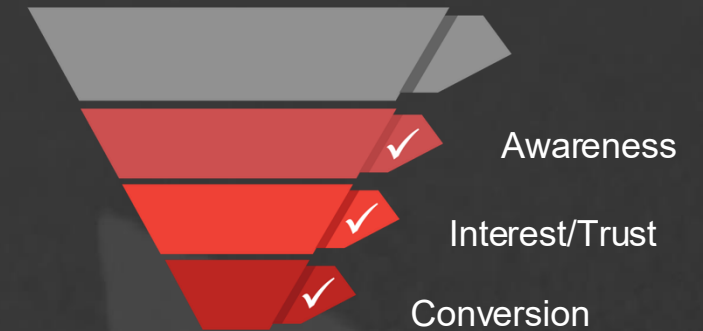
June Review 2025

Medical Center Health System



Addressable Display

As with direct mail, this delivers video, OTT video or banner ads only to devices within specific household addresses that are targeted by demographics and interests. It is great for branding and some site traffic, but the primary goal is to inspire consumer interest via foot traffic from that household to your brick-and-mortar location.





Addressable Geofencing Overview

331.11K

Impressions

581

Clicks

0.18%

CTR

25

Foot Traffic

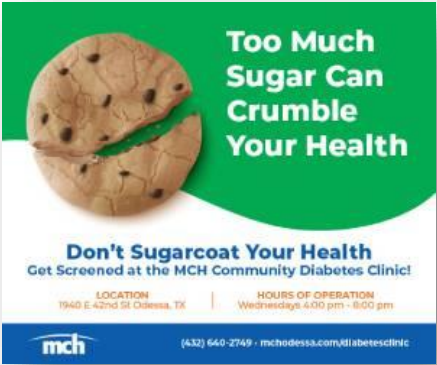
Date	Impressions	Clicks	CTR	Foot Traffic Visits
Feb 2025	13,938	36	0.26%	-
Mar 2025	86,296	128	0.15%	10
April 2025	83,481	159	0.19%	6
May 2025	86,232	158	0.18%	4
June 2025	63,941	108	0.17%	4

Creative Performance

Name	Impressions	Clicks	CTR	Foot Traffic Visits
Too Much Sugar	331,108	581	0.18%	26



- This campaign is having a strong performance so far, running above the benchmark CTR.
- June was pretty consistent in Foot Traffic Visits, tying with May with 4 visits.
- * <https://www.smartinsights.com/internet-advertising/internet-advertising-analytics/display-advertising-clickthrough-rates/>





Addressable Geofencing Overview

Addressable Geo Fencing Performance

State	City	Zip Code	Impressions	CTR	Clicks	Visits
TX	Odessa	79762	33,928	0.19%	64	9
TX	Odessa	79765	11,431	0.17%	19	5
TX	Gardendale	79758	6,321	0.06%	4	4
TX	Odessa	79761	28,588	0.17%	48	3
TX	Odessa	79764	18,665	0.19%	36	2
TX	Odessa	79763	22,036	0.16%	35	1
TX	Odessa	79766	5,870	0.15%	9	1
TX	Ackerly	79713	16	-	-	-
TX	Alpine	79830	3,828	0.05%	2	-
TX	Andrews	79714	17,641	0.14%	25	-
TX	Balmorhea	79718	23	-	-	-
TX	Big Spring	79720	20,381	0.19%	38	-
TX	Coahoma	79511	198	0.51%	1	-
TX	Crane	79731	1,623	0.18%	3	-
TX	Fort Davis	79734	132	-	-	-
TX	Fort Stockton	79735	4,454	0.22%	10	-
TX	Garden City	79739	36	-	-	-
TX	Goldsmith	79741	27	-	-	-

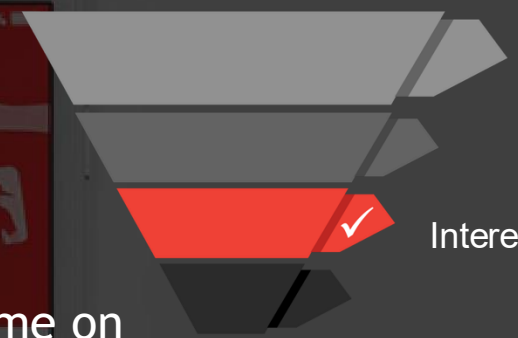
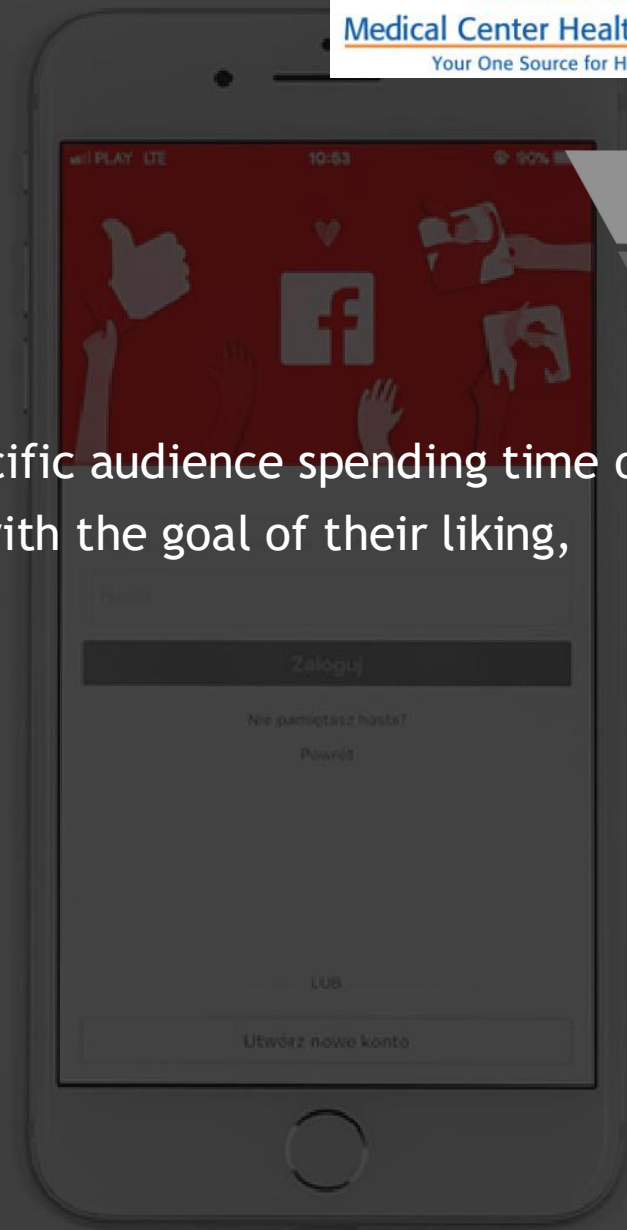
- The Odessa 79762 geo delivered the most impressions & received the most clicks & the most visits.
- The Coahoma 79511 geo ran with the highest CTR.

Medical Center Health System



Facebook

Delivers your message via image, video or carousel to a specific audience spending time on Facebook and Instagram. This solution targets consumers with the goal of their liking, commenting or sharing as an expression of their interest.



Interest/Trust



Facebook Overview

712.1K

Impressions

3.57K

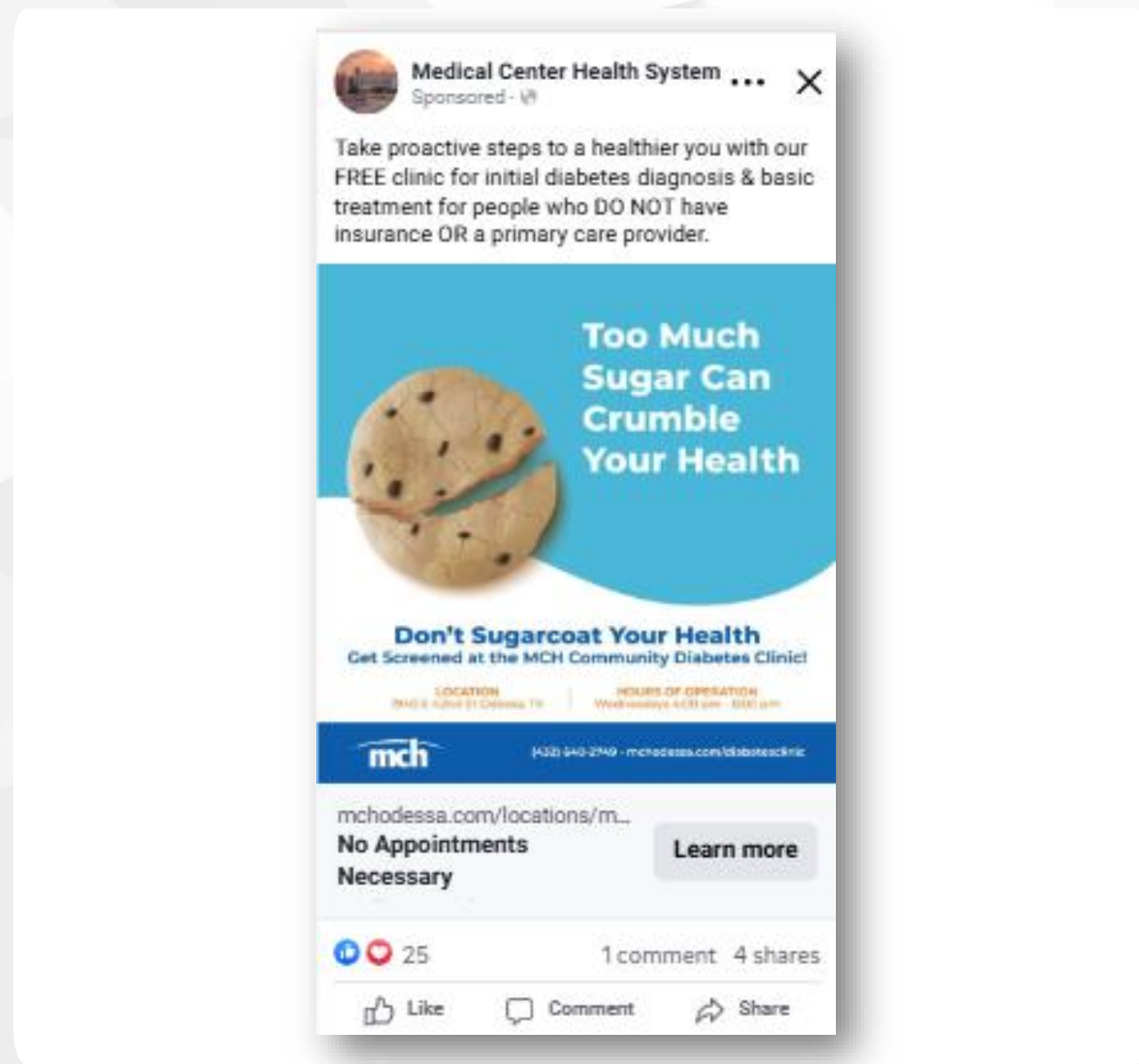
Link Clicks

0.50%

CTR

Date	Impressions	Link Clicks	CTR(%)
Feb 2025	20,538	117	0.57%
Mar 2025	204,244	909	0.45%
April 2025	178,948	874	0.49%
May 2025	168,556	894	0.53%
June 2025	139,767	778	0.56%

- June showcased an increase in CTR compared to May



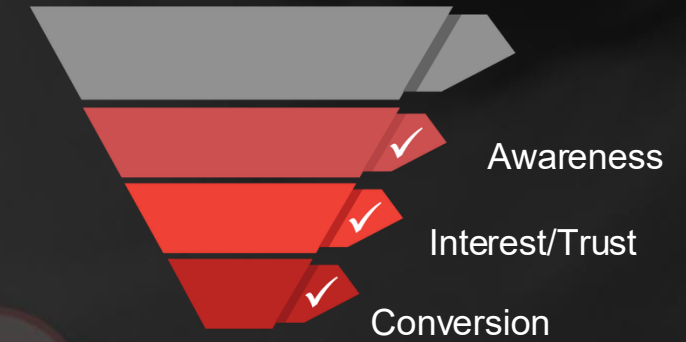
FACEBOOK

From Feb 25, 2025 to June 30, 2025

Medical Center Health System

Search

Place your paid ads in front of consumers ready to make a purchase, make a phone call or fill out a form based upon the keywords they're using in searches in real-time. This is the best solution to measure actual conversions for a client.





SEM Overview



5.66K

Impressions



661

Clicks



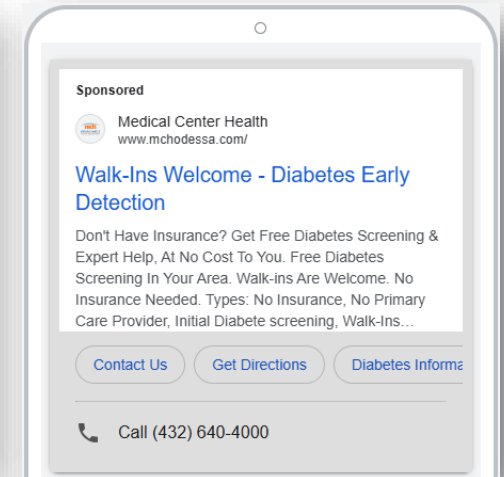
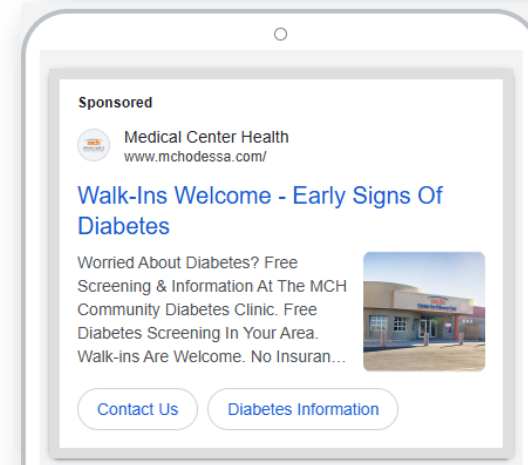
11.69%

CTR

Segment Name	Impressions	Clicks	CTR
Mar 2025	1,120	110	9.82%
April 2025	1,387	181	14.80%
May 2025	1,750	201	11.49%
June 2025	1,399	169	12.08%

- June showcased an CTR compared to May.
- The Diabetes Symptoms ad group delivered the most impressions, received the most clicks & ran with the highest CTR.

Ad Group	Impressions	Clicks	CTR
Diabetes Symptoms	3,822	536	14.02%
Diabetes Clinic	1,834	125	6.82%





SEM Overview

Keyword	Impressions	Clicks	CTR
"am i diabetic"	852	134	15.73%
"what are the early signs of diabetes"	614	124	20.20%
"blood sugar symptoms"	474	49	10.34%
"what are the signs of diabetes"	418	46	11.00%
"diabetes clinic services"	372	53	14.25%
"blood sugar management"	342	8	2.34%
"high blood sugar symptoms"	335	26	7.76%
"diabetes management"	313	18	5.75%
"A1C testing"	308	7	2.27%
"diabetes doctor odessa tx"	275	19	6.91%

- “am I diabetic,” a branded keyword delivered the most impressions & generated the most link clicks.
- The “what are the early signs of diabetes” keyword ran with the highest CTR.



FOR IMMEDIATE RELEASE
July 17, 2025

Contact: Trevor Tankersley
Director of Public Relations
432-640-1249 | ttankersley@echd.org

Medical Center Hospital Recognized for Excellence with ACC HeartCARE Center Designation

MCH now one of eight hospitals in Texas to earn designation

ODESSA, TEXAS – The American College of Cardiology has recognized Medical Center Hospital for its demonstrated commitment to comprehensive, high-quality culture and cardiovascular care. MCH was awarded the HeartCARE Center National Distinction of Excellence in June 2025 based on meeting accreditation criteria, and through their ongoing performance registry reporting.

MCH is now one of only EIGHT hospitals in Texas to earn this designation and one of 82 in the entire country.

“This is a monumental achievement for our extraordinary heart team,” said Russell Tippin, CEO & President, Medical Center Health System. “From our world-class doctors and cardiologists, to our directors, nurses and support staff, this team continues to show they are leading the way in heart health in West Texas and beyond. Odessa is now a destination for heart patients because of the incredible work our team does.”

“Earning the Heart Care Center Distinction from the American College of Cardiology is more than an accolade; it is a promise,” said Rene Rodriguez, DNP, RN, Divisional Director of Cardiovascular Services. “For West Texas, it means patients have access to a nationally recognized cardiac care, right in their own backyard. It is a mark of trust, excellence, and dedication to healthier hearts across our region.”

Hospitals and health systems that have earned an ACC HeartCARE Center designation have met a set of criteria, including participating in at least two ACC Accreditation Services programs, NCDR registries and targeted quality improvement campaigns, that are designed to help hospitals and institutions close gaps in guideline-based care. MCH has previously been awarded ACC Cardiovascular Accreditations in Chest Pain (Platinum) and in our Cath Lab.

“Medical Center Hospital has demonstrated its commitment to providing the Permian Basin and West Texas with excellent heart care,” said Deepak L. Bhatt, MD, MPH,

FACC, chair of the ACC Accreditation Management Board. "ACC Accreditation Services is proud to award MCH with the HeartCARE Center designation."

Hospitals receiving the HeartCARE Center designation from the ACC have demonstrated their commitment to consistent, high-quality cardiovascular care through comprehensive process improvement, disease and procedure-specific accreditation, professional excellence, and community engagement. MCH has proven to be a forward-thinking institution with goals to advance the cause of sustainable quality improvement.

The ACC offers U.S. and international hospitals like MCH access to a comprehensive suite of cardiac accreditation services designed to optimize patient outcomes and improve hospital financial performance. These services are focused on all aspects of cardiac care.

###



FOR IMMEDIATE RELEASE
July 24, 2025

Contact: Trevor Tankersley
Director of Public Relations
432-640-1249 | ttankersley@echd.org

Medical Center Hospital Recognized for Excellence with American College of Cardiology Cardiac Cath Lab Accreditation with PCI
MCH provides necessary care, resources to Cath Lab patients

ODESSA, TEXAS – The American College of Cardiology has recognized Medical Center Hospital for its demonstrated expertise and commitment in treating patients who come to a cardiac cath lab for care, including diagnostic catheterizations and percutaneous coronary intervention (PCI) procedures. Medical Center Hospital was awarded Cardiac Cath Lab Accreditation with PCI in July 2025 based on rigorous evaluation of the staff's ability to evaluate, diagnose and treat patients who come to the cardiac cath lab. MCH achieved accreditation for the Cath Lab in 2022, but must be reaccredited every three years to maintain status.

MCH is the only Cath Lab in the Permian Basin and the only one in an approximately 300-mile radius to be accredited.

Percutaneous coronary intervention is also known as coronary angioplasty. It is a non-surgical procedure that opens narrowed or blocked coronary arteries with a balloon to relieve symptoms of heart disease or reduce heart damage during or after a heart attack.

“Our Cath Lab Reaccreditation is an achievement of continued dedication, skill and teamwork of our entire cardiovascular service line,” said Rene Rodriguez, Divisional Director of Cardiovascular Services at MCH. “This achievement reflects the time and effort placed by our team which consists of cardiologists, nurses, radiology technologists, aides, and assistants in the Cath Lab and many other staff members within the organization with a goal for continued improvements in patient care and outcomes in our community. We are thrilled to be honored once again by the American College of Cardiology.”

Hospitals receiving Cardiac Cath Lab Accreditation with PCI from the ACC must take part in a multi-faceted clinical process that involves: completing a gap analysis; examining variances of care; developing an action plan; a rigorous onsite review; and monitoring for sustained success. Improved methods and strategies of caring for

patients include streamlining processes, implementing guidelines and standards, and adopting best practices in the care of cath lab patients. Facilities that achieve accreditation meet or exceed an array of stringent criteria and have organized a team of doctors, nurses, clinicians, and other administrative staff that earnestly support the efforts leading to improved patient outcomes.

“Medical Center Hospital has demonstrated its commitment to providing the Permian Basin with excellent heart care,” said Deepak L. Bhatt, MD, MPH, FACC, chair of the ACC Accreditation Management Board. “ACC Accreditation Services is proud to award Medical Center Hospital with Cardiac Cath Lab Accreditation with PCI.”

Hospitals that have proven exceptional competency in treating patients who require cardiac catheterization have standardized their assessment process for patients before undergoing catheterization to ensure quality and patient safety. They ensure that care in the procedure room for sedation, infection control, radiation safety, universal protocol, and time out procedures is fully coordinated; and have mastered the appropriate transfer to a cath recovery unit to better monitor and track complications, enhance physician-to-patient communication, patient family communication, discharge instructions and follow-up information.

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Ector County Appraisal District

1301 E. 8th Street
Odessa, Texas 79761-4703

Phone: 432-332-6834
ector@ectorcad.org
www.ectorcad.org

July 25, 2025

Mr. Russell Tippin, Administrator
Ector County Hospital District
Post Office Drawer 7239
Odessa, Texas 79760-7239

Dear Mr. Tippin,

Attached is a copy of the Certification of the 2025 Appraisal Roll for your taxing entity and a value and exemption summary.

The Ector County Appraisal Review Board approved the appraisal roll July 11, 2025, and I have certified the roll to you this date.

Pursuant to Section 26.04(c) of the Texas Property Tax Code, as your designated tax assessor/collector, I will begin the effective and roll-back tax rate calculations. You will be notified as soon as the rates are determined.

It is a pleasure to serve you. If you have any questions concerning your 2025 appraisal roll or values, please give me a call.

Sincerely,

Layne Young, RPA
Chief Appraiser-Executive Director

LY:sm

Enclosures

xc: Mr. Grant Trollope, Assistant Chief Financial Officer
Ms. Lory Olivas, ECAD Director of Collections

STATE OF TEXAS)(

COUNTY OF ECTOR)(

CERTIFICATION OF 2025 APPRAISAL ROLL FOR THE ECTOR COUNTY HOSPITAL DISTRICT

"I, LAYNE YOUNG, CHIEF APPRAISER OF THE **ECTOR COUNTY APPRAISAL DISTRICT** SOLEMNLY SWEAR THAT THE ATTACHED IS THAT PORTION OF THE APPROVED APPRAISAL ROLL OF THE **ECTOR COUNTY HOSPITAL DISTRICT** WHICH LISTS PROPERTY TAXABLE BY THE **ECTOR COUNTY HOSPITAL DISTRICT** AND CONSTITUTES THE APPRAISAL ROLL FOR THE **ECTOR COUNTY HOSPITAL DISTRICT**."

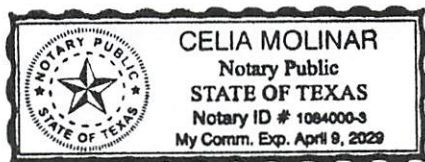
2025 APPRAISAL ROLL INFORMATION


TOTAL MARKET VALUE	\$	26,620,844,292
TOTAL TAXABLE VALUE	\$	22,931,791,155



LAYNE YOUNG, RPA CHIEF APPRAISER

SWORN AND SUBSCRIBED TO ME ON THIS THE 25TH DAY OF JULY, 2025, A.D.





NOTARY PUBLIC
ECTOR COUNTY, STATE OF TEXAS

ECTOR COUNTY APPRAISAL DISTRICT

2025

CERTIFIED APPRAISAL ROLL SUMMARY ECTOR COUNTY HOSPITAL DISTRICT

APPRAISED VALUE:

Mineral Property	2,111,660,725
Improvement	15,132,309,856
Land	2,941,941,003
Productivity Market	388,436,994
Personal Property	6,046,495,714

TOTAL MARKET VALUE

26,620,844,292

Totally Exempt	1,473,441,336
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TOTAL MARKET VALUE OF TAXABLE PROPERTY

25,147,402,956

Total Productivity Loss	385,360,913
10% Capped Homestead Loss	74,824,323
20% Capped Circuit Breaker Loss	280,734,929

TOTAL ASSESSED (APPRAISED)

24,406,482,791

EXEMPTIONS and DEDUCTIONS

Homestead (State Mandated)	
Homestead (Local Option)	712,974,181
Over 65 (State Mandated)	
Over 65 (Local Option)	279,045,932
Disabled Person (State Mandated)	
Disabled Person (Local Option)	4,185,855
Disabled Veteran	5,293,428
Disabled Veteran (Homestead 100%)	72,020,802
Surviving Spouse (FR & DSM & VET)	2,256,611
Abatement	55,803,213
Pollution Control	151,713,634
Freeport	185,109,681
Goods in Transit	62,917
Low Income Housing	
Solar / Wind	
Med / Biomed Property	152,129
Child-Care Facilities	
Total Exempt Proration	6,073,253

TOTAL EXEMPTIONS and DEDUCTIONS

1,474,691,636

TOTAL TAXABLE VALUE

22,931,791,155

VALUE BY CATEGORY:

SUMMARY

Mineral Property	2,104,305,233
Real Estate Residential	10,097,245,653
Real Estate Multi Family	848,846,828
Real Estate Vacant Lots	430,819,217
Real Estate Acreage	392,931,724
Real Estate Farm & Ranch	55,071,494
Real Estate Commercial	3,346,894,035
Real Estate Industrial	1,297,554,706
Utility Property	1,531,293,685
Commercial Personal	3,683,042,561
Industrial Personal	700,150,926
Personal Prop Mobile Home	511,715,847
Residential Real Inventory	4,069,318
Special Inventory	134,703,614
Real Estate Totally Exempt	1,465,825,979
Personal Property Totally Exempt	9,017,980
Mineral Property Totally Exempt	7,355,492

TOTAL MARKET VALUE

26,620,844,292

ECTOR COUNTY APPRAISAL DISTRICT
2025
CERTIFIED APPRAISAL ROLL SUMMARY
ECTOR COUNTY HOSPITAL DISTRICT

EFFECTIVE RATE CALCULATION INFORMATION:

Prior Year adjusted Taxable Value (excluding 25.25(d) corrections)		19,856,653,089
Prior Year Taxable Value with Tax Ceiling		-
Taxable Value Lost on Court Appeals of ARB Decisions		1,439,302
Original ARB value	31,452,504	
Final court value	30,013,202	
Prior Year Undisputed Taxable Value under Chapter 42 Appeal		619,231,575
Original ARB value	1,262,445,681	
Disputed value	643,214,106	
Undisputed Value	619,231,575	
Taxable Value of Deannexed Property		-
Taxable Value Lost on New Exemptions		104,285,576
Absolute	1,645,955	
Partial	104,285,576	
Taxable Value Lost on New Ag		393,663
2023 Market	396,775	
2025 Productivity	3,112	
Taxes Refunded for Years Preceding Prior Year		19,411.92
Taxable Value of Properties Under Protest		
ECAD Taxable	126,212,151	
Owner Request	106,692,223	
Current Year Taxable Value with Tax Ceiling		-
Taxable Value of Annexed Property		-
Appraised Value of New Property (impr & pers)		1,102,194,976
Taxable Value of New Property (impr & pers)		1,044,686,674
	LAST YEAR	THIS YEAR
Average Home Market Value	210,515	234,421
Average Home Taxable Value	170,409	208,933
(including Residential Homestead)		
(excluding Over 65, Disability, & DV Exemptions)		
Pollution Control:		35,410,597
first time exempted value		

APPRAISAL REVIEW BOARD)(

ECTOR COUNTY, TEXAS)(

ORDER APPROVING APPRAISAL RECORDS

AFTER REVIEWING THE APPRAISAL RECORDS OF THE **ECTOR COUNTY APPRAISAL DISTRICT** AND HEARING AND DETERMINING ALL TAXPAYER PROTESTS AND TAXING UNIT CHALLENGES WHICH WERE PROPERLY BROUGHT BEFORE THE APPRAISAL REVIEW BOARD IN ACCORDANCE WITH THE TEXAS PROPERTY TAX CODE, THE BOARD, WITH A QUORUM PRESENT, HAS DETERMINED THAT THE APPRAISAL RECORDS SHOULD BE APPROVED AS CHANGED BY THE BOARD ORDERS DULY FILED WITH THE CHIEF APPRAISER.


IT IS THEREFORE **ORDERED** THAT THE APPRAISAL RECORDS AS CHANGED ARE APPROVED, AND CONSTITUTE THE APPRAISAL ROLL FOR THE **ECTOR COUNTY APPRAISAL DISTRICT**.

THE APPROVED APPRAISAL RECORDS ARE ATTACHED TO THE ORDER AND ARE INCORPORATED HEREIN BY REFERENCE THE SAME AS IF FULLY COPIED AND SET FORTH AT LENGTH.

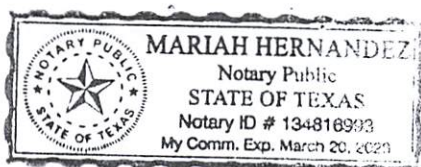
SIGNED THIS 11TH DAY OF JULY, 2025.


JOSEPH HURT, CHAIRMAN

ATTEST:


ARB MEMBER

SWORN AND SUBSCRIBED TO ME THIS THE 11TH DAY OF JULY, 2025.




NOTARY PUBLIC
ECTOR COUNTY, STATE OF TEXAS

SECTOR IN-DEPTH

22 July 2025



Contacts

Beth I. Wexler	+1.212.553.1384
VP-Sr Credit Officer	
beth.wexler@moodys.com	
Jaime Johnson	+1.212.553.1706
VP-Senior Analyst	
jaime.johnson@moodys.com	
Ola Hannoun-Costa	+1.212.553.1456
Associate Managing Director	
ola.hannouncosta@moodys.com	
Daniel Steingart, CFA	+1.415.203.7714
Associate Managing Director	
daniel.steingart@moodys.com	
Susan Fitzgerald	+1.212.553.6832
Managing Director	
susan.fitzgerald@moodys.com	

CLIENT SERVICES

Americas	1-212-553-1653
Asia Pacific	852-3551-3077
Japan	81-3-5408-4100
EMEA	44-20-7772-5454

Healthcare – US

New law poses risks for hospitals as Medicaid funding weakens

The US government's recently enacted budget reconciliation law, which is set to substantially reduce Medicaid spending, poses a credit risk for hospitals starting in fiscal 2027 (ending 30 September 2027). The law will reduce federal spending by up to \$1.1 trillion through fiscal 2034 versus prior estimates, according to data from the Congressional Budget Office (CBO). Key provisions that will contribute to the estimated reduction include a moratorium on new and existing Medicaid provider taxes, caps on state-directed payments and stricter Medicaid eligibility requirements.

Challenges posed by the law come as not-for-profit hospitals face rising fixed costs for labor and supplies while still recovering from a pandemic-era labor shortage. And many providers with high exposure to governmental reimbursement already operate on thin margins.

The new law will result in an increase in the uninsured by 11.8 million by fiscal 2034, according to the CBO. The hike stands to increase uncompensated care.

Several provisions in the law stand to restrict Medicaid eligibility and lead to the increase in the uninsured, negatively impacting hospitals' financial performance. Individuals must work, perform community service, participate in a work program or study for a combined minimum of 80 hours a month to qualify for Medicaid coverage, though certain groups are exempt.

Besides increasing uncompensated care, a reduction in Medicaid enrollment because of the new law may have other negative downstream effects, including the potential to affect a hospital's eligibility for the 340B drug pricing program. The program allows eligible hospitals to purchase certain drugs at a discount and then collect reimbursement for the full amount.

Hospitals with large numbers of Medicaid patients and limited financial flexibility will be most affected by the new law, particularly safety-net hospitals and those in low-income and rural areas. Although a \$50 billion fund is included in the law to offset some of the adverse effects on rural hospitals and other providers, it is unlikely to fully cover declines in reimbursement and volumes. Medicaid accounted for a median 15% of gross revenue for rated not-for-profit hospitals in fiscal 2024, according to our preliminary data.

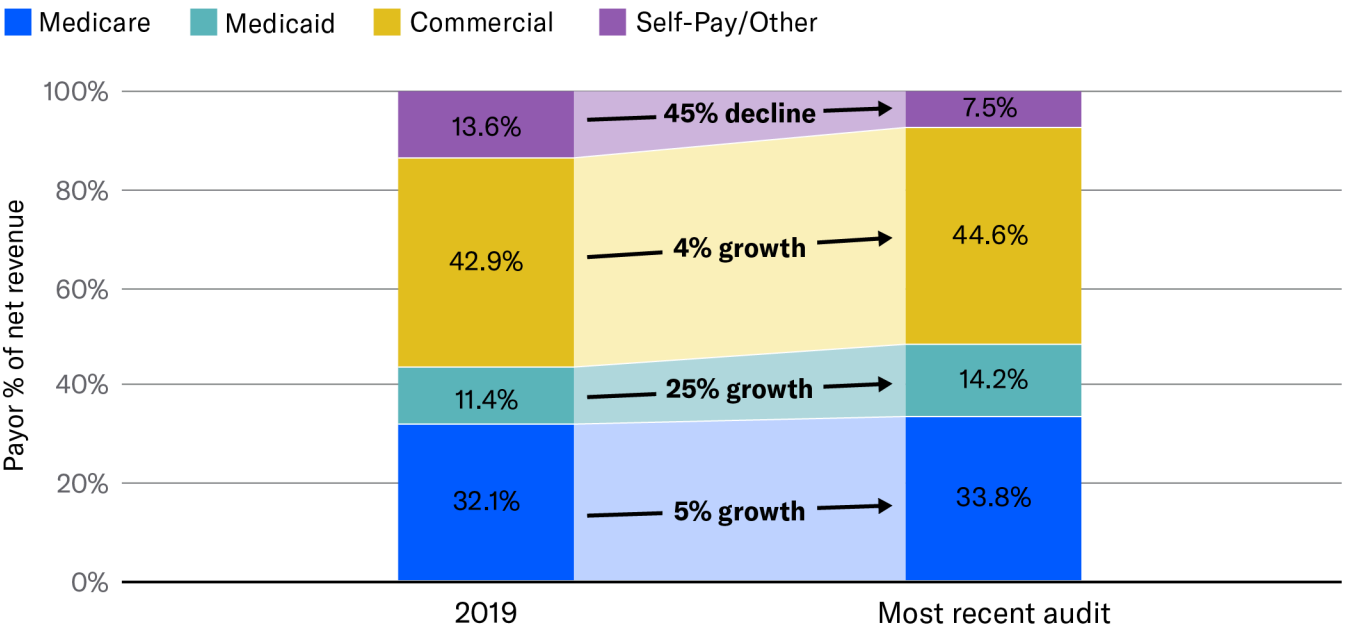
Separately, the for-profit, post-acute-care hospital segment, including long-term care facilities and inpatient rehabilitation facilities, is less exposed to the new law's spending reductions. Those health systems are less reliant on Medicaid than conventional hospitals and some other providers (see "Post-acute hospitals are set to avoid material effects from new law" below).

Restrictions on healthcare provider taxes (a mechanism used by states to bolster federal funding for Medicaid) and caps on reimbursement for state-directed payment programs (a way for states to increase funding for providers) will reduce revenue for hospitals in many states. The law caps Medicaid state-directed payments at 100% of the Medicare payment

rate for states that have implemented Medicaid expansion and at 110% for states that have not adopted the expansion. Existing payments will remain at current levels until new limits are implemented starting 1 January 2028, providing hospitals with an opportunity to adapt.

Growth in state-directed payment programs has heightened Medicaid's importance as a governmental payor in many states. Medicaid patient volumes increased by about 9% between 2019 and 2023, yet Medicaid's share of net revenue surged by 25% (see Exhibit).

Provider taxes and state-directed payments have made Medicaid a more significant contributor to net revenue



Data is derived from a sample of 50 rated not-for-profit health systems.
Source: Moody's Ratings

Moreover, stricter verification for eligibility for the Affordable Care Act's (ACA) individual market imposed by the law is a credit negative for hospitals. Additionally, if ACA premium tax credits expire at the end of 2025 as scheduled, the ACA market's premiums may significantly increase. This would likely result in many individuals dropping coverage, exacerbating the challenges facing healthcare providers.

Apart from the new law, policy challenges like 340B reimbursement cuts and changes in site-neutrality pose further risks of a reduction in reimbursement payments. Some hospitals would be significantly affected by 340B reductions. Similarly, changes in site-neutrality policies, whereby Medicare reimbursement is standardized for equivalent services regardless of the treatment setting, have the potential to create additional reimbursement hurdles for many systems.

Elsewhere, state policies such as price controls, financial assistance and mandated staffing ratios will have mixed credit effects. For example, Oregon's presumptive charity-care rule has had a mixed impact. The measure reduces administrative overhead and benefits the community by increasing access to care. However, it is costly, with multiple hospitals reporting losses attributable to the program as indigent care has risen significantly.

Price regulations stand to reduce hospital margins and potentially lead to a loss in tax exemption if violated. Mandated staffing ratios increase costs initially as more registered nurses are hired, but may be offset by long-term benefits such as improved patient outcomes and higher patient volumes from a reputation for high-quality care.

This publication does not announce a credit rating action. For any credit ratings referenced in this publication, please see the issuer/deal page on <https://ratings.moody.com> for the most updated credit rating action information and rating history.

Patient Visit Information

You were seen today for:

Symptomatic hypotension
Upper GI bleed
Anemia, macrocytic
Melena

Care Plan Goals:

1. Most likely, you have acute slow bleeding from stomach ulcer causing your stool change color to black color which is red blood cells from your stomach being digested by you own stomach acid.
2. Your hemoglobin is 11.4 which is stable.
3. Contact your family doctor immediately in the morning for gastroenterology consult. You will need an endoscopy procedure to check the condition of your stomach.
4. If your condition gets worse, please go to Medical Center Hospital emergency department in Odessa Texas for further evaluation and gastroenterology consult.
5. Drink plenty of water to hydrate yourself.
6. Avoid aspirin, Motrin, ibuprofen, any NSAIDs, alcohol drinking.

Follow-Ups:

[REDACTED] has been referred to the following clinics/specialists for follow-up care:

1. **Ragha Divy Gandra , MD Date:**
Permian Premier Health Service
605 E. 4th St
ODESSA, TX 79761
(432)337-4347

Prescriptions:

1. ondansetron
4 mg oral every 4 hours #20 tab
4 mg