



ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS MEETING
OCTOBER 1, 2024 – 5:30 p.m.
MEDICAL CENTER HOSPITAL BOARD ROOM (2ND FLOOR)
500 W 4TH STREET, ODESSA, TEXAS

AGENDA (p.1-2)

- I. CALL TO ORDERWallace Dunn, President
II. ROLL CALL AND ECHD BOARD MEMBER ATTENDANCE/ABSENCESWallace Dunn
III. INVOCATIONChaplain Doug Herget
IV. PLEDGE OF ALLEGIANCEWallace Dunn
V. MISSION / VISION / VALUES OF MEDICAL CENTER HEALTH SYSTEM ... Don Hallmark (p.3)
VI. AWARDS AND RECOGNITION
A. October 2024 Associates of the Month..... Russell Tippin
- Clinical – Jackielyne Arabia Cruz
- Non-Clinical – Fanny Olivas Huerta
- Nurse – Javier Talamantes Pavia
B. Net Promoter Score Recognition Russell Tippin
- Getnet Aberra, M.D.
VII. CONFLICT OF INTEREST DISCLOSURE BY ANY BOARD MEMBER
VIII. PUBLIC COMMENTS ON AGENDA ITEMS
IX. CONSENT AGENDA Wallace Dunn (p.4-68)
(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, September 5, 2024
B. Consider Approval of Special Meeting Minutes– Public Hearing on Tax Rate, September 17, 2024
C. Consider Approval of Joint Conference Committee, September 24, 2024
D. Consider Approval of Special Meeting Minutes to Adopt Tax Rate and Budget, September 24, 2024
E. Consider Approval of Federally Qualified Health Center Monthly Report, August 2024
F. Consider Approval of 2024 Compliance Program Manual
G. Consider Approval of January 2025 – January 2026 Board/Finance Committee Meeting Dates

X. COMMITTEE REPORTS

- A. Finance Committee** Don Hallmark (p.69-113)
 - 1. Financial Report for Month Ended August 31, 2024
 - 2. Consent Agenda
 - a. Consider Approval of Additional Funds Request for PACS System - Merge
 - b. Consider Approval of MCH Professional Care Funding Agreement

- B. Executive Policy Committee**..... Don Hallmark

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

XII. PRESIDENT/CHIEF EXECUTIVE OFFICER’S REPORT AND ACTIONS

- Russell Tippin (p.114-116)

- A. Resolution to Nominate ECHD Board Member to the Ector County Appraisal District Board**
- B. Hospital Elevator Data**
- C. November Election Update**
- D. Ad hoc Report(s)**

XIII. EXECUTIVE SESSION

Meeting held in closed session involving any of the following: (1) Consultation with attorney regarding legal matters and legal issues pursuant to Section 551.071 of the Texas Government Code; (2) Deliberation Regarding Real Property pursuant to Section 551.072; (3) Discussion of Personnel Matters pursuant to Section 551.074 of the Texas Government Code; and (4) Deliberation regarding negotiations for health care services, pursuant to Section 551.085 of the Texas Government Code.

XIV. ITEMS FOR CONSIDERATION FROM EXECUTIVE SESSION

- A. CONSIDER APPROVAL OF MCH PROCARE PROVIDER AGREEMENTS**
- B. CONSIDER APPROVAL OF COMPLIANCE CONFIDENTIALITY AGREEMENT**
- C. CONSIDER APPROVAL TO SELL REAL ESTATE – 42ND STREET**

XV. ADJOURNMENTWallace 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
SEPTEMBER 5, 2024 – 5:30 p.m.**

MINUTES OF THE MEETING

MEMBERS PRESENT:

Wallace Dunn, President
Don Hallmark, Vice President
Will Kappauf
Richard Herrera
David Dunn

MEMBERS ABSENT:

Bryn Dodd
Kathy Rhodes

OTHERS PRESENT:

Matt Collins, Chief Operating Officer
Steve Steen, Chief Legal Counsel
Kim Leftwich, Chief Nursing Officer
Dr. Meredith Hulsey, Chief Medical Officer
Dr. Jeffrey Pinnow, Chief of Staff
Dr. Nimat Alam, Vice Chief of Staff
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

Wallace 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

Wallace Dunn called roll, and there were two members absent: Bryn Dodd and Kathy Rhodes were excused.

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III. INVOCATION

Chaplain Doug Herget offered the invocation.

IV. PLEDGE OF ALLEGIANCE

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

V. MISSION/VISION OF MEDICAL CENTER HEALTH SYSTEM

David Dunn presented the Mission, Vision and Values of Medical Center Health System.

VI. AWARDS AND RECOGNITION

A. September 2024 Associates of the Month

Matt Collins, Chief Operating Officer, introduced the September 2024 Associates of the Month as follows:

- Clinical – Lluvia Morales
- Non-Clinical – Adina Crain
- Nurse – Nelson Nabua

B. Net Promoter Score Recognition

Matt Collins, Chief Operating Officer, introduced the Net Promoter Score High Performer(s).

- Jackie Lehr, NPI
- Suzanne Cearley, NP
- Dr. Benjamin Cunningham

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 Regular Meeting Minutes, August 6, 2024**
- B. Consider Approval of Joint Conference Committee, August 27, 2024**
- C. Consider Approval of Federally Qualified Health Center Monthly Report, July 2024**

David Dunn moved, and Richard Herrera seconded the motion to approve the items listed on the Consent Agenda as presented. The motion carried unanimously.

X. COMMITTEE REPORTS

A. Finance Committee

1. Financial Report for Month Ended July 31, 2024
2. Consent Agenda
 - a. Consider Approval of Vitalant Contract Renewal
 - b. Consider Approval of Intuitive Surgical-DaVincie Robot #1 Annual Service and Simulator Software Renewal
 - c. Consider Approval of Vocera Communication Devices Software Support Renewal
 - d. Consider Approval of Capital Expense Reconciliation

e. Consider Approval of ECHD Board Member Reimbursement Request(s)

3. Consider Approval of Current Media Contract
4. Consider Approval of NetBrain Network Monitoring System
5. Consider Approval of Vaya Workforce Solutions Contract
6. Consider Approval of Rayus Radiology Rental Agreement
7. Consider Approval of QUIDEL Sofia2 Placement Amendment

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

B. Executive Policy Committee

The Executive Policy Committee met on August 29, 2024 to review and approve three (3) MCH policies meeting the committee guidelines. The committee recommends approval of the submitted policies as presented.

Don Hallmark moved, and Richard Herrera seconded the motion to approve the Executive Policy Committee report as presented. The motion carried.

XI. TTUHSC AT THE PERMIAN BASIN REPORT

Dr. Timothy Benton provided the TTUHSC at the Permian Basin report for information only. No action was taken.

XII. BUDGET AND TAX RATE DISCUSSION

Discussion was held for Executive Session. No action was taken.

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

A. Dr. Hulseley - Update

No report was provided.

B. Consider Changing the Date of the January 7, 2025 Board Meeting to January 13, 2025

Richard Herrera moved, and David Dunn seconded the motion to move the January Board Meeting to **Tuesday, January 14, 2025**. The motion carried.

C. Updated Board Budget Workshop Meeting – September 24, 2024

Matt Collins, Chief Operating Officer, reported that the Board Budget Workshop Meeting is scheduled for September 24, 2024. Page 6 of 116

This report was informational only. No action was taken.

D. Odessa Legislative Days in Austin – February 2025

Matt Collins, Chief Operating Officer, reported that the Odessa Legislative Days in Austin will be in February 2025.

This report was informational only. No action was taken.

E. Ad hoc Reports

The Regional Services Update report was provided in the board packet.

This report was informational only. No action was taken.

XIV. EXECUTIVE SESSION

Wallace 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) Discussion of Personnel Matters pursuant to Section 551.074 of the Texas Government Code; (3) Deliberation regarding Real Property pursuant to Section 551.072 and (4) Deliberation regarding negotiations for health care services, pursuant to Section 551.085 of the Texas Government Code..

ATTENDEES for the entire Executive Session: ECHD Board members, Will Kappauf, Richard Herrera, David Dunn, Don Hallmark, Wallace Dunn, and Steve Steen, Chief Legal Counsel.

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

Steve Steen, Chief Legal Counsel, presented the MCH On-Call Agreement to the Board of Directors during Executive Session.

Steve Steen, Chief Legal Counsel and Wallace Dunn, ECHD Board President, led the board in discussions about the November election.

Steve Ewing, Chief Financial Officer, led the board in discussions about the capital budget and tax rate.

Adiel Alvarado, Matt Collins, Steve Ewing and Kerstin Connolly were excused from Executive Session.

Steve Steen, Chief Legal Counsel, led the board in discussions about a ProCare and Human Resources issue..

Executive Session began at 5:49 p.m.

Executive Session ended at 7:08 p.m.

No action was taken during Executive Session.

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XV. ITEMS FOR CONSIDERATION FROM EXECUTIVE SESSION

A. Consider Approval of MCH ProCare Provider Agreements.

Wallace Dunn presented the following renewal:

- Errol Anderson, M.D. – This a three (3) year Radiology Contract.

Wallace Dunn presented the following amendments:

- West Texas Ear, Nose and Throat & Sinus Institute. – This is an amendment to a Lease Agreement.
- MidWest Anesthesia Alliance, LLC - This is an amendment to a Anesthesia Contract.

Wallace Dunn presented the following new contracts:

- Alona Roldan, N.P. – This a three (3) year Family Health Clinic Contract.

David Dunn moved, and Richard Herrera seconded the motion to approve the MCH ProCare Provider Agreements as presented. The motion carried.

B. Consider Approval of MCH On-Call Agreement

Wallace Dunn presented the following MCH On-Call Agreement:

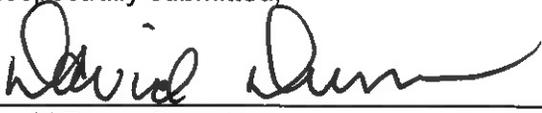
- Matthew Brown, M.D. – This is a 3-year plastic surgery (hand) on-call agreement.

Will Kappauf moved, and David Dunn seconded the motion to approve the MCH On-Call Agreement as presented. The motion carried.

XVI. ADJOURNMENT

There being no further business to come before the Board, Wallace Dunn adjourned the meeting at 7:09 p.m.

Respectfully submitted,



David Dunn, Secretary
Ector County Hospital District Board of Directors

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS
SPECIAL MEETING
SEPTEMBER 17, 2020 – 5:00 p.m.**

MINUTES OF THE MEETING

MEMBERS PRESENT: Wallace Dunn, President
Don Hallmark, Vice President
Will Kappauf
David Dunn
Richard Herrera

MEMBERS ABSENT: Bryn Dodd
Kathy Rhodes

OTHERS PRESENT: Russell Tippin, President/Chief Executive Officer
Steve Ewing, Chief Financial Officer
Steve Steen, Chief Legal Counsel
Matt Collins, Chief Operating Officer
Kim Leftwich, Chief Nursing 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

Wallace Dunn called the meeting to order at 5:00 p.m. in the Board Room of Medical Center Hospital. Notice of the meeting was properly posted as required by the Open Meetings Act.

II. ROLL CALL

Wallace Dunn called roll of the ECHD Board Members. Bryn Dodd and Kathy Rhodes had excused absences.

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III. PUBLIC HEARING

Wallace Dunn stated *"The Special Meeting of the ECHD Board of Directors is open to accept comments from the public regarding the proposed 2024 Ad Valorem Tax Rate. For those wishing to make public comments and who have not already done so, please sign in with Ms. Connolly. Comments to the Board will be limited to 3*

minutes. Counsel will give each speaker a 1-minute warning prior to the expiration of the 3-minute time limit."

There was one member of the public who requested to address the ECHD Board of Directors. Joe Albert Smith addressed the ECHD Board of Directors.

After the public comments were received Mr. Dunn asked if there were additional public comments regarding the 2024 Ad Valorem Tax Rate. There were no further comments from the public.

Mr. Dunn stated *"A Special Meeting of the ECHD Board of Directors will be held in this Board Room on September 24, 2024 at 3:00 p.m. to accept comments from the public on the proposed Fiscal Year 2025 Operating and Capital Budget and to vote on the proposed 2024 Ad Valorem Tax Rate."*

IV. 2024 Ad Valorem Tax Rate

Steve Ewing, Chief Financial Officer, made a presentation on how the 2024 Ad Valorem Tax Rate was calculated using the following information.

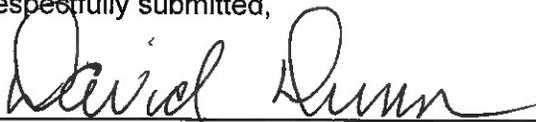
Medical Center Health System - Ad Valorem Tax Calculations

	<u>FY '24</u>		<u>FY '25</u>	
No New Revenue (NNR) Tax Rate	0.088729	->	0.088448	-0.3%
Break out M&O Tax Rate	0.073925	->	0.074475	0.7%
Adjust for Prior Yr Sales Tax	\$55,856,120	->	<u>0.289208</u>	
	NNR PP / Sales Tax Equiv		0.343681	
108% calc Voter Appr Rate (VAR)	108%		0.371175	
Add I&S Tax Rate (Bond Pymts)			<u>0.015000</u>	
			VAR PP / Sales Tax Equiv	0.386175
Subtract Current Yr Sales Tax	\$60,528,046	->	<u>0.285802</u>	
	VAR PP Tax Rate		0.100373	13.1%

V. ADJOURNMENT

There being no further business to come before the Board, Wallace Dunn adjourned the meeting at 5:26 p.m.

Respectfully submitted,



David Dunn, Secretary
 Ector County Hospital District Board of Directors



October 1, 2024

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

Medical Staff:

Applicant	Department	Specialty/Privileges	Group	Dates
Alaaedin Alhomosh, MD	Medicine	Neurology	ProCare	10/01/2024-09/30/2025
William Brockway, MD	Surgery	Urology		10/01/2024-09/30/2025
Blake Carlson, MD	Radiology	Telemedicine	VRAD	10/01/2024-09/30/2026
Teayoung Kim, MD	Hospitalist	Hospitalist	ProCare	10/01/2024-09/30/2025
Gilfrhen Lopez, MD	Hospitalist	Hospitalist	ProCare	10/01/2024-09/30/2025
Arthur Montes, MD	Radiology	Telemedicine	VRAD	10/01/2024-09/30/2026
Benjamin Seckler, MD	Radiology	Telemedicine	VRAD	10/01/2024-09/30/2026
Eddie Taylor, MD	Radiology	Telemedicine	VRAD	10/01/2024-09/30/2026

Allied Health:

Applicant	Department	AHP Category	Specialty/Privileges	Group	Sponsoring Physician(s)	Dates
Kimberly Packer, NP	Medicine	AHP	Nurse Practitioner		Dr. Mamoun Bashir	10/01/2024-09/30/2026



*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



October 1,2024

**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	Changes to Privileges	Dates
Jorge Alamo, MD	Family Medicine	Yes	Active	Family Medicine	ProCare	None	10/01/2024-09/30/2026
Joseph Horner, MD	Radiology	Yes	Telemedicine	Telemedicine	VRAD	None	10/01/2024-9/30/2026
Donald Nicell, MD	Radiology	Yes	Telemedicine	Telemedicine	VRAD	None	10/01/2024-09/30/2026
Ryan Tubre, MD	Surgery	Yes	Associate	Urology	ProCare	None	10/01/2024-09/30/2025
Scott Adams, MD	Radiology	Yes	Telemedicine	Telemedicine	American Radiology	None	11/01/2024-10/31/2026
Hillary Brunner, DPM	Surgery	Yes	Courtesy	Podiatry		None	11/01/2024-10/31/2026
Monica Kessi, MD	Radiology	Yes	Telemedicine	Telemedicine	VRAD	None	11/01/2024-10/31/2026
Julie Ohlman, MD	Anesthesia	Yes	Associate	Anesthesia	ProCare	None	11/01/2024-10/31/2025
Jessica Page, MD	Radiology	Yes	Telemedicine	Telemedicine	American Radiology	None	11/01/2024-10/31/2026
Staton Awtrey, MD	Surgery	Yes	Active	Cardio Thoracic Surgery		None	11/01/2024-10/31/2026
Jared Browning	Radiology	Yes	Telemedicine	Telemedicine	VRAD	None	12/01/2024-11/30/2026
Marenda Dent, DO	Family Medicine	Yes	Affiliate	Family Medicine	TTUHSC	None	12/01/2024-11/30/2026
Jayson Lingan, MD	Pediatrics	Yes	Associate	NICU	Covenant	None	12/01/2024-11/30/2025
Kristina McAullife, MD	OB/GYN	No	Associate to Courtesy	OB/GYN	TTUHSC	None	12/01/2024-11/30/2026
Umesh Oza, MD	Radiology	Yes	Telemedicine	Telemedicine	American Radiology	None	12/01/2024-11/30/2026
Hina Tariq, MD	Medicine	Yes	Associate	Internal Medicine	TTUHSC	None	12/01/2024-11/30/2025

Allied Health Professionals:

Applicant	Department	AHP Category	Specialty / Privileges	Group	Sponsoring Physician(s)	Changes to Privileges	Dates
Duhiangchin Thianhlun, PA	Medicine	AHP	Physician Assistant	ProCare	Dr. Pill Raja, Dr. Fouzia Tabasam, Dr. Harika Thummala, Dr. Narendra Sajja, Dr. Ramcharith Kadikatla, Dr. Rizwam Asim, Dr. Sindhar Enuganti, Dr. Sudhir Bare	None	12/01/2024-11/30/2026

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



October 1, 2024

**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
None		

Advice, Opinions, Recommendations and Motions:

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

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



October 1, 2024

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

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

Statement of Pertinent Facts:

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

Resignation/Lapse of Privileges:

Staff Member	Staff Category	Department	Effective Date	Action
Gadiel Alvarado, DO	Active	Medicine	01/31/2025	Lapse in Privileges
Jacqueline Battjes, NP	AHP	Family Medicine	07/31/2024	Resignation
Nicholas Chirico, MD	Telemedicine	Radiology	08/25/2024	Resignation
Valerie Drnovsek, MD	Active	Radiology	08/05/2024	Resignation
Joel Edwards, DDS	Active	Surgery	10/31/2024	Lapse in Privileges
Pablo Feuillet, MD	Active	Medicine	08/31/2024	Resignation
Keelian Foster, NP	AHP	Cardiology	07/01/2024	Resignation
Steven Fussner, MD	Active	Medicine	08/15/2024	Resignation
Vivian Hoang, MD	Active	Medicine	08/15/2024	Resignation
Nawal Nasser, MD	Active	Pathology	1/31/2024	Resignation
Adeyinka Owoyele, MD	Telemedicine	Radiology	08/29/2024	Resignation
Hannah Rosso, PA	AHP	Surgery	09/05/24	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



October 1, 2024

**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
Kristina McAullife, MD	OB/GYN	Associate to

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				



October 1, 2024

**ECTOR COUNTY HOSPITAL DISTRICT
 BOARD OF DIRECTORS**

Removal of I-FPPE

Staff Member	Department	Removal/Extension
Caitlin Estes, NP	OB/GYN	I-FPPE Removal
Jayson Lingan, MD	Pediatrics	I-FPPE Extension
Kristina McAuliffe, MD	OB/GYN	I-FPPE Removal
Hina Tariq, MD	Medicine	I-FPPE Removal

Change in Privileges

Staff Member	Department	Privilege
None		

Proctoring Request(s)/Removal(s)

Staff Member	Department	Privilege(s)
None		

Advice, Opinions, Recommendations and Motion:

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

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



October 1, 2024

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Item to be considered:

Statement of Pertinent Facts:

The Medical Executive Committee recommends approval of the following:

- Orthopedic Surgery
- Cardiac Surgery
- Thoracic Surgery
- Plastic Surgery
- Neurological Surgery
- Vascular Surgery
- Surgery of the Hand
- Pediatric Endocrinology
- Neonatal-Perinatal Medicine
- Neonatal Nurse Practitioner
- Pediatric
- CRNA
- Anesthesiology
- Pulmonary Disease
- Allergy and Immunology
- Endocrinology, Diabetes, and Metabolism

Advice, Opinions, Recommendations and Motion:

- Orthopedic Surgery
- Cardiac Surgery
- Thoracic Surgery
- Plastic Surgery
- Neurological Surgery
- Vascular Surgery
- Surgery of the Hand
- Pediatric Endocrinology
- Neonatal-Perinatal Medicine
- Neonatal Nurse Practitioner
- Pediatric
- CRNA
- Anesthesiology
- Pulmonary Disease
- Allergy and Immunology
- Endocrinology, Diabetes, and Metabolism



October 1, 2024

**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS**

Advice, Opinions, Recommendations and Motion:

- If the Joint Conference Committee concurs, the following motion is in order: Accept the recommendation of the Medical Executive Committee to approve the Delineation of Privilege forms and forward this recommendation to the Ector County Hospital District Board of Directors.

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



**ECTOR COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS
SPECIAL MEETING
SEPTEMBER 24, 2024 – 3:00 p.m.**

MINUTES OF THE MEETING

- MEMBERS PRESENT:** Wallace Dunn, President
Don Hallmark, Vice President
Will Kappauf
David Dunn
Kathy Rhodes
- MEMBERS ABSENT:** Bryn Dodd
Richard Herrera
- OTHERS PRESENT:** Russell Tippin, President/Chief Executive Officer
Steve Ewing, Chief Financial Officer
Steve Steen, Chief Legal Counsel
Matt Collins, Chief Operating Officer
Kim Leftwich, Interim Chief Nursing Officer
Gingie Sredanovich, Chief Compliance and Privacy 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

Wallace Dunn called the meeting to order at 3:00 p.m. in the Board Room of Medical Center Hospital. Notice of the meeting was properly posted as required by the Open Meetings Act.

II. ROLL CALL

Wallace Dunn called roll of the ECHD Board Members. Bryn Dodd had an excused absence, and Richard Herrera did not have an excused absence. Page 21 of 116

III. INVOCATION

Chaplain Doug Herget offered the invocation.

IV. REVIEW OF THE PROPOSED FISCAL YEAR 2025 OPERATING AND CAPITAL BUDGET

Steve Ewing, Chief Financial Officer, Grant Trollope, Assistant Chief Financial Officer, and Eva Garcia, Financial Operations Divisional Director presented the proposed Fiscal Year 2024 Operating and Capital Budget for discussion and review.

The presentation was for information purposes only, no action was taken.

V. PUBLIC HEARING

Wallace Dunn stated "As required by Ector County Hospital District Enabling Legislation, the Special Meeting of the ECHD Board of Directors is open to accept comments from the public regarding the proposed Fiscal Year 2025 Operating and Capital Budget. For those wishing to make public comments and who have not already done so, please sign in with Ms. Connolly. Comments to the Board will be limited to 3 minutes. Each speaker will be given a 1-minute warning prior to the expiration of the 3-minute time limit."

There were no members of the public who requested to address the ECHD Board of Directors.

VI. CONSIDER APPROVAL OF THE FY 2025 OPERATING AND CAPITAL BUDGET

Kathy Rhodes moved to adopt the Fiscal Year 2025 Operating and Capital Budget as presented. David Dunn seconded the motion. The motion carried.

VII. PROPOSED 2024 AD VALOREM TAX RATE FOR THE 2025 BUDGET YEAR

Steve Ewing stated the Fiscal Year 2025 budget is based on an ad valorem tax rate of \$0.100373 per \$100 valuation for 2024.

No action was taken.

VIII. CONSIDER APPROVAL OF THE 2024 AD VALOREM TAX RATE

Steve Ewing presented the Resolution of the Board of Directors of the Ector County Hospital District as follows:

**TAX RESOLUTION OF THE BOARD OF DIRECTORS
OF THE ECTOR COUNTY HOSPITAL DISTRICT
IN ECTOR COUNTY, TEXAS**

On the 24th day of September 2024, at a Special Meeting of the Board of Directors for the Ector County Hospital District (ECHD), a government entity, held in the City of Odessa, Ector County, Texas with a quorum of the Board Members present, the following Resolution was adopted:

WHEREAS, the ECHD has been duly organized in accordance with the laws of the State of Texas; and

WHEREAS, it is necessary that the ad valorem taxes be levied for the Maintenance and Operations and Interest and Sinking Fund of ECHD for the fiscal year 2025 and tax year 2024;

WHEREAS, the Tax Assessor-Collector has certified and published a No-New-Revenue tax rate for 2024 of \$0.088448 on each one hundred dollars (\$100) of valuation and a proposed tax rate of \$0.100373 on each one hundred dollars (\$100) of valuation as required by the Texas Tax Code;

WHEREAS, the Board of Directors of the ECHD has previously adopted and approved a budget for the 2025 fiscal year in compliance with state law;

WHEREAS, the Board of Directors of the ECHD has complied with all procedural requirements for the setting of the 2024 ad valorem tax rate as specified by the Texas Tax Code; and

WHEREAS, upon motion made by _____ and seconded by _____ to pass, approve and adopt this Resolution setting the ad valorem tax rate for 2024.

NOW, THEREFORE BE IT RESOLVED by the Board of Directors of ECHD to adopt the following ad valorem tax rate:

\$0.015000 per \$100 valuation for Interest and Sinking Fund and
\$0.085373 per \$100 valuation for Maintenance and Operations
with a total tax rate of \$0.100373 per \$100 valuation for tax year
2024.

THE FOLLOWING VOTE WAS RECORDED:

Bryn Dodd (District 1)	Yes: ___	No: ___	Absent: ___
Will Kappauf (District 2)	Yes: ___	No: ___	Absent: ___
Richard Herrera (District 3)	Yes: ___	No: ___	Absent: ___
David Dunn (District 4)	Yes: ___	No: ___	Absent: ___
Don Hallmark (District 5)	Yes: ___	No: ___	Absent: ___
Wallace Dunn (District 6)	Yes: ___	No: ___	Absent: ___
Kathy Rhodes (District 7)	Yes: ___	No: ___	Absent: ___

BE IT FURTHER RESOLVED that, upon the adoption of this Resolution, the Board of Directors of the ECHD shall certify to a copy of this Resolution and forward to the Ector County Assessor and Collector of Taxes.

This Resolution shall take effect from and immediately upon its adoption.

Wallace Dunn, President
Ector County Hospital District
Board of Directors

David Dunn, Secretary
Ector County Hospital District
Board of Directors

Kathy Rhodes moved to adopt an ad valorem tax rate of \$0.015000 per \$100 valuation for Interest and Sinking Fund and \$0.085373 per \$100 valuation for Maintenance and Operations with a total tax rate of \$0.100373 per \$100 valuation for tax rate 2024. David Dunn seconded the motion to approve the 2024 ad valorem tax rate as presented. The following vote took place:

Bryn Dodd	Absent
Will Kappauf	No
Richard Herrera	Absent
David Dunn	Yes
Don Hallmark	Yes
Wallace Dunn	Yes
Kathy Rhodes	Yes

There being four votes for and one vote against, NOW, THEREFORE BE IT RESOLVED AND ORDERED by the Board of Directors of ECHD to adopt the following ad valorem tax rate: \$0.015000 per \$100 valuation for Interest and Sinking Fund and \$0.085373 per \$100 valuation for Maintenance and Operations with a total tax rate of \$0.100373 per \$100 valuation for tax year 2023.

IX. ADJOURNMENT

There being no further business to come before the Board, Wallace Dunn adjourned the meeting at 5:09 p.m.

Respectfully submitted,



David Dunn, Secretary
Ector County Hospital District Board of Directors

Family Health Clinic
October 2024
ECHD Board Update

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CENTERS COMBINED - OPERATIONS SUMMARY
AUGUST 2024**

	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	\$ 1,787,258	\$ 1,823,811	-2.0%	\$ 759,458	135.3%	\$ 18,113,171	\$ 18,672,335	-3.0%	\$ 6,774,119	167.4%
TOTAL PATIENT REVENUE	\$ 1,787,258	\$ 1,823,811	-2.0%	\$ 759,458	135.3%	\$ 18,113,171	\$ 18,672,335	-3.0%	\$ 6,774,119	167.4%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 752,395	\$ 892,479	-15.7%	\$ 405,859	85.4%	\$ 8,142,783	\$ 9,198,330	-11.5%	\$ 3,704,580	119.8%
Self Pay Adjustments	174,246	111,390	56.4%	54,804	217.9%	881,214	1,163,420	-24.3%	577,733	52.5%
Bad Debts	69,683	63,481	9.8%	(2,486)	-2902.9%	587,972	582,543	0.9%	(96,248)	-710.9%
TOTAL REVENUE DEDUCTIONS	\$ 996,324	\$ 1,067,350	-6.7%	\$ 458,177	117.5%	\$ 9,611,969	\$ 10,944,293	-12.2%	\$ 4,186,065	129.6%
	55.75%	58.52%		60.33%		53.07%	58.61%		61.79%	
NET PATIENT REVENUE	\$ 790,934	\$ 756,461	4.6%	\$ 301,281	162.5%	\$ 8,501,203	\$ 7,728,042	10.0%	\$ 2,588,054	228.5%
<u>OTHER REVENUE</u>										
FHC Other Revenue	\$ 20,833	\$ 18,570	12.2%	\$ (11,443)	-282.0%	\$ 394,808	\$ 204,270	93.3%	\$ 1,365,358	-71.1%
TOTAL OTHER REVENUE	\$ 20,833	\$ 18,570	12.2%	\$ (11,443)	-282.0%	\$ 394,808	\$ 204,270	93.3%	\$ 1,365,358	-71.1%
NET OPERATING REVENUE	\$ 811,766	\$ 775,031	4.7%	\$ 289,838	180.1%	\$ 8,896,011	\$ 7,932,312	12.1%	\$ 3,953,412	125.0%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 204,079	\$ 263,446	-22.5%	\$ 111,533	83.0%	\$ 2,117,618	\$ 2,706,874	-21.8%	\$ 1,154,085	83.5%
Benefits	40,601	45,623	-11.0%	28,299	43.5%	185,585	448,770	-58.6%	276,659	-32.9%
Physician Services	572,901	470,200	21.8%	198,368	188.8%	5,037,212	5,125,560	-1.7%	1,842,094	173.5%
Cost of Drugs Sold	115,601	71,913	60.8%	45,171	155.9%	696,411	734,550	-5.2%	233,945	197.7%
Supplies	24,024	11,915	101.6%	6,956	245.4%	210,104	133,642	57.2%	108,367	93.9%
Utilities	6,273	5,789	8.4%	7,517	-16.5%	61,568	60,965	1.0%	63,170	-2.5%
Repairs and Maintenance	1,308	2,241	-41.6%	5,800	-77.4%	21,397	24,651	-13.2%	17,086	25.2%
Leases and Rentals	172	4,477	-96.2%	553	-68.9%	12,134	49,247	-75.4%	6,143	97.5%
Other Expense	1,000	1,352	-26.0%	1,000	0.0%	11,693	17,148	-31.8%	43,488	-73.1%
TOTAL OPERATING EXPENSES	\$ 965,958	\$ 876,956	10.1%	\$ 405,197	138.4%	\$ 8,353,721	\$ 9,301,407	-10.2%	\$ 3,745,038	123.1%
Depreciation/Amortization	\$ 24,947	\$ 23,981	4.0%	\$ 25,201	-1.0%	\$ 274,469	\$ 260,654	5.3%	\$ 262,518	4.6%
TOTAL OPERATING COSTS	\$ 990,905	\$ 900,937	10.0%	\$ 430,397	130.2%	\$ 8,628,190	\$ 9,562,061	-9.8%	\$ 4,007,555	115.3%
NET GAIN (LOSS) FROM OPERATIONS	\$ (179,139)	\$ (125,906)	42.3%	\$ (140,559)	27.4%	\$ 267,821	\$ (1,629,749)	-116.4%	\$ (54,143)	-594.7%
Operating Margin	-22.07%	-16.25%	35.8%	-48.50%	-54.5%	3.01%	-20.55%	-114.7%	-1.37%	-319.8%

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
Total Visits	3,921	4,298	-8.8%	2,523	55.4%	41,260	44,880	-8.1%	21,632	90.7%
Average Revenue per Office Visit	455.82	424.34	7.4%	301.01	51.4%	439.00	416.05	5.5%	313.15	40.2%
Hospital FTE's (Salaries and Wages)	45.7	58.8	-22.3%	25.8	77.0%	44.7	56.7	-21.2%	25.2	77.5%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - SOUTH - OPERATIONS SUMMARY
AUGUST 2024**

	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	\$ 161,290	\$ 190,753	-15.4%	\$ 216,642	-25.6%	\$ 1,572,151	\$ 2,152,986	-27.0%	\$ 1,922,705	-18.2%
TOTAL PATIENT REVENUE	\$ 161,290	\$ 190,753	-15.4%	\$ 216,642	-25.6%	\$ 1,572,151	\$ 2,152,986	-27.0%	\$ 1,922,705	-18.2%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 48,408	\$ 103,378	-53.2%	\$ 110,329	-56.1%	\$ 752,411	\$ 1,166,803	-35.5%	\$ 1,042,003	-27.8%
Self Pay Adjustments	53,790	23,964	124.5%	30,145	78.4%	251,475	269,935	-6.8%	258,506	-2.7%
Bad Debts	8,210	(13,690)	-160.0%	(2,196)	-473.9%	70,847	(154,518)	-145.9%	(44,655)	-258.7%
TOTAL REVENUE DEDUCTIONS	\$ 110,408	\$ 113,652	-2.9%	\$ 138,278	-20.2%	\$ 1,074,732	\$ 1,282,220	-16.2%	\$ 1,255,855	-14.4%
	68.5%	59.6%		63.8%		68.4%	59.6%		65.3%	
NET PATIENT REVENUE	\$ 50,882	\$ 77,101	-34.0%	\$ 78,364	-35.1%	\$ 497,419	\$ 870,766	-42.9%	\$ 666,850	-25.4%
OTHER REVENUE										
FHC Other Revenue	\$ 20,833	\$ 18,570	0.0%	\$ (11,443)	-282.0%	\$ 394,808	\$ 204,270	0.0%	\$ 1,365,358	-71.1%
TOTAL OTHER REVENUE	\$ 20,833	\$ 18,570	12.2%	\$ (11,443)	-282.0%	\$ 394,808	\$ 204,270	93.3%	\$ 1,365,358	-71.1%
NET OPERATING REVENUE	\$ 71,714	\$ 95,671	-25.0%	\$ 66,921	7.2%	\$ 892,227	\$ 1,075,036	-17.0%	\$ 2,032,209	-56.1%
OPERATING EXPENSE										
Salaries and Wages	\$ 56,233	\$ 63,734	-11.8%	\$ 65,861	-14.6%	\$ 624,525	\$ 708,068	-11.8%	\$ 861,787	-27.5%
Benefits	11,187	11,037	1.4%	16,711	-33.1%	54,623	117,390	-53.5%	206,589	-73.6%
Physician Services	91,279	65,850	38.6%	76,081	20.0%	695,557	724,350	-4.0%	1,120,655	-37.9%
Cost of Drugs Sold	56,927	8,075	605.0%	7,255	684.6%	160,351	91,146	75.9%	52,240	207.0%
Supplies	5,062	2,644	91.5%	1,567	223.1%	62,021	29,545	109.9%	32,744	89.4%
Utilities	3,002	2,817	6.6%	3,110	-3.5%	30,493	30,583	-0.3%	31,524	-3.3%
Repairs and Maintenance	527	2,028	-74.0%	5,800	-90.9%	12,557	22,308	-43.7%	15,166	-17.2%
Leases and Rentals	172	537	-68.0%	513	-66.5%	6,591	5,907	11.6%	5,903	11.7%
Other Expense	1,000	1,227	-18.5%	1,000	0.0%	11,693	15,773	-25.9%	42,937	-72.8%
TOTAL OPERATING EXPENSES	\$ 225,389	\$ 157,949	42.7%	\$ 177,899	26.7%	\$ 1,658,412	\$ 1,745,070	-5.0%	\$ 2,369,544	-30.0%
Depreciation/Amortization	\$ 4,048	\$ 2,744	47.5%	\$ 4,301	-5.9%	\$ 44,578	\$ 29,931	48.9%	\$ 32,990	35.1%
TOTAL OPERATING COSTS	\$ 229,437	\$ 160,693	42.8%	\$ 182,200	25.9%	\$ 1,702,990	\$ 1,775,001	-4.1%	\$ 2,402,535	-29.1%
NET GAIN (LOSS) FROM OPERATIONS	\$ (157,723)	\$ (65,022)	-142.6%	\$ (115,279)	-36.8%	\$ (810,763)	\$ (699,965)	-15.8%	\$ (370,326)	118.9%
Operating Margin	-219.93%	-67.96%	223.6%	-172.26%	27.7%	-90.87%	-65.11%	39.6%	-18.22%	398.7%

	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	554	687	-19.4%	861	-35.7%	5,575	7,754	-28.1%	7,081	-21.3%
Average Revenue per Office Visit	291.14	277.66	4.9%	251.62	15.7%	282.00	277.66	1.6%	271.53	3.9%
Hospital FTE's (Salaries and Wages)	10.4	12.6	-17.0%	12.5	-16.8%	10.1	13.1	-23.1%	11.7	-13.9%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - WEST UNIVERSITY - OPERATIONS SUMMARY
AUGUST 2024**

	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	\$ 225,947	\$ 198,216	14.0%	\$ 204,298	10.6%	\$ 2,247,738	\$ 2,236,406	0.5%	\$ 2,095,377	7.3%
TOTAL PATIENT REVENUE	\$ 225,947	\$ 198,216	14.0%	\$ 204,298	10.6%	\$ 2,247,738	\$ 2,236,406	0.5%	\$ 2,095,377	7.3%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 81,787	\$ 109,716	-25.5%	\$ 114,306	-28.4%	\$ 1,068,416	\$ 1,237,892	-13.7%	\$ 1,159,829	-7.9%
Self Pay Adjustments	46,681	18,188	156.7%	16,538	182.3%	280,548	205,205	36.7%	192,263	45.9%
Bad Debts	6,624	1,428	363.8%	(2,837)	-333.5%	77,821	16,114	382.9%	15,098	415.4%
TOTAL REVENUE DEDUCTIONS	\$ 135,092	\$ 129,332	4.5%	\$ 128,006	5.5%	\$ 1,426,784	\$ 1,459,211	-2.2%	\$ 1,367,190	4.4%
	59.79%	65.25%		62.66%		63.48%	65.25%		65.25%	
NET PATIENT REVENUE	\$ 90,855	\$ 68,884	31.9%	\$ 76,291	19.1%	\$ 820,953	\$ 777,195	5.6%	\$ 728,187	12.7%
<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	\$ 90,855	\$ 68,884	31.9%	\$ 76,291	19.1%	\$ 820,953	\$ 777,195	5.6%	\$ 728,187	12.7%
<u>OPERATING EXPENSE</u>										
Salaries and Wages	\$ 24,281	\$ 26,307	-7.7%	\$ 15,371	58.0%	\$ 229,756	\$ 292,156	-21.4%	\$ 89,667	156.2%
Benefits	4,831	4,556	6.0%	3,900	23.9%	20,095	48,436	-58.5%	21,495	-6.5%
Physician Services	66,945	55,733	20.1%	58,058	15.3%	567,544	613,063	-7.4%	385,197	47.3%
Cost of Drugs Sold	5,914	3,162	87.0%	7,726	-23.5%	45,562	35,673	27.7%	39,173	16.3%
Supplies	3,345	3,065	9.1%	1,317	153.9%	20,339	34,485	-41.0%	28,398	-28.4%
Utilities	3,271	2,972	10.1%	4,407	-25.8%	31,075	30,382	2.3%	31,646	-1.8%
Repairs and Maintenance	-	213	-100.0%	-	100.0%	-	2,343	-100.0%	1,920	-100.0%
Leases and Rentals	0	-	0.0%	40	-99.5%	449	-	0.0%	240	87.2%
Other Expense	-	125	-100.0%	-	0.0%	-	1,375	-100.0%	551	-100.0%
TOTAL OPERATING EXPENSES	\$ 108,586	\$ 96,133	13.0%	\$ 90,819	19.6%	\$ 914,819	\$ 1,057,913	-13.5%	\$ 598,288	52.9%
Depreciation/Amortization	\$ 20,824	\$ 21,071	-1.2%	\$ 20,824	0.0%	\$ 229,068	\$ 228,912	0.1%	\$ 228,704	0.2%
TOTAL OPERATING COSTS	\$ 129,411	\$ 117,204	10.4%	\$ 111,643	15.9%	\$ 1,143,887	\$ 1,286,825	-11.1%	\$ 826,992	38.3%
NET GAIN (LOSS) FROM OPERATIONS	\$ (38,556)	\$ (48,320)	-20.2%	\$ (35,352)	9.1%	\$ (322,934)	\$ (509,630)	-36.6%	\$ (98,805)	226.8%
Operating Margin	-42.44%	-70.15%	-39.5%	-46.34%	-8.4%	-39.34%	-65.57%	-40.0%	-13.57%	189.9%

	CURRENT MONTH					YEAR TO DATE				
Total Visits	796	658	21.0%	681	16.9%	7,505	7,424	1.1%		0.0%
Average Revenue per Office Visit	283.85	301.24	-5.8%	300.00	-5.4%	299.50	301.24	-0.6%	302.32	-0.9%
Hospital FTE's (Salaries and Wages)	7.5	6.8	10.0%	5.0	48.2%	6.9	7.1	-2.5%	5.8	19.1%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - JBS - OPERATIONS SUMMARY
AUGUST 2024**

	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	\$ 400,525	\$ 263,236	52.2%	\$ 338,518	18.3%	\$ 4,118,805	\$ 2,970,597	38.7%	\$ 2,756,036	49.4%
TOTAL PATIENT REVENUE	\$ 400,525	\$ 263,236	52.2%	\$ 338,518	18.3%	\$ 4,118,805	\$ 2,970,597	38.7%	\$ 2,756,036	49.4%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 181,457	\$ 143,531	26.4%	\$ 181,224	0.1%	\$ 2,045,241	\$ 1,619,736	26.3%	\$ 1,502,748	36.1%
Self Pay Adjustments	14,034	12,127	15.7%	8,122	72.8%	97,332	136,849	-28.9%	126,963	-23.3%
Bad Debts	12,006	(6,370)	-288.5%	2,547	371.4%	128,902	(71,884)	-279.3%	(66,692)	-293.3%
TOTAL REVENUE DEDUCTIONS	\$ 207,497	\$ 149,288	39.0%	\$ 191,892	8.1%	\$ 2,271,474	\$ 1,684,701	34.8%	\$ 1,563,019	45.3%
	51.81%	56.71%		56.69%		55.15%	56.71%		56.71%	
NET PATIENT REVENUE	\$ 193,027	\$ 113,948	69.4%	\$ 146,626	31.6%	\$ 1,847,331	\$ 1,285,896	43.7%	\$ 1,193,017	54.8%
OTHER REVENUE										
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	\$ 193,027	\$ 113,948	69.4%	\$ 146,626	31.6%	\$ 1,847,331	\$ 1,285,896	43.7%	\$ 1,193,017	54.8%
OPERATING EXPENSE										
Salaries and Wages	\$ 31,899	\$ 35,182	-9.3%	\$ 30,301	5.3%	\$ 355,524	\$ 390,918	-9.1%	\$ 202,631	75.5%
Benefits	6,346	6,093	4.2%	7,688	-17.5%	31,095	64,810	-52.0%	48,575	-36.0%
Physician Services	79,651	59,458	34.0%	64,229	24.0%	655,871	654,038	0.3%	336,242	95.1%
Cost of Drugs Sold	28,328	13,425	111.0%	30,190	-6.2%	217,617	151,502	43.6%	142,532	52.7%
Supplies	9,934	5,103	94.7%	4,072	144.0%	40,584	57,479	-29.4%	47,225	-14.1%
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	\$ 156,158	\$ 119,261	30.9%	\$ 136,479	14.4%	\$ 1,300,690	\$ 1,318,747	-1.4%	\$ 777,205	67.4%
Depreciation/Amortization	\$ 75	\$ 75	-0.2%	\$ 75	0.0%	\$ 823	\$ 825	-0.2%	\$ 823	0.0%
TOTAL OPERATING COSTS	\$ 156,233	\$ 119,336	30.9%	\$ 136,554	14.4%	\$ 1,301,513	\$ 1,319,572	-1.4%	\$ 778,028	67.3%
NET GAIN (LOSS) FROM OPERATIONS	\$ 36,795	\$ (5,388)	-782.9%	\$ 10,072	265.3%	\$ 545,818	\$ (33,676)	-1720.8%	\$ 414,988	31.5%
Operating Margin	19.06%	-4.73%	-503.1%	6.87%	177.5%	29.55%	-2.62%	-1228.2%	34.78%	-15.1%

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
Total Visits	962	730	31.8%	981	-1.9%	9,949	8,238	20.8%		0.0%
Average Revenue per Office Visit	416.35	360.60	15.5%	345.07	20.7%	413.99	360.60	14.8%	361.68	14.5%
Hospital FTE's (Salaries and Wages)	8.5	9.3	-8.4%	8.2	3.3%	9.1	9.7	-5.6%	7.7	18.8%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - WOMENS CLINIC- OPERATIONS SUMMARY
AUGUST 2024**

	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	\$ 999,496	\$ 1,171,606	-14.7%	\$ -	100.0%	\$ 10,174,478	\$ 11,312,346	-10.1%	\$ -	100.0%
TOTAL PATIENT REVENUE	\$ 999,496	\$ 1,171,606	-14.7%	\$ -	100.0%	\$ 10,174,478	\$ 11,312,346	-10.1%	\$ -	100.0%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 440,743	\$ 535,854	-17.7%	\$ -	100.0%	\$ 4,276,717	\$ 5,173,899	-17.3%	\$ -	100.0%
Self Pay Adjustments	59,740	57,111	4.6%	-	100.0%	251,858	551,431	-54.3%	-	100.0%
Bad Debts	42,844	82,113	-47.8%	-	100.0%	310,403	792,831	-60.8%	-	100.0%
TOTAL REVENUE DEDUCTIONS	\$ 543,327	\$ 675,078	-19.5%	\$ -	100.0%	\$ 4,838,978	\$ 6,518,161	-25.8%	\$ -	100.0%
	54.36%	57.62%		0.00%		47.56%	57.62%		0.00%	
NET PATIENT REVENUE	\$ 456,170	\$ 496,528	-8.1%	\$ -	100.0%	\$ 5,335,501	\$ 4,794,185	11.3%	\$ -	100.0%
OTHER REVENUE										
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	\$ 456,170	\$ 496,528	-8.1%	\$ -	100.0%	\$ 5,335,501	\$ 4,794,185	11.3%	\$ -	100.0%
OPERATING EXPENSE										
Salaries and Wages	\$ 91,666	\$ 138,223	-33.7%	\$ -	100.0%	\$ 907,813	\$ 1,315,732	-31.0%	\$ -	100.0%
Benefits	18,237	23,937	-23.8%	-	100.0%	79,772	218,134	-63.4%	-	100.0%
Physician Services	335,026	289,159	15.9%	-	100.0%	3,118,240	3,134,109	-0.5%	-	100.0%
Cost of Drugs Sold	24,432	47,251	-48.3%	-	100.0%	272,882	456,229	-40.2%	-	100.0%
Supplies	5,683	1,103	415.2%	-	100.0%	87,160	12,133	618.4%	-	100.0%
Utilities	-	-	0.0%	-	100.0%	-	-	0.0%	-	100.0%
Repairs and Maintenance	781	-	0.0%	-	100.0%	8,840	-	0.0%	-	100.0%
Leases and Rentals	-	3,940	-100.0%	-	0.0%	5,094	43,340	-88.2%	-	0.0%
Other Expense	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$ 475,825	\$ 503,613	-5.5%	\$ -	100.0%	\$ 4,479,800	\$ 5,179,677	-13.5%	\$ -	100.0%
Depreciation/Amortization	\$ -	\$ 91	-100.0%	\$ -	100.0%	\$ -	\$ 986	-100.0%	\$ -	100.0%
TOTAL OPERATING COSTS	\$ 475,825	\$ 503,704	-5.5%	\$ -	100.0%	\$ 4,479,800	\$ 5,180,663	-13.5%	\$ -	100.0%
NET GAIN (LOSS) FROM OPERATIONS	\$ (19,655)	\$ (7,176)	173.9%	\$ -	100.0%	\$ 855,700	\$ (386,478)	-321.4%	\$ -	100.0%
Operating Margin	-4.31%	-1.45%	198.1%	0.00%	100.0%	16.04%	-8.06%	-298.9%	0.00%	100.0%

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
Total Visits	1,609	2,223	-27.6%	-	0.0%	18,231	21,464	-15.1%	-	0.0%
Average Revenue per Office Visit	621.19	527.04	17.9%	-	0.0%	558.09	527.04	5.9%	-	0.0%
Hospital FTE's (Salaries and Wages)	19.3	30.1	-36.0%	-	0.0%	18.6	26.8	-30.7%	-	0.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC COMBINED
AUGUST 2024**

	MONTHLY REVENUE						YTD REVENUE					
	Clements	West	JBS	Womens	Total	%	Clements	West	JBS	Womens	Total	%
Medicare	\$ 52,212	\$ 58,909	\$ -	\$ 50,733	\$ 161,855	9.1%	\$ 542,655	\$ 527,726	\$ 367	\$ 499,375	\$ 1,570,123	8.7%
Medicaid	20,510	38,752	254,436	352,786	666,484	37.3%	251,348	375,821	2,759,984	3,394,848	6,782,001	37.4%
FAP	-	-	-	-	-	0.0%	-	-	-	-	-	0.0%
Commercial	33,656	76,039	128,754	572,114	810,564	45.4%	274,086	692,527	1,180,855	5,836,625	7,984,093	44.1%
Self Pay	54,281	42,726	14,854	14,229	126,090	7.1%	499,756	541,947	152,225	297,173	1,491,101	8.2%
Other	632	9,520	2,481	9,634	22,266	1.2%	4,305	109,718	25,374	146,457	285,853	1.6%
Total	\$ 161,290	\$ 225,947	\$ 400,525	\$ 999,496	\$ 1,787,258	100.0%	\$ 1,572,151	\$ 2,247,738	\$ 4,118,805	\$ 10,174,478	\$ 18,113,171	100.0%

	MONTHLY PAYMENTS						YEAR TO DATE PAYMENTS					
	Clements	West	JBS	Womens	Total	%	Clements	West	JBS	Womens	Total	%
Medicare	\$ 15,660	\$ 24,223	\$ -	\$ 15,304	\$ 55,186	8.5%	\$ 221,753	\$ 209,352	\$ -	\$ 132,967	\$ 564,072	9.5%
Medicaid	6,596	15,376	116,207	\$ 93,490	231,669	35.8%	122,496	171,380	1,211,876	801,605	2,307,357	38.7%
FAP	-	-	-	\$ -	-	0.0%	-	-	-	-	-	0.0%
Commercial	6,496	30,921	69,524	\$ 160,119	267,060	41.3%	100,751	265,951	485,924	1,394,406	2,247,033	37.7%
Self Pay	8,715	11,955	8,632	\$ 57,476	86,779	13.4%	66,708	91,253	72,287	528,147	758,395	12.7%
Other	39	3,235	554	\$ 1,885	5,713	0.9%	1,245	37,086	9,894	35,821	84,046	1.4%
Total	\$ 37,506	\$ 85,709	\$ 194,918	\$ 328,274	\$ 646,407	100.0%	\$ 512,953	\$ 775,023	\$ 1,779,981	\$ 2,892,947	\$ 5,960,904	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC CLEMENTS
AUGUST 2024**

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	\$ 52,212	32.4%	\$ 66,599	30.7%	\$ 542,655	34.5%	528,657	27.5%
Medicaid	20,510	12.7%	41,774	19.3%	251,348	16.0%	458,228	23.8%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	33,656	20.9%	39,901	18.4%	274,086	17.4%	314,106	16.3%
Self Pay	54,281	33.7%	67,987	31.4%	499,756	31.8%	585,924	30.5%
Other	632	0.4%	380	0.2%	4,305	0.3%	35,789	1.9%
TOTAL	\$ 161,290	100.0%	\$ 216,642	100.0%	\$ 1,572,151	100.0%	1,922,704	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	15,660	41.8%	\$ 26,695	40.8%	\$ 221,753	43.3%	241,868	32.9%
Medicaid	6,596	17.6%	17,470	26.7%	122,496	23.9%	249,546	33.9%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	6,496	17.3%	11,493	17.6%	100,751	19.6%	115,371	15.7%
Self Pay	8,715	23.2%	9,562	14.6%	66,708	13.0%	119,981	16.3%
Other	39	0.1%	203	0.3%	1,245	0.2%	8,795	1.2%
TOTAL	\$ 37,506	100.0%	\$ 65,423	100.0%	\$ 512,953	100.0%	735,561	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC WEST UNIVERSITY
AUGUST 2024**

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	\$ 58,909	26.1%	\$ 44,379	21.7%	\$ 527,726	23.5%	\$ 448,018	21.4%
Medicaid	38,752	17.2%	\$ 56,583	27.7%	375,821	16.7%	560,068	26.7%
PHC	-	0.0%	\$ -	0.0%	-	0.0%	-	0.0%
Commercial	76,039	33.6%	\$ 54,003	26.4%	692,527	30.8%	549,134	26.2%
Self Pay	42,726	18.9%	\$ 42,623	20.9%	541,947	24.1%	458,335	21.9%
Other	9,520	4.2%	\$ 6,709	3.3%	109,718	4.9%	79,823	3.8%
TOTAL	\$ 225,947	100.0%	\$ 204,298	100.0%	\$ 2,247,738	100.0%	\$ 2,095,377	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 24,223	28.3%	\$ 19,251	20.8%	\$ 209,352	27.0%	\$ 203,382	24.2%
Medicaid	15,376	17.9%	24,959	27.0%	\$ 171,380	22.1%	278,940	33.3%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	30,921	36.1%	35,715	38.6%	265,951	34.3%	227,457	27.1%
Self Pay	11,955	13.9%	10,181	11.0%	91,253	11.8%	105,591	12.6%
Other	3,235	3.8%	2,506	2.7%	37,086	4.8%	23,394	2.8%
TOTAL	\$ 85,709	100.0%	\$ 92,613	100.0%	\$ 775,023	100.0%	\$ 838,764	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC JBS
AUGUST 2024**

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%	\$ 404	0.1%	\$ 367	0.0%	\$ 2,062	0.1%
Medicaid	254,436	63.6%	\$ 230,498	68.1%	2,759,984	67.0%	1,855,463	67.3%
PHC	-	0.0%	\$ -	0.0%	-	0.0%	-	0.0%
Commercial	128,754	32.1%	\$ 94,317	27.9%	1,180,855	28.7%	801,035	29.1%
Self Pay	14,854	3.7%	\$ 10,211	3.0%	152,225	3.7%	60,931	2.2%
Other	2,481	0.6%	\$ 3,088	0.9%	25,374	0.6%	36,546	1.3%
TOTAL	\$ 400,525	100.0%	\$ 338,518	100.0%	\$ 4,118,805	100.0%	\$ 2,756,036	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%	\$ 192	0.0%
Medicaid	116,207	59.6%	96,768	57.2%	1,211,876	68.0%	994,672	68.1%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	69,524	35.7%	64,351	38.0%	485,924	27.3%	383,735	26.3%
Self Pay	8,632	4.4%	5,433	3.2%	72,287	4.1%	62,762	4.3%
Other	554	0.3%	2,602	1.5%	9,894	0.6%	20,096	1.4%
TOTAL	\$ 194,918	100.0%	\$ 169,154	100.0%	\$ 1,779,981	100.0%	\$ 1,461,456	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
FAMILY HEALTH CLINIC - WOMENS CLINIC
AUGUST 2024**

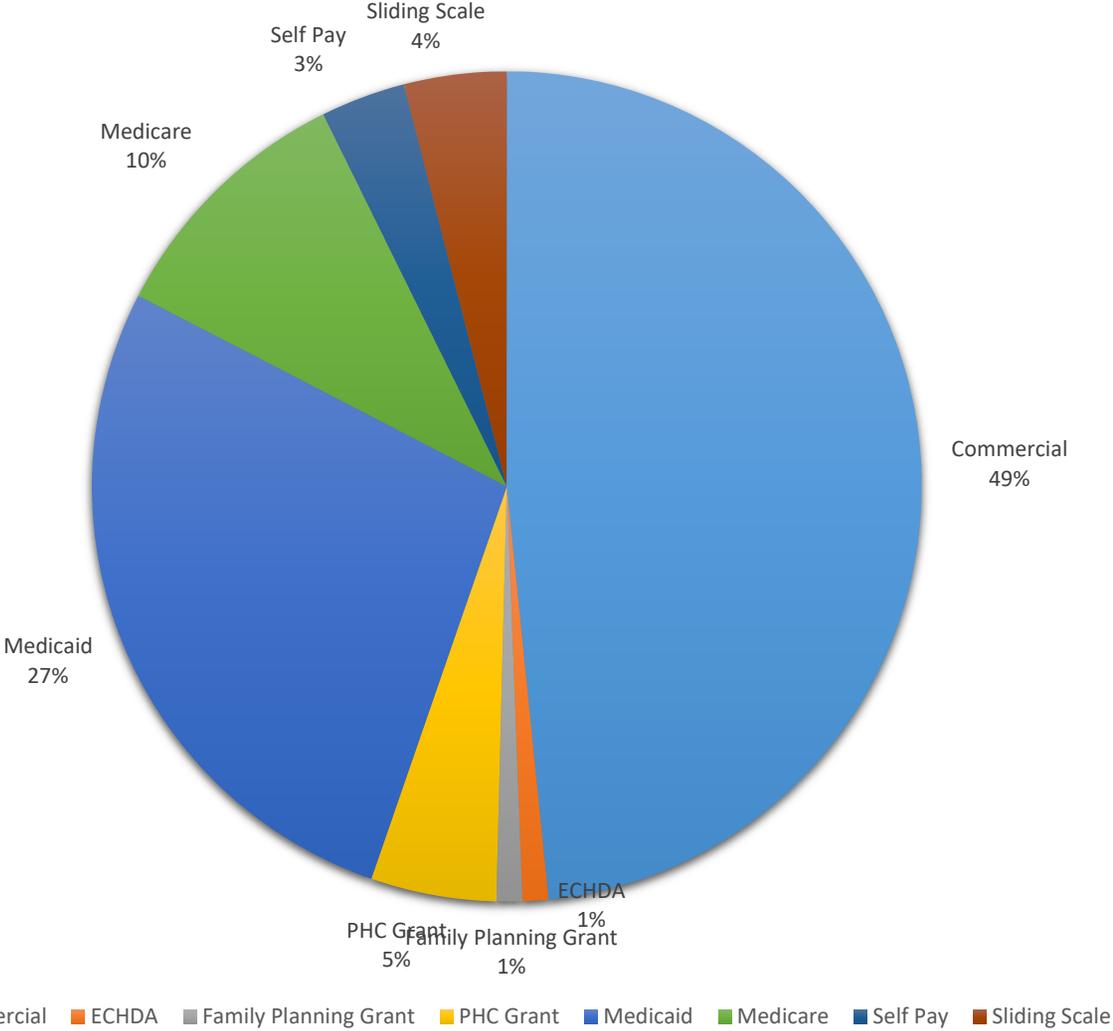
REVENUE BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%	GROSS REVENUE	%
Medicare	\$ 50,733	5.1%	\$ -	0.0%	\$ 499,375	4.9%	\$ -	0.0%
Medicaid	352,786	35.3%	\$ -	0.0%	3,394,848 ##	33.4%	-	0.0%
PHC	-	0.0%	\$ -	0.0%	-	0.0%	-	0.0%
Commercial	572,114	57.2%	\$ -	0.0%	5,836,625	57.4%	-	0.0%
Self Pay	14,229	1.4%	\$ -	0.0%	297,173	2.9%	-	0.0%
Other	9,634	1.0%	\$ -	0.0%	146,457	1.4%	-	0.0%
TOTAL	\$ 999,496	100.0%	\$ -	0.0%	\$ 10,174,478	100.0%	\$ -	0.0%

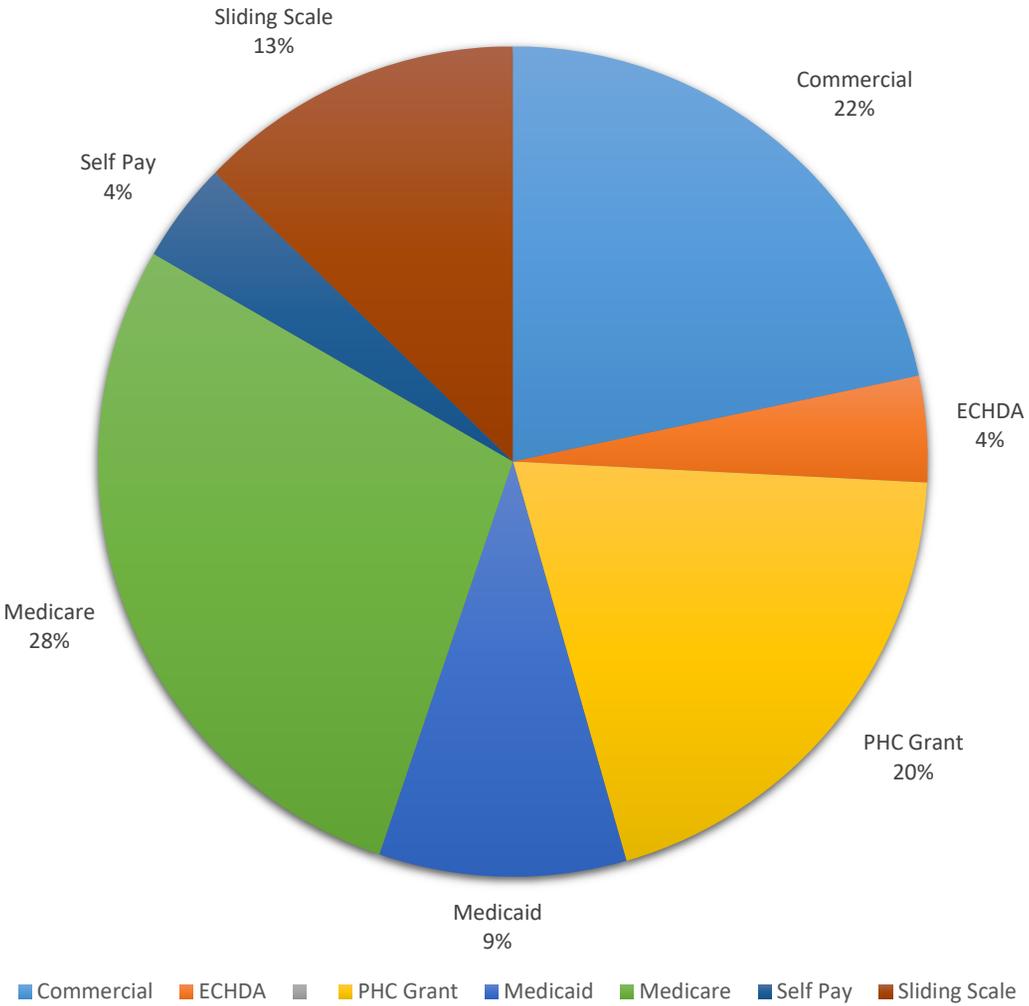
PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 15,304	4.7%	\$ -	0.0%	\$ 132,967	4.6%	\$ -	0.0%
Medicaid	93,490	28.5%	-	0.0%	801,605	27.7%	-	0.0%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	160,119	48.7%	-	0.0%	1,394,406	48.2%	-	0.0%
Self Pay	57,476	17.5%	-	0.0%	528,147	18.3%	-	0.0%
Other	1,885	0.6%	-	0.0%	35,821	1.2%	-	0.0%
TOTAL	\$ 328,274	100.0%	\$ -	0.0%	\$ 2,892,947	100.0%	\$ -	0.0%

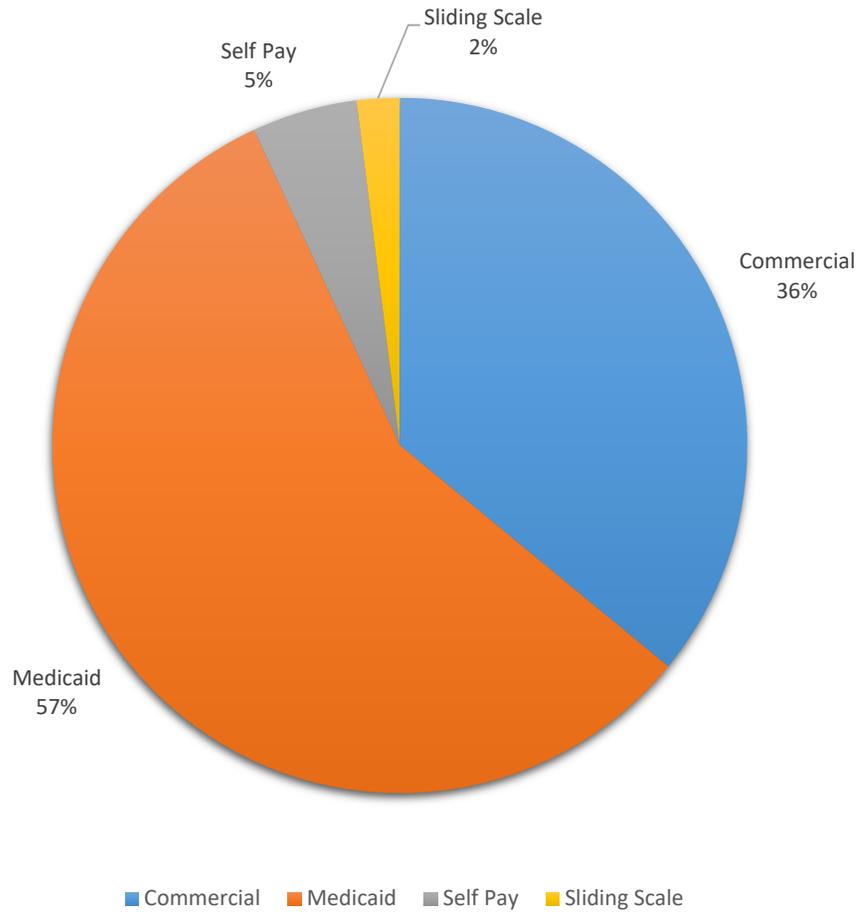
Total FHC August Visits by Financial Class



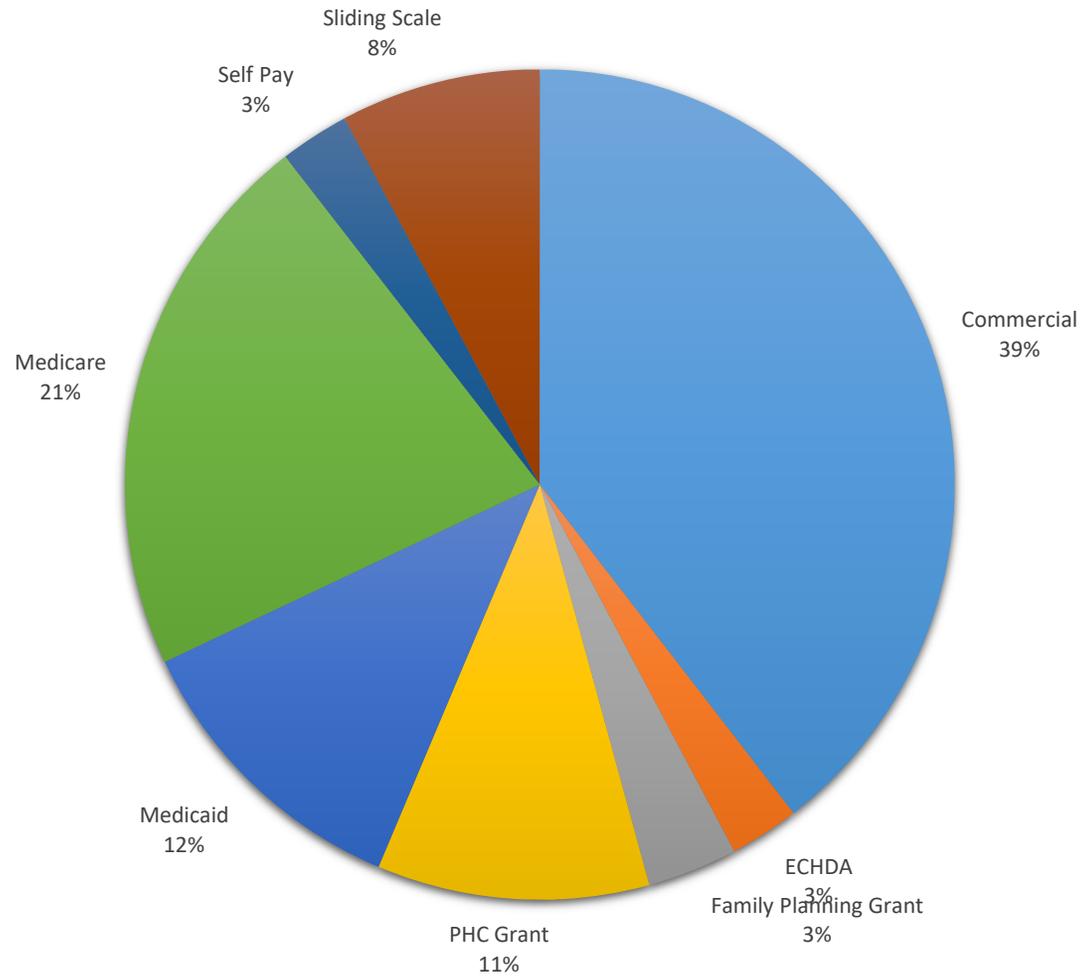
FHC Clements August Visits by Financial Class



Healthy Kids Clinic August Visits by Financial Class

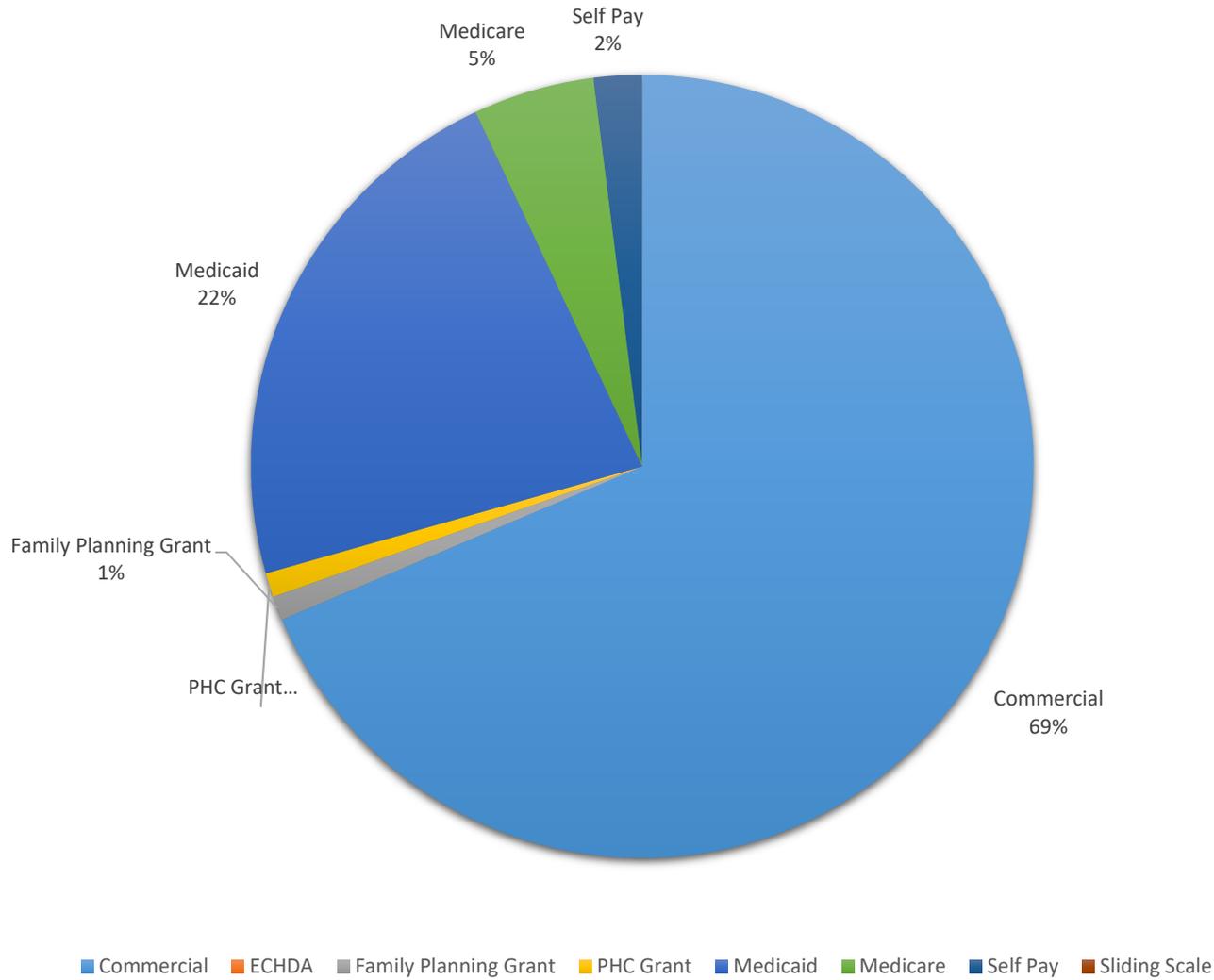


FHC West University August Visits by Financial Class

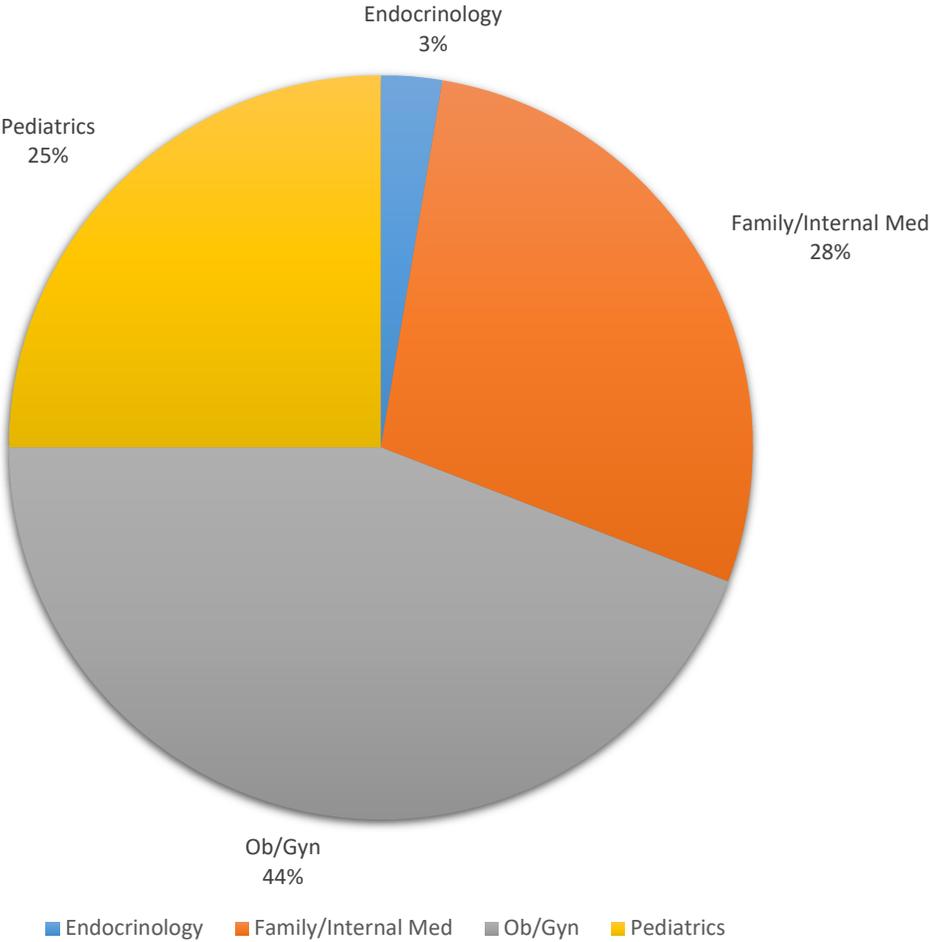


Commercial ECHDA Family Planning Grant PHC Grant Medicaid Medicare Self Pay Sliding Scale

Womens Clinic August Visits by Financial Class



FHC August Visits By Service



FHC Executive Director's Report-October 2024

- **Staffing Update:**
 - **Women's Clinic:** The Women's Clinic is currently in search of a LVN, FT Ultrasound Tech, and PT Ultrasound Tech.
 - **Family Health Clinic:** FHC West University is currently searching for an LVN. FHC Clements is in search of an LVN.
 - **Healthy Kids Clinic:** The Healthy Kids Clinic is currently in search of an LVN, Medical Assistant, Front Desk, and Clinic Manager positions.

- **Provider Update:**
 - **West University:** We are currently searching for an additional Family Medicine physician for our West University location. Merritt Hawkins is assisting in the search. We have hired an additional Nurse Practitioner for West University, Alona Roldan, FNP. Alona is expected to start November 2024.
 - **Women's Clinic:** Both Merritt Hawkins and Curative are assisting with the search to recruit another OB/Gyn for the Women's Clinic.

- **2024 HRSA Community Health Quality Recognition (CHQR) Award:**
 - Our FQHC Look A Like health center group, consisting of the MCH Family Health Clinics, MCH Healthy Kids Clinic, and the MCH Women's Clinic, received HRSA's Bronze Health Center Quality Leader Award for 2024! To earn HCQL badges, health centers must have the best overall CQM performance based on average 2023 Adjusted Quartile Rankings (AQR). Badges are awarded to health centers with AQR averages in the top three tiers (Top 30%; Bronze= Top 21-30%)



MEDICAL CENTER HEALTH SYSTEM

COMPLIANCE PROGRAM MANUAL

2024

CREATED: AUGUST 1998

REVIEWED AND REVISED:

OCTOBER 2001

DECEMBER 2002

APRIL 2004

OCTOBER 2005

DECEMBER 2007

NOVEMBER 2010

DECEMBER 2011

JANUARY 2013

SEPTEMBER 2014

JANUARY 2016

FEBRUARY 2017

APRIL 2018

SEPTEMBER 2024



**MEDICAL CENTER HEALTH SYSTEM
COMPLIANCE PROGRAM**

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MEDICAL CENTER HEALTH SYSTEM

COMPLIANCE PROGRAM

Introduction

Agencies and departments of the U.S. Government have publicized a number of instances of fraud, abuse and waste in federally funded health care programs including Medicare and Medicaid. The Board of Directors of the Ector County Hospital District and the Executive Team of Medical Center Health System recognize the seriousness of the issues raised by the Government and recognize that failure to comply with applicable laws and regulations could threaten MCHS's continuing participation in these health care programs.

The Ector County Hospital District (ECHD) Board, therefore, has directed that Medical Center Health System undertake an integrity program to continue MCHS's commitment to high standards of conduct, honesty and reliability in its business practices. This integrity program is called a Compliance Program. The purpose of the Compliance Program is to promote understanding of and adherence to applicable federal and state laws and regulations and to make a sincere effort to prevent, detect and correct any fraud, abuse, or waste in Medical Center Health System in connection with federally funded health care programs and private health plans. There are several parts to the Compliance Program, each of which is important. The Program applies to all employees, medical staff, contractors, vendors, and volunteers.

I.
**CHIEF COMPLIANCE & PRIVACY OFFICER
AND COMPLIANCE COMMITTEE**

A. **Officer.** The President/Chief Executive Officer (CEO) shall appoint a high-level employee as Chief Compliance & Privacy Officer. Chief Financial Officer (CFO) or Chief Legal Officer (CLO) shall not be appointed.

B. **Duties.** The Chief Compliance & Privacy Officer and the Compliance Committee shall prepare, and revise as necessary, a job description for the Chief Compliance & Privacy Officer. The Chief Compliance & Privacy Officer's primary responsibilities set out in the job description shall include:

1. Overseeing and monitoring the implementation of the Compliance Program for the Health System;
2. Reporting on a regular basis to the Health System's Boards of Directors, the President/CEO, and the Compliance Committee on the progress of implementation, and assisting the Boards, the President/CEO and the committee in establishing methods to improve MCHS's efficiency and quality of services, and to reduce the Health System's vulnerability to fraud, abuse and waste;
3. Periodically revising the Compliance Program as required by changes in the law and policies and procedures of government and private payor health plans;
4. Developing, coordinating, and participating in an educational and training program that focuses on the elements of the Compliance Program for the Health System, and seeks to ensure that all appropriate employees, medical staff, vendors and volunteers are knowledgeable of, and comply with, pertinent federal and state standards;
5. Ensuring that independent contractors and agents who furnish medical services to the Health System are aware of the requirements of the Health System's Compliance Program with respect to coding, billing, and marketing, among other things;
6. Coordinating personnel issues with the Chief Human Resources Officer, through IT Support, Volunteer Services Manager, Assistant Chief Financial Officer or designees and the Medical Staff Office to ensure that the National Practitioner Data Bank and Cumulative Sanction Report have been checked with respect to all employees, volunteers, medical staff and independent contractors;
7. Assisting in coordinating internal compliance review and monitoring activities, including annual or periodic reviews of departments and audits;
8. Independently investigating and acting on matters related to compliance, including the flexibility to design and coordinate internal investigations (e.g., responding to reports of problems or suspected violations) and any resulting corrective action with all MCHS departments, Clinics, providers and sub-providers, agents and, if appropriate, independent contractors; and

9. Developing policies and programs that encourage managers and employees to report suspected fraud and other improprieties without fear of retaliation.

C. **Authority.** The Chief Compliance & Privacy Officer shall have direct access to the President/CEO and to the Health System's Boards of Directors. The Chief Compliance & Privacy Officer shall have access to all documents and information relevant to compliance activities including but not limited to patient records, billing records, marketing records, contracts and written arrangements or agreements with others. The Chief Compliance & Privacy Officer may seek advice from legal counsel and may retain necessary consultants or experts.

D. **Reports.** The Chief Compliance & Privacy Officer shall report to the Health System's Boards at least annually on the status of compliance in the Health System. Such reports may be written or oral.

E. **Compliance Committee.**

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

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

F. **Duties.** The duties of the Compliance Committee shall include:

1. Advising the Chief Compliance & Privacy Officer and assisting in the implementation and maintenance of the Health System's Compliance Program;
2. Working with appropriate departments of the Health System to develop policies and

procedures to promote adherence to laws and regulations;

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

G. **Guidelines.** The Compliance Committee may adopt written guidelines for holding meetings and conducting the activities and operations of the committee.

II. TRAINING AND EDUCATION

A. **Necessity.** It is imperative that coding and billing of federal health care claims be truthful and accurate and within appropriate guidelines. Not only are there severe penalties payable to the government for improper coding and billing, but honesty and integrity, in MCHS's operations, are the right and proper thing to do. Sometimes conduct undertaken without wrongful intent but with inadequate knowledge may violate applicable laws and regulations. Proper and continuing training and education of employees at all levels is, therefore, a significant element of an effective compliance program.

B. **Initial Education.** Mandatory Compliance, HIPAA Privacy and HIPAA Security education for all new employees, physicians, vendors and volunteers and the employee handbook will provide an overview of fraud and abuse laws, a copy of MCHS Compliance Standards of Conduct, and an explanation of the elements of the Compliance Program, including the reporting process and highlight the Health System's commitment to integrity in its business operations and compliance with applicable laws and regulations. Annual Compliance, HIPAA Privacy and HIPAA Security education is also required for all employees, vendors as applicable, and volunteers. Physicians receive

Compliance, HIPAA Privacy and HIPAA Security education at credentialing and re-credentialing.

C. **General Rules.** Periodically, as necessary, appropriate employees & volunteers will be retrained (i) in the Health System's Compliance Program; (ii) the fraud and abuse laws as they relate to the claim development and submission process and MCHS's business relationships; (iii) relevant Medicare and other federal and state requirements; and (iv) the consequences both to MCHS and individuals of failing to comply with applicable laws and regulations. Such training must emphasize the importance of the Compliance Program and the Health System's commitment to honesty and integrity in its business dealings.

D. **Substantive Rules.** Involved employees will be trained and retrained in the specific federal health care program rules (e.g., Medicare) that relate to their job function. By way of example:

1. Admitting personnel will receive training to ensure they are asking the necessary questions and obtaining the necessary information to comply with Medicare and Medicaid requirements.
2. Coding personnel will be taught current reimbursement principles, proper coding, the impact of coding on the DRG, and how to avoid the areas of concern applicable to the coding process described in Section II.
3. Patient care personnel will be instructed in charge entry and coding, and the importance of documenting services and supplies which will later be billed to Medicare or Medicaid.
4. Billing personnel will be instructed in Medicare requirements applicable to the preparation of claims for services, the distinction between covered and non-covered services and the importance of listing those services in the proper section of the claim forms and how to avoid the areas of concern applicable to the billing process described in Section II.

Such employees may be trained individually or as a group.

E. **Department Training and Education.** Department directors or managers shall periodically identify and advise the Chief Compliance & Privacy Officer of training and education necessary or advisable for all or any employees of his or her department. The Chief Compliance & Privacy Officer and the director or manager shall promptly arrange for such training and education.

F. **Types.** Training and education may occur in sessions with individual employees, in mandatory in-service meetings or incorporated into special or regular departmental meetings or in some other effective manner. Training may consist of live presentations, videos, question and answer sessions and written material and may occur in-house or through attendance at external workshops and seminars.

G. **Amount of Training.** All employees need not have the identical amount of training and education, nor will the focus of training and educational efforts be the same for all employees. Targeted training and education will be provided to employees whose actions may affect the accuracy of claims submitted to the government. The actual amount of training should reflect necessity, an analysis of risk areas or areas of concern identified by the Health System or the Office of the Inspector General, the Health System's compliance experience and the results of periodic audits or monitoring.

H. **Documentation.** The training provided to each employee shall be documented. The documentation shall include the date and a brief description of the subject matter of the training activity or program. Documentation is important.

I. **Failure to Attend.** Failure to comply with training requirements or to attend scheduled training sessions of the Health System or of each department may result in disciplinary action.

J. **Evaluation.** There should be periodic evaluations of training and education programs to determine, and if necessary, improve, the value, effectiveness, and appropriateness of any such program.

III. **COMMUNICATION**

A. **Reason.** Open communications between employees and the Chief Compliance & Privacy Officer or the Compliance Committee are important to the success of this Compliance Program and to the reduction of any potential for fraud, abuse, and waste. Without help from employees it may be difficult to learn of possible compliance problems and make necessary corrections.

B. **Questions.** At any time, any employee or physician may seek clarification or advice from the Chief Compliance & Privacy Officer or members of the Compliance Committee in the event of any confusion or question regarding this Program or any element of this Program or any MCHS policy or procedure related to this Program. Questions and responses should be documented and, if appropriate, shared with other employees for informational and educational purposes. Employees should be encouraged to contact the Chief Compliance & Privacy Officer and any member of the

committee and for this purpose the Chief Compliance & Privacy Officer will develop or cause to be developed publicity and notices regarding his or her name, location and e-mail address and the names of members of the committee and their location.

C. **Reporting.** Employees or physicians who are aware of or suspect acts of fraud, abuse or waste or violations of MCHS Compliance Standards of Conduct should report such acts or violations.

Several independent reporting paths are available:

1. Employees may report concerns/violations directly to their supervisor or department director or manager. Supervisors and managers will thereafter promptly pass on the report to the Chief Compliance & Privacy Officer or member of the committee.
2. An employee or physician may report directly to the Chief Compliance & Privacy Officer or to a member of the compliance committee. The Compliance Office Hotline can be reached at 432-640-1900 during normal business hours.
3. MCHS has contracted with Navex/Ethics Point to operate a 24-hour, 365-day hotline known as the "Compliance Line" (1-800-805-1642). Employees and physicians may use this line anonymously at any time, day, or night. The phone number of the Compliance Line has been posted at various places throughout the Health System and employees will be reminded of the number and of their duty to report actual or suspected wrongdoing through the Health System newsletter, MCHS Intranet, unit meetings and other methods. Employees should be encouraged to use this line.
4. On each floor/unit in the Health System, in many cases next to a time clock, is a Hotline Poster with a QR Code that can be scanned into phones or other smart devices to take you directly to an online reporting form. Additionally, there are "Integrity Boxes" with blank forms and a pen located at key locations on the main hospital campus. The forms may be completed anonymously and dropped in the box. The Integrity Boxes are located on the first floor of the main building in the central hallway at the main entrance and the far West hallway near the basement elevator, and in the Annex building main entrance outside of Human Resources. These boxes are checked each week by the Compliance Office.
5. Concerns may also be placed online from the MCHS Intranet under the Employee Links section labeled Compliance Hotline.

D. **Confidentiality.** Reports received will be treated confidentially to the extent possible under applicable law. However, there may be a time when an individual's identity may become known or must be revealed if governmental authorities become involved or in response to subpoena or other legal proceeding.

E. **Non-Retaliation.** There will be no retaliation against any employee who in good faith reports acts or suspected acts of fraud, abuse or waste or violations or suspected violations of MCHS Compliance Standards of Conduct or other wrongdoing or misconduct. However, an employee who

makes an intentional false report or a report not in good faith may be subject to disciplinary action.

F. **Documentation.** Reports that suggest substantial violation of this Program, violation of MCHS's Compliance Standards of Conduct or violation of relevant law or regulation should be documented by the Chief Compliance & Privacy Officer. Information about such reports should be furnished periodically to the Board and the President/CEO and to the Compliance Committee at its regular meetings.

IV. **INVESTIGATION**

A. **Requirement and Purpose.** Reports or reasonable indications of fraud, abuse or waste, violations of the MCHS Compliance Program and/or violations of MCHS's Compliance Standards of Conduct, violations of MCHS's policy or procedure or violations of applicable law or regulation will be promptly investigated. The purpose of the investigation shall be to identify those situations involving fraud, abuse or waste or relevant violations or unacceptable conduct; to identify individuals who may have knowingly or inadvertently caused or participated in such situations or may need further training and education; to facilitate corrective action; and to implement procedures necessary to ensure future compliance.

B. **Control of Investigation.** The Chief Compliance & Privacy Officer shall be responsible for directing the investigation of the alleged situation or problem. In undertaking investigations, the Chief Compliance & Privacy Officer may utilize other MCHS employees (consistent with appropriate confidentiality), outside attorneys, outside accountants and auditors or other consultants or experts for assistance or advice.

C. **Process.** Because of the many situations or problems which are possible, the process and method of investigation is left to the sound judgment and discretion of the Chief Compliance & Privacy Officer, including when appropriate, pursuant to the advice of legal counsel. The Chief Compliance & Privacy Officer or his or her designee, may conduct interviews with any MCHS employee and with other persons and may review any MCHS document including but not limited to those related to the claim development and submission process, patient records, e-mail and the contents of computers.

D. Documentation. The Chief Compliance & Privacy Officer shall include in his or her investigation event files, as applicable, the following types of information: (i) define the nature of the situation or problem (ii) summarize the investigation process (iii) identifies any person whom the investigator believes may have violated MCHS's Compliance Standards of Conduct, MCHS's policy or procedure or violations of applicable law or regulation and (iv) if possible, as applicable, estimate the nature and extent of any resulting overpayments.

E. Response.

The following actions may be taken as a result of an investigation:

1. Billing involved in the situation or problem may be discontinued until such time as appropriate corrections are made.
2. If duplicate or improper payments have been paid by Medicare/Medicaid or other health care program or excessive payments made because of coding or other MCHS errors or mistakes (i) the defective practice or procedure will be corrected; (ii) the duplicate or improper payments will be calculated and repaid to the appropriate payor; and (iii) a program of education will be undertaken with appropriate employees to prevent future similar problems.
3. A summary of the results of the investigation may be sent for appropriate disciplinary action to the department director or manager (or the appropriate executive staff member if the director or manager is implicated). Pending disciplinary action, any such employee may be removed from any position with oversight of or impact upon the claim's development and submission process.
4. State and federal agencies will be notified as deemed appropriate by the Chief Compliance & Privacy Officer in coordination with legal counsel, the President/CEO, and the ECHD Board.

Voluntary Disclosures. Any voluntary self-disclosures may be guided by the OIG's Health Care Fraud Self-Disclosure Protocol 63 Fed. Reg. 58399 (October 21, 1998); (updated April 17, 2013: FR Doc.2013.11050, and amended November 8, 2021, updates and renames the Provider Self-Disclosure Protocol).

F. Reports by Chief Compliance & Privacy Officer. The Chief Compliance & Privacy Officer periodically shall furnish information (bearing in mind issues of confidentiality) about such investigations to the Board and the President & CEO and to the Compliance Committee at its regular meetings.

V.

AUDITS

A. Process. Periodic audits will be undertaken to identify deficiencies in the claim development

and submission process. MCHS will devote such resources as are reasonably necessary to ensure that audits are adequately staffed by people with appropriate knowledge and experience.

B. **Time.** The Compliance Committee shall designate the time for audits and the departments and functions to be audited.

C. **New Employees.** It is the responsibility of each department manager to ensure that employees who are new to a position, which have a direct impact on the claim development and submission process, are provided adequate and appropriate training and education. To verify that each new employee understands the essential elements of his or her job function, the work of such new employees should be audited or reviewed until the director or manager is satisfied that the accuracy of the employee's work is adequate to justify cessation of the audit or review. Directors or managers may rely on other competent and experienced employees to assist in such reviews. New employees whose work does not meet the necessary quality or standard within a reasonable time after employment may be transferred to another job in or out of the department and such transfer shall not be considered disciplinary action for any purpose or reason.

D. **Periodic Tests and Audits.** MCHS, under the direction of the Chief Compliance & Privacy Officer, will conduct periodic tests of claims submitted to Medicare, Medicaid and other federal health care plan and audits of the claim's development and submission process. The audits shall include reviewing the work of coders, billers, admitting and registration clerks, patient care providers (including physicians where reasonably possible) ancillary departments such as laboratory and diagnostic imaging and risk areas identified by the OIG or fiscal intermediaries. Audits shall also cover MCHS's relationship with third party contractors, including physicians on its medical staff, and compliance with laws governing kickback arrangements. The Compliance Office may request that the director or manager of each affected department prepare and submit testing, audit, and monitoring plans for his or her department.

E. **Access.** Auditors and reviewers shall have access to all necessary documents including those related to claim development and submission, patient records, e-mail and the contents of computers. Auditors and reviewers shall always bear in mind confidentiality requirements.

F. **Action.** The Chief Compliance & Privacy Officer will be notified of the results of all audits. Further action, if any, by the Chief Compliance & Privacy Officer with respect to any deviation or discrepancy revealed by an audit will be taken under the provisions of Section VI.

G. **Documents.** All audits shall be thoroughly documented. Such documents shall be maintained in the permanent files of the Chief Compliance & Privacy Officer and adequately secured.

VI. SCREENING

A. **New Employees.** MCHS will conduct a reasonable background investigation of all new employees, or applicants for employment, who have or will have discretionary authority to make decisions that, or whose job function may, materially impact the Medicare/Medicaid claim development and submission process or MCHS's relationship with physicians on its medical staff. The purpose of the background investigation is to determine whether any such employee or applicant has been (i) convicted of a criminal offense related to health care or (ii) listed by a federal agency as debarred, excluded or otherwise ineligible for federal program participation. All employees and volunteers will be screened monthly.

B. **Providers.** A similar reasonable background investigation will be undertaken for providers who do or will possess an individual Medicare or Medicaid provider number. Such providers will be screened monthly.

C. **Vendors and Contractors.** Reasonable background investigations will be conducted for vendors and contractors to determine if any such vendor or contractor has a criminal conviction related to health care or has been disbarred or excluded by a federal agency. For the vendors we contract with Vendor Credentialing Service to perform this function.

D. **Process.** The Chief Compliance & Privacy Officer, in consultation as necessary with the Chief Human Resources Officer, The ECHD Police Dept., the Director of Medical Staff Services, MCH ProCare Administrative Staff and other employees, will implement and maintain policies and procedures for developing relevant applications for employment and for conducting such background investigations. The application for employment should require the applicant to disclose

any criminal conviction related to health care programs or exclusion action. The background investigations should utilize the OIG Cumulative Sanction Report, the General Services Administration list of debarred contractors of, the Specially Designated Nationals (SDN) and the National Practitioner Data Bank.

E. **Prohibition.** MCHS will not hire or retain an employee in a position which has or will have discretionary authority to make decisions or whose job functions may materially impact the Medicare/Medicaid claim development and submission process or MCHS's relations with its staff physicians if such prospect or employee has been convicted of a crime related to health care or has been excluded or debarred. MCHS will not contract with any person or entity which has been so convicted, excluded, or debarred and will attempt to terminate its contract arrangements with any such person or entity, subject to legal constraints such as damages for breach of contract. MCHS will make reasonable and prudent effort not to submit any claim for service ordered or furnished by any person or entity, including physicians, excluded from participation.

VII. EVALUATIONS

Adherence to and promotion of this Program will be a factor in evaluating the performance of employees, including supervisory, managerial, and administrative personnel.

VIII. REPORTS

The Chief Compliance & Privacy Officer shall make written evaluation reports on compliance activities including reports or complaints received from employees, investigations, auditing, and monitoring, to the system's Boards of Directors, the President/CEO, and members of the Compliance Committee on a regular basis. Reports to the Health System's Boards shall be at least annually or more often as necessary or advisable.

IX. RESPONSE TO GOVERNMENTAL INQUIRIES

A. **Cooperation.** Federal agencies have available several investigation tools including search

warrants, subpoenas and civil investigation demands. Actions also may be brought against MCHS to exclude it from participating in Medicare/Medicaid if MCHS fails to grant immediate access to agencies conducting surveys or reviews. It is, therefore, the policy of Medical Center Health System to cooperate with and properly respond to all governmental inquiries and investigations.

B. **Process.** Employees who receive a search warrant, subpoena or other demand or request for investigation, or if approached by a federal agency, should attempt to identify the investigator, if any, and immediately notify the Chief Compliance & Privacy Officer or, in that Officer's absence, a member of the Compliance Committee or the employee's supervisor. Employees should request the government representative to wait until the Chief Compliance & Privacy Officer or his or her designee arrives before conducting any interview or reviewing documents. The Chief Compliance & Privacy Officer in consultation with outside legal counsel is responsible for coordinating MCHS's response to warrants, subpoenas, inquiries, and investigations by federal agencies. If appropriate, MCHS also may provide legal counsel to employees.

C. **Documents.** MCHS's response to any warrant, subpoena, investigation, or inquiry must be complete and accurate. No employee shall alter or destroy any document or record or alter, delete, or download any material from any computer. Documents and records must be preserved in their original form.

X.

DISCIPLINE AND DISCLAIMER

A. **Other Reasons:** In addition to possible disciplinary action mentioned elsewhere in this Program, employees may be subject to disciplinary action for:

1. Failure to perform any obligation or duty required of employees relating to compliance with this Program or applicable laws or regulations.
2. Failure of supervisory or management personnel to detect non-compliance with applicable policies and legal requirements and this Program where reasonable diligence on the part of the manager or supervisor would have led to the discovery of any violations or problems.

B. **Procedure.** Possible disciplinary action will follow MCHS's existing disciplinary policies and procedures. Progressive discipline is not required.

C. **Disclaimer.** Nothing in this Program shall (i) constitute a contract of or agreement for

employment; or (ii) modify or alter in any manner any employee's at-will employment status. Any part of this Program may be changed or amended at any time without notice to any employee.

XI.
Employee Guidelines

All Medical Center Health System's business affairs must be conducted in accordance with federal, state, and local laws, professional standards, applicable federally funded health care program regulations and policies and with honesty, fairness, and integrity. Employees should perform their duties in good faith, in a manner that he or she reasonably believes to be in the best interest of Medical Center Health System and its patients and with the same care that a reasonably prudent person in the same position would use under similar circumstances. To further these overall goals, several policies or Compliance Standards of Conduct have been adopted by MCHS.

A. **EMPLOYEE HANDBOOK.** The handbook given to each employee sets out several types of conduct, which are unacceptable. These include:

1. Intentionally or knowingly making false or erroneous entries on reports, patient charts or other MCHS records.
2. Dishonesty.
3. Unauthorized alteration or destruction of MCHS records including patients' charts.
4. Coding or billing which violates Medicare or Medicaid rules or regulations or other federal rules or regulations.
5. Behavior detrimental to the operation of MCHS.

Other unacceptable conduct may be found in the handbook.

B. **CONFLICT OF INTEREST.** To perform their duties with honesty and fairness and in the best interest of the Ector County Hospital District and Medical Center Health System, employees must avoid conflicts of interest in their employment. Conflicts of interest may arise from having a position or interest in or furnishing managerial or consultative services to any concern or business from which MCHS obtains goods or services or with which it competes or does business, from soliciting or accepting gifts, excessive entertainment or gratuities from any person or entity that does or is seeking to do business with the Health System and from using MCHS property for personal or private purposes. Conflicts also may arise in other ways. If an employee has any doubt or any

question about any of his or her proposed activities, guidance or advice should be obtained from the Chief Compliance & Privacy Officer, Chief Human Resource Officer, or the employee's manager. MCHS's policy on and prohibiting conflicts of interest may be found in Policy Number MCH-3016. A copy may be obtained from MCHS Intranet under the MCH policies.

C. HIPAA / CONFIDENTIALITY OF INFORMATION. A patient's health record is the property of Medical Center Health System and shall be maintained to serve the patient, necessary health care providers, the institution and third-party payors such as Medicare in accordance with legal, accrediting, and regulatory agency requirements. The information contained in the health care record belongs to the patient and the patient is entitled to the protection of that information as mandated under the Health Insurance Portability and Accountability Act also known as HIPAA. All patient care information is regarded as confidential and available only to authorized users such as treating or consulting physicians, employees who may be providing patient care and to third party payors to facilitate reimbursement. The operations, activities, business affairs and finances of the Health System should also be kept confidential and discussed or made available only to authorized users.

D. WORKPLACE ADMINISTRATIVE SEARCHES. To assist in providing a reliable, efficient and productive work force for the proper care of patients, to assist in providing employees with a safe working environment, to assist in the effective operation of the Compliance Program and to supplement the Drug and Alcohol Policy, MCH-3033, supervisors may conduct unannounced administrative searches of Health System premises, offices, work areas, property and equipment and the contents of such property and equipment. No employee should have any expectation of privacy on MCHS property or in their offices or work areas including lockers, desks, cabinets, drawers, shelves, or trash cans or in folders, envelopes or packages located on MCHS premises. Any data on any MCHS device or in any of MCHS' systems is property of the hospital and subject to search/review. Personal possessions or materials should not be brought to work if they are of a sensitive or confidential nature. MCHS's policy on Workplace Administrative Searches is Policy Number MCH-3043. MCH-1046 Computer Security Policy also states that the use of computer systems at MCHS signifies consent to monitoring and monitoring does occur. A copy may be

obtained from the MCHS Intranet under the MCH policies. Other policies permit monitoring of and access to computers by supervisors. The use of computers, e-mail and access to the Internet must be reasonable and responsible.

E. FRAUD AND ABUSE. Employees shall refrain from conduct, which may violate the fraud and abuse laws. These laws prohibit (1) direct, indirect or disguised payments in exchange for the referral of patients; (2) the submission of false, fraudulent or misleading claims to any government entity or third party payor, including claims for services not rendered, claims which characterize the service differently than the service actually rendered or claims which do not otherwise comply with applicable program or contractual requirements; and (3) making false representations to any person or entity in order to gain or retain participation in a program or to obtain payment or excessive payment for any service.

F. BUSINESS ETHICS. Employees must accurately and honestly represent MCHS and should not engage in any activity or scheme intended to defraud anyone of money, property, or honest services.

G. FINANCIAL REPORTING. All financial reports, accounting records, research reports, expense accounts, time sheets and other documents must accurately and clearly represent the relevant facts or the true nature of a transaction. Improper or fraudulent accounting, documentation or financial reporting is not only contrary to MCHS policy, but it may also be in violation of applicable laws. Sufficient and competent evidential matter or documentation shall support all cost reports.

H. PROTECTION OF ASSETS. MCHS will make available to employee's assets and equipment necessary to conduct MCHS business including such items as computer hardware and software, billing, and medical records, both hardcopy and in electronic format, fax machines, office supplies and various types of medical equipment. Employees should strive to use MCHS assets in a prudent and effective manner. MCHS property should not be used for personal reasons or be removed from Medical Center Health System without approval from a departmental manager. An employee who believes that any medical equipment is not operating properly or has an inaccurate calibration should immediately report the problem to his or her supervisor.

I. ANTI-COMPETITIVE CONDUCT. Medical Center Health System will not engage in anti-

competitive conduct that could produce an unreasonable restraint of trade or a substantial lessening of competition. Evaluation of anti-competitive conduct requires legal guidance. Communication by employees with competitors about matters that could be perceived to have the effect of lessening competition or could be considered as collusion or an attempt to fix prices should take place only after consultation with legal counsel.

J. **CREDIT BALANCES.** MCHS will comply with Federal and state laws and regulations governing credit balance reporting and refund all overpayments in a timely manner.

K. **FINANCIAL INDUCEMENTS.** No employee shall offer any financial inducement, gift, payoff, kickback, or bribe intended to induce, influence or reward favorable decisions of any government personnel or representative, any customer, contractor or vendor in a commercial transaction or any person in a position to benefit Medical Center Health System or the employee in any way. Employees are strictly prohibited from engaging in any corrupt business practice either directly or indirectly. No employee shall make or offer to make any payment or provide any other thing of value to another person with the understanding or intention that such payment or other thing of value is to be used for an unlawful or improper purpose. Appropriate commissions, rebates, discounts, and allowances are customary and acceptable business inducements provided that they are approved by Administration and that they do not constitute illegal or unethical payments. Any such payments must be reasonable in value, competitively justified, properly documented, and made to the business entity to whom the original agreement or invoice was made or issued. Such payments should not be made to individual employees or agents of business entities.

L. **ADDITIONAL STANDARDS.** MCHS has adopted several other System-wide policies and procedures. Employees may obtain copies from the MCHS Intranet web page under MCHS policies. Additional standards and policies may be applicable only to particular departments and copies may be obtained from supervisors or directors in those departments. It is particularly important that coding, billing, and submission of claims to Medicare, Medicaid and other third-party payors, be appropriate, accurate and in compliance with applicable laws and regulations. Standards relating to billing will be found in a later section of this document.

M... ADMINISTRATION AND APPLICATION OF MCHS COMPLIANCE STANDARDS

MCHS Compliance Standards of Conduct apply to all MCHS employees, including supervisors, managers, directors, and the Executive team. They also apply to temporary and contract employees, as well as independent contractors doing business with Medical Center Health System, vendors, contractors, volunteers and to the physicians on the Medical Staff

MCHS Compliance Standards of Conduct are not intended to cover every situation which may be encountered, and employees should comply with all applicable laws and regulations whether or not specifically addressed in the Standards.

Questions about the existence, interpretation or application of any law, regulation, policy, or standard should be directed, without hesitation, to an employee's supervisor, manager/director or to the Chief Compliance & Privacy Officer. Because laws, regulations and policies are constantly evolving, this Compliance Program Manual will be revised and updated as needed. Revisions will be communicated timely to MCHS employees through administrative notification, as applicable, and changes will be posted to the Compliance Web page.

Failure to comply with MCHS Compliance Standards of Conduct or to conduct business in an honest, ethical, reliable manner can result in civil fines or criminal penalties against MCHS and its employees or disciplinary action by MCHS, including termination. Supervisors are responsible for ensuring that their new employees receive education on the MCHS Compliance Program and then participate in mandatory training related to the Program. Compliance with and promotion of MCHS Compliance Standards of Conduct will be a factor in evaluating the performance of MCHS employees.

XII.
BILLING AND AREAS OF CONCERN

A. **Prohibited Billing Practices.** Generally, federal laws and regulations provide civil and criminal penalties for individuals and hospitals that submit claims for services which were: (i) not provided; (ii) billed in a manner other than as actually provided; (iii) not medically necessary; or (iv) billed in a manner that did not comply with applicable government requirements. Examples of prohibited practices include:

1. Submitting a claim that represents that MCHS performed a service all or part of which was simply not performed;
2. Upcoding, that is, using a billing code that provides a higher payment rate than the billing code that actually reflects the services furnished to a patient;
3. DRG creep. Like upcoding, DRG creep is the practice of billing using a DRG code that provides a higher payment rate than the DRG code that accurately reflects the service furnished to the patient;
4. Duplicate billing, that is, submitting more than one claim for the same service or submitting a bill to more than one primary payor at the same time;
5. Misrepresenting the qualifications of the person rendering the service or representing that supervision requirements were met when they were not;
6. Billing separately for diagnostic services provided to a patient in the three calendar days preceding hospital admission rather than rolling such claims into the diagnosis related group;
7. Billing for discharge in lieu of transfer;
8. Billing for services which are not covered; and
9. Unbundling, that is, submitting bills piecemeal or in fragmented fashion to maximize the reimbursement for various tests or procedures that are required to be billed together and therefore at a reduced cost.

B. **Non-Covered Services.** Some services are not covered under Medicare. Examples include:

1. Services which are medically unnecessary. That is, items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member or which are not medically necessary for the health of the patient;
2. Routine screening services;
3. Services considered by Medicare to be experimental in nature or not medically

effective; and

4. Services that are considered not reasonable and appropriate or necessary for the diagnoses.

When a Medicare patient requests that a known non-covered service be performed and billed, an Advanced Beneficiary Notice should be obtained from the patient explaining that the service is non-covered and will be the patient's responsibility.

C. **Kickbacks.** Federal law prohibits the MCHS from paying a physician or anyone else for the referral of a patient for services which might be covered by Medicare or Medicaid. Illegal payments may be subtle. Examples include (i) payment to a heavy admitter for "Medical Director" fees in excess of the value of the work the physician actually performs as a medical director; (ii) providing reduced rate rent; (iii) paying excessive travel fees. All payments from MCHS to a physician and all leasing arrangements with physicians should be carefully examined to ensure that such payments or arrangements comply with applicable statutes and regulations and are not inducements to refer patients.

D. **Accurate Bills and Records.** Bills to Medicare and other federally funded health care programs, as well as to other payors, must be true, accurate and complete and for services believed to be medically necessary, and that were ordered by a physician or other appropriately licensed person. All physicians and other professional services should be documented timely, correctly, and properly. Patient records and other documentation which support the bills should also be true, accurate and complete in accordance with professional standards and available for audit and review. The diagnoses and procedures reported on the reimbursement claim must be based on the patient record and other relevant documentation.

E. **Training and Incentives.** Training, education, and documents necessary for accurate code assignment is and will continue to be made available to employees involved in coding. Billing department coders and billing consultants will not be provided with any financial incentive to improperly up-code claims or otherwise improperly increase MCHS revenue.

F. **Cost Reports.** The Chief Financial Officer shall prepare or cause to be prepared policies and procedures ensuring against submission of false or inaccurate cost reports and ensuring that:

1. Costs are not claimed unless based on appropriate and accurate documentation;
2. Allocation of costs to various cost centers are accurately made and supportable by verifiable and auditable data;
3. Unallowable costs are not claimed for reimbursement;
4. Accounts containing both allowable and unallowable costs are analyzed to determine the unallowable amount that should not be claimed for reimbursement;
5. Costs are properly classified;
6. Fiscal intermediary prior year audit adjustments are implemented and are either not claimed for reimbursement or claimed for reimbursement and clearly identified as protested amounts on the cost report;
7. All related parties are identified on Form 339 submitted with the cost report and all related party charges are reduced to cost;
8. Requests for exceptions to TEFRA (Tax Equity and Fiscal Responsibility Act of 1982) limits and the Routine Cost Limits are properly documented and supported by verifiable and auditable data;
9. MCHS's procedures for reporting of bad debts on the cost report are in accordance with federal statutes, regulations, guidelines and policies;
10. Procedures are in place and documented for notifying promptly the Medicare fiscal intermediary (or any other applicable payor, e.g. TRICARE and Medicaid) of errors discovered after the submission of the hospital's cost report.

G. **Bad Debts.** The Chief Financial Officer (CFO) shall develop or cause to be developed a mechanism to review, at least annually: (i) whether MCHS is properly reporting bad debts to Medicare and (ii) all Medicare bad debt expenses claimed, to ensure that MCHS's procedures are in accordance with applicable federal and state statutes, regulations, guidelines and policies. In addition, such a review should ensure that MCHS has appropriate and reasonable mechanisms in place regarding beneficiary deductible or co-payment collection efforts and has not claimed as bad debts any routinely waived Medicare co-payments and deductibles, which waiver also constitutes a violation of the anti-kickback statute. The CFO or his or her designee may consult with the appropriate fiscal intermediary if there are questions relating to bad debt reporting requirements.

H. **Credit Balances.** The CFO shall develop or cause to be developed policies and procedures providing for the timely reporting of Medicare and other federal health care program credit balances. The CFO shall designate appropriate employees to (i) review reports of credit balances and

reimbursements or adjustments monthly and (ii) be responsible for tracking, recording, and reporting credit balances.

I. **Retention of Records.** The Chief Compliance and Privacy Officer shall prepare or cause to be prepared policies and procedures regarding the creation, distribution, retention, storage, retrieval, disclosure and destruction of records and documents. Such records and documents shall include: (i) all records for the local government that have retention schedules (ii) clinical and medical records and claims documentation required by federal or state law for participation in federal health care programs; and (iii) records relating to the Compliance Program such as documentation related to employee training, reports from the hotline, the nature and results of any investigations, and results of MCHS's auditing and monitoring efforts.

ECTOR COUNTY HOSPITAL DISTRICT 2025 BOARD MEETING DATES

January 14, 2025
February 11, 2025
March 4, 2025
April 1, 2025
May 6, 2025

May 28-30, 2025 Retreat
June 3, 2025
July 1, 2025
August 5, 2025
September 9, 2025

October 7, 2025
November 4, 2025
December 2, 2025
January 6, 2026

**ECTOR COUNTY HOSPITAL DISTRICT
MONTHLY STATISTICAL REPORT
AUGUST 2024**

	CURRENT MONTH					YEAR-TO-DATE				
	BUDGET			PRIOR YEAR		BUDGET			PRIOR YEAR	
	ACTUAL	AMOUNT	VAR.%	AMOUNT	VAR.%	ACTUAL	AMOUNT	VAR.%	AMOUNT	VAR.%
<u>Hospital InPatient Admissions</u>										
Acute / Adult	1,232	1,053	17.0%	1,121	9.9%	12,967	11,882	9.1%	11,631	11.5%
Neonatal ICU (NICU)	37	26	42.3%	26	42.3%	224	291	-23.0%	282	-20.6%
Total Admissions	1,269	1,079	17.6%	1,147	10.6%	13,191	12,173	8.4%	11,913	10.7%
<u>Patient Days</u>										
Adult & Pediatric	4,709	4,152	13.4%	4,117	14.4%	49,903	46,855	6.5%	45,392	9.9%
ICU	463	427	8.4%	433	6.9%	4,961	4,814	3.1%	4,661	6.4%
CCU	450	391	15.1%	346	30.1%	4,769	4,412	8.1%	4,249	12.2%
NICU	530	417	27.1%	322	64.6%	3,525	4,669	-24.5%	4,310	-18.2%
Total Patient Days	6,152	5,387	14.2%	5,218	17.9%	63,158	60,750	4.0%	58,612	7.8%
Observation (Obs) Days	664	504	31.7%	691	-3.9%	7,216	5,689	26.8%	5,496	31.3%
Nursery Days	386	253	52.6%	330	17.0%	3,433	2,853	20.3%	2,924	17.4%
Total Occupied Beds / Bassinets	7,202	6,144	17.2%	6,239	15.4%	73,807	69,292	6.5%	67,032	10.1%
<u>Average Length of Stay (ALOS)</u>										
Acute / Adult & Pediatric	4.56	4.72	-3.3%	4.37	4.5%	4.60	4.72	-2.6%	4.67	-1.5%
NICU	14.32	16.04	-10.7%	12.38	15.7%	15.74	16.04	-1.9%	15.28	3.0%
Total ALOS	4.85	4.99	-2.9%	4.55	6.6%	4.79	4.99	-4.1%	4.92	-2.7%
Acute / Adult & Pediatric w/o OB	5.59			5.25	6.5%	5.39			5.62	-4.0%
Average Daily Census	198.5	173.8	14.2%	168.3	17.9%	188.0	180.8	4.0%	175.0	7.4%
Hospital Case Mix Index (CMI)	1.6967	1.7500	-3.0%	1.6299	4.1%	1.7201	1.7500	-1.7%	1.7332	-0.8%
CMI Adjusted LOS	2.86	2.85	0.2%	2.79	2.4%	2.78	2.85	-2.4%	2.84	-1.9%
<u>Medicare</u>										
Admissions	468	408	14.7%	446	4.9%	5,229	4,598	13.7%	4,471	17.0%
Patient Days	2,702	2,291	17.9%	2,322	16.4%	28,546	25,818	10.6%	25,049	14.0%
Average Length of Stay	5.77	5.62	2.8%	5.21	10.9%	5.46	5.62	-2.8%	5.60	-2.6%
Case Mix Index	2.0536	2.0200	1.7%	1.9407	5.8%	1.9673	2.0200	-2.6%	2.0244	-2.8%
<u>Medicaid</u>										
Admissions	145	137	5.8%	138	5.1%	1,347	1,545	-12.8%	1,530	-12.0%
Patient Days	618	651	-5.1%	512	20.7%	5,472	7,336	-25.4%	6,664	-17.9%
Average Length of Stay	4.26	4.75	-10.3%	3.71	14.9%	4.06	4.75	-14.4%	4.36	-6.7%
Case Mix Index	1.1296	1.1800	-4.3%	1.0622	6.3%	1.1120	1.1800	-5.8%	1.1541	-3.6%
<u>Commercial</u>										
Admissions	407	297	37.0%	333	22.2%	4,186	3,353	24.8%	3,283	27.5%
Patient Days	1,745	1,334	30.8%	1,395	25.1%	18,293	15,055	21.5%	14,675	24.7%
Average Length of Stay	4.29	4.49	-4.5%	4.19	2.3%	4.37	4.49	-2.7%	4.47	-2.2%
Case Mix Index	1.5182	1.7000	-10.7%	1.5071	0.7%	1.6476	1.7000	-3.1%	1.6714	-1.4%
<u>Self Pay</u>										
Admissions	217	204	6.4%	202	7.4%	2,103	2,307	-8.8%	2,283	-7.9%
Patient Days	930	924	0.6%	867	7.3%	9,157	10,450	-12.4%	10,339	-11.4%
Average Length of Stay	4.29	4.53	-5.4%	4.29	-0.1%	4.35	4.53	-3.9%	4.53	-3.9%
Case Mix Index	1.5432	1.5800	-2.3%	1.4625	5.5%	1.5674	1.5800	-0.8%	1.5556	0.8%
<u>All Other</u>										
Admissions	32	33	-3.0%	28	14.3%	326	370	-11.9%	346	-5.8%
Patient Days	157	187	-16.0%	122	28.7%	1,690	2,094	-19.3%	1,885	-10.3%
Average Length of Stay	4.91	5.67	-13.4%	4.36	12.6%	5.18	5.66	-8.4%	5.45	-4.8%
Case Mix Index	2.7237	2.2500	21.1%	2.1003	29.7%	2.1309	2.2500	-5.3%	2.1459	-0.7%
<u>Radiology</u>										
InPatient	4,726	4,137	14.2%	4,203	12.4%	52,137	46,649	11.8%	45,741	14.0%
OutPatient	9,093	8,295	9.6%	9,028	0.7%	94,518	93,606	1.0%	87,811	7.6%
<u>Cath Lab</u>										
InPatient	664	615	8.0%	677	-1.9%	7,566	6,938	9.1%	6,894	9.7%
OutPatient	583	474	23.0%	470	24.0%	6,042	5,353	12.9%	5,112	18.2%
<u>Laboratory</u>										
InPatient	86,195	72,330	19.2%	72,616	18.7%	902,721	815,677	10.7%	793,329	13.8%
OutPatient	73,171	68,762	6.4%	75,695	-3.3%	776,437	775,774	0.1%	729,480	6.4%
<u>Other</u>										
Deliveries	225	174	29.3%	208	8.2%	2,017	1,961	2.9%	1,975	2.1%
<u>Surgical Cases</u>										
InPatient	250	250	0.0%	246	1.6%	2,701	2,819	-4.2%	2,664	1.4%
OutPatient	600	564	6.4%	626	-4.2%	5,799	6,367	-8.9%	6,009	-3.5%
Total Surgical Cases	850	814	4.4%	872	-2.5%	8,500	9,186	-7.5%	8,673	-2.0%
<u>GI Procedures (Endo)</u>										
InPatient	131	144	-9.0%	112	17.0%	1,566	1,626	-3.7%	1,462	7.1%
OutPatient	209	292	-28.4%	219	-4.6%	2,065	3,297	-37.4%	2,173	-5.0%
Total GI Procedures	340	436	-22.0%	331	2.7%	3,631	4,923	-26.2%	3,635	-0.1%

**ECTOR COUNTY HOSPITAL DISTRICT
MONTHLY STATISTICAL REPORT
AUGUST 2024**

	CURRENT MONTH					YEAR-TO-DATE				
	BUDGET		PRIOR YEAR			BUDGET			PRIOR YEAR	
	ACTUAL	AMOUNT	VAR.%	AMOUNT	VAR.%	ACTUAL	AMOUNT	VAR.%	AMOUNT	VAR.%
OutPatient (O/P)										
Emergency Room Visits	5,023	4,944	1.6%	5,082	-1.2%	58,203	55,783	4.3%	56,192	3.6%
Observation Days	664	504	31.7%	691	-3.9%	7,216	5,689	26.8%	5,496	31.3%
Other O/P Occasions of Service	20,387	20,670	-1.4%	22,228	-8.3%	217,553	233,198	-6.7%	217,401	0.1%
Total O/P Occasions of Svc.	26,074	26,118	-0.2%	28,001	-6.9%	282,972	294,670	-4.0%	279,089	1.4%
Hospital Operations										
Manhours Paid	301,821	272,765	10.7%	284,523	6.1%	3,160,951	3,033,889	4.2%	3,004,785	5.2%
FTE's	1,703.8	1,539.8	10.7%	1,606.2	6.1%	1,646.3	1,580.2	4.2%	1,569.7	4.9%
Adjusted Patient Days	11,853	10,753	10.2%	10,520	12.7%	120,812	121,144	-0.3%	113,291	6.6%
Hours / Adjusted Patient Day	25.46	25.37	0.4%	27.05	-5.8%	26.16	25.04	4.5%	26.54	-1.4%
Occupancy - Actual Beds	53.9%	49.8%	8.3%	45.7%	17.9%	51.1%	51.8%	-1.4%	50.1%	1.9%
FTE's / Adjusted Occupied Bed	4.5	4.4	0.4%	4.7	-5.8%	4.6	4.4	4.5%	4.6	-1.4%
Family Health Clinic - Clements										
Total Medical Visits	554	687	-19.4%	861	-35.7%	5,575	7,754	-28.1%	7,081	-21.3%
Manhours Paid	1,847	2,226	-17.0%	2,219	-16.8%	19,316	25,125	-23.1%	22,369	-13.6%
FTE's	10.4	12.6	-17.0%	12.5	-16.8%	10.1	13.1	-23.1%	11.7	-13.9%
Family Health Clinic - West University										
Total Medical Visits	796	658	21.0%	681	16.9%	7,505	7,424	1.1%	6,931	8.3%
Manhours Paid	1,324	1,204	10.0%	893	48.2%	13,250	13,591	-2.5%	11,096	19.4%
FTE's	7.5	6.8	10.0%	5.0	48.2%	6.9	7.1	-2.5%	5.8	19.1%
Family Health Clinic - JBS										
Total Medical Visits	962	730	31.8%	981	-1.9%	9,949	8,238	20.8%	7,620	30.6%
Manhours Paid	1,509	1,648	-8.4%	1,461	3.3%	17,554	18,590	-5.6%	14,727	19.2%
FTE's	8.5	9.3	-8.4%	8.2	3.3%	9.1	9.7	-5.6%	7.7	18.8%
Family Health Clinic - Womens										
Total Medical Visits	1,609	2,223	-27.6%	-	0.0%	18,231	21,464	-15.1%	-	0.0%
Manhours Paid	3,415	5,337	-36.0%	-	0.0%	35,694	51,531	-30.7%	-	0.0%
FTE's	19.3	30.1	-36.0%	-	0.0%	18.6	26.8	-30.7%	-	0.0%
Total ECHD Operations										
Total Admissions	1,269	1,079	17.6%	1,147	10.6%	13,191	12,173	8.4%	11,913	10.7%
Total Patient Days	6,152	5,387	14.2%	5,218	17.9%	63,158	60,750	4.0%	58,612	7.8%
Total Patient and Obs Days	6,816	5,891	15.7%	5,909	15.3%	70,374	66,439	5.9%	64,108	9.8%
Total FTE's	1,749.5	1,598.6	9.4%	1,632.0	7.2%	1,691.0	1,636.8	3.3%	1,594.8	6.0%
FTE's / Adjusted Occupied Bed	4.6	4.6	-0.7%	4.8	-4.9%	4.7	4.5	3.6%	4.7	-0.3%
Total Adjusted Patient Days	11,853	10,753	10.2%	10,520	12.7%	120,812	121,144	-0.3%	113,291	6.6%
Hours / Adjusted Patient Day	26.15	26.34	-0.7%	27.48	-4.9%	26.87	25.94	3.6%	26.95	-0.3%
Outpatient Factor	1.9267	1.9961	-3.5%	2.0161	-4.4%	1.9129	1.9941	-4.1%	1.9329	-1.0%
Blended O/P Factor	2.1082	2.2377	-5.8%	2.2526	-6.4%	2.1105	2.2145	-4.7%	2.1619	-2.4%
Total Adjusted Admissions	2,445	2,154	13.5%	2,313	5.7%	25,233	24,275	3.9%	23,027	9.6%
Hours / Adjusted Admission	126.76	131.48	-3.6%	125.01	1.4%	128.67	129.47	-0.6%	132.58	-2.9%
FTE's - Hospital Contract	54.0	42.8	26.0%	53.3	1.2%	54.8	44.4	23.4%	50.6	8.4%
FTE's - Mgmt Services	51.9	42.8	21.4%	57.0	-9.0%	53.7	42.8	25.6%	42.1	27.6%
Total FTE's (including Contract)	1,855.4	1,684.2	10.2%	1,742.4	6.5%	1,799.5	1,724.0	4.4%	1,687.5	6.6%
Total FTE'S per Adjusted Occupied Bed (including Contract)										
	4.9	4.9	-0.1%	5.1	-5.5%	5.0	4.8	4.7%	5.0	0.3%
ProCare FTEs	208.8	227.2	-8.1%	221.4	-5.7%	205.2	226.8	-9.5%	218.9	-6.2%
TraumaCare FTEs	8.3	10.6	-21.4%	9.5	-12.0%	8.9	9.7	-7.8%	9.4	-5.2%
Total System FTEs	2,072.5	1,922.0	7.8%	1,973.2	5.0%	2,013.7	1,960.5	2.7%	1,915.8	5.1%
Urgent Care Visits										
JBS Clinic	1,560	1,562	-0.1%	1,507	3.5%	14,942	17,619	-15.2%	16,304	-8.4%
West University	1,017	1,050	-3.1%	1,055	-3.6%	9,915	11,845	-16.3%	10,404	-4.7%
Total Urgent Care Visits	2,577	2,612	-1.3%	2,562	0.6%	24,857	29,464	-15.6%	26,708	-6.9%
Retail Clinic Visits										
Retail Clinic	123	360	-65.8%	161	-23.6%	984	2,694	-63.5%	2,091	-52.9%

**ECTOR COUNTY HOSPITAL DISTRICT
BALANCE SHEET - BLENDED
AUGUST 2024**

	CURRENT YEAR	PRIOR FISCAL YEAR END			CURRENT YEAR CHANGE
		HOSPITAL AUDITED	PRO CARE AUDITED	TRAUMA CARE AUDITED	
ASSETS					
CURRENT ASSETS:					
Cash and Cash Equivalents	\$ 29,943,361	\$ 16,567,281	\$ 4,400	\$ -	\$ 13,371,680
Investments	51,371,976	56,460,783	-	-	(5,088,807)
Patient Accounts Receivable - Gross	234,253,220	247,541,752	29,112,091	2,371,321	(44,771,944)
Less: 3rd Party Allowances	(147,307,000)	(154,534,985)	(16,400,026)	(1,845,686)	25,473,698
Bad Debt Allowance	(43,416,275)	(59,928,158)	(8,542,555)	(400,000)	25,454,438
Net Patient Accounts Receivable	43,529,945	33,078,609	4,169,509	125,635	6,156,191
Taxes Receivable	10,892,078	13,086,087	-	-	(2,194,010)
Accounts Receivable - Other	4,376,140	10,882,264	35,402	-	(6,541,526)
Inventories	10,068,138	9,697,439	477,883	-	(107,183)
Prepaid Expenses	5,228,746	4,285,500	112,263	37,639	793,345
Total Current Assets	155,410,384	144,057,962	4,799,457	163,274	6,389,691
CAPITAL ASSETS:					
Property and Equipment	521,704,936	512,532,942	399,150	-	8,772,844
Construction in Progress	15,568,610	4,378,451	-	-	11,190,159
	537,273,546	516,911,393	399,150	-	19,963,003
Less: Accumulated Depreciation and Amortization	(375,541,474)	(358,580,014)	(321,730)	-	(16,639,729)
Total Capital Assets	161,732,073	158,331,379	77,420	-	3,323,274
LEASE ASSETS					
Leased Assets	4,190,843	53,343	-	-	4,137,500
Less Accumulated Amortization Lease Assets	(1,889,580)	(4,355)	-	-	(1,885,225)
Total Lease Assets	2,301,263	48,988	-	-	2,252,275
SUBSCRIPTION ASSETS					
Subscription Assets	8,383,345	7,429,526	-	-	953,818
Less Accumulated Amortization Subscription Assets	(2,626,544)	(1,751,574)	-	-	(874,970)
Total Subscription Assets	5,756,801	5,677,953	-	-	78,848
LT Lease Receivable	6,322,286	7,245,067	-	-	(922,782)
RESTRICTED ASSETS:					
Restricted Assets Held by Trustee	4,896	4,896	-	-	-
Restricted Assets Held in Endowment	6,305,028	6,192,628	-	-	112,400
Restricted TPC, LLC	1,707,903	1,668,033	-	-	39,870
Investment in PBBHC	30,997,988	30,997,988	-	-	-
Restricted MCH West Texas Services	2,330,973	2,289,594	-	-	41,379
Pension, Deferred Outflows of Resources	10,476,256	19,214,396	-	-	(8,738,139)
Assets whose use is Limited	276,215	-	239,765	-	36,451
TOTAL ASSETS	\$ 383,622,065	\$ 375,728,883	\$ 5,116,641	\$ 163,274	\$ 2,613,266
LIABILITIES AND FUND BALANCE					
CURRENT LIABILITIES:					
Current Maturities of Long-Term Debt	\$ 1,790,000	\$ 2,331,892	\$ -	\$ -	\$ (541,892)
Self-Insurance Liability - Current Portion	3,640,526	3,640,526	-	-	-
Current Portion of Lease Liabilities	592,285	3,492	-	-	588,793
Current Portion of Subscription Liabilities	1,318,332	1,180,800	-	-	137,532
Accounts Payable	29,781,406	28,380,319	179,825	(122,858)	1,344,119
A/R Credit Balances	2,166,209	1,728,310	-	-	437,899
Accrued Interest	700,515	126,618	-	-	573,897
Accrued Salaries and Wages	12,226,754	6,721,029	4,737,246	243,053	525,426
Accrued Compensated Absences	5,177,631	4,623,356	-	-	554,276
Due to Third Party Payors	17,461,248	1,085,299	-	-	16,375,949
Deferred Revenue	2,337,780	329,369	232,401	-	1,776,011
Total Current Liabilities	77,192,686	50,151,010	5,149,472	120,195	21,892,204
ACCRUED POST RETIREMENT BENEFITS	31,072,347	54,025,950	-	-	(22,953,603)
LESSOR DEFERRED INFLOWS OF RESOURCES	7,150,200	8,144,265	-	-	(994,065)
SELF-INSURANCE LIABILITIES - Less Current Portion	2,422,562	2,422,562	-	-	-
LEASE LIABILITIES	2,177,759	46,484	-	-	2,131,275
SUBSCRIPTION LIABILITIES	3,947,659	4,459,894	-	-	(512,236)
LONG-TERM DEBT - Less Current Maturities	30,291,436	30,990,450	-	-	(699,014)
Total Liabilities	154,254,648	150,240,615	5,149,472	120,195	(1,255,633)
FUND BALANCE	229,367,417	225,488,269	(32,831)	43,079	229,400,247
TOTAL LIABILITIES AND FUND BALANCE	\$ 383,622,065	\$ 375,728,883	\$ 5,116,641	\$ 163,274	\$ 2,613,266

**ECTOR COUNTY HOSPITAL DISTRICT
BLENDED OPERATIONS SUMMARY
AUGUST 2024**

	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	\$ 59,671,961	\$ 51,114,742	16.7%	\$ 53,486,472	11.6%	\$ 630,664,265	\$ 575,005,506	9.7%	\$ 575,054,485	9.7%
Outpatient Revenue	66,129,707	63,263,020	4.5%	66,996,756	-1.3%	700,329,957	698,327,003	0.3%	668,179,315	4.8%
TOTAL PATIENT REVENUE	\$ 125,801,668	\$ 114,377,762	10.0%	\$ 120,483,228	4.4%	\$ 1,330,994,222	\$ 1,273,332,509	4.5%	\$ 1,243,233,801	7.1%
<u>DEDUCTIONS FROM REVENUE</u>										
Contractual Adjustments	\$ 84,535,074	\$ 71,440,817	18.3%	\$ 75,385,179	12.1%	\$ 862,715,764	\$ 796,390,196	8.3%	\$ 784,056,496	10.0%
Policy Adjustments	1,211,272	1,502,458	-19.4%	686,707	76.4%	12,832,610	15,793,251	-18.7%	14,628,961	-12.3%
Uninsured Discount	10,004,011	10,776,799	-7.2%	9,311,072	7.4%	83,618,702	120,905,775	-30.8%	118,060,191	-29.2%
Indigent	957,967	1,192,811	-19.7%	1,550,950	-38.2%	11,474,170	13,316,714	-13.8%	12,531,358	-8.4%
Provision for Bad Debts	937,199	4,376,522	-78.6%	6,361,677	-85.3%	77,006,959	47,818,324	61.0%	51,658,873	49.1%
TOTAL REVENUE DEDUCTIONS	\$ 97,645,522	\$ 89,289,407	9.4%	\$ 93,295,586	4.7%	\$ 1,047,648,205	\$ 994,224,260	5.4%	\$ 980,935,878	6.8%
	77.62%	78.07%		77.43%		78.71%	78.08%		78.90%	
<u>OTHER PATIENT REVENUE</u>										
Medicaid Supplemental Payments	\$ 1,551,832	\$ 1,551,832	0.0%	\$ 4,271,669	-63.7%	\$ 16,147,440	\$ 17,070,152	-5.4%	\$ 26,533,771	-39.1%
DSRIP/CHIRP	(43,719)	1,116,944	-103.9%	(312,794)	-86.0%	7,077,328	12,286,384	-42.4%	2,517,233	181.2%
Medicare Meaningful Use Subsidy	-	-	0.0%	-	0.0%	-	-	0.0%	(14,868)	-100.0%
TOTAL OTHER PATIENT REVENUE	\$ 1,508,113	\$ 2,668,776	-43.5%	\$ 3,958,876	-61.9%	\$ 23,224,768	\$ 29,356,536	-20.9%	\$ 29,036,136	-20.0%
NET PATIENT REVENUE	\$ 29,664,258	\$ 27,757,131	6.9%	\$ 31,146,518	-4.8%	\$ 306,570,785	\$ 308,464,785	-0.6%	\$ 291,334,059	5.2%
<u>OTHER REVENUE</u>										
Tax Revenue	\$ 6,459,251	\$ 6,341,219	1.9%	\$ 5,976,560	8.1%	\$ 70,209,868	\$ 66,546,595	5.5%	\$ 68,979,579	1.8%
Other Revenue	1,572,966	1,309,837	20.1%	1,196,700	31.4%	17,035,978	14,370,024	18.6%	13,679,291	24.5%
TOTAL OTHER REVENUE	\$ 8,032,217	\$ 7,651,056	5.0%	\$ 7,173,260	12.0%	\$ 87,245,847	\$ 80,916,619	7.8%	\$ 82,658,870	5.5%
NET OPERATING REVENUE	\$ 37,696,475	\$ 35,408,187	6.5%	\$ 38,319,778	-1.6%	\$ 393,816,632	\$ 389,381,404	1.1%	\$ 373,992,929	5.3%
<u>OPERATING EXPENSES</u>										
Salaries and Wages	\$ 16,442,312	\$ 15,056,387	9.2%	\$ 14,863,252	10.6%	\$ 169,554,643	\$ 165,485,044	2.5%	\$ 159,789,649	6.1%
Benefits	2,759,783	2,172,950	27.0%	2,992,319	-7.8%	15,180,139	23,862,812	-36.4%	31,115,956	-51.2%
Temporary Labor	1,691,527	1,384,045	22.2%	1,380,538	22.5%	19,028,594	15,388,069	23.7%	14,875,532	27.9%
Physician Fees	1,392,898	1,192,205	16.8%	1,402,827	-0.7%	13,599,923	12,986,574	4.7%	12,525,010	8.6%
Texas Tech Support	1,016,434	954,677	6.5%	999,688	1.7%	10,659,604	10,501,447	1.5%	10,135,157	5.2%
Purchased Services	4,550,070	4,486,949	1.4%	4,763,749	-4.5%	51,128,120	49,888,965	2.5%	48,144,783	6.2%
Supplies	7,113,633	6,125,417	16.1%	6,638,791	7.2%	73,578,943	68,112,121	8.0%	64,644,119	13.8%
Utilities	376,620	336,100	12.1%	345,606	9.0%	4,077,332	3,541,530	15.1%	3,617,702	12.7%
Repairs and Maintenance	938,092	924,910	1.4%	988,585	-5.1%	8,648,349	10,169,542	-15.0%	9,924,144	-12.9%
Leases and Rent	118,227	97,561	21.2%	67,392	75.4%	1,181,680	1,079,409	9.5%	1,261,660	-6.3%
Insurance	196,721	190,806	3.1%	187,250	5.1%	2,035,702	2,065,961	-1.5%	1,928,340	5.6%
Interest Expense	100,922	92,253	9.4%	69,210	45.8%	1,128,864	1,020,479	10.6%	766,849	47.2%
ECHDA	411,726	182,272	125.9%	323,863	27.1%	1,716,791	2,004,992	-14.4%	2,197,629	-21.9%
Other Expense	646,456	161,994	299.1%	150,946	328.3%	2,505,668	2,572,269	-2.6%	2,237,822	12.0%
TOTAL OPERATING EXPENSES	\$ 37,755,420	\$ 33,358,526	13.2%	\$ 35,174,014	7.3%	\$ 374,024,352	\$ 368,679,214	1.4%	\$ 363,164,353	3.0%
Depreciation/Amortization	\$ 2,115,220	\$ 1,870,455	13.1%	\$ 1,838,836	15.0%	\$ 22,159,768	\$ 20,456,737	8.3%	\$ 19,326,175	14.7%
(Gain) Loss on Sale of Assets	-	-	0.0%	(7,185)	-100.0%	(45,332)	-	0.0%	(111,419)	-59.3%
TOTAL OPERATING COSTS	\$ 39,870,640	\$ 35,228,981	13.2%	\$ 37,005,665	7.7%	\$ 396,138,788	\$ 389,135,951	1.8%	\$ 382,379,109	3.6%
NET GAIN (LOSS) FROM OPERATIONS	\$ (2,174,165)	\$ 179,206	1313.2%	\$ 1,314,113	265.4%	\$ (2,322,156)	\$ 245,453	-1046.1%	\$ (8,386,180)	-72.3%
Operating Margin	-5.77%	0.51%	-1239.6%	3.43%	-268.2%	-0.59%	0.06%	-1035.4%	-2.24%	-73.7%
<u>NONOPERATING REVENUE/EXPENSE</u>										
Interest Income	\$ 169,796	\$ 92,032	84.5%	\$ 90,232	88.2%	\$ 1,845,084	\$ 1,012,352	82.3%	\$ 1,015,216	81.7%
Tobacco Settlement	-	-	0.0%	-	0.0%	1,423,034	1,240,590	14.7%	1,392,083	2.2%
Trauma Funds	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Donations	-	1,820	-100.0%	-	-	(3,000)	20,020	-115.0%	16,375	-118.3%
COVID-19 Stimulus	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
						20,966,477	21,722,669		11,706,844	
CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY	\$ (2,004,369)	\$ 273,058	834.0%	\$ 1,404,344	242.7%	\$ 942,963	\$ 2,518,415	62.6%	\$ (5,962,506)	115.8%
Unrealized Gain/(Loss) on Investments	\$ 294,948	\$ -	0.0%	\$ 160,284	84.0%	\$ 2,069,752	\$ -	0.0%	\$ 1,448,223	42.9%
Investment in Subsidiaries	11,565	149,961	-92.3%	(11,855)	-197.6%	856,185	1,649,571	-48.1%	1,313,818	-34.8%
CHANGE IN NET POSITION	\$ (1,697,856)	\$ 423,019	501.4%	\$ 1,552,773	209.3%	\$ 3,868,899	\$ 4,167,986	7.2%	\$ (3,200,465)	220.9%

**ECTOR COUNTY HOSPITAL DISTRICT
HOSPITAL OPERATIONS SUMMARY
AUGUST 2024**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE										
Inpatient Revenue	\$ 59,671,961	\$ 51,114,742	16.7%	\$ 53,486,472	11.6%	\$ 630,664,265	\$ 575,005,506	9.7%	\$ 575,054,485	9.7%
Outpatient Revenue	55,298,574	50,914,158	8.6%	54,350,273	1.7%	575,708,959	571,635,205	0.7%	536,471,088	7.3%
TOTAL PATIENT REVENUE	\$ 114,970,534	\$ 102,028,900	12.7%	\$ 107,836,744	6.6%	\$ 1,206,373,225	\$ 1,146,640,711	5.2%	\$ 1,111,525,573	8.5%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 79,479,602	\$ 65,114,317	22.1%	\$ 68,225,683	16.5%	\$ 800,245,249	\$ 731,632,348	9.4%	\$ 714,877,315	11.9%
Policy Adjustments	49,665	496,205	-90.0%	29,151	70.4%	835,024	5,585,043	-85.0%	5,538,391	-84.9%
Uninsured Discount	9,648,543	10,339,383	-6.7%	9,060,244	6.5%	80,814,896	116,343,735	-30.5%	113,807,345	-29.0%
Indigent Care	938,704	1,176,371	-20.2%	1,538,276	-39.0%	11,346,441	13,143,060	-13.7%	12,376,138	-8.3%
Provision for Bad Debts	(93,026)	3,389,350	-102.7%	5,450,738	-101.7%	63,433,440	37,977,121	67.0%	42,235,787	50.2%
TOTAL REVENUE DEDUCTIONS	\$ 90,023,488	\$ 80,515,626	11.8%	\$ 84,304,091	6.8%	\$ 956,675,050	\$ 904,681,307	5.7%	\$ 888,834,975	7.6%
	78.30%	78.91%		78.18%		79.30%	78.90%		79.97%	
OTHER PATIENT REVENUE										
Medicaid Supplemental Payments	\$ 1,551,832	\$ 1,551,832	0.0%	\$ 4,271,669	-63.7%	\$ 16,147,440	\$ 17,070,152	-5.4%	\$ 26,533,771	-39.1%
DSRIP/CHIRP	(43,719)	1,116,944	-103.9%	(312,794)	-86.0%	7,077,328	12,286,384	-42.4%	2,517,233	181.2%
TOTAL OTHER PATIENT REVENUE	\$ 1,508,113	\$ 2,668,776	-43.5%	\$ 3,958,876	-61.9%	\$ 23,224,768	\$ 29,356,536	-20.9%	\$ 29,036,136	-20.0%
NET PATIENT REVENUE	\$ 26,455,160	\$ 24,182,050	9.4%	\$ 27,491,529	-3.8%	\$ 272,922,943	\$ 271,315,940	0.6%	\$ 251,726,734	8.4%
OTHER REVENUE										
Tax Revenue	\$ 6,459,251	\$ 6,341,219	1.9%	\$ 5,976,560	8.1%	\$ 70,209,868	\$ 66,546,595	5.5%	\$ 68,979,579	1.8%
Other Revenue	1,380,399	1,089,595	26.7%	1,010,681	36.6%	14,656,841	11,938,612	22.8%	11,313,793	29.5%
TOTAL OTHER REVENUE	\$ 7,839,650	\$ 7,430,814	5.5%	\$ 6,987,241	12.2%	\$ 84,866,709	\$ 78,485,207	8.1%	\$ 80,293,372	5.7%
NET OPERATING REVENUE	\$ 34,294,810	\$ 31,612,864	8.5%	\$ 34,478,770	-0.5%	\$ 357,789,652	\$ 349,801,147	2.3%	\$ 332,020,106	7.8%
OPERATING EXPENSE										
Salaries and Wages	\$ 11,721,821	\$ 10,382,605	12.9%	\$ 10,126,491	15.8%	\$ 119,800,189	\$ 114,453,588	4.7%	\$ 109,919,097	9.0%
Benefits	2,332,028	1,797,994	29.7%	2,569,362	-9.2%	10,478,129	18,975,148	-44.8%	26,350,062	-60.2%
Temporary Labor	886,832	690,517	28.4%	924,966	-4.1%	9,717,272	7,759,621	25.2%	10,689,845	-9.1%
Physician Fees	1,386,807	1,210,852	14.5%	1,388,844	-0.1%	14,031,829	13,191,251	6.4%	12,827,021	9.4%
Texas Tech Support	1,016,434	954,677	6.5%	999,688	1.7%	10,659,604	10,501,447	1.5%	10,135,157	5.2%
Purchased Services	4,883,629	4,797,190	1.8%	4,822,304	1.3%	54,263,023	53,356,716	1.7%	48,429,517	12.0%
Supplies	7,036,512	6,037,981	16.5%	6,505,665	8.2%	72,833,776	67,202,118	8.4%	63,327,403	15.0%
Utilities	375,572	335,108	12.1%	344,176	9.1%	4,067,112	3,532,446	15.1%	3,608,176	12.7%
Repairs and Maintenance	937,433	923,010	1.6%	987,742	-5.1%	8,643,378	10,148,642	-14.8%	9,907,798	-12.8%
Leases and Rentals	(30,531)	(47,469)	-35.7%	(108,808)	-71.9%	(441,597)	(522,159)	-15.4%	(636,636)	-30.6%
Insurance	132,258	129,036	2.5%	127,562	3.7%	1,450,113	1,419,396	2.2%	1,326,050	9.4%
Interest Expense	100,922	92,253	9.4%	69,210	45.8%	1,128,864	1,020,479	10.6%	766,849	47.2%
ECHDA	411,726	182,272	125.9%	323,863	27.1%	1,716,791	2,004,992	-14.4%	2,197,629	-21.9%
Other Expense	572,233	105,298	443.4%	80,545	610.4%	1,865,075	1,909,278	-2.3%	1,619,835	15.1%
TOTAL OPERATING EXPENSES	\$ 31,763,677	\$ 27,591,324	15.1%	\$ 29,161,609	8.9%	\$ 310,213,557	\$ 304,952,963	1.7%	\$ 300,467,803	3.2%
Depreciation/Amortization	\$ 2,102,993	\$ 1,863,331	12.9%	\$ 1,831,765	14.8%	\$ 22,048,098	\$ 20,378,373	8.2%	\$ 19,252,928	14.5%
(Gain)/Loss on Disposal of Assets	-	-	0.0%	(7,185)	-100.0%	(45,332)	-	0.0%	(110,913)	-59.1%
TOTAL OPERATING COSTS	\$ 33,866,670	\$ 29,454,655	15.0%	\$ 30,986,190	9.3%	\$ 332,216,322	\$ 325,331,336	2.1%	\$ 319,609,818	3.9%
NET GAIN (LOSS) FROM OPERATIONS	\$ 428,140	\$ 2,158,209	-80.2%	\$ 3,492,579	87.7%	\$ 25,573,330	\$ 24,469,811	4.5%	\$ 12,410,289	106.1%
Operating Margin	1.25%	6.83%	-81.7%	10.13%	-87.7%	7.15%	7.00%	2.2%	3.74%	91.2%
NONOPERATING REVENUE/EXPENSE										
Interest Income	\$ 169,796	\$ 92,032	84.5%	\$ 90,232	88.2%	\$ 1,845,084	\$ 1,012,352	82.3%	\$ 1,015,216	81.7%
Tobacco Settlement	-	-	0.0%	-	0.0%	1,423,034	1,240,590	14.7%	1,392,083	2.2%
Trauma Funds	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Donations	-	1,820	-100.0%	-	0.0%	(3,000)	20,020	-115.0%	16,375	-118.3%
COVID-19 Stimulus	-	-	0.0%	-	0.0%	-	-	-	-	0.0%
CHANGE IN NET POSITION BEFORE CAPITAL CONTRIBUTION	\$ 597,936	\$ 2,252,061	-73.4%	\$ 3,582,811	-83.3%	\$ 28,838,449	\$ 26,742,773	7.8%	\$ 14,833,963	94.4%
Procure Capital Contribution	(2,653,423)	(2,004,356)	32.4%	(2,194,946)	20.9%	(28,282,996)	(24,292,976)	16.4%	(20,777,046)	36.1%
CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY	\$ (2,055,487)	\$ 247,705	929.8%	\$ 1,387,866	248.1%	\$ 555,453	\$ 2,449,797	77.3%	\$ (5,943,083)	109.3%
Unrealized Gain/(Loss) on Investments	\$ 294,948	\$ -	0.0%	\$ 160,284	84.0%	\$ 2,069,752	\$ -	0.0%	\$ 1,448,223	42.9%
Investment in Subsidiaries	11,565	149,961	-92.3%	(11,855)	-197.6%	856,185	1,649,571	-48.1%	1,313,818	-34.8%
CHANGE IN NET POSITION	\$ (1,748,974)	\$ 397,666	539.8%	\$ 1,536,295	213.8%	\$ 3,481,389	\$ 4,099,368	15.1%	\$ (3,181,042)	209.4%

**ECTOR COUNTY HOSPITAL DISTRICT
PROCARE OPERATIONS SUMMARY
AUGUST 2024**

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE										
Outpatient Revenue	\$ 10,670,771	\$ 11,911,456	-10.4%	\$ 11,782,647	-9.4%	\$ 122,137,920	\$ 124,013,290	-1.5%	\$ 129,029,765	-5.3%
TOTAL PATIENT REVENUE	\$ 10,670,771	\$ 11,911,456	-10.4%	\$ 11,782,647	-9.4%	\$ 122,137,920	\$ 124,013,290	-1.5%	\$ 129,029,765	-5.3%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 4,992,018	\$ 6,068,281	-17.7%	\$ 6,645,520	-24.9%	\$ 61,285,685	\$ 63,176,610	-3.0%	\$ 67,543,748	-9.3%
Policy Adjustments	1,141,641	929,069	22.9%	510,714	123.5%	11,622,609	9,735,563	19.4%	8,610,652	35.0%
Uninsured Discount	355,468	437,416	-18.7%	250,828	41.7%	2,803,806	4,562,040	-38.5%	4,252,846	-34.1%
Indigent	19,263	16,440	17.2%	12,674	52.0%	127,729	173,654	-26.4%	155,220	-17.7%
Provision for Bad Debts	1,009,757	937,153	7.7%	743,282	35.9%	13,200,161	9,534,905	38.4%	9,028,596	46.2%
TOTAL REVENUE DEDUCTIONS	\$ 7,518,146	\$ 8,388,359	-10.4%	\$ 8,163,018	-7.9%	\$ 89,039,991	\$ 87,182,772	2.1%	\$ 89,591,063	-0.6%
	70.46%	70.42%		69.28%		72.90%	70.30%		69.43%	
NET PATIENT REVENUE	\$ 3,152,625	\$ 3,523,097	-10.5%	\$ 3,619,629	-12.9%	\$ 33,097,928	\$ 36,830,518	-10.1%	\$ 39,438,703	-16.1%
OTHER REVENUE										
Other Income	\$ 191,294	\$ 220,202	-13.1%	\$ 184,562	3.6%	\$ 2,367,208	\$ 2,430,972	-2.6%	\$ 2,362,931	0.2%
TOTAL OTHER REVENUE	\$ 191,294	\$ 220,202	-13.1%	\$ 184,562	3.6%	\$ 2,367,208	\$ 2,430,972	-2.6%	\$ 2,362,931	0.2%
NET OPERATING REVENUE	\$ 3,343,919	\$ 3,743,299	-10.7%	\$ 3,804,191	-12.1%	\$ 35,465,137	\$ 39,261,490	-9.7%	\$ 41,801,633	-15.2%
OPERATING EXPENSE										
Salaries and Wages	\$ 4,483,395	\$ 4,419,129	1.5%	\$ 4,486,391	-0.1%	\$ 47,069,297	\$ 48,271,595	-2.5%	\$ 47,124,728	-0.1%
Benefits	413,879	355,254	16.5%	404,993	2.2%	4,500,396	4,668,243	-3.6%	4,573,660	-1.6%
Temporary Labor	804,695	693,528	16.0%	455,572	76.6%	9,311,322	7,628,448	22.1%	4,185,686	122.5%
Physician Fees	265,339	240,601	10.3%	273,231	-2.9%	2,419,822	2,647,051	-8.6%	2,549,717	-5.1%
Purchased Services	(336,070)	(310,943)	8.1%	(58,556)	473.9%	(3,151,783)	(3,475,473)	-9.3%	(292,052)	979.2%
Supplies	76,778	86,373	-11.1%	132,780	-42.2%	742,884	902,919	-17.7%	1,311,227	-43.3%
Utilities	1,047	992	5.6%	1,430	-26.7%	10,220	9,084	12.5%	9,526	7.3%
Repairs and Maintenance	659	1,900	-65.3%	842,63	-21.8%	4,971	20,900	-76.2%	16,346	-69.6%
Leases and Rentals	146,765	143,037	2.6%	174,207	-15.8%	1,601,351	1,579,645	1.4%	1,876,370	-14.7%
Insurance	54,741	54,425	0.6%	51,412	6.5%	492,060	565,770	-13.0%	536,710	-8.3%
Other Expense	73,888	56,235	31.4%	69,763	5.9%	635,922	657,920	-3.3%	614,019	3.6%
TOTAL OPERATING EXPENSES	\$ 5,985,116	\$ 5,740,531	4.3%	\$ 5,992,066	-0.1%	\$ 63,636,462	\$ 63,476,102	0.3%	\$ 62,505,938	1.8%
Depreciation/Amortization	\$ 12,226	\$ 7,124	71.6%	\$ 7,071	72.9%	\$ 111,671	\$ 78,364	42.5%	\$ 73,247	52.5%
(Gain)/Loss on Sale of Assets	-	-	0.0%	-	0.0%	-	-	0.0%	(506)	-100.0%
TOTAL OPERATING COSTS	\$ 5,997,342	\$ 5,747,655	4.3%	\$ 5,999,137	0.0%	\$ 63,748,133	\$ 63,554,466	0.3%	\$ 62,578,679	1.9%
NET GAIN (LOSS) FROM OPERATIONS	\$ (2,653,423)	\$ (2,004,356)	32.4%	\$ (2,194,946)	20.9%	\$ (28,282,996)	\$ (24,292,976)	16.4%	\$ (20,777,046)	36.1%
Operating Margin	-79.35%	-53.55%	48.2%	-57.70%	37.5%	-79.75%	-61.87%	28.9%	-49.70%	60.4%
COVID-19 Stimulus	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
MCH Contribution	\$ 2,653,423	\$ 2,004,356	32.4%	\$ 2,194,946	20.9%	\$ 28,282,996	\$ 24,292,976	16.4%	\$ 20,777,046	36.1%
CAPITAL CONTRIBUTION	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%

MONTHLY STATISTICAL REPORT

	CURRENT MONTH					YEAR TO DATE				
Total Office Visits	8,137	8,525	-4.55%	10,477	-22.33%	86,062	85,201	1.01%	101,761	-15.43%
Total Hospital Visits	6,827	6,256	9.13%	6,204	10.04%	74,614	65,387	14.11%	63,968	16.64%
Total Procedures	12,619	13,025	-3.12%	13,832	-8.77%	138,962	133,991	3.71%	141,540	-1.82%
Total Surgeries	805	818	-1.59%	772	4.27%	8,528	9,023	-5.49%	9,113	-6.42%
Total Provider FTE's	87.5	88.6	-1.28%	89.0	-1.65%	84.8	88.6	-4.31%	89.9	-5.70%
Total Staff FTE's	109.7	126.9	-13.53%	120.7	-9.05%	108.6	126.5	-14.17%	117.2	-7.36%
Total Administrative FTE's	11.5	11.7	-1.50%	11.7	-1.88%	11.8	11.7	1.42%	11.7	0.79%
Total FTE's	208.8	227.2	-8.14%	221.4	-5.69%	205.2	226.8	-9.51%	218.9	-6.24%

**ECTOR COUNTY HOSPITAL DISTRICT
TRAUMACARE OPERATIONS SUMMARY
AUGUST 2024**

	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	\$ 160,362	\$ 437,406	-63.3%	\$ 863,836	-81.4%	\$ 2,483,078	\$ 2,678,508	-7.3%	\$ 2,678,462	-7.3%
TOTAL PATIENT REVENUE	\$ 160,362	\$ 437,406	-63.3%	\$ 863,836	-81.4%	\$ 2,483,078	\$ 2,678,508	-7.3%	\$ 2,678,462	-7.3%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ 63,455	\$ 258,219	-75.4%	\$ 513,977	-87.7%	\$ 1,184,829	\$ 1,581,238	-25.1%	\$ 1,635,433	-27.6%
Policy Adjustments	19,966	77,184	-74.1%	146,842	-86.4%	374,977	472,645	-20.7%	479,918	-21.9%
Uninsured Discount	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Indigent	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Provision for Bad Debts	20,468	50,019	-59.1%	167,657	-87.8%	373,357	306,298	21.9%	394,490	-5.4%
TOTAL REVENUE DEDUCTIONS	\$ 103,889	\$ 385,422	-73.0%	\$ 828,476	-87.5%	\$ 1,933,164	\$ 2,360,181	-18.1%	\$ 2,509,840	-23.0%
	64.78%	88.12%		95.91%		77.85%	88.12%		93.70%	
NET PATIENT REVENUE	\$ 56,473	\$ 51,984	8.6%	\$ 35,360	59.7%	\$ 549,914	\$ 318,327	72.8%	\$ 168,622	226.1%
						22.1%				
OTHER REVENUE										
Other Income	\$ 1,273	\$ 40	3083.0%	\$ 1,457	-12.6%	\$ 11,929	\$ 440	2611.2%	\$ 2,568	364.6%
TOTAL OTHER REVENUE	\$ 1,273	\$ 40	3083.0%	\$ 1,457	-12.6%	\$ 11,929	\$ 440	2611.2%	\$ 2,568	364.6%
NET OPERATING REVENUE	\$ 57,747	\$ 52,024	11.0%	\$ 36,817	56.8%	\$ 561,843	\$ 318,767	76.3%	\$ 171,190	228.2%
OPERATING EXPENSE										
Salaries and Wages	\$ 237,096	\$ 254,653	-6.9%	\$ 250,370	-5.3%	\$ 2,685,157	\$ 2,759,861	-2.7%	\$ 2,745,824	-2.2%
Benefits	13,875	19,702	-29.6%	17,964	-22.8%	201,615	219,421	-8.1%	192,234	4.9%
Temporary Labor	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Physician Fees	(259,248)	(259,248)	0.0%	(259,248)	0.0%	(2,851,728)	(2,851,728)	0.0%	(2,851,728)	0.0%
Purchased Services	2,511	702	257.7%	-	0.0%	16,880	7,722	118.6%	7,318	130.7%
Supplies	343	1,063	-67.7%	346	-0.8%	2,282	7,084	-67.8%	5,489	-58.4%
Utilities	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Repairs and Maintenance	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Leases and Rentals	1,993	1,993	0.0%	1,993	0.0%	21,927	21,923	0.0%	21,927	0.0%
Insurance	9,722	7,345	32.4%	8,275	17.5%	93,529	80,795	15.8%	65,580	42.6%
Other Expense	335	461	-27.3%	638	-47.4%	4,671	5,071	-7.9%	3,968	17.7%
TOTAL OPERATING EXPENSES	\$ 6,628	\$ 26,671	-75.1%	\$ 20,339	-67.4%	\$ 174,333	\$ 250,149	-30.3%	\$ 190,612	-8.5%
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	\$ 6,628	\$ 26,671	-75.1%	\$ 20,339	-67.4%	\$ 174,333	\$ 250,149	-30.3%	\$ 190,612	-8.5%
NET GAIN (LOSS) FROM OPERATIONS	\$ 51,118	\$ 25,353	101.6%	\$ 16,478	210.2%	\$ 387,510	\$ 68,618	464.7%	\$ (19,422)	-2095.2%
Operating Margin	88.52%	48.73%	81.6%	44.76%	97.8%	68.97%	21.53%	220.4%	-11.35%	-707.9%
COVID-19 Stimulus	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
MCH Contribution	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
CAPITAL CONTRIBUTION	\$ 51,118	\$ 25,353	101.6%	\$ 16,478	210.2%	\$ 387,510	\$ 68,618	464.7%	\$ (19,422)	-2095.2%

MONTHLY STATISTICAL REPORT

	CURRENT MONTH					YEAR TO DATE				
Total Procedures	629	1,626	-61.32%	1,327	-52.60%	7,448	9,957	-25.20%	8,124	-8.32%
Total Provider FTE's	7.3	8.2	-10.30%	8.5	-13.41%	7.9	8.3	-4.67%	8.4	-6.12%
Total Staff FTE's	1.0	2.4	-58.90%	1.0	0.01%	1.0	1.4	-26.53%	1.0	2.74%
Total FTE's	8.3	10.6	-21.44%	9.5	-12.00%	8.9	9.7	-7.78%	9.4	-5.19%

**ECTOR COUNTY HOSPITAL DISTRICT
DIABETES SCREENING CLINIC - SOUTH - OPERATIONS SUMMARY
AUGUST 2024**

	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	\$ 2,648	\$ -	0.0%	\$ -	0.0%	\$ 33,538	\$ -	0.0%	\$ -	0.0%
TOTAL PATIENT REVENUE	\$ 2,648	\$ -	0.0%	\$ -	0.0%	\$ 33,538	\$ -	0.0%	\$ -	0.0%
DEDUCTIONS FROM REVENUE										
Contractual Adjustments	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%
Self Pay Adjustments	-	-	0.0%	-	0.0%	26,143	-	0.0%	-	0.0%
Bad Debts	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL REVENUE DEDUCTIONS	\$ -	\$ -	0.0%	\$ -	0.0%	\$ 26,143	\$ -	0.0%	\$ -	0.0%
	0.0%	#DIV/0!		#DIV/0!		77.9%	#DIV/0!		#DIV/0!	
NET PATIENT REVENUE	\$ 2,648	\$ -	0.0%	\$ -	0.0%	\$ 7,396	\$ -	0.0%	\$ -	0.0%
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	\$ 2,648	\$ -	0.0%	\$ -	0.0%	\$ 7,396	\$ -	0.0%	\$ -	0.0%
OPERATING EXPENSE										
Salaries and Wages	\$ 899	\$ -	0.0%	\$ -	0.0%	\$ 6,182	\$ -	0.0%	\$ -	0.0%
Benefits	179	-	0.0%	-	0.0%	541	-	0.0%	-	0.0%
Physician Services	2,500	-	0.0%	-	0.0%	12,432	-	0.0%	-	0.0%
Cost of Drugs Sold	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Supplies	939	-	0.0%	-	0.0%	5,970	-	0.0%	-	0.0%
Utilities	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Repairs and Maintenance	209	-	0.0%	-	0.0%	27,939	-	0.0%	-	0.0%
Leases and Rentals	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
Other Expense	-	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$ 4,726	\$ -	0.0%	\$ -	0.0%	\$ 53,064	\$ -	0.0%	\$ -	0.0%
Depreciation/Amortization	\$ 905	\$ 2,769	-67.3%	\$ 2,769	-67.3%	\$ 21,046	\$ 30,459	-30.9%	\$ 30,463	-30.9%
TOTAL OPERATING COSTS	\$ 5,631	\$ 2,769	103.4%	\$ 2,769	103.3%	\$ 74,110	\$ 30,459	143.3%	\$ 30,463	143.3%
NET GAIN (LOSS) FROM OPERATIONS	\$ (2,983)	\$ (2,769)	-7.7%	\$ (2,769)	-7.7%	\$ (66,714)	\$ (30,459)	-119.0%	\$ (30,463)	119.0%
Operating Margin	-112.65%	0.00%	0.0%	0.00%	0.0%	-902.08%	0.00%	0.0%	0.00%	0.0%

	CURRENT MONTH					YEAR TO DATE				
Medical Visits	8	-	0.0%	-	0.0%	109	-	0.0%	-	0.0%
Hospital FTE's (Salaries and Wages)	0.2	-	0.0%	-	0.0%	0.1	-	0.0%	0.0	1471.0%

**ECTOR COUNTY HOSPITAL DISTRICT
AUGUST 2024**

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	\$ 46,997,112	40.8%	\$ 41,190,153	38.1%	\$ 485,006,310	40.3%	428,927,433	38.6%
Medicaid	11,334,060	9.9%	13,547,333	12.6%	139,946,047	11.6%	148,697,538	13.4%
Commercial	39,520,385	34.4%	33,608,322	31.2%	416,594,889	34.5%	338,907,288	30.5%
Self Pay	12,514,451	10.9%	13,717,821	12.7%	115,183,663	9.5%	148,920,772	13.4%
Other	4,604,526	4.0%	5,773,115	5.4%	49,642,316	4.1%	46,072,541	4.1%
TOTAL	\$ 114,970,534	100.0%	\$ 107,836,744	100.0%	\$ 1,206,373,225	100.0%	1,111,525,572	100.0%

PAYMENTS BY PAYOR

	CURRENT MONTH				YEAR TO DATE			
	CURRENT YEAR		PRIOR YEAR		CURRENT YEAR		PRIOR YEAR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%
Medicare	\$ 9,205,086	37.5%	\$ 8,152,061	38.5%	\$ 95,742,353	38.3%	82,179,437	39.1%
Medicaid	2,560,098	10.4%	2,369,199	11.2%	28,996,063	11.6%	27,030,489	12.8%
Commercial	10,422,852	42.5%	8,600,598	40.7%	99,332,523	39.7%	78,143,035	37.1%
Self Pay	1,326,240	5.4%	1,152,549	5.4%	14,844,688	5.9%	12,117,360	5.8%
Other	1,041,499	4.2%	882,970	4.2%	11,164,277	4.5%	10,912,980	5.2%
TOTAL	\$ 24,555,775	100.0%	\$ 21,157,377	100.0%	\$ 250,079,904	100.0%	210,383,301	100.0%

**ECTOR COUNTY HOSPITAL DISTRICT
STATEMENT OF CASH FLOW
AUGUST 2024**

	Hospital	ProCare	TraumaCare	Blended
Cash Flows from Operating Activities and Nonoperating Revenue:				
Excess of Revenue over Expenses	\$ 3,481,389	-	387,510	\$ 3,868,899
Noncash Expenses:				
Depreciation and Amortization	19,384,295	15,629	-	19,399,925
Unrealized Gain/Loss on Investments	2,069,752	-	-	2,069,752
Accretion (Bonds) & COVID Funding	(561,423)	-	-	(561,423)
Changes in Assets and Liabilities				
Patient Receivables, Net	(6,401,674)	303,952	(58,469)	(6,156,191)
Taxes Receivable/Deferred	4,222,088	(252,068)	-	3,970,020
Inventories, Prepays and Other	5,501,967	(83,488)	12,123	5,430,602
LT Lease Rec	922,782			
Deferred Inflow of Resources	424,762			
Accounts Payable	3,354,928	(1,230,484)	(342,426)	1,782,018
Accrued Expenses	365,305	1,250,581	1,262	1,617,148
Due to Third Party Payors	16,375,949	-	-	16,375,949
Accrued Post Retirement Benefit Costs	(15,209,529)	-	-	(15,209,529)
Net Cash Provided by Operating Activities	<u>\$ 33,930,591</u>	<u>4,122</u>	<u>-</u>	<u>\$ 33,934,714</u>
Cash Flows from Investing Activities:				
Investments	\$ 3,019,055	-	-	\$ 3,019,055
Acquisition of Property and Equipment	(25,050,299)	(4,022)	-	(25,054,321)
Net Cash used by Investing Activities	<u>\$ (22,031,244)</u>	<u>(4,022)</u>	<u>-</u>	<u>\$ (22,035,266)</u>
Cash Flows from Financing Activities:				
Current Portion Debt	\$ (541,892)	-	-	\$ (541,892)
Principal Paid on Subscription Liabilities	\$ 137,532			
Principal Paid on Lease Liabilities	\$ 588,793			
Intercompany Activities	-	-	-	-
LT Liab Subscriptions	(512,236)			
LT Liab Leases	2,131,275			
Net Repayment of Long-term Debt/Bond Issuance	(137,591)	-	-	(137,591)
Net Cash used by Financing Activities	<u>1,665,882</u>	<u>-</u>	<u>-</u>	<u>1,665,882</u>
Net Increase (Decrease) in Cash	13,565,230	100	-	13,565,330
Beginning Cash & Cash Equivalents @ 9/30/2023	<u>26,722,432</u>	<u>4,400</u>	<u>-</u>	<u>26,726,832</u>
Ending Cash & Cash Equivalents @ 8/31/2024	<u>\$ 40,287,662</u>	<u>\$ 4,500</u>	<u>\$ -</u>	<u>\$ 40,292,162</u>

**ECTOR COUNTY HOSPITAL DISTRICT
MEDICAID SUPPLEMENTAL PAYMENTS
FISCAL YEAR 2024**

<u>CASH ACTIVITY</u>	<u>TAX (IGT) ASSESSED</u>	<u>GOVERNMENT PAYOUT</u>	<u>BURDEN ALLEVIATION</u>	<u>NET INFLOW</u>
DSH				
1st Qtr	\$ (1,373,346)	\$ 3,581,085		\$ 2,207,739
2nd Qtr	(1,598,444)	-		(1,598,444)
3rd Qtr	(5,589,663)	4,011,151		(1,578,512)
4th Qtr	(159,845)	14,511,135		14,351,290
DSH TOTAL	\$ (8,721,297)	\$ 22,103,371		\$ 13,382,074
UC				
1st Qtr	\$ -	\$ 5,793,766		5,793,766
2nd Qtr	(4,285,851)	10,722,457		6,436,606
3rd Qtr	-	-		-
4th Qtr	(2,374,561)	-		(2,374,561)
UC TOTAL	\$ (6,660,412)	\$ 16,516,223		\$ 9,855,812
DSRIP				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	-	-		-
3rd Qtr	-	-		-
4th Qtr	-	-		-
DSRIP UPL TOTAL	\$ -	\$ -		\$ -
UHRIP				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	-	-		-
3rd Qtr	-	-		-
4th Qtr	-	-		-
UHRIP TOTAL	\$ -	\$ -		\$ -
GME				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	(558,322)	1,427,934		869,612
3rd	-	-		-
4th Qtr	(569,032)	1,427,934		858,902
GME TOTAL	\$ (1,127,354)	\$ 2,855,867		\$ 1,728,514
CHIRP				
1st Qtr	\$ (3,062,668)	\$ 3,909,718		\$ 847,050
2nd Qtr	-	3,794,422		3,794,422
3rd	(4,399,163)	1,464,088		(2,935,075)
4th Qtr	-	863,035		863,035
CHIRP TOTAL	\$ (7,461,831)	\$ 10,031,263		\$ 2,569,432
HARP				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	(552,207)	69,597		(482,610)
3rd	(437,860)	2,414,889		1,977,029
4th Qtr	-	-		-
HARP TOTAL	\$ (990,067)	\$ 2,484,486		\$ 1,494,418
TIPPS				
1st Qtr	\$ -	\$ -		\$ -
2nd Qtr	-	-		-
3rd	-	-		-
4th Qtr	-	-		-
TIPPS TOTAL	\$ -	\$ -		\$ -
MCH Cash Activity	\$ (24,960,961)	\$ 53,991,210		\$ 29,030,249
ProCare Cash Activity	\$ -	\$ -	\$ -	\$ -
Blended Cash Activity	\$ (24,960,961)	\$ 53,991,210	\$ -	\$ 29,030,249

INCOME STATEMENT ACTIVITY:

FY 2024 Accrued / (Deferred) Adjustments:

	BLENDED
DSH Accrual	\$ 8,057,500
Uncompensated Care Accrual	6,554,929
Regional UPL Accrual	-
URIP	75,696
GME	804,837
CHIRP	7,077,328
HARP	381,337
TIPPS	273,141
Regional UPL Benefit	-
Medicaid Supplemental Payments	23,224,768
DSRIP Accrual	-
Total Adjustments	\$ 23,224,768

ECTOR COUNTY HOSPITAL DISTRICT
SUPPLEMENTAL SCHEDULE OF HOSPITAL TEMPORARY LABOR FTE'S
AUGUST 2024

TEMPORARY LABOR DEPARTMENT	CURRENT MONTH					YEAR TO DATE				
	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
Cardiopulmonary	12.7	11.4	11.6%	12.4	2.7%	13.2	11.9	11.2%	11.3	16.4%
Operating Room	10.6	4.1	159.4%	13.1	-19.1%	12.3	4.3	188.2%	11.3	8.7%
Labor & Delivery	3.9	4.9	-21.5%	2.2	72.7%	4.0	5.1	-21.6%	3.4	18.3%
Laboratory - Chemistry	1.2	4.4	-72.2%	5.3	-76.7%	3.4	4.6	-26.4%	5.0	-32.1%
Imaging - Diagnostics	3.7	2.8	34.2%	2.6	42.0%	2.9	2.9	1.7%	3.4	-13.0%
Imaging - Ultrasound	1.7	1.0	76.7%	0.9	80.9%	1.5	1.0	49.5%	1.6	-5.0%
Recovery Room	1.0	-	0.0%	2.4	-57.2%	1.3	-	0.0%	0.3	391.8%
4 East - Post Partum	0.9	1.9	-52.1%	1.9	-51.2%	1.2	2.0	-37.7%	2.6	-51.3%
PM&R - Occupational	1.0	1.9	-47.7%	1.7	-40.0%	1.2	2.0	-38.6%	1.0	25.0%
Imaging - Cat Scan	0.1	1.0	-86.0%	1.9	-92.8%	1.2	1.0	11.9%	0.7	71.6%
7 Central	1.8	0.0	4390.9%	0.1	2381.1%	1.1	0.0	2702.2%	0.2	372.1%
Intensive Care Unit (ICU) 2	0.8	1.9	-57.0%	0.4	134.5%	1.0	2.0	-49.4%	0.8	24.7%
Laboratory - Histology	1.0	-	0.0%	1.1	-9.5%	1.0	-	0.0%	0.1	555.7%
Center for Health and Wellness - Sports Medici	0.9	1.0	-5.0%	1.0	-8.0%	0.8	1.0	-15.3%	0.5	74.2%
Intensive Care Unit (CCU) 4	1.0	1.4	-33.9%	0.6	66.0%	0.8	1.5	-46.3%	0.9	-10.4%
UTILIZATION REVIEW	1.0	1.0	3.1%	-	0.0%	0.6	1.0	-42.0%	-	0.0%
4 Central	0.8	0.0	2047.3%	-	0.0%	0.4	0.0	1022.6%	0.2	110.1%
6 Central	1.0	0.0	2424.1%	0.1	1233.5%	0.4	0.0	997.5%	0.1	458.7%
3 West Observation	0.8	-	0.0%	0.1	948.6%	0.4	-	0.0%	0.3	26.5%
Emergency Department	0.4	1.4	-71.2%	0.4	-2.1%	0.3	1.5	-80.0%	1.7	-81.9%
Nursing Orientation	0.6	-	0.0%	0.4	56.6%	0.3	-	0.0%	0.4	-35.2%
Neonatal Intensive Care	0.1	-	0.0%	-	0.0%	0.3	-	0.0%	0.0	1926.3%
5 Central	0.2	0.0	436.0%	0.3	-25.6%	0.2	0.0	385.8%	0.2	9.0%
9 Central	0.2	0.0	386.6%	0.1	34.0%	0.2	0.0	334.4%	0.1	40.3%
6 West	0.1	0.0	76.7%	-	0.0%	0.1	0.0	165.7%	0.0	309.4%
Care Management	-	-	0.0%	0.9	-100.0%	0.0	-	0.0%	1.9	-97.8%
Laboratory - Hematology	-	1.4	-100.0%	-	0.0%	-	1.4	-100.0%	-	0.0%
PM&R - Physical	-	-	0.0%	-	0.0%	-	-	0.0%	0.5	-100.0%
Closed - 8 Central - Moved Back to 6140	-	-	0.0%	0.3	-100.0%	-	-	0.0%	0.3	-100.0%
5 West - Pediatrics	-	-	0.0%	-	0.0%	-	-	0.0%	0.0	-100.0%
Food Service	-	1.1	-100.0%	-	0.0%	-	1.0	-100.0%	-	0.0%
SUBTOTAL	48.7	42.8	13.7%	50.1	-2.9%	50.5	44.4	13.7%	49.0	3.1%
TRANSITION LABOR										
Laboratory - Chemistry	5.3	-	0.0%	3.2	64.6%	4.3	-	0.0%	1.6	170.7%
SUBTOTAL	5.3	-	0.0%	3.2	64.6%	4.3	-	0.0%	1.6	170.7%
GRAND TOTAL	54.0	42.8	26.0%	53.3	1.2%	54.8	44.4	23.4%	50.6	8.4%



Financial Presentation

For the Month Ended

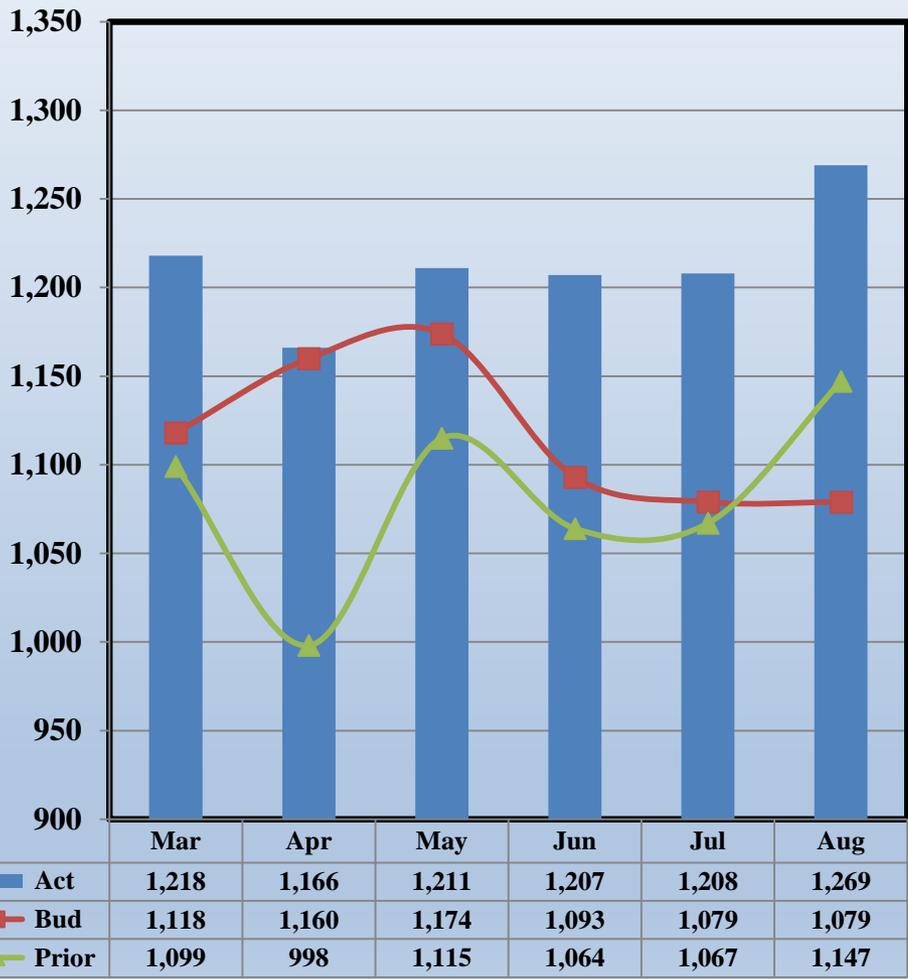
August 31, 2024

Volume



Admissions

Total – Adults and NICU



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	1,269	1,079	1,147
Var %		17.6%	10.6%
Year-To-Date	13,191	12,173	11,913
Var %		8.4%	10.7%
Annualized	14,351	13,333	13,027
Var %		7.6%	10.2%

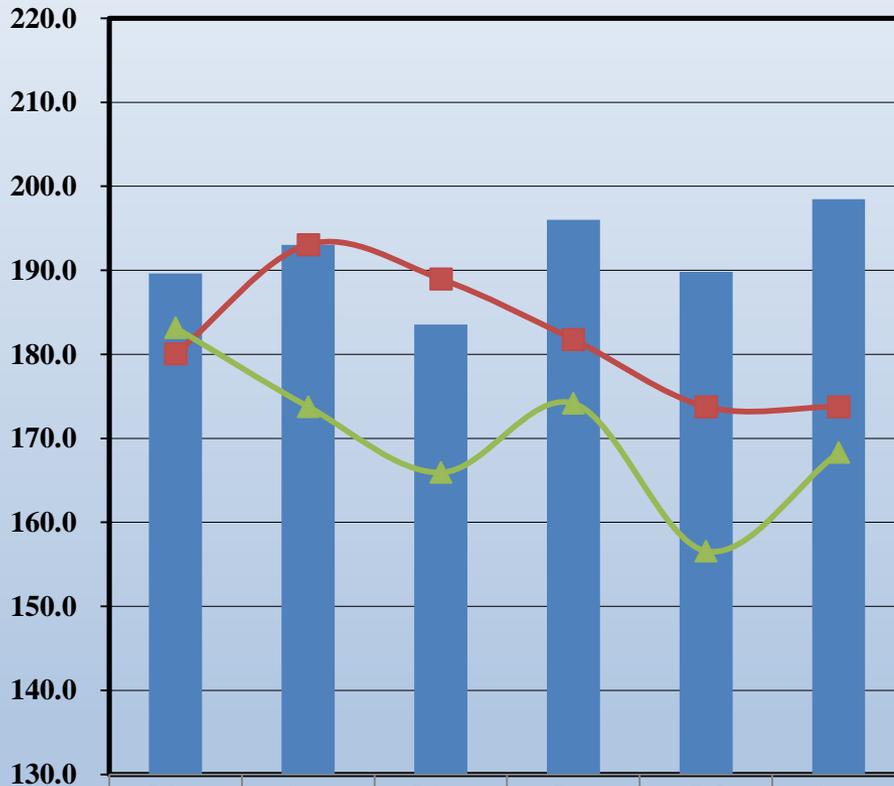
Adjusted Admissions



Act	2,323	2,236	2,358	2,293	2,238	2,445
Bud	2,229	2,313	2,343	2,181	2,152	2,154
Prior	2,086	1,960	2,217	2,077	2,113	2,313

	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	2,445	2,154	2,313
Var %		13.5%	5.7%
Year-To-Date	25,233	24,275	23,027
Var %		3.9%	9.6%
Annualized	27,488	26,525	25,176
Var %		3.6%	9.2%

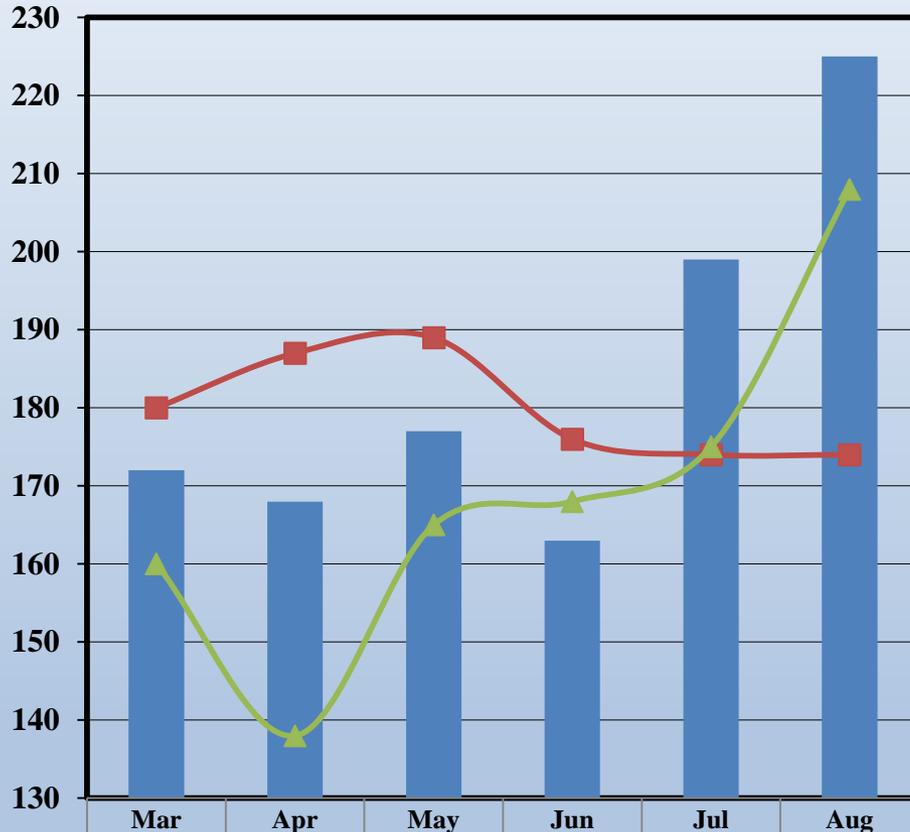
Average Daily Census



	Mar	Apr	May	Jun	Jul	Aug
Act	189.6	193.0	183.5	196.0	189.8	198.5
Bud	180.1	193.1	189.0	181.8	173.8	173.8
Prior	183.2	173.8	165.9	174.2	156.6	168.3

	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	198.5	173.8	168.3
Var %		14.2%	17.9%
Year-To-Date	188.0	180.8	175.0
Var %		4.0%	7.4%
Annualized	187.1	180.6	174.8
Var %		3.6%	7.0%

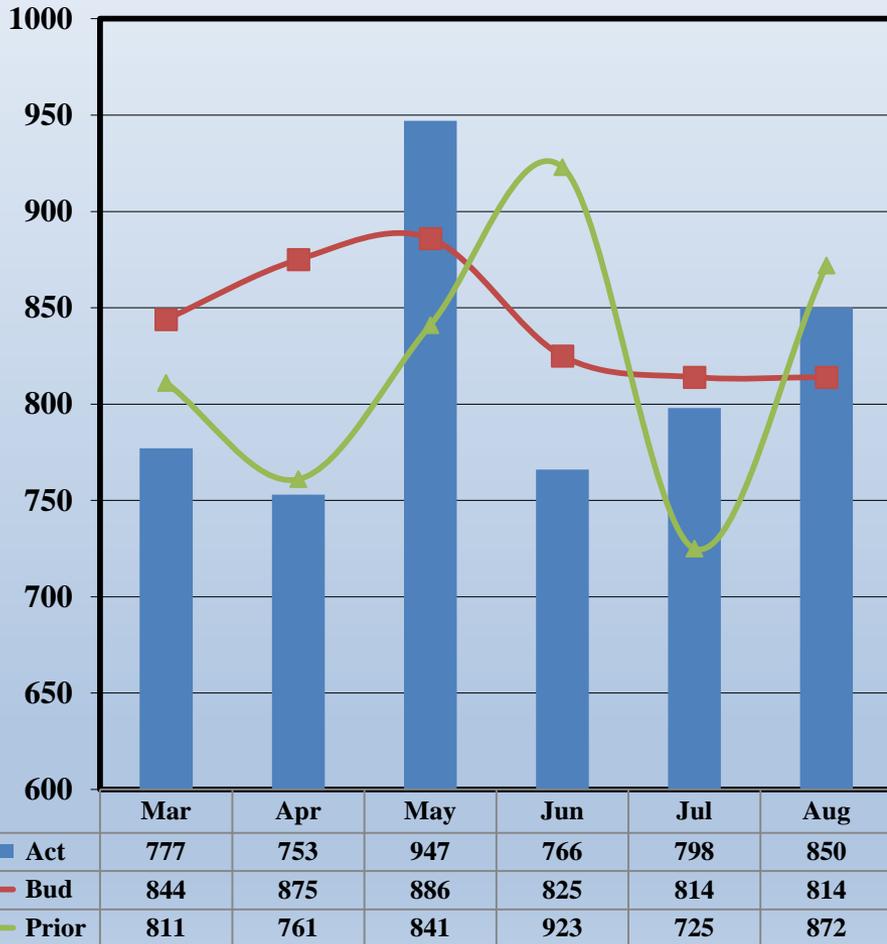
Deliveries



■ Act	172	168	177	163	199	225
■ Bud	180	187	189	176	174	174
▲ Prior	160	138	165	168	175	208

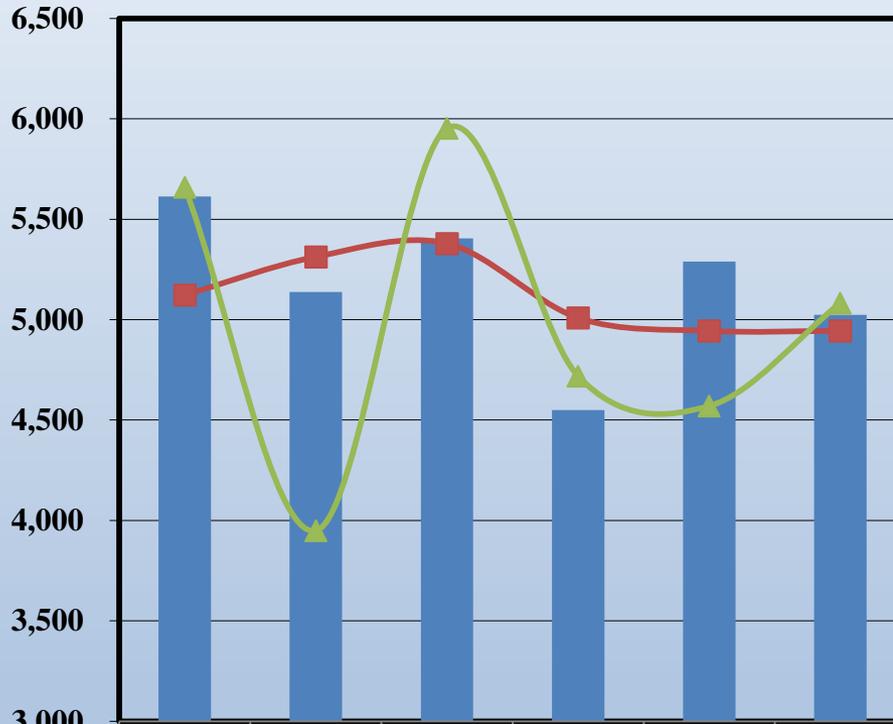
	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	225	174	208
Var %		29.3%	8.2%
Year-To-Date	2,017	1,961	1,975
Var %		2.9%	2.1%
Annualized	2,219	2,163	2,187
Var %		2.6%	1.5%

Total Surgical Cases



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	850	814	872
Var %		4.4%	-2.5%
Year-To-Date	8,500	9,186	8,673
Var %		-7.5%	-2.0%
Annualized	9,329	10,015	9,438
Var %		-6.8%	-1.2%

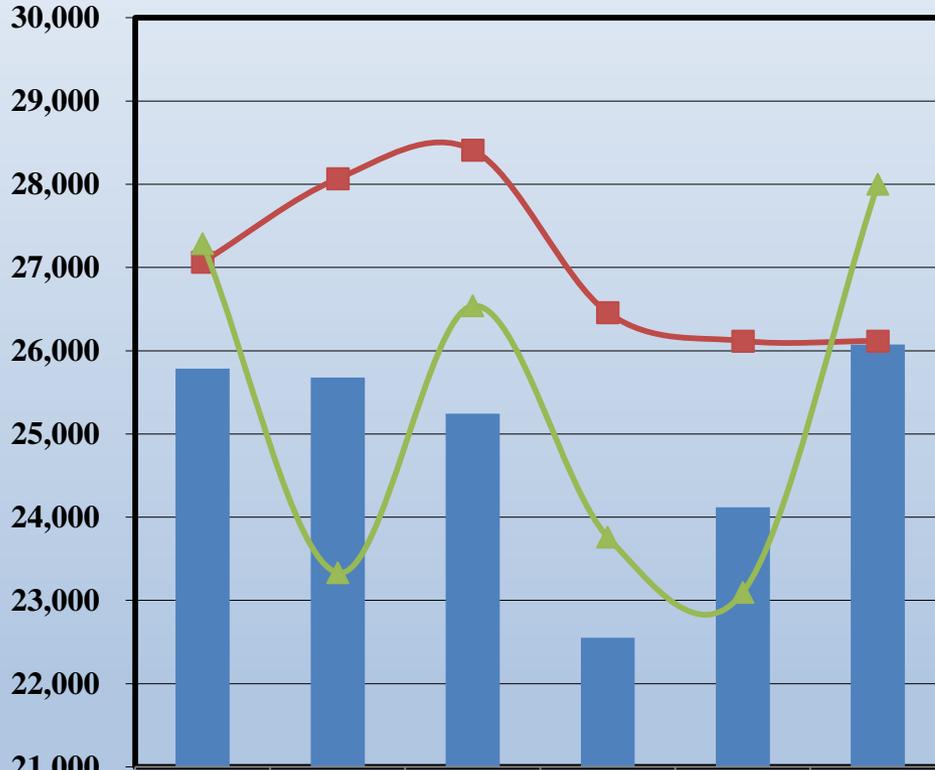
Emergency Room Visits



	Mar	Apr	May	Jun	Jul	Aug
Act	5,613	5,138	5,405	4,550	5,290	5,023
Bud	5,123	5,313	5,379	5,009	4,944	4,944
Prior	5,659	3,949	5,953	4,719	4,570	5,082

	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	5,023	4,944	5,082
Var %		1.6%	-1.2%
Year-To-Date	58,203	55,783	56,192
Var %		4.3%	3.6%
Annualized	62,918	60,498	61,435
Var %		4.0%	2.4%

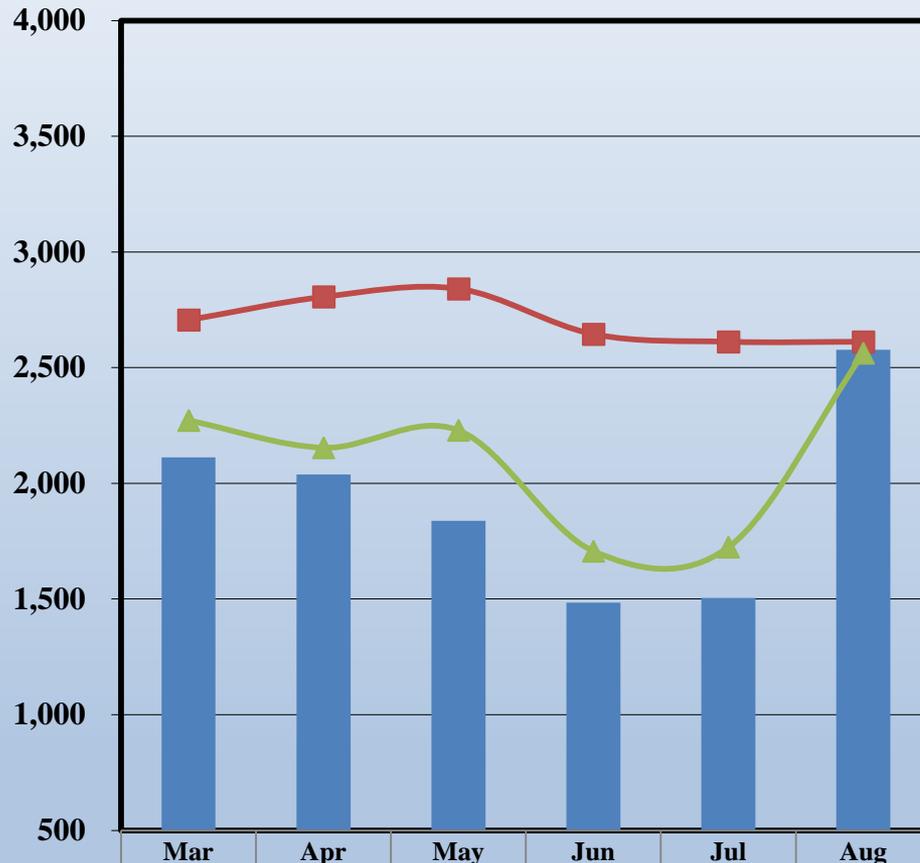
Total Outpatient Occasions of Service



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	26,074	26,118	28,001
Var %		-0.2%	-6.9%
Year-To-Date	282,972	294,670	279,089
Var %		-4.0%	1.4%
Annualized	308,173	319,871	304,596
Var %		-3.7%	1.2%

Act	25,785	25,679	25,243	22,553	24,118	26,074
Bud	27,064	28,067	28,413	26,458	26,118	26,118
Prior	27,285	23,333	26,540	23,760	23,097	28,001

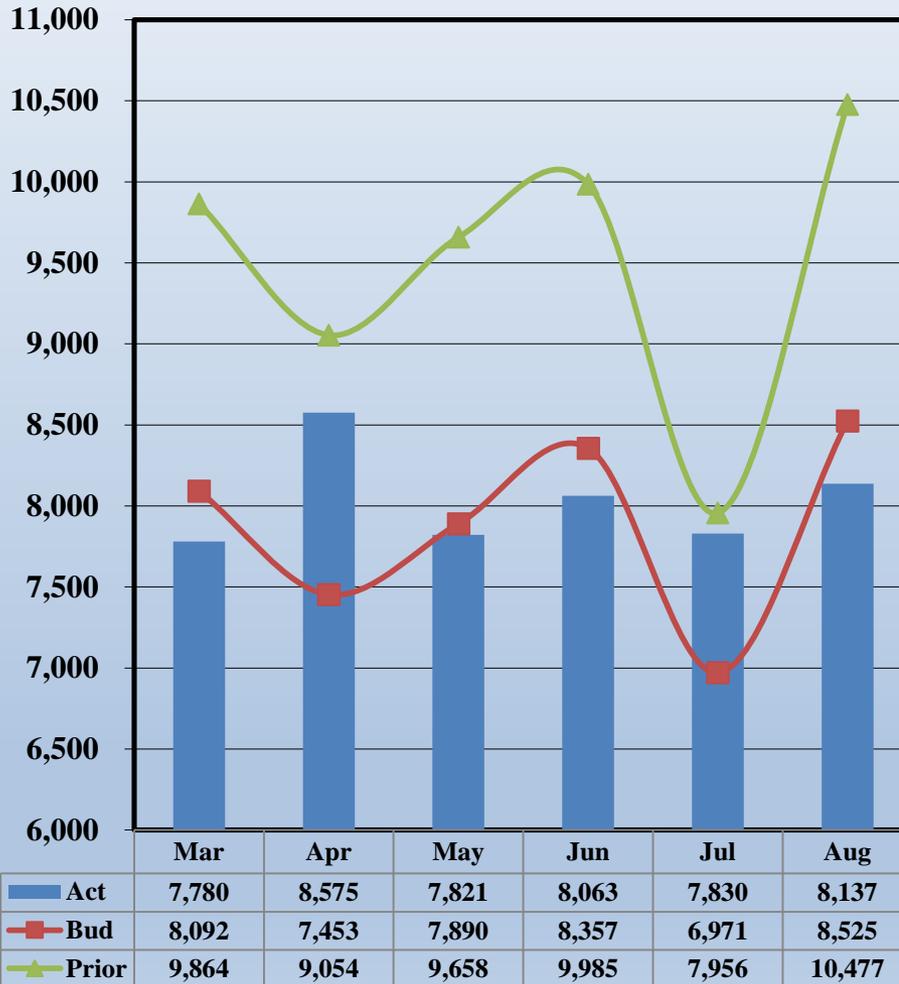
Urgent Care Visits



■ Act	2,113	2,038	1,838	1,484	1,505	2,577
■ Bud	2,706	2,806	2,841	2,645	2,612	2,612
▲ Prior	2,272	2,154	2,229	1,707	1,724	2,562

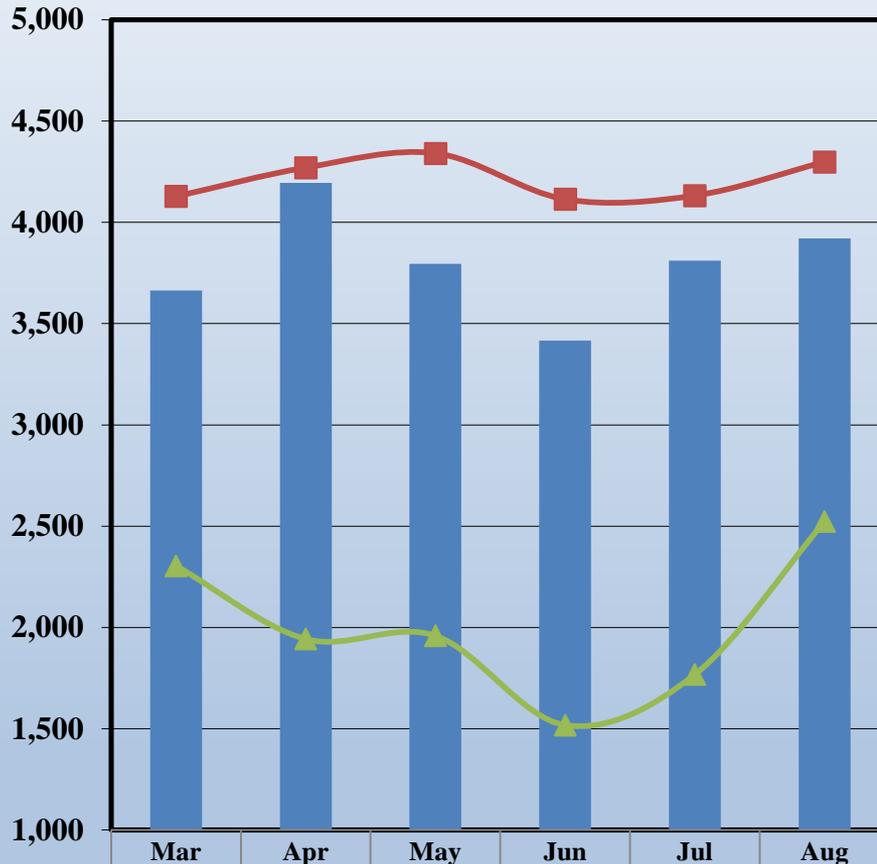
	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	2,577	2,612	2,562
Var %		-1.3%	0.6%
Year-To-Date	24,857	29,464	26,708
Var %		-15.6%	-6.9%
Annualized	27,022	31,629	29,166
Var %		-14.6%	-7.4%

Total ProCare Office Visits



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	8,137	8,525	10,477
Var %		-4.6%	-22.3%
Year-To-Date	86,062	85,201	101,761
Var %		1.0%	-15.4%
Annualized	93,819	92,958	110,961
Var %		0.9%	-15.4%

Total Family Health Clinic Visits



■ Act	3,663	4,194	3,795	3,416	3,811	3,921
■ Bud	4,128	4,270	4,341	4,114	4,132	4,298
▲ Prior	2,304	1,943	1,959	1,518	1,768	2,523

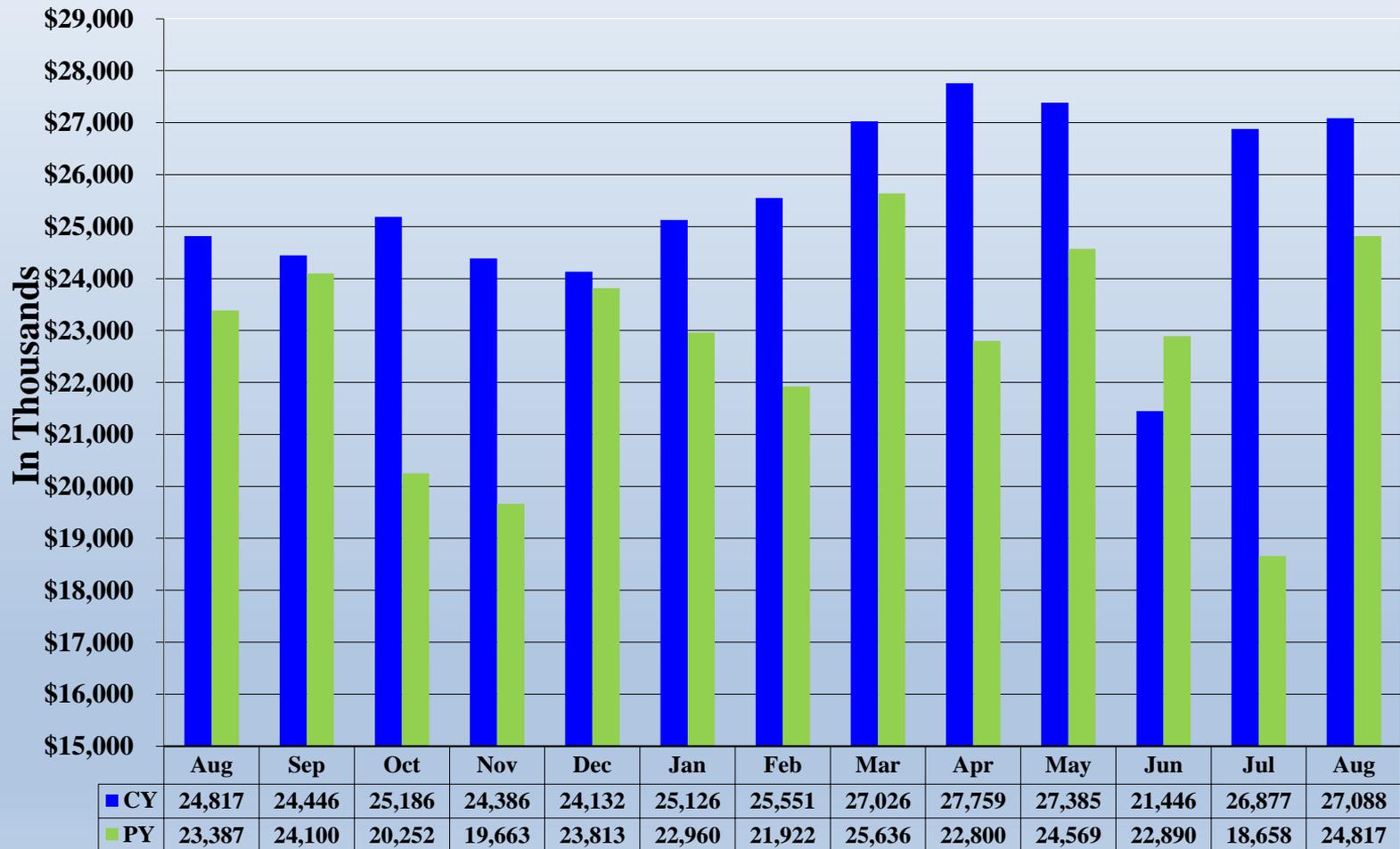
	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	3,921	4,298	2,523
Var %		-8.8%	55.4%
Year-To-Date	41,260	44,880	21,632
Var %		-8.1%	90.7%
Annualized	44,285	47,107	23,703
Var %		-6.0%	86.8%

Accounts Receivable



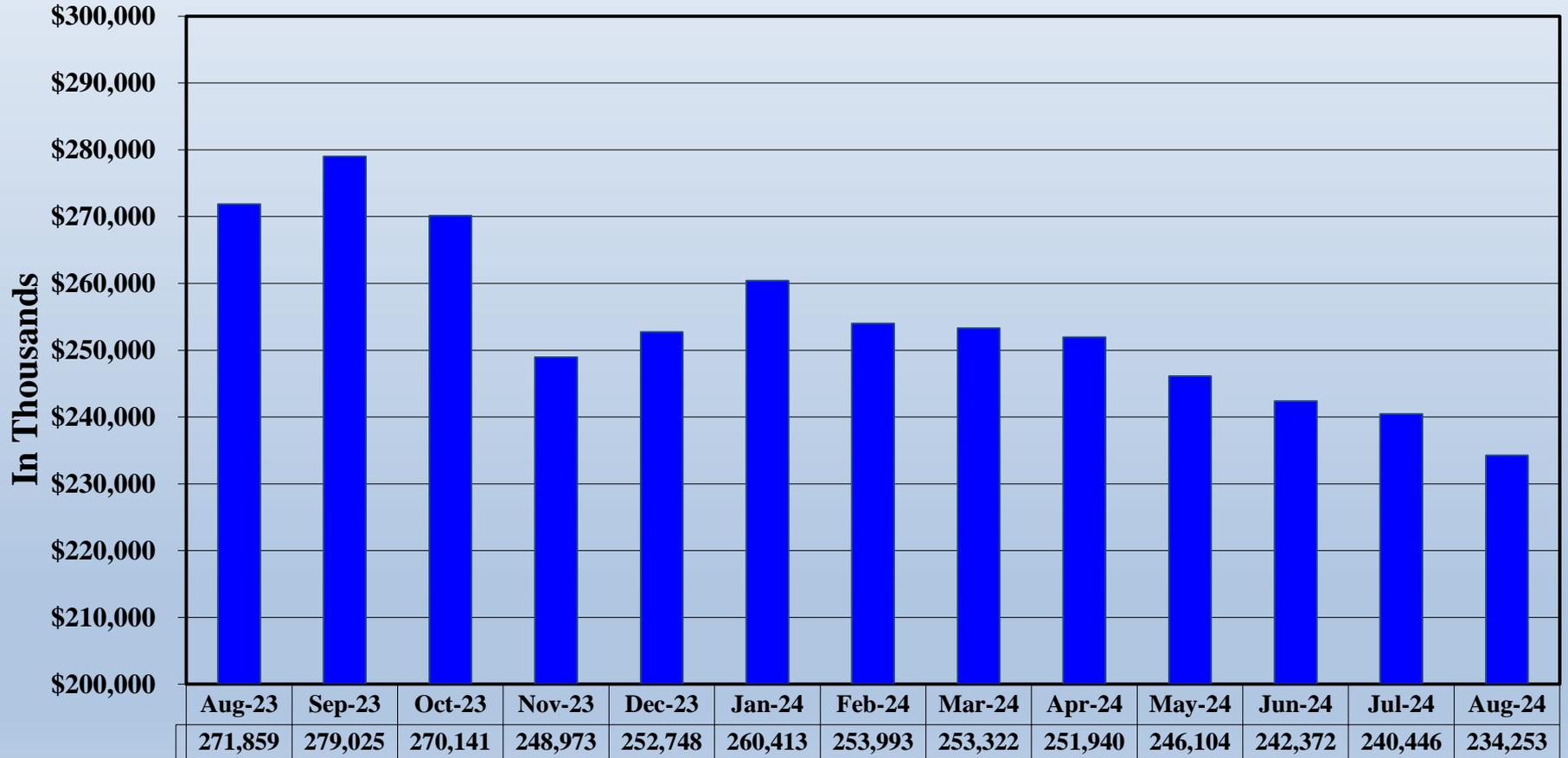
Total AR Cash Receipts

13 Month Trending



Total Accounts Receivable – Gross

Thirteen Month Trending

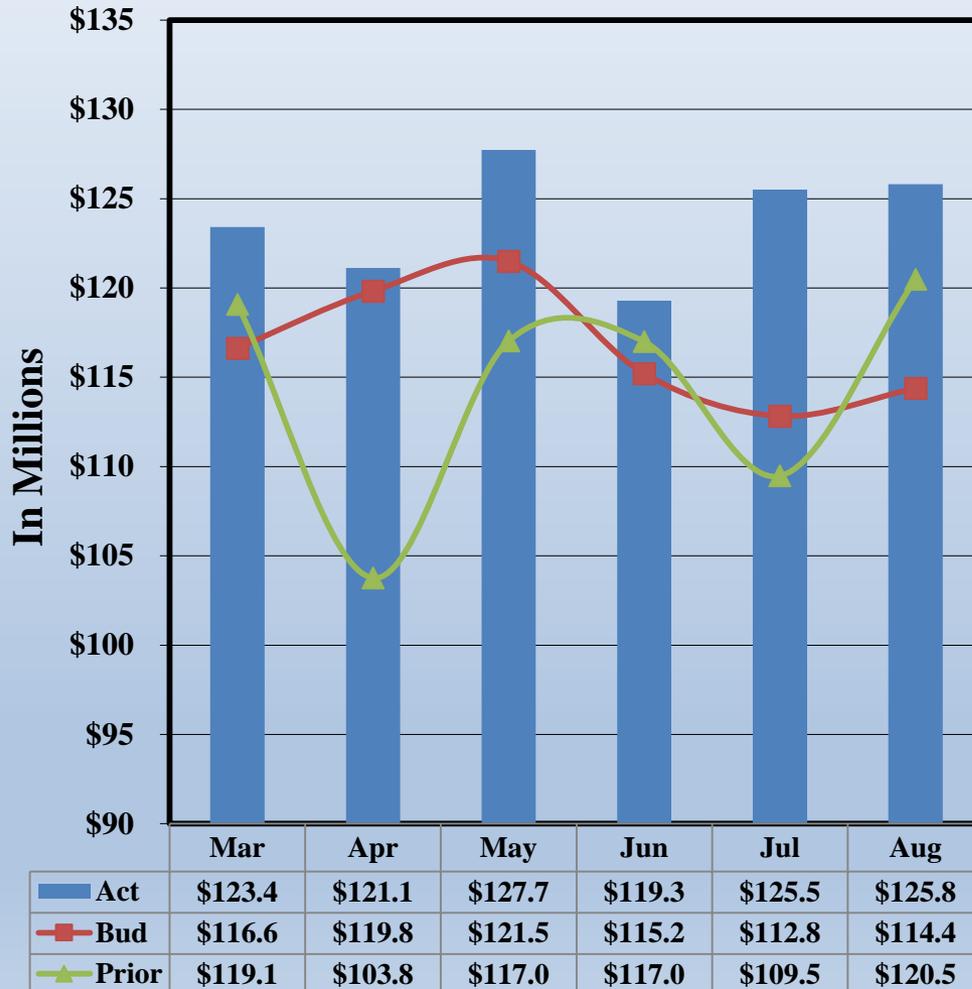


Revenues & Revenue Deductions



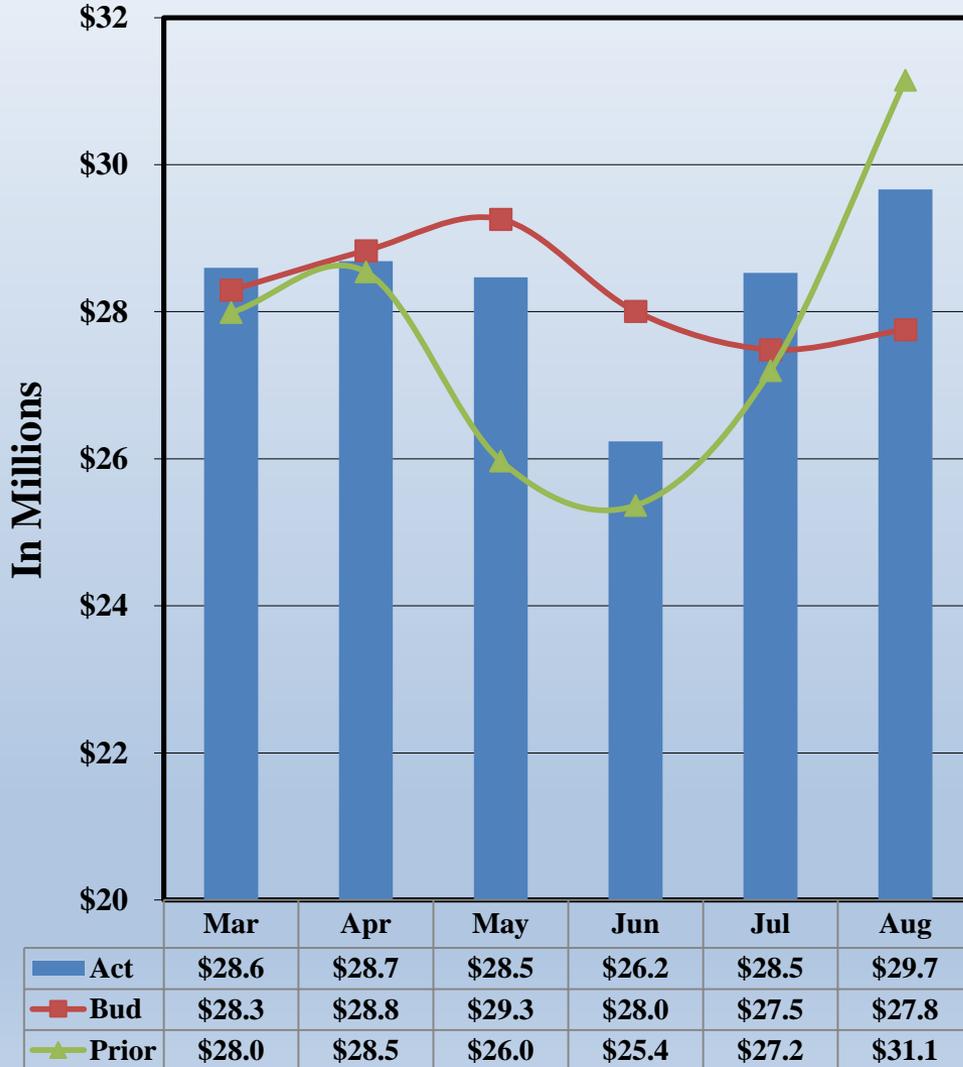
Total Patient Revenues

(Ector County Hospital District)



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 125.8	\$ 114.4	\$ 120.5
Var %		10.0%	4.4%
Year-To-Date	\$ 1,331.0	\$ 1,273.3	\$ 1,243.2
Var %		4.5%	7.1%
Annualized	\$ 1,445.0	\$ 1,387.4	\$ 1,350.3
Var %		4.2%	7.0%

Total Net Patient Revenues

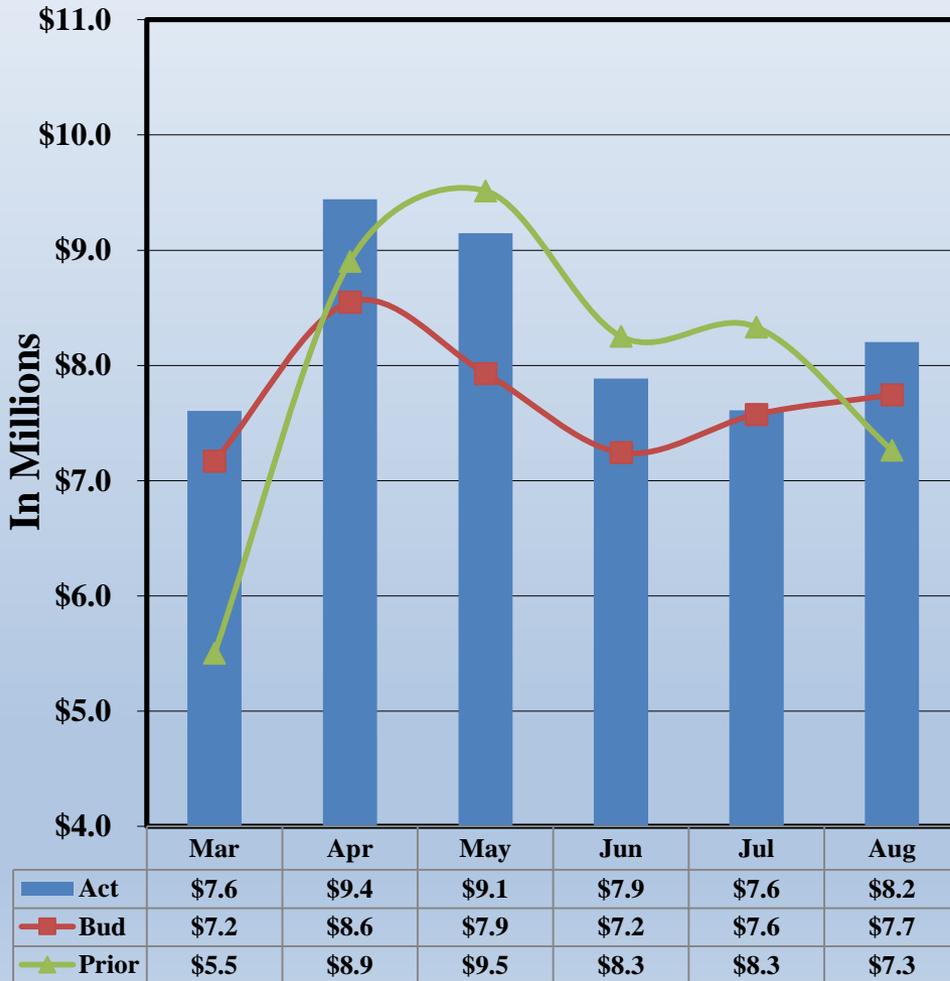


	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 29.7	\$ 27.8	\$ 31.1
Var %		6.9%	-4.8%
Year-To-Date	\$ 306.6	\$ 308.5	\$ 291.3
Var %		-0.6%	5.2%
Annualized	\$ 335.1	\$ 337.9	\$ 320.3
Var %		-0.8%	4.6%

Other Revenue

(Ector County Hospital District)

Including Tax Receipts, Interest & Other Operating Income



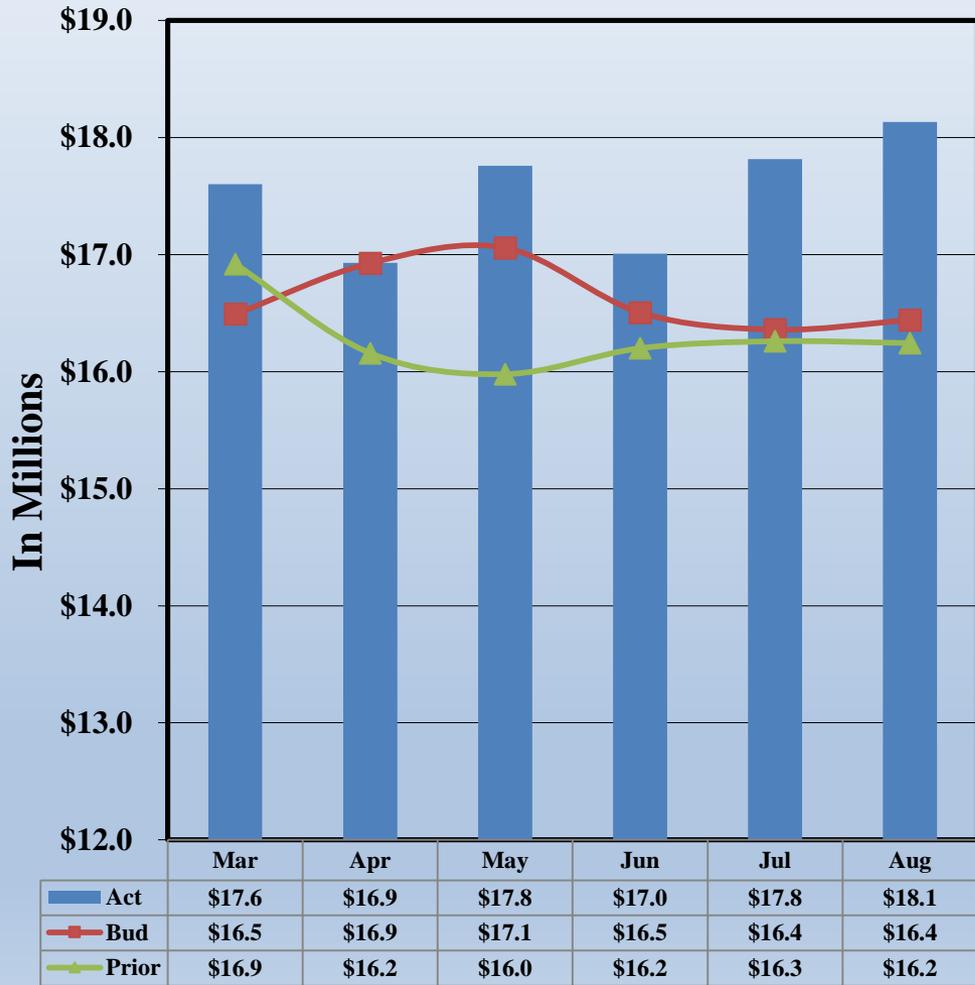
	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 8.2	\$ 7.7	\$ 7.3
Var %		5.9%	12.9%
Year-To-Date	\$ 90.5	\$ 83.2	\$ 85.1
Var %		8.8%	6.4%
Annualized	\$ 100.7	\$ 93.3	\$ 94.3
Var %		7.8%	6.7%

Operating Expenses



Salaries, Wages & Contract Labor

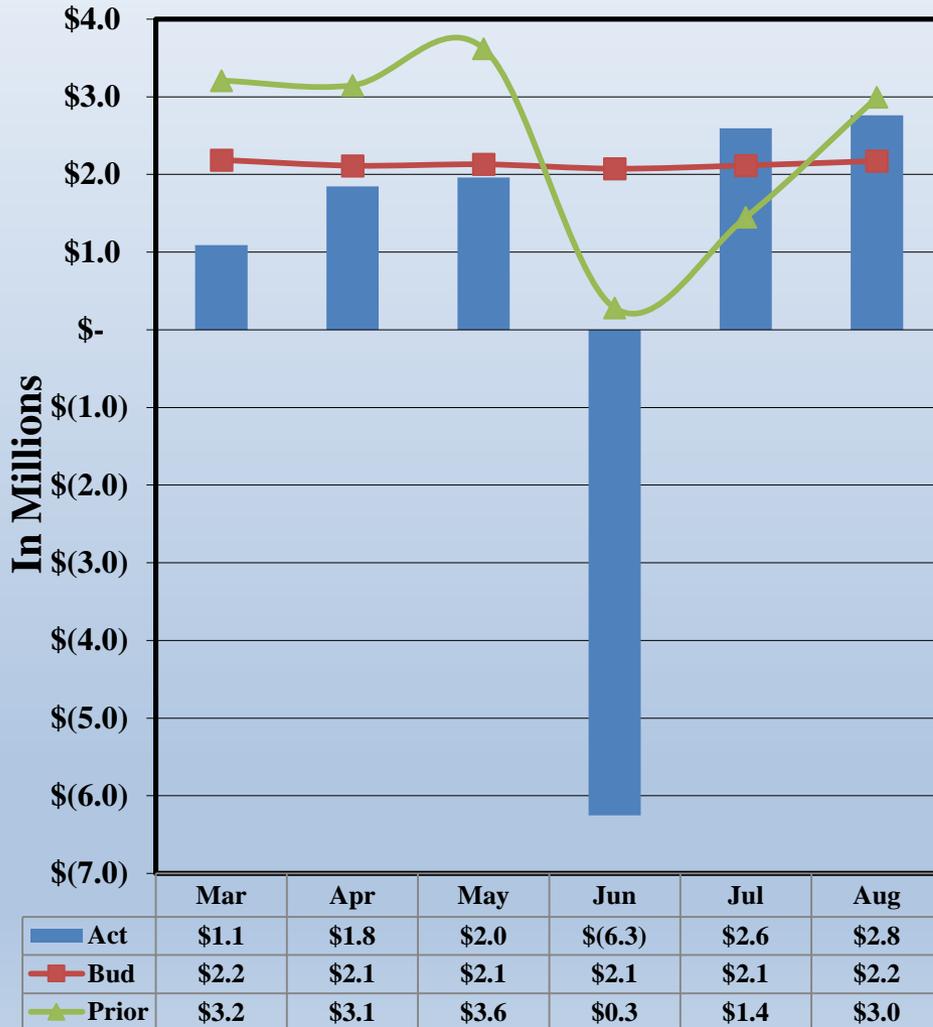
(Ector County Hospital District)



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 18.1	\$ 16.4	\$ 16.2
Var %		10.4%	11.7%
Year-To-Date	\$ 188.6	\$ 180.9	\$ 174.7
Var %		4.3%	8.0%
Annualized	\$ 205.5	\$ 197.8	\$ 191.3
Var %		3.9%	7.4%

Employee Benefit Expense

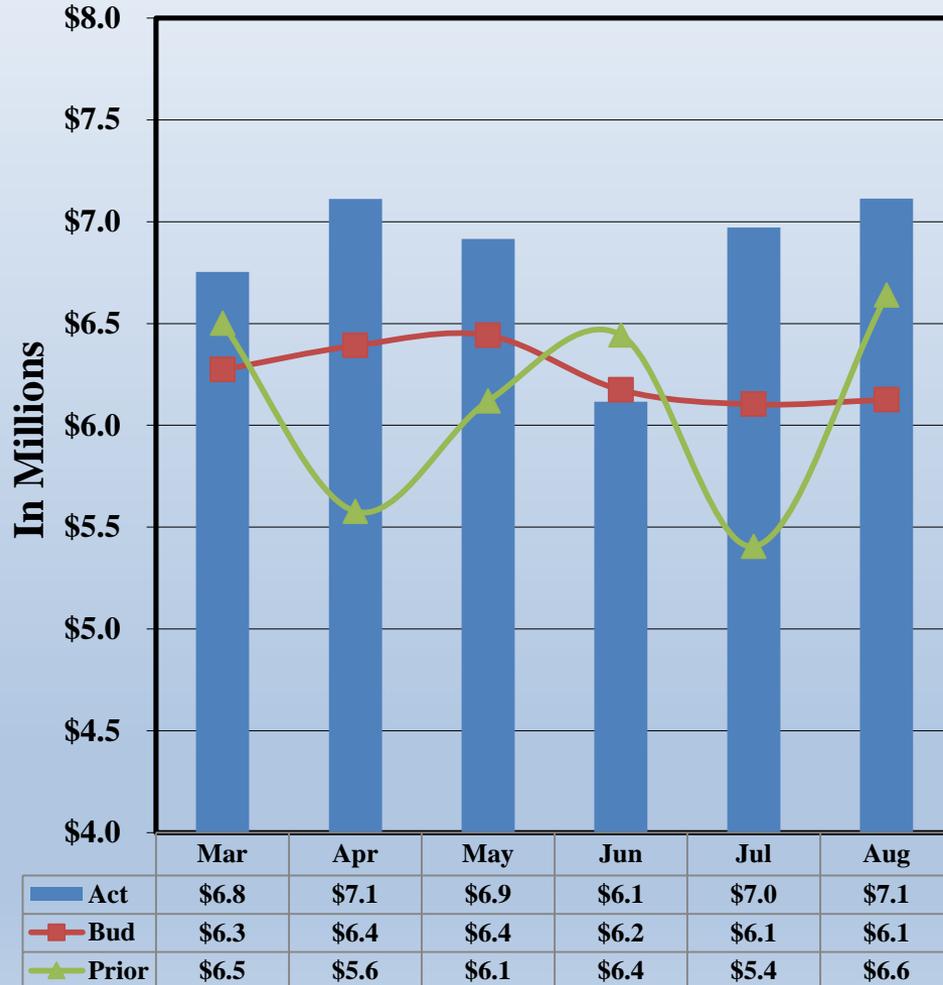
(Ector County Hospital District)



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 2.8	\$ 2.2	\$ 3.0
Var %		27.0%	-7.8%
Year-To-Date	\$ 15.2	\$ 23.9	\$ 31.1
Var %		-36.4%	-51.2%
Annualized	\$ 17.1	\$ 30.3	\$ 19.0
Var %		-43.5%	-10.0%

Supply Expense

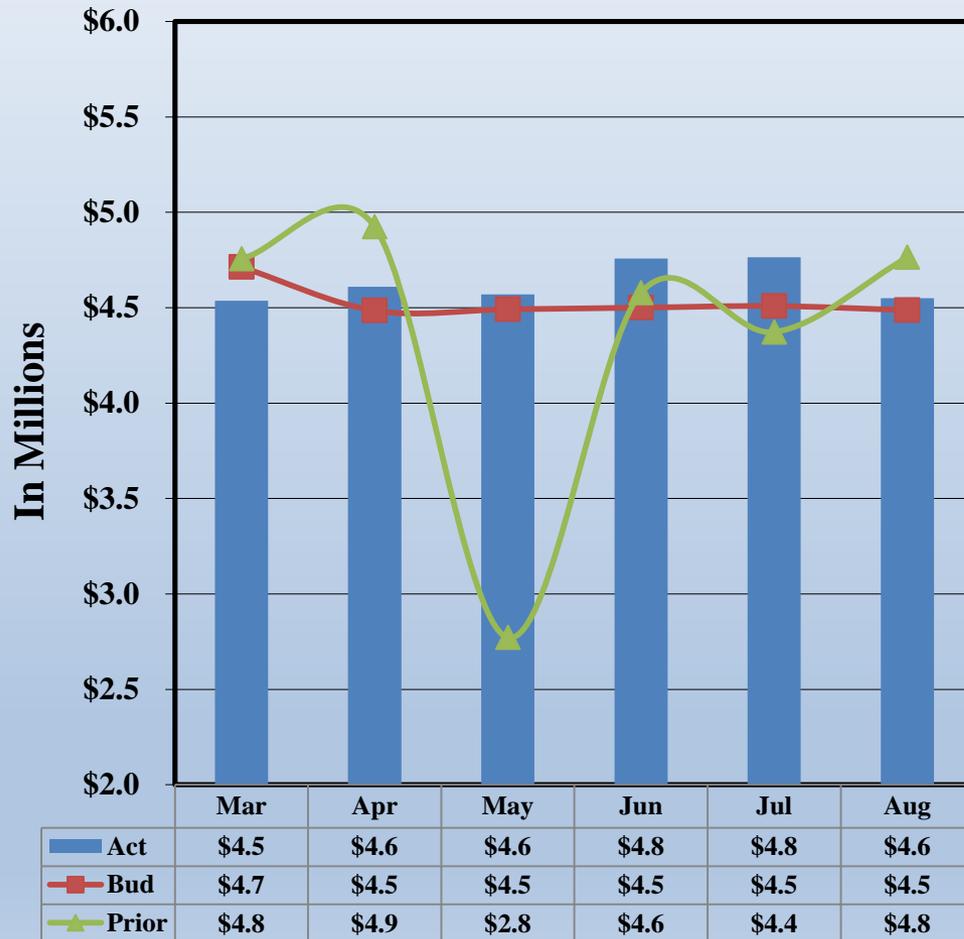
(Ector County Hospital District)



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 7.1	\$ 6.1	\$ 6.6
Var %		16.1%	7.2%
Year-To-Date	\$ 73.6	\$ 68.1	\$ 64.6
Var %		8.0%	13.8%
Annualized	\$ 78.5	\$ 73.0	\$ 69.5
Var %		7.5%	12.9%

Purchased Services

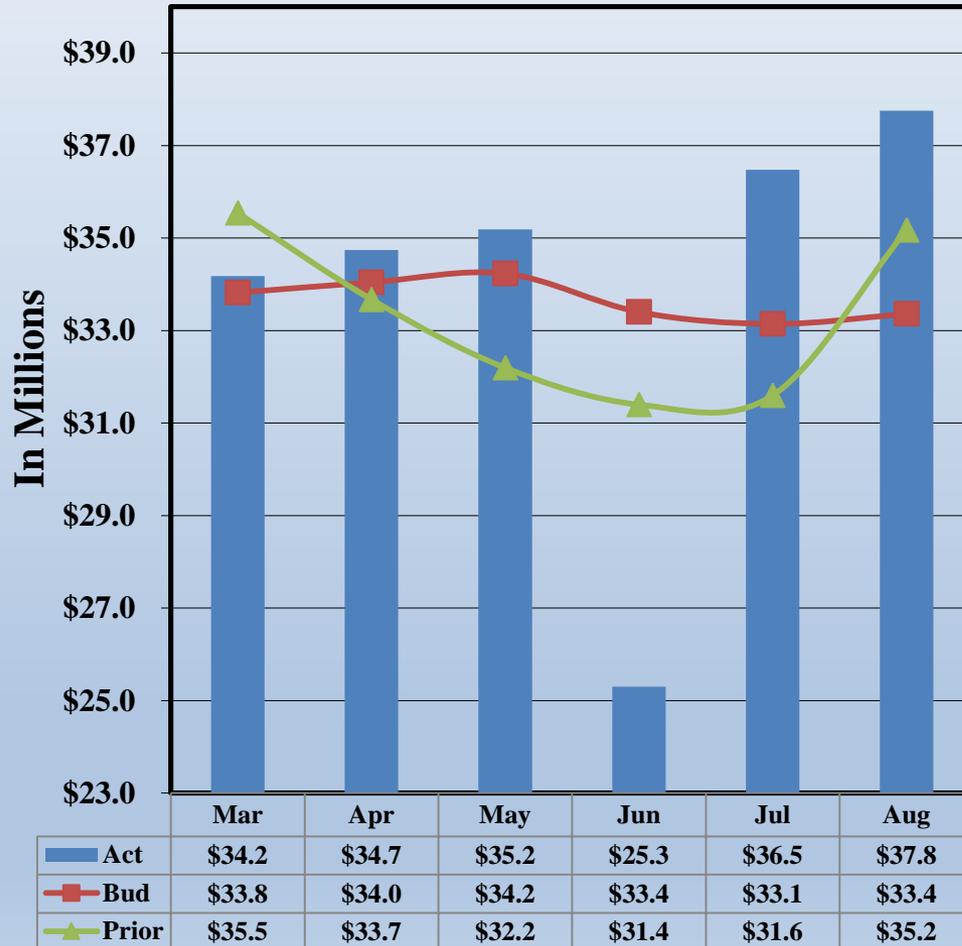
(Ector County Hospital District)



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 4.6	\$ 4.5	\$ 4.8
Var %		1.4%	-4.5%
Year-To-Date	\$ 51.1	\$ 49.9	\$ 48.1
Var %		2.5%	6.2%
Annualized	\$ 56.7	\$ 55.3	\$ 54.0
Var %		2.5%	5.0%

Total Operating Expense

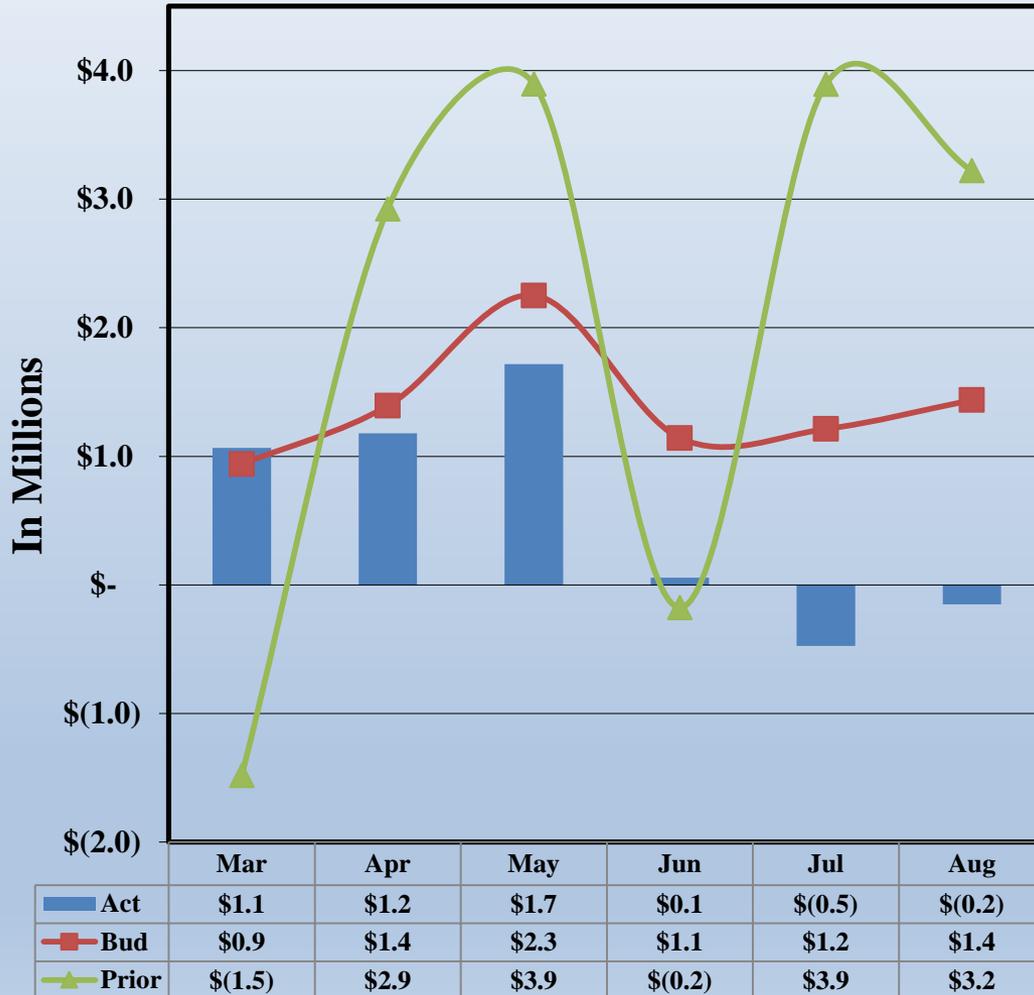
(Ector County Hospital District)



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ 37.8	\$ 33.4	\$ 35.2
Var %		13.2%	7.3%
Year-To-Date	\$ 374.0	\$ 368.7	\$ 363.2
Var %		1.4%	3.0%
Annualized	\$ 407.0	\$ 402.8	\$ 390.2
Var %		1.0%	4.3%

Adjusted Operating EBIDA

Ector County Hospital District Operations



	<u>Actual</u>	<u>Budget</u>	<u>Prior Year</u>
Month	\$ (0.2)	\$ 1.4	\$ 3.2
Var %		-114.3%	-106.3%
Year-To-Date	\$ 6.1	\$ 14.0	\$ 14.2
Var %		-56.4%	-57.0%
Annualized	\$ 13.6	\$ 18.5	\$ 26.3
Var %		-26.5%	-48.3%

Days Cash on Hand

Thirteen Month Trending

**Excludes Medicare Advance Payments due to COVID*



mch





To: ECHD Board of Directors
Through: Russell Tippin, President & CEO
Through: Matt Collins, COO
From: Jerry Hild, Divisional Director of Radiology
Date: 9/24/2024
RE: Additional Funds Request to PO 259753

Operational Cost: \$200,000.00
Term: 1 year

REQUEST

Request for additional funds of our PACS system cloud archive in the amount of \$200,000.00. We currently do not have sufficient funds on the purchase order for future invoices.

PURPOSE OF CONTRACT

This is a service agreement for the cloud storage of radiology images. The cost of this cloud storage is .45 per study. Per the service agreement MCH will incur an overage fee for all studies exceeding 40 megabytes. Radiology images have a wide range in megabyte size based on the imaging modality. The estimated expense is \$200,000.00 for the next year.

- Greater than 40MB but less than 60MB: For the applicable month the Monthly Archive Fee shall increase by \$0.001 from the rate identified on the Sales Order.
- Greater than 60MB but less than 100MB: For the applicable month the Monthly Archive Fee shall increase by \$0.002 from the rate identified on the Sales Order.
- Greater than 100MB: For the applicable month the Monthly Archive Fee shall increase by \$0.003 from the rate identified on the Sales Order.

RECOMMENDATIONS

None.

FUNDING AGREEMENT
2024-2025

This Contract (“Contract”) is made and entered into by and between **MCH PROFESSIONAL CARE**, a Texas non-profit corporation (“Pro Care”) and **ECTOR COUNTY HOSPITAL DISTRICT** doing business as Medical Center Health System (the “Hospital”).

The Hospital wishes to contract with Pro Care for the services of Physicians, to provide medical services to needy inhabitants of the Ector County Hospital District that exceed the funding provided by Permian Basin Clinical Servicing Partnership.

Pro Care is certified by the Texas State Board of Medical Examiners as a 5.01 (a) (now V.T.C.A., Occupations Code §162.001) non-profit health organization. The activities of Pro Care are conducted in Ector County, Texas.

Hospital and ProCare desire to set forth the agreements and understandings between them with respect to the services of Physicians on behalf of and in support of the medical needs of the people of Ector County and the Hospital.

Now, therefore, in consideration of the premises and the mutual covenants and agreement herein contained, and subject to the terms and conditions hereof Hospital and Pro Care have agreed as follows:

1. **SERVICES.** Hospital hereby contracts with Pro Care, as an independent contractor to provide and make available to the Hospital the services of Physicians for the benefit of Hospital and the people of Ector County, Texas with duties and responsibilities set forth herein, to render medical services as reasonable patient care may require. The Physician’s duties shall include, but not be limited to, the following:

- (a) Performing such Medical procedures and examinations as may be necessary and appropriate for needy patients using Physician’s services in accordance with all canons of professional ethics and all applicable laws, rules and regulations of the State of Texas and of the United States.
- (b) Keeping and maintaining, or causing to be kept and maintained, appropriate records, reports, claims and correspondence necessary and appropriate in connection with all professional services rendered by Physician under the Agreement. All of such records, claims, and correspondence shall belong to Pro Care or Hospital as provided in the Agreement, but Hospital, Pro Care and the Physician shall be authorized to make copies of any such records at any time in the future.
- (c) Promoting, to the extent permitted by law and the applicable canons of professional ethics, the professional practice of Hospital and Pro Care, its successors, and assigns.
- (d) Performing all acts reasonably necessary to maintain and improve Physician’s professional skills, including all required continuing medical education
- (e) Complying with all appropriate standards of the U.S. Department of Health and Human Services, the Texas Medical Board, Medicare and Medicaid, and the Bylaws, Rules, and Regulations of the Medical Staff of Medical Center Hospital; and
- (f) Assisting in the development of protocols for the practice of medicine in Medical Center Hospital, with an emphasis on both quality and efficient utilization.

2. SUPPORT PAYMENT. In consideration of the foregoing, Hospital agrees to pay Pro Care during the term of this Contract, and a Support Payment for covered services not to exceed **\$28,103,659.00** for the Hospital's fiscal year ending **September 30, 2025**. The Support Payment shall be paid in an amount determined by Hospital to approximately equal to any anticipated or incurred Pro Care deficiency in operating expenses for medical services.

3. TERM. The term of this Contract shall be for the Hospital fiscal year ending on **September 30, 2025**.

4. NON-APPROPRIATION. In the event no funds or insufficient funds are appropriated and budgeted by the Hospital for the payment of obligations under the contract for any fiscal period in which payments are due under this Contract, the Hospital shall, not less than 60 days prior to the end of the fiscal period for which funds have been appropriated, in writing, notify Pro Care of such occurrence. This Contract shall thereafter terminate and be rendered null and void on the last day of the fiscal period for which appropriations were made without penalty, liability or expense to the Hospital of any kind.

5. COMPLIANCE. In the event (i) Medicare, Medicaid, or any other third party payor, (a "Third Party Payor"), or any federal, state or local laws, rules, regulations, or interpretations (the "Regulatory Reimbursement Policies") at any time during the term of this Agreement prohibit or restrict, or (ii) one or more Third Party Payors, or the Regulatory Reimbursement Policies in any way substantially change the method or amount of reimbursement or payment for patient services under the Agreement, then Hospital and Pro Care agree, in good faith, to amend this Contract to provide for payment of compensation in a manner consistent with any such prohibition, restriction, change or limitation.

6. INDEPENDENT CONTRACTOR. It is expressly acknowledged by the parties hereto that Pro Care, including any Physician employees ("Physician Employee") by Pro Care, is an "independent contractor" and nothing in this Agreement is intended nor shall be construed to create an employer/Physician relationship, a joint venture relationship, or a lease or landlord/tenant relationship, or to allow Hospital to exercise control or direction over the manner or method by which Pro Care and/or Physician Employee performs the services which are the subject matter of this Contract; provide always, however, that the services to be provided hereunder by Pro Care and/or any Physician Employee shall be provided in a manner consistent with the standards governing such services and the provisions of this Contract. Pro Care and/or any Physician Employee understand and agrees that (i) Pro Care and/or Physician Employee will not be treated as a Physician of Hospital for federal tax purposes. (ii) Hospital will not withhold on behalf of Pro Care and/or any Physician Employee pursuant to this Contract any sums for income tax, unemployment insurance, social security, or any other withholding pursuant to any law or requirement of any governmental body relating to Pro Care and/or Physician Employee, (iii) all of such payments, withholdings, and benefits, if any, are the sole responsibility of Pro Care and/or the Physician Employee. In the event the Internal Revenue Services or any other governmental agency should question or challenge the independent contractor status of Pro Care or the Physician Employee, the parties hereto mutually agree that both Pro Care and/or the Physician Employee and Hospital shall have the right to participate in any discussion or negotiation occurring with such agency or agencies, irrespective of whom or by whom such discussion or negotiation is initiated.

7. RECORDS. Upon written request of the Secretary of Health and Human Services or the Comptroller General of the Government Accounting Office, or any of their duly authorized representatives, Pro Care shall make available those contracts, books, documents, and records necessary to verify the nature and extent of the costs of services provided to Hospital. Such inspection

shall be available up to four (4) years after the rendering of such services, If Pro Care carries out any of the duties of this Agreement through a subcontractor with a value of \$10,000.00 or more over a twelve-month period with a related organization or individual, Pro Care agrees to include this requirement in any such subcontractor. This provision is included pursuant to and is governed by the requirements of Public Law 96-499, Section 952 [Section 1861 (v)(1)(I) of the Social Security Act and regulations promulgated thereunder.

8. NOTICE. All notices, requests, demands and other communications under this Agreement shall be in writing and shall be deemed to be duly given on the date of service, if served personally on the party to whom service is given, or upon receipt, if sent by a professional courier service, or on the date of depositing in the United States mail, postage prepaid, is sent by Certified or Registered Mail, Return Receipt Requested, addressed to the party to whom it is to be given as follows:

HOSPITAL: MEDICAL CENTER HOSPITAL
500 West 4th Street
Odessa, Texas 79761
ATTENTION: Russell Tippin, President/CEO

PROCARE: MCH PROFESSIONAL CARE
PO Box 2129
Odessa, Texas 79760
ATTENTION: Adiel Alvarado, President

Either party may change its address to which notices shall be sent by a notice similarly sent.

11. MISCELLANEOUS:

(a) This Agreement contains the entire agreement of the parties hereto and supersedes all prior agreements, contracts, and understandings, whether written or otherwise, between the parties hereto relating to the subject matter hereof. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

(b) This Agreement shall be binding upon and shall inure to the benefit of the parties hereto, and shall be binding upon their successors, assigns, and/or representatives, as the case may be, Notwithstanding the foregoing, this Agreement may not be assigned without the prior written consent of both parties.

(c) This Agreement may be amended only my mutual written consent of the parties hereto.

(d) Any waiver, consent or approval of any kind or character on the part of the parties hereto of any breach or default under this Agreement, or any waiver on the part of the parties of any provision or condition of this Agreement must be in writing and shall be effective only to the extent allowed specifically by such writing. Any such waiver shall not be construed to be a waiver of any other breach or default occurring thereafter.

(e) In computing any period of time under this Agreement, the date of the act, notice, event, or default from which the designated period of time begins to run shall not be included. The last day of the period so computed shall be included. Unless it is a Saturday, Sunday, or legal holiday of the State of Texas, in which event the period shall run until the end of the next day which is not a Saturday or legal holiday.

(f) The headings of the various sections and paragraphs of this Agreement have been inserted for convenience and reference only and shall not modify, define, limit or expand the express provisions of this Agreement.

(g) This Agreement shall be construed and interpreted in conformity with the principles of ethics of the American Medical Association and shall be enforced and otherwise governed in accordance with the laws of the State of Texas.

WITNESS WHEREOF, the parties have duly executed this Agreement on the **1st day of October 2024**.

MCH PROFESSIONAL CARE

By: _____

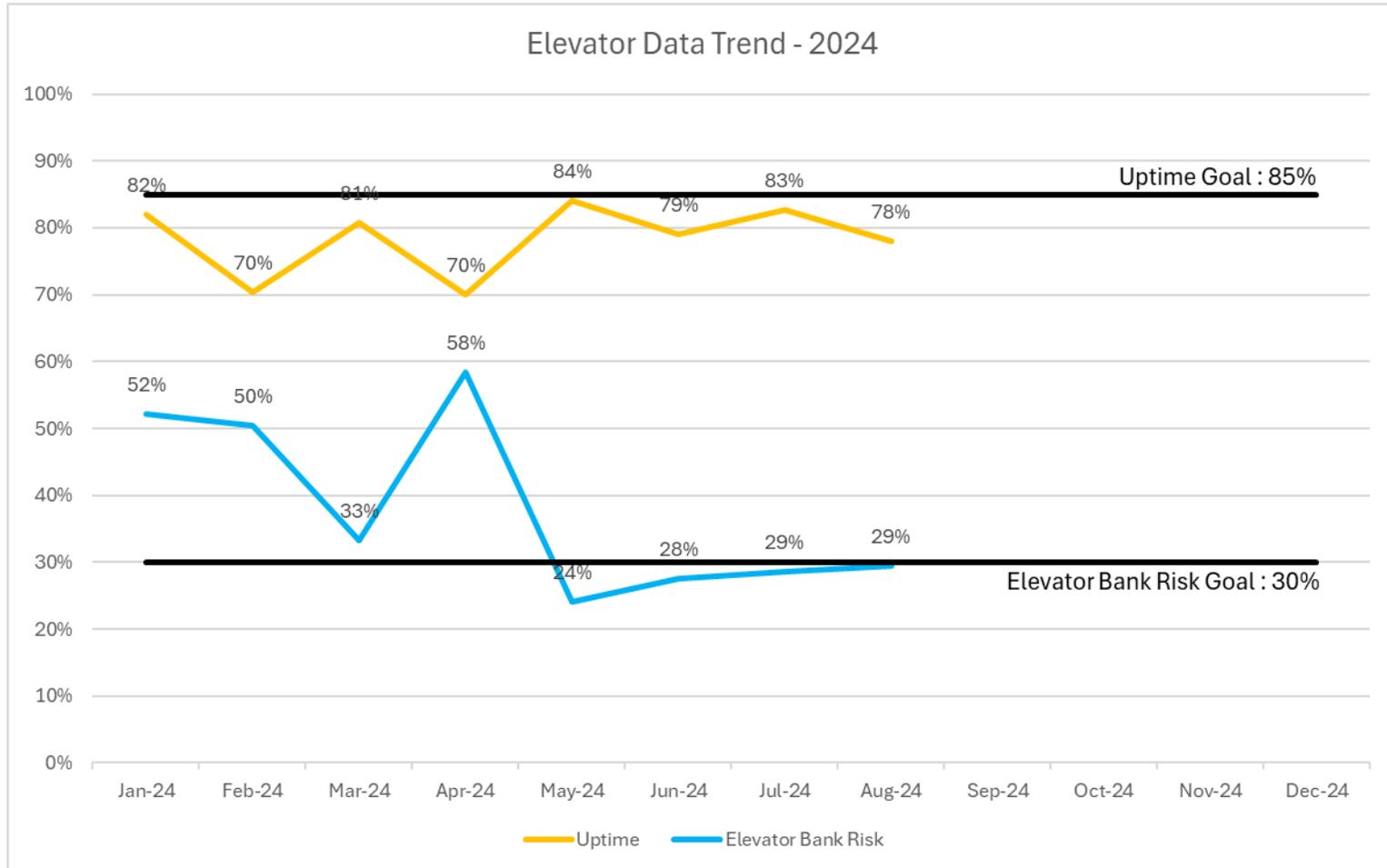
ADIEL ALVARADO, PRESIDENT

**ECTOR COUNTY HOSPITAL DISTRICT
d/b/a MEDICAL CENTER HOSPITAL**

By: _____

RUSSELL TIPPIN, PRESIDENT/CEO

Hospital Elevator Data (January '24 – August '24)



Regional Services

October 2024 Board Report

Community Outreach-

Dr Madhu (3 mid levels)

Odessa Family Care- Dr. Lyden Odukwu and Landon Garrett CNP

Dr. Butler

Dr. Prasad (2 mid levels)

Regional Site Visits-

Fort Stockton-Met with new CNO Shawn and Labor and Delivery Director. Shawn stated he will be reaching out with some educational needs for nurses I have let him know I am happy to help coordinate that and let him know of some areas I know we have done previously. Labor and Delivery director working with Megan to set up a time for their nurses to come and shadow our L&D team. No other needs currently. I also met with ED staff no recent issues or needs currently.

Pecos- Met with Vince CNO to discuss Acute teleservice follow up he stated they are still reviewing and working with new hospitalist group for more admissions. He did recommend the physicians are interested in our program but would like to see the hours extended more in the evening time. I have let him know I will take this back to the team. I also let him know if they could pull some data on their end on how much volume he is thinking arrive at that time that would help our team as well. I will continue to follow up. Met with ED staff, no needs at this time.

Rankin- Met with ED staff no needs at this time, they have had more volume recently but no issues with transfers. Staff in training during site visit. I reached out to both Tiana and Jim no needs at this time. I did remind them our team is happy to come back out for further questions if needed for Acute Teleservices.

McCamey- Met with ED no issues or needs at this time. Met with new provider and existing providers at the clinic introduced self and role. A request from one of the providers there was mental health services. He stated there is a lot of patients who come to ED for psych needs. Spoke with referral specialist no needs at this time and stated she has had no issues.

Seminole- Met with ED staff and providers. They stated they are seeing an increase in volume and have been sending more patients to us than usual. They were complimentary of our transfer center. ED stated he has no issues with transfers either. No needs currently.

Andrews- Met with ED staff no issues at this time, they have not had issues with any cardiac transfers in the last few months. Spoke with Mike he also stated no issues but stated their volume is also up recently. Spoke with clinic referral specialist provided updates on providers, no issues reported with referrals, but did ask about urology services. I provided information on the in-house team we have but let them know I will update if we end up adding outpatient clinic.

Month 24'	On Demand	Scheduled
January	21	152
February	30	71
March	16	85
April	8	68
May	7	57
June	13	40
July	11	63