CONCHO COUNTY HOSPITAL DISTRICT
MEETING MINUTES

STATE OF TEXAS
COUNTY OF CONCHO

I. Call to Order

II. The Concho County Hospital District Board of Directors met in Eden, Texas at the Concho Medical Clinic Lobby, 551 Eaker Street, on Tuesday, August 27, 2024, at 5:30 p.m.

III. Roll Call & Attencance

Board Members

Julie Jones, President
Anita Aguilar, Member
Rosa Schreiber, Vice President
Elizabeth Eureste, Member
Brandi Gloria, Secretary
Priscilla Aguirre, Member

James Rannefeld, Absent member

Others Present:

Trent Krienke, Concho County Hospital District Attorney
Michelle Saucedo, Director of Nursing
Dr. Brett McFadden, Medical Director
Deborah Fort, IT Liaison
Sheri Lowe, HR Manager
Mario Aguirre, Employee
Lee "Smokey" Taylor, Pharmacist
Katherine Gloria, Guest
Antonio Aguilar, Guest
Lesa Grumbles, Guest
Brenda Ramirez, Guest
Layla Castleberry, Guest
Ruben Gloria, Guest
Jonathan Gaballo, Deputy Sheriff
Amanda Wahmann, Employee
Laura Grandquest, TruBridge
Kevin Mattingly, TruBridge
Scott Fischer, Employee
Paula Rudloff, Employee
Chyna Allgood, Guest
Grady Arnold, Pastor
Steven Alexander, Employee
Hazel Medders, Guest
Melanie Lozano, Guest
Bob Pascasio, Guest
Amy Frye Garza, Employee
Sherri Thompson RN, Employee

IV. Invocation

Grady Arnold from Menard Baptist Church gives invocation:

V. Open Forum for Public Comments

a. Antonio Aguilar

Antonio Aguilar introduces himself as county resident and part owner of this hospital and continues to report that he wishes to address two things that are on the agenda. He reports: "The first one being where you are attempting to pass a budget. I will read to you from the law that the proposed budget must contain a complete financial statement of the outstanding obligations of the district. The cash on hand in each district fund, the money received by the district from all sources during the previous year, the money available to the district from all sources during the ensuing year, the balances expected at the end of the year in which the budget is being prepared. Estimated revenue and balances available to cover proposed budget the estimated tax rate required. The proposed expenditure and disbursements and the estimated receipts and collection for the following fiscal year. You cannot approve a budget without the public. You were supposed to give us a ten day notice it's supposed to be posted in the newspaper. That we all read, or several newspapers. We are per the law, able to be here and be a part of the budget discussion and preparation. You don't believe me you can ask your attorney. Any property taxpayer of the district is entitled to be present and participate at the hearing in accordance with the rules of the quorum and procedures prescribed by the board. This is the 2015 Texas Statute Special District Local Laws Code; Title 3. Health; Subtitle A, Hospital Districts. Chapter 1016, Concho County Hospital District. If you continue like I told you the last board meeting. If you attempt to pass this budget tonight, henceforth at eight o'clock in the morning I will file a criminal complaint for violation of my civil rights and violation of the law. This tax and this budget has got to be when we, the public are here to do that. I'm just telling you what it is. The other item on your agenda is the rights of us at your meetings. I know you are going to try to pass some kind of a meeting where we cannot, are not able to participate in open forum. Just make sure that you don't violate the Open Meetings Act. Particularly the rights of the public because it's in there. So, I'm telling you. If you're going to pass a budget. You are my fiduciary. I elected you. I and the rest of the public elected you. If you cannot comply with these fiduciaries then if you think you're above the law, then you continue with your budget hearing, but I will file a criminal complaint and my civil rights been violated tomorrow morning at 8:00. Thank you,"

b. Dr. Brett McFadden

"My name is Doctor Brett McFadden. I'm the hospital's medical director and I'm here to basically speak about our potential interim CEO. I want you guys to know that number one, I have never met him before and met him the last day or two. Number two, we both know people in the industry, we both been in leadership, him three times longer than me. Three, I have learned that he's a gentleman that has impeccable credentials. Four, I am surprised at our good fortune, our luck that when we needed a CEO, and we wanted and interim CEO that we he could come in quickly and fill the void and we need that. We were able to buy good fortune by God's great gift, have somebody so qualified show up to say, I could do it and I'm willing. In closing, I just want to say that I hope that the board will take under advisement the fact that I am one at our hospital, but I say we need a CEO, and we need them immediately and we need them competent and strong like what we're seeing in Bob, and he has my support. Thank you"

c. Layla Castleberry

"Layla Castleberry, just to piggyback off with Doctor McFadden, that's awesome that you found somebody so qualified, but we were all here last month. There was a committee selected to interview and do all of that, I mean, I hope that's taking place. I'm sure he's wonderful, but there was a committee of three people that were selected. You weren't here, Doctor McFadden. But there was a committee to interview, select, search from a pool of candidates. That's all I had to say about that. I really wanted to tell a story. When I first started working there. I was told by some of the older ladies that the hospital had almost closed like in the year 2000. It was before we were critical access. It was before a lot of overhauls in the billing office, like charges like that you know the bills needed to be corrected with charges and such. The employees sacrificed their benefits, their retirement. The employees, the loyal employees, which I'm sure Deborah was one of them stayed to help and sacrificed to keep this place open, and my question to you all is with the finances being how they are, do you really think that agency people are going to stick around for you? Do you really think that people from out of town are going to stick around for you and drive back and forth for no benefits, no retirement? I ask you all to search in your souls and think you're going to need loyal people, dedicated people, people who actually care about that place being open, and I don't think we have that right now. And I think that it's sorely, sorely, sorely needed. So, we were told several times that they, the business office is replaceable. We could get a third party to come and take over, and that's what you have now. Your finances are no better. You know why they don't care about the book of the little portfolio, that Concho County Hospital has. They don't care enough about that to search for your every dollar that's owed to you like we were. I'm sorry, but we were dedicated and you're going to search locally, when that time comes. So, I urge you all I've been coming here for over a year for no benefit to myself. All I'm saying is for the people that are considered enemies or the people that are considered, or they have a chip on their shoulder or whatever. Really, I don't think that's fair to us. I've been coming here for a year encouraging like the credentialing to get completed and find a doctor that will be here full time to filter patients to the hospital. I've been coming here saying all that and I just wanted it recorded that for a year I've been trying, several of us have been trying and it may work, and it may not work, but at least I can say I tried. I'm just going to leave it at that."

d. Sherri Thompson

"I have one. Just briefly, I just want to say in the last couple of days, just see Bob and how he interacts with other people. I see a very strong character and I vote for him. I think he will do great." Dr. McFadden asks that she state her name and title. She responds, "Sherri Thompson and I am the Trauma Coordinator at the hospital."

e. Steven Alexander

"Steven Alexander. I'm the physician assistant here at the clinic and been here for almost 2 1/2 years and I just want to express my hope that we will embrace and encourage the new perspective CEO. I'm anxious to get to this interim and get off to a good start and get us towards the potential that I know this clinic has, the hospital has. That's the long and short of it. I hope for a very strong showing of support. "

VI. Approval of July 23, 2024, August 8, 2024, and August 20, 2024, Board Minutes

i. Julie Jones reports she left off the June 27th meeting minutes so the board will be approving June 27th, July 23rd, August 8th, and August 20th board minutes. She reports she will give the board 5 minutes to look them over if more time is needed to relook them over. Anita Aguilar reports there are mistakes on the August 20th meeting. Priscilla Aguirre was left off as being absent. She also commended Brandi Gloria for working on the minutes and stated she appreciated that Brandi Gloria put the names of the people and the way the vote went on the motions. Anita Aguilar reports she is concerned about the June 27th minutes there was a motion to go ahead and approve the minutes form May the 29th with the correction to remove the paragraph that was repeated twice. Anita Aguilar

then asks Brandi Gloria if those corrections were made, and Brandi Gloria confirms the May 29th meeting minutes were corrected. Brandi Gloria reports they were corrected, and the corrected meeting minutes were placed in the notebook. Anita Aguilar reports she would still like to have the exact statement that was made when James Rannefeld seconds the motion. She reports the vote was four for Agapito. It was then when our attorney Trent came up and said sorry James, you cannot vote, and it was then that James Rannefeld said I recant. Anita Aguilar reports that is not in there. Brandi Gloria replies that she thinks it is in there. Anita Replies that it is not on the minute for June the 27th. It is on the July 23rd minutes but not on the day of the meeting where James Rannefeld was present. Brandi Gloria responds that it is on the third page of the minutes of June 23rd. Anita Aguilar responds on June 27th the third page do you read a statement that says James Rannefeld seconds the motion. The vote was four for Agapito and then after the vote Trent Krienke came up and said, sorry James, you cannot vote, and it was clear that James Rannefeld said I recant. Julie Jones reponds, but what it reads right now is James Rannefeld seconds the motion. Anita Aguilar apologizes to James Rannefeld and reports that he's unable to make a motion to replace his position. Trent Krienke confirms, James Rannefeld withdrew his motion. Ms. Eureste seconded the motion did not carry 3-3. That was done. Anita Aguilar responds that it is not noted that James said that he was going to recant. Julie Jones responds the minutes state he withdrew his motion. Dr. McFadden asks isn't it the same. Anita Aguilar responds no sir that on June the 27th, in the minutes you actually had it written exactly like I said, agter James Rannefeld gave his second to the motion, the vote was four for Agapito. Then after the vote Trent Came up and said sorry, James you cannot vote and it was then that James Rannefeld said he recants. Brandi Gloria reports she will relisten to the recording again and see what it states. Anita Aguilar reports she would like to know when Brandi Gloria listens to the minutes and she will go over so they can listen together. Anita Aguilar reports she knows that James had to recant when Trent told him he could not vote and that does not reflect in the minutes. Brandi Gloria reports that withdraw and recant are the same thing. Anita Aguilar reports she would like recant because that is what he said. Trent Krienke verifies that Anita Aguilars request is for the June 27th minutes to reflect similar language. Julie Jones reports they listened to the recording and try to put it exactly how it was stated. Dr. McFadden reports Anita Aguilar wants the word recant. Julie Jones reports she will listen to the recording again, because sometimes Anita Aguilar will recall something and when the recording is listened to it is not what Anita Aguilar recalls. Anita Aguilar responds that's how it will need to be corrected. Julie Jones responds if that is not on the recording then I am not going to correct it. Julie Jones then asks if there is any more discussion about minutes. Elizabeth Eureste reports she has some corrections on the minutes of August 20th minutes it has on here Miss Aguilar, Miss Eureste, Miss Gloria, Miss Jones. None of us are Miss. Julie Jones then asks what minutes are you looking at. Elizabeth Eureste reports she is looking at the minutes of August 8th. Julie then responds you said the 20th. Elizabeth then responds the 2nd and 3rd page it has everyone as a Miss. M-i-s-s throughout the whole minutes. Julie Jones then asks if she would like it first initial and last name. Elizabeth Eureste reports she is not a Miss and she does not think anyone in here is a Miss. It is not right either Mrs. for the married and Ms. for the unmarried. Julie Jones reports she will correct that. Elizabeth then reports on the next page it has Agapito Flores and his name is Torres. Julie Jones asks on what minutes and Elizabeth Eureste reports the July 23rd minutes. Julie Jones reports they will be corrected. Elizabeth reports on the July 27th board minutes on page 3. Brandi Gloria reports she will fix it. Elizabeth Eureste makes a motion that approval of minutes be postponed pending corrections. Anita Aguilar seconded the motion. All in favor are Elizabeth Eureste, Priscilla Aguirre, and Anita Aguilar. All opposed are Brandi Gloria, Julie Jones, and Rosa Schreiber. Motion is tied 3-3. Anita Aguilar then asks if that means the minutes are not

going to be corrected and Julie Jones responds they will be corrected. Anita Aguilar reports that was the motion was for. Julie Jones reports the motion was to pass them and not correct them. Elizabeth Eureste then responds "pass upon correction". Julie Jones then responds oh yeah. Julie Jones then asks if we can make a motion to pass them with corrections so they may move on from this and Anita Aguilar responds no. Julie Jones advises Trent Krienke who reports to correct the minutes for the next board meeting and move on to the next agenda item.

VII. Advance of an agenda Item Pursuant to Texas Government Code Section 551.071 and 551.074 the CCH board will enter into executive session for consultations with attorney, as well as personnel matters.

a. Entered executive session on this date August 27th 2024 at 5:51PM
b. Meeting called back into session at 7:11P.M. on August 27th 2024

VIII. Discussion, consider and if necessary, take action on public comments policy.

Discussion tabled

Elizabeth Eureste asks what is the issue on that, isn't it our policy for the five minutes. Trent Krienke responds that he will speak to that. He reports he has some concerns about the public comment from last meeting. He reports the comments from the last meeting got off the rails. People were alleging that the CEO was racist amongst other things. He thought the board may want to discuss limiting some things on the floor and keeping things on topic. Not allowing a free for all. Elizabeth Eureste responds don't you think that would be impending on their first amendment rights to speak their mind. Trent Krienke responds no ma'am, the statute permits governmental entities to limit to public comments to agenda items only. He makes clear that this is his opinion only and not the board chairs. He reports that he does not think it is fair to call the CEO racist without supporting facts. Trent Krienke reports it is a concern he has but we are skipping it. Elizabeth Eureste responds she does not think the policy they currently have for 5 minutes of speaking and speaking their mind is a bad thing. She reports sometimes their voices aren't even heard. She reports it should be left how it is and not limit the words that come out of people's mouth, because she feels the board is violating their civil rights as well as violating their first amendment rights. She reports that is her opinion.

IX. Pharmacy presentation

Julie Jones reports Hashnin had a family emergency and is not here to report so this item will be skipped.

X. Budget workshop

Jerry Pickett is asked by Trent Krienke if he would like TruBridge to go first and he agrees. Jerry Pickett discusses how Centriq will be sunsetting and if a new EHR is approved CCH will not be in compliance with Medicare, be able to do accounting, or any billing after December 31st.

XI. TruBridge Discussion

Kevin Mattingly introduces himself along with Laura Grandquest from TruBridge. He reports TruBridge provides electronic health records along with other services to hospital. TruBridge has been around for 40 years and was previously called CPSI. They serve small community hospitals across the county. They have 500 hospitals across the country and about 70 of those in the state of Texas. He is going to share information about the system side and a little information about the services side. The system side, they have been in the process of changing systems for some time. They, as a company made a decision, they had to move away from the Centriq platform. The company acquired a competitor and had two platforms. Over the course of time having two platforms would not be sustainable a decision was made to sunset Centriq platform. TruBridge has several more customers on the Thrive platform than the Centriq platform. So, a decision was

made 4 years ago to go with Thrive. The deadline was moved back several times from 2022 to 2023. Now at the 11th hour CCH is only one of 5 facilities left and all of them will be making a decision to change platforms by the end of next month. Everyone needs to be off the Centriq platform by March of 2025. In 2025 the 21st Century Cares Act will kick in; we will not have the Centriq platform certified to meet all regulations but we do have the Thrive system. It's already ready to go and that's what we're trying to get everyone to move to. Again, myself and Laura are here to talk to you guys about this. Really, the first rule of overview of the EHR migration of Thrive. That is really what we want to talk about. That history there and how we got here and why it is crucial for you guys to make a decision pretty quickly and I say quickly as in where we are today, we were there's been notifications for three years on this. So who is TruBridge? I'll talk a little bit about that. Entrust what it is, and what's all included. So the migration itself that I just talked about moving from Centriq to Thrive is going to include all the like for like application so any of the software that you guys have on Centriq, you guys are going to get included those same applications that are in our new Thrive platform, the Current interfaces that you have, the other products. Whether it's a lab instrument, whether it's some other third-party product, communication center application, PT application or respiratory or cardiopulmonary. Those applications are all some extras that you guys get even though Centriq didn't have a specific application for those things. There are a couple of small features that reside in those within the Thrive platform. So, we felt that the right thing to do was put that in there for you guys. So that has been included. The conversion setup fees, the migration implementation services, annual subscriptions, and monthly support. All of that is lumped into and this was to try to eliminate you guys having a large capital outlay expense to move to the new system. So we did it as a SAAS (Software as a service). Software as a service or a software as a subscription where it's just a monthly fee. We go ahead and talk a little bit more about who is TruBridge. Then I'll come back to the way that we're paying for that, that migration that we just talked about. So TruBridge is as a company, we've been around like I said for a very long time. This slide is kind of highlighting the services side of the company not just the EHR side, key company staff is 2500 employees, RCM experience over 40 years. If you look over there on the right and you see how much we process for our customers across the county $52 billion in claims. So a pretty significant amount, but we're still small enough and focused on the small Community Hospital to really make a difference for you guys. The other thing is this peer review by HFMA. Anybody who's familiar with that is a pretty rigorous process to go through. We're pretty proud of those designations to be peer reviewed, and we're one of very few vendors that are actually peer reviewed with both products and services. Our RCM products, you know the billing products and all those things have come along. It's software that comes along with that. It's not just the services itself. So, all of that is what we bring to the table from the services team. Interest is what we call combining the EHR and the services together in one package. OK, so before I talked about the software, I talked about the migration process and that's a you guys were at the 11th hour and it's not about that decision, but the services side. There's a way that you get paid for that. Instead of just doing that SAAS model for software as a service model that I said before, that monthly. You can pay for that as a percentage of your cash collections. OK, that isn't new to you guys. You're doing it today with another vendor called Endeavor. OK. But when you do that, you bring those two things together. It's a shared risk pay as you go model there is if you got there are there are. Tiers put in the contract so that you guys weren't grow your revenue. Your rate

actually gets a little bit better because as your going your rate gets better. But for those customers just shared risk, it's a shared risk for us also as well as you guys for some of the hospitals that were on the end trust model prior to COVID as they saw their patient numbers decline what they paid to us declined because we were in lockstep with. Because they didn't have as many patients, they weren't making as much money. So, you know, we're just getting a percentage of that. So as that went down, what they paid us going down, OK, so that's the shared risk. So it's all included so it says eliminates EHR maintenance fees. It's all included in the rate eliminates nutrition bridge interfaces. So. If you go with the Entrust model, now you're getting the EHR side and you're getting the services side. You also get you go beyond that and you get additional software that you don't have to, OK. So if right now if you go to. I'm sure why it's doing that. Right now, if you go to the model of. Simply the SAAS. I'm not sure what's going on.

So when we talk about the you know, we talked about the SAAS model, we talked about the percentages cash collections model if, when bringing those two together, if you go the full the full Entrust model, you're getting both the software and the services, but you're not getting a finite list of the software that you have today. You're also getting applications that you don't have to, so if there's an application that you don't have today that you'd like to move forward with, you get to add that. Because we know that you guys are going to be there for the long term of, we're getting that percentage of cash collections and of course the other part of the share risk is it's in our best interest to to collect every doll. That became right to make, because that's how we're making money too. So sorry, this isn't. I don't really need the thing that's more for you. All have a visual back and talk.

Dr. McFadden: Can I ask a question? It sounds like you're saying that we're going to pay you one fee that you're going to take risk with us in our business and then that fee only gets good for you, if we do well, and if it does, if we do less well then you're going to make less as. Well. And then the second thing you said is that this is going to not just be replacing our software because we pay a fee every month for software. But you're saying that you're going to be taking that software fee. Plus the fact that we also pay a company to do our collections, you're saying you're going to be doing? The collections for us now. And instead, when we look and lump these two together, we have to consider not only what we're paying for our software, but what we're paying our collections company. And Jerry tells me that when we push those two numbers together, that we're doing better if we go with your new program, and we even get more software than we used to get. Is that true?

Kevin Mattingly responds yes, that is true.

Priscilla Aguirre: Will you be doing the billing, the coding, all of that or like statements, everything revenue cycle or?

Kevin Mattingly: Everything you said except coding. Coding is not part of it. We can do coding, we in the discussions that was just something that was carved out. We were trying to keep the price in check for you guys, but that's not currently a component of it. But we can add coding.

Priscilla Aguirre: Because historically the facility, they didn't have a, 1- vendor coding, 1- actually dropping charges and billing was done in-house. But of course now they have a billing company.

Kevin Mattingly: So if you guys wanted to go that route, we could do that as well. As far as what was just described by Dr McFadden, that everything he said is true, assuming we're not adding coding. If we add coding, the cost would go up a little bit from there, but again, if you guys are paying another third party for that service, that would go away too. So anyway, in respect to where you come out from a dollar standpoint, obviously Jerry can speak a little bit more of that as well. We've done everything that we can. Jerry beat us up pretty good on the price. I will say that. You know, we are also kind of in the mode of we really need people to move. And we've got these last few that need to make decisions so. We had offered an additional .4%, which is pretty significant for you guys, to sign right away because again, I'm saying right away is that this is the first. Yeah, this has been discussed for quite some time, years.

Dr. McFadden: If the board decides to move ahead with your company, when would you guys start implementation? What would be the timeline?

Kevin Mattingly: So that's a great question. I'll start by saying it depends on what your definition of implementation is, because some people say you know it's not until you get here and when you go live. But really the implementation starts a lot sooner than that. So we would reach out and you would start those conversations pretty quickly after you've got a sign because of how imperative it is to have that lead time between now and then. But it is our goal for you guys to implement the system in March of 2025.

Elizabeth Eureste: Sorry, are you saying that at on March 2025 we will go live and all the time before? That will be fixing and creating.

Kevin Mattingly: So, conversion data, data setup, we do the migration. The actual implementation like have people here on site do that. All of that's included, as well as the software. Again, if you go to Entrust model, future software, additional things that you guys decide to buy that you don't have today, you're going to get those software and those software pieces included as well.

Dr. McFadden: And last question from me. Given the fact that this is the latest model of the same stuff we're already using, in your experience, have you found that employees and providers have a relatively easy time moving from the older version to your newest version? Or do you find that that's a real difficult move?

providers have a relatively easy time moving from the older version to your newest version? Or do you find that that's a real? Difficult move.

Kevin Mattingly: The change is hard. I mean, I'm not going to, you know, everybody it's it's about learning a new system. It's always, there's always going to be some challenges, but in the end, you know, they'll come out on top. It's always challenging to learn new things and to get into the new system. It's not technically. It's from the same company, but it's not a new version of Centriq. It was a separate platform from another company, and we decided to go with this one. So, because we couldn't sustain developing on two platforms. So, we just went with one of two platforms. And this is the one that we decided to go with.

Priscilla Aguirre: So, all the migration then, since it's a different platform is going to have to be done manually, I would assume?

Kevin Mattingly: So it is. Two different platforms, so you'll be learning a new platform. But yes, same company. So our employees familiarity with the other with the other system. But yes it's I mean but as far as change, that's still, you know part of it, but we manage that for you. So but we have a team of people are big part of what we do. So when you just ask you know conversion is that included implementations includes an implementation services or consulting services that go along with implementing the new system. That's all part of it. That's all really been what you guys pay. So there's a team of people that work with you guys about how you set the system up. There's a team of people that come in and literally training you guys on how to use the new system. It will be somebody in each department, you know. Assigned in each department and working with each department to do the implementation. So in fact that's how Laura and I started. I've been with the company for 29 years. I've done implementation, so I've done a little bit of everything over that time. Anything else that you guys may think of. I was trying to make this quick. Sorry for the technical difficulties there. I'm happy to answer any other questions and you have another question here. Was there anything more that y'all wanted, numbers or dollars?

Elizabeth Eureste: It just sounds really good that all of it is inclusive. The billing and the and I sure wish that the coding is included since we can't get coders in our business office, that would be the best, is having it all-in-one instead of paying here and paying here. And paying here. And not only that, but the QA would be in one place, there's no point. Well, billing didn't do that, coding didn't do that. It would all be inclusive. That's a good thing.

Jerry Pickett: And a lot of Priscilla's questions as well, we looked at moving coating under these parts under these folks. It took it from being kind of a break even, where Thrive plus Trubridge costs us almost exactly what Endeavor plus the Trubridge is costing us. If we, as our collections go up, our percentage goes down, but there's a certain point that about half a million dollars a month for it costs us a little extra to go this route. And there is a contingency in there for if we want to bring the business office back in house, we go back to paying the regular fee. Yeah, I think it's the same fee we're paying now, but we lose the free upgrades or the free new software and the free interfaces.

Kevin Mattingly: That's correct. Now there is a slight increase though. If it doesn't, if there is a slight increase, it's I think it's like $1900. It's somewhere in that. The significant part is more of what you just talked about, the inability to add additional software applications that have cost, goes away if you don't do that.

Jerry Pickett: And looking at the coding side, we can go on the true bridge platform for coding but it will be about double what we're paying HCCS. And that's contingent on them getting the coding guidelines that we use. And if we can get them with coding guidelines at 1% add-on, may actually go down because I don't think ours are that stringent and we don't have a just like huge amount 30 today.

Dr. McFadden: We code our own in the clinic, but the inpatient side is important. That's the ER and those guys are not currently trained in coding. And then there's also lab stuff and X-ray stuff and a lot of other contingents and even just the shop, the clinic, we need to make sure those get coded.

Jerry Pickett: They are just about even with endeavor. Like I said, about half a million a month. If we're we get over it costs us a little more. I mean it's not enough to blow the budget.

Rosa Schreiber: It is budgeted.

Jerry Pickett: Yes. Well it's separate to our budget. So even if we're collecting 6 or $700,000 a month. We're like this on our collections right now. We've had a couple of months over $200,000. We've had a couple of big months over 7 and $600,000 would lower that fee. The other thing is Endeavor has a minimum charge. So if we go below 270,000, whatever they charge us a flat fee. So if we're under that for having a poor collections month, then this makes it a little even more sense than does it. My big concern is the compliance when we'll be out of compliance December 31st. I don't know if we have time or not and I believe I don't believe I know that the staff looked at four or five different software packages. This was one that they preferred. I'll tell you, from a user standpoint. Thrive is much easier than Centriq because I come from the side of the business. The other program that they you're talking about with the CPSI. Which Thrive is a derivative. It's the next iteration. So it's very intuitive, especially if anybody's ever used CPSI, Centriq is not. I can tell you from six weeks of experience, it is a totally different animal, but it's a very easy animal. Thrive. It's very easy to pick up. The folks that are in the business office will probably like it. And that's, you know, that's why. And I have, you know, I've used Trubridge in the past in many places for collections so. Familiar with them. They have their good and bad points, but all do, you know, all selection bases, their good points is they're national. They're a big house. So they have resident experts, you know, they have a Medicare expert, they have a Medicaid, they have a Texas Medicaid expert. So they have something that is hard to find. And I don't know that everything. That's kind of my thoughts on it, crosswise, this break even compliance wise, it's great, it's easy to learn and I think the transition would be a little easier just because the guys doing the migration, you know both Centriq and Thrive.

Priscilla Aguirre: So staff won't have to do the the build?

Kevin Mattingly: We still do involve your team quite a bit. We're doing the actual changing of setting it up and things like that, but we definitely verify everything with you guys about how, because sometimes it's an opportunity to maybe change something in the process, you know like.Think because it's, you know, garbage in, garbage out and you do a conversion. So if you bring over something that's not a good practice, you may want to take the opportunity to clean a couple things up as you as you migrate systems. And we always encourage people to do that. But we work closely with you guys on that. And so you'll make some decisions about, you know, hey, the system can work in these couple different ways in this scenario, what would you prefer to be with your policies in place whenever whenever we can, whenever there's an option.

Dr. McFadden: And Kevin, you said one other thing you said at the time of go live, we're going to be bringing some of your folks out here and there will be some additional costs that are in addition to what we pay monthly to help those guys get here, get back home and have their. For DM while they're here in place, correct, that's an extra cost to bear in mind for that.

Kevin Mattingly: Yeah, travel expenses for the people that would, that would be working on this implementation. Would be billed as occurred the but all of the actual

implementation, consulting and all of that is actually already rolled into the rate. Yes, it's just the builders and their travel expenses.

Jerry Pickett: Kevin, I thought of another question. How long? I'm guessing we do a parallel. About how long? What parallel do you do between Thrive outgoing or Centriq outgoing and Thrive incoming?

Kevin Mattingly: We don't have a lot of, no, we just did an implementation elsewhere. There's no parallel.

Lesa Brightwell: Can I ask a question? Will you be able to provide like aging reports and stuff that are not being provided now?

Kevin Mattingly: I'm not sure what you mean by that. Oh, I don't know. I guess I can answer for what Endeavor does, right. Yes. Yes, we do. Sorry. That was one of my slides there and all of the things that are delivered from a services standpoint, monthly, quarterly et al.

Lesa Brightwell: Because I know that there's a lot of reports that they can't provide right now with what, they're using that and like. You know, aging reports and stuff like that are important to have for.

Kevin Mattingly: So, so the Thrive system in and of itself has tons of standardized reports that do things like that, but then having the service on top of that you have you have the expertise behind that, that when they have their weekly meetings or whatever they're going through those types of things. They're reviewing it with analytical tools that they have and it's basically like having additional staff just you know we're not and you know they're talking to you guys. And they're part of your team. I would like to thank you guys for your time.

Jerry Pickett: I would like to put in one more injection than that is, if we do not pass this tonight, it costs us 4/10 of 1%. Should be about $25,000 each year. We will put it off till next month.

Robert Pascasio: Well, if I may, I think we're probably going to be having the meeting early next week.

Julie Jones: So I can't hear that. So is he willing to keep the same way it is if we can answer next week?

Kevin Mattingly: Next week I think so.

Robert Pascasio: I think there's probably going to be a meeting next Monday, right? So I imagine we'll probably meet next Tuesday evening to take care of one or two other matters. Just throw this on there real quick to give everyone time to consider.

Julie Jones: Did you want to continue with your things that you have per se and then we'll go back up.

Uncompensated care:

Jerry Pickett: Yeah, I wanna get the uncompensated care out of the way, does anybody here not know what last page say that comment saying. Does anybody here know what is uncompensated care? What it is, is the state of Texas, when they decided in their wisdom

not to increase Medicare or Medicaid, when ACA came in, came up with these programs to help support us for our local money takes the place of state money and goes through DC. Two things multiplies it and sends it back directly to us, so they've called for the called for the hospital contribution has to be put in tomorrow and that's why I asked you guys to cash out that one CD, because it's $212,000. If we let the state sweep that tomorrow on September. 30th or but on the last working day of September they will put $533,000 in our bank, so we can take that $240,000 worth of CD's, put it back in the bank and still have almost $300,000 cash to do with as you guys please. Pay our vendors back to being on time. Like I said, however, you use that money and you get your $240,000 CD back. So I just would like to have your permission to go ahead and input the what they call text net. So we get the money to the state on that.

Priscilla Aguirre: I don't think the IGT is on here though, is it? Is it an action item?

Anita Aguilar: It's on Business Item E, but it's not an action item.

Trent Krienke: It's on there. So the agenda doesn't say action items vs non- action items I don't know. Moving forward you may wanna work with the, you know, whoever the new CEO is, and kind of update the agenda, but uncompensated care is on there, so if one wants to take action on the UC.

Priscilla Aguirre: So, Jerry, what was the IGT amount?

Jerry Pickett: 212,000

Priscilla Aguirre: What are we receiving back?

Jerry Pickett: 533,000

Priscilla Aguirre: When will we receive that?

Jerry Pickett: Sept 30. And this is a little different for those of you that have done the computation for me with the state is asking for the entirety to be uncompensated there for the next state fiscal year now. And trying to get a little bit better government federal money.

Elizabeth Eureste: I'll make the motion to move forward with the uncompensated care, receive CD cashed in to receive the 500,000 back. I'll make that motion.

Julie Jones: I have a motion from. Liz, do I have a 2nd? Brandi Gloria seconds of motion. All in favor, raise your right hand. Looks unanimous. Thank you all. That motion passes. Thank you, Jerry.

Jerry Pickett: Thank you.

XII. Discuss consider and if necessary, take action on Contracts

a. Airmed

b. Service Wing Organic Solutions LLC.

Julie Jones: So, then I think we're going to go back up. Go to item, which should be 10 which is discussed considered if necessary take action on just these two contracts. The Air Med and the Service Wing. I think the Air Med we need to table.

All contracts were tabled for another time until further review.

XIII. Discussion and approval of proposed FY 2025 budget

Julie Jones: Discussion approval for proposed. FY 2025 budget and we're going to have to take no action on that tonight.

XIV. Discussion and approval regarding appraisal district tax rate

Julie Jones: Discussion and approval regarding appraisal district tax rate. Turning this over to Jerry and Bob.

Elizabeth Eureste: Did we publish anything.

Julie Jones: We haven't.

Jerry Pickett: It's the conversation that Priscilla and I were having while y'all were voting last time is that Bob and I agreed that maybe we should look a little more aggressive. That's what the way you put it. Go ahead. That's what. You were telling me earlier.

Robert Pascasio: There're two things. What the board previously adopted, that has not yet been published. So we're not bound to anything yet. It's going to require the same level of effort if you were to adopt what is known as the VAR rate. I will respectfully suggest to you that you reconsider the thought process and maybe consider adopting the VAR rate you adopt will result in a 2% increase. VAR rate the result in the 7.9% increase and you're gonna go through the same mechanics you're gonna do the same thing and I absolutely acknowledge the fact that I just got here and there's a lot I don't know yet but what I have heard is that they're struggling a bit financially and its not gonna be a substantial increase of the work done and you might want to consider adopting the VAR rate and instead we publish that. That stops the budget hearing processes the notice we have to put up at the town halls as you know that we have to have above and beyond where we are right now. I understand that you have a little bit of time because the notice hasn't been published yet. I respectfully suggest for your consideration that to adopt VAR rate and we have that published. You would have it finalized what your tax rate will be for fiscal year 2025 until you actually adopt the rate, but the way the law is written you have to propose a rate that has to be published. It indicates the impact that will have on the average household. And then you have a budget hearing to discuss that and then at some meeting later in September done before October 1st. The tax assessor collector will implement a rate one way or the other, they have to by October 1st, but we still have time. While I'm respectfully suggesting that you request publication on the VAR rate. That starts the timeline that triggers the next couple of steps which includes the budget hearing the gentleman was talking about in public session earlier. Can we go forward from there between now and then. Again, I just got here so, what I'm hearing is probably the official course and that's the reason I'm making the request to the board.

Trent Krienke: Notice that's published. That's not a binding tax rate. That's the maximum that this board could approve, then you get feedback from the community at the hearing, have further discussion, dialogue and then the board adopts the tax rate at the hearing. So I don't think Bob necessarily is saying the board should adopt that as the final tax rate, but it gives this board some flexibility over the next month to have those discussions and kind of in conjunction with the budget.

Further discussion and calculation on what proposed tax rate to adopt.

Priscilla Aguirre: So, I'll make a motion to have a proposed tax rate of 0.138364, which is the 5%.

Brandi Gloria: I second

Julie Jones: We have a motion from Priscilla and a second from Brandy. All in favor, say, raise your right hand. Motion carries unanimously.

XV. CEO search committee update

Julie Jones: The CEO search committee update. We're tabling that and then we will go back to the business items.

XVI. Business Items:

a. Monthly Performance Improvement/QA monitors

We'll start with A. monthly performance improvement, QA Michelle Saucedo.
Michelle Saucedo: I have no new updates. I didn't, these last couple of weeks, month and a half and I haven't really had time to put a lot of effort into quality. So if you notice my quality is not even done on there. So I'm hoping to catch that up in the next couple of weeks and then bring you all updated ones.

b. Review and acknowledgement of Facility Access Control Policy

Julie Jones: Item B, we're tabling as per Trent's advice.

c. Billing & Revenue Cycle Management

Item C is Billing and Revenue cycle management, Jerry?

Jerry Pickett: So. We did collect. $261,331.00 so this would have been the one of the months. Where we would have actually benefited by having the thrive. That was not helped by the fact that we had very little activity and not the line. I do want to move on to. What I hope it's the 2nd Page you know. Packet which is an aging of the army. If we were ready to find based on a couple of suggestions from board members that we needed this, I actually found one in centriq. And it took a little digging. But this shows us that a large percentage of our AR is still over 120 days. Depending on the billing status of those Medicaid, those who now use this, you haven't billing within 90 days. You can't if they're not. There is no going back map. It's been billed and we're appealing. It is a different story. Medicare you should see very little, if anything, on the 60 days up. You return 72% of our. AR sitting out there over four months of but one question I have that I do not know of this thing. It says send out bad debt. Most hospitals write that off of their balance sheet when they send it out. So. Our actual collectible balance, if that's the case, is like 2 million like 3.2 million seven, five point. So I will clarify that for the next agent before, so we know. 1. If that number belongs on this or not, I would say most people write it off and take it completely off the books when they get to the place. That's about it. I did want to make sure that everybody saw that page because as you said, that's a an important look at how well our business office collections are going. For having not so well with me. Some of us have seen bad effects from the hack job that was done on. Change health change healthcare. In February, many of us have recovered better than this? So that might be another reason to consider truly not that I'm not that I was stalking those guys, but. I have not been just terrifically impressed. So unless y'all have a question, that's all I've got, and I noticed that I don't know about you guys, but my Finance tab is blank.

Priscilla Aguirre: So I do have a couple of questions. Jerry, thank you for providing the paid unpaid reports for June and July. And I have a couple of questions on them. We can start with a period 10 which is July. What is the Lamberson law firm, and then Hunter pharmacy services?

Robert Pascasio: That's a contract pharmacy that provides an oversight of our pharmacy and our hospital required by some laws that say that's. I would suspect you probably have hunter pharmacy place during, they called their program VPass and they're accessible and available to hospital staff nights and weekends as required by law.

Priscilla Aguirre reports there is also one on the second page there. I can't tell if that's a Q. It looks like QUIDEL corporation on pay report under the financial tab on page 2. And then and I don't, I'm assuming this is all up to date, but I know that it was reported to us that the nursing staff was, it was, the nursing department is fully staffed. But I see that we have Texas Nurse Connection, Texas select. On here are you still used an agency?

Michelle Saucedo responds yes, I'm fully staffed, but they're still in orientation, so I can't let them; they don't have the proper certificates to be on their own, like TNCC. It is required for trauma facility, so I will have one agency nurse that is full time right now and she's here through the end of December and then after that, like this next month, I. I maybe have agencies for 10 days besides that, and not even maybe five days. Besides, that full time agency. Priscilla Aguirre asks so, we have about $90,000 if this is accurate of nurse staffing. Michelle Saucedo replies yes in the month of June I was still using agency nurses. One of my full time nurses just started today and my last LVN started 2 weeks ago.

Priscilla Aguirre asks if Care Fusion Solutions is the Pyxis. Anita Aguilar suggests that maybe that is the solution for the school. Priscilla Aguirre then reports she has another question for Jerry Pickett. Priscilla Aguirre: This is just a check journal the ACH's are not on here correct? Jerry Pickett responds correct. Priscilla Aguirre responds like TDRS, Aflac? Jerry Pickett responds this is just the checks. Priscilla Aguirre then asks if there is a larger amount than the $285,000 that would come out of the bank account. Jerry Pickett agrees. Priscilla Aguirre asks when they will be provided with that information to be able to get an accurate picture. Anita Aguillar then asks Jerry Pickett what our cash amount is. Jerry Pickett responds we have $587,000 in the local bank and two $500,000 CD's in the Eden bank. We also have $303,000 CD here locally that I did not know about. Anita Aguillar asks so right this is what we have. Jerry Picket agrees and reports we have to pay our payroll taxes which will come out today and the $212,000 for the IGT tomorrow and enough to make payroll next week and for Titan which is a real old invoice. I also asked Lisa to release $75,000 in old invoices. There are no more held checks I asked her to void all of them. If you look at your AP report some of the invoices are not in there for September. Rosa Schrieber asks if all invoices owed are on the AP report. Jerry Pickett reports they are not and he is not sure why they don't show up. Anita Aguilar asks if we should put a freeze on all purchasing being that money is tight. Jerry Pickett responds we cannot freeze all of it due to needing supplies. Robert Pascasio asks that Anita Aguilar would give a week or so for him to look over everything. He has started to look through it and has some questions as well. He reports that is more an operations thing than a finance thing. He reports that if we shut down purchasing the organization will shut down. He states we acquire product and clinical supplies, pharmaceutical supplied almost daily. If we stop bringing that stuff in, we will close. Robert reports he has several items circled in his report he is going to take a look into. He has a lot of questions on what the hospital is spending money on and would appreciate some time to look it over and report back to the board. Anita Aguilar reports if we deduct the $212,000 from the bank balance that will only leave less $300,000. Priscilla Aguirre reports if you look at periods 9 and 10 just by the math that is on here we are looking at the $265,585.23 and is not including the $212,000 that we will IGT. Jerry Pickett agrees. Elizabeth Eureste responds we actually have less than we show on paper. Anita Aguilar responds she agrees and voices that she appreciates Robert Pascasio's input but we are going to have to look at every things very closely. Robert Pascasio responds he agrees that he has some homework to do on the front end but just wants to remind the board we get money in on a daily to and what we are talking about is one side of the budget. He understands they are concerned about the cash and that is at the top of his priority as well.

Elisabeth Eureste asks if she can speak and reports "I think that someone needs to have a meeting with all the employees and explain to them our finances, how we are, where we are and that we all need to tighten our belts. Maybe we need to cut down on staff, maybe we need to cut down on people that don't feel like they could put another hat. I think that it's imperative that we stop all these extra expenses. We don't have the money for it. We need to tighten it up. We need to instead of having three people in one station, maybe one person or 1 1/2 person, but we need to reiterate to the employees that we are that close to not having any money, and yes, we do have revenue, but we also have expenses every day and we, you know, if somebody isn't happy then and they feel like they need to go somewhere else, now's the time to do it. If somebody needs to retire now, it's the time to do it because we are critical. We do not have a bunch of money to play with. We have no money to play with and I think that somebody needs to have a discussion with the employees. All the employees that this is not, this is serious, this is real serious. Thank you." Robert Pascasio responds will do.

d. Financial Statement/Accts Payable

i. You've got accounts payable aging now. You also have an FTE report, so you got what I said and you should have gotten financial statements last night. I was able to find at least what goes into the bank from the retail pharmacy so those are corrected for June and July. I was able to see what was transferred into the payroll checking account I still have a curiosity about them it looks like we're still left a little bit short. Like $20,000 short or maybe we didn't transfer enough. So that bares a little bit of investigation. I did remember what that Lamberson Law Firm is. That was a plaintiff law firm. I believe care fusion is our IV pumps. Robert Pascasio reports it is actually the Pyxis.

e. Uncompensated care

Discussed above

f. Staff Appointments

Julie reports there are not staff appointments. Dr. McFadden reports we hired a new certified credentialer who just started and her name is Liz. She is going to help get everything into excellent order. Elizabeth Eureste asks why did we hire somebody else when we are in such dire restraints. I know it was Melissas goal to hire all these people to do all these specialties when you could easily train someone inhouse to do them. Dr. McFadden responds that it is give and take when you don't have a credentialer you don't have the people paying that need to and when you don't have a credentialer you don't have your ducks in a row for making sure the physicians and the practitioner's coming in are suitable for the facility. We can give them temporary privileges on the basis of scans and things they bring us. To get actually privileges we have to make sure they are legitimate. Elizabeth Erueste responds that when she worked here we had a company that we paid $200 to do the credentialing. We are putting another person to pay taxes to and another person to get into our hard-earned retirement and we should stop all hiring until we get our feet on the ground and that position is not required. It has historically been done in house. We need to stop outsourcing everything. Someone can do it. We have all this educated people we can do it. Dr. McFadden reports Kandy was doing it and she moved to another department so we had an opening. Elizabeth Eureste responds we had an opening but not for a full-time position. Dr. McFadden reports she is not full time. Elizabeth Eureste reports she strongly oppose that. Dr. McFadden reports she is part time and Elizabeth Eureste responds it does not matter. It does not take a full-time person to work 8 hours to credential two people. Dr. McFadden again responds that she is part time. Elizabeth Eureste responds that it has already been done and we really don't need to hire someone we need to find someone. That's what I said we need to tighten our budgets and we need to use the people we have. If they can't do it find someone who can but right now we can't be hiring people for these little bitty jobs. We aren't hiring a coder, we aren't hiring a biller. We are hiring a credentialer on how many people do we

need credentialing on, two doctors, one doctor. That is not a job. Dr. McFadden reports we will need her a lot in the beginning and not much after that. Brani Gloria then asks who over sees the billing company and makes sure the billing company is doing their job. Priscilla Aguirre reports she was told by Melissa that was Monica. Brandi Gloria reports she was curious if we were staying on top of the 90 day. Michelle Saucedo reports that Monica stays on top of all of that. She is in constant communication with Endeavor. Priscilla Aguirre reports her question is why are there bills in 120 days. Jerry Pickett reports there are a couple of things it could be. He is sure that Change health care was a problem. He reports it is getting more and more difficult for Medicare advantage to pay if it is older than 90 days. He does know that Monica does stay on top of things.

XVII. Chief Executive Officer's report

No CEO report

XVIII. Pursuant to Texas Government Code Section 551.071 and 551.074 the CCH board will enter into executive session for consultations with attorney, as well as personnel matters.

J. Jones: At this time, we're going to go back into closed session pursuant to Texas Government code section, 551.071 and 551.074 contract County Hospital Board will enter into executive session for consultation with the attorney occurring as well as personnel matter. At 8:36.

XIX. Action from Executive Session

Back from executive session at 9:41pm. No actions taken from executive session.

XX. Meeting Adjournment

Anita Aguilar makes a motion for adjournment. Seconded by Priscilla Aguirre. Motion carries 6-0.

Next meeting is on Sept 24, 2024 at 5:30 pm

Julie M. Jones — 10/2/2024

Concho County Hospital Board President — Date