CONCHO COUNTY HOSPITAL DISTRICT
MEETING MINUTES

STATE OF TEXAS
COUNTY OF CONCHO

I. Call to Order

The Concho County Hospital District Board of Directors met in Eden, Texas at the Concho Medical Clinic Lobby, 551 Eaker Street, on Tuesday, May 29, 2024, at 5:30 p.m.

II. Board of Directors

Anita Aguilar, President
Elizabeth Eureste, Member
Rosa Schreiber, Member
Brandi Gloria, Member
Priscilla Aguirre, Member
Julie Jones, Member
Melissa Wilson, CEO

Others Present:

Trent Krienke, Concho County Hospital District Attorney (via Microsoft Teams)
Steven Thummel, Durbin & Co., LLP
Michelle Saucedo, Director of Nursing
Dr. Brett McFadden, Medical Director
Deborah Fort, IT Liaison
Sheri Lowe, HR Manager
Hasnain Hashmi, Pharmacist
Sunny Sifuentes, Lab Manager
Kelly Eaves, Employee
Zoe Camarillo, Employee
Delfina Gonzales, Employee
Lori Nunn, Employee
Mario Aguirre, Employee
Lee "Smokey" Taylor, Pharmacist
Darlene Aguirre, Guest
Kathy Gloria, Guest
Antonio Aguilar, Guest
Lesa Grumbles, Guest
Brenda Ramirez, Guest
Layla Castleberry, Guest
Ruben Gloria, Guest
Victoria Ramirez, Guest
Latane "Roxy" Watkins, Guest
Kathy Falcon, Guest
Jonathan Gaballo, Deputy Sheriff

III. Public Comments Regarding Agenda and Non-Agenda Items (limited to 5 minutes)

Lee "Smokey" Taylor: Stated that as someone who has been born and raised in this town, he believes everyone is doing a commendable job. He strongly feels that we need more harmony and unity, and less discord and inequality. He stated he's not entirely sure what is happening tonight, but hopes to see everyone working together. This community deserves people who can smile, talk, and communicate effectively because anger and frustration never lead to productive outcomes. If we can all collaborate, that is his primary wish.

IV. Swearing in and oath of new board members (Action Item)

Representing Precinct One is new member Mrs. Priscilla Aguirre, Precinct Two is new member Mrs. Julie Jones, Precinct Three is incumbent Ms. Rosa Schreiber, and Precinct Four is incumbent Mrs. Brandi Gloria. Each member filled out their paperwork, signed, had it notarized, and swore their oath as the new members of the Hospital District Board of Directors.

V. Election of new board officer positions (Action Item)

Ms. Eureste nominated Mrs. Aguilar as President and Mrs. Aguirre seconded, motion did not carry at a 3-3 vote. Mrs. Jones nominated Ms. Schreiber as President and Mrs. Gloria seconded, motion did not carry at a 3-3 vote. Mr. Trent Krienke suggested having more board member discussion to deliberate why members were in favor or against any particular vote. Another option may be to fill the vacancy and then try again, but recommends more discussion first. He also recommended tabling the vote until the next meeting if no determination could be made this meeting. Mrs. Aguirre stated that they have someone currently in the position who is already familiar with the role, making the transition seamless for the board. She believes this is a strong and valid reason to continue with her as the president. Ms. Eureste remarked that Anita has been on the board for over four years and is well-versed in all its details. She believes Anita has effectively led them through the transition and is well-established, capable of handling all the legalities and intricacies of being president. Mrs. Gloria stated she feels Ms. Schreiber would do well in the position for the same reasons, and that there were times that things were not done in the best interest in the hospital recently under the current president, but would like to reserve further discussion for executive session. Mrs. Jones stated she would like to give Ms. Schreiber a chance and help the board become more cohesive and work together as a team. A second motion was made by the same parties for the same parties. The motion did not carry at a 3-3 vote for each nominee. The vote for president was tabled until the next meeting.

Mrs. Aguilar made a motion to elect Ms. Eureste as Vice President, Mrs. Aguirre seconded, motion did not carry at a 3-3 vote. Mrs. Jones made a motion to elect Mrs. Gloria as Vice President, Ms. Schreiber seconded, motion did not carry at a 3-3 vote.

Mrs. Aguilar made a motion to elect Ms. Schreiber as Secretary, Ms. Eurest seconded, motion did not carry at a 3-3 vote. Mrs. Jones made a motion to elect Ms. Eureste as Secretary, Ms. Schreiber seconded, motion did not carry at a 3-3 vote.

With no agreed upon vote, all positions are tabled until the next board meeting.

VI. Approval of Minutes

Ms. Eureste made a motion to approve the minutes with noted corrections for April 24, 2024 and May 14, 2024. Corrections included no change any of the contents, but was spelling of a name and grammar error. Mrs. Gloria seconded the motion. Motion carries 6-0.

VII. Review and approval of FY 2020 and FY 2021 Final Financial Audit Report (Steven Thummel/Action Item)

Mr. Thummel discussed the fiscal years 2020 and 2021 audits, noting delays and communication issues that caused some documentation requests to be missed. These issues have since been resolved. The audit is complete, and the results were presented. An engagement letter for the 2022 and 2023 audits has been received, and the audits will be conducted together to get back on track. Weekly phone calls with Mrs. Wilson and Mrs. Lozano are planned to prevent further communication breakdowns. The audit yielded an unmodified opinion, the best opinion provided. Key financial ratios and the single audit related to CARES Act funds were also presented, with the single audit receiving an unmodified opinion. Mr. Thummel provided a summary of financial results, noting a decrease in total assets and explaining changes in cash, accounts receivable, and liabilities. The hospital received forgiveness for a PPP loan and had changes related to the TCDRS retirement plan. Overall, there was a decrease in total assets and liabilities from 2020 to 2021, but the district's net income for 2021 increased by $543,000.

Mrs. Wilson inquired if they were impacted by the Texas Children's Hospital lawsuit. Mr. Thummel responded that he did not believe so. He added that while many hospitals had to repay funds due to the lawsuit's reversal of findings, they were unsure which hospitals were affected. Mr. Thummel explained the lawsuit involved recalculating Medicaid Supplemental Payment Program amounts, which affected many hospitals. However, he did not believe this district had to repay any funds. Although we participate in the 1115 waiver programs, the recalculations did not alter their reimbursements.

Mrs. Wilson asked if anything stood out positively or negatively regarding their financial situation for either year, but in particular 2021. Mr. Thummel responded that cash had decreased by $2.3 million, with $1.6 million loss from operations after accounting for $700,000 in capital expenditures. This decrease was concerning, but patient accounts receivable increased by $1 million due to billing delays, which should have been collected in 2022. He noted an improvement in net income, which rose to $543,000 in 2021 from $238,000 in 2020. The increase was mainly due to higher patient service revenue, although other operating revenue decreased by $161,000, primarily due to a reduction in supplemental Medicaid payments. Operating expenses increased by $656,000, driven by higher supply costs and rental expenses. While the hospital faced a $2.5 million operating loss in 2021, up from a $2.3 million loss in 2020, non-operating revenues, including CARES Act funds and PPP loan forgiveness, helped mitigate the impact. Overall, the net income for 2021 was $543,000. Mr. Thummel emphasized the challenges of operating a rural hospital, where operating income is typically offset by non-operating revenues like tax revenue. The hospital's financial stability depends on managing these challenges effectively.

Mr. Thummel then presented key financial ratios in graph form, comparing their hospital's performance to other rural and Texas hospitals. He explained that their current ratio, which measures current assets against current liabilities, remained strong despite a drop from 7.7 to 6.1 in 2021 due to cash outflows. The days cash on hand, indicating how long the hospital could operate without new cash inflows, decreased to below 200 days in 2021, reflecting the use of cash to support operations. He noted that days in net accounts receivable, which measure how long it takes to collect payments, spiked to almost 100 days in 2021 due to billing delays but expected it to normalize in subsequent years. The average payment period for accounts payable remained consistent at around 46 days. The operating margin, indicating profitability from core operations, showed significant losses in 2020 and 2021, higher than peers, likely partly due to COVID-related expenses. The net-to-gross patient service revenue ratio revealed that while gross charges increased, net revenue did not rise proportionally, highlighting the need to review third-party payer contracts annually. Finally, he discussed that salaries and wages constituted a significant portion of net patient service revenue, consistently around 50-60%, which, while typical, left less revenue for other operational expenses. This comparison underlined the need for careful financial management to maintain hospital operations effectively.

Mrs. Wilson asked if they were getting almost 70 cents on the dollar reimbursed in 2021. Mr. Thummel responded affirmatively, though he didn't have the exact figure at hand. He explained that their costs are reimbursed based on Medicare days and cost-to-charge ratios. He mentioned that a significant portion of

salary costs is covered under Medicare reimbursements, but he would need to verify the specific cost-to-charge ratio.

Mr. Thummel explained the single audit results, required due to the CARES Act, ensuring funds were spent according to rules. The audit included compliance checks and internal controls. They found three material weaknesses: third-party payer settlements, financial close processes, and estimates for uncollectible patient accounts. They also noted a significant deficiency in segregation of duties, common in small hospitals. For compliance with CARES Act fund usage, there were no reportable issues. He encouraged the board to consider additional training on complex reporting and reassured them about improving communication to prevent future issues.

Ms. Eureste made a motion to approve the FY 2020 and 2021 final financial audit reports, Mrs. Gloria seconded, motion passed 6-0.

VIII. Discussion and approval of member-at-large board appointment (Action Item)

The position requiring appointment is an at-large position. Mrs. Aguilar discussed how she believes the board needs to listen to the voters and recommends the person receiving the largest amount of votes, Mrs. Kathy Falcon, should be considered. Mrs. Schreiber pointed out that since this is an at-large position, the vote from the largest precinct should not be taken into account as it does not carry the same weight. Mrs. Jones expressed doubts about setting a precedent for handling the vote in that manner. She questioned whether supporting such an approach would be necessary.

Mrs. Aguilar made a motion to nominate Mrs. Kathy Falcon for the at-large position, Ms. Eureste seconded, motion did not pass 3-3.

Ms. Schreiber emphasized that Mrs. Donna Magill's tenure on the board and her vote count of 79 should be considered in context. She pointed out that Precincts differ in size, noting that only 270 people voted in that Precinct. Ms. Schreiber also requested Mrs. Aguilar to ensure accountability for the member of the public who made a verbal exclamation interrupting the public meeting.

After further discussion, and more interruptions from Ms. Brightwell from the public, Mrs. Aguilar stated that she needed to keep her comments to herself or be removed from the meeting.

Mrs. Jones made a motion to nominate Mrs. Donna Magill, Mrs. Gloria seconded, motion did not pass 3-3.

Mr. Kreinke suggested that the board discuss the strengths and weaknesses of its current composition and consider what skill sets might be beneficial moving forward, such as legal, accounting, or healthcare expertise. He encouraged the board to think about potential candidates who could serve as a compromise to resolve any divides within the board, emphasizing the importance of adding a seventh member to move past current impasses. He recommended that board members take the next 30 days to reflect on and identify individuals who could bring valuable skills and perspectives to the board, whether or not they were among those who ran in the recent election. He mentioned that according to the statute, only if the number of directors is reduced to fewer than four, the remaining directors must promptly call a special election. Therefore, the election provision is only activated when the board has either three or four members remaining. He also stated even though Mr. James Rannefeld resigned, according to statute he actually will continue to serve on the board until his position is filled or the next scheduled election determines the new member. Whether or not he attends meetings and fulfills his duties as a board member is up to him. We cannot control that; it is governed by the statute. He recommended again that perhaps a candidate who could be a compromise choice, someone who is well-rounded and would effectively serve the community, could be appointed.

The item was tabled until the next meeting.

IX. Discussion and approval to remove Brent Frazier and Donna Magill from Eden State Bank signature cards (Action Item)

Mrs. Aguilar emphasized the necessity to remove Brent Frazier and Donna Magill, since this had not been done at the last meeting when the board voted to add her and Ms. Schreiber. Mrs. Jones made a motion, Mrs. Aguirre seconded, motion carried 6-0.

X. THT's Healthcare Governance Conference discussion

Mrs. Aguilar recommended attending the healthcare conference in July, distributing brochures to all members. She stressed the importance of registering by July 3rd to secure accommodations and attendance, and encouraged everyone to check their calendars and coordinate with Ms. Lowe for registration details. She acknowledged that some may need to take time off work and emphasized the value of attending given the sessions offered.

XI. Business Items

A. Monthly Performance Improvement/QA monitors (M. Saucedo)

Mrs. Saucedo reported that efforts are underway to rebuild the quality program for the clinic. She is organizing everything with the hope of having a new RN manager start soon to take over these responsibilities. Additionally, she mentioned that the trauma QA, which is not included in the current report, has reached an all-time best since she has been involved in trauma, with a score of 93%, where 80% is the threshold. The lab recently underwent a survey and will be adopting new measures recommended by Sunny's surveyor. Sunny will be coordinating with Action Cue to implement these measures.

Mrs. Aguirre mentioned that she needs to refresh herself on the registration measure, which currently stands at 66.9%. This figure encompasses all registrations through the door. She requested further details regarding any specific issues related to this measure. Mrs. Saucedo provided an update on the current process for registering patients through the ER. She highlighted concerns where some CNAs are omitting registration forms when patients, particularly frequent visitors, decline to fill them out if their information hasn't changed since their last visit. To address this, the policy is being revised: patients returning within 30 days will only need to sign their face sheet for verification, rather than filling out a full registration form. However, if it's been more than 30 days since their last visit, they will need to complete the full registration process. Additionally, Mrs. Saucedo mentioned challenges related to missing documentation such as driver's licenses, which are crucial for patient records. Moving forward, any missing items will be noted and monitored closely. She also discussed the trauma medical record review, emphasizing the high standards set by DSHS that the hospital adheres to. Despite recent staffing challenges affecting the review process, ongoing efforts are focused on maintaining compliance with these standards and improving patient care outcomes.

B. Billing and Revenue Cycle Management (M. Wilson)

Mrs. Wilson presented an overview of the hospital's recent operational and financial performance during the board meeting. She distributed additional documents aimed at providing clearer insights into the hospital's metrics. She emphasized the importance of understanding key data points to facilitate informed decision-making, particularly for new board members. For instance, she differentiated between inpatient admissions, which reflect the number of patients admitted, and inpatient days, which indicate the total days patients collectively stayed in the hospital. This distinction, she noted, offers a more nuanced view of patient care dynamics.

Mrs. Wilson reported that despite stable inpatient admissions compared to the previous month, there was an increase in inpatient days due to several critically ill patients who did not qualify for swing bed transfers or higher/lower levels of care. Outpatient admissions totaled 139, with 17 other admissions and seven swing bed days, representing a decrease from the previous month. She highlighted ongoing challenges in the clinic's operations but noted increases in both clinic visits and year-over-year admissions. Discharges totaled 350, and observation hours amounted to 209. Mrs. Wilson acknowledged ongoing efforts to streamline reporting for labs and radiology visits, noting 982 lab procedures performed.

Financially, receivables totaled $326,466, slightly lower than the previous year but higher than the previous month, reflecting ongoing recovery from the Change Healthcare breaches. Adjustments reached $450,276, significantly higher than the same period last year, largely due to a substantial write-off from previous years.

Mrs. Wilson responded to Mrs. Aguirre's inquiry about the reason behind a significant write-off, explaining that the majority of the write-offs were due to untimely filing of claims. She elaborated further during the discussion, highlighting specific instances and providing details to clarify the situation. She began by noting that the first instance, dated from 2022, involved a claim that was never billed within the required filing deadline. The second case was denied due to billing errors and had not been pursued further beyond the timely filing period. Mrs. Wilson then mentioned ongoing research related to an authorization denial issue. Continuing, she outlined additional cases from different years, each categorized under past timely filing due to various reasons such as missing documentation, coding delays, and pending discharge summaries. She emphasized that these issues resulted in claims not being followed up on in a timely manner, leading to the eventual write-off.

Mrs. Wilson presented the details transparently, ensuring that all HIPAA-sensitive information was excluded from the discussion to maintain confidentiality. She concluded by presenting the total amount of the write-offs, amounting to $110,853 over the span of three years, underscoring the importance of addressing such issues promptly to avoid financial losses in the future. Her response aimed to provide clarity on the specific reasons behind the write-offs and underscored the hospital's commitment to improving its billing processes and compliance with filing deadlines.

C. Financial Statement/Accounts Payable (M. Wilson)

Mrs. Lozano being absent, Mrs. Wilson presented the financial updates for April based on notes left by Mrs. Lozano. She began by highlighting that hospital cash collections had significantly increased to $895,509 in April, resulting in a total cash balance rising from $796,729 in March to $1,354,454 by the end of April. Additionally, the hospital received $178,556 for uncompensated care and $14,370 from the tobacco settlement distribution during April. Regarding expenses, Mrs. Wilson reported that total expenses for April amounted to $872,737, which represented an increase compared to March's $795,231. She acknowledged that while efforts to reduce expenses had shown substantial results in previous months, sustaining such reductions was challenging given patient volumes and types. Despite the increase in expenses, there was a small cash-based profit of $22,772 for April, which Mrs. Wilson described as remarkable compared to recent financial performances. She commended the hospital staff for their efforts in achieving this result amidst ongoing challenges. However, there was an operating loss of $289,205 for April, primarily due to adjustments related to past filing dates amounting to $110,853 and charitable contributions totaling $69,200. Mrs. Wilson emphasized that without these adjustments, the financial position would have been more favorable in terms of operating profit or loss. Looking ahead, she anticipated May to be another positive month due to continued high utilization of swing beds and ongoing recovery of lost revenues from previous financial challenges. Mrs. Wilson also noted that the cost report settlement was received in May without any checks being held, which marked a positive turn in financial

practices. She expressed cautious optimism about the hospital's current financial status and ongoing improvements in revenue collection and expense management.

Mrs. Aguirre inquired about the measures taken to reduce costs. Mrs. Wilson explained that efforts to reduce costs from previous months continued into April and May. She emphasized strict oversight of overtime, requiring her approval to control excessive spending in this area. There was also a focused review of supplies and equipment purchases to balance immediate needs with future requirements, aiming to avoid shortages while managing costs effectively. Regarding the increase in expenses from March to April, Mrs. Wilson attributed it to catching up on overdue expenditures, including repairs for equipment failures and necessary contract renewals. These actions were necessary to maintain operational standards but contributed to higher expenses during the period.

During the discussion prompted by Mrs. Aguilar's question about agency payments, Mrs. Saucedo mentioned recent payments to Texas Nurse Connection totaling $17,000 and another agency receiving $34,000, acknowledging some of these were for old invoices being reconciled. The conversation also touched upon current staffing gaps, with two LPN and one RN positions open, filled partially by agency staff when necessary. Concerns about the workload and burnout among existing staff were also raised, prompting consideration of additional hires, including advertising for various nursing positions and a trauma coordinator.

Mrs. Aguilar questioned the ongoing payments to Lamar, noting that the company is being paid close to $1,000 a month despite no updates to the billboards since last July. She expressed concern about the lack of changes while continuing to incur these costs. She noted that the contract with Lamar ends in December and acknowledged that the opportunity to update the billboards has not been fully utilized. Mrs. Wilson explained that determining appropriate content for the billboards has been challenging due to many uncertainties. She mentioned plans to update the billboards in San Angelo and Menard once they can identify suitable content. She also highlighted that the cost is relatively low for billboards. Mrs. Aguilar expressed her opinion that billboards are not effective in bringing in patients compared to word-of-mouth about the hospital's quality care. She mentioned she hasn't seen anyone choose a hospital based on billboard advertising.

Mrs. Aguilar asked about TruBridge payments, and Mrs. Wilson explained that is the hospital's electronic health record and the expense is required.

Mrs. Aguirre asked questions about the hospitalist pay, COVID SHIP Grant, number of personnel in central supply, number of lab personnel, physical therapy wages, admin physician contract, IT wages, and the wind tax. Most of the details would need to be provided by Mrs. Lozano.

D. Staff Appointments (Action Item)

None. Mrs. Aguirre received clarification that Dr. McFadden oversees the appointments from a high level as the system Medical Director.

XII: Chief Executive Officer's report (M. Wilson)

A. Mrs. Wilson congratulated the new board members, and stated we are happy to have them onboard and hopeful for continued successes.

B. Mrs. Wilson emphasized the importance of HIPAA, the Health Insurance Portability and Accountability Act, which sets the standard for safeguarding sensitive patient information. She explained that the hospital prioritizes patient privacy and will not release medical information without the patient's direct

approval, unless the requester has medical authority, such as being a legal guardian or holding medical power of attorney. Mrs. Wilson highlighted that HIPAA violations can lead to severe consequences, including substantial fines, legal action, and loss of trust. She assured that her staff will always err on the side of caution to protect patient confidentiality and asked for understanding in this matter.

C. Mrs. Wilson discussed the Freedom of Information Act (FOIA), which allows the public to request access to records from federal agencies to promote transparency and accountability in government. She noted that Critical Access Hospitals are also subject to FOIA requests to ensure they operate transparently and responsibly, especially since they often receive federal funding. She explained that to submit a FOIA request, individuals must identify the records they seek and submit a written request to the appropriate agency representative, now Mrs. Sheri Lowe. While FOIA promotes openness, it still respects the confidentiality of sensitive information, including patient privacy under HIPAA. Mrs. Wilson emphasized that requested information is thoroughly scrutinized by the hospital and often by their legal team to ensure patient privacy is maintained. She urged people to be mindful when making FOIA requests to keep the system efficient and effective. Excessive or unfocused requests can strain resources, delay responses to other important inquiries, and impact patient care. Additionally, sharing unnecessary information can lead to misunderstandings and potential misuse of sensitive data. By using FOIA responsibly, trust can be maintained, privacy protected, and transparency efforts made meaningful and beneficial. At the same time, Mrs. Wilson encouraged anyone with genuine concerns regarding handling of business and information is brought to her directly so they can be handled appropriately.

D. Mrs. Wilson addressed concerns about her open-door policy, affirming that she indeed has one. She encouraged people to ask her staff, community members, or partners to confirm this. Acknowledging that she inherited a challenging situation requiring significant effort to improve, she reminded everyone that resolving these issues takes time, especially with high staff turnover in a remote location. She requested minimizing emails and phone calls due to her busy schedule in keeping the hospital running smoothly. However, she welcomed visits from those with legitimate concerns, noting that Sheri has access to her calendar. For those unable to visit, she encouraged leaving a message if they need to call.

   Mrs. Wilson also noted that she might not always provide the answers people like or expect. She compared this to a parent filing a complaint about a teacher at a school, expecting the teacher to be fired simply because of a dislike for their teaching style. The school administration is responsible for investigating and taking appropriate action, but they are not obligated to inform the complainant about specific personnel decisions. They might simply state that the matter was reviewed and addressed according to policy. Mrs. Wilson asked for a chance to address concerns, assuring that she takes all information and complaints seriously and investigates them thoroughly. However, not everyone will be privy to the outcomes, as demonstrated in the example she mentioned.

E. Mrs. Wilson emphasized that just because things were done a certain way in the past doesn't make it right for today's business, laws, rules, and regulations. She stated that her staff and she take their jobs very seriously to provide excellent patient care in the right way. They frequently receive compliments and accolades from most patients they interact with, though these appreciative voices often form the quiet majority. For those with legitimate complaints or concerns, she encouraged bringing them to the department head's attention first. If it is felt the complaint isn't taken seriously, then it should be brought to her. Highlighting a mistake or concern publicly without giving the hospital an opportunity to address it first is neither fair nor considerate. Good and decent human behavior involves allowing the hospital the chance to resolve issues privately before making them public. Mrs. Wilson expects her staff to treat every patient and customer with decency and respect and expects the same from the public. Being a

hospital does not mean they tolerate abusive behavior from patient family members, friends, or even patients themselves. They strive to maintain a respectful and safe environment for everyone.

F. Mrs. Wilson explained that if you observe changes in how things are done compared to the past, it is important to understand that the business side of hospitals is constantly evolving. As healthcare landscapes and regulations shift, adjustments are necessary to adapt and improve patient care, operational efficiency, and financial sustainability.

One specific area she addressed is the role of retail pharmacies, like theirs, in providing prescription medications to patients, including those covered by Medicaid. When a Medicaid patient fills a prescription at a retail pharmacy, the pharmacy typically bills Medicaid for the cost of the medication, and Medicaid reimburses the pharmacy for a portion or all of the cost, depending on the specific individual, plan coverage, and regulations in place. While charging Medicaid patients for medications at a retail pharmacy is not illegal, it's important to note that Medicaid reimbursement rates and patient copayments are regulated by state and federal guidelines. Pharmacies are expected to comply with these regulations while ensuring patients have access to necessary medications. Therefore, any charges you may hear about or experience are legitimate and required. If you feel you have been incorrectly charged, you may need to contact your specific payor or speak with the pharmacy staff for assistance, possibly in coordination with the payer.

Mrs. Wilson also highlighted that retail pharmacies often participate in discount programs or loyalty programs to attract customers and enhance affordability. These programs may offer discounts on prescription medications, rewards for frequent purchases, or other incentives to encourage customer loyalty. Customers can enroll in these programs to access savings on their prescriptions and other healthcare products and services offered by the pharmacy. Concho County Hospital Pharmacy can occasionally offer discounts where and when applicable. However, discounts and savings programs at retail pharmacies provide temporary relief for patients, much like grocery store coupons, and are subject to change or expiration, reflecting the dynamic nature of retail pricing strategies. She mentioned the 340B program as an example of a specific discount program that requires prequalification before use.

G. Mrs. Wilson shared some great news. She announced that, as far as they can tell, every Blue Cross/Blue Shield plan they were part of before has now been cleared for Dr. McFadden and Mr. Alexander, allowing patients to be seen in their clinic and hospital. She mentioned that Express Scripts is still in the process of clearing them and they are currently at the end of week 4 of their 4-8 week processing period. Mrs. Wilson assured everyone that an announcement will be made as soon as they receive confirmation of their clearance.

H. Mrs. Wilson urged everyone in the community to join forces and support the hospital. She encouraged people to reject negativity and to stand up for the excellent care the hospital provides. She emphasized the positive trend the hospital has been experiencing and the need for continued positivity to support the hospital and its staff. Mrs. Wilson concluded by thanking everyone for their support.

XIII: Pursuant to Texas Government Code Sections 551.071 and 551.074, the CCH Board entered into executive session

The board entered into Executive Session at 7:58 p.m. for Consultations with Attorney, as well as Personnel Matters. Executive Session ended at 9:51 p.m.

XIV: Action from Executive Session

Ms. Eureste made a motion to live stream the meetings on the Concho County Hospital FaceBook and then move the file to the website, Mrs. Gloria seconded, motion passed 4-2.

XV: Meeting Adjournment

Ms. Eureste made a motion and Mrs. Jones seconded the motion to adjourn at 9:55 p.m.
Motion passed 6 – 0.

The next board meeting will be June 25, 2024 at 5:30 p.m.

Julie M. Jones — 05/20/2024

Concho County Hospital Board President — Date