

08/28/2024



July
2024

VAL VERDE HOSPITAL
DISTRICT/CORPORATE BOARD MEETING



VAL VERDE
REGIONAL MEDICAL CENTER

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**VAL VERDE COUNTY HOSPITAL DISTRICT MEETING
REGULAR HOSPITAL DISTRICT MEETING
VAL VERDE REGIONAL MEDICAL CENTER
801 BEDELL AVENUE • DEL RIO, TEXAS 78840**

August 28, 2024 – 5:30 p.m.

Val Verde County Hospital District meeting to be held concurrently with Val Verde Hospital Corporation meeting

AGENDA

ITEM NO. / DESCRIPTION

- | | | |
|----|----------------------|--------------------------|
| 1. | Call to Order | J. Otazo M.D., President |
| 2. | Pledge of Allegiance | |
| 3. | Moment of Silence | |

PUBLIC SESSION

- | | | |
|----|--|--------------------------|
| 4. | Public Comments
<i>(Disclaimer: The set time limit for each individual to speak is 3 minutes. If speaker requires a translator, they will both be allowed 3 minutes each. Speakers may not give their time to other people. The Board of Directors will not engage in dialogue with the public during this time.)</i> | J. Otazo M.D., President |
|----|--|--------------------------|

(Corporate)

- | | | |
|----|---|--------------------------|
| 5. | Approval Val Verde Hospital Corporation Minutes
• July 31, 204 minutes | J. Otazo M.D., President |
|----|---|--------------------------|

(District)

- | | | |
|----|---|--------------------------|
| 6. | Approval Val Verde County Hospital District Minutes
• July 31, 204 minutes | J. Otazo M.D., President |
|----|---|--------------------------|

(District and Corporate)

- | | | |
|----|--|----------------|
| 7. | Discuss, consider and, if necessary, take action on the CEO Report
• Air EVAC Municipal Site Plan Agreement
• Inter-Local Air EVAC Agreement | J. Jurado, CEO |
|----|--|----------------|

(District and Corporate)

- | | | |
|----|---|--------------------------|
| 8. | Discuss, consider and, if necessary, take action on the Board CNO Report
• Quality Sub-Committee Report/Recommendations
○ 2024-2025 Quality Assurance & Performance Improvement Program Plan
○ 2024-2025 Hospital-Wide Performance Improvement Projects
○ Sentinel Event Policy | J. Moselina, Interim CNO |
|----|---|--------------------------|

(Corporate)

- | | | |
|----|---|----------------|
| 9. | Discuss, consider and, if necessary, take action on the Val Verde Hospital Corporate Financial Report for June 2024.
i. Finance Committee Recommendations
○ Financials
○ Capital Equipment Request | C. Falcon, CFO |
|----|---|----------------|

(District)

- | | | |
|-----|--|----------------|
| 10. | Discuss, consider and, if necessary, take action on the Val Verde County Hospital District Financial Report for July 2024.
• Line Of Credit
• Consideration of Purchase of Realty Property
• Resolution-Texas Opioid Abatement Fund Council | C. Falcon, CFO |
|-----|--|----------------|

(District and Corporate)

- | | | |
|-----|---|--------------------------|
| 11. | Discuss, consider and, if necessary, take action on the Board Chairman Report | J. Otazo M.D., President |
|-----|---|--------------------------|

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REGULAR HOSPITAL DISTRICT MEETING**

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801 BEDELL AVENUE • DEL RIO, TEXAS 78840

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AGENDA

CLOSED SESSION

(Action may be taken on these matters in Open Session)

12. The Board will meet in closed session pursuant section 551.074 of the Texas Government Code to deliberate personnel matters. J. Otazo, M.D., President
- i. Board President Report
 - ii. CEO Report J. Jurado, CEO
13. The Board will meet in closed session pursuant section 551.071 and 551.74 of the Texas Government Code to consult with its attorney regarding pending, potential litigation Involving the Hospital Corporation/Hospital District. T. Krienke, RCMH Law
14. The Board will meet in closed session pursuant of section 551.078 of the Texas Government Code to discuss/review Medical Executive Committee report. Dr. J. Gutierrez, COS
15. Certified Agendas

RETURN TO OPEN SESSION

(Action may be taken on these matters in Open Session)

16. Reconvene to Take Action on Items Discussed in Closed Session
Closed Session Action Items
- a. Corporate Board J. Otazo M.D., President
 - b. District Board J. Otazo M.D., President
17. Adjourn J. Otazo M.D., President
- *NOTE:** The Board reserves the right to retire into executive session concerning any of the items listed on this Agenda, whenever it is considered necessary and legally justified under the Open Meetings Act.

Our Mission: We live to deliver healthcare our community can trust.

Val Verde Regional Medical Center

MINUTES OF THE REGULAR MEETING OF THE BOARD OF DIRECTORS

July 31, 2024- 5:30 PM

On the 31st day of July 2024, the Board of Directors of Val Verde Hospital Corporation met in Regular Session, concurrently with the Val Verde County Hospital District Board, and being open to the public; upon and after legal notice given at the regular meeting place thereof, with the following members present:

Attendees:

Dr. Julio Otazo
Robin A. Palmer
Cris Diaz
Dr. Daniel Chartrand
Seferino Gomez, III
Javier Calderon
Ricardo Bermea
Dr. Aurelio Laing, II

Others Present:

Jorge Jurado, CEO
Claudia Falcon, CFO
Dr. Judith Olivarez- Trevino, Assoc. Admin.
Dr. Mark Manning- CMO
Maricela Arreola, Executive Asst.

Louis Zylka, 830Times
Sandra Fuentes, Border Organization
Karen Gonzalez, Border Organization

Absent:

Dr. Jaime Gutierrez, COS

1. Constituting a quorum, the meeting was called to order at 5:31 P.M. by the Board President; other proceedings were the following:
2. Public Comments: *(Disclaimer: The set time limit for each individual to speak is 3 minutes. If speaker requires a translator, they will both be allowed 3 minutes each. Speakers may not give their time to other people. The Board of Directors will not engage in dialogue with the public during this time.)*

Sandra Fuentes: Thank you Board members and Thank you Dr. Otazo Board President and CEO, Jorge Jurado. My name is Sandra Fuentes Co-Chair of the Border Organization. First of all I would like to personally thank Mr. Calderon, Mr. Gomez, Dr. Chartrand, and Dr. Keenen for meeting with us and have a dialog about issues concerning our hospital in our community, thank you for that. Ms. Diaz for agreeing to meet with in the future thank you for that. We are still pending to hear from the other two board members. I want to bring your attention to Public Comments Do's and Don'ts- "The Board of Directors will not engage in dialogue with the public during this time." So I spoke with Ms. Robin 15mins ago and she said, we can express what we need to in public comment which is fine and dandy but you as a board cannot have a dialog with us. She stated that Mr. Krienke advice the board of directors, not to meet with your constituents. We will call Mr. Krienke tomorrow to confirm whether that is true or not. And if I may reminder you that all of you have met with us in the past and it is good to have that relationships this is for the betterment of this hospital. And for you, the board member to be aware of the challenges of our community. Again Ms. Diaz will we reach out to connect with you and Dr. Otazo & Ms. Palmer, please just tell us you do not want to meet with us but we will follow up with Mr. Krienke if it's true or not. Thank you

3. The Val Verde County Hospital District reviewed the June 26, 2024 minutes: Dr. Lee Keenen made a motion to approve the June 26, 2024 minutes, as presented. Robin Palmer seconded the motion; motion carried with two abstained (Cris Diaz & Dr. Aurelio Laing, II)
4. The Val Verde Hospital Corporation paused for the Val Verde County Hospital District Board discussion.
5. In his CEO report Mr. Jorge Jurado Presented:
Access to Care
 - Heart Health Provider:
 - Dr. Korte, Dr. Alwan and Mrs. Cynthia Hernandez, ACNP
 - Orthopedic Sports Medicine
 - Dr. Hoskins
 - 1200 Clinic – 2nd Rural Health Clinic
 - Currently recruiting

Val Verde Regional Medical Center

MINUTES OF THE REGULAR MEETING OF THE BOARD OF DIRECTORS

July 31, 2024- 5:30 PM

- 1 Ft Family Medicine
- 2 to 3 FT Advance Practice Providers
- 1 to 2 LPC's

- Urology
 - Urology Practice will close on 9/30/2024
 - Fulltime recruitment search
 - 1 current candidate- Dr. Jesus Rivero Jr., Board Certified Urologist
- Emergency Room – Expand Express Care by creating holding rooms for transfers and admissions, this project is in preliminary stages.

People

- HR Director – Pricila Veliz
- Public Relations Manager- Erin Albritton

Recognition to Keith Willey, CIO, he was being named on Becker's Healthcare 2024 list of CIOs of Hospitals and Health Systems to KNOW. This impressive industry recognition is well deserve and a testament of his hard work, innovation, and strategic use of technology to advance healthcare. We are extremely proud of him and glad he is on our team. Once again kudos to Keith for all his hard work.

Community

- The Lopez Family made a donation towards the renovation of the Tranquility Garden
- Again thanks to Keith and his team for the hard work to oversee this project through
- Thank you to Mrs. Falcon for donating a bird fountain. Dr. Otazo for bird house feeders. To the Lopez's family for not only the donation but for the varnishing of the benches. This was an overall group success. Ms. Lopez was very happy with the outcome of this project.
- Tranquility name after, Anabelia Castillo Lopez

Upcoming Events:

- Back to School Fair – August 2 – VVRMC will be donating over 100 backpacks filled with school supplies. Thank you all the departments who came together for the community.
- UMC National Health Center Week Event – August 7
- Specialty Clinic Ribbon Cutting – August 15
- EMS Coverage for Rams Football Varsity Home Games – August 22
- Chamber of Commerce Event – August 29
- Go for Gold Childhood Cancer Awareness Kickoff Event – August 30
- Resolution to submit to the City of Del Rio for consideration of renaming Page Ave to Dr. Terry M. Lindsey Ave. Robin Palmer made a motion to approve submitting a resolution to rename Page Ave to Dr. Terry M. Lindsey to the City Of Del Rio. Seferino Gomez seconded the motion; motion carried unanimously.

6. In her report, Ms. Jureza Moselina, Interim CNO presented: Tabled

7. In her report, Dr. Judith Olivarez-Trevino, Associate Administrator presented: Tabled

8. Mrs. Claudia Falcon, CFO presented the June 2024 Finance Committee recommendations:

1. Financial Results for June 2024 were reviewed by the Chief Financial Officer, Claudia Falcon. Dr. Lee Keenen made a recommendation to the Board of Directors to approve the unaudited Financials for June 2024, as presented, subject to audit. Cris Diaz seconded the recommendation; recommendation carried unanimously.

Cris Diaz made a motion to approve the Finance Committee recommendation to approve the unaudited Financials for June 2024, as presented at the Finance Committee meeting, subject to audit

Val Verde Regional Medical Center

MINUTES OF THE REGULAR MEETING OF THE BOARD OF DIRECTORS

July 31, 2024- 5:30 PM

District budgeted CERs:

2. Dr. Lee Keenen made a recommendation to the Board of Directors to approve the District budgeted capital equipment requests as follows:

- The purchase of a utility vehicle for a total amount of \$11,969.77

Robin Palmer seconded the recommendation; recommendation carried unanimously.

Cris Diaz made motion to approve for District to purchase of a utility vehicle for the total amount of \$11,969.77. Robin Palmer seconded the motion; motion carried unanimously.

Dr. Lee Keenen made a recommendation for administration to conduct a silent auction bid for the Old Utility vehicle, to be sold, AS IS, without batteries.

Cris Diaz seconded the recommendation, recommendation carried.

Cris Diaz made a motion for administration to conduct a silent auction bid for the Old Utility vehicle, to be sold, AS IS, without batteries. This auction to be advertised in the 830Times for 2 consecutive runs. Robin Palmer seconded the motion; motion carried with one abstained (Dr. Lee Keenen)

District

3. Dr. Lee Keenen made a recommendation to the Board of Directors to authorize administration to enter into negotiations with owners, regarding the property behind the RHC. Cris Diaz seconded the recommendation; recommendation carried unanimously. Cris Diaz made a motion to authorize administration to move forward negotiations, for consideration of purchase, of the property behind the 1801 clinic with property owners. Robin Palmer seconded the motion; motion carried unanimously.

9. The Val Verde Hospital Corporation paused for the Val Verde County Hospital Board discussion

10. Board President Report:

- Opening Prayer and Pledge of Allegiance-
 - The Board of Directors discussed moving forward the meetings should begin with the Pledge of Allegiance. Seferino Gomez, III made a motion moving forward, the board meetings should begin with the Pledge of Allegiance. Dr. Lee Keenen seconded the motion; motion carried unanimously.
 - In lieu of a prayer, board of directors discuss of having a moment of silence, after the Pledge of Allegiance at each of the board meetings moving forward. Cris Diaz made a motion to incorporate a 1 ½min. for a moment of silence. Robin Palmer seconded the motion; motion carried unanimously.
 - The Board of Directors discussed in lieu of having a Chaplin at the board meeting for opening prayer to have a moment of silence. But they do feel the hospital is still in need of Chaplains/Pastors for family members/patients in house. Seferino Gomez, III made a motion for administration to look into a volunteer list of vetted Chaplains/Pastors. Robin Palmer seconded the motion; motion carried unanimously.
- THT- Ms. Cris Diaz gave a brief thank you to all members that attended the THT Conference. The following are a few takeaways: It is important to have schedule our committees and set a

Val Verde Regional Medical Center

MINUTES OF THE REGULAR MEETING OF THE BOARD OF DIRECTORS

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calendar to reflect committee and upcoming event where all board of directors can see on a daily basis. Mrs. Arreola mentioned year prior the Board of Director had a password protected portal to log into to view board packets and calendar. Mrs. Arreola will work on revamping that site. Discussion Only.

- Clinical Pathways – Discussion in recommendation for administration to look into implementing a clinical ladder for nursing staff to grow. Discussion Only.

The Board of Directors of Val Verde County Hospital District will now go into Closed Session. The Closed Session is being held pursuant to Sections 551.071, 551.074 and 551.078 of Texas Government Code.

Board recessed into Executive Session at 6:50 P.M.

The Board of Directors of Val Verde County Hospital District now adjourns its Closed Session.

Board reconvened into Open Session at 7:10 P.M.

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***No Action was taken during Executive Session**

Agenda item #s discussed in Executive Session- # 11-13

14. Reconvene to take action on the Items discussed in Closed Session:

Closed Sessions Action Items:

- Agenda 11:
 - Board President Report: No Report
 - CEO Report: Informational Only – No Actionable Items
- Agenda#12: Legal Counsel: No Report
- Agenda Item # 13: Medical Executive Committee Report to Board of Directors.

Dr. Aurelio Laing-II presented to the board the Medical Executive Committee report and recommendations. **Dr. Daniel Chartrand made a motion to approve the MEC report, as presented to include Exhibit A. Robin Palmer seconded the motion; motion carried unanimously.**

15. There being no further business, the meeting was adjourned by Dr. Julio Otazo, Board President at 7:11 PM.

Dr. Julio Otazo, Board President

Robin A. Palmer, Vice Board President

Val Verde Regional Medical Center

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Others Present:

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3. The Val Verde County Hospital District paused for the Val Verde Hospital Corporation Board discussion

4. The Val Verde County Hospital District reviewed the June 26, 2024 minutes: Javier Calderon made a motion to approve the June 26, 2024 minutes, as presented. Robin Palmer seconded the motion; motion carried with one abstained (Cris Diaz).

5. In his CEO report Mr. Jorge Jurado Presented:

Access to Care

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 - Dr. Korte, Dr. Alwan and Mrs. Cynthia Hernandez, ACNP
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Val Verde Regional Medical Center

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6. In her report, Ms. Jureza Moselina, Interim CNO presented: Tabled

7. In her report, Dr. Judith Olivarez-Trevino, Associate Administrator presented: Tabled

8. *The Val Verde County Hospital District paused for the Val Verde Hospital Corporation Board discussion*

9. Mrs. Claudia Falcon, CFO presented the June 2024 Financials as follows:

- Financial Report for the month end June 2024:
 - Revenues for current month period ending June 2024 \$253k and Year to Date \$9.9m
 - Expenses for the current month period ending June. 2024 \$1m and Year to Date \$5.4m
 - Operating Income is unfavorable for the current month period ending June 2024 (\$775k)
 - Total District Cash & Investments for the current month \$9.4m bring total assets to \$15.6m
 - Total Liabilities & Net Assets for the current month \$15.6m
 - Property Tax Payments received June 2024 \$65k and YTD \$2.7M
 - CD's:

Val Verde Regional Medical Center

MINUTES OF THE REGULAR MEETING OF THE BOARD OF DIRECTORS

June 31, 2024- 5:30 PM

- Raymond James CD: 250,000.00 (18-mo: 5.25%) (maturity date Feb. 24, 2025)
- Raymond James CD: 250,000.00 (18-mo: 4.65%) (maturity date Feb. 27, 2026)
- New Raymond James CD: 250,000.00 (18-mo: 5.1%) (maturity date: Dec. 23, 2024)
- New Raymond James CD: 250,000.00 (18-mo: 4.65%)(maturity date; Aug. 16, 2024)
- New Raymond James CD: 250,000.00 (18-mo: 5%)(maturity date: Jun. 13, 2025)
- New Raymond James CD: \$25,000.00 (18-mo Interest: 4.45%) Maturity Date: Dec. 26, 2025

Matured CD to be discuss next month

Nursing Home Update/QIPP (Report as attachment Exhibit A)

Robin Palmer made a motion to approve the June 2024 VVCHD Financials, as presented, subject to audit. Cris Diaz seconded the motion; motion carried unanimously.

10. Board President Report:

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- Clinical Pathways – Discussion in recommendation for administration to look into implementing a clinical ladder for nursing staff to grow. Discussion Only.

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***No Action was taken during Executive Session**

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Val Verde Regional Medical Center

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15. There being no further business, the meeting was adjourned by Dr. Julio Otazo, Board President at 7:11 PM.

Dr. Julio Otazo, Board President

Robin A. Palmer, Vice Board President

NF Executive Summary

VVCHD Ongoing Audits

Comp 2: RN Coverage

Audit letters received April 2024 - all selected NFs have submitted documentation

Facilities	Audit Status/Appeals
Fredericksburg	Preliminary results-Not Met. NF Response-NF has no addl docs. Will update once internal review is completed.
Uvalde	Preliminary results-RN coverage NOT MET- Appeal Results- NOT MET (11 of 12 months)
Las Palmas	Preliminary results-RN coverage NOT MET- Appeal:Submitted addl docs. Pending response
Heritage Park	Audit complete and NF met RN Coverage and is compliant.
Windsor Duval	Audit complete and NF met RN Coverage and is compliant.

QIPP Active Relationship Audit

Facilities	Audit Status	Notes
Ebony Lake	Submitted 6/26/2024	Audit letters rec'd 6/7/24 - deadline 6/27/24
Windsor Morgan	Submitted 6/26/2024	Audit letters rec'd 6/7/24 - deadline 6/27/24
Las Alturas	Submitted 7/26/2024	Audit letters rec'd 7/9/24 - deadline 7/29/24
Mission Valley	Submitted 7/28/2024	Audit letters rec'd 7/9/24 - deadline 7/29/24
Las Palmas	Submitted 7/28/2024	Audit letters rec'd 7/9/24 - deadline 7/29/24

Open Enrollment - Rate Enhancement

All (20) Facilities Enrollments completed 7/30/24

*Pending HHSC Confirms Uvalde & Edinburg were submitted successfully

VVCHD QIPP Revenue Comparison

*FYE 2024 vs FYE 2023

Facilities	Current FYE 2024	Current FYE 2023	Variances	Notes
Amistad	(101,543)	189,047	(290,591)	Due to Y5 Recoups (Feb)
Del Rio	129,871	184,681	(54,810)	Due to Y5 Recoups (Dec) Y6 Recoups (Apr)
Maverick	352,547	481,271	(128,724)	Due to Y5 Recoups (Nov)
Windsor Seguin	390,231	556,825	(166,593)	Not Met - Q1 & Q2 Antipsychotic Meds
Uvalde	129,225	136,541	(7,316)	Not Met - Sep RN Coverage, Q1 & Q2 UTI
Fredericksburg	36,146	111,283	(75,137)	Due to Y5 Recoups- (Oct)
Central Texas	0	135,701	(135,701)	No Partnership
Concho	0	117,173	(117,173)	No Partnership
Devine	0	88,369	(88,369)	No Partnership
La Hacienda	0	339,751	(339,751)	No Partnership
Mission Valley	530,417	576,777	(46,360)	Less % earning Y7 Comp1 & Comp2 compared to Y6

Record of QIPP Recoups - Interim Allocation Reconciliation

The interim allocation of funds across qualifying NSGO Facilities were reconciled to the actual distribution of Medicaid days of service across the NHs during the program period. All public facilities that received Component One payments during the program period were reconciled to actual utilization.

Facilities	Y5	Y6 TTL Recoups
Amistad	(101,543)	(101,543)
Del Rio		(29,901) (29,901)
Maverick	(38,204)	(88,290) (126,493)
Fredericksburg	(59,152)	(112,960) (172,112)
Val Verde		(10,843) (10,843)
Pearsall		(10,188) (10,188)
Ebony Lake		(185,723) (185,723)

NF Executive Summary

Quarter 2

* NF's with 90% population with psych diagnosis

** NF's with secure unit/s

Overall Star Ratings

5 Star	4 Star	3 Star	2 Star	1 Star
Mission Valley	Brownsville **	Heritage Park *	Maverick **	Windsor Seguin **
Windsor Edinburg **		Uvalde	Edinburg	Val Verde
Las Alturas		Windsor Weslaco		Windsor Mission Oaks *
Pearsall **		Las Palmas		Windsor Duval *
Del Rio				Fredericksburg
Ebony Lake **				Windsor Morgan *
				Las Alturas de Penitas

CMS updates about every 3 months - Overall ratings are based on health inspections, staffing & quality measures.

Regulatory - Immediate Jeopardy Report (IJ)

Date	Count	Facility	Type/Reason
Mar-24	5	Uvalde	State Survey/Behavior, hoyer incidents
Mar-24	1	Las Palmas	Federal Revalidation/fortified foods
Mar-24	1	Windsor Weslaco	State Survey/Past NonCompliance-Elopement
Mar-24	1	Heritage Park	State Survey/Past NonCompliance -Elopement
Apr-24	1	Windsor Seguin	State Survey/Elopement

QIPP Scorecard - Monthly Components

Comp 1 & 2 Not Met: Uvalde did not meet Comp 2 in Sep 2023

QIPP Scorecard - Quarterly Components

Component 3

QIPP Measures Not Met Q1

Antipsychotic (AP) Meds	UTI
Windsor Seguin	Uvalde
Windsor Mission Oaks	Val Verde
Ebony Lake	
Pearsall	
Heritage Park	
Windsor Duval	

QIPP Measures Not Met Q2

AP Meds	UTI
Windsor Seguin	Windsor Weslaco
	Val Verde
	Uvalde

QIPP Measures Not Met Q3

Antipsychotic (AP) Meds	UTI
est release date: 8/01/2024	

QIPP Measures Not Met Q4

AP Meds	UTI
est release date: 11/01/2024	

VVCHD Ongoing Audits

Comp 2: RN Coverage

Audit letters received April 2024 - all selected NFs have submitted documentation

Facilities	Audit Status/Appeals
Fredericksburg	Preliminary results-Not Met. NF Response-NF has no addl docs. Will update once internal review is completed.
Uvalde	Preliminary results-RN coverage NOT MET- Appeal:Submitted addl docs. Pending response
Las Palmas	Preliminary results-RN coverage NOT MET- Appeal:Submitted addl docs. Pending response
Heritage Park	Audit complete and NF met RN Coverage and is compliant.
Windsor Duval	Audit complete and NF met RN Coverage and is compliant.

QIPP Active Relationship Audit

Audit letters received 6/7/2024 - deadline 6/27/2024

Facilities	Audit Status
Ebony Lake	Submitted 6/26/2024
Windsor Morgan	Submitted 6/26/2024

Exhibit A

Type of Survey Legend:
 FB - Fullbook annual survey
 LF - Life Safety
 CI - Complaint investigation
 SR - Self Report
 FR - Federal Revalidation

State Survey Regulatory Tracking

NF	Date	Type of Survey	Severity	Description	2567	Additional Notes
Penitas	1/26/2024	CI			Received	
Windsor Duval	1/25/2024	FB	I (1)	Failed to identify change in condition - weight loss	Received	
Uvalde	3/18/2024	CI	I (5)	Staff smoking near O2 storage	Received	
Las Palmas	Mar	FR	I (1)	Hoyer and shower room incidents	Pending	
Windsor Seguin	4/21/2024	SR	I (1)	Failed to give Fortified foods	Received	
Windsor Seguin	5/24/2024	FB	7 tags	Eloperment	Received	
Windsor Westlaco	3/12/2024	CI	I (1)	Past non compliance for elopement	Pending	Preliminary findings - pending 2567 from state
Windsor Westlaco	3/29/2024	FB	6 tags		Received	
Heritage Park	3/27/2024	CI	I (1)	Past non compliance for elopement	Received	
Windsor Morgan	3/20/2024	CI	1 tag	No 30 day transfer notice given/documentated	Received	
Windsor Morgan	April	CI		18 complaints investigated -10 unsubstantiated-8 cited	Pending	
Maverick	4/5/2024	CI		DNR not signed - hospice patient	Pending	5/30: Admin was going to follow up with surveyor d/t not yet receiving anything
Del Rio	4/12/2024	FB	4 tags		Pending	
Val Verde	5/7/2024	FB	3 tags		Pending	5/30: Working on POC will submit 5/31
Windsor Mission Oaks	5/6/2024	FB			Received	
Fredericksburg	5/16/2024	FB			Received	
Windsor Morgan	6/18/2024	FB	Pending	No II citations	Pending	6/19: Preliminary findings - will send 2567

Pending NHC Review
 Pending NHC Review

NHC Reviewing
 NHC Reviewing



August 21, 2024

To VVHD Board/ VVCH Board:

Following are the Quality & Compliance Committee Recommendations to the Board of Directors:

- The Quality & Compliance Committee met on Wednesday, August 21, 2024 and reviewed the Quality & Compliance report for Q4, FY2024.
- Following is a summary/recommendation for items reviewed:
 1. **2024-2025 Quality Assurance & Performance Improvement Program Plan** was reviewed in detail by Interim Quality & Risk Director, Viridiana Gonzalez, MSN, RN. A recommendation was made to the Board of Directors to approve the QAPI Plan for FY2025 as presented.
 2. **2024-2025 Hospital-Wide Performance Improvement Projects** were reviewed in detail by Jureza Moselina, MSN, RN, Interim Chief Nursing Officer. A recommendation was made to the Board of Directors to approve the following project proposals as presented:
 - Against Medical Advice (AMA) Discharge Process
 - Customer Service & Staff Teambuilding
 - Hospital Throughput Project
 3. **Sentinel Event Policy** was reviewed in detail by Viridiana Gonzalez, MSN, RN. A recommendation was made to the Board of Directors to approve the Sentinel Event policy as presented.

Val Verde Regional Medical Center
Quality Assurance and Performance Improvement Program (QAPI)
2024-2025

Purpose

To develop, implement, and maintain an effective, ongoing, organization-wide, data-driven quality assessment and performance improvement program.

To establish a planned, systematic, and interdisciplinary approach to improving the care, treatment and services provided.

Scope & Applicability

This is an organization-wide plan. It applies to all departments, care, treatment, and service settings (including those services furnished under contract or arrangement).

Authority and Responsibility

Governing Body

The Governing Body authorizes the establishment of this performance improvement program. The Governing Body is responsible for assuring:

- That an ongoing program for quality improvement is defined, implemented, and maintained.
- That an ongoing program for patient safety, including the reduction of medical errors, is defined, implemented, and maintained.
- That the organization-wide quality assessment and performance improvement efforts address priorities for improved quality of care, and patient safety and that all improvement actions are evaluated
- That clear expectations for safety are established
- That adequate resources are allocated for measuring, assessing, improving, and sustaining the hospital's performance and patient safety
- That a determination of the number of distinct improvement projects is conducted annually

Quality Board Sub-Committee

The Governing Body delegates the development, implementation, and evaluation of this program to the Quality Board Sub-Committee. The Quality Board Sub-Committee is responsible for monitoring and improving, the quality of care, safety and service provided its medical staff. The Quality Board Sub-Committee has formed a Quality Management Committee (QAPI) to carry out this responsibility.

Administration & Management

The Governing Body also delegates the development, implementation, and evaluation of this program to the organization's Administration and Management team. Administration and Management are responsible for improving the quality of care, safety, and service provided by organization staff. The Administration and Management team have developed structures and processes to carry out this responsibility.

Further Delegation of Authority and Responsibility

The Quality Board Sub-Committee may further delegate aspects of this program as necessary to discharge their responsibilities. As such, either body may delegate to existing entities in their respective organizational structure(s) or may formulate entities to achieve specific aims.

Collecting Data on Performance

Scope of Data Collection

At a minimum, the organization will collect data in the following areas:

- Performance improvement priorities identified by leaders.
- Operative or other procedures that place patients at risk of disability or death.
- All significant discrepancies between preoperative and postoperative diagnoses, including pathologic diagnoses.
- Adverse patient events
- Adverse events related to using moderate or deep sedation or anesthesia.
- The use of blood and blood components.
- All confirmed transfusion reactions.
- Resuscitative services including:
 - The number and location of cardiac arrests.
 - The outcomes of resuscitation.
 - Transfer to a higher level of care.
- Significant medication errors.
- Significant adverse drug reactions.
- Patient perception of the safety and quality of care, treatment, and services.
- Processes that improve patient outcomes
- Prevention and reduction of medical errors.
- Components of the medication process
- Safety of radiology services
- Safety of nuclear medicine services
- Pain assessment and pain management
- Discharge planning process
- Processes as defined in the organizations Infection Control Program, Environment of Care Program, and Patient Safety Program
- Conversion rate data supplied from the Organ Procurement Organization
- Medicare quality reporting and quality performance programs, including but not limited to data related to hospital readmissions and hospital-acquired conditions.

Measurement of the above areas may be organization-wide in scope, targeted to specific areas, departments, and services, or focused on selected populations.

Frequency of Data Collection

By approval of this program, the Governing Body has defined the frequencies of data collection to be ongoing, time limited, episodic, intensive, or recurring. The duration, intensity, and frequency of data collection to measure a specific indicator shall be based on the needs of the organization, external requirements, and the result of data analysis.

Detail of Data Collection

By approval of this program, the Governing Body has determined that data shall be collected in sufficient detail to provide the user of that data with sufficient information to make timely, accurate, and data-driven decisions.

Aggregation and Analysis of Data

Purpose

The purpose of data aggregation and analysis is to:

- Establish a baseline level of performance
- Determine the stability of process
- Determine the effectiveness of a process or desirability of an outcome as compared to internal or external targets (benchmarks)
- Identify opportunities for improvement
- Identify the need for more focused data collection
- Determine whether improvement has been achieved and/or sustained.

Construct

Performance measures should have a design to assure that data is appropriately identified, collected, aggregated, displayed, and analyzed. In general, the design should consist of:

- A definition of the measure
- The population to be measured (including, when appropriate, criteria for inclusion and/or exclusion)
- The type of measurement (i.e., rate based or event based)
- If rate based, a calculation formula (i.e., defined numerator / denominator)
- The minimum sampling size (where appropriate) to assure statistical validity
- The frequency of data collection / aggregation
- The methodology by which data will be collected.
- The entity primarily responsible for data collection.
- The manner in which aggregated data will be displayed.
- The entity(s) to which the aggregated data will be reported to for analysis and action.

Compilation of Data

Data shall be compiled in a manner that is usable to those individuals and entities charge both with analyzing the data and taking action on the information derived from data analysis.

Where appropriate, statistical tools and techniques shall be used in data display, to assist in appropriate analysis.

Analysis of Data

Data on performance measures will be analyze to:

- Monitor the effectiveness and safety of services and quality of care
- Identify opportunities for improvement and changes that will lead to improvement

Analysis of Aggregated Data

Data on rate-based performance measures are aggregated to determine patterns, trends, and variation (common or special cause). Data may be aggregated for a single point in time or over time, depending on the needs of the organization and the reason for monitoring performance. In general, measurement designed to establish the desired stability of a process, or a desired outcome will be measured over time until target levels of performance are met.

Once a process is considered stable, and/or a desired level of performance has been achieved, then an analysis of performance measures may be conducted in a more episodic fashion.

Data that is event based is analyzed in singular or aggregated form depending on the number of data elements in the performance measure. In general, event-based measurements are monitored on an ongoing basis.

Where appropriate and able, data shall be compared against internal and/or external benchmarks to allow for comparative performance over time.

Intensive Assessments

Data will be intensively assessed when the organization detects or suspects a significant undesirable performance or variation. Intense analysis is called for when:

- Levels of performance, patterns, or trends vary significantly and undesirably from those expected.
- Performance varies significantly and undesirably from that of other organizations or recognized standards
- A sentinel event has occurred (root cause analysis).

Improving Performance

Performance Model

The organization will undertake efforts to improve existing processes and outcomes and then sustain the improved performance. To accomplish this, the organization has adopted a performance improvement model:

PDSA which stands for –

Plan Identify a goal or problem and develop a plan to address it. This involves outlining the objectives, determining the steps to be taken, and deciding how to measure success.

Do Implement the plan on a small scale. This might involve running a pilot project or making a temporary change to test the proposed solution.

Study Analyze the results of the implementation. Compare the outcomes to the expected results, and determine what worked, what didn't, and why.

Act Based on the analysis, decide on the next steps. This could involve adopting the change more broadly, making adjustments to the plan, or scrapping it and starting over.

The performance improvement model is utilized – formally or informally – in improvement efforts throughout the organization.

Prioritizing Performance Improvement Activities

The organization will prioritize those performance improvement activities that address processes that:

- Focus on high-risk, high-volume, or problem-prone areas
- Consider the incidence, prevalence, and severity of problems in those areas
- Affect health outcomes, patient safety, and quality of care

Performance Improvement Projects

As part of its quality assessment and performance improvement program, the organization must conduct performance improvement projects.

- The number and scope of distinct improvement projects conducted annually shall be proportional to the scope and complexity of the hospital's services and operations.
- The organization shall document what quality improvement projects are being conducted, the reasons for conducting these projects, and the measurable progress achieved on these projects.
- While the organization is not required to participate in a CMS Quality Improvement Organization (QIO) cooperative project, its own projects shall be of comparable effort.

Improving Performance

Performance improvement activities shall –at a minimum – track medical errors and adverse patient events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the organization.

The organization shall take actions aimed at performance improvement and after implementing those actions; the organization shall measure its success, and track performance to ensure that improvements are sustained.

Action shall also be taken when planned improvements are not achieved or sustained.

Reporting of Performance Improvement Activities

Regular reports on the status and effectiveness of performance improvement activities shall be made to the Governing Body as well as the leadership of the organization and its medical staff.

--- END ---

REFERENCES:

CMS Conditions of Participation for Acute Care Hospitals, §482.21
CMS Conditions of Participation for Critical Access Hospitals §485.641(b)
Center for Improvement in Healthcare Quality, Standard QA-1, QA-2, QA-3 & QA-4
The Joint Commission, Standard PI.01.01.01
DNV, Standard QM.7
HFAP, Standard 12.00.00

Recommended for Board Approval by Quality Board
Subcommittee on August 21, 2024

Approved by Hospital Board of Directors on

VAL VERDE REGIONAL MEDICAL CENTER

SUBJECT: Sentinel Event	REFERENCE #:
EFFECTIVE DATE:	REVISED DATE:
DEPARTMENT: QRM	PAGE: 1 of 6
APPROVED BY:	

SCOPE:

This is an organization-wide policy. As such it applies to all settings providing care, treatment, and service.

PURPOSE

To describe the mechanism for identifying, responding to, and reporting of sentinel events that occur in the organization.

DEFINITIONS

Sentinel Event

A sentinel event is a patient safety event (not primarily related to the natural course of a patient's illness or underlying condition) that reaches a patient and results in death, severe harm (regardless of duration of harm), or permanent harm (regardless of severity of harm).

Sentinel events are not only events that occur during the care and treatment of individuals. Physical and verbal violence, abductions, and power failures are all potential sentinel events that can affect the health care organization and its patients.

Severe Harm

Severe harm is an event or condition that reaches the individual, resulting in life-threatening bodily injury (including pain or disfigurement) that interferes with or results in loss of functional ability or quality of life that requires continuous physiological monitoring and/or surgery, invasive procedure, or treatment to resolve the condition.

Permanent Harm

Permanent harm is an event or condition that reaches the individual, resulting in any level of harm that permanently alters and/or affects an individual's baseline health.

Root Cause Analysis

A comprehensive systematic analysis is a process for identifying basic or causal factors underlying variation in performance, including the occurrence or possible occurrence of a sentinel event.

A root cause analysis is a type of comprehensive systematic analysis. A root cause analysis is defined as a process for identifying the basic and causal factor(s) that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event. A root cause is that most fundamental reason a problem - a situation where performance does not meet expectation - has occurred.

A root cause analysis is considered thorough if it includes the following:

- Repeatedly asking “Why?” until the analysis identifies the systemic causal factors associated with each step in the sequence that led to the sentinel event.
- A focus on systems and processes, not solely on individual performance.
- Determines the human and other factors most directly associated with the sentinel event and the process(es) and systems related to its occurrence.
- Uses the analysis to help determine where redesign might reduce risk.
- Inquire into all areas appropriate to the specific type of event.
- Identifies risk points and their potential contributions to this type of event.
- Determines potential improvement in processes or systems that would tend to decrease the likelihood of such events in the future or determine, after analysis that no such improvement opportunities exist.

A root cause analysis is considered credible if the following can be demonstrated:

- A clear understanding of information
- Accurate validated information and data
- Precise objective information and data without internal inconsistencies
- A relevant focus on issues related or potentially related to the sentinel event

Corrective Action Plan

The outcome of the root cause analysis is a corrective action plan which identifies strategies the health care organization intends to implement to reduce the risk of similar events reoccurring.

The corrective action plan must:

- Eliminate or reduce system hazards or vulnerabilities directly related to causal and contributory factors
- Identify who is responsible for implementing corrective actions
- Determine timelines to complete corrective actions
- Include strategies to evaluate the effectiveness of the corrective actions
- Strategies to sustain the change

POLICY

Identification of a Sentinel Event

Any potential sentinel event is to be reported immediately to the senior administrative representative in the house. Upon notification, this individual will undertake or direct an initial investigation to determine if the occurrence is indeed a sentinel event as defined by this policy. If the event is determined not to be sentinel in nature, it will be addressed in accordance with established incident management policy and procedure. If the event is determined to be sentinel in nature, then the organization shall respond as noted in this policy.

Examples of occurrences that would meet the definition of a sentinel event include, but are not necessarily limited to:

- Patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in any of the following:
 - Death
 - Permanent harm
 - Severe temporary harm
- Death caused by self-inflicted injurious behavior if any of the following apply:
 - While in a health care setting
 - Within 7 days of discharge from inpatient services
 - Within 7 days of discharge from emergency department (ED)
 - While receiving or within 7 days of discharge from the following behavioral health care services:
 - Day Treatment/Partial Hospitalization Program (PHP)/Intensive Outpatient Program (IOP)
 - Residential
 - Group Home
 - Transitional Supportive Living
- Unanticipated death of a full-term infant
- Elopement, of a patient from an around-the-clock care setting (including the ED) leading to death, permanent harm, or severe harm to the patient
- Surgery / invasive procedure performed at the wrong site, on the wrong patient, or unintended procedure for a patient regardless of the type of procedure or the magnitude of the outcome.
- Sexual abuse / assault, or physical assault or homicide of any patient receiving care, treatment, and services while on site at the hospital.
- Fall in a staffed-around-the-clock setting or fall in a care setting not staffed around the clock during a time when staff are present resulting in any of the following:
 - Any fracture
 - Surgery, casting, or traction
 - Required consult / management or comfort care for neurological (for example, skull fracture, subdural or intracranial hemorrhage) or internal (for example, rib fracture, small liver laceration) injury.

- A patient with coagulopathy who receive blood products because of the fall
- Death or permanent harm because of injuries sustained from the fall (not from physiologic events causing the fall)
- Administration of blood or blood products having unintended ABO and non-ABO incompatibilities, hemolytic transfusion reactions, or transfusions resulting in severe temporary harm, permanent harm, or death.
- Abduction of any patient receiving care, treatment, or services.
- Discharge of an infant to the wrong family.
- Unintended retention of a foreign object in a patient after surgery / invasive procedure.
- Severe neonatal hyper-bilirubinemia (bilirubin >30 milligrams/deciliter)
- Fluoroscopy resulting in permanent tissue injury when clinical and technical optimization were not implemented and /or recognized practice parameters were not followed.
- Any delivery of radiotherapy to the wrong patient, wrong body region, unintended procedure, or >25% above the planned radiotherapy dose.
- Sexual abuse / assault, or physical assault or homicide of a staff member, licensed independent practitioner, visitor, or vendor while on site at the health care organization.
- Fire, flame, or unanticipated smoke, heat, or flashes occurring during direct patient care caused by equipment operated and used by the organization. To be considered a sentinel event, equipment must be in use at the time of the event; staff do not need to be present.
- Any intrapartum maternal death
- Severe maternal morbidity (leading to permanent harm or severe harm)

Notification / Communication of Sentinel Events

Upon determination that a sentinel event has occurred, the senior administrative representative in the house will notify key representatives of the organization's leadership team.

Formation of a Sentinel Event Response Team

A team is to be formed to respond to a sentinel event. The team should include, but not necessarily be limited to, the following:

- Appropriate representatives of administration, medical staff, legal, risk, quality, and public relations.
- Those individuals directly involved in the event.

The purpose of the team will be to coordinate an investigation into the incident, conduct a root cause analysis, and determine corrective actions to undertake in response to findings and/or identified opportunities for improvement.

Protection from Discovery

All activities undertaken by the team should be done under the auspices of the medical staff quality assurance / peer review process. Other legal protections are to be implemented as determined by legal counsel.

Immediate Remediation

The team will undertake those actions necessary to remediate any immediate threat or likelihood of the sentinel event recurring.

Investigation of Event / Conducting a Root Cause Analysis

The team is to undertake a thorough and credible root cause analysis (RCA) of the sentinel event. The RCA should be completed within 45 days of the organization becoming aware of the event.

Developing and Implementing an Action Plan

Once the RCA has been completed, the team is to develop and implement a corrective action plan that will address both direct and root causes as well as – when appropriate -- special and common cause variation.

Internal Reporting

A summary, void of patient or practitioner identifiable information, of the sentinel event, the root cause(s) identified, and the corrective actions taken will be reported to the Medical Executive Committee and to the Board of Directors. The corrective action plan will also be communicated to other appropriate parties within the organization.

Reporting of Sentinel Events to the Centers for Improvement in Healthcare Quality (CIHQ)

The decision to self-report a sentinel event to the Centers for Improvement in Healthcare Quality (CIHQ) shall be made by the Chief Executive Officer, or designee, following consultation and guidance from legal counsel. The organization may report the occurrence of a sentinel event, documentation of the subsequent RCA, and the corrective action plan – upon request – CIHQ during an on-site survey. No document should be transmitted to CIHQ without prior approval from the Chief Executive Officer.

Record Keeping

A record of the investigation into the sentinel event, the subsequent RCA, and any performance improvement activities undertaken is to be maintained and should be constructed in such a way as to be afforded statutory protection from discovery.

REFERENCES

The Joint Commission Sentinel Event Policy, 2024.

**VAL VERDE REGIONAL MEDICAL CENTER
COMPARITIVE STATEMENT OF REVENUES AND EXPENSES
FOR THE PERIOD ENDED JUL 2024**

Actual MTD FY 2025	PE BUD FY 2025	Prior Year MTD FY 2024		Actual YTD FY 2025	YTD BUD FY 2025	Prior YTD FY 2024
			Patient Gross Revenue			
\$ 3,868,800	\$ 5,314,227	\$ 4,512,647	Inpatient Revenue	\$ 3,868,800	\$ 5,314,227	\$ 4,512,647
\$ 21,325,287	\$ 24,891,133	\$ 20,200,179	Outpatient Revenue	\$ 21,325,287	\$ 24,891,133	\$ 20,200,179
<u>\$ 25,194,087</u>	<u>\$ 30,205,360</u>	<u>\$ 24,712,826</u>	Total Patient Revenue	<u>\$ 25,194,087</u>	<u>\$ 30,205,360</u>	<u>\$ 24,712,826</u>
			Revenue Deductions			
\$ 18,007,159	\$ 19,973,235	\$ 16,334,036	Contracted Deductions	\$ 18,007,159	\$ 19,973,235	\$ 16,334,036
\$ 422,819	\$ (10,497)	\$ (674,271)	Bad Debts	\$ 422,819	\$ (10,497)	\$ (674,271)
\$ 1,708,490	\$ 3,295,215	\$ 3,911,443	Charity Care	\$ 1,708,490	\$ 3,295,215	\$ 3,911,443
\$ (211,601)	\$ (291,667)	\$ (742,997)	Waiver Funds (UC)	\$ (211,601)	\$ (291,667)	\$ (742,997)
\$ (139,785)	\$ (100,000)	\$ (100,000)	DISPRO Funds (DSH)	\$ (139,785)	\$ (100,000)	\$ (100,000)
<u>\$ 19,787,082</u>	<u>\$ 22,866,286</u>	<u>\$ 18,728,210</u>	Total Deductions	<u>\$ 19,787,082</u>	<u>\$ 22,866,286</u>	<u>\$ 18,728,210</u>
\$ 5,407,005	\$ 7,339,074	\$ 5,984,615	Net Patient Revenue	\$ 5,407,005	\$ 7,339,074	\$ 5,984,615
\$ 90,612	\$ 124,999	\$ 79,263	Other Revenue	\$ 90,612	\$ 124,999	\$ 79,263
<u>\$ 5,497,616</u>	<u>\$ 7,464,073</u>	<u>\$ 6,063,879</u>	Total Net Revenue	<u>\$ 5,497,616</u>	<u>\$ 7,464,073</u>	<u>\$ 6,063,879</u>

**VAL VERDE REGIONAL MEDICAL CENTER
COMPARITIVE STATEMENT OF REVENUES AND EXPENSES
FOR THE PERIOD ENDED JUL 2024**

Actual MTD FY 2025	PE BUD FY 2025	Prior Year MTD FY 2024		Actual YTD FY 2025	YTD BUD FY 2025	Prior YTD FY 2024
Operating Expenses						
\$ 2,856,521	\$ 3,125,244	\$ 2,937,642	Salaries	\$ 2,856,521	\$ 3,125,244	\$ 2,937,642
\$ 70,815	\$ 84,912	\$ 59,892	General Insurance	\$ 70,815	\$ 84,912	\$ 59,892
\$ 296,103	\$ 298,263	\$ 275,606	Employee Benefits	\$ 296,103	\$ 298,263	\$ 275,606
\$ -	\$ -	\$ -	Retention & Contingency (KPI)	\$ -	\$ -	\$ -
\$ 176,326	\$ 267,262	\$ 240,178	General Expenses	\$ 176,326	\$ 267,262	\$ 240,178
\$ 68,019	\$ 77,163	\$ 107,957	Maint. & Repair Expenses	\$ 68,019	\$ 77,163	\$ 107,957
\$ 70,323	\$ 17,534	\$ 17,150	Rental Expenses	\$ 70,323	\$ 17,534	\$ 17,150
\$ 173,031	\$ 165,314	\$ 206,636	Contracted Services	\$ 173,031	\$ 165,314	\$ 206,636
\$ 326,525	\$ 335,771	\$ 329,893	Purchased Services	\$ 326,525	\$ 335,771	\$ 329,893
\$ 905,386	\$ 1,170,440	\$ 977,074	Physician Fees	\$ 905,386	\$ 1,170,440	\$ 977,074
\$ 10,611	\$ 20,509	\$ 7,542	Travel Education	\$ 10,611	\$ 20,509	\$ 7,542
\$ 14,937	\$ 32,251	\$ 21,076	Legal & Professional	\$ 14,937	\$ 32,251	\$ 21,076
\$ 76,228	\$ 104,518	\$ 86,646	Telephone/Utilities	\$ 76,228	\$ 104,518	\$ 86,646
\$ 740,784	\$ 920,464	\$ 672,676	Supply/Drug	\$ 740,784	\$ 920,464	\$ 672,676
\$ 11,496	\$ 12,500	\$ 3,056	Interest Expense	\$ 11,496	\$ 12,500	\$ 3,056
\$ 450,171	\$ 535,108	\$ 379,087	Depreciation	\$ 450,171	\$ 535,108	\$ 379,087
<u>\$ 6,247,275</u>	<u>\$ 7,167,253</u>	<u>\$ 6,322,111</u>	Total Operating Expenses	<u>\$ 6,247,275</u>	<u>\$ 7,167,253</u>	<u>\$ 6,322,111</u>
\$ (749,659)	\$ 296,820	\$ (258,233)	Net Operating Income/(Loss)	\$ (749,659)	\$ 296,820	\$ (258,233)

Val Verde Reg Medical Center
FISCAL YEAR JUL 2024 - JUN 2025
BALANCE SHEET
PE JUL 2024

<u>ASSETS</u>	<u>YTD ACTUAL</u> <u>PE JUL 2024</u>
Current Assets	
Total Cash & Investments	\$ 11,614,924
Net Patient Receivables	\$ 7,479,870
Total Inventories	\$ 1,493,849
Other Current Assets	\$ 3,109,970
Total Current Assets	\$ 23,698,612
Gross PP&E	\$ 77,486,539
ACCUM DEPR-LAND IMPROVEMENTS	\$ (779,029)
ACCUM DEPR-BUILDINGS	\$ (4,982,067)
ACCUM DEPR-FIXED EQUIPMENT	\$ (3,152,953)
ACCUM DEPR-AMBULANCES/AUTO	\$ (1,319,572)
ACCUM DEPR-MAJOR MOVABLE	\$ (43,347,593)
AMP ACCUMULATED DEPRECIATION	\$ (358,459)
ACCUM AMORT-RTU ASSET	\$ (2,081,234)
ACCUM AMORT-RTU ASSET GASB96	\$ (1,699,592)
Total Accumulated Depreciation	<u>\$ (57,720,499)</u>
Net PP&E	\$ 19,766,040
TOTAL ASSETS	\$ 43,464,652
LIABILITIES & NET ASSETS	
Current Liabilities	
A/R CREDIT BALANCE	\$ 1,002,071
VVH EMS CREDIT BALANCES	\$ 87,083
RHC/SPEC CLINICS A/R CR BAL	\$ 154,081
CAPITAL LEASES	\$ -
INS FINANCED PAYABLE	\$ 103,330
IRS PENALTY	\$ 65,891
Current Portion of LTD	\$ (1,409,956)
Vendor Payables	\$ (3,047,589)
Accrued Vendor Payables	\$ (440,926)
Accrued Payroll Expenses	\$ (3,670,585)
Deferred Revenue	\$ (279,569)
3rd Party Payable	\$ 45,926
Total Current Liabilities	\$ (8,894,552)
CHAT LAWSUIT	\$ (0)
LT PORTION OF MCR ACC/ADV PMT	\$ -
Total Long-term Debt	\$ (4,385,382)
TOTAL LIABILITIES	\$ (13,279,934)
AP-VVCHD	\$ (1,708)
NET ASSETS	
CLINIC FORGIVE	\$ (11,458,368)
AMP RETAINED EARNINGS	\$ (575,591)
AMP OPEN BALANCE EQUITY	\$ (7,282,519)
AMP OWNERS EQUITY	\$ 9,800,331
OPERATIONS	\$ 2,135,865
YTD NET INCOME	\$ 6,554,737
RETAINED EARNINGS	\$ 31,758,215
Unrestricted Net Assets	\$ (30,934,378)
YTD INCOME SUMMARY	\$ 749,659
TOTAL NET ASSETS	\$ (30,184,719)
TOTAL LIAB & NET ASSETS	\$ (43,464,652)

UNAUDITED FINANCIAL STATEMENT

**VAL VERDE REGIONAL MEDICAL CENTER
FY2025: CASH RECEIPTS & DISBURSEMENTS**

	Jul 24 Act	Aug 24 Act	Sep 24 Act	Oct 24 Act	Nov 24 Act	Dec 24 Act	Jan 25 Act	Feb 25 Act	Mar 25 Act	Apr 25 Act	May 25 Act	Jun 25 Act
BEGINNING CASH BALANCE	13,435,478	11,614,924	11,614,924	11,614,924	11,614,924	11,614,924	11,614,924	11,614,924	11,614,924	11,614,924	11,614,924	11,614,924

CASH RECEIPTS BY MAJOR CATEGORY

OPERATING	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
PATIENT A/R RECEIPTS	4,527,932											
POS CASH COLLECTIONS	30,044											
CRNA A/R RECEIPTS (ANES)	43,209											
RHC/SPECIALTY CLINIC RECEIPTS	643,560											
EMS A/R Receipts	175,661											
DISPRO / DSH												
DSRIP - WAIVER												
UNCOMPENSATED CARE - WAIVER												
MEDICARE/MEDICAID SETTLEMENTS/LOW VOLUME												
OTHER MISC INCOME	299,682											
TOTAL OPERATING CASH RECEIPTS	5,720,088	-	-	-	-	-	-	-	-	-	-	-
NON-OPERATING	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
GRANTS AND CONTRIBUTIONS	500											
PROVIDER RELIEF FUND/ARP												
DISTRICT MONIES CAPITAL												
NON-AR PAYMENTS	28,875											
TOTAL NON-OPERATING CASH RECEIPTS	29,375	-	-	-	-	-	-	-	-	-	-	-
TOTAL CASH RECEIPTS	5,749,463	0	0	0	0	0	0	0	0	0	0	0

CASH DISBURSEMENTS BY MAJOR CATEGORY

OPERATING	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
VENDOR PAYMENTS (HOSPITAL)	4,452,128											
VENDOR PAYMENTS (CLINIC)												
EMPLOYEE PAYROLL	2,134,195											
PHYSICIAN PAYROLL	888,325											
EMPLOYEE BENEFITS	76,993											
PHYSICIAN RECRUITING	3,861											
CASH OVER/SHORT	(67)											
REPAYMENTS TO HOSPITAL: REDUCTION OF DUE TO HOSPITAL												
PAYMENT TO HOSPITAL - MGMT SERVICES & OTHER												
PAYMENTS TO DISTRICT - LEASE	14,583											
TRANSFER TO VVHD (DISTRICT)	0											
TOTAL OPERATING DISBURSEMENTS	7,570,017	-	-	-	-	-	-	-	-	-	-	-
NON-OPERATING	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
CAPITAL												
TOTAL NON-OPERATING DISBURSEMENTS	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL CASH DISBURSEMENTS	7,570,017	-	-	-	-	-	-	-	-	-	-	-
NET CASH FLOW (PROVIDED/(USED))	(1,820,554.29)	-	-	-	-	-	-	-	-	-	-	-
ENDING CASH BALANCE	11,614,924	11,614,923.96	11,614,923.96	11,614,923.96	11,614,923.96	11,614,923.96	11,614,924	11,614,924	11,614,924	11,614,924	11,614,924	11,614,924
CD BALANCE	-	-	-	-	-	-	-	-	-	-	-	-
AVAILABLE CASH	11,614,924	11,614,924	11,614,924	11,614,924	11,614,924	11,614,924	11,614,924	11,614,924	11,614,924	11,614,924	11,614,924	11,614,924

FY2025 TURN-OVER DATA

		Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Total
A	# FT/PT EMPLOYEES EACH MONTH	544												544
B	ROLLING AVERAGE OF THE TOTAL # OF FT/PT YTD	544												544
C	NUMBER OF FT/PT EMPLOYEES WHO SEPARATED EACH MONTH	7												7
D	ANNUALIZED # of TERMS	84												
E	ANNUALIZED TURNOVER RATE	15.4%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	

Note:

- A only accounts for full-time/part-time employees (excludes PRN)
- C only accounts for full-time/part-time employees that have separated from hospital (voluntary or involuntary) (excluding PRN's)

OVERTIME % FY 2025

	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	2/29/2025	Mar-25	Apr-25	May-25	Jun-25
Overtime %	5%											

Val Verde Hospital Corporation
For period ending July 31, 2024

Executive Summary

Summary

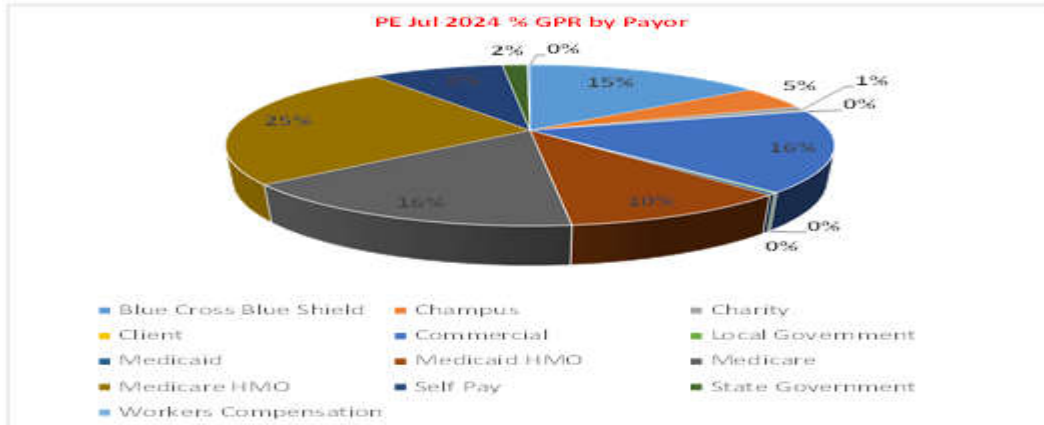
For the monthly period ending July 31, 2024, VVRMC recorded a net (loss) of (\$749,659) indicating an unfavorable variance from budget of (\$1,225,551). For the one-month period ending July 31, 2024, comparing to prior year July 2023, gross patient revenue (GPR) has increased by \$481k or 2%

Admissions for PE July 31 were down compared to budget by (113) as well as RHC clinics by (904) and Specialty (707). Whereas OP volume was slightly favorable against budget by 35 and Surgery/Endo by 8. Orthopedic, Cardiologist, and Interventional Cardiology all on-boarded in July.

Revenues

For the monthly period ending July 31, 2024, Val Verde Hospital Corporation recognized Gross Patient Revenue (GPR) of \$25,194,087. This is an increase of \$1,064,244 or 4% from the prior month, with Inpatient Revenue increasing by \$447,047 or 13% and Out-Patient increasing by \$617k or 3%.

	PE Jul 2024
Financial Class	% GPR by Payor
Blue Cross Blue Shield	15%
Champus	5%
Charity	1%
Client	0%
Commercial	16%
Local Government	0%
Medicaid	0%
Medicaid HMO	10%
Medicare	16%
Medicare HMO	25%
Self Pay	8%
State Government	2%
Workers Compensation	0%



Comparing service units to prior year 2024 at PE July 2023:

- Patient Days have decreased by (8%)
- Outpatient Services increased by 13%
- Emergency Room Visits increased by 2%
- RHC Clinic visits increased by 29% and Specialty visits decreased by (46%)

Contractual deductions (excluding waiver funds) for the period ending July 31, 2024 are 80%, 3% unfavorable against budget.

Uncompensated allowances (B/D & Charity) is under budget by \$1.1m MTD. As a percent of gross patient revenues, current month allowances are 9% compared to budget of 10.9%.

Expenses

For the monthly period ending July 31, 2024, Val Verde Hospital Corporation recorded Operating Expenses of \$6,247,275 indicating a favorable variance from budget by (\$919,978) or (13%) MTD and YTD. Comparing to prior year at period ending July 31, 2023, expenses have decreased by (\$74k) or (1%).

Expenses unfavorable against budget for PE July 31, 2024 were:

- **Rental Expenses** over budget by \$52,789 MTD and YTD. Variance against budget related to rental of Mobile Cath Lab \$44k and \$5k for lab analyzer
- **Contracted Labor** over budget by \$7k MTD and YTD.

Turnover:

- PE July 2024 turnover rate: 15.4%

FY2025 TURN-OVER DATA			
		Jul-24	Total
A	# FT/PT EMPLOYEES EACH MONTH	544	544
B	ROLLING AVERAGE OF THE TOTAL # OF FT/PT YTD	544	45
C	NUMBER OF FT/PT EMPLOYEES WHO SEPARATED EACH MONTH	7	7
D	ANNUALIZED # of TERMS	84	15.44%
E	ANNUALIZED TURNOVER RATE	15.4%	
Note:			
A	only accounts for full-time/part-time employees (excludes PRN)		
C	only accounts for full-time/part-time employees that have separated from hospital (voluntary or involuntary) (excluding PRN's)		

Overtime:

- PE July 2024 Overtime trending at 5%

	Jul-24
Overtime %	5%

The Executive Team working on the following:

- **CEO currently working on recruitment efforts for:**
 - Urology
- **RHC Clinics**
 - Associate Administrator working with Clinic Management Team and Providers on volume to ensure threshold are met
- **Specialty Clinics**
 - General Cardiology on boarded July 8,2024
 - Interventional Cardiology started clinic July 1,2024
 - Ortho started clinic July 24,2024
- **Wound Care**
 - Associate Administrator and CFO had call with Shannon Wound Care center. The Director shared policies, staffing model, and LCD (CMS medical necessity requirements).
 - Associate Administrator in contact with Texas A&M Representative regarding Wound Care training for nursing staff.
 - Senior Leader Team evaluating the clinic space for wound care services
- **Staffing**
 - Continue evaluating and restructuring departments to consolidate and align staffing with productivity needs.

Net Surplus Income(Loss) from Operations

- The Net (Loss) from Operations is (\$749k) MTD and YTD.

Total Surplus (Loss)

- The Total (Loss) is (\$749k) MTD/YTD.

EBIDA

- **PE July 2024:** (\$287,992) MTD and YTD.

Days cash on hand: 62

- **Corporate Cash at PE July 2024:** \$11,614,924 (decrease of \$1.8m compared to prior month)
- **District Cash at PE July 2024:** \$10,936,221
 - **District Cash at PE July 2024 to include outstanding QIPP IGT:** \$28,307,083
- **Combined Cash (Corporate + District + IGT outstanding):** \$39,922,007
 - Less \$17,370,862 IGT outstanding is \$22,551,145

Additional Updates:

DSH FFY 2024:

- June 27,2024
 - Received correspondence from Texas Health and Human Services in reference to overpayment to Val Verde Hospital
 - VVRMC to pay back \$951k before July 22,2024
 - Payment in full submitted to HHSC on July 17,2024

Low Volume Adjustment FFY 2025

Submitted request for consideration of Low Volume Payment Adjustment for FFY 2025 effective for D/C Oct. 1st 2024 thru Dec. 31st 2024.

- Based on Cost Report FYE 2023 total discharges reported 2,184
- VVRMC met both criteria required for additional payment (d/c <3,800 and facility located more than 15 road miles to the nearest "subsection (d)" Acute Care Hospital
- VVRMC does not meet new threshold set effective Oct 1st 2024 (d/c <200)
- Payments apply at claim level

Volume Decline

- Forvis is reviewing Cost Report FYE 2023 to compare to FYE 2022 to determine if volume decline exceeds 5%. If so, we will move forward with submitting request for reimbursement consideration.

Wage Index FFY 2026

- Wage Index completed FFY 2026: Avg. hourly rate calculation \$40.67 based on Cost Report FYE (CRFYE) 2023 (up 8% compared to Prior CRYE 2022 \$37.52)
- Participating hospitals in database reflect an average hour wage index increase between 6%-9%
- Rural Hospitals in Texas are subdivided in quadrants--average wage index is calculated to determine PPS Reimbursement for Future Payments for each specific CBSA quadrant.
- Rate reimbursements apply in 2026
- Deadline to submit wage index data is September 3,2024

OIG Notification (received Dec. 20, 2023):

- Findings from OIG received from Reed, Claymon, Meeker & Hargett (February 13,2024)
 - Estimated recoupment is \$494k (78% are for DOS 2017-2019)
 - Infusion and Critical Care charges
 - Meeting scheduled for Tuesday, February 27,2024 with Attorney's to review findings
- OIG Letter received by Reed, Claymon, Meeker & Hargett in December 2023
- Letter is regarding Infusion services administered in the Emergency Room considered not reimbursable--VVRMC received payment for the services in error from the MCO's
- Legal has advised that several hospitals have been sent the same letter and they (the attorney's) are disputing with the OIG.
- No action required by VVRMC is required at this time--Legal gathering data
- **August 20, 2024:** Received email correspondence from Attorney's regarding the status on OIG case. Meeting is scheduled for September 4,2024

VCAP-ET IRS Update (Term Life Insurance)

- Taxable \$'s on term life exceeding \$50k (i.e. entitled for \$55k of term life—employer and employee responsible for paying taxes on \$5k)
- VVRMC had not been taxing on excess—issue discovered in fall of 2022
- Attorneys were engaged to assist with IRS negotiations
- Liability previously recorded in the amount of \$65k (est. payable to IRS)
- Update received from Attorney on July 18, 2024:

We spoke briefly on Monday. Mr. Silva explained that the next step is for him to pass the case up to legal and have IRS counsel offer their input and then the IRS will come back to us and we can negotiate as needed. Then, once we are both in agreement, we can enter into a closing agreement and Val Verde can pay the required amount.

There were a couple of important take aways to share:

1. Since the IRS took so long to review – it's Mr. Silva's position that tax years 2019 and 2020 are closed. Therefore, unless IRS counsel takes issue (which he did not expect) – we will only be required to resolve tax year 2021. This is great news.
2. The IRS will likely require Val Verde to account for FICA taxes in the final closing agreement. We didn't account for these in the initial application because we believed our offer was still conservative enough to make the IRS whole and the FICA taxes would have been very minimal – too minimal to calculate. We went ahead and determined that the additional FICA taxes on 2021 (accounting for the employee and employer portion (15.3%)) would have been under \$10,000.
3. The IRS may require Val Verde to use a "Gross-Up" wage calculation. Since, as part of this agreement, Val Verde would be paying income tax/FICA on behalf of employees, it would effectively create more taxable income. We also think this number would be very small but we plan to push back on this.

We are in the process of preparing a response for Mr. Silva explaining the offer that we originally made and why that offer would make the IRS whole. Even if the IRS requires Val Verde to pay the additional FICA, we think there is a strong likelihood that the balance Val Verde will be required to pay will be about \$30,000.



801 Bedell Ave.
Del Rio, Texas 78840
830.775.8566

August 7, 2024

Ms. Dawn Hooper
PARD Reimbursement
Novitas Solutions, Inc.
2020 Technology Parkway, Suite 100
Mechanicsburg, PA 17050

Via email: ReimbursementJH@novitas-solutions.com

Re: Section 50204-Extension of Increased Inpatient Hospital Payment Adjustment for Certain
Low-Volume Hospitals
Provider Name: Val Verde Regional Medical Center
Provider Number: 45-0154

Dear Ms. Hooper:

Val Verde Regional Medical Center (hereinafter referred to as "Hospital") is requesting a Low Volume Payment Adjustment for FFY 2025, effective for Medicare inpatient discharges occurring on or after October 1, 2024 to December 31, 2024. The Hospital meets both criteria: (1) total discharges less than 3,800 and (2) more than 15 road miles to the nearest "subsection (d)" Acute Care Hospital.

Per the Hospital's most recently filed Medicare Cost Report for FYE 6/30/2023, Worksheet S-3, Part I, Line 14, and Column 15 indicates 2,184 total discharges. This amount of discharges meets the revised discharge requirement per 42 CFR §412.101(b) (2) (ii).

The Hospital is 57.50 road miles from Fort Duncan Regional Medical Center, the nearest "subsection (d)" hospital and continues to meet the distance requirement per 42 CFR § 412.101(b) (2) (ii). Attached please find a map which indicates the Hospital and the nearest "subsection (d)" Acute Care Hospital.

The hospital will not meet the requirements for payment period January 1, 2025 to September 30, 2025.

If further documentation is required, please let me know.

Sincerely,

Enclosures

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	410	0	2,184	1.00
2.00	HMO and other (see instructions)			235	414		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	410	0	2,184	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

QUICK SEARCH



MAP OF SEARCH RESULTS

There are 2 hospitals that match your search criteria.

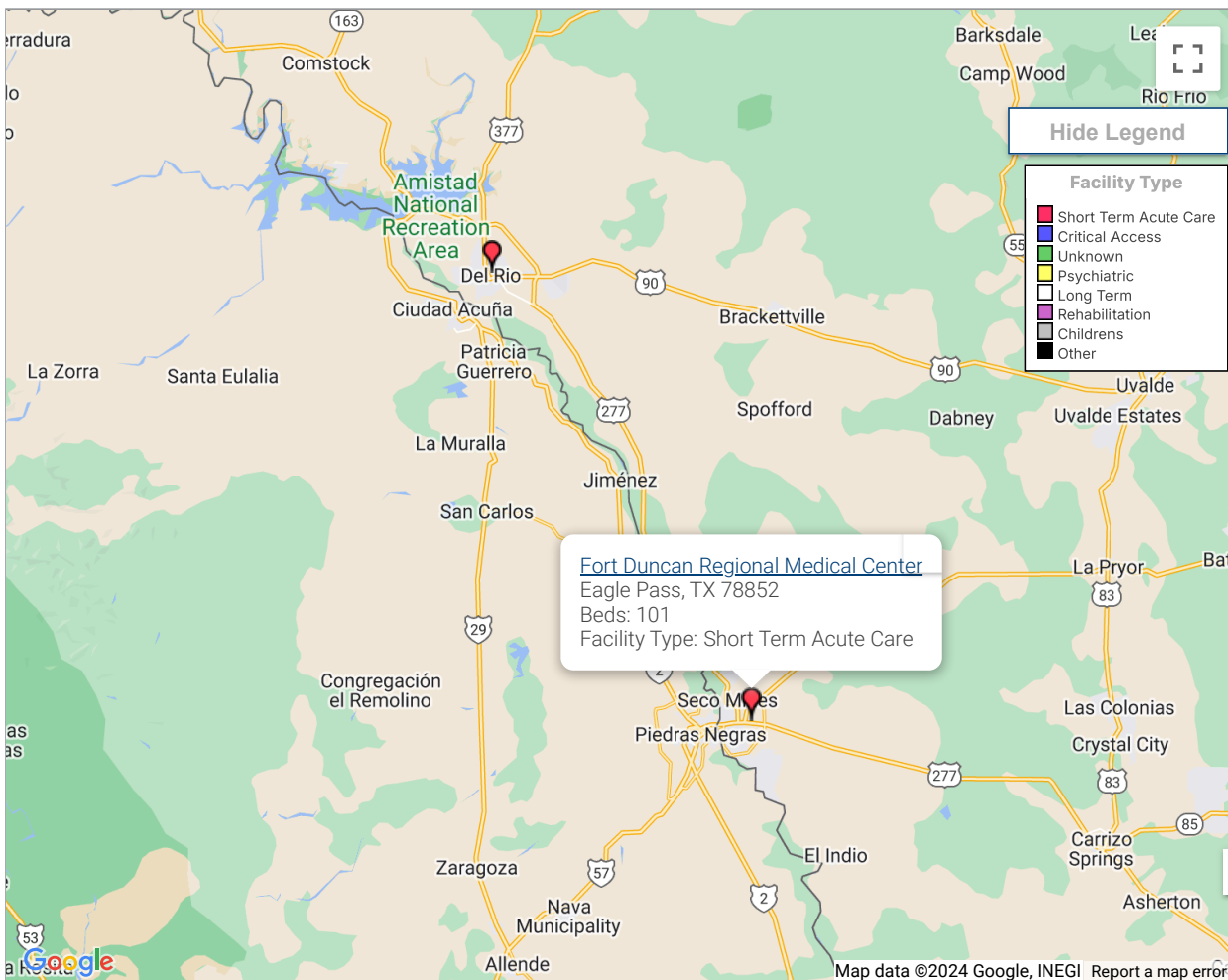
Click on a pin to see the hospital's name. Click on a hospital's name to see its profile.

Search Subject	Criteria Selected
Facility Type	Short Term Acute Care
Radius	55 miles from CCN 450154



LIST

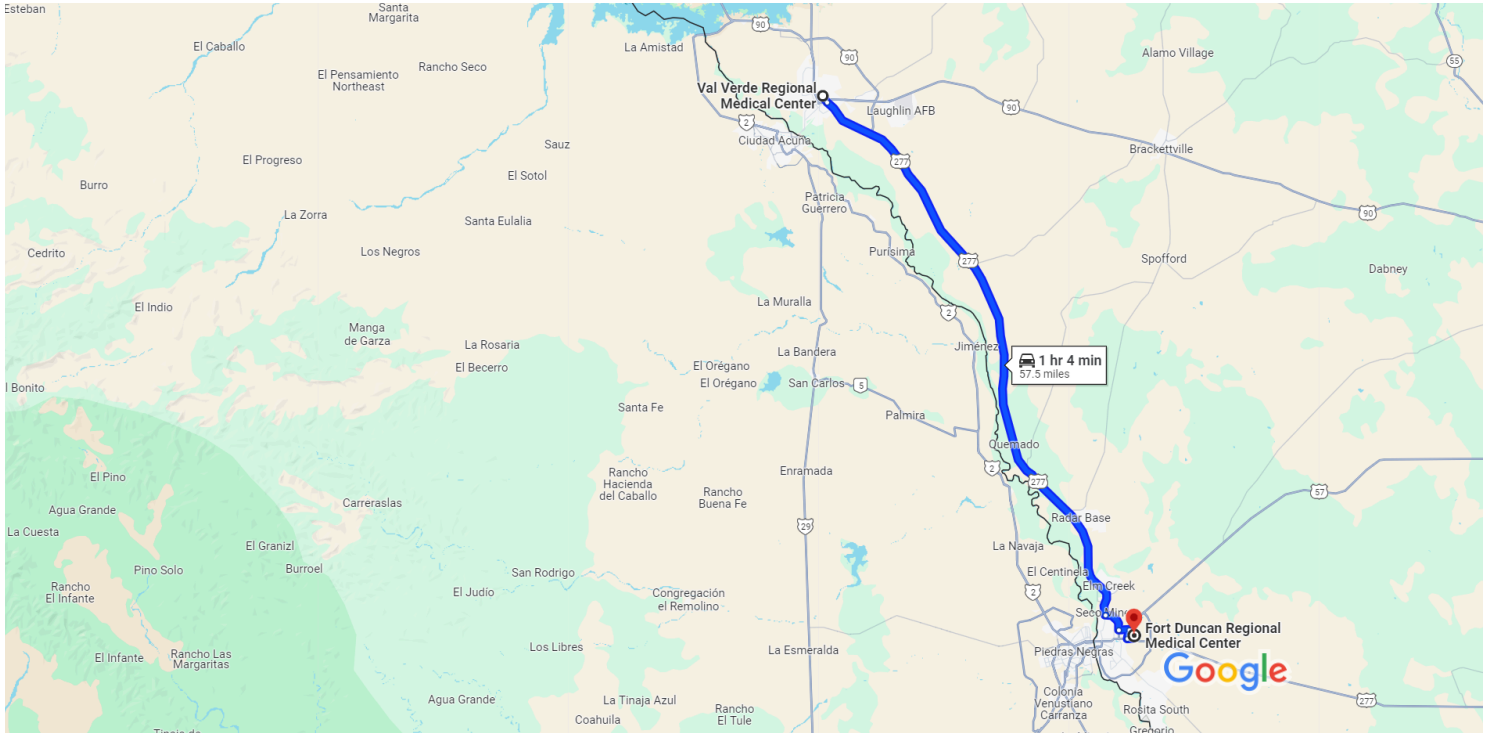
MAP



[Back to Top](#)

This map is for general reference and should not be used in seeking medical care.

Val Verde Reg'l Medical Ctr, 801 N Bedell Ave, Del Rio, TX 78840 to Fort Duncan Reg'l Medical Ctr, 3333 North Foster Maldonado Boulevard, Eagle Pass, TX 78852 Drive 57.5 miles, 1 hr 4 min



Map data ©2024 INEGI, Google 5 mi

Val Verde Reg'l Medical Ctr
801 N Bedell Ave, Del Rio, TX 78840

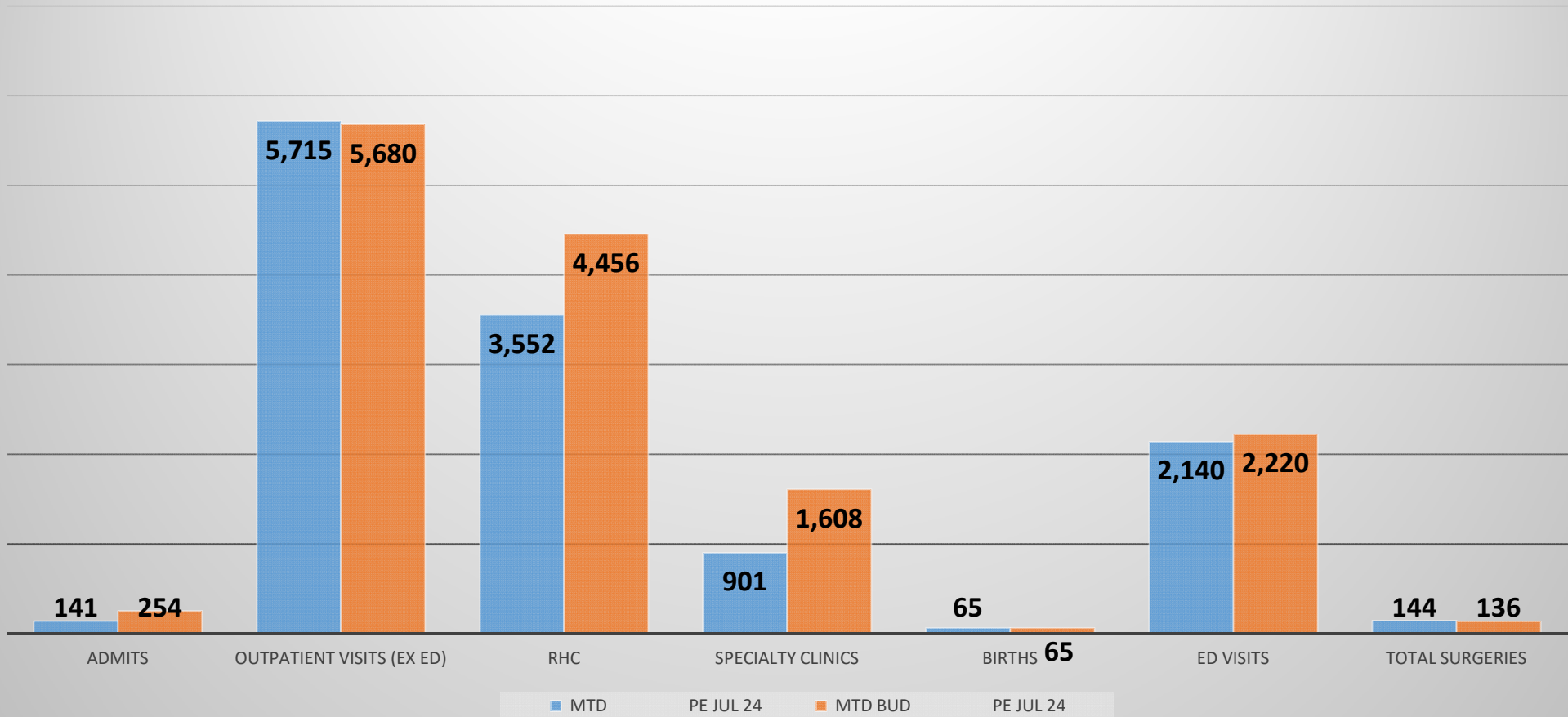
Follow N Bedell Ave to US-277/Dr Fermin Calderon Blvd

- 3 min (0.6 mi)
- ↑ 1. Head southwest toward N Bedell Ave
- 226 ft
- ↪ 2. Turn right toward N Bedell Ave
- 85 ft
- ↶ 3. Turn left onto N Bedell Ave
- 0.6 mi

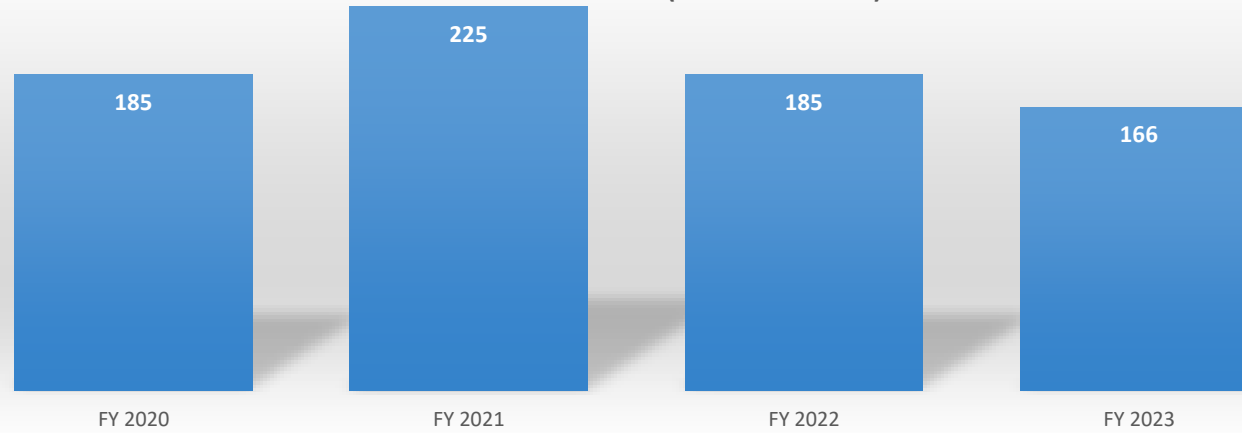
Follow US-277 to Megan St/Megan Trail in Eagle Pass

- 1 hr (56.5 mi)
- ↑ 4. Continue onto US-277/Dr Fermin Calderon Blvd
- [Continue to follow US-277](#)
- 52.3 mi
- ↶ 5. Use the left 2 lanes to turn left onto N Veterans Blvd
- 2.0 mi
- ↶ 6. Turn left onto 2nd St
- 0.9 mi

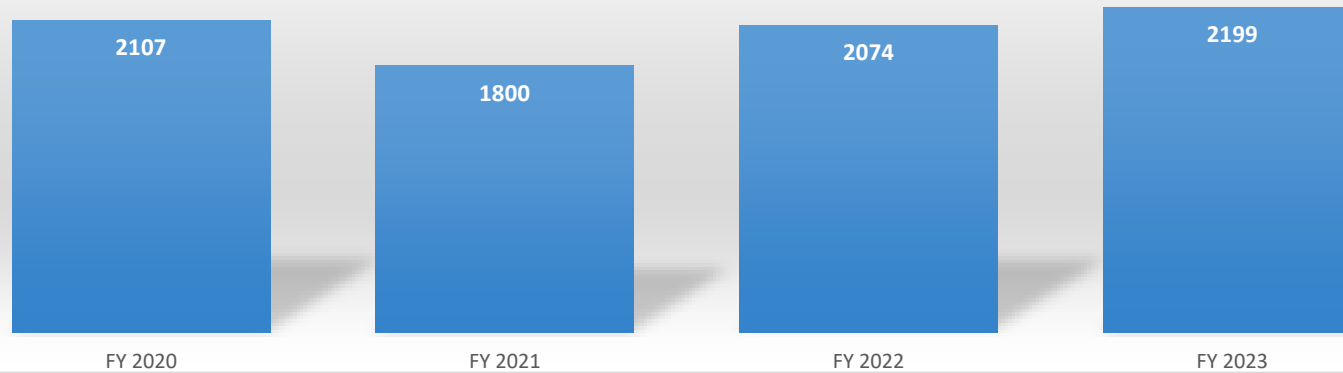
FY 2025 PE JUL 2024 Actual compared to BUDGET



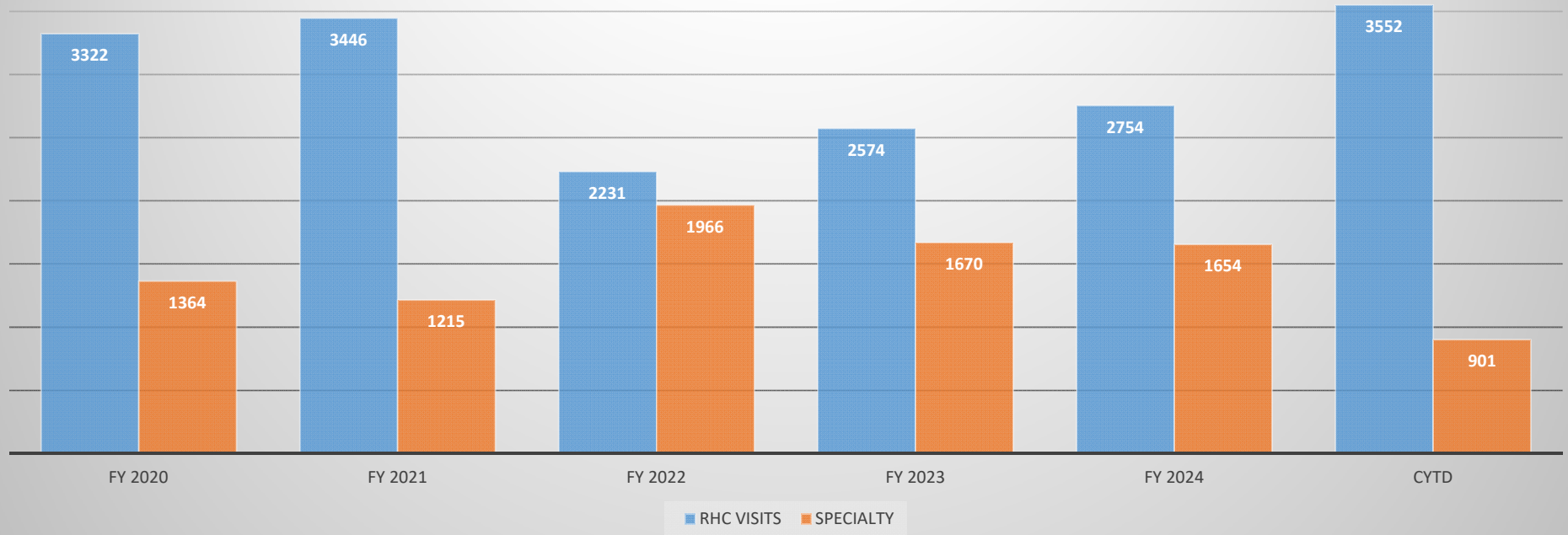
Admissions CFY 2025 COMPARED TO PYs (2020-2024)



ED Visits CFY 2025 COMPARED TO PYs (2020-2024)



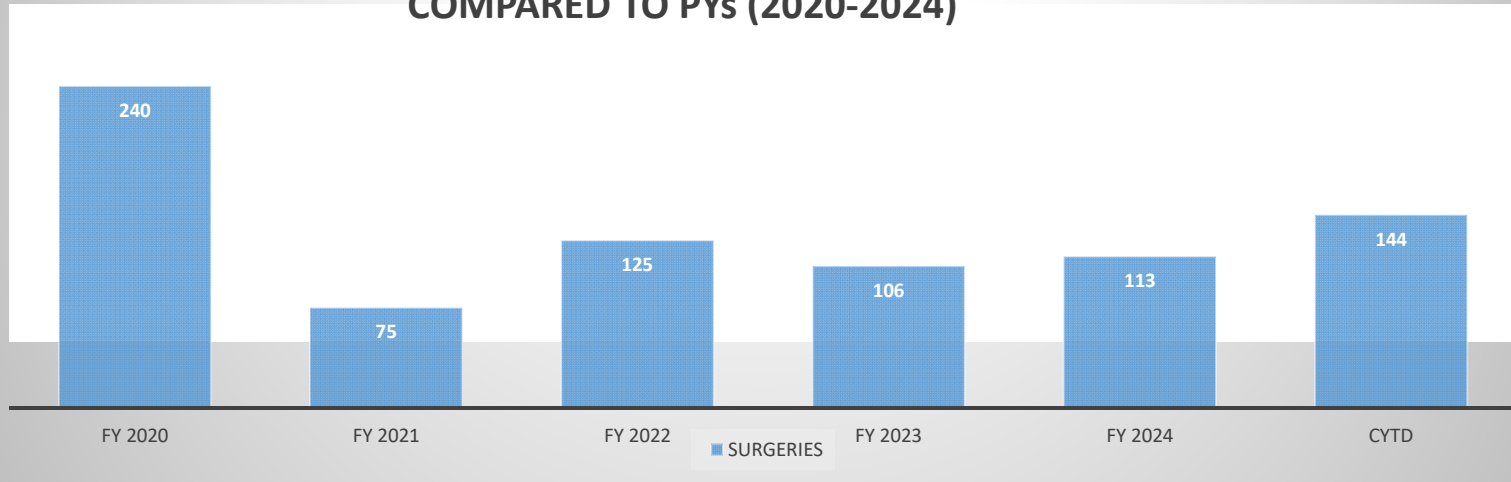
CLINIC VISITS CFY 2025 COMPARED TO PYs (2020-2024)



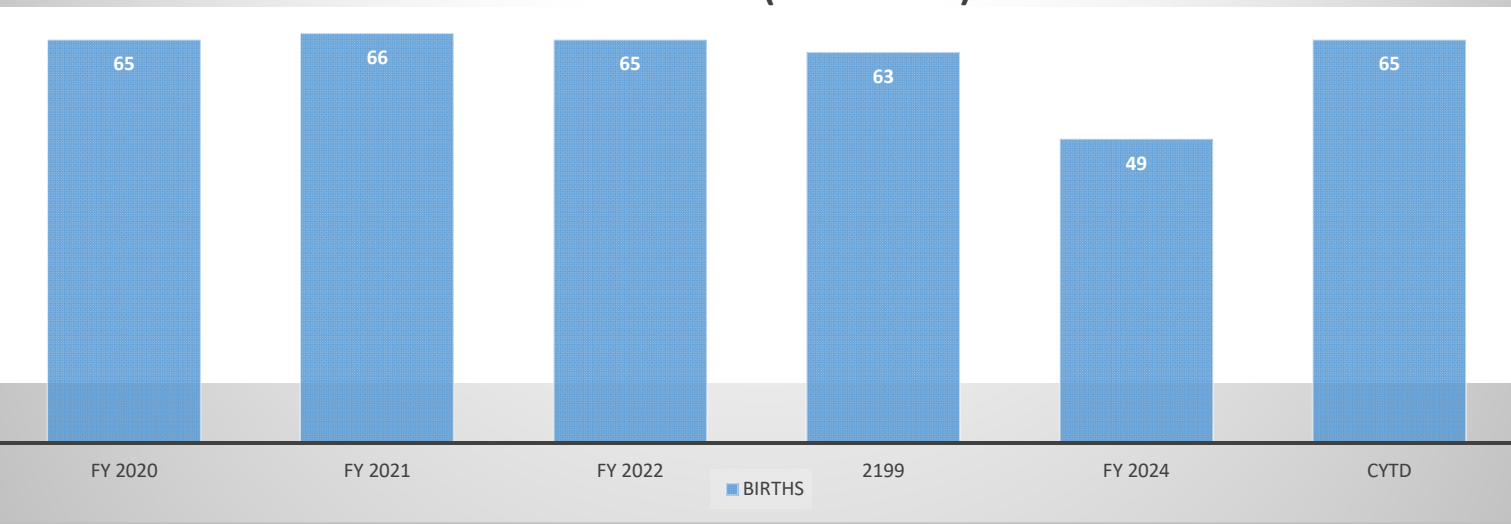
Revenue Cycle KPI FY 2025

Initiative	FYE 2024	PE July 2024	Target KPI	Variance to Target	STATUS
Front					
Point of Service Collections as a % of Net Revenue	1.1%	1.6%	1.6%	0.0%	
Initiative	FYE 2024	PE July 2024	Target KPI	Variance to Target	STATUS
Back					
Net Days in AR	51	51	<45 Days	6 days	
Clean Claim Report	71%	72%	>85%	14%	
Discharged Not Final Billed in Days in Gross A/R	4	3.3	< 4.7 Days	0%	
Insurance AR Aged more than 90 days from service/DC date	38%	38%	<27.4%	10%	
Denial Write off as a % Gross Revenue	2%	2%	2%	2%	
Timely Filing Write off as a % of Gross Revenue	1%	0%	1%	0%	
No Authorization Write Off as a % of Gross Revenue	0%	0%	0%	0%	
Medical Necessity Write off as % of Gross Revenue	0%	0%	0%	0%	

SURGERIES CFY 2025 COMPARED TO PYs (2020-2024)



BIRTHS CFY 2025 COMPARED TO PYs (2020-2024)





August 26, 2024

To VVHD Board/ VVCH Board:

The Finance Committee met on Monday, August 26, 2024.

Following is a summary/recommendation for items reviewed:

1. Financial Results for July 2024 were reviewed by the Chief Financial Officer, Claudia Falcon. **Cris Diaz made a recommendation to the Board of Directors to approve the unaudited Financials for July 2024, as presented, subject to audit. Ricardo Bermea seconded the recommendation; recommendation carried unanimously.**

District/Corporate CER:

2. 1200 Clinic Renovation Project:-The renovation project for 1200 clinic was a line item expense, on the corporate budget. The Corporate budgeted \$20k as line item expense for this project. After mock survey, additional repairs identified and based on total cost changed this was to a Capital Project. Total cost of \$41,813.83

Dr. Lee Keenen made a recommendation to the Board of Director to split the cost of the 1200 renovation project: District to pay \$21,813.83 and the Corporate to pay \$20k, as budgeted.

Cris Diaz seconded the recommendation; recommendation carried unanimously.

As part of the discussion on infrastructure, the committee made a recommendation for the District to review current lease agreements for the Hospital, Rural Health Clinic, and 1200 Clinic.

Val Verde Hospital District

Income Statement & Balance Sheet

FISCAL YEAR-TO-DATE: July 31, 2024

REVENUES & EXPENDITURES	CURRENT MONTH	YEAR-TO-DATE
Revenues	\$ 311,011	\$ 10,286,769
Expenses	\$ 90,854	\$ 5,538,000
Operating Income (Loss)	\$ 220,156	\$ 4,748,769

ASSETS	CURRENT MONTH	PRIOR MONTH	CHANGE
Operating Cash-District TCB #6593	\$ 3,777,528	\$ 3,374,405	\$ 403,123
Cash-DistrictTCB #0267	\$ 200,620	\$ 199,698	\$ 923
Cash-District B&T #6740	\$ 3,954,717	\$ 2,858,810	\$ 1,095,907
Cash-District B&T #9640	\$ 2,487	\$ 13,164	\$ (10,677)
RAYMOND JAMES CD	\$ 3,000,000	\$ 3,000,000	\$ -
Total District Cash & Investments	\$ 10,935,353	\$ 9,446,077	\$ 1,489,276
Other Current Assets	\$ 868	\$ 676	\$ 192
Total Current Assets	\$ 10,936,221	\$ 9,446,753	\$ 1,489,468
PP&E, Net	\$ 6,186,912	\$ 6,205,225	\$ (18,313)
Other Assets	\$ -	\$ -	\$ -
Total Assets	\$ 17,123,134	\$ 15,651,978	\$ 1,471,155

LIABILITIES	CURRENT MONTH	PRIOR MONTH	CHANGE
Total Liabilities	\$ (15,977,504)	\$ (17,228,503)	\$ 1,250,999
Total Net Assets	\$ 33,100,638	\$ 32,880,481	\$ 220,156
Total Liabilities & Net Assets	\$ 17,123,134	\$ 15,651,978	\$ 1,471,155

Notes for the Current Month:

1) Property tax payments received July 2024	\$ 130,110
2) Property tax payments received YTD	\$ 2,831,469

VAL VERDE COUNTY HOSPITAL DISTRICT
Monthly Investment Report

Total Short Term Investments-Reserves

07/31/24

All investments currently in Certificates of Deposit

Institution	DESCRIPTION	AMOUNT	APY	Months	Purchase Date	Maturity	Accrued Interest	Est Interest Earned	End of Month Date	Days in Current Mo
RAYMOND JAMES	SYNOVUS BANK	\$ 250,000	4.65%	18	02/16/23	08/16/24	\$ 16,816	\$ 17,422	07/31/24	525
RAYMOND JAMES	MORGAN STANLEY BANK	\$ 250,000	5.10%	18	06/21/23	12/23/24	\$ 14,077	\$ 19,247	07/31/24	400
RAYMOND JAMES	WELLS FARGO BANK	\$ 250,000	5.25%	18	08/22/23	02/24/25	\$ 12,262	\$ 19,849	07/31/24	339
RAYMOND JAMES	RAYMOND JAMES BANK	\$ 250,000	5.00%	18	12/18/23	06/13/25	\$ 7,637	\$ 18,596	07/31/24	223
RAYMOND JAMES	FIRST BANK	\$ 250,000	4.45%	24	12/26/23	12/26/25	\$ 6,553	\$ 22,280	07/31/24	215
RAYMOND JAMES	BERKSHIRE BANK	\$ 250,000	4.65%	24	02/25/24	02/27/26	\$ 4,905	\$ 23,346	07/31/24	156
RAYMOND JAMES	UNITY BANK	\$ 250,000	5.20%	6	03/03/24	09/05/24	\$ 5,236	\$ 6,625	07/31/24	148
RAYMOND JAMES	BRADESCO BANK	\$ 250,000	5.20%	6	03/04/24	09/06/24	\$ 5,200	\$ 6,625	07/31/24	147
RAYMOND JAMES	UBS BANK	\$ 250,000	4.75%	24	03/04/24	03/06/26	\$ 4,750	\$ 23,815	07/31/24	147
RAYMOND JAMES	BANK OF AMERICA	\$ 250,000	5.15%	12	03/05/24	03/07/25	\$ 5,115	\$ 12,946	07/31/24	146
RAYMOND JAMES	AMERICAN NATIONAL BANK	\$ 250,000	4.95%	18	03/06/24	09/08/25	\$ 4,882	\$ 18,681	07/31/24	145
RAYMOND JAMES	PREFERRED BANK	\$ 250,000	5.10%	12	03/13/24	03/14/25	\$ 4,786	\$ 12,785	07/31/24	138
Total Non-Restricted		\$ 3,000,000					\$ 92,219	\$ 165,547		

**Val Verde Hospital District
Income Statement
Fiscal Year-to-Date: October 2023 - September 2024**

**CURRENT PRIOR
YEAR YEAR
OCT 23- JULY 24 OCT 22- JULY 23 Variance**

Property Tax Receipts	\$ 2,831,469	\$ 2,888,771	\$ (57,302)
Interest Income	\$ 316,999	\$ 158,133	\$ 158,866
Clinic Facility Lease & Other	\$ 226,639	\$ 171,709	\$ 54,930
Tobacco	\$ 50,494	\$ 62,931	\$ (12,437)
TOTAL PROPERTY/INTEREST/LEASE/TOBACCO/OTHER	\$ 3,425,601	\$ 3,281,544	\$ 144,057
Amistad	\$ (101,543)	\$ 189,047	\$ (290,591)
Del Rio	\$ 132,977	\$ 188,302	\$ (55,325)
Maverick	\$ 362,151	\$ 487,080	\$ (124,929)
Windsor Seguin	\$ 398,249	\$ 564,045	\$ (165,796)
Uvalde	\$ 131,406	\$ 138,995	\$ (7,589)
Fredericksburg	\$ 38,632	\$ 112,210	\$ (73,578)
Central Texas	\$ -	\$ 135,701	\$ (135,701)
Concho	\$ -	\$ 117,173	\$ (117,173)
Devine	\$ -	\$ 88,369	\$ (88,369)
La Hacienda	\$ -	\$ 339,751	\$ (339,751)
Mission Valley	\$ 538,513	\$ 581,654	\$ (43,141)
Las Alturas	\$ 527,654	\$ 140,198	\$ 387,455
Val Verde	\$ 152,645	\$ 121,150	\$ 31,495
Pearsall	\$ 421,838	\$ 247,673	\$ 174,165
Windsor Mission Oaks (B&T)	\$ 558,926	\$ 376,343	\$ 182,583
Heritage Park	\$ 774,971	\$ 536,381	\$ 238,589
Windsor Duval	\$ 845,734	\$ 565,372	\$ 280,362
Ebony Lake	\$ 248,386	\$ 191,167	\$ 57,219
Edinburg	\$ 397,293	\$ 202,531	\$ 194,762
Brownsville	\$ 371,697	\$ 267,819	\$ 103,878
Windsor Edinburg	\$ 209,065	\$ 61,379	\$ 147,686
Windsor Weslaco	\$ 172,067	\$ 58,897	\$ 113,170
Windsor Las Palmas	\$ 277,534	\$ 101,596	\$ 175,938
Windsor Morgan	\$ 402,975	\$ 110,866	\$ 292,109
TOTAL NF QIPP REVENUE	\$ 6,861,168	\$ 5,923,700	\$ 937,468
Total Revenues	\$ 10,286,769	\$ 9,205,243	\$ 1,081,526

Professional Fees	\$ 50,198	\$ 88,293	\$ (38,095)
Election	\$ 22,920	\$ -	\$ 22,920
Board Expenses, Educ., Travel & Other:			
Advertising	\$ -	\$ 225	\$ (225)
Non Medical Supplies	\$ -	\$ 17	\$ (17)
Salaries & Employee Benefits	\$ 176,084	\$ 160,021	\$ 16,063
Bank Fees & Licenses	\$ -	\$ -	\$ -
Travel	\$ 12,945	\$ 6,652	\$ 6,293
Taxes & Penalties	\$ -	\$ -	\$ -
Business Relations	\$ 6,000	\$ 6,000	\$ -
Employee Relation	\$ 14,252	\$ 564	\$ 13,688
Scholarships	\$ 34,817	\$ 134,806	\$ (99,990)
Board education	\$ 15,545	\$ 10,200	\$ 5,345
Insurance (Air Flight Contribution)	\$ (143,232)	\$ 68,035	\$ (211,267)
Insurance	\$ 100	\$ 100	\$ -
Appraisal District Fees	\$ 50,776	\$ 51,138	\$ (362)
Purchased Services	\$ 62,000	\$ 45,840	\$ 16,160
Profit/Loss Clearing Account	\$ -	\$ -	\$ -
Reimbursement to VVRMC - Capital	\$ -	\$ -	\$ -
Reimbursement to VVRMC - Capital - Equipment	\$ 1,439,312	\$ 630,510	\$ 808,802
Reimbursement to VVRMC - Capital - Donation	\$ 3,492,674	\$ 4,575,000	\$ (1,082,326)
Depreciation	\$ 303,610	\$ 351,649	\$ (48,038)
Total Expenses	\$ 5,538,000	\$ 6,129,050	\$ (591,050)

Operating Income	\$ 4,748,769	\$ 3,076,193	\$ 1,672,576
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Cash & Investment Position	\$ 10,935,353	\$ 11,919,720	\$ (984,367)
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VAL VERDE HOSPITAL DISTRICT
 FY 2023-2024
 STATEMENT OF CASH FLOWS

July-24

	OCT ACT	NOV ACT	DEC ACT	JAN ACT	FEB ACT	MAR ACT	APRIL ACT	MAY ACT	JUN ACT	JUL ACT	AUG ACT	SEPT ACT	TOTAL
BEGINNING CASH & INVESTMENTS BALANCE	11,671,388	13,092,078	16,441,648	9,655,517	12,474,010	11,883,142	14,266,918	16,082,494	18,910,915	6,453,102			11,671,388
CASH RECEIPTS													
PROPERTY TAX RECEIPTS	165,185	1,241,543	492,054	322,297	249,637	95,653	42,926	26,565	65,499	130,110			2,831,469
INTEREST INCOME	27,169	31,968	28,900	34,084	33,574	35,628	41,073	44,050	19,942	20,611			316,999
RECEIPTS FROM CLINIC-LEASE	17,827	19,666	18,703	14,583	17,630	20,453	17,959	17,018	17,433	18,643			179,915
LINE OF CREDIT													-
CD REDEEM			27,200		19,524								46,724
TOBACCO	-							50,494					50,494
RECEIPTS NURSING HOMES - REV	372,002	1,841,420	128,407	813,587	-	2,285,543	161,904	1,018,416	143,988	135,446			6,900,711
TOTAL CASH RECEIPTS AS MONTHLY REV	582,182	3,134,597	695,263	1,184,551	320,365	2,437,278	263,861	1,156,543	246,861	304,811	-	-	10,326,312
RECEIPTS OTHER CASH - ACH FEES	373,415	33,649	6,693	184,149	1,237,414	670,865	304,369	943,164	295,325	3,102			4,052,144
TRANSFERS FROM HOSPITAL	1,912,662	791,319	-	743,641	847,427	-	898,611	-	725,888	-			5,919,549
RECEIPTS NURSING HOMES - IGT REPAYMENT	205,345	1,128,519	1,202,006	1,246,441	-	2,282,685	1,263,936	2,206,708	1,148,038	1,250,999			11,934,677
TOTAL CASH RECEIPTS	3,073,604	5,088,085	1,903,963	3,358,782	2,405,206	5,390,827	2,730,777	4,306,415	2,416,112	1,558,911	-	-	32,232,682
CASH DISBURSEMENTS													
VENDOR/OTHER PAYMENTS - SALARIES/BANK FEES	510,562	99,011	19,241	189,212	297,749	1,757,864	314,760	958,269	363,108	44,099			4,553,876
CAPITAL PURCHASES for Clinic													-
CAPITAL PURCHASES for Hospital		202,238	176,276				249,480	168,770	620,648	-			1,417,412
VVRMC Salaries Donation	350,000	692,674	350,000	350,000	350,000	350,000	350,000	350,000	350,000	-			3,492,674
TOTAL CASH DISBURSEMENTS AS MONTHLY EXP	860,562	993,923	545,517	539,212	647,749	2,107,864	914,240	1,477,039	1,333,757	44,099	-	-	9,463,962
ACH FEES	1,033	950	1,081	1,077	898	576	961	955	1,077	1,279			9,887
DSH/DSRIP PAYMENTS-HOSPITAL	791,319					898,611							1,689,930
DISPRO UPL/UC PAYMENTS-HOSPITAL					847,427								847,427
CHIRP/RAPPS/HARPS		743,641							725,888				1,469,529
UHRIP TEXNET PAYMENTS - HOSPITAL													-
QIPP IGT PAYOUTS-NURSING HOMES			8,143,496						12,813,203				20,956,699
LINE OF CREDIT PAYMENT													-
OTHER PAYMENTS													-
TOTAL CASH DISBURSEMENTS	1,652,914	1,738,514	8,690,094	540,289	1,496,074	3,007,051	915,201	1,477,994	14,873,925	45,378	-	-	34,437,435
NET CASH FLOW	1,420,690	3,349,570	(6,786,131)	2,818,492	909,132	2,383,776	1,815,576	2,828,421	(12,457,813)	1,513,533	-	-	(2,204,753)
ENDING CASH AND INVESTMENT BALANCE	13,092,078	16,441,648	9,655,517	12,474,010	13,383,142	14,266,918	16,082,494	18,910,915	6,453,102	7,966,635	-	-	9,466,635
CD VALUE	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000			3,000,000
ENDING CASH + CD VALUE	14,592,078	17,941,648	11,155,517	13,974,010	14,883,142	17,266,918	19,082,494	21,910,915	9,453,102	10,966,635	-	-	12,466,635

PROJECTED CASH INCREASE:	795,247
	6.8%

NOTES:

DISTRICT/HOSPITAL IGT & LOAN POSITION THRU JULY 2024

DISTRICT IGT'S			HOSPITAL PAYMENTS			TOTAL OWED TO DISTRICT
IGT DATE MM/YYYY	IGT TYPE	IGT AMT	PAYMENT DATE MM/YYYY	PAYMENT TYPE	PAYMENT AMOUNT	
10/2023	DSH	\$ 791,319	11/2023	DSH	\$ (791,319)	\$ -
11/2023	CHIRP	\$ 604,797	01/2024	CHIRP	\$ (604,797)	\$ -
11/2023	RAPPS	\$ 138,844	01/2024	RAPPS	\$ (138,844)	\$ -
02/2024	UC	\$ 847,427	02/2024	UC	\$ (847,427)	\$ -
03/2024	DSH	\$ 449,306	04/2024	DSH	\$ (449,306)	\$ -
03/2024	DSH	\$ 449,306	04/2024	DSH	\$ (449,306)	\$ -
06/2024	CHIRP	\$ 633,930	06/2024	CHIRP	\$ (633,930)	\$ -
06/2024	RAPPS	\$ 91,958	06/2024	RAPPS	\$ (91,958)	\$ -
\$ 4,006,887			\$ (4,006,887)			\$ -

TOTAL PAID BY DISTRICT FOR IGT'S & LOANS:	\$ 4,006,887
TOTAL PAYMENTS BY HOSPITAL FOR IGT'S & LOANS:	\$ (4,006,887)
TOTAL OWED TO DISTRICT FOR IGT'S & LOANS:	\$ -

CRP 40 NHOME
Income Statement & Balance Sheet
FISCAL YEAR-TO-DATE: July 31, 2024

REVENUES & EXPENDITURES	CURRENT MONTH	YEAR-TO-DATE
Revenues	12,633,266	125,382,202
Expenses	12,633,266	125,382,202
Operating Income (Loss)	0	0

ASSETS	CURRENT MONTH	PRIOR MONTH	CHANGE
Cash and Investments-Nursing Homes Pt Rev	2,302,492	4,127,157	(1,824,665)
Cash and Investments-Nursing Homes QIPP VVCHD IGT	0	0	0
Cash and Investments-Nursing Homes QIPP VVCHD% Rev	8,597	8,597	0
Cash and Investments-Nursing Homes QIPP NF% Rev	5,984	84,160	(78,176)
Total Cash and Investments	2,317,073	4,219,914	(1,902,841)
Other Current Assets	15,943,907	17,194,906	(1,250,999)
Total Assets	18,260,980	21,414,819	(3,153,840)

LIABILITIES	CURRENT MONTH	PRIOR MONTH	CHANGE
Total Liabilities	18,260,980	21,414,819	(3,153,840)
Total Net Assets	0	0	0
Total Liabilities & Net Assets	18,260,980	21,414,819	(3,153,840)

Notes for the Current Month:

Creative Solutions VVCHD payout pending

Y7 Period2 True Up will apply in PE Aug

CRP 40 NHOME

Income Statement

Fiscal Year-to-Date: October 2023 - September 2024

	CURRENT YEAR	PRIOR YEAR	VARIANCE
	Oct 23 - Jul 24	Oct 22 - Jul 23	

Patient Revenue	125,382,202	117,234,318	8,147,884
Total Revenues	125,382,202	117,234,318	8,147,884
Patient Expenses	125,382,202	117,234,318	8,147,884
Total Expenses	125,382,202	117,234,318	8,147,884
Operating Income	0	0	0
Cash & Investment Position	2,317,073	3,531,810	(1,214,737)

CRP 40 NHOME
FY 2023-2024

July-24

STATEMENT OF CASH FLOWS-NURSING HOMES

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL
BEGINNING CASH & INVESTMENTS BALANCE	4,258,656	2,055,257	2,176,480	749,599	1,386,152	3,285,319	1,885,112	4,171,784	1,650,243	4,219,914	2,317,073	2,317,073	4,258,656
CASH RECEIPTS													
Patient Revenue Monies													
Amistad N&R - DAISA	120,604	19,473	19,694	7,794	36,436	64,985	51,855	44,770	40,368	20,792			426,772
Amistad N&R - DACA	117,560	19,022	20,019	7,844	36,402	64,952	50,765	44,742	40,340	20,796			422,442
Del Rio N&R - DAISA	198,719	342,658	246,115	246,872	195,846	399,917	229,461	305,912	196,448	211,175			2,573,122
Del Rio N&R - DACA	255,108	315,212	283,300	270,657	305,102	286,503	306,192	266,883	287,876	294,666			2,871,499
Maverick N&R - DAISA	749,514	685,003	638,743	827,092	617,250	835,054	754,328	991,790	701,513	624,535			7,424,821
Maverick N&R - DACA	640,529	446,722	555,988	654,298	475,589	602,697	670,749	712,319	613,889	533,597			5,906,375
Windsor Seguin N&R - DAISA	725,721	1,000,262	562,907	939,851	739,030	967,518	760,194	837,632	713,629	762,095			8,008,838
Windsor Seguin N&R - DACA	623,007	685,911	474,219	755,517	570,204	662,898	680,743	598,861	625,492	670,470			6,347,322
Val Verde N&R - DAISA(TCB)													0
Uvalde N&R	317,081	298,669	272,838	446,105	369,101	245,780	294,658	380,682	260,926	333,840			3,219,680
Fredericksburg N&R	219,543	225,086	246,608	219,262	240,244	131,194	150,756	244,474	244,183	321,803			2,243,152
Mission Valley N&R - DAISA	1,098,197	1,048,145	1,046,347	1,263,185	1,300,393	1,330,231	1,053,324	1,365,718	980,046	1,040,787			11,526,372
Mission Valley N&R - DACA	1,033,070	753,232	976,964	1,111,295	1,014,820	1,148,069	1,037,010	1,149,030	904,501	964,330			10,092,321
Central Texas - DAISA	0	0	0	0	0	0	28,694	0	0	17			28,711
Central Texas - DACA	45	45	36	148	48	43	28,694	0	0	17			29,075
Concho - DAISA	0	0	0	0	0	0	0	0	0	0			0
Concho - DACA	47	45	36	148	48	43	0	89	40	0			496
Devine Health - DAISA	0	0	0	0	0	0	0	0	0	0			0
Devine Health - DACA	45	45	36	148	48	43	0	90	40	0			495
La Hacienda de Paz - DAISA	0	0	40,133	157,682	0	0	57	2	0	0			197,875
La Hacienda de Paz - DACA	0	46	40,133	157,682	0	0	57	2	0	0			197,921
Rock Creek - DAISA	3,731	0	0	17,020	0	0	0	0	0	0			20,751
Rock Creek - DACA	20,906	0	0	17,418	0	0	0	0	0	0			38,324
Atrium Bellmead - DAISA	0	24,249	0	0	0	0	0	0	0	2,344			26,593
Atrium Bellmead - DACA	46	24,294	0	0	16,054	0	0	0	0	2,344			42,737
Las Alturas	878,331	1,200,149	1,083,336	887,319	988,521	998,335	1,315,512	1,090,036	1,031,300	1,060,540			10,533,377
Pearsall - DAISA(B&T)	595,263	784,411	451,976	561,849	306,864	918,196	850,874	1,102,718	665,340	851,243			7,088,734
Pearsall - DACA(B&T)	536,319	437,512	374,954	410,421	314,419	545,963	787,654	763,533	569,506	800,073			5,540,354
Val Verde - DAISA(B&T)	272,196	382,702	274,114	376,418	315,508	448,872	348,779	508,165	421,862	378,457			3,724,072
Val Verde - DACA(B&T)	257,974	232,120	256,146	328,360	327,011	307,846	310,080	405,382	396,525	348,786			3,170,229
Windsor Mission Oaks - DAISA	873,517	997,005	799,271	1,089,496	867,557	1,155,560	914,944	1,038,450	812,037	854,419			9,402,256
Windsor Mission Oaks - DACA	772,536	650,848	684,341	878,883	577,969	763,188	789,480	708,108	739,189	747,715			7,312,256
Heritage Park - DAISA	1,113,838	1,612,313	1,158,331	1,240,167	948,997	2,000,941	1,183,934	1,284,995	1,153,109	1,214,546			12,911,171
Heritage Park - DACA	910,013	1,081,293	1,208,396	1,175,941	987,616	1,158,248	1,222,074	1,094,706	1,170,478	1,234,999			11,243,762
Windsor Duval - DAISA	1,205,786	1,830,135	1,229,617	1,307,202	1,030,037	2,242,599	1,202,827	1,455,735	1,200,265	1,228,050			13,932,253
Windsor Duval - DACA	1,112,558	1,409,759	1,248,154	1,345,683	1,087,193	1,244,287	1,227,388	1,266,928	1,186,103	1,276,737			12,404,790
Ebony Lake - DAISA	513,485	617,853	473,878	727,916	529,565	652,679	665,757	799,304	551,145	549,752			6,081,333
Ebony Lake - DACA	494,007	364,432	438,662	615,367	472,175	516,963	629,314	606,332	524,828	511,455			5,173,534
Edinburg - DAISA	645,921	759,822	880,721	890,517	950,984	892,970	997,450	903,396	751,320	685,589			8,358,691
Edinburg - DACA	589,545	472,872	811,989	728,593	751,739	724,975	1,113,826	662,785	681,254	621,226			7,158,804
Brownsville - DAISA	788,139	880,320	810,412	1,105,812	837,812	1,108,229	1,139,367	1,139,183	951,489	817,740			9,578,504
Brownsville - DACA	750,161	582,720	762,754	964,462	712,825	954,674	1,044,819	967,233	906,366	763,399			8,409,413
Windsor Edinburg - DAISA	346,654	416,373	473,198	489,857	407,468	498,415	434,145	525,977	536,440	412,988			4,541,516
Windsor Edinburg - DACA	363,128	250,282	465,381	418,555	341,612	442,131	402,860	349,090	499,506	360,529			3,893,075
Windsor Weslaco - DAISA	378,592	454,060	397,773	496,629	386,238	538,530	506,045	499,570	490,369	441,285			4,589,090
Windsor Weslaco - DACA	415,142	345,694	403,306	459,917	349,303	428,569	541,980	392,337	483,574	424,197			4,244,018
Windsor Las Palmas - DAISA	822,452	747,280	577,277	777,513	717,239	912,135	879,839	1,045,439	687,663	684,961			7,851,800
Windsor Las Palmas - DACA	836,710	585,406	528,138	748,118	597,260	712,384	850,724	764,378	606,504	602,092			6,831,715
Windsor Morgan - DAISA	696,361	960,855	751,381	779,880	779,241	1,637,142	924,454	1,009,839	821,333	703,197			9,063,681
Windsor Morgan - DACA	810,848	926,620	724,628	778,419	820,365	1,192,765	923,004	811,556	844,123	695,057			8,527,385
Las Alturas de Penitas					0	26,686	45,151	13,055	31,030	110,518			226,440
Total Patient Revenue Monies	23,102,952	24,870,953	22,692,249	26,683,312	22,322,130	29,760,206	27,349,816	28,151,226	24,321,948	24,183,157	0	0	253,437,948
QIPP Monies													
Amistad N&R - DACA	2,972	0	0	1,401	0	0	0	0	0	0			4,373

Del Rio N&R - DACA	44,350	151,112	39,022	70,351	0	189,331	38,173	129,056	55,754	40,786		757,936
Maverick N&R - DACA	108,955	238,253	82,724	172,761	141,625	232,358	83,550	279,459	87,591	89,149		1,516,423
Windsor Seguin N&R - DACA	102,682	314,331	88,650	184,302	168,794	304,631	79,417	238,748	87,077	91,589		1,660,222
Uvalde N&R	26,436	66,207	25,375	44,545	72,179	153,592	24,721	70,725	24,752	26,302		534,834
Fredericksburg N&R	31,337	78,814	15,313	35,095	0	147,647	13,594	52,987	15,043	15,025		404,855
Mission Valley N&R - DACA	89,212	302,834	69,406	155,018	339,000	194,907	70,170	234,490	73,395	74,852		1,603,284
Central Texas - DACA	0	0	0	736	0	0	0	0	0	0		736
Concho - DACA	0	0	0	588	0	0	0	0	0	0		588
Devine Health - DACA	0	0	0	442	0	0	0	0	0	0		442
La Hacienda de Paz - DACA	0	0	0	0	0	0	0	0	0	0		0
Rock Creek - DACA	0	0	0	0	0	0	0	0	0	0		0
Atrium Bellmead - DACA	0	0	0	0	0	0	0	0	0	0		0
Las Alturas	67,744	230,838	52,851	122,662	798,583	148,406	53,406	178,386	55,909	57,084		1,765,869
Pearsall - DACA(B&T)	125,001	399,125	112,693	203,187	0	432,846	124,362	367,335	108,463	118,100		1,991,114
Val Verde -- DACA(B&T)	45,778	168,980	41,056	74,969	0	157,677	49,316	113,532	39,641	42,684		733,632
Windsor Mission Oaks - DACA	128,638	371,559	114,930	236,537	289,588	415,418	125,465	364,991	113,201	118,506		2,278,832
Heritage Park - DACA	203,825	531,020	72,347	184,787	0	907,885	63,697	255,596	67,862	75,613		2,362,632
Windsor Duval - DACA	215,251	508,852	76,244	194,007	0	1,098,554	67,159	269,221	71,486	79,558		2,580,332
Ebony Lake - DACA	88,316	299,058	69,011	160,037	99,772	173,248	88,992	230,424	72,882	74,315		1,356,055
Edinburg - DACA	93,718	319,107	73,222	170,123	215,233	205,551	91,445	247,287	77,355	79,234		1,572,275
Brownsville - DACA	93,657	317,407	72,748	169,069	155,055	204,248	100,703	245,442	77,060	78,721		1,514,111
Windsor Edinburg - DACA	14,797	189,455	56,298	79,961	96,376	158,035	56,941	189,979	59,718	60,770		962,329
Windsor Weslaco - DACA	8,341	167,834	49,403	70,427	84,581	138,605	50,032	141,291	51,867	53,642		816,023
Windsor Las Palmas - DACA	22,368	193,720	86,040	113,238	147,310	241,536	87,021	290,409	90,959	93,235		1,365,836
Windsor Morgan - DACA	21,775	261,987	63,374	74,155	0	502,703	59,862	235,293	62,196	65,609		1,346,955
Las Alturas de Penitas					0	0	0	0	0	0		0
Total QIPP Monies	1,535,153	5,110,494	1,260,707	2,518,398	2,608,096	6,007,178	1,328,025	4,134,650	1,292,212	1,334,775	0	27,129,688
TOTAL CASH RECEIPTS	24,638,104	29,981,447	23,952,956	29,201,710	24,930,226	35,767,384	28,677,841	32,285,876	25,614,160	25,517,933	0	280,567,636

CASH DISBURSEMENTS

Patient Revenue Monies

Amistad N&R - DAISA	120,604	19,473	19,694	7,794	36,436	64,985	51,855	44,770	40,368	20,792			426,772
Amistad N&R - DACA	264,440	17,145	30,842	10,351	27,577	27,837	44,852	50,349	48,101	60,034			581,527
Del Rio N&R - DAISA	198,719	342,658	246,115	246,872	195,846	399,917	229,461	305,912	196,448	211,175			2,573,122
Del Rio N&R - DACA	292,647	332,442	295,417	265,653	274,683	325,228	255,465	249,877	212,905	443,575			2,947,893
Maverick N&R - DAISA	749,514	685,003	638,743	827,092	617,250	835,054	754,328	991,790	701,513	624,534			7,424,821
Maverick N&R - DACA	669,305	571,383	553,274	570,285	554,312	603,649	523,128	679,275	634,702	593,361			5,952,673
Windsor Seguin N&R - DAISA	725,721	1,000,262	562,907	939,851	739,030	967,518	760,195	837,632	713,629	762,094			8,008,838
Windsor Seguin N&R - DACA	705,707	749,263	466,777	684,430	610,548	714,256	504,877	597,627	659,146	739,501			6,432,133
Val Verde N&R - DAISA(TCB)	0	0	0	0	0	0	0	0	0	0			0
Uvalde N&R	303,702	350,585	267,900	412,844	339,682	312,200	219,759	462,833	260,930	293,502			3,223,937
Fredericksburg N&R	284,745	198,886	288,907	227,038	204,443	166,124	62,156	298,133	238,802	349,875			2,319,108
Mission Valley N&R - DAISA	1,098,197	1,048,145	1,046,347	1,263,185	1,300,393	1,330,231	1,053,324	1,365,718	980,046	1,040,787			11,526,372
Mission Valley N&R - DACA	1,145,483	842,258	1,129,890	1,046,379	1,099,859	1,136,899	836,690	1,105,248	906,332	1,072,268			10,321,305
Central Texas - DAISA	0	0	0	0	0	0	28,694	0	0	17			28,711
Central Texas - DACA	45	45	36	148	48	43	45	49	46	28,571			29,075
Concho - DAISA	0	0	0	0	0	0	0	0	0	0			0
Concho - DACA	47	45	36	148	48	43	44	45	40	12			507
Devine Health - DAISA	0	0	0	0	0	0	0	0	0	0			0
Devine Health - DACA	45	45	36	148	48	43	45	45	40	12			506
La Hacienda de Paz - DAISA	0	0	40,133	157,682	0	0	57	2	0	0			197,875
La Hacienda de Paz - DACA	31,875	46	36	195,715	67	43	45	46	41	1,331			229,244
Rock Creek - DAISA	3,731	0	0	17,020	0	0	0	0	0	0			20,751
Rock Creek - DACA	13,054	7,477	36	546	15,837	172	44	45	40	1,084			38,335
Atrium Bellmead - DAISA	0	24,249	0	0	0	0	0	0	0	2,344			26,593
Atrium Bellmead - DACA	46	15,822	552	230	49	60	49	228	125	25,577			42,737
Las Alturas	1,132,415	996,041	1,187,466	971,514	1,009,801	836,683	1,147,808	1,305,347	903,255	1,189,666			10,679,997
Pearsall - DAISA(B&T)	595,263	784,411	451,976	561,849	306,864	918,196	850,874	1,102,718	665,340	851,243			7,088,734
Pearsall - DACA(B&T)	506,638	519,647	389,824	370,648	316,532	581,047	523,141	1,044,223	377,805	940,468			5,569,973
Val Verde - DAISA(B&T)	272,196	382,702	274,114	376,418	315,508	445,872	348,779	508,165	421,862	378,457			3,724,072
Val Verde - DACA(B&T)	375,308	233,536	250,531	311,799	351,006	303,290	218,416	506,308	308,670	408,125			3,266,989
Windsor Mission Oaks - DAISA	873,517	997,005	799,271	1,089,496	867,557	1,155,560	914,944	1,038,450	812,037	854,419			9,402,256
Windsor Mission Oaks - DACA	967,000	722,240	696,919	827,682	637,117	768,665	522,443	910,072	530,403	864,880			7,447,421
Heritage Park - DAISA	1,113,838	1,612,313	1,158,331	1,240,167	948,997	2,000,941	1,183,934	1,284,995	1,153,109	1,214,546			12,911,171
Heritage Park - DACA	1,196,223	967,308	1,294,045	1,163,548	1,068,695	1,162,492	919,748	1,421,238	836,940	1,337,116			11,337,116
Windsor Duval - DAISA	1,205,786	1,830,135	1,229,617	1,307,202	1,030,037	2,242,599	1,202,827	1,455,735	1,200,265	1,228,050			13,932,253
Windsor Duval - DACA	1,437,029	1,259,323	1,496,227	1,267,028	1,140,832	1,237,589	884,628	1,651,224	776,682	1,339,709			12,490,271
Ebony Lake - DAISA	513,485	617,853	473,878	727,916	529,565	652,679	665,757	799,304	551,145	549,752			6,081,333
Ebony Lake - DACA	554,426	445,598	450,572	570,908	500,160	501,665	505,595	709,490	389,060	602,957			5,230,430
Edinburg - DAISA	645,921	759,822	880,721	890,517	950,984	892,970	997,450	903,396	751,320	685,589			8,358,691
Edinburg - DACA	642,151	573,665	761,357	704,826	833,808	711,243	842,229	872,236	470,867	740,580			7,152,961
Brownsville - DAISA	788,139	880,320	810,412	1,105,812	837,812	1,108,229	1,139,367	1,139,183	951,489	817,740			9,578,504
Brownsville - DACA	883,454	794,321	766,567	868,589	810,894	953,761	847,109	1,057,607	791,341	886,194			8,659,837
Windsor Edinburg - DAISA	346,654	416,373	473,198	489,857	407,468	498,415	434,145	525,977	536,440	412,988			4,541,516
Windsor Edinburg - DACA	390,416	308,483	436,574	410,044	387,194	444,392	317,278	394,635	355,195	483,856			3,928,066
Windsor Weslaco - DAISA	378,592	454,060	397,773	496,629	386,238	538,530	506,045	499,570	490,369	441,285			4,589,090
Windsor Weslaco - DACA	446,873	367,729	427,772	415,379	402,011	480,592	365,098	456,512	401,898	487,284			4,251,149
Windsor Las Palmas - DAISA	822,452	747,280	577,277	777,513	717,239	912,135	879,839	1,045,439	687,663	684,961			7,851,800
Windsor Las Palmas - DACA	1,015,474	708,747	552,818	712,473	624,078	686,602	672,775	908,161	486,241	656,259			7,023,629
Windsor Morgan - DAISA	696,361	960,855	751,381	779,880	779,241	1,637,142	924,454	1,009,839	821,333	703,197			9,063,681
Windsor Morgan - DACA	875,822	805,518	994,626	738,822	855,264	1,198,747	638,572	1,108,927	566,468	911,380			8,694,146
Las Alturas de Penitas					0	23,686	35,315	24,391	0	99,710			183,103
Total Patient Revenue Monies	25,283,060	25,350,514	23,570,925	26,049,926	23,031,059	29,778,021	23,813,681	30,672,767	21,830,452	26,010,622	0	0	255,391,026

QIPP Monies

Amistad N&R - DACA	0	0	0	0	0	0	0	0	0	0			0
Del Rio N&R - DACA	44,350	77,009	113,126	70,351	0	86,635	140,869	129,056	53,199	43,341			757,936
Maverick N&R - DACA	118,484	118,492	202,485	172,761	0	207,554	249,979	279,459	87,591	89,149			1,525,952
Windsor Seguin N&R - DACA	101,190	175,102	227,879	184,302	0	184,302	279,460	238,748	84,278	91,589			1,655,930
Uvalde N&R	26,436	40,238	51,344	44,545	0	113,591	136,901	70,725	23,172	27,882			534,834
Fredericksburg N&R	51,173	30,122	60,358	35,095	0	50,151	126,554	52,987	12,803	17,265			436,508

Mission Valley N&R - DACA	93,436	183,285	140,023	155,018	0	321,072	283,004	234,490	73,395	74,852			1,558,576
Central Texas - DACA	0	0	0	0	0	0	0	0	0	0			0
Concho - DACA	0	0	0	0	0	0	0	0	0	0			0
Devine Health - DACA	0	0	0	0	0	0	0	0	0	0			0
La Hacienda de Paz - DACA	0	0	0	0	0	0	0	0	0	0			0
Rock Creek - DACA	0	0	0	0	0	0	0	0	0	0			0
Atrium Bellmead - DACA	0	0	0	0	0	0	0	0	0	0			0
Las Alturas	67,744	230,838	52,851	122,662	0	946,989	53,406	178,386	55,909	57,084			1,765,869
Pearsall - DACA(B&T)	125,001	399,125	112,693	203,187	0	422,658	134,551	367,335	101,716	124,848			1,991,114
Val Verde – DACA(B&T)	0	168,980	41,056	74,969	0	146,833	60,159	113,532	37,147	45,178			687,854
Windsor Mission Oaks - DACA	128,638	371,559	114,930	236,537	0	705,006	125,465	364,991	109,528	122,179			2,278,832
Heritage Park - DACA	219,866	531,020	72,347	184,787	0	907,885	63,697	255,596	44,616	98,859			2,378,673
Windsor Duval - DACA	232,216	508,852	76,244	194,007	0	1,098,554	67,159	269,221	47,018	104,027			2,597,297
Ebony Lake - DACA	88,316	299,058	69,011	160,037	0	99,905	274,715	230,424	72,882	74,315			1,368,662
Edinburg - DACA	93,718	319,107	73,222	170,123	0	420,784	91,445	247,287	77,355	79,234			1,572,275
Brownsville - DACA	93,657	317,407	72,748	169,069	0	359,303	100,703	245,442	77,060	78,721			1,514,111
Windsor Edinburg - DACA	14,797	189,455	56,298	79,961	0	254,411	56,941	189,979	59,718	60,770			962,329
Windsor Weslaco - DACA	8,341	94,354	122,883	70,427	0	87,619	185,599	141,291	51,867	53,642			816,023
Windsor Las Palmas - DACA	22,368	193,720	86,040	113,238	0	388,846	87,021	290,409	90,959	93,235			1,365,836
Windsor Morgan - DACA	28,713	261,987	63,374	74,155	0	498,391	59,862	235,293	53,823	73,982			1,349,581
Las Alturas de Penitas					0	0	0	0	0	0			0
Total QIPP Monies	1,558,443	4,509,710	1,808,912	2,515,231	0	7,389,570	2,577,488	4,134,650	1,214,036	1,410,152	0	0	27,118,193
TOTAL CASH DISBURSEMENTS	26,841,503	29,860,224	25,379,837	28,565,157	23,031,059	37,167,591	26,391,170	34,807,417	23,044,489	27,420,773	0	0	282,509,219
NET CASH FLOW	(2,203,399)	121,223	(1,426,881)	636,553	1,899,167	(1,400,207)	2,286,672	(2,521,541)	2,569,671	(1,902,841)	0	0	(1,941,583)
ENDING CASH AND INVESTMENT BALANCE	2,055,257	2,176,480	749,599	1,386,152	3,285,319	1,885,112	4,171,784	1,650,243	4,219,914	2,317,073	2,317,073	2,317,073	2,317,073
											PROJECTED CASH DECREASE:		(1,941,583)
											DECREASE %		(0)

CRP 40 Nhome

FY 2023-2024

July-24

STATEMENT OF CASH ON HAND - NURSING HOMES

	Patient Revenue	QIPP Monies	Total
NF's COH Total - July 31, 2024	2,302,492	14,581	2,317,073

QIPP Monies Breakdown	
VVCHD QIPP IGT	0
VVCHD QIPP Rev	8,597
NF QIPP Rev	5,984
Total QIPP Monies	14,581

DISTRICT QIPP IGT (COMP 1) TRACKING BREAKDOWN July-24

QIPP Y7 IGT SUMMARY

NF	IGT Paid	IGT Paid Dec	Total Y7		Y7 P1 Collected	Y7 P2 Collected	Total Collected Y7	P1 Outstanding	P2 Outstanding	Total Outstanding Balance Y7
	Jun 2023 (P1)	2023 (P2)	IGT Paid	IGT						
1 Maverick Nursing and Rehabilitation Center	444,032	444,032	888,065		444,032	202,163	646,195	0	241,869	241,869
2 Windsor Nursing and Rehabilitation Center of Seguin	475,036	475,036	950,071		475,036	203,861	678,897	0	271,174	271,174
3 Mission Valley Nursing and Transitional Care	372,486	372,486	744,972		372,486	169,586	542,072	0	202,900	202,900
4 Pearsall Nursing and Rehab	608,743	608,743	1,217,486		608,743	266,065	874,808	0	342,678	342,678
5 Val Verde Nursing and Rehab	221,742	221,742	443,483		221,742	96,888	318,629	0	124,854	124,854
6 Windsor Mission Oaks	615,897	615,897	1,231,795		615,897	264,270	880,168	0	351,627	351,627
7 Ebony Lake Nursing and Rehab Center	370,376	370,376	740,752		370,376	168,628	539,004	0	201,747	201,747
8 Edinburg Nursing and Rehab Center	392,921	392,921	785,841		392,921	178,869	571,790	0	214,051	214,051
9 Brownsville Nursing and Rehab Center	390,398	390,398	780,797		390,398	177,710	568,108	0	212,689	212,689
10 Heritage Park Rehab and Skilled Nursing Center	923,323	923,323	1,846,646		923,323	382,113	1,305,436	0	541,210	541,210
11 Windsor Nursing and Rehab Center of Duval	973,028	973,028	1,946,055		973,028	402,683	1,375,710	0	570,345	570,345
12 Windsor Edinburg	302,107	302,107	604,213		302,107	137,560	439,667	0	164,546	164,546
13 Windsor Weslaco	265,150	265,150	530,299		265,150	120,707	385,856	0	144,443	144,443
14 Windsor Las Palmas	461,773	461,773	923,546		461,773	210,228	672,001	0	251,545	251,545
15 Windsor Morgan	545,758	545,758	1,091,516		545,758	259,040	804,799	0	286,718	286,718
16 Del Rio Nursing and Rehabilitation Center	210,709	210,709	421,419		210,709	92106.76	302,816	0	118,603	118,603
17 Las Alturas Nursing and Transitional Care	283,594	283,594	567,188		283,594	129118.49	412,712	0	154,475	154,475
18 Uvalde Healthcare and Rehabilitation	137,691	137,691	275,382		137,691	60191.25	197,882	0	77,500	77,500
19 Fredericksburg Nursing and Rehabilitation	148,733	148,733	297,466		148,733	64048.04	212,781	0	84,685	84,685
	8,143,496	8,143,496	16,286,992		8,143,496	3,585,836	11,729,332	0	4,557,659	4,557,659

TOTAL OUTSTANDING Y7 IGT **4,557,659**

QIPP Y8 IGT SUMMARY

NF	IGT Paid	IGT Paid Dec	Total Y8		Y8 P1 Collected	Y8 P2 Collected	Total Collected Y8	P1 Outstanding	P2 Outstanding	Total Outstanding Balance Y8
	Jun 2024 (P1)	2024 (P2)	IGT Paid	IGT						
1 Maverick Nursing and Rehabilitation Center	525,549		525,549				0	525,549	0	525,549
2 Windsor Nursing and Rehabilitation Center of Seguin	767,050		767,050				0	767,050	0	767,050
3 Mission Valley Nursing and Transitional Care	594,780		594,780				0	594,780	0	594,780
4 Pearsall Nursing and Rehab	825,772		825,772				0	825,772	0	825,772
5 Val Verde Nursing and Rehab	353,325		353,325				0	353,325	0	353,325
6 Windsor Mission Oaks	1,110,629		1,110,629				0	1,110,629	0	1,110,629
7 Ebony Lake Nursing and Rehab Center	450,481		450,481				0	450,481	0	450,481
8 Edinburg Nursing and Rehab Center	667,415		667,415				0	667,415	0	667,415
9 Brownsville Nursing and Rehab Center	552,664		552,664				0	552,664	0	552,664
10 Heritage Park Rehab and Skilled Nursing Center	1,537,941		1,537,941				0	1,537,941	0	1,537,941
11 Windsor Nursing and Rehab Center of Duval	1,654,058		1,654,058				0	1,654,058	0	1,654,058
12 Windsor Nursing and Rehabilitation Center of Edinburg	418,565		418,565				0	418,565	0	418,565
13 Windsor Nursing and Rehabilitation Center of Weslaco	319,280		319,280				0	319,280	0	319,280
14 Windsor Las Palmas Nursing and Rehabilitation Center	605,985		605,985				0	605,985	0	605,985
15 Windsor and Rehabilitation Center of Morgan	787,214		787,214				0	787,214	0	787,214
16 Del Rio Nursing and Rehabilitation Center	255,391		255,391				0	255,391	0	255,391
17 Las Alturas Nursing and Transitional Care	858,624		858,624				0	858,624	0	858,624
18 Las Alturas de Penitas	372,429		372,429				0	372,429	0	372,429
19 Fredericksburg Nursing and Rehabilitation	156,051		156,051				0	156,051	0	156,051
	12,813,203	0	12,813,203		0	0	0	12,813,203	0	12,813,203

TOTAL OUTSTANDING Y8 IGT **17,370,862**

QIPP Year 7		Component 1 Monthly	Component 3 Quarterly							Component 4 Quarterly	
		QAPI	Metric 2: Antipsychotics Medication			Metric 4: UTI				Quarter - Infection Control	
NF	Month	Met		Target	Actual	Met	Target	Actual	Met	Actual	Met
Maverick	Sep-23	Yes	Q1	9.71%	1.52%	Yes	0.54%	0.00%	Yes	IC Report Info	Met
	Oct-23	Yes									
	Nov-23	Yes									
	Dec-23	Yes	Q2	9.71%	1.54%	Yes	0.54%	0.00%	Yes	IC Certificates LNFA & DON	Met
	Jan-24	Yes									
	Feb-24	Yes									
	Mar-24	Yes	Q3	9.71%	2.82%	Yes	0.54%	0.00%	Yes	IC Report Info	
	Apr-24	Yes									
	May-24	Yes									
	Jun-24	Yes	Q4							Vaccination Measures	
Jul-24	Yes										
Aug-24	Yes										
Windsor Seguin	Sep-23	Yes	Q1	10.88%	17.33%	No	0.61%	0.00%	Yes	IC Report Info	Yes
	Oct-23	Yes									
	Nov-23	Yes									
	Dec-23	Yes	Q2	10.88%	19.75%	No	0.61%	0.00%	Yes	IC Certificates LNFA & DON	Yes
	Jan-24	Yes									
	Feb-24	Yes									
	Mar-24	Yes	Q3	10.88%	19.23%	No	61.00%	0%		IC Report Info	
	Apr-24	Yes									
	May-24	Yes									
	Jun-24	Yes	Q4							Vaccination Measures	
Jul-24	Yes										
Aug-24	Yes										
Mission Valley	Sep-23	Yes	Q1	4.22%	2.38%	Yes	0.08%	0.00%	Yes	IC Report Info	Yes
	Oct-23	Yes									
	Nov-23	Yes									
	Dec-23	Yes	Q2	4.22%	2.50%	Yes	0.08%	0.00%	Yes	IC Certificates LNFA & DON	Yes
	Jan-24	Yes									
	Feb-24	Yes									
	Mar-24	Yes	Q3	4.22%	2.47%	Yes	0.08%	0.00%	Yes	IC Report Info	
	Apr-24	Yes									
	May-24	Yes									
	Jun-24	Yes	Q4							Vaccination Measures	
Jul-24	Yes										
Aug-24	Yes										
Pearsall	Sep-23	Yes	Q1	7.11%	9.76%	No	1.83%	0.95%	Yes	IC Report Info	Yes
	Oct-23	Yes									
	Nov-23	Yes									
	Dec-23	Yes	Q2	7.11%	6.41%	Yes	1.83%	0.00%	Yes	IC Certificates LNFA & DON	Yes
	Jan-24	Yes									
	Feb-24	Yes									
	Mar-24	Yes	Q3	7.11%	5.26%	Yes	1.83%	0.00%	Yes	IC Report Info	
	Apr-24	Yes									
	May-24	Yes									
	Jun-24	Yes	Q4							Vaccination Measures	
Jul-24	Yes										
Aug-24	Yes										
	Sep-23	Yes	Q1	15.61%	14.71%	Yes	2.48%	7.69%	No	IC Report Info	YES
	Oct-23	Yes									
	Nov-23	Yes									
	Dec-23	Yes	Q2	14.79%	11.43%	Yes	2.35%	2.44%	No	IC Certificates LNFA & DON	YES
	Jan-24	Yes									

Val Verde	Feb-24	Yes		Q3	14.58%	14.29%	Yes	2.28%	0.00%	Yes	IC Report Info
	Mar-24	Yes									Vaccination Measures
	Apr-24	Yes									
	May-24	Yes									
	Jun-24	Yes									
	Jul-24	Yes									
	Aug-24										

QIPP Year 7			Component 1 Monthly	Component 3 Quarterly						Component 4 Quarterly	
			QAPI	Metric 2: Antipsychotics Medication			Metric 4: UTI			Quarter - Infection Control	
NF	Month	Met		Target	Actual	Met	Target	Actual	Met	Actual	Met
Windsor Mission Oaks	Sep-23	Yes	Q1	32.52%	35.00%	No	2.61%	1.61%	Yes	IC Report Info	YES
	Oct-23	Yes									
	Nov-23	Yes									
	Dec-23	Yes	Q2	30.81%	28.95%	Yes	2.47%	0.82%	Yes	IC Certificates LNFA & DON	YES
	Jan-24	Yes									
	Feb-24	Yes									
	Mar-24	Yes	Q3	29.09%	31.58%	No	2.34%	0.81%	Yes	IC Report Info	
	Apr-24	Yes									
	May-24	Yes									
Jun-24	Yes	Q4							Vaccination Measures		
Jul-24	Yes										
Aug-24	Yes										
Ebony Lake	Sep-23	Yes	Q1	5.16%	6.06%	No	0.49%	0.00%	Yes	IC Report Info	YES
	Oct-23	Yes									
	Nov-23	Yes									
	Dec-23	Yes	Q2	5.16%	1.61%	Yes	0.49%	0.00%	Yes	IC Certificates LNFA & DON	YES
	Jan-24	Yes									
	Feb-24	Yes									
	Mar-24	Yes	Q3	5.16%	6.35%	No	0.49%	0.00%	Yes	IC Report Info	
	Apr-24	Yes									
	May-24	Yes									
Jun-24	Yes	Q4							Vaccination Measures		
Jul-24	Yes										
Aug-24	Yes										
Edinburg	Sep-23	Yes	Q1	9.57%	1.47%	Yes	0.37%	0.00%	Yes	IC Report Info	Yes
	Oct-23	Yes									
	Nov-23	Yes									
	Dec-23	Yes	Q2	9.57%	4.00%	Yes	0.37%	0.00%	Yes	IC Certificates LNFA & DON	Yes
	Jan-24	Yes									
	Feb-24	Yes									
	Mar-24	Yes	Q3	9.57%	2.63%	Yes	0.37%	0.00%	Yes	IC Report Info	
	Apr-24	Yes									
	May-24	Yes									
Jun-24	Yes	Q4							Vaccination Measures		
Jul-24	Yes										
Aug-24	Yes										
Brownsville	Sep-23	Yes	Q1	12.84%	6.10%	Yes	0.08%	0.00%	Yes	IC Report Info	Yes
	Oct-23	Yes									
	Nov-23	Yes									
	Dec-23	Yes	Q2	12.84%	10.26%	Yes	0.08%	0.00%	Yes	IC Certificates LNFA & DON	Yes
	Jan-24	Yes									
	Feb-24	Yes									
	Mar-24	Yes	Q3	12.84%	9.46%	Yes	8.00%	0.00%	Yes	IC Report Info	
	Apr-24	Yes									
	May-24	Yes									
Jun-24	Yes	Q4							Vaccination Measures		
Jul-24	Yes										
Aug-24	Yes										
NF	Sep-23	Yes	Q1	12.59%	12.82%	No	0.66%	0.57%	Yes	IC Report Info	YES
	Oct-23	Yes									
	Nov-23	Yes									

Heritage Park	Dec-23	Yes	Q2	12.59%	11.86%	Yes	0.66%	0.58%	Yes	IC Certificates LNFA & DON	YES
	Jan-24	Yes								Q3	12.59%
	Feb-24	Yes	Q4						Vaccination Measures		
	Mar-24	Yes									
	Apr-24	Yes									
	May-24	Yes									
	Jun-24	Yes									
	Jul-24	Yes									
Aug-24	Yes										

QIPP Year 7			Component 1 Monthly	Component 3 Quarterly						Component 4 Quarterly										
			QAPI	Metric 2: Antipsychotics Medication			Metric 4: UTI			Quarter - Infection Control										
NF	Month	Met		Target	Actual	Met	Target	Actual	Met	Actual	Met									
Windsor Duval	Sep-23	Yes	Q1	14.58%	19.57%	No	0.35%	0.00%	Yes	IC Report Info	YES									
	Oct-23	Yes								Q2	14.58%	14.39%	Yes	0.35%	0.00%	Yes	IC Certificates LNFA & DON	YES		
	Nov-23	Yes															Q3	14.58%	19.72%	No
	Dec-23	Yes	Q4							Vaccination Measures										
	Jan-24	Yes																		
	Feb-24	Yes																		
	Mar-24	Yes																		
	Apr-24	Yes																		
	May-24	Yes																		
Jun-24	Yes																			
Jul-24	Yes																			
Aug-24	Yes																			
Del Rio	Sep-23	Yes	Q1	3.88%	2.94%	Yes	0.08%	0.00%	Yes	IC Report Info	YES									
	Oct-23	Yes								Q2	3.88%	2.94%	Yes	0.08%	0.00%	Yes	IC Certificates LNFA & DON	YES		
	Nov-23	Yes															Q3	3.88%	0.00%	
	Dec-23	Yes	Q4							Vaccination Measures										
	Jan-24	Yes																		
	Feb-24	Yes																		
	Mar-24	Yes																		
	Apr-24	Yes																		
	May-24	Yes																		
Jun-24	Yes																			
Jul-24	Yes																			
Aug-24	Yes																			
Las Alturas	Sep-23	Yes	Q1	0.36%	0.00%	Yes	0.39%	0.00%	Yes	IC Report Info	YES									
	Oct-23	Yes								Q2	0.36%	0.00%	Yes	0.39%	0.00%	Yes	IC Certificates LNFA & DON	YES		
	Nov-23	Yes															Q3	0.36%	0.00%	Yes
	Dec-23	Yes	Q4							Vaccination Measures										
	Jan-24	Yes																		
	Feb-24	Yes																		
	Mar-24	Yes																		
	Apr-24	Yes																		
	May-24	Yes																		
Jun-24	Yes																			
Jul-24	Yes																			
Aug-24	Yes																			
Uvalde	Sep-23	Yes	Q1	6.93%	2.38%	Yes	3.65%	4.88%	Yes	IC Report Info	YES									
	Oct-23	Yes								Q2	6.93%	2.27%	Yes	3.46%	10.87%	No	IC Certificates LNFA & DON	YES		
	Nov-23	Yes															Q3	6.93%	2.33%	Yes
	Dec-23	Yes	Q4							Vaccination Measures										
	Jan-24	Yes																		
	Feb-24	Yes																		
	Mar-24	Yes																		
	Apr-24	Yes																		
	May-24	Yes																		
Jun-24	Yes																			
Jul-24	Yes																			
Aug-24	Yes																			
	Sep-23	Yes	Q1	14.49%	6.90%	Yes	0.08%	0.00%	Yes	IC Report Info	Yes									
	Oct-23	Yes																		
	Nov-23	Yes																		

Fredericksburg	Dec-23	Yes	Q2	14.49%	4.00%	Yes	0.08%	0.00%	Yes	IC Certificates LNFA & DON	Yes
	Jan-24	Yes									
	Feb-24	Yes	Q3	14.49%	4.35%	Yes	0.08%	0.00%	Yes	IC Report Info	
	Mar-24	Yes									
	Apr-24	Yes	Q4							Vaccination Measures	
	May-24	Yes									
	Jun-24	Yes									
	Jul-24	Yes									
Aug-24											

QIPP Year 7			Component 1 Monthly	Component 3 Quarterly						Component 4 Quarterly						
			QAPI	Metric 2: Antipsychotics Medication			Metric 4: UTI			Quarter - Infection Control						
NF	Month	Met	Target	Actual	Met	Target	Actual	Met	Actual	Met						
Windsor Edinburg	Sep-23	Yes	20.54%	12.50%	Yes	0.58%	0.00%	Yes	IC Report Info	Yes						
	Oct-23	Yes							19.46%	14.29%	Yes	0.58%	0.00%	Yes	IC Certificates LNFA & DON	Yes
	Nov-23	Yes													18.38%	16.00%
	Dec-23	Yes	Vaccination Measures													
	Jan-24	Yes														
	Feb-24	Yes														
	Mar-24	Yes														
	Apr-24	Yes														
	May-24	Yes														
Jun-24	Yes															
Jul-24	Yes															
Aug-24	Yes															
Windsor Weslaco	Sep-23	Yes	7.29%	5.88%	Yes	2.57%	0.00%	Yes	IC Report Info	YES						
	Oct-23	Yes							7.29%	2.56%	Yes	2.43%	4.35%	No	IC Certificates LNFA & DON	YES
	Nov-23	Yes													7.29%	2.63%
	Dec-23	Yes	Vaccination Measures													
	Jan-24	Yes														
	Feb-24	Yes														
	Mar-24	Yes														
	Apr-24	Yes														
	May-24	Yes														
Jun-24	Yes															
Jul-24	Yes															
Aug-24	Yes															
Windsor Las Palmas	Sep-23	Yes	10.38%	4.00%	Yes	0.08%	N/A	Yes	IC Report Info	Yes						
	Oct-23	Yes							10.38%	5.48%	Yes	0.08%	0.00%	Yes	IC Certificates LNFA & DON	Yes
	Nov-23	Yes													10.38%	4.11%
	Dec-23	Yes	Vaccination Measures													
	Jan-24	Yes														
	Feb-24	Yes														
	Mar-24	Yes														
	Apr-24	Yes														
	May-24	Yes														
Jun-24	Yes															
Jul-24	Yes															
Aug-24	Yes															
Windsor Morgan	Sep-23	Yes	13.96%	11.22%	YES	2.02%	0.89%	YES	IC Report Info	YES						
	Oct-23	Yes							13.96%	12.09%	YES	2.02%	0.00%	YES	IC Certificates LNFA & DON	YES
	Nov-23	Yes													13.96%	14.29%
	Dec-23	Yes	Vaccination Measures													
	Jan-24	Yes														
	Feb-24	Yes														
	Mar-24	Yes														
	Apr-24	Yes														
	May-24	Yes														
Jun-24	Yes															
Jul-24	Yes															
Aug-24	Yes															

Hospital District Distribution Proposal for the Opioid Council Workgroup

Abatement Fund	\$ 1,695,320,402
15% Pool for Hospital Districts	\$ 254,298,060
Benefit for Litigating Hospitals	5.00% \$ 12,714,903
Floor amount	\$ 25,000 \$ 75,000

\$ 241,583,157 Net to Allocate

Hospital District/Public Hospital Name	County	DSH Hospital 2018-2020 Average UC Cost	Other Hospital 2018-2020 Average UC Cost	Estimated UC (Using 2018-2020 Avg Taxes)	% to Total	Allocation	Eligible for Enhanced	Lower Floor Payment	Higher Floor Payment	Allocation Basis After Floor Payment	Basis After Floor % to Total	Payment after Floor	Impact of Floor to Allocation	Benefit for Litigating Hospitals	Total Estimated Receipts
Val Verde County Hospital District/Val Verde Regional	Val Verde	\$ 11,018,979	\$ -	\$ -	0.39%	\$ 933,137	Yes	\$ -	\$ -	\$ 933,137	0.39%	\$ 934,862	(5,031)	\$ -	\$ 929,832
Total		\$ 2,313,159,688	\$ 105,720,026	\$ 433,862,976	100.00%	\$ 241,583,157		\$ 325,000	\$ 975,000	\$ 241,137,322	100.00%	\$ 241,583,157	\$ (1,300,000)	\$ 12,714,903	\$ 254,298,060

Total including updated Floor amounts	\$ 242,437,322
Spread floor amongst non floor HD's	\$ 1,300,000
	\$ 12,714,903
	\$ 254,298,060

Note: Organizations in orange participated in original litigation

SUMMARY OF HOSPITAL DISTRICT DISTRIBUTION RULE, 34 TAC 16.222

SUMMARY OF RULE:

Rule 16.222 provides administrative, transparency, oversight, and accountability provisions governing the Texas Opioid Abatement Fund Council's (OAFC) distribution of settlement funds and hospital districts' receipt of those funds. The rule implements part of Senate Bill (SB) 1827, 87th Legislature, Regular Session, requiring a portion of money received from statewide settlement agreements to be distributed to hospital districts.

The rule prioritizes the smallest rural hospital districts by distributing one-time floor payments up front. The rule then shifts distributions to the remaining medium, large, and urban hospital districts.

The rule defines allowable uses of hospital district settlement funds by linking them to OAFC's existing priorities and court orders and settlement agreements, as applicable. The rule allows OAFC to monitor hospital districts' use of funds.

The rule provides accountability by allowing OAFC to cancel distributions if hospital districts fail to use funds for allowable uses, as defined by the rule.

The rule allows the OAFC to instruct the director to provide hospital districts with written notice of failure to comply and opportunities to respond to and cure the alleged failure to comply. The rule also allows OAFC to require hospital districts to refund money they received and enables OAFC to withhold future distribution payments from hospital districts failing to comply with the rules.

SECTION-BY-SECTION SUMMARY OF THE RULE:

Rule 16.222 governs OAFC's allocation and distribution of money received from statewide opioid settlement agreements to all hospital districts in Texas under Government Code, 403.508(a)(2), as enacted by Senate Bill 1827, 87th Legislature, R.S., 2021. This provision requires 15 percent of money received from statewide settlement agreements and allocated to the OAFC to be distributed to hospital districts.

Subsection (a) requires OAFC to make periodic distributions of money allocated to hospital districts.

Subsection (b) describes when money will be distributed to hospital districts by OAFC.

Subsection (c) provides that the total amount of each distribution of money to hospital districts will be determined by OAFC.

Subsection (d) explains how the initial distribution of money will be allocated to hospital districts—distributing to rural hospital districts first and distributing the remainder to medium, large and urban hospital districts.

Subsection (e) describes how subsequent distributions of money will be allocated to the medium, large, and urban hospital districts.

Subsection (f) lists the specific hospital districts that will receive money only from the initial distribution by OAFC and the amount of money each of the listed hospital districts will receive from the initial distribution. Under the formula, small rural hospital districts without a hospital will receive \$25,000 and rural hospital districts with a hospital will receive \$75,000.

• Figure 1 lists specific hospital districts that will receive a one-time, lump sum floor distribution.



Subsection (g) lists the specific hospital districts that will be distributed money during the subsequent distributions by OAFC and the percentage that will be used to calculate the distribution to each of the listed hospital districts. Under the formula, medium, large, and urban hospital districts will receive a pro rata share of remaining distributions based on their actual or estimated uncompensated care costs attributable to the opioid crisis.

• Figure 2 lists the periodic distribution to medium, large, and urban hospital districts.

Subsection (h) allows OAFC to round amounts of money allocated to individual hospital districts down to the nearest whole dollar. It also requires OAFC to retain any remaining money caused by rounding for future allocation to hospital districts.

Subsection (i) sets forth the requirements for hospital districts to receive a distribution of money from OAFC.

Subsection (j) requires money received by a hospital district to be used by the hospital district to remediate the opioid crisis, including providing assistance in one or more of the categories described in subsection (i)(1)(B):

- treatment and coordination of care;
- prevention and public safety;
- recovery support services; or
- workforce development and training; or
- if a court order or settlement agreement requires the money to be used for one or more specific purposes, for a permissible use provided by that court order or settlement agreement.

Subsection (k) allows OAFC to cancel a distribution of money to a hospital district and retain the money for future allocation to hospital districts if the hospital district does not satisfy the requirements to receive a distribution of money from OAFC under subsection (i).

SUMMARY OF HOSPITAL DISTRICT DISTRIBUTION RULE (CONTINUED)

Subsection (l) requires a hospital district that receives a distribution of money from OAFIC to submit periodic reports to the OAFIC's director to ensure compliance with the permitted uses of the money distributed. It also allows the OAFIC's director to determine the frequency, format and requirements of the reports.

Subsection (m) allows the OAFIC to monitor a hospital district that receives money under this section to ensure compliance with the permissible uses of the money distributed.

Subsection (n) allows the OAFIC to take action if it finds that a hospital district has failed to comply with the requirement to use funding to remediate the opioid crisis as provided by Subsection (j). This section allows the council to:

- instruct the OAFIC director to provide the hospital district with written notice of the failure to comply;
- provide the hospital district with an opportunity to respond;
- require the hospital district to cure the failure to comply to the satisfaction of the OAFIC;
- require the hospital district to refund all or a portion of the money the hospital district received under the rule; and
- exercise any other legal remedies available at law.

Subsection (o) requires money refunded under Subsection (n) to be retained by the OAFIC for future allocation to hospital districts under the rule.

Subsection (p) provides that, except as otherwise provided in this section, this section and Section 16.200 of this subchapter are the only provisions in this subchapter that apply to the allocation of money to hospital districts under Government Code, Section 403.508(a)(2).

FIGURE 1 – GROUP 1: ONE-TIME FLOOR DISTRIBUTION TO SMALL RURAL HOSPITAL DISTRICTS, 34 TAC §16.222(F)

HOSPITAL DISTRICT	DOLLAR AMOUNT
Anson Hospital District	\$75,000
Baylor County Hospital District	\$75,000
Big Bend Regional Hospital District (Presidio County)	\$75,000
Chillicothe Hospital District	\$25,000
Cothran County Hospital District	\$75,000
Farwell Hospital District	\$25,000
Follett Hospital District	\$25,000
Grapeland Hospital District	\$25,000
Hamlin Hospital District	\$25,000
Higgins-Lipscomb Hospital District	\$25,000
Knox County Hospital District	\$75,000
Moore County Hospital District (Sherman County)	\$75,000
Motley County Hospital District	\$25,000
Moulton Community Medical Clinic District	\$25,000
Muleshoe Area Hospital District (Parmer County)	\$75,000
Nixon Hospital District (Gonzales County)	\$25,000
Nixon Hospital District (Wilson County)	\$25,000
Olney-Hamilton Hospital District (Archer County)	\$75,000
Olney-Hamilton Hospital District (Young County)	\$75,000
Rockdale Hospital District	\$25,000
Stamford Hospital District (Haskell County)	\$75,000
Stonewall County Hospital District	\$75,000
Texhoma Memorial Hospital District	\$25,000
Trinity Memorial Hospital District	\$25,000
Yoakum Hospital District (DeWitt County)	\$75,000
Yoakum Hospital District (Gonzales County)	\$75,000

FIGURE 2 – GROUP 2: PERIODIC PRO RATA DISTRIBUTIONS TO MEDIUM, LARGE, AND URBAN HOSPITAL DISTRICTS, 34 TAC §16.222(G)

HOSPITAL DISTRICT	PERCENTAGE
Andrews County Hospital District	0.160436
Angleton-Danbury Hospital District	0.087401
Ballinger Memorial Hospital District	0.048834
Bellville Hospital District	0.030757
Bexar County Hospital District	8.831295
Big Bend Regional Hospital District (Brewster County)	0.086809
Booker Hospital District	0.041340
Bosque County Hospital District	0.109186
Burleson County Hospital District	0.061548
Caprock Hospital District	0.030328
Castro County Hospital District	0.057357
Chambers County Public Hospital District #1	0.050792
Childress County Hospital District	0.085801
Coleman County Hospital District	0.058634
Collingsworth County Hospital District	0.033171
Comanche County Consolidated Hospital District	0.098162
Concho County Hospital District	0.048098
Crane County Hospital District	0.127267
Crosby County Hospital District	0.041915
Culberson County Hospital District	0.106176
Dallam-Hartley Counties Hospital District (Dallam County)	0.082007
Dallam-Hartley Counties Hospital District (Hartley County)	0.057700
Dallas County Hospital District	19.311689
Darrouzett Hospital District	0.010292
Dawson County Hospital District	0.100566
Deaf Smith County Hospital District	0.132610
DeWitt Medical District	0.088160

SUMMARY OF HOSPITAL DISTRICT DISTRIBUTION RULE (CONTINUED)

FIGURE 2 – (CONTINUED)

HOSPITAL DISTRICT	PERCENTAGE		
Dimmit County Regional Hospital District	0.101862	Karnes County Hospital District	0.245865
Donley County Hospital District	0.012935	Kimble County Hospital District	0.057192
East Coke County Hospital District	0.017775	Lavaca Hospital District	0.038789
Eastland Memorial Hospital District	0.080398	Liberty County Hospital District #1	0.097548
Ector County Hospital District	1.389853	Lockney General Hospital District	0.030328
El Paso County Hospital District	4.086865	Lubbock County Hospital District	3.117222
Electra Hospital District	0.057164	Lynn County Hospital District	0.068226
Fairfield Hospital District (Freestone County)	0.075729	Marion County Hospital District	0.013217
Fairfield Hospital District (Navarro County)	0.182265	Martin County Hospital District	0.536509
Fisher County Hospital District	0.036581	Matagorda County Hospital District	0.242180
Foard County Hospital District	0.025084	Maverick County Hospital District	0.230514
Frio Hospital District	0.118072	McCamey County Hospital District	0.195824
Gainesville Hospital District	0.133475	McCulloch County Hospital District	0.096240
Garza County Health Care District	0.020118	Medina County Hospital District	0.137682
Gonzales Healthcare Systems	0.118063	Menard County Hospital District	0.039541
Graham Hospital District	0.068916	Midland County Hospital District	0.930275
Guadalupe Regional Medical Center	0.420866	Mitchell County Hospital District	0.449405
Hall County Hospital District	0.012862	Montgomery County Hospital District	0.799270
Hamilton Hospital District	0.083725	Moore County Hospital District (Hartley County)	0.058939
Hansford County Hospital District	0.066245	Moore County Hospital District (Moore County)	0.113487
Hardeman County Hospital District	0.043279	Muenster Hospital District	0.044014
Harris County Hospital District	24.079880	Muleshoe Area Hospital District (Bailey County)	0.042112
Haskell County Hospital District	0.040501	Nacogdoches County Hospital District	0.279208
Hemphill County Hospital District	0.216620	Nocona Hospital District	0.040821
Hopkins County Hospital District	0.313847	Nolan County Hospital District	0.095098
Houston County Hospital District	0.068250	North Runnels County Hospital District	0.048564
Hunt Memorial Hospital District	0.632366	North Wheeler County Hospital District	0.045530
Hutchinson County Hospital District	0.123171	Nueces County Hospital District	3.578256
Iraan General Hospital District	0.163113	Ochiltree County Hospital District	0.051051
Jack County Hospital District	0.084793	Palo Pinto County Hospital District	0.225589
Jackson County Hospital District	0.090823	Parker County Hospital District	0.525020
		Parmer County Hospital District	0.056361
		Rankin County Hospital District	0.329975
		Reagan Hospital District	0.240518
		Reeves County Hospital District	1.638256
		Refugio County Memorial Hospital District	0.072700
		Rice Hospital District	0.072287
		Sabine County Hospital District	0.046051
		San Augustine City-County Hospital District	0.040244
		Schleicher County Hospital District	0.103173
		Scurry County Hospital District	0.235290
		Seminole Hospital District	0.219679
		Shackelford County Hospital District	0.039956
		Somervell County Hospital District	0.126352
		South Limestone Hospital District	0.057054
		South Randall County Hospital District	0.023023
		South Wheeler County Hospital District	0.068073
		Stamford Hospital District (Jones County)	0.045020
		Starr County Hospital District	0.118579
		Stephens Memorial Hospital District	0.054833
		Stratford Hospital District	0.028007
		Sutton County Hospital District	0.040993
		Sweeney Hospital District	0.286515
		Swisher Memorial Hospital District	0.044587
		Tarrant County Hospital District	11.563455
		Teague Hospital District	0.013292
		Terry Memorial Hospital District	0.078520
		Titus County Hospital District	0.216698
		Travis County Hospital District	7.332843
		Tyler County Hospital District	0.071789
		Val Verde County Hospital District	0.367525
		Walker County Hospital District	0.330399
		West Coke County Hospital District	0.022889
		West Wharton County Hospital District	0.123683
		Wilbarger County Hospital District	0.104538
		Willacy County Hospital District	0.016233
		Wilson County Memorial Hospital District	0.084803
		Winkler County Hospital District	0.094278
		Winnie Stowell Hospital District	0.054735
		Wood County Central Hospital District	0.119451

RESOLUTION NO. _____

WHEREAS, the _____ [Name of hospital district] (“the Hospital District”) suffered and continues to suffer harm as a result of the ongoing opioid epidemic; and

WHEREAS, the Hospital District intends to accept money distributed to the Hospital District by the Texas Opioid Abatement Fund Council (“the Council”) under Texas Government Code Section 403.508(a)(2) and 34 Texas Administrative Code Section 16.222, and use that money to remediate the opioid crisis.

THEREFORE, THE _____ [NAME OF GOVERNING BODY] OF THE _____ [NAME OF HOSPITAL DISTRICT] RESOLVES:

Section 1. That _____ [Name of authorized official], _____ [Title of authorized official], has the authority to act on behalf of the Hospital District in all matters related to the above-mentioned money distributed by the Council to the Hospital District, including the authority to sign all official documents related to the distribution;

Section 2. That all the above-mentioned money received from the Council by the Hospital District will be used:

(a) to remediate the opioid crisis, including providing assistance in one or more of the following categories: treatment and coordination of care; prevention and public safety; recovery support services; or workforce development and training; or

(b) if a court order or settlement agreement requires the money to be used for one or more specific purposes, for a permissible use provided by that court order or settlement agreement.

Section 3. That the Hospital District will return to the Council all the above-mentioned money received from the Council by the Hospital District in the event of loss or misuse of such money.

Section 4. That if there is a change of authorized official, the Hospital District will submit to the director of the Council a new resolution from the Hospital District's governing body that contains the information required under 34 Texas Administrative Code Section 16.222(i)(1).

Section 5. That this resolution takes effect immediately after its passage.

PASSED and **APPROVED** on _____ [Date].

Signed by: _____

Date: _____



**MEC REPORT
OF JULY 30, 2024**

**TO THE BOARD OF DIRECTORS MEETING
OF AUGUST 28, 2024**

MEMBERS PRESENT

JAIME J GUTIERREZ, M.D.
JULIO OTAZO, M.D.
MARK MANNING, M.D.
AURELIO LAING, M.D.
JORGE OLAYA, M.D.
MOSTAFA SALAMA, M.D.

CHIEF OF STAFF/FAMILY MEDICINE
IR/ BYLAWS CHAIR
GENERAL SURGEON/CRED. CHAIR/CMO
VCOS/FAM MEDICINE
PEDIATRICIAN/PEDI CHAIR
OB/GYN, CHAIR

JORGE JURADO, FACHE
JUREZA MOSELINA, R.N.
ANNETTE WELCH, CPCS
GLORIA ZIEGLER

CEO
INTERIM CNO
CREDENTIALING
MEDICAL STAFF DIR.

MEMBERS ABSENT

SERGIO BARKSDALE, M.D.
TERRY LINDSEY, M.D.
JEANETTE GALLEGOS
RISK MGR.

ED/TRAUMA PHYS. DIR.
GEN. SURG.
PERFORMANCE IMPROVEMENT

OTHERS PRESENT:

NONE

RECOMMENDATIONS:

The MEC recommends the report and recommendations for action be approved as written by the Board of Directors.

Medical Executive Committee (MEC) met on July 30, 2024

Minutes from the **Credentials Committee** were presented for review and approval.



CREDENTIALS COMMITTEE (July 10, 2024)

Dr. Manning presented the Credentials Committee report.

The Credentials file of Wyn Nguyen, M.D. was brought back to committee for six (6) month review.

After review, Credentials Committee recommends no further action required. Dr. Nguyen's privileges will remain under Active Medical Staff status until his next reappointment date of January 1, 2025.

Under New Business, the following files were brought up for review and approval;

Erick Albach, M.D. (Radiology). Committee reviewed reappointment application, and Credentials file of Erick Albach, M.D. requesting reappointment with clinical privileges in tele-radiology to provide preliminary interpretation of radiology studies, effective August 28, 2024 through January 1, 2026.

After reviewed of application, documentation of current competency and performance improvement file, Motion was made and seconded recommending MEC and Board of Director grant Dr. Erick Albach reappointment with clinical privileges in tele-radiology to provide interpretation of radiology studies, effective August 28, 2024 through January 1, 2026.

Lauren R. Knapp, FNP (ER/FM). The application, documentation of training, and Credentials file of Lauren Knapp, FNP requesting privileges in emergency medicine/family medicine levels three (3), four (4) and five (5) was reviewed.

After review and discussion, Motion was made and seconded recommending MEC and Board of Directors grant Lauren Knapp, FNP appointment to the Provisional Allied Health Professional staff status with clinical privileges emergency medicine/family medicine levels 3, 4 and 5 under the supervision of the emergency medicine medical director, effective August 28, 2024 through January 1, 2026.

Andrew Kolarich, M.D. (Radiology) The application, documentation of training, Credentials file of Andrew Kolarich, MD requesting privileges in radiology was reviewed.

After reviewed and discussion, a motion was made and seconded recommending Andrew Kolarich, M.D. be granted privileges in radiology to provide "interpretation of diagnostic radiology studies", effective August 28, 2024 through August 31, 2025.

Jeremiah Watkins, M.D. (Pathology) The application, documentation of training, and Credentials file of Jeremiah Watkins, M.D. requesting privileges in pathology was reviewed.

After reviewed and discussion, a motion was made and seconded recommending Jeremiah Watkins, M.D. be granted clinical privileges in pathology effective, August 28, 2024 through August 31, 2025.

Jorge presented the Administrative Report; Jorge introduce Viridian Gonzalez, RN as interim QA/ Risk Management Dir., she will also oversee case management.



Cath Lab has been down for about 4 weeks now. Equipment is 20 years old and getting harder to find part. Bring in Mobile Cath Lab for now until we can get new system, which should take about 6-9 months.

Judith informed committee that Dr. Lindsey is still out. Home Health agency order need signature asking for help. Dr. Manning agree to help with order. Mrs. Judith reported that Dr. Mendoza and Dr. Viera are seeing Dr. Lindsey's clinic patients.

Dr. Manning reported to committee he received CV's for 2 cardiologist that will be helping with ECHOs' and 1 CV for a ER physician. All are good candidates

After review, MEC recommends the Board of Directors approve the Credentials Committee report as presented.

Jorge gave the Committee an update on the Cath Lab. The mobile Cath Lab is up and running. The current Cath lab is pending a UPS system that will work with the current Cath Lab and the New Cath lab. They are giving us six (6) to seven (7) weeks. The good part about the UPS system that we will be getting is that it will be a full powered UPS system. The previous one was for floral only this one, will power more.

Credentials Committee recommends the Board of Directors approve the report as presented.

MEDICAL EXECUTIVE COMMITTEE REPORT (July 30, 2024)

After presentation, review, and discussion of the Credentials Committee report, MEC recommends the Board of Directors approve the report as written and as per Exhibit "A".

NEW BUSINESS.

- A. **Covid-19 Testing.** Discussion ensued reference a question raised by Dr. Barksdale at the ED Committee on Monday. Dr. JJ Gutierrez recommended doing Rapid Covid-19 testing in the ER for any admissions as the Covid 19 cases have been up lately.

Discussion ensued reference ED times from door to Admission. Discussion ensued reference through put and times. Administration informed the Committee that they have gone to visit other facilities and they have come back with ideas to enhance our patient experience. Looking at the possibility of a holding room and a pending results area. Working on a plan, more to come.

RISK MANAGEMENT. Vidi reported there was a patient complaint that was turned in by Kepro, Quality of Care. After review of the chart by Kepro, Chart #MB0021300351/MR#M000118276, Kepro deemed



that appropriate care was given. Viri explained that Complaints can come through the RL, through the phone, in person, or outside external resources. This particular patient went through Medicare.

ADMINISTRATIVE COMMENTS/REPORT. *Jorge reported Dr. Alwan will remain with VVRMC full-time as of September 1, 2024.*

Have executed a full time search for family medicine to help the clinic. Working on the 1200 Clinic to accredit it as a Rural Clinic. We are recruiting a full time position there and three (3) APP's. Have already reached out to three that are interested. There is a backlog of patients trying to get in.

Dr. Castaneda (Surgeon) starts Thursday, August 1, 2024.

Will be doing a Ribbon Cutting Ceremony for the Clinic in the Hospital on August 16, 2024 to promote the Clinic.

We did have the new HR Director start today, Priscilla Veliz and also a new PR person working with Coleman Manning, her name is Erin. Community Outreach has also added another person. Just trying to get as much information as possible to the community.

Jureza stated that they are working on Child Birthing Classes. Jureza stated her name is Lucy Casares working under Tara in Education. Dr. Salama stated he was unaware and would like to keep informed before those programs get started.

Question was asked, if there were any changes in House Supervisors during the day. Jureza stated initially they had thought about having the nurse directors take turns as house supervisors, but that will only be dependent upon staffing. If the volume is low, and we need to flex or pull the house sup to cover other areas, then we will do that but, if the volume is high we will continue to stay with the hospital supervisor role and because we need the nurse leaders to round on the patients.

Dr. Hoskins (Orthopedic Surgeon) also started working this week. He will be taking call, probably starting next week. Gloria will distribute that Call Roster as soon as we have that available. Gloria stated Dr. Hoskins said in the meantime, to please feel free to call him for any questions/consults.

Discussion ensued on whether Dr. Hoskins and other new physicians coming in would be able to see patients with different insurance carriers. Jorge informed the staff they would be able to see the patients, and that the hospital had taken a much more aggressive standpoint. Dr. Castaneda and Dr. Hoskins are both already enrolled in the majority of the insurances already. Some ins. Carriers take longer up to six (6) months. A lot of them will go back to retro date.

Question rose in reference to Urology. Jorge stated we are still actively recruiting; there have been no candidates in the last two years. There is a candidate, from Acuna, board certified, trained at UTHSC, Dr. Jesus Rivero lives and practices in Corpus Christi and would like to relocate to Del Rio in the near future. His wife is a pathologist who is from Eagle Pass. Jorge stated he is keeping contact with him and trying to convince him to relocate sooner



CHIEF OF STAFF REPORT/COMMENTS. Dr. Gutierrez reminded everyone that nominations for Vice Chief of Staff start August 19 to September 9. Petition must be signed by Two (2) members of the Active staff. Come January Dr. Laing takes over the Chief of Staff position.

CNO COMMENTS/REPORT. Jureza stated we went Live on Tele Stroke Program on the 18th of June. We had our first patient. Overall, the process went well. There were some things that we will need to tweak; reports need to get on the chart, and there were two (2) different neurologist on the consult when there should have been only one. Discussion ensued. Robot will be tested up in ICU.

Dr. Laing recommended nursing be trained and Protocols in ICU be set up for these patients.

Maternal designation by ACOG on Monday. They will be doing some chart reviews and some interviews.

ADMINISTRATIVE COMMENTS/REPORT. *Jorge reported Dr. Korte and Dr. Viera start work July 2, 2024. Dr. Hoskins and Castaneda begin working in August.*

Cardiology Clinic and Ortho clinic are moving to Old Front Business Office.

Have been working with Shannon with the Specialty Care Tele-medicine Clinic. They are expanding what specialties they will be seeing there. Currently they have hematology, endocrinology, oncology, neurology, neurosurgery, and weight loss surgery. They will be working with us to make sure they send the ancillary services here to VVRMC so they do not have to travel all the way to San Angelo. Jorge stated he will be traveling to San Angelo to meet with their CEO to see what else they will be expanding on.

Spoke with the City officials and they gave us an update on the airline situation. United Airlines is looking at coming back into town. City is putting together a business case and City is asking for our costs for air travel for the last 12 months. There would be two (2) flights to Houston. This would help us with recruitment. AS soon as they sign the dotted line, it will be about 6 months.

Did get an update from Dr. Moore and it looks like August would be his last trip to Del Rio until possibly the next August of 2025. Spoke to Dr. Rivero (Urology) who is willing to move to Del Rio in about two (2) years from now. Dr. Rivero is originally from Acuna, did his training in Monterrey and trained at UT Health/Science Center in San Antonio. His parents live in Acuna. Dr. Rivero's wife is a pathologist. Still recruiting full time for a Urologist.

MEC recommends report and Exhibit "A" attached be approved as written.

Jaime J. Gutierrez, M.D., Chief of Staff



EXHIBIT "A"
RECOMMENDATION FOR ACTION TO
THE BOARD OF DIRECTORS

1. Medical Executive Committee recommends the Board of Directors grant Erick Albach, M.D., (Radiology) reappointment with clinical privileges to provide preliminary interpretation of radiology studies effective August 28, 2024 through January 1, 2026.
2. Medical Executive Committee recommends the Board of Directors grant Lauren R. Knapp, FNP (ER/FM) appointment to the Provisional Associate Medical Staff, with privileges as requested in emergency medicine/family medicine in levels 3, 4 and 5 under the supervision of the emergency medicine medical director, effective August 28, 2024 through January 1, 2026.
3. Medical Executive Committee recommends the Board of Directors grant Andrew Kolarich, M.D. (Radiology), Provisional clinical privileges to provide "interpretation of diagnostic radiology studies", effective, August 28, 2024 through January 1, 2025.
4. Medical Executive Committee recommends the Board of Directors grant Jeremiah Watkins, M.D. (Pathology) Provisional clinical privileges in pathology, effective August 28, 2024 through August 28, 2024 through August 31, 2025.