

**SOUTH LIMESTONE HOSPITAL DISTRICT
LIMESTONE MEDICAL CENTER
701 McCLINTIC, GROESBECK, TX 76642**

MINUTES

January 26, 2021

On this 26th day of January, 2021 the Board of Directors of South Limestone Hospital District convened at the regular meeting place of said District. The meeting, open to the public, and notice of said Board in said District giving the date, place and subject thereof, has been posted as described by Article 6252-17, Section 3A,V.A.T.C.

MEMBERS PRESENT

Martha Stanton
Glenda O'Neal
Arnold Gray
Jennifer Mackey
Jack Milstead
Chet Seelinger

MEMBERS ABSENT

Danny Hewitt

OTHERS PRESENT

Larry Price
Michael Williams
Frank Boyd, D.O.
Debbie Brewer
Shelton Chapman
Staci Doyle
Jennifer Haynie
Emily Jones
Brandy Kennedy
B. C. Lee
Allec Lincoln
Michelle Mullinnix
Adrianne Rettig
Melanie Rhodes
Melanie Richard
Linda Rojas
Mike Thompson
Corey Tunnell
Lori Wheeler
Jean Wragge
Sarah Wyatt
Kody Yerger, M.D.
Robert York
Cathy Knouse

CALL TO ORDER, ESTABLISH QUORUM

The meeting was called to order by Mrs. Martha Stanton at 3:00 p.m. A quorum was present.

Mrs. Stanton stated that Mr. Danny Hewitt has not missed a meeting the entire time that she has served as a director, but a business commitment will prevent him from attending the meeting this evening. Mrs. Stanton commended Mr. Hewitt for his faithful attendance and service. The motion was made by Mrs. Jennifer Mackey to excuse the absence of Mr. Danny Hewitt. The motion was seconded by Mrs. Glenda O'Neal and unanimously approved.

INVOCATION

Mr. Jack Milstead offered the invocation.

PLEDGE TO THE FLAG

Those present recited the Pledge of Allegiance to the United States flag.

COMMENTS FROM CONCERNED CITIZENS

There were no concerned citizens in attendance.

**EXECUTE CONFLICT OF INTEREST AND CONFIDENTIALITY STATEMENTS
BY BOARD MEMBERS**

The Board members executed conflict of interest and confidentiality statements as required for the current year.

CORRESPONDENCE

A letter of appreciation from Gary L. Smith, Chaplain LT. Col USAF (retired) was read. Chaplain Smith conveys his appreciation to the Limestone Medical Center Staff for administering the COVID-19 vaccine.

In a recent newspaper publication, the family of Mr. Fred Dawley expressed their sincere appreciation for the care that was extended to him and the family.

Mrs. Nancy Brown McSwane, Regent, Jonathan Hardin Chapter, National Society Daughters of the American Revolution, sent a letter expressing gratitude to the Hospital for flying the American Flag and letter expressing gratitude to the Hospital for flying the Texas flag.

CONSENT AGENDA ITEMS

The Board minutes, Finance Committee minutes, Accounts Receivable report, Family Medicine Center report, Kosse Community Health Clinic report, Marketing report, Medical Staff minutes, Nursing Home Report, Nursing report, Physician Credentialing Committee minutes, Plant Operations Report, Rettig Family Health Care report and Inservice were approved. Motion was made by Mr. Arnold Gray, seconded by Mr. Chet Seelinger and unanimously carried to approve the consent agenda.

AUTHORIZE RESOLUTION SUPPORTING THE MAINTAINING OF THE LEVEL IV TRAUMA DESIGNATION

A resolution supporting the maintaining of the Level IV trauma designation was reviewed and Mr. Gray made the motion to adopt this resolution:

BE IT RESOLVED that the Board of Directors do hereby fully support to maintain the Level IV Trauma Designation for Limestone Medical Center. The trauma performance improvement program is under the direction of the Trauma Medical Director as delegated by the Medical Staff. The trauma service has the authority to monitor all events that occur during trauma related care.

The motion was seconded by Mrs. O'Neal and was approved. By resolution the Board of Directors fully support action to maintain the Level IV trauma designation.

DISCUSSION AND ACTION ON NEW CALL LIGHT SYSTEM

Mr. Larry Price informed the directors that the current call light system is quite antiquated even though it is only ten years old. It is becoming increasingly difficult to find parts to repair the system. Hillrom has submitted a state of work for Hillrom Nurse Call that will enhance the Hillrom beds. There are a number of patient safety features including the ability for a nurse to tell if a patient's bed rail is down or if the patient is out of the bed. Although the system is a nurse call light system, it will be utilized Hospital wide and all departments will be benefitting in area. Management will attempt to use Coronavirus Aid, Relief and Economic Security (CARES) Act monies to purchase the system. In a conference call with colleagues from Texas A&M University and other hospitals, there was discussion concerning the designated date of June 30, 2021 to complete all CARES Act purchases. However, Mr. Price has also been informed that December 31, 2021 is the closing date for CARES Act purchases. Ms. Catherine Davidson, Care Communications Executive, Care Communications, has stated that it could take six months to implement the call light system. Mr. Price reminded the Board members of the intent to purchase additional Hospital beds in the amount of \$318,899.16 to accommodate the surge in COVID-19 patients as approved by the Board of Directors in November. Two weeks ago, management was notified that Limestone Medical Center would be receiving COVID-19 patients. COVID-19 designated patient rooms can be set up as double occupancy and the Hospital will maintain the existing Hillrom beds. To be able to purchase the call light system simultaneously with the new Hospital beds will augment the functionality of the Hospital beds. Ms. Jean Wragge commented that the new Hospital beds are quite impressive and provide a significant amount of patient safety features. The statement of work and proposal is inclusive of all hardware, software, project management and implementation services, installation, clinical training, as well as enterprise reporting. It also includes an initial 18 month warranty period and the first 18 months of software maintenance. The base proposal includes Medsurg, Emergency Room, Radiology, Endoscopy, Specialty Clinic, Behavioral Health, Cardiac and Pulmonary Rehab, Sleep Clinic, Physical Therapy and the project coordinator for the proposal grant total of \$362,791.82. There will be extensive work in some areas to meet code, namely Emergency Room, Physical therapy and Sleep Clinic. The servers will require upgrading for the additional cost of \$20,000. The directors requested that management negotiate the cost of the system. Mr. Mike Thompson stated that the group

purchasing organization, First Choice Cooperative, submitted a vendor inquiry to Medline and Medline is not comparable. He noted that Care Communications has reduced the quote several times. In addition, the Hospital would receive a patronage discount for the purchase. Mr. Price commented that the price for the new beds was reduced approximately \$100,000 and stated that if the directors approve the purchase of the call light system, management will further negotiate the price. The motion was made by Mr. Gray, seconded by Mr. Milstead and unanimously approved to purchase the Hillrom Nurse Call System.

DISCUSSION AND ACTION ON NEWLY CREATED AND REQUESTED CHANGES TO POLICIES AND PROCEDURES

Administration

There are no changes to the Administration policies and procedures

Business Office

Some adjustment codes were added to “Adjustment Log” to help calculate and monitor adjustments due to COVID-19 charity and other adjustments.

Name was changed to RMP from PMAB for “Bad Debt Processing.”

Verbiage was changed to “Billing ICD-10 Codes” to reflect some coding is now done in house and not all coding is outsourced to HCCS.

Uninsured discount for ER patients was added to “Discount Policy.”

Some adjustment codes were updated to the “Presumptive Charity.”

Removed wording: or there is no third party coverage and just stated “when it is in the best interest of Limestone Medical Center, claim will be filed to the patient’s health insurance according to their guidelines” to the “Motor Vehicle Accidents” due to Section 146 of the Civil Rights and Remedies Code.

Critical Access Hospital

There are no changes to the Critical Access Hospital policies and procedures

Emergency Room

A new BladderScan policy and procedure has been added.

Facility Wide

New policy and procedure to provide Moderna COVID-19 vaccine to Hospital employees and the public.

Family Medicine Center

The Family Medicine Center policies and procedures are being reviewed.

Finance

There are no changes to the Finance policies and procedures.

Human Resources

Mrs. Melanie Rhodes introduced Ms. Stephanie Chapman who is performing her internship at Limestone Medical Center. Ms. Chapman is attending Texas A&M University pursuing a degree in Human Resources Administration with a minor in Business.

The Cell Phone policy and procedure has been rewritten to provide for the use of cell phones during work hours. Previously cell phone use was prohibited.

The COVID-19 Employee Sick Leave policy and procedure has been updated to provide extended benefits through March 31, 2021.

Laboratory

A new policy and procedure has been added for the Sofia for COVID-19 rapid testing.

Nursing

A new BladderScan policy and procedure has been added.

Specialty Clinic

There are no changes to the Specialty Clinic policies and procedures.

There are no changes to the CHF Clinic policies and procedures.

There are no changes to the Swingbed policies and procedures.

There are no changes to the Wound Care policies and procedures.

Trauma Level IV

There are no changes to the Trauma Level IV policies and procedures.

The members of the Board examined each policy and procedure and the motion was made by Mr. Gray to approve all of the new policies and all of the revisions being recommended by the department managers for Business Office, Emergency Room, Facility Wide, Human Resources, Laboratory and Nursing. Additionally as there were no changes made to the Administration, Critical Access, Family Medicine Center, Finance, Specialty Clinic, CHF Clinic, Swingbed, Wound Care Clinic and Trauma Level IV policies and procedures, those existing policies and procedures are approved as written. The motion was seconded by Mr. Seelinger and unanimously approved.

QUALITY, RISK AND REGULATORY DISCUSSION AND ACTION

The December 9, 2020 and January 20 2021 minutes of the Quality Assurance and Performance Improvement Committee and the Risk Management/Safety Committee were presented and reviewed.

Mr. Gray raised a question concerning the staff shortages in the Environmental Services Department due to vacations and holidays and noted that the UL-300 system training was not performed. Mr. Robert York responded by stating that this training is provided quarterly on the suppression system in the kitchen during Dietary Department staff meetings. At the time that this would have occurred in December, Mrs. Janie Marler, some kitchen staff and Mr. York were out of the office. Since that time, the training has been conducted. Mr. Gray noted that there were several problems with housekeeping cleanliness. In particular, he called attention to the pharmacy cleanliness results of 63% for November and December and that unused rooms were not cleaned. Mr. York responded by stating that there was a high patient census and that some staff members were out during this time. Everything was cleaned, however, not reprocessed in three days. This is a standard that Mr. York sets personally. Mr. Gray inquired if additional housekeeping staff is needed as there are several places where the facility was not clean. Mr. York responded by stating he did not believe that additional staff is needed at this time and that the patient census and schedules attributed to these outcomes. The housekeepers were extremely busy in their areas. Tru-D Smart UVC is working well. There was one instance recently when a door monitor update was required. Tru-D was being used during the night shift and the system physically locked the doors. Technical support was contacted the following Monday and the unit was ready to be used during the day. Staff managed to get all areas done with the unit. In addition, staff uses a spraying mechanism for disinfection. Tru-D is loaded into a vehicle for use at Rettig Family Health Care and can be rolled to Family Medicine Center and Medical Arts Building. Mrs. Mackey inquired if a third Tru-D is needed with Mr. York responding that if the patient census continues to increase consistently there may be need for an additional unit. Mr. York informed the Board members that a contract has been executed with Lochridge-Priest, Inc. to install ionizing units in the HVAC System at all facilities to disinfect surfaces. Mr. Price informed the directors that during a Centers for Medicare and Medicaid Services (CMS) survey, management was instructed to focus on areas where there are known problems. Quality improvement indicators should be changed once the desired results are consistently met. He continued by stating that the Pharmacy is a restricted area and only certain employees can access the department. There is a double door entry system and the Pharmacy Department manager or designee must be present for the housekeepers to be able to get in the department to clean. The pharmacy manager covers all shifts and there are times when the department is locked. Mr. Price provided the Pharmacy Department cleanliness results for the previous six months. Mr. Price expects that the January results will be improved with a schedule for cleaning. Department managers have been instructed to utilize the Hospital weekly CMS audit tool to inspect the departments. Mr. Price stated that he acts on these reports and that the forms are helpful as the staff prepares for CMS inspection. Staff is reminded that survey is imminent and that expired supplies should be appropriately discarded, supplies should be appropriately stored and departments should be cleaned. Staff should not completely rely on the housekeepers for departmental cleaning. It is also recommended that another employee inspect a department to gain another perspective. Mrs. Mackey mentioned that members of the community have approached her concerning the equipment utilized for cardiac and pulmonary rehabilitation. Several community members have complained about having to reschedule appointments because the equipment is broken. Mr. Price responded by saying that equipment has been ordered. It was originally thought that the seat on one of the pieces of equipment could be

repaired and it was later determined that it could not be repaired. Mrs. Michelle Mullinnix elaborated and stated that the lever that moves the seat was broken and it cannot be repaired. Mrs. Mackey stated that it is her opinion that two treadmills are needed and inquired if it is too crowded in the department to accommodate more equipment. Mrs. Mullinnix stated that a treadmill previously used in the Physical Therapy Department was available, but could not be utilized without a code and that treadmill has been moved out of the department. Mrs. Mullinnix stated that there is not adequate space to add another treadmill. Mrs. Mackey inquired if another treadmill is needed to accommodate the number of patients being treated in the department with Mrs. Mullinnix stating that she will evaluate this matter and report back. A new stair step machine has been ordered. Mr. Gray inquired concerning an individual that was injured due to a cord that was broken. It was reported that a Hospital laptop computer cord blew up in someone's hand. There was no serious injury; however, it was problematic. The cord appeared to be in perfect condition. Mrs. Brandy Kennedy reported that this is the first time that this has happened.

Mrs. Corey Tunnell is requesting the deletion of Infection Control Department indicators (1) monitor completion of SARS COV2 testing prior to outpatient procedure and (2) monitor appropriate documentation on screener forms as the goals for these indicators has been met with 100% results for the past five months. She is requesting the addition of the indicator monitor completion of TRU-D disinfection after inpatient discharges as this is a new process and there is the need to ensure effectiveness and compliance.

Mrs. Jennifer Haynie is requesting the deletion of the Radiology Department indicator to monitor having appropriate reason for ultrasound exams at the time of order as the threshold has been met consistently. She is requesting the addition of the indicator to monitor the utilization of Health.edu for technologists to receive continuing education units.

Mrs. Michelle Mullinnix is requesting the deletion of the Cardiac Rehabilitation and Pulmonary Rehabilitation indicators to ensure that all equipment is wiped down after each morning and afternoon session as this indicator has been met for the previous six months. She is requesting the addition of an indicator to monitor that new patients will be scheduled within two weeks of receiving order.

Mrs. Michelle Mullinnix is requesting the deletion of Polysomnography indicator monitoring that a letter is sent to the provider when unable to contact a patient after three attempts as a new procedure has been put in place to confirm that a letter was sent to the provider. This indicator has been met for the last four months. She is requesting the addition of an indicator to monitor that technicians complete one continuing education unit per month.

The motion was made by Mr. Milstead to approve the quality improvement indicator changes for the Infection Control, Radiology, Cardiac Rehabilitation, Pulmonary Rehabilitation and Polysomnography Departments. The motion was seconded by Mr. Gray and unanimously approved.

CHIEF MEDICAL OFFICER REPORT

Frank O. Boyd, D.O. commented concerning the problems that he believes continue to plague the electronic health record (EHR) system. He stated that the system continues to be slow. Recently when one of Dr. Boyd's scribes was out of the office he had to do his own charting and that slowed his productivity. He stated that other physicians share his sentiments. It is Dr. Boyd's opinion that he could see more patients if there was a better system in place. He continued by stating that the system shuts down and freezes and that notes have vanished. He reiterated that this is not just his concern and that other physicians are reporting the same issues they experience every day. He provided information concerning the record documents required for adult and pediatric patients with medical issues. Dr. Boyd stated that there is the need to continue to discuss the system.

CHIEF OF STAFF REPORT

Kody Yerger, M.D. stated that a maintenance update for the computer system will be installed this evening and is expected to help with the issues. An update for the filter issues being experienced is expected to be installed the first part of February. There were some dependability issues being experienced. Mrs. Adrienne Rettig informed those present that Rettig Family Health Clinic changed EHR products and there are issues that should have been resolved but cannot be resolved. It was the general consensus that no system is perfect. Mr. B. C. Lee stated that management identifies with the providers and does not want them to have problems. But there are always issues with software updates. He recognized Mrs. Melanie Richard and Mrs. Emily Jones for their excellent work assisting the providers and staff.

FINANCIAL REPORT

Mr. Michael Williams presented the Financial Report for the month ending November 30, 2020. Total inpatient revenues for the month of November were \$185,297.16 and the amount budgeted was \$167,220 which is 10.81% more than budget. The prior year inpatient revenues were \$216,923.55. Swingbed revenues for the month of November were \$323,748.60 and the amount budgeted was \$255,993 which is 26.47% more than budget. The prior year Swingbed revenues were \$342,710.10. Outpatient revenues for the month of November were \$3,812,030.34 and the amount budgeted was \$3,857,500 which is 1.18% less than budget. The prior year outpatient revenues were \$3,673,848.78. The total revenues for the month of November were \$5,039,276.79 and the amount budgeted was \$5,628,031 which is 10.46% less than budget. The prior year total revenues were \$4,759,628.82. Total revenue deductions for the month of November were \$2,877,194.27 and the amount budgeted was \$2,909,311 which is 1.10% more than budget. The prior year deductions from revenue were \$2,903,222.11. Expenses for the month of November were \$2,065,967.15 and the amount budgeted was \$2,089,263 which is 1.12% less than budget. The prior year expenses were \$1,859,072.34. The actual net operating profit for the month of November was \$96,115.37 and the amount of \$629,457 was budgeted which is 84.73% less than budget. The prior year net operating loss was (\$2,666.63). Special items affecting the profit and loss statement include recording Medicaid Dispro-Net receipts in the amount of \$20,416.54. The net operating profit without the special item is \$75,698.83. A report of collections and expenses reflects that in the past twelve months collections total \$17,935,841.69 and expenses total \$22,863,861.79 and that 78.45% of Hospital expenses are covered by collections.

Mr. Williams presented the Financial Report for the month ending December 31, 2020. Total inpatient revenues for the month of December were \$377,714.11 and the amount budgeted was \$166,647 which is 126.66% more than budget. The prior year inpatient revenues were \$138,183.76. Swingbed revenues for the month of December were \$332,799.21 and the amount budgeted was \$255,763 which is 30.12% more than budget. The prior year Swingbed revenues were \$284,931.51. Outpatient revenues for the month of December were \$4,128,456.75 and the amount budgeted was \$3,857,475 which is 7.02% more than budget. The prior year outpatient revenues were \$4,100,180.77. The total revenues for the month of December were \$6,556,396.77 and the amount budgeted was \$5,627,203 which is 16.51% more than budget. The prior year total revenues were \$5,756,615.28. Total revenue deductions for the month of December were \$3,521,567.03 and the amount budgeted was \$2,909,311 which is 21.04% more than budget. The prior year deductions from revenue were \$3,006,111.21. Expenses for the month of December were \$1,973,067.87 and the amount budgeted was \$2,055,596 which is 4.01% less than budget. The prior year expenses were \$1,867,537.17. The actual net operating profit for the month of December was \$1,061,761.87 and the amount of \$662,296 was budgeted which is 60.32% more than budget. The prior year net operating profit was \$882,966.90. Special items affecting the profit and loss statement include recording QIPP revenues in the amount of \$681,029.93. The net operating profit without the special item is \$380,731.94. A report of collections and expenses reflects that in the past twelve months collections total \$17,663,990.60 and expenses total \$22,969,392.49 and that 76.90% of Hospital expenses are covered by collections.

Mr. Williams stated that the audit will be presented to the Board at the February 23, 2021 meeting. He stated that he will review the report with the auditors and review the adjustments. He continued by stating that there are so many items that are outstanding. The adjustments affect the Hospital cost report and there is the need to thoroughly review the audit results prior to printing. In addition the field auditor has to have the report reviewed within BKD, LLP management and there will be time for questions and discussion between BKD and Hospital staff members. As soon as the report has been fully reviewed, he will provide it to the directors.

The latest change to the CARES Act was just prior to the new administration whereby there was a vote for more funding. There were changes on January 15, 2021 to the expense and lost revenue. Hospital management follows Hospital policies and procedures for purchasing items and Board approval is sought for those purchases that exceed the amounts authorized for management. A single audit satisfies the requirements for all of the regulatory agencies and branches. Mr. Williams referenced a Small Rural Hospital Improvement Program (SHIP) grant example but stated that reporting terms will be more elaborate in preparation for the single audit. Management is still awaiting guidance with regard to certain portions of the reporting. January 15, 2021 was established as the day to start reporting and that reporting is due by February 15, 2021; however, there is not clear guidance for how to report. Congress passed the laws, but Health Resources and Services Administration (HRSA) has to determine how it is intended. There is a lot of dialogue between the organizations until it is a finalized report. At this point in time, reporting has been placed on hold. On January 15, 2021 the portal registration became available for facilities to register to receive emails concerning reporting updates.

Mr. Williams reviewed a summary of CARES Act funds. Not all of the monies are CARES Act funds. The total amount received was \$17,832,446.52; however, a portion of that amount flows to the nursing homes. Every line is a different formulary. The nursing homes received \$11,448,586.32. In a single audit, the nursing homes will have to report to Hospital management so the Hospital can report. Limestone Medical Center received \$6,383,860.20. Part of the money is the Paycheck Protection Program loan. The Hospital has not yet received notification of forgiveness for the loan. There are other monies that will not have to be repaid. CARES Act reporting definitions reflect that the Hospital can spend the monies, but must determine how much the hospital spent over the last year that were contributory to COVID not reimbursed by other sources. Then the Hospital must show if the Hospital received reimbursement from the insurance companies which would reduce that amount. The CARES Act monies are used after all other calculations and reimbursements. The purchases being made are for items that the Hospital needs for operations. Purchases must meet the CARES Act terms and conditions. Even if BKD was knowledgeable about the guidelines, since BKD is performing the single audit, the firm cannot provide the Hospital with any guidance. BKD is one of the foremost accounting firms in the world and were among the leading accounting firms included in the webinar indicating that they do not know the reporting guidelines. All purchases are being tracked and assembled for approval. Narratives for the purchases along with meeting minutes are attached to the purchase orders and payments. At this time, however, there is no way to determine how much of the funding remains. Mrs. Mackey inquired if the Hospital has purchased enough items offset the list with Mr. Williams responding negatively. Mr. Price commented that a lot of the other conference call participants spent monies early on for purchases that will not apply. Mr. Milstead stressed the importance of continuing to practice good fiscal management. Mrs. Mackey raised a question concerning those purchases that have been made and what amount would not be considered as approved purchases. She continued by stating the Hospital should ensure to expend as much of those funds as possible. Mr. Milstead stated that in all probability that will not be known what can be approved and what cannot be approved before the audit is completed. Mrs. Mackey indicated her agreement with using good fiscal management but added that she would like to ensure if an item is excluded for approval there is another item to replace it. Mr. Milstead responded by stating that the Board and management do not know what is allowable. Mr. Williams stated that even though the Hospital has COVID-19 patients, there are regular inpatients as well that the Hospital is receiving reimbursement for services. It is anticipated that the Hospital will be receiving patients from the Waco hospitals.

Mr. Gray inquired about joining some of the department in the financial reporting so that he will be able to look across the report and see how much revenue each department generated. Mr. Williams stated that he will provide a report by manager.

CRITICAL ACCESS EVALUATION FYE 2020

A review of the Critical Access Program Evaluation for the period October 2019 through September 2020 was conducted. The evaluation was successful and the results are positive. Mr. Price and the managers were commended for their informational reporting. The motion was made by Mr. Gray, seconded by Mr. Seelinger and unanimously carried to approve the Critical Access Program Evaluation.

RURAL HEALTH PROGRAM EVALUATIONS FYE 2020

A review of the Rural Health Program Evaluation for the period October 2019 through September 2020 was presented for Family Medicine Center, Kosse Community Health Clinic and Rettig Family Health Care. The Clinic managers were commended for their compilation of the data reported. The motion was made by Mr. Gray, seconded by Mr. Milstead and unanimously carried to approve the Rural Health Program Evaluations.

LMC FOUNDATION REPORT

Mr. Price reported that the LMC Foundation members met on Monday, January 25, 2021. LMC Foundation members donated \$2,000 to underwrite the costs of the annual Employee Recognition Banquet and Awards Ceremony. It was reported that the amount of \$7,921.33 was cleared following payment for the expenses incurred during the recent sides of beef fundraising raffle. Mrs. Brandy Agnew has accepted a LMC Foundation director position.

ADMINISTRATIVE REPORT

The annual employee recognition banquet will be held Saturday, January 30, 2021, at 5:00 p.m., at Central Baptist Church in Thornton.

Limestone Medical Center received a check in the amount of \$78.87 pursuant to the order approving distribution of the reserve fund in regard to Blood Reagents Antitrust Litigation.

Limestone Medical Center received a check from First Choice Cooperative in the amount of \$23,181.78 representing the Hospital's patronage discounts for 2020.

Limestone Medical Center has received checks in the amount of \$138,255.71 and \$57,919.93 from SunRx Gateway for the 340B program.

Pharmacy Plus in Groesbeck will be added to the 340B program effective Thursday, April 1, 2021. The Hospital has received the amount of \$503,816.96 for one year of participation in the 340B program. The program provides substantial savings for patients.

In a meeting with Heart of Texas Regional Advisory Council (HOTRAC) two week ago, the Hospital was placed on standby readiness to receive patients from the Waco hospitals. The Hospital was well prepared to receive patients, but did not receive any patients from the Waco hospitals. Falls Community Hospital and Clinic in Marlin registered to receive 35 patients and the initial transfer of patients from the Waco hospitals was to Falls Community Hospital followed by transfers to Limestone Medical Center and the hospitals in Mexia, Clifton and Hillsboro. During peak patient census, William Coleman, M.D., Jeffrey Rettig, D.O., Larry Hughes, D.O. and Dr. Yerger rounded on 17 patients. Management has been in contact with Family Health Center in Waco concerning the potential need for additional physicians.

Small Business Administration is expecting platform updates. Limestone Medical Center was audited for the Paycheck Protection Program because of receiving over \$2,000,000.

On January 19, 2021 Department of Health and Human Services officially published withdrawal of the proposed Medicaid Fiscal Accountability Regulation (MFAR). The rule would have established new reporting requirements and codified other Medical financing requirements, including related to permissible sources for non-federal share financing. Moving forward, however, Texas Health and Human Services Commission (DHHS) will want to ensure agency flexibility in re-examining these important issues and exploring options and possible alternative approaches that best implement the requirement of the Medicaid statute. DHHS stressed the importance of re-examining and fully analyzing the proposed Medicaid reporting requirements in consideration of the recent Congressional action through the Consolidated Appropriations Act of 2021 which establishes new statutory requirements for Medicaid supplemental payment reporting. This withdrawal action does not limit DHHS's prerogative to make new regulatory proposals in the areas addressed by the withdrawn proposed rule, including new proposals that may be substantially identical or similar to those described therein. The withdrawal of this proposed rule also does not affect existing federal legal requirements or policy that were merely proposed to be codified in regulation, including certain provisions related to Medicaid financing and Medicaid Upper Payment Limit (UPL) requirements. This withdrawal action does not affect CMS's ongoing application of existing statutory and regulatory requirements.

Mr. Jim Miceli, Project Superintendent, for the Azuria Dialysis construction project in Groesbeck has moved out of the apartment that he was leasing from the Hospital. He has returned to work on a project in the United Kingdom. Mr. Miceli informed Mr. Price that he was not being compensated while the Limestone County Dialysis Center project is pending construction. Mr. Price's attempts to reach Mr. Jay Aldridge, Project Manager, Azuria Dialysis have not been successful. At this point in time the future of the Dialysis Center is unknown.

Hospital Attorney, Trent Krienke, has conveyed information concerning Park Place Manor nursing and rehabilitation in Belton owned and operated by Mr. Monte H. Read. Management is reviewing the documentation in consideration of affiliation. The 2018 Medicaid census for the facility per Texas Health and Human Services Commission (HHSC) was 17,997 and the average per patient day was approximately \$45.80. This results in \$824,262 in QIPP funds and when split the Hospital and the nursing home may earn up to \$412,000 per year if quality metrics are achieved. Mr. Price and Mr. Williams participated in a conference call today with Mr. Read. Change of ownership is planned for Friday, February 12, 2021. Management will seek approval for bank accounts at a future date. Following change of ownership, this nursing home will be the 19th facility owned by South Limestone Hospital District.

Two of the Hospital vans were totaled and the Hospital has received the current value of the vans from the insurance company. A replacement van has not yet been purchased as Mrs. Linda Chambers has indicated that one van is adequate because the Behavioral Health Program census is low due to patients being reluctant to leave their homes due to COVID-19. Another van will eventually be purchased.

EXECUTIVE SESSION

The Board of Directors of South Limestone Hospital District entered into Executive Session at 4:56 p.m. This closed session is held pursuant to Section 551.074 of the Texas Government Code “Personnel Matters.”

The Board of Directors of South Limestone Hospital District did not enter into Executive Session pursuant to Section 551.085 of the Texas Government Code “Governing Board of Certain Providers of Health Care Services.”

RETURN TO REGULAR SESSION

The Board of Directors adjourned from closed session at 5:44 p.m. and returned to open session. There was no action.

SETTING OF NEXT REGULAR BOARD MEETING

The next regular meeting of South Limestone Hospital District Board of Directors was set for Tuesday, February 23, 2021, at 3:00 p.m. in the Hospital’s Board Room.

ADJOURN

There was no further business and the meeting adjourned at 5:45 p.m.

_____/s/
Glenda O’Neal
Secretary/Treasurer