

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

**MINUTES**

**January 28, 2025**

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**On this 28<sup>th</sup> day of January, 2025 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.**

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**MEMBERS PRESENT**

Danny Hewitt  
Kent Wilson  
Glenda O'Neal  
Arnold Gray  
Tyrell Hobbs

**MEMBERS ABSENT**

Martha Stanton  
Christina Lockhart

**OTHERS PRESENT**

Larry Price  
Michael Williams  
Cathy Knouse

**CALL TO ORDER, ESTABLISH QUORUM AND EXCUSE ABSENTEES**

Mr. Danny Hewitt, President, called the meeting to order at 2:15 p.m. A quorum was present.

The motion was made by Mr. Kent Wilson to excuse the absence of Ms. Christina Lockhart. The motion was seconded by Mr. Arnold Gray and approved.

**COMMENTS FROM CONCERNED CITIZENS**

There were no concerned citizens in attendance.

**CORRESPONDENCE**

Mrs. Martha Stanton addressed a letter to the South Limestone Hospital District Board of Directors dated December 23, 2024 resigning her position on the Board. Mrs. Stanton has relocated to an area that is outside of the South Limestone Hospital District boundaries. Hospital records will be updated to reflect that Mrs. Stanton has resigned effective December 31, 2024.

### **DISCUSSION AND ACTION ON COMMITTEE APPOINTMENTS**

The Board of Directors reviewed the current committee membership for the Executive Committee, the Finance/Building and Grounds/Ambulance Committee, the Joint Conference/Medical Care/Long Range Planning Committee and the Personnel Policy Review/Physician Recruitment Committee. Mr. Kent Wilson replaced Mrs. Martha Stanton as a member of the Executive Committee upon his appointment as Vice President of the Board on Tuesday, November 26, 2024. Mrs. Stanton is listed as a member of the Finance/Building and Grounds/Ambulance Committee and the Personnel Policy Review/Physician Recruitment Committee. The motion was made by Mr. Wilson to table committee membership updates until the next meeting. The motion was seconded by Mr. Tyrell Hobbs and approved.

### **DISCUSSION AND ACTION ON EMPLOYEE INSURANCE BENEFITS**

The Board members reviewed the Limestone Medical Center medical analysis that includes the current PPO medical plan benefits along with the current and renewal options and additional options 1 and 2. The committee members also reviewed the Limestone Medical Center medical analysis that includes the current HMO medical plan along with the current and renewal options and additional options 3 and 4.

Mr. Michael Williams provided detailed information comparing the BlueCross BlueShield quotes to the United Healthcare quotes. The most significant difference is the BlueCross BlueShield deductible amounts of \$7,000 for individuals and \$14,000 for families compared to United Healthcare deductible amounts of \$5,000 for individuals and \$10,000 for families. In addition, laboratory and X-ray, imaging and urgent care services filed with United Healthcare do not have a deductible amount and the copay amounts are less compared to BlueCross BlueShield. Primary Care Provider (PCP)/specialist visits under the current BlueCross Blue Shield plan are \$25/\$50. Primary Care Provider/specialist visits under the United Healthcare plan are \$10/\$60 and children up to age 19 are \$0/\$60.

The majority of the employees enroll for medical insurance benefits for themselves only. The current rate for employee only coverage under the BlueCross BlueShield PPO plan is \$706.52. That amount would increase to \$790.57 if the plan were renewed. The current rate for employee only coverage under the BlueCross BlueShield HMO plan is \$689.56. That amount would increase to \$771.59 if the plan were renewed. The proposed rate for employee only coverage under the United Healthcare PPO plan is \$703.43. The proposed rate for employee only coverage under the United Healthcare HMO plan is \$684.83. The United Healthcare plans offer lower copay and deductible amounts and employees are able to maintain the same network and providers.

The rates for United Healthcare dental insurance and vision insurance are also less than BlueCross BlueShield. The rate for the United Healthcare life insurance coverage of \$50,000 is slightly higher compared to BlueCross BlueShield. Employees have the option to purchase additional life insurance as well as accidental death and dismemberment insurance. Employees also have the option to retain the life insurance policy upon retirement and pay the premiums personally.

Employees will be enrolled during the month of February for plan benefits to become effective Saturday, March 1, 2025. Existing expenses will roll over into the new account. Preauthorized visits approved through BlueCross BlueShield would have to be preauthorized through United Healthcare.

The Hospital currently pays the full premium for the employees selecting the HMO plan. Employees selecting the PPO plan pay the difference in the cost of the premium. The motion was made by Mr. Wilson, seconded by Mr. Gray and carried to approve the United Healthcare HMO Medical Insurance Plan Option 4, the United Healthcare dental plan, the United Healthcare vision plan, the United Healthcare group life insurance plan and the United Healthcare voluntary life insurance and accidental death and dismemberment plan.

#### **DISCUSSION AND ACTION ON STRATEGIC PLAN**

The directors reviewed the 2025 strategic plan updated October 29, 2024 that includes one, three and five year goals. Management has updated the plan with new and existing action items and noted these items that should be continued.

Mr. Gray raised a question concerning the medical clinic in Jewett that closed approximately one year ago with Mr. Price responding that this location will be given consideration.

There was discussion concerning mammography services. It was recognized that a significant number of women are established with a breast-imaging center and prefer to remain with that provider. Digital records are stored indefinitely and remaining with the established provider offers continuing of care. There is no lease option for a mammography machine and the cost of a mammography machine is approximately \$420,000. Limestone Medical Center currently employs two employees who are registered mammographers who could provide staffing. Mr. Price expressed his concern for the patient volume. Management is hopeful that new patients will be added when Christian Jacobsen, M.D. begins working at Limestone Medical Center on Friday, August 1, 2025 and when Emily Wagner, M.D. begins working at Limestone Medical Center on Tuesday, September 2, 2025. It was also noted that Limestone Medical Center would be limited to screening mammography, as the Hospital does not have a radiologist in house. A radiologist must be in house in order to provide diagnostic tests. Mr. Price remarked that LMC Foundation may be agreeable to donating funds for this equipment and there may be grant funds that could be procured to assist with purchasing this equipment. It was the consensus to continue to discuss the provision of mammography services.

The renovation of the building located at 621 McClintic Drive has been completed. The renovation of the Laboratory is nearing completion and the equipment is expected to be delivered mid-February and installed by the end of February. Once the Laboratory equipment is installed, management will begin planning other projects.

#### **DISCUSSION AND ACTION ON 2025 GOALS ANALYSIS**

The Board of Directors reviewed fiscal year 2025 goals.

- Physician/provider retention and recruitment including specialty physicians

- Expand facilities
- Explore facilities and perform a return on investment analysis for the provision of mammogram tests
- Productivity/staffing study
- Increase efficiency and responsiveness; study extended hours option at all clinics
- Conduct quarterly goal review meetings
- Continue Board member education involving the role of Board members including Open Meetings Act and closed session meetings and conduct mandatory annual Board member education

**EXECUTIVE SESSION**

The Board of Directors of South Limestone Hospital District did not enter into Executive Session pursuant to Section 551.071 of the Texas Government Code “Consultation with Attorney.”

The Board of Directors of South Limestone Hospital District did not enter into Executive Session pursuant to Section 551.072 “Deliberation Regarding Real Property.”

The Board of Directors of South Limestone Hospital District did not enter into Executive Session 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.”

**ADJOURN**

There was no further business and the meeting adjourned at 2:55 p.m.

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/s/  
Glenda O’Neal  
Secretary/Treasurer

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**On this 28<sup>th</sup> day of January, 2025 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.**

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**MEMBERS PRESENT**

Danny Hewitt  
Glenda O'Neal  
Arnold Gray  
Tyrell Hobbs  
Kent Wilson

**MEMBERS ABSENT**

Christina Lockhart

**OTHERS PRESENT**

Larry Price  
Michael Williams  
Pam Armstrong  
Debbie Brewer  
Ashley Carroll  
Nathan Rogers  
Anthony Cumbie  
Leeann Freeman  
Jennifer Haynie  
Misty Hutchison  
Emily Jones  
Brandy Kennedy

Allec Lincoln  
Yanira Deleon  
Candy Seals  
Kara Medlock  
Michelle Mullinnix  
Adrienne Rettig  
Hope Wallace  
Julie Wilson  
Jean Wragge  
Robert York  
Cathy Knouse

**CALL TO ORDER, ESTABLISH QUORUM**

Mr. Danny Hewitt called the meeting to order at 3:01 p.m. A quorum was present.

The motion was made by Mr. Arnold Gray to excuse the absence of Ms. Christina Lockhart. The motion was seconded by Mr. Tyrell Hobbs and carried.

**INVOCATION**

Mr. Larry Price offered the invocation.

**PLEDGE TO THE FLAG**

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

**PLEDGE TO THE TEXAS FLAG**

Those present recited the Pledge to the Texas 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**

Mr. Larry Price introduced newly hired employees Mrs. Ashley Carroll, Infection Preventionist, Mr. Anthony Cumbie, Emergency Department Director and Trauma Program Manager and Ms. Candy Seals, Clinical Informaticist. Mr. Cumbie will also assist with emergency preparedness.

Christmas cards received from: Business Office, Emergency Department, Maintenance and Housekeeping, Medical Floor, Nursing Informatics, Pharmacy, Radiology and Rettig Family Health Care.

Mrs. Carolyn Range wrote a complimentary card in appreciation of the staff for the care provided to her husband. She was especially complimentary of the Rehabilitation Department, the receptionist, outpatient registration clerk and the Radiology Department.

*Waco Tribune-Herald* published an article on Wednesday, November 27, 2024 entitled Big Pharma vs. rural America. Limestone Medical Center and Goodall-Witcher Hospital in Clifton were named in the article.

United Healthcare has named Limestone Medical Center and Rettig Family Health Care as 2024 United Heroes. The award recognizes the provision of excellent care to United Healthcare Medicare Advantage members. The target scores include three categories from the patient experience survey: getting needed care, care coordination and doctor-patient conversations.

Ms. Amy Eskew, Chief Executive Officer and President, Texas Healthcare Trustees, has written to congratulate Mrs. Glenda O'Neal for successfully completing the renewal of her Certified Healthcare Trustee designation. Mrs. O'Neal has been a Board member since July 24, 2012. She will serve as a certified trustee from March 4, 2025-March 3, 2028.

### **CONSENT AGENDA ITEMS**

The Board minutes, Executive Committee minutes, Accounts Receivable report, Compliance report, Family Medicine Center report, Infectious Disease report, Kosse Community Health Clinic report, Marketing report, Medical Staff minutes, Nursing Home Maintenance and Operations report, Nursing report, Patient Safety/Risk Management/Workplace Violence Committee minutes, Physician Credentialing Committee minutes, Plant Operations Report, Rettig Family Health Care report, Rucker Clinic report and Inservice were presented. The motion was made by Mr. Hobbs, seconded by Mr. Gray and carried to approve the consent agenda.

### **AUTHORIZE RESOLUTION SUPPORTING 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. Glenda 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 NEWLY CREATED AND REQUESTED CHANGES TO POLICIES AND PROCEDURES**

#### **Administration**

There are no changes to the Administration policies and procedures

#### **Critical Access Hospital**

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

#### **Business Office**

- Updated Table of Contents; to reflect adding Ambulance Billing
- Updated adjustment log; to list additional adjustment codes added for various reporting reasons
- Updated Admission Forms; adding signature requirements for CommonWell Event notice and immigration status
- Updated Bad Debt Processing; added a procedure for adjusting presumptive charity
- Updated daily cash reconciliation: wording was changed to reflect "receipts will be given to administrative secretary or assigned personnel designated by Administration.

- Updated ER Admissions Procedures; added additional wording for immigration status and CommonWell consent.
- Updated Records Retention: added wording to state EOB's will be kept for 10 years electronically or by paper.
- Made various changes to sliding fee policy to reflect the requirements set forth by HRSA

#### Environment of Care

The Workplace Violence policy and procedures form have been updated to include notification of Human Resources and chief executive officer of any complaints. Added the Workplace Violence reporting form.

#### Family Medicine Center

FMC policy #405 Anaphylaxis was updated to remove subsection B of Section 4 (Establish I.V of normal saline at provider discretion). This was discussed with providers a few years ago due to proximity to the Hospital, there was a lot of waste since the IV catheters expire before usage. The order is placed by the box of 50. The policy apparently was not changed at that time. After re-reviewing the situation with the now issue of shortage of normal saline the decision stands.

The FMC policy clinical guidelines authorization for consent to medical treatment for minors and those deemed incompetent was updated with the names of the current providers.

The FMC Consent signature page was updated to current signature page and consents.

The FMC Laboratory Services policy #501 section 1, subsection B, item i was updated to remove Hemoglobin/Hematocrit lab test from clinical policy.

#### FMC Hemoglobin testing policy # 505

Removed Hemoglobin testing policy, per updated Centers for Medicare and Medicaid Services (CMS) guidelines for 2025 effective January 1, 2025. Rural Health Clinics are no longer required to perform Hemoglobin testing in the Clinic as well as Hemocult. The Hemoglobin testing required monthly controls, and there are going issues with obtaining the control solution. Currently the control solution is on back order nationwide. In addition, the controls are extremely expensive. Without the control solution to perform these monthly controls, the Clinic is non-compliant. This is not a test that is utilized in the Clinic; however since it was a CMS requirement to offer it supplies have been kept available as best as possible.

FMC policy #701-HIPAA Referral page was updated with the names of the current HIPAA officer, Mrs. Julie Wilson. Mrs. Debbie Brewer and Mrs. Cheryl Hardin were removed. In addition, the referral page was updated with the name of the current Compliance Officer, Mrs. Julie Wilson and Mr. Larry Price was removed.



## FMC POLICY ADDITIONAL CLINIC

The FMC Clinical Incident Report form instructions were updated to reflect the preferred online reporting through the safety net (incident reporting icon). The option to complete the form on paper is also available for down time procedure need.

The FMC Procedure Consent Form was updated with the names of the current providers.

### Quality Improvement

There are no changes to the Quality Improvement policies and procedures

### Quality Improvement Program

There are no changes to the Quality Improvement Program

### Radiology

The CT policy and procedures have been updated to add a section in pediatric protocols that if a pediatric patient is over the Hospital's weight range, then to consult with the radiologist to utilize the adult protocol.

### Records Retention

There are no changes to the Records Retention policies and procedures

### Specialty Clinic

- GI procedures- updated pt will be discharged with written d/c instructions, medication reconciliation list, and patient survey
- Referral Process- completely updated current process
- Informed consent- changed mental retardation to intellectually disabled
- Endoscope drying & storage cabinet- updated grammatical error
- Olympus instructions updated from 180 scopes to current 190 scopes
- Outpatient EGD/Colonoscopy order set updated
- Verbal Procedures- completely revamped to reflect current process
- Endoscopy Nursing Record- updated to include Depression Screening
- Anesthesia Practice- Updated to reflect current process
- Monitoring of Sedation- Updated to reflect current process
- Anesthesia controlled drug, controlled drugs, Medication Room, Medication Security, Security of Medications, Management of Medication- deleted d/t to Omnicell
- Crash Carts- replaced with Nursing's updated policy
- Anaphylactic Reaction- replaced with Nursing's updated policy
- High Alert/ High Risk Meds- replaced with Nursing's updated policy
- IV infusing Guidelines- replaced with Nursing's updated policy

- Platelet Transfusion- replaced with Nursing's updated policy
- Preparing parenteral medications- replaced with Nursing's updated policy
- Stat Medication Orders- added Nursing's updated policy
- Interpreter Service- added Nursing's updated policy
- Sterile Gloving- replaced with Nursing's updated policy
- Administering Narcotics- added Nursing's updated policy
- Medication Administration- replaced with Nursing's updated policy
- Insertion/ Management of Urinary Catheter- updated with Infection Controls current policy
- Omnicell policy- Added Pharmacy's current policy

#### CHF Clinic

- Added MRA Initiation and Titration Policy

#### Wound Care Clinic

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

The members of the Board examined each policy and procedure and the motion was made by Mrs. O'Neal to approve the revised and existing policies and procedures as presented. The motion was seconded by Mr. Gray and approved.

### **QUALITY, RISK AND REGULATORY DISCUSSION AND ACTION**

The January 8, 2025 minutes of the Quality Improvement Committee were presented and reviewed. Patient Family Engagement committee member, Mr. Ricky Logan, was unable to attend the meeting due to a family emergency. Efforts continue to recruit additional committee members. It was announced that an introductory CVS Accountable Care Organization (ACO) online meeting will be conducted Wednesday, January 15, 2025. CVS ACO is handling the Medicare Shared Saving program for Traditional Medicare patients, similar to how Main Street is handling the Medicare Advantage patient quality measure and risk stratifications. The directors reviewed the departmental reports.

### **UPDATE ON ACO AND PAYMENT PROCESSING**

Limestone Medical Center participates with Texas Organization of Rural and Community Hospitals (TORCH) Clinical Integrated Network (CIN) Main Street Rural Health. Limestone Medical Center joined CVS Accountable Care Organization (ACO) effective Wednesday, January 1, 2025. Healthcare is shifting rapidly toward value-based care. ACOs are proven to improve care quality, reduce costs and enhance patient satisfaction. Through collaboration with other providers, the Hospital can leverage shared resources, advanced data analytics and a coordinated approach to patient care. Mrs. Julie Wilson provided the directors with detailed information concerning the shift to value-based care, financial incentives, quality improvements, competitive advantage, operational benefits, focus on patient centered care, risks and mitigation strategies and evidence of success.

**DISCUSSION AND ACTION ON AMBULANCE 429 MOTOR**

The Hospital's 2019 Dodge Ram 3500 ambulance number 429 has a cracked engine block due to a faulty fuel pump. The faulty fuel pump has allowed metal shavings to pass into the engine causing the engine block to crack. The CP4 injection pump is made of aluminum. Management is electing to replace with injection pump with the CP3 injection pump that is made of steel. 2W Solutions provided an estimated repair quote for \$30,135 for the engine replacement that includes \$28,700 for the complete engine (\$4,050 labor and \$24,650 for parts) and \$1,435 for shop supplies. There is three-year, unlimited mileage warranty. The Finance Committee met Tuesday, January 14, 2025, and voted to approve the engine replacement estimate for \$30,135 from 2W Solutions for the repair of the 2019 Dodge Ram 3500. The directors discussed the ambulance and engine condition. The motion was made by Mr. Hobbs seconded by Mr. Wilson and carried to approve the engine replacement estimate for \$30,135 from 2W Solutions for the repair of the 2019 Dodge Ram 3500.

**DISCUSSION AND ACTION ON SIGNATORY AUTHORITY**

The Hospital Bylaws provide that all capital expenditures in excess of \$10,000 will be presented to the Board of Directors for approval. The chief executive office will be authorized to approve expenditures to and including the amount of \$10,000 and the accountant will be authorized to approve expenditures up to and including the amount of \$5,000. The chief executive officer and accountant together will be authorized to approve expenditures up to and including the amount of \$15,000. Further, the Bylaws state that the chief executive officer shall act as the duly authorized representative of the Board of Directors in all matters. There was discussion concerning the approval of capital purchases and the motion was made by Mr. Gray, seconded by Mr. Wilson and approved to amend the Bylaws 6.02 Duties of the Chief Executive Officer by deleting paragraph m

- m. All capital expenditures in excess of \$10,000.00 will be presented to the Board of Directors for approval. Chief Executive Officer will be authorized to approve expenditures up to and including the amount of \$10,000 and Accountant will be authorized to approve expenditures up to and including the amount of \$5,000. Chief Executive Officer and Accountant together will be authorized to approve expenditures up to and including the amount of \$15,000.

and to establish a Capital Expenditures policy that reflects the dates that previous Bylaws were revised

It shall be the policy of South Limestone Hospital District that all capital expenditures in excess of \$15,000 will be presented to the Board of Directors for approval. The chief executive office will be authorized to approve expenditures up to and including the amount of \$10,000 and the accountant will be authorized to approve expenditures up to and including the amount of \$5,000. The chief executive officer and accountant together will be authorized to approve expenditures up to and including the amount of \$15,000.

During the closing of the purchase of Rettig Family Health Care, a signatory authority was requested for the closing documents. The Executive Committee met Wednesday, November 27, 2024 and unanimously approved authorizing Mr. Larry Price to execute all documents concerning the closing on behalf of South Limestone Hospital District. Mr. Price inquired if the Board of Directors would consider officially establishing a signatory authority policy for future matters to ensure that in the capacity of chief executive officer, he can bind South Limestone Hospital District through signature and that he has the right to sign documents and legally commit South Limestone Hospital District to agreements. There was discussion concerning the signatory authority approval and the motion was made by Mr. Gray, seconded by Mr. Wilson and approved to establish the Signatory Authority Policy.

The chief executive officer shall act as the duly authorized representative of the Board of Directors in all matters. In the capacity of chief executive officer, the chief executive officer can bind South Limestone Hospital District through signature. Further, chief executive officer has the right to sign documents and legally commit South Limestone Hospital District to agreement.

#### **CRITICAL ACCESS EVALUATION FYE 2024**

A review of the Critical Access Program Evaluation for the period October 2023 through September 2024 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 Mrs. O'Neal and carried to approve the Critical Access Program Evaluation.

#### **RURAL HEALTH PROGRAM AND MEDICAL CLINIC EVALUATIONS FYE 2024**

A review of the Rural Health Program Evaluations for the period October 2023 through September 2024 was conducted for Family Medicine Center, Kosse Community Health Clinic and Rettig Family Health Care. A review of the Medical Clinic Evaluation for same time period was conducted for Rucker Clinic. The Clinic managers were commended for their compilation of the data reported. The motion was made by Mr. Gray, seconded by Mrs. O'Neal and unanimously carried to approve the Rural Health Program and Medical Clinic Evaluations.

#### **FINANCIAL REPORT**

Mr. Michael Williams presented the revised Financial Report for the month ending October 31, 2024. This is the first year that Quality Incentive Payment Program (QIPP) payments are not posting every month. In years past, there were many large recoupments/adjustments due to Medicaid patient day counts causing significant challenges with cash flow and tru-ups. The determination was made to provide less frequent payments resulting in less frequent recoupment. The nursing home transactions are the only changes in the October financial report. Total inpatient revenues for the month of October were \$200,172.29 and the amount budgeted was \$329,721, which is 39.29% less than budget. The prior year inpatient revenues were \$266,701.98. Swingbed revenues for the month of October were \$398,209.42 and the amount budgeted was \$271,364 which is 46.74% more than budget. The prior year Swingbed revenues were \$190,904.18. Outpatient revenues for the month of October were \$6,851,907.26

and the amount budgeted was \$6,217,130 which is 10.21% more than budget. The prior year outpatient revenues were \$5,633,551.68. The total revenues for the month of October were \$9,101,042.92 and the amount budgeted was \$8,055,450 which is 12.98% more than budget. The prior year total revenues were \$7,248,593.44. Total revenue deductions for the month of October were \$4,968,262.43 and the amount budgeted was \$4,583,213 which is 8.40% more than budget. The prior year deductions from revenue were \$4,316,778.85. Expenses for the month of October were \$2,621,599.19 and the amount budgeted was \$2,716,828 which is 3.51% less budget. The prior year expenses were \$2,357,057.42. The actual net operating profit for the month of October was \$1,511,181.30 and the amount of \$755,409 was budgeted which is 100.05% more than budget. The prior year net operating profit was \$574,757.17.

Mr. Williams presented the Financial Report for the month ending November 30, 2024. Total inpatient revenues for the month of November were \$143,558.87 and the amount budgeted was \$329,703 which is 56.46% less than budget. The prior year inpatient revenues were \$222,752.87. Swingbed revenues for the month of November were \$212,101.24 and the amount budgeted was \$271,471 which is 21.87% less than budget. The prior year Swingbed revenues were \$203,960.10. Outpatient revenues for the month of November were \$5,247,332.20 and the amount budgeted was \$6,216,989 which is 15.60% less than budget. The prior year outpatient revenues were \$5,656,334.27. The total revenues for the month of November were \$7,589,260.39 and the amount budgeted was \$8,055,398 which is 5.79% less than budget. The prior year total revenues were \$7,656,631.80. Total revenue deductions for the month of November were \$3,853,023.29 and the amount budgeted was \$4,583,213 which is 15.93% less than budget. The prior year deductions from revenue were \$3,846,535.11. Expenses for the month of November were \$2,530,233.42 and the amount budgeted was \$2,644,052 which is 4.30% less than budget. The prior year expenses were \$2,300,111.05. The actual net operating profit for the month of November was \$1,206,003.68 and the amount of \$828,133 was budgeted which is 45.63% more than budget. The prior year net operating profit was \$1,509,985.64. The special item affecting the profit and loss statement includes recording Medicaid Dispro-Net receipts in the amount of \$305,136. The prior year Medicaid Dispro Net receipts were recorded in the amount of \$284,413.88. The net operating profit without the special item is \$900,867.68. A report of collections and expenses reflects that in the past twelve months collections total \$29,676,301.60 and expenses total \$30,206,451.21 and that 98.24% of Hospital expenses are covered by collections. The directors reviewed the most recent Quality Incentive Payment Program (QIPP) report.

Mr. Williams presented the Financial Report for the month ending December 31, 2024. Total inpatient revenues for the month of December were \$151,016.11 and the amount budgeted was \$330,253 which is 54.27% less than budget. The prior year inpatient revenues were \$456,375.45. Swingbed revenues for the month of December were \$181,033.91 and the amount budgeted was \$271,549 which is 33.33% less than budget. The prior year Swingbed revenues were \$295,954.42. Outpatient revenues for the month of December were \$5,330,743.28 and the amount budgeted was \$6,217,249 which is 14.26% less than budget. The prior year outpatient revenues were \$5,524,895.20. The total revenues for the month of December were \$7,915,062.78 and the amount budgeted was \$8,056,286 which is 1.75% less than budget. The prior year total revenues were \$7,533,902.48. Total revenue deductions for

the month of December were \$3,751,681.53 and the amount budgeted was \$4,583,213 which is 18.14% less than budget. The prior year deductions from revenue were \$3,985,770.38. Expenses for the month of December were \$2,485,820.04 and the amount budgeted was \$2,638,486 which is 5.79% less than budget. The prior year expenses were \$2,519,205.37. The actual net operating profit for the month of December was \$1,677,561.21 and the amount budgeted was \$834,587 which is 101.00% more than budget. The prior year net operating profit was \$1,028,926.73. The special item affecting the profit and loss statement includes recording Medicaid Dispro-Net receipts in the amount of \$175,453.59. The net operating profit without the special item is \$1,502,107.62. A report of collections and expenses reflects that in the past twelve months collections total \$29,563,834.56 and expenses total \$30,173,065.88 and that 97.98% of Hospital expenses are covered by collections. The directors reviewed the most recent Quality Incentive Payment Program (QIPP) report.

#### **LMC FOUNDATION REPORT**

Mr. Price reported that the LMC Foundation members met on Monday, December 16, 2024 and Monday, January 13, 2025. LMC Foundation members donated \$3,500 to underwrite the costs of the annual Employee Recognition Banquet and Awards Ceremony. Plans for a \$2,500 cruise travel voucher raffle fundraiser continue to be developed.

#### **ADMINISTRATIVE REPORT**

The Hospital District closed on the purchase of the Rettig Family Health Care building and property. The warranty deed for the Rettig Family Health Care property was received on January 16, 2025.

The Hospital hosted the annual lighting celebration on Tuesday, December 10, 2024, and it was an enjoyable evening that was well attended.

The Rose Mobile Mammography Coach was on campus Thursday, December 12, 2024 to provide free mammograms for uninsured women in Limestone and Freestone counties. The grant through Texas A&M University Health Science Center and Cancer Prevention & Research Institute of Texas did not renew. Rose Coach management is pursuing other funding opportunities.

Processing change of ownership documents for St. Joseph's Care Center in McGregor.

In an email from Christian Jacobsen, M.D. on December 31, 2024, he expressed his excitement with starting his practice at the Hospital. He will begin work on Friday, August 1, 2025.

Emily Wagner, M.D. met with the Medical Staff on Tuesday, December 3, 2024, and it was a positive meeting. She signed the Employed Physician Agreement for a three-year term on Thursday, January 16, 2025. She is going to be looking for a home to purchase in Groesbeck and will begin working at the Hospital on Monday, September 1, 2025.

Rettig Family Health Care and Kosse Community Health Clinic have been recertified through National Health Service Corps. The renewed certifications will expire Friday, December 31, 2027. Mr. Price recognized Mrs. Debbie Brewer, Ms. Scarlett Lloyd and Ms. Adrienne Rettig for their work to ensure compliance with the HRSA requirements and to submit the recertification applications. Affiliation with National Health Service Corps is beneficial for the Hospital to recruit providers and beneficial for the providers with student loan reimbursement.

First Choice Cooperative dividends for the last fiscal year total \$11,648.44.

The 340B profit for November was \$241,113.07 and for December the profit was \$58,243.18. The program profit for the calendar year was \$585,174.31. The inpatient savings on split billing was \$87,724.

On Thursday, January 2, 2025, there was an issue with the telephone system causing the telephone lines to go out. Mr. B. C. Lee and Mr. Robert York have been working on the transition to voice over internet protocol that allows voice calls to be made using a broadband internet connector instead of a regular analog phone line.

The THT certification program previously known as Certified Healthcare Trustee is now being called Certified Healthcare Trustees and Leaders. The program and name are evolving to better reflect the roles of health care trustees and employees. The certification is expanding to include more health care positions. The Hospital can receive additional recognition when multiple board members become certified. Three levels of board certification are recognized:

- One Star – 40 to 74% of board members are certified.
- Two Stars – 75 to 99% of board members are certified.
- Three Stars – 100% of board members are certified.

In the past, the annual THT governance conference has been held the last week of July. This year the conference is June 12-14, 2025. Virtual conference registrations have been processed.

Medicaid erroneously disenrolled some patients and also disenrolled LMC EMS. The Hospital had to reapply. A Medicaid representative conducted a site visit for the ambulance service on Monday, January 13, 2025. Mr. Shelton Chapman and Mrs. Julie Wilson facilitated the successful visit. All claims filed will process retroactively.

Texas Department of State Health Services presented at Family Medicine Center on Wednesday, January 22, 2025 in response to a patient complaint. The surveyor conducted a full inspection of the Clinic with an exit interview on January 23, 2025. The complaint was found to be unsubstantiated and the ensuing inspection revealed that there are no deficiencies. The surveyor was very complimentary of Mrs. Misty Hutchison and the orderliness of the Clinic. Mr. Price recognized Mrs. Hutchison, Ms. Shandy Samaniego, Mrs. Julie Wilson, and Ms. Teresa Sample.

Mr. Price informed the directors that a physician has expressed interest in the House Call Program medical director position. He is currently negotiating a contract for review that is structured with some patient care visits but primarily for oversight of the program. Mr. Price is hopeful of having the contract executed and effective by Saturday, March 1, 2025.

The insurance claim for the roof damage is still being reviewed. Chubb Insurance requested than an engineer examine the roofs. Chubb Insurance does not validate that the Hospital has substantial damage to substantiate the insurance claim and cannot replace the roofs. Hospital management anticipates receiving insurance claim proceeds for the Heating, Ventilation and Air-Conditioning (HVAC) systems. Insurance Claim and Recovery Support (ICRS) represents the Hospital and ICRS has proposed requesting that Chubb do an evaluation to install a roll on overlay as opposed to a sealer for the roofs. Chubb agents are assisting with fire damage claims in California so there will be some delay in pursuing this matter.

The annual employee recognition and appreciation banquet is Saturday, February 1, 2025, at 5:00 p.m., at Thornton Central Baptist Church.

#### **EXECUTIVE SESSION**

The Board of Directors of South Limestone Hospital District did not enter into Executive Session pursuant to Section 551.071 of the Texas Government Code "Consultation with Attorney."

The Board of Directors of South Limestone Hospital District did not enter into Executive Session pursuant to Section 551.072 of the Texas Government Code "Deliberation Regarding Real Property."

The Board of Directors of South Limestone Hospital District did not enter into Executive Session 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."

#### **SETTING OF NEXT REGULAR BOARD MEETING**

The next regular meeting of South Limestone Hospital District Board of Directors was set for Tuesday, February 25, 2025, at 3:00 p.m. in the Hospital's Board Room.

#### **ADJOURN**

There was no further business and the meeting adjourned at 3:53 p.m.

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/s/  
Glenda O'Neal  
Secretary/Treasurer