

**Nocona General Hospital  
Board of Directors Meeting  
March 17, 2026**

**Board Members Present:**

Charles May, President  
Ken Koontz, Vice-President  
Chris Keck, Secretary  
Paula Webb  
Kristal Ferguson  
Ron Brown  
De Brown

**Absent:**

None

**Hospital Administration:**

Lance Meekins, CEO  
Rebecca Hamilton, Admin Asst./HR

**Medical Staff:**

Len Dingler, MD

**Others Present:**

Brian Jackson, Jackson & Carter, PLLC  
Chris & Cindy Petty  
Steve Bates

Meeting was called to order by President, Charles May at 12:31 PM.

**Approval of Previous Minutes**

Ron Brown made a motion to approve the minutes of the February 17, 2026 Regular Meeting, and Chris Keck seconded. Motion passed unanimously.

**Community Input**

None

**Old Business**

None

**New Business**

**Discussion and Possible Vote on February 2026 Financial Statements**

Lance presented the following report on the February 2026 Financials:

For February the hospital finished with 23 admissions; 555 outpatient discharges, including 11 surgeries; 294 ER visits; 51 ambulance calls; 316 home health visits; and 1516 clinic visits. Additionally, there were 19 observation admissions. This utilization resulted in gross revenue of just over \$2.9M, exceeding budget by 29%. The average daily census was 3.9 patients with an average length of stay of 4.2 days. For a February, utilization was decent. Most of the indicators are in the blue when compared to last year and like two years ago. The difficult situation operationally speaking is when utilization remains somewhat static, expenses will continue to rise. We have taken steps to offset some of this as pain management cases continue to increase,

and we will soon see an increase in surgeries as the general surgeon gets established. Due to delinquent documentation being caught up for several months, allowing for charges to be posted, the ER revenue significantly exceeded budget for the month. To note on the income statement, the line items for contractals/bad debt exceeded budget significantly. We are in the process of moving early out accounts and collections to CPSI; therefore, we did not write off any bad debt for the month thus requiring a large allowance being posted.

For year over year comparison:

- Gross revenue is exceeding budget by about 10.5% and up 17.5% from last year fueled by the increase in pain management service and to a smaller degree, the CDM price increases. Net revenue is up 4% from last year. That is a significant drop from the gross revenue increase, but as you know, price increases normally just increase contractual allowances, and most of the gross revenue increase is outpatient, where reimbursements as a percentage of charges is extremely low (approx. 20%). Expenses are up 7% mostly from salaries (please remember the incentive payments) and the continued use of travelers.
- The ADC is up 0.3 patients.
- Admissions are up 7.5%.
- The ALOS is the same.
- Outpatient discharges are down 12.7%.
- ER visits are the same.
- Obs admissions are up 18%.
- O/P surgeries are down 18%.
- Clinic visits are down 7%.
- FTEs are up 5. This is mainly in nursing (closer to fully staffed; OR due to the increases in pain management)
- Days Cash on Hand is down 4%.

Collections on hospital patients are up 12%, hopefully a sign we are trending in the right direction with our new collection agreement with CPSI.

Ken Koontz made a motion to accept the February 2026 financials as presented, and Kristal Ferguson seconded. Motion carried unanimously.

#### **Discussion and Possible Vote on Nurse Staffing Report**

Corrie Holcomb, CNO, presented the Nurse Staffing Report for the 3<sup>rd</sup> and 4<sup>th</sup> quarters of 2025.

Ken Koontz made a motion to accept the Nurse Staffing Report as presented. Paula Webb seconded, and the motion carried unanimously.

#### **Discussion and Possible Vote to Enter into the State Quality Incentive Payment Program with Crown Point Health Suites in Lubbock, TX, Including Approval of All Required Documents to Effect a Change of ownership to NGH of the Current Nursing Home License and Required Management Operations Agreement, Lease Agreement, Sub-Lease Agreement, and Revenue Sharing with Authorization for CEO to Sign Same After Legal Approval of Needed Documents**

Lance reported that Foursquare reached out regarding the addition of a new facility for QIPP in Lubbock that they are acquiring. Since it is not located in the same or a contiguous county it will require that an active partnership be initiated by June of this year with enrollment being next year for a September 2027 begin date. It has a minimum Medicaid census, which in most cases would not be worth the effort. However, with nine other Foursquare facilities under our umbrella, I believe it would be wise to further solidify our relationship with them. At best, the current benefit would be less than \$100k per year for us, but the IGT would not be taxing. Foursquare has a penchant for increasing census in facilities they purchase, so future years could prove more beneficial.

Ron Brown made a motion to enter into the QIPP program with Crown Point Health Suites, pending legal review. De Brown seconded, and the motion carried unanimously.

**Convene to Closed Session - The Board May Meet in Closed Session Pursuant to**

- a) **Sec. 551.071 of the Texas Government Code to Discuss with Legal Counsel Contemplated Litigation, and, Pursuant to**
- b) **Sec. 551.074 of the Texas Government Code to Discuss Personnel Matters, and, Pursuant to**
- c) **Sec. 551.085 of the Texas Government Code to Discuss Organization Services and/or Product Lines, and, Pursuant to**
- d) **Sec. 551.071 of the Texas Government Code to Consider Matters which Require Confidentiality Pursuant to the Attorney Client Privilege, Including Attorney Consultation**

The board dismissed to closed session at 12:58 PM.

**Reconvene to Open Session and Take Action as Follows:**

- a) **Discussion and Possible Vote on Matters Related to Consultation with Attorney**

The board reconvened to open session at 1:13 PM.

**Discussion and Possible Vote to Seek Bids from an Appropriate Engineering Firm to Conduct a Water Flow and Water Diversion Study of the Hospital Campus**

Paula Webb made a motion to seek bids as recommended, and Kristal Ferguson seconded. Motion carried unanimously.

**Administrative Report**

Lance gave the following update:

Clinic/ER Renovation

We recently received the 100% inspection final approval for the current phase thus allowing us to occupy that space once we are ready. We will be performing a punch list review of the area with the architect and contractor to touch up several needed items. New beds are on the way, and central supply is completing its review of needed items such as cabinet storage bins. I am hoping to be moved into the area by the end of the month. This will leave only the small phase left of the dirty linen room and two exam rooms. Unfortunately, the quickest the State will come for the 80% inspection on that area is the first week in May. We are evaluating the best time to request the 100% inspection to minimize the wait time between the 2 inspections.

With the latest pay application, we are at 96% complete.

QIPP Year 9 Quarter 1 Payments/Year 10 Enrollments

The scorecard for the year 9 1<sup>st</sup> quarter payments is out. I will have the total benefit for the hospital at the meeting along with the missed dollars for each facility. We should start seeing a direct benefit to the bottom line with these payments as the QIPP receivable finalized with the audit should be paid completely with these payments.

Additionally, we are progressing through the painful State required transition to a new enrollment process/website for QIPP and the hospital's other supplemental payment programs. As expected with any new rollout, there are issues. The good news appears we have successfully enrolled all 22 facilities for year 10. As a reminder we will be adding 3 new facilities to the program for year 10 that we have been carrying for the past year due to the active partnership requirements. IGT projections should be out in April/May with the next round of IGT submissions scheduled in June.

ER Software Update

The implementation phase will begin shortly for Epower, the EMR the hospital will begin utilizing for ER documentation. The process is slowed due to the need for an interface with CPSI to transfer relevant information to CPSI for billing and coding.

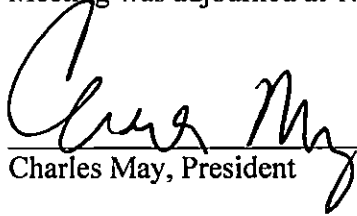
**Medical Staff Report**

Nothing to report.

**Other Business**


None.

Meeting was adjourned at 1:31 PM.



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Charles May, President



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Chris Kock, Secretary