

**Nocona General Hospital
Board of Directors Meeting
April 21, 2026**

Board Members Present:

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

Absent:

Paula Webb

Hospital Administration:

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

Medical Staff:

Len Dinger, MD
Chance Dinger, MD
Tyler Benson, DO
Kelly Roden, MD

Others Present:

Brian Jackson, Jackson & Carter, PLLC
Chris & Cindy Petty
Steve Bates
David Paine
David Fenoglio
Patty Fenoglio
Robert Fenoglio
Michelle Fenoglio Toerck
Shawn Patton
Jerry Dan Davis

Meeting was called to order by President, Charles May at 12:30 PM.

Approval of Previous Minutes

Ron Brown made a motion to approve the minutes of the March 19, 2026 Regular Meeting, and Chris Keck seconded. Motion passed unanimously.

Community Input

There were several members of the community present to ask questions and dispel rumors concerning the hiring of the new ER group, ACP. David Fenoglio asked if it was true that the local physicians would not be working at all for ACP. Michelle Toerck and Steve Bates both had questions concerning the confusion over the number of shifts the local physicians would be assigned. Brian Jackson took the opportunity to explain the almost year-long process of how the hospital came to hire ACP. He discussed how this new arrangement would take a huge load off of our local doctors and how the board had ensured that their salary would actually increase in 2026 over 2025. In addition, Brian explained that it is a future-focused decision, taking into consideration what is best for the hospital moving forward. With regard to the number of shifts, he shared that it appeared to be some confusion and misunderstanding between the local physicians and APC,

but there would be the potential opportunity for additional shifts in the future. Patty Fenoglio brought up a question about rumors circulating concerning challenges other hospitals have had with ACP. Brian stated that he is comfortable with this company, and board member Ron Brown noted that the contract signed is dynamic, having a termination clause that works for both parties.

Dr. Len Dinger took the opportunity to bring up issues with recent social media posts. He explained that the footage recorded of both Dr. Chance Dinger and him was done in late January prior to the issues with the number of shifts. He went on to remind the board and explain to guests that he brought up the shift issue with the board at the February board meeting, ultimately stating that, while the local doctors were not happy, they did not want or expect the board to intervene. Any issues the physicians had with ACP would be worked out directly with them. He also reiterated that no one was asking for ACP to "go away".

Old Business

None

New Business

Discussion and Possible Vote on March 2026 Financial Statements

Lance presented the following report on the March 2026 Financials:

For March the hospital finished with 34 admissions; 578 outpatient discharges, including 9 surgeries; 361 ER visits; 67 ambulance calls; 294 home health visits; and 1408 clinic visits. Additionally, there were 21 observation admissions. This utilization resulted in gross revenue of about \$2.75M, exceeding budget by 22.5%. The average daily census was 4 patients with an average length of stay of 3.6 days.

For year over year comparison:

- Gross revenue is exceeding current budget by about 11.9% and up 17.8% from last year, the majority due to the 5% price increases with the remainder in pain management and surgery. Net revenue is exceeding budget by 10.7% and is up about 5.6% from last year Expenses are over budget by 2.6% and up 8.5% from last year. Pain management consult fees and the associated supplies are the drivers for this increase.
- The ADC is up about 0.3 patients.
- Admissions are up 5%.
- The ALOS is the same.
- Outpatient discharges are down 12.3%.
- ER visits are up less than 0.5%.
- Obs admissions are up 29%.
- O/P surgeries are down 16%.
- Clinic visits are down 8%.
- Pain management procedures have increased from 85 to 286.
- FTEs are up 5.
- Days Cash on Hand is up 4.7%.

The month was heavily influenced by the receipt of QIPP yr 9 quarter 1 payments. The hospital benefit for the quarter was about \$1.7M. This was a drop of around 15% from the final year 8 quarterly payments. This drop was expected as the consultants had reported that several facilities were not meeting metrics early in the quarter. As always, these reports are shared with the operators.

A couple of notes on the expenses. Consultant fees and supplies are over budget due to the pain management procedures. The admin and general line items are due to the amortization of audit and cost report fees for last year. Fringe benefits are due to the allowance for employee health claims being reduced by last year's audit and now having to be increased due to an increase in claims.

De Brown made a motion to approve the financials as presented, and Ron Brown seconded. Motion carried unanimously.

Discussion and Possible Vote on Credentialing the Following Physicians for ER Services:

- a) Sardor Abdugani, MD
- b) Amanda Akin, MD
- c) Tyler Benson, MD
- d) Brett Burnett, MD
- e) Paul Butts, MD
- f) Anudeep Dasaraju, MD
- g) Scott Dieste, MD
- h) Chance Dingler, MD
- i) Leonard Dingler, MD
- j) David Nguyen, MD
- k) Eddie Orgiz, MD
- l) Kelly Roden, MD
- m) Sagar Shah, MD
- n) Gregory Taroyan MD
- o) Dennis Wang, MD
- p) Kevin Woods, MD

De Brown made a motion to approve credentialing for the listed physicians as presented, and Ken Koontz seconded. Motion carried unanimously.

Discussion and Possible Vote on NGH Clinical Privileges Request for Spinal Surgery

Operations Manager Kelly Cope presented the Clinical Privilege Request for Spinal Surgery document for the board's consideration. She noted the document had been reviewed and approved by the medical staff.

Ken Koontz made a motion to approve the document as presented. Chris Keck seconded, and the motion carried unanimously.

Administrative Report

Lance gave the following update:

Clinic/ER Renovation

We are still finalizing the latest phase punch list for the ER. We are hoping to be moved into phase 3 within the next week. Work has started on phase 4 with the most difficult aspect almost complete: the renovation of the dirty linen room which required plumbing to be moved. Once we have moved into phase 3 the remaining 2 exam rooms and work on the smoke barrier walls will commence. We are still set for the 80% inspection of phase 3 during the week of May 4. We have also requested the 100% inspection for the early part of June but are waiting on the State's response.

QIPP Facilities

We have enrolled 22 facilities for QIPP year 10. This includes 3 facilities that will be joining for the first time. The IGT estimates for year 10 should come out later this month with the first half being due sometime in June, and, due to the addition of those 3 new facilities, the IGT will most likely run north \$10M. This will most likely require us tapping into our line of credit for a short time. As of now, the State's financial calendar shows the IGT due June 18 and the Year 9 Quarter 2 payments due June 22 (Quarter 1 payments were about \$6.5M combined IGT and hospital benefit). It is possible the State could delay the IGT due date to July which possibly could allow us to forego the line of credit. Kristina has done another great job of ensuring we have met the active partnership requirements. For some of the facilities that required an enormous amount of documentation. This enrollment period was challenging as the State moved to a new system of Directed Payment Program enrollments just prior to QIPP enrollments being due.

Just an additional note of interest. Below are the open scorecards from previous QIPP years. The State has 2 years from the end of a QIPP year to publish the final scorecards:

- QIPP Year 7 Federal Fiscal Year 2024 3rd Adjustment Scorecard (due 9/1/26)
- QIPP Year 7 Federal Fiscal Year 2024 Final IGT reconciliation Scorecard (due 9/25/26)
- QIPP Year 8 Federal Fiscal Year 2025 First IGT reconciliation Scorecard (was due 12/19/25)
- QIPP Year 8 Federal Fiscal Year 2025 2nd Adjustment Scorecard (due 9/1/26)
- QIPP Year 8 Federal Fiscal Year 2025 3rd Adjustment Scorecard (due 9/1/27)
- QIPP Year 8 Federal Fiscal Year 2025 Final IGT reconciliation Scorecard (due 9/30/27)

The value of the above scorecards varies greatly.

Medical Staff Report

Dr. Len Dingler shared he had been contacted by a pulmonologist and two spine surgeons who were interested in seeing patients in our clinic.

Dr. Chance Dingler began to report on a personnel issue that the physicians have with the Chief Nursing Officer; however, Brian stopped the report and stated he would discuss with this the doctors privately, explaining that it was not appropriate to discuss personnel issues in this setting.

Other Business

None.

Convene to Closed Session for the Following Purpose:

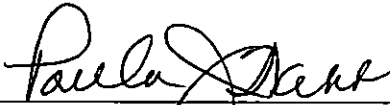
- a) **Texas Government Code Sec. 551.071 – Consultation with Attorney**

The board dismissed to closed session at 1:16 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 and adjourned the meeting at 2:00 PM.



Charles May, President



Chris Keck, Secretary