

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

Board Members Present:

Paula Webb, President
Ken Koontz, Vice-President
Chris Keck, Secretary
Steve Bates
Kristal Ferguson
Shawn Patton

Absent:

Charles May

Hospital Administration:

Lance Meekins, CEO
Rebecca Hamilton, Admin Asst./HR
Kelly Cope, Operations Manager

Medical Staff:

Len Dingler, MD

Others Present:

Brian Jackson, Jackson & Carter, PLLC
Ken Coop
Chris & Cindy Petty
Tracy Mesler

Meeting was called to order by President Paula Webb at 11:54 AM.

Board Training

Brian Jackson presented board training on Conflicts & Ethics in Healthcare Governance covering topics such as the Open Meetings Act (specifically discussing "Walking Quorums" and closed session), the board's role in physician compensation, Stark/Anti-kickback basics, board oversight, conflicts of interest, and gifts.

At 12:30 Paula moved on with the regular board agenda.

Approval of Previous Minutes

Ken Koontz made a motion to approve the minutes of the June 16, 2026 Regular Meeting. Shawn Patton seconded, and the motion carried unanimously.

Community Input

None

Old Business

None

New Business

Discussion and Possible Vote on June 2026 Financial Statements

Lance presented the following report on the June 2026 Financials:

For the month of June, the hospital had 21 admissions; 24 observation admissions; 587 outpatient discharges, including 11 surgeries; 415 ER visits; 366 home health visits; 1464 clinic visits; and 114 EMS calls. This utilization resulted in gross revenue of about \$3.2M, exceeding budget by 42%. For the year the hospital is exceeded budget by 20.6%. The average daily census was 2.4 patients with an average length of stay of 2.5 days. The ADC and ALOS do not include obs.

For year over year comparison: (12 months)

- Gross revenue is up 25.6% from last year and up 35.7 from FY24, led by the ER revenue and O/R revenue massively exceeding budget.
- Net revenue is up 8.7% and 9% from FY24.
- Total expenses are up 14%.
- The ADC is up slightly from the last fiscal year.
- **Admissions are up 3.5%.**
- The ALOS is the same.
- **Outpatient discharges are down 10.4% compared to last year.**
- ER visits are up 7.1%.
- Ambulance calls are up 1%.
- **Obs admissions are up 27.5%.**
- O/P surgeries are down 12%.
- **Clinic visits are down 7%.**
- FTEs are up about 4.
- Days Cash on Hand are down 7% but up 11 days from May.
- Receipts of patient accounts are up 6% for hospital accounts (pain management), down 12% for home health, and up 1% in the clinics. Cooper's receipts are, however, up about 11%.

Non-operating revenue included payments for QIPP for year 9 quarter 2, as well as the accrual for fiscal year end for Year 9 (March-June) of about \$2,250,000.

May ER Numbers

Extremely strong numbers continued for June, marking a second month of increased market share and patient satisfaction. Rebecca sent you the synopsis of June, showing a 60% increase in volume and admissions from June 2025. Those are the largest initial 2-month increases for any ACP client to date. Gross revenue from the ER was about \$1.2M after averaging around \$725,000 per month for the first 10 fiscal year months. That number is down from the May revenue, but upon review, May revenue included around \$200k of revenue from previous months that had not been recorded due to lack of documentation. The hospital's Google star rating has gone from 2.5 to 4.0 in two months.

Chris Keck made a motion to approve the financials as presented, and Kristal Ferguson seconded. Motion carried unanimously.

Discussion and Possible Vote on Capital Purchase: IV Pumps

Although ACNO Kim Ward was unable to attend the meeting, the board moved ahead with the purchase of new IV Pumps as recommended by staff in their board packets. The IV Pump Monitoring System also included in the packet will be discussed at the August meeting.

Shawn Patton made a motion to purchase the IV Pumps, and Ken Koontz seconded. Motion carried unanimously.

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 12:48 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 1:11 PM.

Administrative Report

Lance gave the following update:

Renovation Project

We are still working through the final punch list for the final phase. Additionally, we had our ADA survey and are currently working on the plan of corrections for a few minor issues.

QIPP Year 9

As I stated earlier, the quarter 2 payments were received, and they were very similar to quarter 1 payments. We continue to work with our partners to ensure more metrics are being met as there are significant dollars being left on the table. This can be for many reasons including staffing, lack of available resources, or just lack of understanding of the program. As the new facilities come onboard, the challenge is getting those facilities up to speed as quickly as possible. I believe we have the best available resources in Kristina and Chris Dockal to provide that guidance.

On another note, I have always relayed on to the Board my concerns regarding the ongoing viability of the QIPP program for various reasons. Below is an email from our consultant, Chris Dockal, regarding a much-needed alliance of NSGOs.

I have been working with a couple of groups to form an NSGO Alliance to have a seat at the table for QIPP program. The primary focus is to have representatives that are ensuring the NSGO interests are being included in any discussed changes. Over the past few weeks, HHSC has been having meetings regarding QIPP Year 10 that would have significant impacts on the program. The main issue that was stopped temporarily was making Component 1 based on the percentage of metrics achieved (20% per metric). This would make many of the NFs unable to fully fund the IGT recoupments. It is believed that this option will be put back in the mix post the election year.

Although TORCH has been considered the hospital representative, there are times that TORCH may not be the best option since it should represent hospital issues. The NH industry has had various representatives and appears to have receive more weight in the program changes than TORCH as a hospital organization. We have discussed the alliance option with John Henderson, and he agreed that an NSGO alliance for QIPP could be a better option.

Currently, the spokesperson for potential alliance is Johnny Thomson. Although, HHSC has been reluctant to recognize this as an alliance without a list of all NSGOs that will be members of the NSGO Alliance. Currently, I have been working as your informal representative for this group, but we will need to formalize your HDs as members.

Below is a small list of reasons to join the Alliance:

- *Direct representation at the stakeholder's meetings with HHSC*
- *Communication - direct with HHSC as well as internally within the Alliance*
- *Participation, involvement, and continuation for the future of the QIPP Program*
- *Stronger Statewide alignment of all NSGOs*
- *Collaboration and Networking of best practices*
- *Accountability internally and with HHSC*
- *Updates and notices of upcoming NSGO related "to do" items and reminders*
- *A united group working to enhance community healthcare*

If you would like to have your HD included as a member of the NSGO alliance, please provide your contact person, title, and email address as soon as possible.

Rural Health Transformation Program

We have received approval for initiative one, the make America Healthy Again initiative. As I stated last month, the plan is to revamp the wellness center. The initiation date for the grant is September. We are now in the process of working with vendors and consultants to fine tune our plan.

Year to Year Comparison of Stats:

	FY 2026 <i>(unaudited)</i>	FY 2025	FY 2024	FY 2023
Net Patient Revenue	\$10,761,366	\$10,313,622	\$9,424,558	\$8,493,578
Admissions	357	345	360	356
O/P Discharges	6,453	7,199	7,408	7,150
Total Expenses	\$15,563,160	\$13,632,025	\$14,190,991	\$12,505,971
Change Net Pos.	\$5,206,063	\$6,788,685	\$2,110,245	\$4,447,202
FTE's	117	113	112	110
Days Cash-on-Hand	641	688	694	683

Medical Staff Report

Dr. Len Dingler noted that a prospective Gynecologist would be visiting this week to discuss the potential for clinic and outpatient surgeries.

Other Business

None.

Shawn Patton made a motion to adjourn the meeting, and Kristal Ferguson seconded.
Meeting was adjourned at 1:23 PM.



Paula Webb, President

Chris Keck, Secretary