

**NUECES COUNTY HOSPITAL DISTRICT
BOARD OF MANAGERS
Board of Managers - Regular Meeting
Tuesday, July 23, 2024 at 12:15 PM**

AGENDA

1. WELCOME

2. ROLL CALL OF BOARD OF MANAGERS

- John E. Valls, MBA, Chairman
- Vishnu V. Reddy, M.D., Vice Chairman
- Sylvia Tryon Oliver
- Belinda Flores, R.N.
- Judge Mariana Garza
- Efrain Guerrero, Jr.
- Arthur Granado

3. CALL TO ORDER, ESTABLISHMENT OF QUORUM, MEETING POSTING CONFIRMATION, AND CLOSED MEETING NOTICE:

A. Call to order.

B. Establish quorum.

C. Confirm posting of Meeting's public notice in accordance with Texas Open Meetings Act, Texas Government Code, Chapter 551.

D. Public notice is hereby given that the Board of Managers may elect to go into Closed Meeting session(s) at any time during the meeting to discuss any matter(s) listed on the agenda when so authorized by the provisions of the Open Meetings Act, Texas Government Code, Chapter 551.

4. ANNOUNCEMENT ON DISCLOSURE OF CONFLICTS OF INTEREST. Any Conflicts of Interest or Appearance of a Conflict of Interest with items on this agenda shall be declared at this time. Members with conflicts will refrain from voting and are asked to refrain from discussion on such items. Conflicts discovered later in the meeting shall be disclosed at that time.

5. WORKSHOP SESSION - Workshop Session is an open meeting for the purposes of information gathering and discussion between the Board of Managers and staff on the Workshop's listed agenda item(s) without taking action on the listed item(s) during the Workshop. Public comment will not be accepted during the Workshop Session.

A. Fiscal Year 2025 Budget (October 1, 2024 - September 30, 2025):

- 1. Nueces County property valuations; 8
- 2. Hospital District property valuation and tax revenue; 10
- 3. County Healthcare Expenditures; 11
- 4. Emergency Medical Services Expenditures; and 12
- 5. Nueces County tax and budget planning calendars. 13

6. **REGULAR SESSION** - Following the Workshop Session, the Board of Managers will move into the Regular Session prior to taking any action(s) on items listed on the Consent or Regular Agendas.

7. **PUBLIC COMMENT** - Persons attending in-person and wishing to comment on any item(s) on the agenda or any subject within the Board's responsibilities must sign-in on the "Agenda Item Request to Speak" form provided at the entrance of the Board meeting room at least five (5) minutes prior to commencement of the meeting. Persons attending via audio or video conference and wishing to comment on any item(s) on the agenda or any subject within the Board's responsibilities must verbally notify the presiding officer of their desire to comment when the officer calls for public comment from those attending via audio and video conference. Commenters shall limit their comments to three (3) minutes, except that Commenters addressing the Board through a translator shall limit their comments to six (6) minutes.

8. **CONSENT AGENDA** - The Consent Agenda consists of those agenda items which are routine, administrative in nature, not in need of separate attention, and which a member of the Board has not requested be discussed separately. If requested to be discussed separately, that agenda item will be removed from the Consent Agenda by the presiding officer to the Regular Agenda and discussed as a part of the Regular Agenda at the appropriate time. All remaining items listed under the Consent Agenda will be voted upon in a single vote:

A. Approve Board of Managers Regular Meeting minutes of June 25, 2024. 16

B. Receive summary payment information on Nueces County health care disbursements for Fiscal Year 2024 year-to-date: 24

- 1. Salaries, benefits, supplies, and intergovernmental transfers at/for City of Corpus Christi/Nueces County Public Health District;
- 2. Emergency medical services provided in unincorporated areas of Nueces County;
- 3. Supplemental and jail diversion program funding for Nueces Center for Mental Health and Intellectual Disabilities;
- 4. Medical services provided at County correctional facilities:
 - a. Nueces County Jail; and

- b. Nueces County Juvenile Detention Center;
5. Funding for alcohol and drug abuse treatment programs:
 - a. Cenikor (Charlie's Place);
 - b. Council on Alcohol and Drug Abuse; and
 - c. Palmer Drug Abuse Program;
 6. Funding for diabetes prevention and supporting programs;
 7. Public health grants; and
 8. Legal and professional fees. (*Finance Committee*)
- C. Receive summary imputed claims information on medical and hospital care provided to the Nueces Aid Program population consistent with the CHRISTUS Spohn Health System Corporation Amended and Restated Membership Agreement for fiscal year-to-date period-ended June 30, 2024. (*Finance Committee*) 25
- D. Receive fiscal year-to-date Specified Annual Percentage-related revenue reports; revenue receipts pursuant to CHRISTUS Spohn Health System Corporation Amended and Restated Membership Agreement, Section 5.03. (*Finance Committee*) 26
- E. Receive monthly statement of escrow amounts deposited and/or withdrawn by CHRISTUS Spohn Health System Corporation; deposits pursuant to and consistent with Schedule 1 to CHRISTUS Spohn Health System Corporation Amended and Restated Membership Agreement; receive statement for month-ended June 30, 2024. (*Finance Committee*) 27
- F. Receive statement of amounts deposited to and/or withdrawn from Local Provider Participation Fund for fiscal year-to-date; deposits and withdrawals pursuant to Board of Managers Order authorizing participation in a health care provider participation program pursuant to Texas Health and Safety Code, Chapter 298C, as amended. (*Finance Committee*) 30
- G. Receive summary report of cumulative estimated provider payments and actual intergovernmental transfers made in support of local and other healthcare providers participating in Medicaid supplemental and directed payment programs sponsored by the Texas Health and Human Services Commission (HHSC): 31
1. Directed Payment Programs - Medicaid managed care organization payments to healthcare providers that support overall Medicaid program goals and objectives:
 - a. Comprehensive Hospital Increase Reimbursement Program (CHIRP);
 - b. Network Access Improvement Program (NAIP);

- c. Texas Incentives for Physicians and Professional Services (TIPPS);
- d. Uniform Hospital Rate Increase Program (UHRIP); and

2. Supplemental Payment Programs - HHSC-directed payments made to hospitals for achieving certain goals or to support health care providers that see significant numbers of uninsured or persons without much money:

- a. Disproportionate Share Hospitals (DSH) program;
- b. Graduate Medical Education (GME);
- c. Hospital Uncompensated Care (UC) pool; and

3. Phase-Out Programs:

- a. Delivery System Reform Incentive Payment (DSRIP) pool. (*Finance Committee*)

H. Receive reports relating to Nueces Aid Program enrollment for the month-ended June 30, 2024:

- 1. Total Persons and Households Enrolled; 32
- 2. Enrollment Summary; 33
- 3. Denials; 35
- 4. Application Processing Summary; and 36
- 5. Enrollment by Zip Code. (*Finance Committee*) 40

9. **REGULAR AGENDA** - The Regular Agenda consists of those agenda items which are non-routine, not administrative in nature, or are otherwise in need of separate attention. Each Regular Agenda item will be voted upon separately if action is required:

A. Fiscal Year 2025 Health Care Provider Participation Program (FY 2025 Program):

1. Review and discuss Texas Health and Safety Code, Chapter 298C relating to the Nueces County Hospital District Health Care Provider Participation Program: authority, mandatory payments, rules and procedures, public hearing and hearing notices, permitted uses of mandatory payments, payment schedule, and other requirements relating to operation of the FY 2025 Program. (**INFORMATION**)

2. Review and discuss proposed FY 2025 Program mandatory rate and payment schedule. (**INFORMATION**) 51

3. Confirm completion of conditions precedent to setting FY 2025 Program mandatory payment rate:

- a. Notices relating to setting FY 2025 Program mandatory payment rate; notices pursuant to Texas Health and Safety Code, §298C.101 (b):

- 1. Notice of public hearing on the rate of mandatory FY 2025 Program payments that the Board of Managers intends to 53

require of each institutional health care provider located within the Hospital District's boundaries during Hospital District Fiscal Year 2025 and how the revenue derived from the payments will be spent; and

2. Notice to each institutional health care provider within the Hospital District's boundaries of written notice of public hearing on the rate of mandatory FY 2025 Program payments that the Board of Managers intends to require of each provider during District Fiscal Year 2025 and how the revenue derived from the payments will be spent; and 54

b. Public hearing on the matter of amount of mandatory payments that the Board intends to require during the year and how the revenue derived from those payments is to be spent; hearing pursuant to Texas Health and Safety Code, §298C.101(a). 56
(ACTION)

4. Adopt Board of Managers Order setting the rate of mandatory FY 2025 Program payments during Hospital District Fiscal Year 2025 (October 1, 2024 - September 30, 2025) at six percent (6%) of the net patient revenue of each institutional health care provider located within the Hospital District boundaries; mandatory payments authorized by Texas Health and Safety Code, §298C.151. *(ACTION)* 60

5. Confirm applicability of current Nueces County Hospital District Health Care Provider Participation Program rules and procedures to FY 2025 Program. *(ACTION)* 64

B. Finance Committee:

1. Financial Statements:

a. Receive and approve unaudited financial statements for the month and fiscal year-to-date period ended June 30, 2024. 71
(ACTION)

C. Legislative Committee:

1. Discuss agenda for 89th Texas Legislative Session. *(INFORMATION)* 78

2. Discuss and consider action related to governmental affairs/lobby professional services for Hospital District-related matters in the 89th Texas Legislative Session. *(ACTION)*

D. Administrator's Actions:

1. Ratify Administrator's action(s) performed as part of his duties directing the affairs of the Hospital District and/or as required by the Board of Managers; duties established pursuant to Texas Health and Safety Code, §281.026(e):

- a. Execution of Medicaid supplemental payment-related Network Access Improvement Program Intergovernmental Transfer Responsibility Contract (NAIP-IGT) with the Texas Health and Human Services Commission for benefit of CHRISTUS Spohn Health System; execution of NAIP-IGT HHSC Contract No. HHS001456800008 for the term September 1, 2024 - August 31, 2025. **(ACTION)** 79

E. Administrator's Briefing:

1. Pending and other Hospital District matters. **(INFORMATION)**

2. Next scheduled Board of Managers and Board Committee regular meetings (all meetings' dates, times, and locations are subject to change):

- a. Finance Committee: Tuesday, August 27, 2024 at 11:15 AM in NCHD Board of Managers Meeting Room at 555 North Carancahua Street, Room 950-A, Corpus Christi, Texas 78401;
- b. Legislative Committee: Tuesday, August 27, 2024 at 11:45 AM NCHD Board of Managers Meeting Room at 555 North Carancahua Street, Room 950-A, Corpus Christi, Texas 78401;
- c. Board of Managers: Tuesday, August 27, 2024 at 12 Noon in NCHD Board of Managers Meeting Room at 555 North Carancahua Street, Room 950-A, Corpus Christi, Texas 78401; and
- d. Special Board of Managers To Adopt FY 2025 Budget: Location, date, and time to be arranged. **(INFORMATION)**

F. Other Business:

1. Receive supporting documentation relating to Administrator's achievement of certain Employment Agreement-related performance goals during Fiscal Year 2023 and approve related payment. **(ACTION)** 87

10. **CLOSED MEETING** - Public Notice is hereby given that the Board of Managers may go into closed meeting session(s) at any time during the meeting to discuss any matter(s) listed on the agenda, when so authorized by the provisions of the Open Meetings Act, Texas Government Code, Chapter 551. *To the extent there has been a past practice of*

distinguishing items for public deliberation and those for executive session, the public is advised that the Board is departing from that practice and reserves the right to discuss any listed agenda items in a closed meeting when authorized by law to do so. When the Board goes into closed session(s) regarding an agenda item(s), the section(s) of the Open Meetings Act authorizing the closed session will be publicly announced by the presiding officer. Should any final action, final decision, or final vote be required in the opinion of the Board with regard to any matter considered in closed session(s), then the final action, final decision, or final vote shall be either: (a) in the open meeting covered by the Notice upon reconvening of the public meeting; or (b) at a subsequent public meeting of the Board upon notice thereof, as the Board shall determine pursuant to applicable laws. The Board specifically expects to go into a closed session(s) on the matters listed below pursuant to the Act, §551.071 and §551.074, as applicable.

A. Consult with attorneys on matters relating to intergovernmental transfers for Medicaid supplemental payment programs sponsored by the Texas Health and Human Commission, and related matters.

B. Consult with attorneys on matters relating to provisions of the CHRISTUS Spohn Health System Corporation Membership Agreement, Escrow Agreement, and Memorandum of Understanding Related to Termination of the Membership Agreement, and related matters.

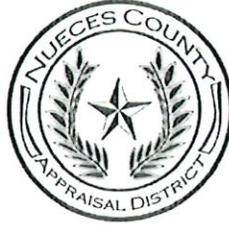
C. Consult with attorneys on matters relating to the Letter Agreement with CHRISTUS Spohn Health System Corporation relating to Hospital District's support of CHRISTUS Spohn's Emergency Medicine Residency Program, and related matters.

D. Administrator's performance evaluation and related matters.

11. OPEN MEETING - Following the Closed Meeting, the Board of Managers will reconvene the Open Meeting prior to taking any action(s) on matters considered in the Closed Meeting or adjourning the meeting.

A. Discuss and consider final action, decision, or vote on matters considered in Closed Meeting. (***ACTION AS NEEDED***)

12. ADJOURN



received
04/30/24

*Nueces County Appraisal District
201 N. Chaparral, Ste. 206
Corpus Christi, Texas 78401-2503*

*Ramiro "Ronnie" Canales
Nueces County Chief Appraiser*

*Office: (361) 881-9978
Fax: (361) 887-6721
info@nuecescad.net*

April 30, 2024

RE: 2024 Preliminary Estimate of Net Total Taxable Value – **ALL ENTITIES (Attached)**

Texas Property Tax Code, Section 26.01(e) requires the Chief Appraiser to prepare and certify to the tax assessor for each county, municipality, and school district participating in the appraisal district an estimate of the taxable value of property in that taxing unit by April 30th of each year. We are also providing this information to all participating entities.

Since we believe the Appraisal Review Board process, beginning in May, will likely change these estimates before final certification of the tax roll in July, District staff have factored into the estimate a provision for these changes. Since this is an **estimate**, we suggest caution when using it for budget purposes.

If you need more detail, please contact Leticia Roberts, Assistant Chief Appraiser, at 361.696.7616 or by email at lroberts@nuecescad.net .

Certified and Submitted,

A handwritten signature in black ink, appearing to be "Ronnie", written over a horizontal line.

Ramiro "Ronnie" Canales, RPA, CTA
Chief Appraiser

2024 Taxable Value Estimates
As of 4/30/2024

Taxing Entity	2024 Preliminary Taxable Value Estimates
CITY OF CC INDUSTRIAL DISTRICT 1	\$ 985,443,230
CITY OF CC INDUSTRIAL DISTRICT 2	\$ 655,253,896
CITY OF CORPUS CHRISTI	\$ 31,380,283,475
CITY OF ROBSTOWN	\$ 549,866,911
CITY OF BISHOP	\$ 166,659,725
CITY OF AQUA DULCE	\$ 24,589,821
CITY OF DRISCOLL	\$ 33,377,773
CITY OF PORT ARANSAS	\$ 5,326,106,642
CITY OF ARANSAS PASS	\$ 22,556,868
DOWNTOWN MANAGEMENT DIST - IMPROV	\$ 269,645,042
DOWNTOWN MANAGEMENT DIST - LAND	\$ 50,995,263
ROBSTOWN DRAINAGE DIST #2	\$ 917,847,011
BISHOP DRAINAGE DISTRICT #3	\$ 127,475,323
EMERGENCY SERVICE DISTRICT #1	\$ 5,445,602,037
EMERGENCY SERVICE DISTRICT #2	\$ 5,546,616,018
EMERGENCY SERVICE DISTRICT #3	\$ 938,619,492
EMERGENCY SERVICE DISTRICT #4	\$ 876,813,720
EMERGENCY SERVICE DISTRICT #5	\$ 117,105,447
EMERGENCY SERVICE DISTRICT #6	\$ 1,007,593,073
NUECES COUNTY	\$ 47,100,203,324
HOSPITAL DISTRICT	\$ 47,223,337,801
DEL MAR COLLEGE	\$ 41,319,221,408
PADRE ISLAND TIF	\$ 849,445,514
RURAL FARM TO MARKET	\$ 47,112,712,494
LONDON ISD	\$ 813,275,093
BANQUETE ISD	\$ 789,314,170
CORPUS CHRISTI ISD	\$ 22,430,371,277
TULOSO-MIDWAY ISD M&O	\$ 3,926,469,668
TULOSO-MIDWAY ISD I&S	\$ 4,126,712,405
WEST OSO ISD	\$ 1,110,720,821
FLOUR BLUFF ISD	\$ 4,771,994,530
AGUA DULCE ISD	\$ 132,323,127
CALALLEN ISD M&O	\$ 2,148,433,788
CALALLEN ISD I&S	\$ 2,672,293,545
PORT ARANSAS ISD	\$ 5,858,719,983
BISHOP ISD	\$ 895,317,728
ROBSTOWN ISD	\$ 812,768,614
DRISCOLL ISD	\$ 91,527,778
ARANSAS PASS ISD	\$ 17,188,809
DOWNTOWN TIF #3	\$ 664,442,141
ROBSTOWN TIF #5	\$ 13,971,589
NORTH BEACH TIRZ	\$ 220,486,330
BOHEMIAN COLONY TIRZ	\$ 1,191,513
SOUTH TEXAS WATER AUTHORITY	\$ 1,400,907,434
KENEDY COUNTY GROUNDWATER DISTRICT	\$ 3,370,454
NUECES COUNTY WATER DISTRICT #4	\$ 6,053,651,379
BANQUETE WATER DISRICT #5	\$ 18,582,345

**Nueces County Hospital District
Property Tax Revenue Analysis**

	<u>Valuation</u>	<u>Tax Rate</u>	<u>Tax Revenue Budget @94%</u>	
Budget 2025	47,223,337,801	0.08524200	\$37,838,871	0.000% Tax Rate
Actual 2024	48,343,987,183	0.08524200	\$38,736,819	-2.32% Prop Value
	(\$1,120,649,382)	\$0.0000000	(\$897,948.11)	

No-New-Revenue Tax Rate = 0.081963

Fiscal Year	Tax Rate	Taxable Value	Tax Levy	Valuation % Change	Change in Revenue	Revenue % Change	Tax Rate % Change
1996	0.244699	9,484,798,754	23,209,340				
1997	0.241700	9,672,079,350	23,377,416	1.97%	168,075	0.72%	-1.23%
1998	0.233159	9,899,377,172	23,081,289	2.35%	(296,127)	-1.27%	-3.53%
1999	0.228028	10,090,391,399	23,008,918	1.93%	(72,371)	-0.31%	-2.20%
2000	0.228028	10,278,349,916	23,437,516	1.86%	428,598	1.86%	0.00%
2001	0.228028	10,473,439,460	23,882,375	1.90%	444,859	1.90%	0.00%
2002	0.228028	11,141,703,291	25,406,203	6.38%	1,523,829	6.38%	0.00%
2003	0.228028	11,439,965,943	26,086,326	2.68%	680,122	2.68%	0.00%
2004	0.228028	12,030,546,946	27,433,016	5.16%	1,346,690	5.16%	0.00%
2005	0.225226	12,830,112,572	28,896,747	6.65%	1,463,731	5.34%	-1.23%
2006	0.174903	13,759,088,807	24,065,059	7.24%	(4,831,688)	-16.72%	-22.34%
2007	0.160715	15,329,270,612	24,636,437	11.41%	571,378	2.37%	-8.11%
2008	0.144782	17,460,600,641	25,279,807	13.90%	643,370	2.61%	-9.91%
2009	0.144782	19,088,607,008	27,636,867	9.32%	2,357,060	9.32%	0.00%
2010	0.154687	19,421,368,184	30,042,332	1.74%	2,405,465	8.70%	6.84%
2011	0.162428	18,536,994,589	30,109,270	-4.55%	66,938	0.22%	5.00%
2012	0.162428	19,222,108,392	31,222,086	3.70%	1,112,817	3.70%	0.00%
2013	0.162428	19,973,906,468	32,443,217	3.91%	1,221,131	3.91%	0.00%
2014	0.148077	21,953,908,542	32,508,689	9.91%	65,472	0.20%	-8.84%
2015	0.137455	23,783,798,839	32,692,021	8.34%	183,332	0.56%	-7.17%
2016	0.129746	25,482,132,336	33,062,047	7.14%	370,027	1.13%	-5.61%
2017	0.126836	27,327,999,929	34,661,742	7.24%	1,599,695	4.84%	-2.24%
2018	0.121297	28,859,146,205	35,005,279	5.60%	343,537	0.99%	-4.37%
2019	0.117672	30,184,228,018	35,518,385	4.59%	513,106	1.47%	-2.99%
2020	0.112421	32,185,218,280	36,182,944	6.63%	664,559	1.87%	-4.46%
2021	0.111824	33,694,860,135	37,678,940	4.69%	1,495,996	4.13%	-0.53%
2022	0.111502	35,352,713,874	39,418,983	4.92%	1,740,043	4.62%	-0.29%
2023	0.098846	40,395,837,497	39,929,670	14.27%	510,687	1.30%	-11.35%
2024	0.085242	48,343,987,183	41,209,382	19.68%	1,279,712	3.20%	-13.76%
2025		47,223,337,801	0	-2.32%	(41,209,382)	-100.00%	-100.00%

**Nueces County Hospital District
County Healthcare Department Expenditures
FY2023 - FY2024**

Program		Budget 2024	%
<u>Mental Healthcare Services</u>			
1	a MHID (State Match Program)	969,129	7.7%
	b <u>MHID - Jail Programs</u>		
	Jail Diversion	450,000	3.6%
	CIT/MCOT	1,111,000	8.8%
	--Walk-in-Crisis	550,000	4.4%
	Jail Based Competency Restoration (JBCR)	207,000	1.6%
	Forensic ACT	700,000	5.5%
		<u>3,018,000</u>	<u>23.9%</u>
	c <u>Mental Healthcare Services Department</u>		
	Staff Salaries, Benefits, Expenses	0	
		<u>0</u>	<u>0.0%</u>
	Subtotal Mental Healthcare Services	<u>3,987,129</u>	<u>31.6%</u>
2	<u>Health Department (Operating Expenditures)</u>		
	Health Department/Vector Control - Accrued	2,000,000	15.9%
	Robstown Public Health Outreach	273,000	2.2%
	Mobile Clinic	40,000	0.3%
		<u>2,313,000</u>	<u>18.3%</u>
3	<u>Emergency Medical Services</u>	650,000	
	City of Robstown		
	Emergency Services District #1 (Annaville)		
	Emergency Services District #2 (Flour Bluff)		
	Emergency Services District #4 (Bluntzer)		
	Emergency Services District #6 (Bishop)		
		<u>650,000</u>	<u>5.2%</u>
4	<u>Juvenile Detention Center-Health Services</u>	474,000	3.8%
	Various Health-related Services		
5	<u>County Jail Healthcare Services</u>	4,795,649	38.0%
	Armor Correctional Healthcare Services		
6a	Alcohol and Drug Rehabilitation Center (Cenikor)	60,000	0.5%
6b	Council on Alcohol & Drug Abuse	50,000	0.4%
7	County Juvenile and Adult Diabetes Program	50,000	0.4%
8	HALO-Flight Funding	15,000	0.1%
9	<u>Public Health Grants</u>		
	Coastal Bend Wellness Foundation	85,000	0.7%
	Amistad Community Health Center	85,000	0.7%
	Area Health Education Center (AHEC)	50,000	0.4%
		<u>220,000</u>	<u>1.7%</u>
TOTALS		12,614,778	100.0%

**Nueces County Hospital District
Cumulative EMS Payment History:**

	City of Bishop	City of Robstown	Nueces County Emerg Svc District #1	Nueces County Emerg Svc District #2	Nueces County Emerg Svc District #4	Nueces County Emerg Svc District #6	City of Corpus Christi	Total	Budget Per Year	Variance
			Annaville	Flourbluff	Bluntzer	Bishop				
FY2000	45,250.00	96,750.00			71,500.00		38,332.09	251,832.09	220,000	(31,832)
FY2001	44,250.00	92,000.00			85,250.00		47,213.73	268,713.73	220,000	(48,714)
FY2002	53,750.00	114,250.00			78,250.00		66,974.79	313,224.79	260,000	(53,225)
FY2003	53,250.00	108,000.00			83,250.00		63,903.78	308,403.78	270,000	(38,404)
FY2004	63,500.00	97,750.00			88,000.00		66,257.75	315,507.75	260,000	(55,508)
FY2005	70,500.00	92,000.00			92,500.00		69,517.29	324,517.29	270,000	(54,517)
FY2006	48,500.00	112,000.00			97,000.00		69,736.34	327,236.34	311,000	(16,236)
FY2007	0.00	110,500.00			120,750.00		32,018.98	263,268.98	338,100	74,831
FY2008	0.00	113,500.00	23,750.00		119,250.00		41,747.03	298,247.03	338,100	39,853
FY2009	0.00	109,750.00	62,000.00		93,250.00		24,681.74	289,681.74	338,100	48,418
FY2010	22,000.00	99,000.00	103,400.00		101,750.00		17,021.16	343,171.16	375,000	31,829
FY2011	6,000.00	133,650.00	90,750.00		95,975.00	24,500.00	17,907.18	368,782.18	375,000	6,218
FY2012	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0	0
FY2013	0.00	141,300.00	98,175.00		108,350.00	48,000.00	16,213.31	412,038.31	415,000	2,962
FY2014	0.00	144,000.00	114,675.00		116,050.00	38,750.00	0.00	413,475.00	415,000	1,525
FY2015		124,800.00	105,050.00		114,450.00	42,000.00	32,048.35	418,348.35	415,000	(3,348)
FY2016		135,600.00	122,375.00		118,000.00	61,750.00	31,047.75	468,772.75	415,000	(53,773)
FY2017		131,100.00	109,950.00		138,000.00	52,800.00	57,396.97	489,246.97	440,000	(49,247)
FY2018		117,000.00	116,400.00		140,100.00	56,400.00		429,900.00	440,000	10,100
FY2019		106,200.00	110,700.00	3,000.00	122,400.00	50,400.00		392,700.00	500,000	107,300
FY2020		135,300.00	110,400.00	7,710.00	122,900.00	68,400.00		444,710.00	500,000	55,290
FY2021		153,000.00	139,800.00	9,140.00	147,300.00	96,000.00		545,240.00	500,000	(45,240)
FY2022		104,400.00	132,000.00	3,900.00	153,000.00	89,400.00		482,700.00	550,000	67,300
FY2023		136,800.00	132,900.00	6,600.00	155,400.00	89,100.00		520,800.00	650,000	129,200
FY2024								0.00	650,000	650,000
								0.00		
Totals	407,000.00	2,708,650.00	1,572,325.00	30,350.00	2,562,675.00	717,500.00	692,018.24	8,690,518.24	9,465,300.00	774,782

2025 Tax Planning Calendar

April 1, 2024 Mailing of notices of appraised value by chief appraiser.

May 15, 2024 Deadline for submitting appraisal records to ARB.

July 20, 2024 Deadline for ARB to approve appraisal records.

July 25, 2024 Deadline for chief appraiser to certify rolls to taxing units.

August 7, 2024 Calculation of effective and rollback tax rates.

August 7, 2024 Appraisal District sends out notice and publishes database according to Sec. 26.04.

[Aug 16, 2024](#) 72-hours' notice for public hearing (Open Meetings Notice).

[Aug 21, 2024](#) Meeting of governing body to discuss tax rate; if proposed tax rate will exceed the voter approval rate or the effective tax rate (whichever is lower), take record vote and schedule public hearing.

[Aug 28, 2024](#) Notice according to Sec. 26.052, 26.06, 26.061, 26.062, 26.063, or 26.064 published in newspaper and on website (must be published on TV if available) (Must be published by August 18th if exceeding VAR).

[Aug 30, 2024](#) 72-hours notice for public hearing (Open Meetings Notice).

[Sept 4, 2024](#) Public hearing, must be at least 5 days after notice in paper and on website, and at least 5 days after Appraisal District Notice (not necessary for small taxing units \$0.50 or less and levy of \$500,000 or less)

[Sept 11, 2024](#) Meeting to adopt tax rate. Maybe held directly after public hearing, but no more than 7 days later (Must be adopted by August 23rd if exceeding Voter Approval Rate (VAR) - 71 days before November Election).

[Sept 12, 2024](#) Tax Assessor-Collector deadline for Commissioners Court to Provide rate to be included in tax notices that are mailed out October 1st, 2024.

Proposed – FY 2024/2025 - Budget Planning Schedule

NO LATER THAN DATES

April 12	Fri.	Auditor sends Budget Request Packets to Departments.
April 30	Fri.	Chief Appraiser provides preliminary estimate of taxable value.
May 10	Fri.	Budget Request Packets Due to Auditor
June 18	Tues.	Commissioners Court designates an officer or employee (often the-tax-assessor but not necessarily) to calculate the no-new-revenue tax rate (effective rate), the voter-approval tax rate (rollback rate) and the notice and hearing limit.
July 5	Fri.	72-hour notice for July Budget Workshop (July 9 & 10)
July 9	Tues.	Budget Workshop – Department Presentations (9:00 am)
July 10	Wed.	Budget Workshop – Department Presentations (9:00 am)
July 25	Thurs.	Deadline for Chief Appraiser to certify rolls to taxing units. Tax code 26.01 (a).
July 26	Fri.	Calculation of no-new revenue tax rate and voter-approval tax rate.
July 27	Sat.	Meeting with County Judge and County Auditor
Aug. 7	Wed.	Submission of no-new revenue tax rate; voter-approval tax rate, Schedules, & Fund Balances to Governing Body.
Aug. 9	Fri.	72-hour notice for Budget Workshop, August 12 th & 15 th
Aug. 12 & 15		Budget Workshop Tax Rate & Proposed Budget (9:00 am Monday & Thursday)
Aug. 16	Fri.	72-hour notice for August 21 st meeting
Aug. 21	Wed.	Meeting of governing body to discuss tax rate. If proposed tax rate will exceed the no-new revenue tax rate or voter-approval tax rate (whichever is lower), Commissioners Court must take record vote and schedule public hearing.
Aug. 23	Fri.	Give Written Notice of Salary and Personal Expenses to each Elected Official, LGC 152.013(c). Commissioners Court shall give written notice to each elected county and precinct officer of the officer's salary and expense allowance to be included in the budget before filing the annual budget.

Aug. 28	Wed.	“Notice of Tax Year 2025 Proposed Property Tax Rate” published in newspaper, advertised on TV and Web site at least 5 days before public hearing.
Aug. 30	Fri.	72-hour notice for September 4 th - Public Hearing on Tax Increase.
Sep. 1	Sun.	Publish Notice on Proposed Increase of Elected Officials’ Salaries, Expenses, or Allowances LGC 152.013(b). Commissioners Court must publish any salary, expense, or allowance that is proposed to be increased and the amount of the proposed increase. Publication must appear before the 10th day before the date of the hearing on the budget.
Sep. 1	Sun.	Publish Notice on Budget Hearing. LGC 111.038(c). Commissioners Court shall publish notice that it will consider the proposed budget on the date of the budget hearing. The notice must state the date, time, and location of the hearing. LGC 111.0385(b). Notice shall be published not earlier than the 30th or later than the 10th day before the date of the hearing.
Sept. 4	Wed.	Public Hearing on Tax Increase. Schedule and announce meeting to adopt tax rate either the same day or no later than 7 days from this date.
Sept 6	Fri.	File Proposed Budget - LGC111.037 (a). - County Auditor files proposed budget with the County Clerk.
Sept. 6	Fri.	72-hour notice for Sept 11 th meeting at which the County will adopt tax rate and adopt the budget.
Sept. 11	Wed.	Meeting to adopt tax rate. Meeting must be no later than 7 days from public hearing on tax increase.
Sept. 11	Wed.	Public Hearing on and Adoption of Budget - LGC 111.038(b). - Commissioners Court shall hold the hearing on a day within ten (10) calendar days after the date the proposed budget is filed but before the last day of the first month of the fiscal year. LGC 111.039(a). - Commissioners Court shall take action by record vote on the proposed budget at the conclusion of the public hearing.
Sept. 12	Thurs.	Tax Assessor-Collector deadline for Commissioners Court to provide rate to be included in tax notices that are mailed out October 1st.
Oct. 25	Fri.	File Approved Budget with Officers - LGC 111.040. On final approval, the Commissioners Court shall file a copy of the budget with the County Auditor and County Clerk.

**BOARD OF MANAGERS
NUECES COUNTY HOSPITAL DISTRICT
REGULAR MEETING
JUNE 25, 2024**

The Nueces County Hospital District Board of Managers met at 12:00 p.m. June 25, 2024 in the NCHD Board Room at 555 N. Carancahua, Suite 950 – A Corpus Christi, Texas.

HOSPITAL DISTRICT REPRESENTATIVES:

Jonny F. Hipp	Administrator/CEO
Belinda Espinoza	Asst. Administrator, Admin. Services
Donna Littlefield	Director, Accounting & Finance
John B. Martinez	General Counsel – via Zoom
Adam Robison	Legal Counsel
Melissa Quintanilla	Executive Assistant/Human Resources
Carmina Hernandez Moreno	Administrative Assistant

OTHERS PRESENT:

Mark Hendrix	MHID
Dom Dominguez	Corpus Christi Spohn Hospital
Lisa Brodbeck	Corpus Christi Medical Center Interim CFO – via Zoom
Becky Rios	Corpus Christi Spohn Hospital – via Zoom
Cassidy Willie	Gjerset & Lorenz – via Zoom
Andrea Kovarik	MHID – via Zoom

WELCOME

1. ROLL CALL OF BOARD OF MANAGERS

Y John E. Valls, MBA, Chairman
X Vishnu V. Reddy, M.D., Vice Chairman
Y Sylvia Tryon Oliver
Y Belinda Flores, R.N.
Y Judge Mariana Garza
X Efrain Guerrero, Jr.
Y Arthur Granado

**BOARD OF MANAGERS
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JUNE 25, 2024**

2. CALL TO ORDER, ESTABLISHMENT OF QUORUM, MEETING POSTING CONFIRMATION, AND CLOSED MEETING NOTICE:

- A. Call to order – John E. Valls, Chairman.
The meeting was called to order by Mr. Valls at 12:09 p.m.
- B. Establish quorum – Mr. Valls, Chairman.
A quorum was present with five members in attendance.

**John E. Valls, MBA, Chairman – PRESENT
Sylvia Tryon Oliver, Member – PRESENT
Belinda Flores, R.N., Member – PRESENT
Judge Mariana Garza, Member – PRESENT
Arthur Granado, Member – PRESENT
Dr. Vishnu V. Reddy, M.D., Vice Chairman – ABSENT
Efrain Guerrero, Jr., Member – ABSENT**

- C. Confirm posting of Meeting's public notice in accordance with Texas Open Meetings Act, Texas Government Code, Chapter 551.
- D. Public notice is hereby given that the Board of Managers may elect to go into Closed Meeting session(s) at any time during the meeting to discuss any matter(s) listed on the agenda when so authorized by the provisions of the Open Meetings Act, Texas Government Code, Chapter 551.

3. ANNOUNCEMENT ON DISCLOSURE OF CONFLICTS OF INTEREST. Any Conflicts of Interest or Appearance of a Conflict of Interest with items on this agenda shall be declared at this time. Members with conflicts will refrain from voting and are asked to refrain from discussion on such items. Conflicts discovered later in the meeting shall be disclosed at that time.

4. WORKSHOP SESSION - Workshop Session is an open meeting for the purposes of information gathering and discussion between the Board of Managers and staff on the Workshop's listed agenda item(s) without taking action on the listed item(s) during the Workshop. Public comment will not be accepted during the Workshop Session.

- A. Fiscal Year 2025 Budget (October 1, 2024 - September 30, 2025):
 - 1. County Healthcare Expenditures.
 - 2. Medicaid Supplemental Payment Programs:
 - a. Local Provider Participation Fund (LPPF); and

**BOARD OF MANAGERS
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b. Intergovernmental Transfers (IGT).

3. Budget Planning Workshops Calendar.

5. **REGULAR SESSION** - Following the Workshop Session, the Board of Managers will move into the Regular Session prior to taking any action(s) on items listed on the Consent or Regular Agendas.

6. **PUBLIC COMMENT** - Persons attending in-person and wishing to comment on any item(s) on the agenda or any subject within the Board's responsibilities must sign-in on the "Agenda Item Request to Speak" form provided at the entrance of the Board meeting room at least five (5) minutes prior to commencement of the meeting. Persons attending via audio or video conference and wishing to comment on any item(s) on the agenda or any subject within the Board's responsibilities must verbally notify the presiding officer of their desire to comment when the officer calls for public comment from those attending via audio and video conference. Commenters shall limit their comments to three (3) minutes, except that Commenters addressing the Board through a translator shall limit their comments to six (6) minutes.

Dom Dominguez

7. **CONSENT AGENDA** - The Consent Agenda consists of those agenda items which are routine, administrative in nature, not in need of separate attention, and which a member of the Board has not requested be discussed separately. If requested to be discussed separately, that agenda item will be removed from the Consent Agenda by the presiding officer to the Regular Agenda and discussed as a part of the Regular Agenda at the appropriate time. All remaining items listed under the Consent Agenda will be voted upon in a single vote:

A. Approve Board of Managers Regular Meeting minutes of May 28, 2024.

B. Receive summary payment information on Nueces County health care disbursements for Fiscal Year 2024 year-to-date:

1. Salaries, benefits, supplies, and intergovernmental transfers at/for City of Corpus Christi/Nueces County Public Health District;
2. Emergency medical services provided in unincorporated areas of Nueces County;
3. Supplemental and jail diversion program funding for Nueces Center for Mental Health and Intellectual Disabilities;
4. Medical services provided at County correctional facilities:
 - a. Nueces County Jail; and

**BOARD OF MANAGERS
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b. Nueces County Juvenile Detention Center;

5. Funding for alcohol and drug abuse treatment programs:

- a. Cenikor (Charlie's Place);
- b. Council on Alcohol and Drug Abuse; and
- c. Palmer Drug Abuse Program;

6. Funding for diabetes prevention and supporting programs;

7. Public health grants; and

8. Legal and professional fees. (*Finance Committee*)

C. Receive summary imputed claims information on medical and hospital care provided to the Nueces Aid Program population consistent with the CHRISTUS Spohn Health System Corporation Amended and Restated Membership Agreement for fiscal year-to-date period-ended May 31, 2024. (*Finance Committee*)

D. Receive fiscal year-to-date Specified Annual Percentage-related revenue reports; revenue receipts pursuant to CHRISTUS Spohn Health System Corporation Amended and Restated Membership Agreement, Section 5.03. (*Finance Committee*)

E. Receive monthly statement of escrow amounts deposited and/or withdrawn by CHRISTUS Spohn Health System Corporation; deposits pursuant to and consistent with Schedule 1 to CHRISTUS Spohn Health System Corporation Amended and Restated Membership Agreement; receive statement for month-ended May 31, 2024. (*Finance Committee*)

F. Receive statement of amounts deposited to and/or withdrawn from Local Provider Participation Fund for fiscal year-to-date; deposits and withdrawals pursuant to Board of Managers Order authorizing participation in a health care provider participation program pursuant to Texas Health and Safety Code, Chapter 298C, as amended. (*Finance Committee*)

G. Receive summary report of cumulative estimated provider payments and actual intergovernmental transfers made in support of local and other healthcare providers participating in Medicaid supplemental and directed payment programs sponsored by the Texas Health and Human Services Commission (HHSC):

1. Directed Payment Programs - Medicaid managed care organization payments to healthcare providers that support overall Medicaid program goals and objectives:

- a. Comprehensive Hospital Increase Reimbursement Program (CHIRP);
- b. Network Access Improvement Program (NAIP);

**BOARD OF MANAGERS
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- c. Texas Incentives for Physicians and Professional Services (TIPPS);
- d. Uniform Hospital Rate Increase Program (UHRIP); and

2. Supplemental Payment Programs - HHSC-directed payments made to hospitals for achieving certain goals or to support health care providers that see significant numbers of uninsured or persons without much money:

- a. Disproportionate Share Hospitals (DSH) program;
- b. Graduate Medical Education (GME);
- c. Hospital Uncompensated Care (UC) pool; and

3. Phase-Out Programs:

- a. Delivery System Reform Incentive Payment (DSRIP) pool. (*Finance Committee*)

H. Receive reports relating to Nueces Aid Program enrollment for the month-ended May 31, 2024:

- 1. Total Persons and Households Enrolled;
- 2. Enrollment Summary;
- 3. Denials;
- 4. Application Processing Summary; and
- 5. Enrollment by Zip Code. (*Finance Committee*)

Consent Agenda approved. Motion by Ms. Flores and seconded by Mr. Granado. MOTION CARRIED.

8. **REGULAR AGENDA** - The Regular Agenda consists of those agenda items which are non-routine, not administrative in nature, or are otherwise in need of separate attention. Each Regular Agenda item will be voted upon separately if action is required:

A. **Finance Committee**:

1. Financial Statements:

- a. Receive and approve unaudited financial statements for the month and fiscal year-to-date period ended May 31, 2024. (***ACTION***)

2. Investment Policy:

- a. Adopt Board of Managers Resolution relating to annual review of investment policy and investment strategies; adopt changes to policy and strategies to be effective July 1, 2024; review and adoption pursuant to Texas Government Code, §2256.005(e). (***ACTION***)

**BOARD OF MANAGERS
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b. Adopt Board of Managers Resolution relating to annual review and adoption of listing of qualified broker/dealers authorized to engage in investment transactions; adopted listing to be effective July 1, 2024; review and adoption pursuant to Texas Government Code, §2256.025. (*ACTION*)

**Motion by Mr. Granado and seconded by Ms. Flores on
Items A. 1. and 2. a & b. MOTION CARRIED.**

B. Administrator's Actions:

1. Ratify Administrator's action(s) performed as part of his duties directing the affairs of the Hospital District and/or as required by the Board of Managers; duties established pursuant to Texas Health and Safety Code, §281.026(e):

a. Execution of Letter Agreement with John B. Martinez (Martinez Reilly PLLC) for General Counsel Services for term June 1, 2024 - May 31, 2025. (*ACTION*)

**Motion by Mr. Granado and seconded by Ms. Oliver.
MOTION CARRIED.**

C. Administrator's Briefing:

1. Finance Committee: Tuesday, July 23, 2024, 11:15 AM in NCHD Board of Managers Meeting Room at 555 North Carancahua Street, Room 950-A, Corpus Christi, Texas 78401;

2. Legislative Committee: Tuesday, July 23, 2024, 11:45 AM in NCHD Board of Managers Meeting Room at 555 North Carancahua Street, Room 950-A, Corpus Christi, Texas 78401; and

3. Board of Managers: Tuesday, July 23, 2024, 12:00 PM in NCHD Board of Managers Meeting Room at 555 North Carancahua Street, Room 950-A, Corpus Christi, Texas 78401. (*INFORMATION*)

D. Board of Managers Business:

1. Discuss process for preparing Administrator's periodic performance review. (*INFORMATION*)

9. **CLOSED MEETING** - Public Notice is hereby given that the Board of Managers may go into closed meeting session(s) at any time during the meeting to discuss any matter(s) listed on the agenda, when so authorized by the provisions of the Open Meetings Act, Texas

**BOARD OF MANAGERS
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Government Code, Chapter 551. *To the extent there has been a past practice of distinguishing items for public deliberation and those for executive session, the public is advised that the Board is departing from that practice and reserves the right to discuss any listed agenda items in a closed meeting when authorized by law to do so.* When the Board goes into closed session(s) regarding an agenda item(s), the section(s) of the Open Meetings Act authorizing the closed session will be publicly announced by the presiding officer. Should any final action, final decision, or final vote be required in the opinion of the Board with regard to any matter considered in closed session(s), then the final action, final decision, or final vote shall be either: (a) in the open meeting covered by the Notice upon reconvening of the public meeting; or (b) at a subsequent public meeting of the Board upon notice thereof, as the Board shall determine pursuant to applicable laws. The Board specifically expects to go into a closed session(s) on the matters listed below pursuant to the Act, §551.071.

A. Consult with attorneys on matters relating to intergovernmental transfers for Texas Health and Human Commission's Medicaid supplemental payment programs.

B. Consult with attorneys on matters relating to provisions of the CHRISTUS Spohn Health System Corporation Membership Agreement, Escrow Agreement, and Memorandum of Understanding Related to Termination of the Membership Agreement, and related matters.

C. Consult with attorneys on matters relating to the Letter Agreement with CHRISTUS Spohn Health System Corporation relating to Hospital District's support of CHRISTUS Spohn's Emergency Medicine Residency Program, and related matters.

Mr. Valls, Chairman called for Close Session at 1:07 p.m.

10. **OPEN MEETING** - Following the Closed Meeting, the Board of Managers will reconvene the Open Meeting prior to taking any action(s) on matters considered in the Closed Meeting or adjourning the meeting.

Mr. Valls, Chairman called for Open Session at 2:00 p.m.

A. Discuss and consider final action, decision, or vote on matters considered in Closed Meeting. **(ACTION AS NEEDED)**

No Action taken.

11. **ADJOURN**

Motion to adjourn by Mr. Valls, Chairman at 2:00 p.m.

**BOARD OF MANAGERS
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JUNE 25, 2024**

PRESIDING OFFICER:

John E. Valls, MBA, Chairman

ATTEST:

Jonny F. Hipp, Secretary
Board of Managers
Nueces County Hospital District

Nueces County Hospital District
 County Health Care Department Expenditures
 Cash Disbursements Relating to
 Fiscal Year 2024

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Fiscal 2024 YTD	Budget 2024	Balance
County Healthcare Services															
Health Dept - County	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,313,000.00	2,313,000.00
Emergency Medical Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	650,000.00	650,000.00
NC MHID - Fund Matching	0.00	0.00	242,280.00	0.00	0.00	242,280.00	0.00	0.00	242,280.00	0.00	0.00	0.00	726,840.00	969,129.00	242,289.00
NC MHID - Jail Programs	0.00	155,787.27	255,506.92	226,879.13	210,505.13	163,863.93	271,984.20	256,420.37	0.00	0.00	0.00	0.00	1,540,946.95	3,018,000.00	1,477,053.05
NC Juvenile Center	33,326.89	33,164.73	2,316.03	54,808.55	73,063.98	10,814.63	69,228.83	50,693.90	23,340.04	0.00	0.00	0.00	350,757.58	474,000.00	123,242.42
Nueces County Jail Services	392,790.58	167,653.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	560,443.84	4,795,649.00	4,235,205.16
Cenikor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	60,000.00	60,000.00
Council on Alcohol & Drug Abuse	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50,000.00	50,000.00
Diabetes Program - County	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50,000.00	50,000.00
HALO-Flight Funding	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,000.00	0.00	0.00	0.00	0.00	15,000.00	15,000.00	0.00
County Public Health Grants	0.00	0.00	80,000.00	0.00	50,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	130,000.00	220,000.00	90,000.00
Totals	426,117.47	356,605.26	580,102.95	281,687.68	333,569.11	416,958.56	341,213.03	322,114.27	265,620.04	0.00	0.00	0.00	3,323,988.37	12,614,778.00	9,290,789.63

**Nueces County Hospital District
Imputed Claims Experience for Calendar Year 2023
As if Adjudicated January 1, 2024 through June 30, 2024**

Service	Claims	Billed	Contract Amt.	Co Insurance	Net
ER	981	5,018,264	757,583	37,818	719,765
ASU	98	2,321,490	199,122	9,863	189,259
Clinic	66	320,016	144,921	8,536	136,385
Obs	26	981,760	234,475	19,545	214,930
OP	5,836	16,848,809	4,439,111	332,940	4,106,171
Subtotal	7,007	25,490,339	5,775,212	408,702	5,366,510
IP	138	10,208,434	536,984	17,175	519,809
SNF					-
RX	57,957	23,419,771	8,975,925	274,425	8,701,500
Physician	10,569	14,653,540	1,393,938	72,384	1,321,554
Total	75,671	73,772,084	16,682,059	772,686	15,909,373

NOTE:

The Revised and Restated Indigent Care Agreement was terminated effective September 30, 2012. After that date, the District no longer makes payment to CHRISTUS Spohn for providing health care services to the Nueces Aid Indigent population. Under the terms of the Membership Agreement amended and restated effective November 18, 2015, CHRISTUS Spohn has committed to continue to provide health care services to the Nueces Aid Indigent population and, and at the request of the District, continues to submit informational claims to the District to permit the District to monitor the volume of health care services furnished to the Nueces Aid Indigent population.

Nueces County Hospital District
 Spohn Corporate Member Revenue Analysis
 Fiscal Year 2024

Member Revenue % 27.0%

	October	November	December	January	February	March	April	May	June	July	August	September	Totals
<u>Membership Revenue Deposits</u>													
Week 1	2,066,861.61	2,162,309.02	3,013,205.01	2,078,550.74	1,969,908.53	2,786,145.01	1,564,970.57	2,924,455.19	3,089,970.00	2,356,409.94			24,012,785.62
Week 2	2,355,764.99	2,184,573.81	2,547,176.48	2,010,663.38	1,882,743.04	1,683,180.97	881,236.84	3,254,391.80	2,957,145.21	3,252,830.81			23,009,707.33
Week 3	2,814,490.24	2,693,689.25	3,344,880.84	2,491,554.21	2,740,056.15	1,650,015.23	1,875,246.00	3,038,480.02	2,800,354.70				23,448,766.64
Week 4	2,090,457.65	2,225,718.83	2,600,723.45	2,340,245.49	2,282,140.68	3,268,018.11	2,454,782.60	3,183,692.32	3,440,138.09				23,885,917.22
Week 5				2,197,719.23			2,984,663.07	2,226,071.34					7,408,453.64
Subtotal	9,327,574.49	9,266,290.91	11,505,985.78	11,118,733.05	8,874,848.40	9,387,359.32	9,760,899.08	14,627,090.67	12,287,608.00	5,609,240.75	0.00	0.00	101,765,630.45



Argent Institutional Trust
 5901 Peachtree Dunwoody Ste C495
 Atlanta, GA 30328

ACCOUNT STATEMENT

ACCOUNT NUMBER: [REDACTED]
 JUNE 01, 2024 TO JUNE 30, 2024

received
 07/12/24

5

NUECES COUNTY HOSPITAL DISTRICT
 ATTN: JONNY HIPPI
 555 N CARANCAHUA ST STE 950
 CORPUS CHRISTI TX 78401-0835

1-141-4



ACCOUNT NAME:	CHRISTUS SPOHN HEALTH SYSTEM CORP / NUECES COUNTY HOSPITAL DISTRICT
ACCOUNT NUMBER:	[REDACTED]
ADMINISTRATIVE OFFICER:	ALICE WOLAN 312-405-5393 AWOLAN @ARGENTFINANCIAL.COM
INVESTMENT OFFICER:	DIRECTED

YOU, FIRST.

Thank you for your business. If you have questions about your account statement, please contact your Administrative Officer listed in the shaded box at the top of this statement.

IMPORTANT NOTICE

Argent Institutional Trust-formerly TMI- has changed accounting platforms. Be advised your account number **3721 has changed to **1617.

ACCOUNT NUMBER: [REDACTED]

JUNE 01, 2024 TO JUNE 30, 2024

ACCOUNT ACTIVITY SUMMARY

	THIS PERIOD	YEAR TO DATE
BEGINNING MARKET VALUE	3,139,896.38	3,078,960.12
DEPOSITS	0.00	12,421.19
INCOME	12,546.35	61,061.42
ENDING MARKET VALUE	3,152,442.73	3,152,442.73

PORTFOLIO HOLDINGS

QUANTITY	DESCRIPTION	MARKET VALUE	COST BASIS
CASH AND EQUIVALENTS			
3,152,442.730	09248U536 BLACKROCK LIQUIDITY FUNDS TREASURY TRUST FUND	3,152,442.73	3,152,442.73
TOTAL	CASH AND EQUIVALENTS	3,152,442.73	3,152,442.73
GRAND TOTAL ASSETS		3,152,442.73	3,152,442.73

TRANSACTION DETAIL

DATE	DESCRIPTION	CASH	COST	GAIN / LOSS
06/01/24	BEGINNING BALANCE	0.00	3,139,896.38	
06/03/24	09248U536 DIVIDEND ON BLACKROCK LIQUIDITY FUNDS TREASURY TRUST FUND PAYABLE 06/03/2024	12,546.35		
	09248U536 NET DEPOSIT BLACKROCK LIQUIDITY FUNDS TREASURY TRUST FUND	12,546.35-	12,546.35	
06/30/24	ENDING BALANCE	0.00	3,152,442.73	0.00

DISCLOSURE

Pricing for securities traded on the exchange is provided by third party sources. While sources used for pricing publicly traded securities are considered reliable, the prices displayed on your statement may or may not be based on actual trades, bid/ask information or vendor evaluations. As such, the prices displayed on your statement may or may not reflect actual trade prices you would receive in the current market. It is possible prices for certain securities may vary widely at the time of trade execution in comparison to valuation prices displayed for statement purposes. Securities not traded on an exchange are valued by a variety of sources, which may include issuer-provided or client-provided information. As such, the current statement will reflect the value of the asset based on its last known valuation which may not coincide with the statement reporting period. Argent Trust Company, or any of its affiliates, does not guarantee the accuracy, reliability, completeness or attainability of any pricing information provided by third party sources.

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ACCOUNT STATEMENT

ACCOUNT NUMBER: [REDACTED]
JUNE 01, 2024 TO JUNE 30, 2024

DISCLOSURE

Disclosure - <https://argentfinancial.com/argent-disclosures/>
Tax Disclosure - <https://argentfinancial.com/annual-tax-disclosures/>
Privacy Policy - <https://argentfinancial.com/privacy-policies/>



Nueces County Hospital District
 Nueces LPPF Activity
 Fiscal Year 2024

	October	November	December	January	February	March	April	May	June	July	August	September	Totals
Beginning Balan	9,159,392.52	59,837,708.79	4,107,084.13	2,950,115.82	7,722,267.37	20,949,674.71	21,044,254.83	47,454,558.05	47,199,331.12	21,064,108.27	19,825,406.07	19,825,406.07	9,159,392.52
<u>Deposits</u>													
Christus Spohn	18,995,774.04				9,497,887.02		8,432,745.84						36,926,406.90
CCMC	12,800,598.04				6,400,299.02		6,400,299.02	428,409.30					26,029,605.38
CC Rehab	565,066.44			282,533.22			332,910.84						1,180,510.50
Driscoll	16,880,549.67						10,017,261.57						26,897,811.24
PAM Specialty		657,147.96		328,573.98			534,169.38						1,519,891.32
PAM Rehab		727,492.32		363,746.16			401,483.16						1,492,721.64
S. TX Surgical	1,374,215.28				687,107.64		637,696.32						2,699,019.24
Subtotal	50,616,203.47	1,384,640.28	0.00	974,853.36	16,585,293.68	0.00	26,756,566.13	428,409.30	0.00	0.00	0.00	0.00	96,745,966.22
Interest	62,112.80	151,385.24	16,479.29	26,306.62	26,649.60	94,580.12	103,938.00	212,097.01	156,476.97				850,025.65
Transfers In				4,979,044.15									4,979,044.15
Total Deposits	50,678,316.27	1,536,025.52	16,479.29	5,980,204.13	16,611,943.28	94,580.12	26,860,504.13	640,506.31	156,476.97	0.00	0.00	0.00	102,575,036.02
<u>Inter-Governmental Transfers</u>													
UC					(3,384,535.94)								(3,384,535.94)
DSRIP													0.00
CHIRP		(56,727,511.51)						(25,567,096.42)					(82,294,607.93)
TIPPS								(724,603.40)					(724,603.40)
DSH													0.00
HARP			(1,173,447.60)	(927,939.46)				(880,968.03)					(2,982,355.09)
GME		(539,138.67)		(280,113.12)			(300,200.91)	(14,765.21)		(1,238,702.20)			(2,372,920.11)
Total IGT's	0.00	(57,266,650.18)	(1,173,447.60)	(1,208,052.58)	(3,384,535.94)	0.00	(300,200.91)	(895,733.24)	(26,291,699.82)	(1,238,702.20)	0.00	0.00	(91,759,022.47)
Transfers Out							(150,000.00)						(150,000.00)
Bank Fees													0.00
Ending Balance	59,837,708.79	4,107,084.13	2,950,115.82	7,722,267.37	20,949,674.71	21,044,254.83	47,454,558.05	47,199,331.12	21,064,108.27	19,825,406.07	19,825,406.07	19,825,406.07	19,825,406.07

Nueces County Hospital District
 Medicaid Payment Programs/Directed Payment Programs
 Estimated Provider Payments & IGT History
 FY2012 to Present

Provider	DSRIP	UC	DSH	UHRIP	NAIP	CHIRP	TIPPS	GME	HARP	TOTALS	
Christus Spohn - Corpus Christi	393,023,597	560,417,560	266,619,703	54,617,146	146,202,626	112,661,993	3,876,301	3,614,008	13,239,075	1,554,272,010	44%
Christus Spohn Rural (Alice/Beeville/Kleberg)	48,398,858	211,397,908	0	14,571,054	0	23,405,097	0	0	615,366	298,388,283	8%
Corpus Christi Medical Center	121,850,134	159,267,883	0	47,168,955	0	160,075,667	0	3,565,002	7,599,128	499,526,771	14%
Driscoll Childrens Hospital	314,822,705	24,239,617	0	0	0	701,150,773	2,062,491	8,065,596	40,816,199	1,091,157,381	31%
Detar Hospital	24,949,804	47,723,156	0	15,076,184	0	0	0	0	0	87,749,145	2%
North Bay General Hospital	0	0	0	503,238	0	0	0	0	0	503,238	0%
South Texas Surgical Hospital	0	0	0	889,769	0	0	0	0	0	889,769	0%
Corpus Chrisit Rehab Hospital	0	0	0	286,797	0	0	0	0	0	286,797	0%
PAM Specialty Hospital	0	0	0	1,330	0	0	0	0	0	1,330	0%
PAM Rehab Hospital	0	0	0	1,199,059	0	0	0	0	0	1,199,059	0%
Nueces County Health Dept	21,809,410	0	0	0	0	0	0	0	0	21,809,410	1%
TOTALS	924,854,508	1,003,046,125	266,619,703	134,313,534	146,202,626	997,293,531	5,938,793	15,244,606	62,269,768	3,555,783,193	100%

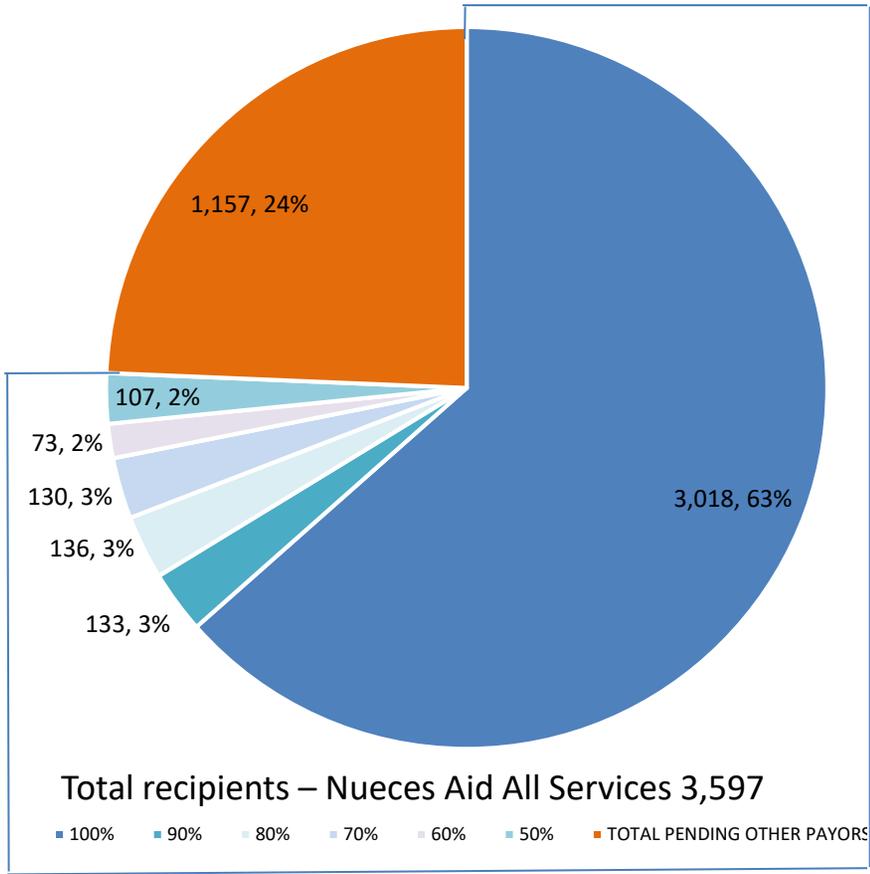
* Estimated Receipts for Entities (IGT + FMAP), Subject to HHSC Review and Administrative Fees

IGT Source	DSRIP	UC	DSH	UHRIP	NAIP	CHIRP	TIPPS	GME	HARP	TOTALS
Nueces County Hospital District	338,074,018	327,872,336	94,329,100	58,389,165	57,459,161	86,765,537	0	3,663,898	21,510,068	988,063,284
Nueces LPPF	27,902,997	62,172,758	7,478,253	0	0	296,923,996	1,855,623	2,372,920	2,982,355	401,688,901
TOTALS	365,977,014	390,045,093	101,807,354	58,389,165	57,459,161	383,689,533	1,855,623	6,036,818	24,492,423	1,389,752,185

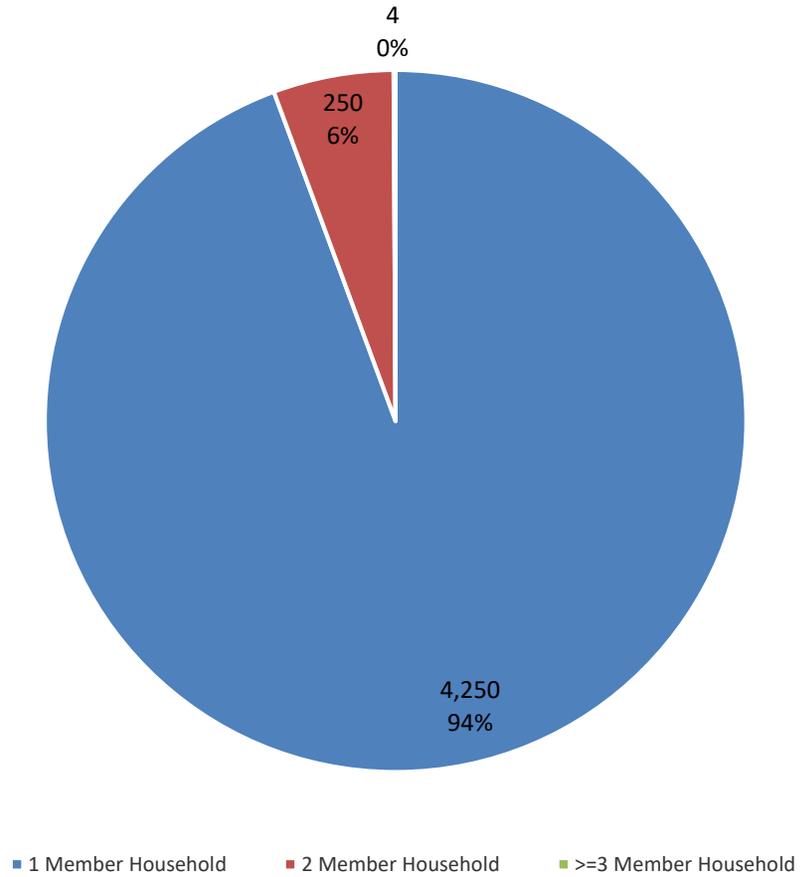
June 2024

Nueces Aid Program Enrollment

Total Enrolled
4,754



Total Households
4,504



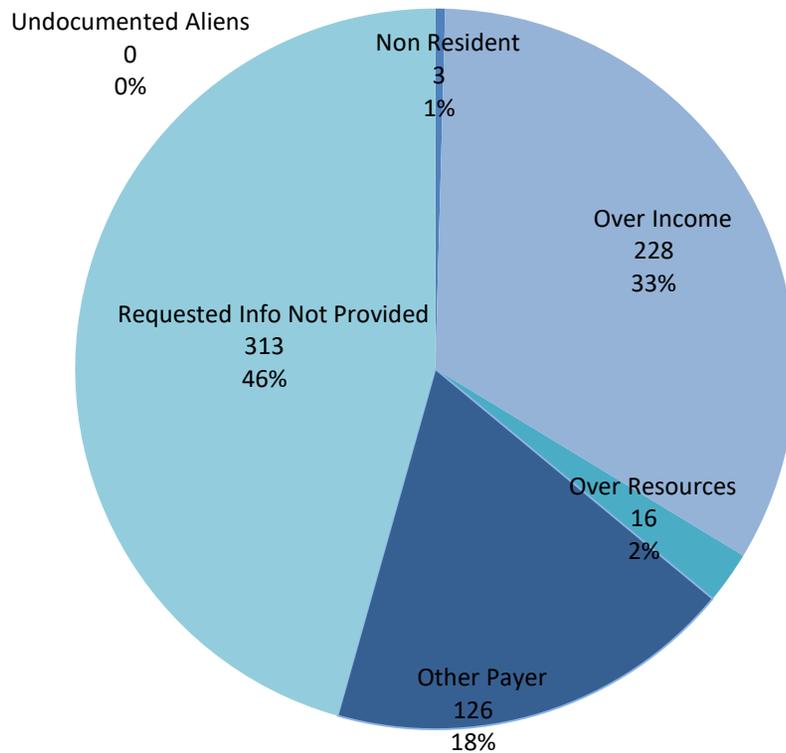
Nueces Aid Program Enrollment Summary Calendar Year 2024

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD 2024 Average	Comments
PENDING OTHER PAYORS														
TANF	62	83	83	83	83	68							77	
%	5.3%	7.0%	7.1%	7.1%	7.1%	5.9%							6.6%	
SSI-SSID	714	725	718	711	708	704							713	
%	61.5%	61.2%	61.1%	60.7%	60.2%	60.8%							60.9%	These individuals are eligible for NCHD assistance if denied assistance by other payer.
Other Payor	385	377	374	377	386	385							381	
%	33.2%	31.8%	31.8%	32.2%	32.8%	33.3%							32.5%	
TOTAL PENDING OTHER PAYORS	1,161	1,185	1,175	1,171	1,177	1,157							1,171	
	24.8%	24.9%	24.8%	24.6%	24.6%	24.3%							24.7%	
HOUSEHOLDS BY SIZE														
1 Member Household	4,150	4,245	4,222	4,239	4,273	4,250							4,230	The percentage for each size household is calculated by dividing the number of each member household by the total number of households.
%	94.0%	94.3%	94.2%	94.1%	94.3%	94.4%							94.2%	
2 Member Household	267	257	257	263	254	250							258	
%	6.0%	5.7%	5.7%	5.8%	5.6%	5.6%							5.7%	
>=3 Member Household	0	0	2	2	2	4							2	
%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%							0.0%	
TOTAL HOUSEHOLDS	4,417	4,502	4,481	4,504	4,529	4,504							4,490	

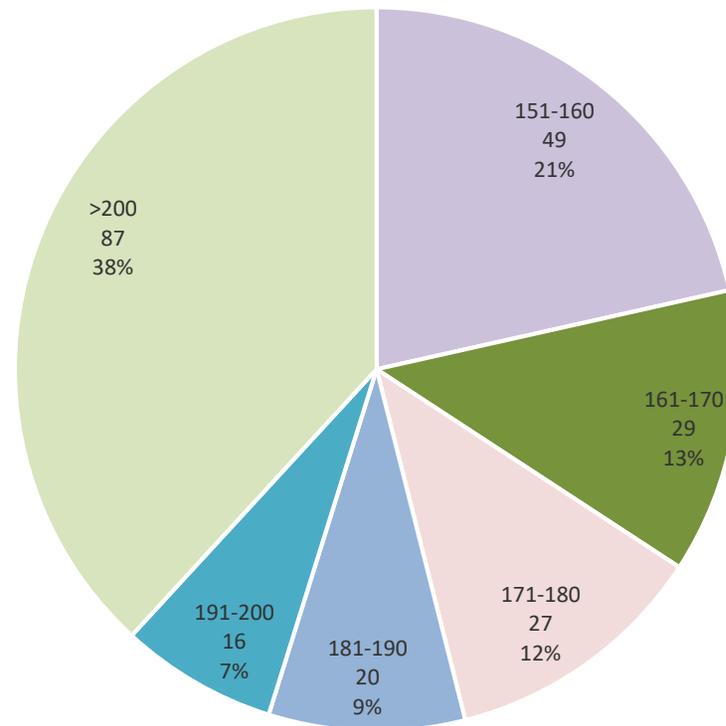
NUECES AID DENIALS

Calendar Year 2024
January-June

Denial Reasons



Comparison of Over Income Case to 2024 HHS Poverty Guidelines



**Nueces Aid Program
Application Processing Summary Calendar Year 2024**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD 2024	Comments
TOTAL APPLICATIONS	949	897	805	888	875	677							5,091	
- Approved	831	784	701	777	743	569							4,405	
%	87.6%	87.4%	87.1%	87.5%	84.9%	84.0%							86.5%	Since FY 1999, the denial rate is based on all denied individuals in the household.
- Denied	118	113	104	111	132	108							686	
%	12.4%	12.6%	12.9%	12.5%	15.1%	16.0%							13.5%	
APPROVALS BY PLAN TYPE														
NUECES AID - All Services														
100%	585	489	495	535	494	384							2,982	
%	70.4%	62.4%	70.6%	68.9%	66.5%	67.5%							67.7%	
90%	20	43	21	13	27	13							137	
%	2.4%	5.5%	3.0%	1.7%	3.6%	2.3%							3.1%	
80%	25	21	15	28	22	17							128	
%	3.0%	2.7%	2.1%	3.6%	3.0%	3.0%							2.9%	
70%	21	27	24	17	11	13							113	The percentage of approvals by plan option is calculated by dividing the number for each plan option by the total number of approved applications.
%	2.5%	3.4%	3.4%	2.2%	1.5%	2.3%							2.6%	
60%	11	10	8	17	20	8							74	
%	1.3%	1.3%	1.1%	2.2%	2.7%	1.4%							1.7%	
50%	17	11	17	25	15	18							103	
%	2.0%	1.4%	2.4%	3.2%	2.0%	3.2%							2.3%	
TOTAL	679	601	580	635	589	453							3,537	
%	81.7%	76.7%	82.7%	81.7%	79.3%	79.6%							80.3%	
HOUSEHOLDS BY SIZE - APPROVED														
1 Member Household	716	705	611	700	661	505							3,898	The percentage for each size household is calculated by dividing the number of households in the category by the total number of approved households.
%	92.5%	94.6%	93.0%	94.7%	93.9%	93.9%							93.8%	
2 Member Household	58	40	44	39	41	31							253	
%	7.5%	5.4%	6.7%	5.3%	5.8%	5.8%							6.1%	
3 or > Member Household	0	0	2	0	2	2							6	Households pending other payors are not included.
%	0.0%	0.0%	0.3%	0.0%	0.3%	0.4%							0.1%	
TOTAL HOUSEHOLDS APPROVED	774	745	657	739	704	538							4,157	

**Nueces Aid Program
Application Processing Summary Calendar Year 2024**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD 2024	Comments
NCHD DENIALS - Reasons for Denials														
Non Resident	0	1	1	1	0	0							3	The percentage for each denial reason is calculated by dividing the number of individuals for each reason by the total number of individuals denied.
%	0.0%	0.9%	1.0%	0.9%	0.0%	0.0%							0.4%	
Over Income	37	43	32	32	46	38							228	
%	31.4%	38.1%	30.8%	28.8%	34.8%	35.2%							33.2%	
Over Resources	2	0	5	3	2	4							16	
%	1.7%	0.0%	4.8%	2.7%	1.5%	3.7%							2.3%	
Other Payer	37	16	18	20	17	18							126	
%	31.4%	14.2%	17.3%	18.0%	12.9%	16.7%							18.4%	
Requested Info Not Provided	42	53	48	55	67	48							313	
%	35.6%	46.9%	46.2%	49.5%	50.8%	44.4%							45.6%	
Undocumented Aliens	0	0	0	0	0	0							0	Note: UA code eff 08/01/01
%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%							0.0%	
TOTAL DENIALS	118	113	104	111	132	108							686	
HOUSEHOLDS BY SIZE - DENIED														
1 Member Household	100	93	86	88	113	93							573	The denial percentage for each size household is calculated by dividing the number for each household size by the total number of denied households.
%	91.7%	90.3%	90.5%	88.0%	91.9%	92.1%							90.8%	
2 Member Household	9	10	9	12	10	8							58	
%	8.3%	9.7%	9.5%	12.0%	8.1%	7.9%							9.2%	
3 or > Member Household	0	0	0	0	0	0							0	Households pending other payors are not included.
%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%							0.0%	
TOTAL HOUSEHOLDS DENIED	109	103	95	100	123	101							631	
PENDING APPLICATIONS														
Pending documentation	79	77	86	96	88	78							84	The YTD number for incomplete applications is the average of the monthly incomplete applications.
TANF	26	33	8	20	25	15							15	
SSI-SSID	65	75	57	66	64	52							52	
Other Payor	61	75	56	56	65	49							49	

**NCHD
Eligibility History**

	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	CY Total	Avg		
2018																
NCHD	5,630	5,708	5,674	5,613	5,471	5,481	5,492	5,438	5,396	5,467	5,673	5,235	66,278	5,523	-6%	
Pend	1,488	1,483	1,398	1,386	1,349	1,336	1,324	1,317	1,337	1,327	1,313	1,270	16,328	1,361	-1%	
Total	7,118	7,191	7,072	6,999	6,820	6,817	6,816	6,755	6,733	6,794	6,986	6,505	82,606	6,884	-5%	
% of PY	97%	99%	97%	96%	93%	93%	93%	94%	94%	94%	98%	93%	95%	95%		
2019																
NCHD	5,277	5,181	5,075	5,024	4,957	4,961	4,996	4,943	4,970	5,064	4,944	4,821	60,213	5,018	-9%	
Pend	1,294	1,260	1,289	1,305	1,274	1,281	1,330	1,356	1,339	1,357	1,330	1,277	15,692	1,308	-4%	
Total	6,571	6,441	6,364	6,329	6,231	6,242	6,326	6,299	6,309	6,421	6,274	6,098	75,905	6,325	-8%	
% of PY	92%	90%	90%	90%	91%	92%	93%	93%	94%	95%	90%	94%	92%	92%		
2020																
NCHD	4,963	4,955	4,903	4,731	5,132	4,698	4,198	3,660	3,260	3,604	3,752	3,868	51,724	4,310	-14%	
Pend	1,268	1,243	1,218	1,141	1,187	1,106	1,043	968	861	899	923	945	12,802	1,067	-18%	
Total	6,231	6,198	6,121	5,872	6,319	5,804	5,241	4,628	4,121	4,503	4,675	4,813	64,526	5,377	-15%	
% of PY	95%	96%	96%	93%	101%	93%	83%	73%	65%	70%	75%	79%	85%	85%		
2021																
NCHD	3,806	3,678	3,567	3,521	3,667	3,852	3,953	4,080	4,142	4,091	3,948	3,863	46,168	3,847	-11%	
Pend	932	921	922	964	981	1,014	1,052	1,028	1,039	1,060	1,070	1,076	12,059	1,005	-6%	
Total	4,738	4,599	4,489	4,485	4,648	4,866	5,005	5,108	5,181	5,151	5,018	4,939	58,227	4,852	-10%	
% of PY	76%	74%	73%	76%	74%	84%	95%	110%	126%	114%	107%	103%	90%	90%		
2022																
NCHD	3,781	3,711	3,738	3,755	3,805	3,869	3,910	3,945	4,042	3,987	3,884	3,785	46,212	3,851	0%	
Pend	1,093	1,061	1,110	1,113	1,144	1,150	1,147	1,183	1,191	1,191	1,181	1,171	13,735	1,145	14%	
Total	4,874	4,772	4,848	4,868	4,949	5,019	5,057	5,128	5,233	5,178	5,065	4,956	59,947	4,996	3%	
% of PY	103%	104%	108%	109%	106%	103%	101%	100%	101%	101%	101%	100%	103%	103%		
2023																
NCHD	3,767	3,186	3,727	3,611	3,614	3,599	3,565	3,548	3,566	3,598	3,613	3,545	42,939	3,578	-7%	
Pend	1,145	1,677	1,148	1,157	1,173	1,161	1,177	1,181	1,183	1,185	1,186	1,166	14,539	1,212	6%	
Total	4,912	4,863	4,875	4,768	4,787	4,760	4,742	4,729	4,749	4,783	4,799	4,711	57,478	4,790	-4%	
% of PY	101%	102%	101%	98%	97%	95%	94%	92%	91%	92%	95%	95%	96%	96%		
2024																
NCHD	3,523	3,573	3,563	3,596	3,605	3,597							21,457	3,576	0%	
Pend	1,161	1,185	1,175	1,171	1,177	1,157							7,026	1,171	-3%	
Total	4,684	4,758	4,738	4,767	4,782	4,754	-	-	-	-	-	-	28,483	4,747	-1%	
% of PY	95%	98%	97%	100%	100%	100%	0%	0%	0%	0%	0%	0%	50%	99%		



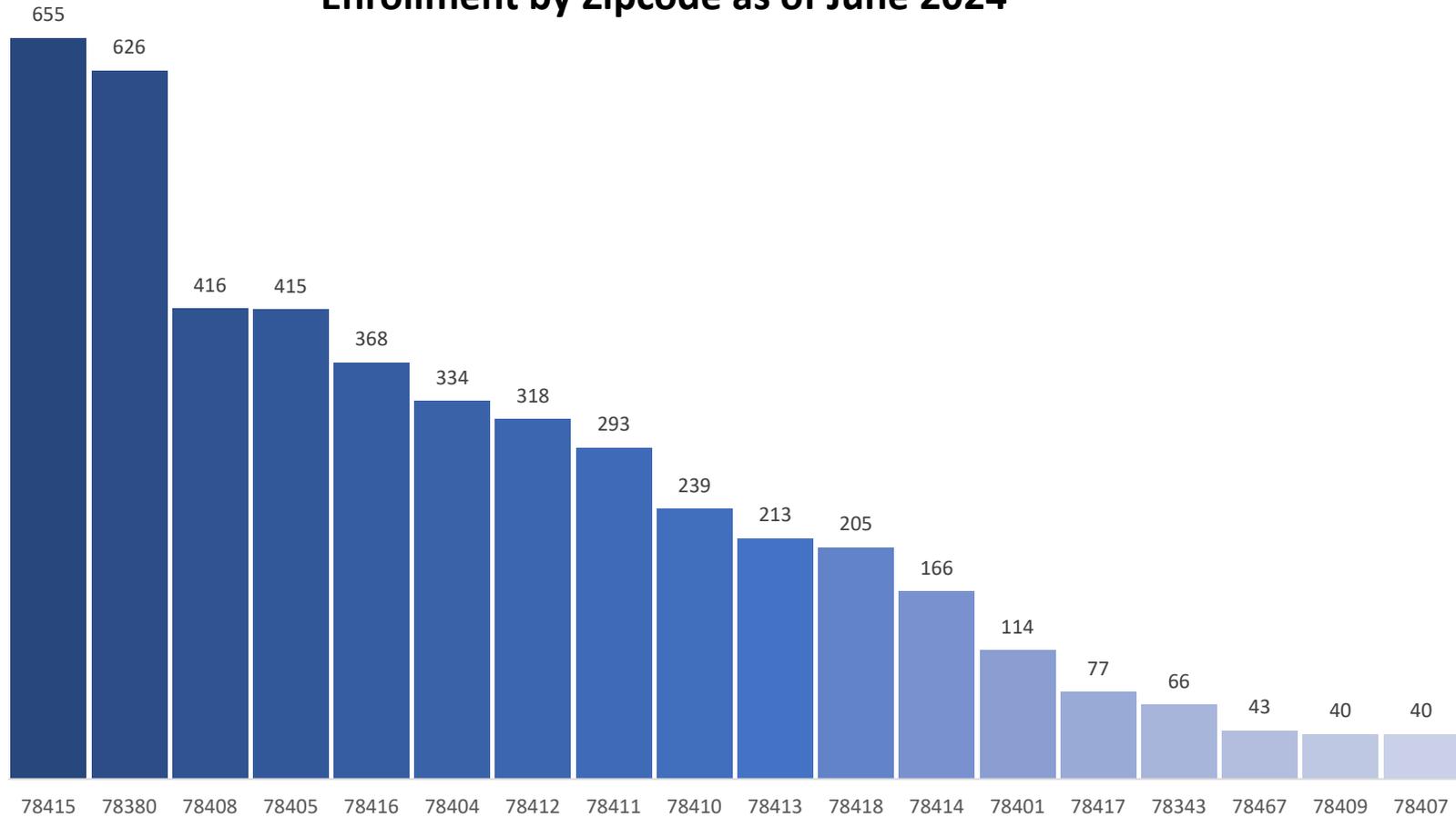
**Annual Comparative Enrollment Report
Calendar Year 2024**

Month	Enrollment		Increase/(Decrease)	
	2024	2023	%	Enrollees
Jan	4,684	4,912	-4.64%	-228
Feb	4,758	4,863	-2.16%	-105
Mar	4,738	4,875	-2.81%	-137
Apr	4,767	4,768	-0.02%	-1
May	4,782	4,787	-0.10%	-5
Jun	4,754	4,760	-0.13%	-6
Jul				
Aug				
Sep				
Oct				
Nov				
Dec				



Nueces County Hospital District

Enrollment by Zipcode as of June 2024

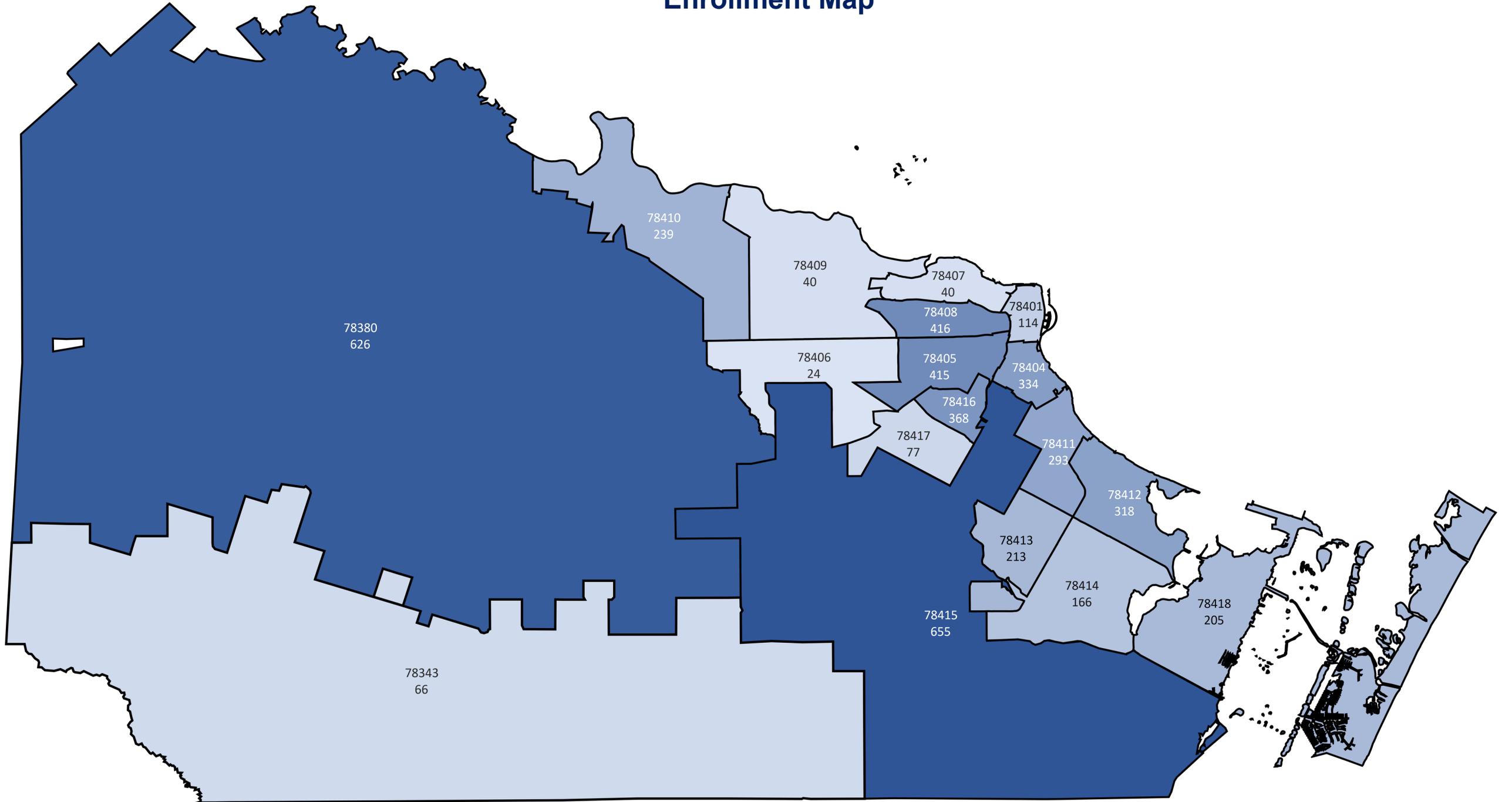


**Nueces County Hospital District
Enrollment by Zip Code
As of 6/30/2024**

Zip Code	Description	Members	% to Total
78415	CC:FM 665 to CR 61 to County Line to Weber & Crosstown	655	14%
78380	Robstown	626	13%
78408	CC:Hwy 358 to Lipan Between I-37 & Agnes	416	9%
78405	CC:19th to Port Ave to Agnes, includes HPG	415	9%
78416	CC:Hwy 358 to Old Brownsville to Tarlton to Weber, includes Molina	368	8%
78404	CC:Six Points	334	7%
78412	CC:Airline to Hwy 358 to Ennis Joslin to Ocean Drive	318	7%
78411	CC:Ocean Drive to So Staples to Hwy 358 to Weber to Kostoryz	293	6%
78410	CC:Annville and Calallen	239	5%
78413	CC:Weber to Holly rd to So Staples to Oso Pkwy	213	4%
78418	CC:Flour Bluff	205	4%
78414	CC:So Staples to Holly Rd to Cayo Del Oso to Oso Creek	166	3%
78401	CC:Downtown and Cargo Docks	114	2%
78417	CC:Old Brownsville to Ayers to Saratoga	77	2%
78343	Bishop + FM 665 to CR 107 W to CR 57E	66	1%
78467	CC: Leopard St Between S. Staples and Sam Rankin	43	1%
78409	CC:Hwy 44 to Up River Rd to Rand Morgan E to Hwy 358	40	1%
78407	CC: I-37 Up River Rd to South Port Ave to Joe Fulton Corridor	40	1%
	Subtotal	4,628	97%
	Total	4,754	



Nueces County Hospital District Enrollment Map



HEALTH AND SAFETY CODE
TITLE 4. HEALTH FACILITIES
SUBTITLE D. HOSPITAL DISTRICTS
CHAPTER 298C. NUECES COUNTY HOSPITAL DISTRICT HEALTH CARE PROVIDER
PARTICIPATION PROGRAM

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 298C.001. DEFINITIONS. In this chapter:

(1) "Board" means the board of hospital managers of the district.

(2) "District" means the Nueces County Hospital District.

(3) "Institutional health care provider" means a hospital that is not owned and operated by a federal or state government and provides inpatient hospital services.

(4) "Paying provider" means an institutional health care provider required to make a mandatory payment under this chapter.

(5) "Program" means the health care provider participation program authorized by this chapter.

Added by Acts 2019, 86th Leg., R.S., Ch. 694 (S.B. 2315), Sec. 1, eff. June 10, 2019.

Sec. 298C.002. APPLICABILITY. This chapter applies only to the Nueces County Hospital District.

Added by Acts 2019, 86th Leg., R.S., Ch. 694 (S.B. 2315), Sec. 1, eff. June 10, 2019.

Sec. 298C.003. HEALTH CARE PROVIDER PARTICIPATION PROGRAM; PARTICIPATION IN PROGRAM. The board may authorize the district to participate in a health care provider participation program on the affirmative vote of a majority of the board, subject to the provisions of this chapter.

Added by Acts 2019, 86th Leg., R.S., Ch. 694 (S.B. 2315), Sec. 1, eff. June 10, 2019.

SUBCHAPTER B. POWERS AND DUTIES OF BOARD

Sec. 298C.051. LIMITATION ON AUTHORITY TO REQUIRE MANDATORY PAYMENT. The board may require a mandatory payment authorized under this chapter by an institutional health care provider located in the district only in the manner provided by this chapter.

Added by Acts 2019, 86th Leg., R.S., Ch. 694 (S.B. 2315), Sec. 1, eff. June 10, 2019.

Sec. 298C.052. RULES AND PROCEDURES. The board may adopt rules relating to the administration of the program, including collection of the mandatory payments, expenditures, audits, and any other administrative aspects of the program.

Added by Acts 2019, 86th Leg., R.S., Ch. 694 (S.B. 2315), Sec. 1, eff. June 10, 2019.

Sec. 298C.053. INSTITUTIONAL HEALTH CARE PROVIDER REPORTING. If the board authorizes the district to participate in a program under this chapter, the board shall require each institutional health care provider located in the district to submit to the district a copy of any financial and utilization data required by and reported to the Department of State Health Services under Sections 311.032 and 311.033 and any rules adopted by the executive commissioner of the Health and Human Services Commission to implement those sections.

Added by Acts 2019, 86th Leg., R.S., Ch. 694 (S.B. 2315), Sec. 1, eff. June 10, 2019.

SUBCHAPTER C. GENERAL FINANCIAL PROVISIONS

Sec. 298C.101. HEARING. (a) In each fiscal year that the board authorizes a program under this chapter, the board shall hold a public hearing on the amounts of any mandatory payments that the board intends to require during the year and how the revenue derived from those payments is to be spent.

(b) Not later than the fifth day before the date of the hearing required under Subsection (a), the board shall publish

notice of the hearing in a newspaper of general circulation in the district and provide written notice of the hearing to each institutional health care provider located in the district.

Added by Acts 2019, 86th Leg., R.S., Ch. 694 (S.B. 2315), Sec. 1, eff. June 10, 2019.

Sec. 298C.102. DEPOSITORY. (a) If the board requires a mandatory payment authorized under this chapter, the board shall designate one or more banks as a depository for the district's local provider participation fund.

(b) All funds collected under this chapter shall be secured in the manner provided for securing other district funds.

Added by Acts 2019, 86th Leg., R.S., Ch. 694 (S.B. 2315), Sec. 1, eff. June 10, 2019.

Sec. 298C.103. LOCAL PROVIDER PARTICIPATION FUND; AUTHORIZED USES OF MONEY. (a) If the district requires a mandatory payment authorized under this chapter, the district shall create a local provider participation fund.

(b) The local provider participation fund consists of:

(1) all revenue received by the district attributable to mandatory payments authorized under this chapter;

(2) money received from the Health and Human Services Commission as a refund of an intergovernmental transfer under the program, provided that the intergovernmental transfer does not receive a federal matching payment; and

(3) the earnings of the fund.

(c) Money deposited to the local provider participation fund of the district may be used only to:

(1) fund intergovernmental transfers from the district to the state to provide the nonfederal share of Medicaid payments for:

(A) uncompensated care payments to hospitals in the Medicaid managed care service area in which the district is located, if those payments are authorized under the Texas Healthcare Transformation and Quality Improvement Program waiver issued under Section 1115 of the federal Social Security Act (42

U.S.C. Section 1315);

(B) delivery system reform incentive payments, if those payments are authorized under the Texas Healthcare Transformation and Quality Improvement Program waiver issued under Section 1115 of the federal Social Security Act (42 U.S.C. Section 1315);

(C) uniform rate enhancements for hospitals in the Medicaid managed care service area in which the district is located;

(D) payments available under another waiver program authorizing payments that are substantially similar to Medicaid payments to hospitals described by Paragraph (A), (B), or (C); or

(E) any reimbursement to hospitals for which federal matching funds are available;

(2) subject to Section 298C.151(d), pay the administrative expenses of the district in administering the program, including collateralization of deposits;

(3) refund a mandatory payment collected in error from a paying provider;

(4) refund to paying providers a proportionate share of the money that the district:

(A) receives from the Health and Human Services Commission that is not used to fund the nonfederal share of Medicaid supplemental payment program payments or uniform rate enhancements described by Subdivision (1)(C); or

(B) determines cannot be used to fund the nonfederal share of Medicaid supplemental payment program payments or uniform rate enhancements described by Subdivision (1)(C);

(5) transfer funds to the Health and Human Services Commission if the district is legally required to transfer the funds to address a disallowance of federal matching funds with respect to programs for which the district made intergovernmental transfers described by Subdivision (1); and

(6) reimburse the district if the district is required by the rules governing the uniform rate enhancement program described by Subdivision (1)(C) to incur an expense or forego

Medicaid reimbursements from the state because the balance of the local provider participation fund is not sufficient to fund that rate enhancement program.

(d) Money in the local provider participation fund may not be commingled with other district funds.

(e) Notwithstanding any other provision of this chapter, with respect to an intergovernmental transfer of funds described by Subsection (c)(1) made by the district, any funds received by the state, district, or other entity as a result of that transfer may not be used by the state, district, or any other entity to expand Medicaid eligibility under the Patient Protection and Affordable Care Act (Pub. L. No. 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. No. 111-152).

Added by Acts 2019, 86th Leg., R.S., Ch. 694 (S.B. 2315), Sec. 1, eff. June 10, 2019.

SUBCHAPTER D. MANDATORY PAYMENTS

Sec. 298C.151. MANDATORY PAYMENTS BASED ON PAYING PROVIDER NET PATIENT REVENUE. (a) Except as provided by Subsection (e), **if the board authorizes a health care provider participation program under this chapter, the board may require a mandatory payment to be assessed, either annually or periodically throughout the fiscal year at the discretion of the board,** on the net patient revenue of each institutional health care provider located in the district. The board shall provide an institutional health care provider written notice of each assessment under this subsection, and the provider has 30 calendar days following the date of receipt of the notice to pay the assessment. In the first fiscal year in which the mandatory payment is required, the mandatory payment is assessed on the net patient revenue of an institutional health care provider as determined by the data reported to the Department of State Health Services under Sections 311.032 and 311.033 in the most recent fiscal year for which that data was reported. If the institutional health care provider did not report any data under those sections, the provider's net patient revenue is the amount of that revenue as contained in the provider's Medicare cost report

submitted for the previous fiscal year or for the closest subsequent fiscal year for which the provider submitted the Medicare cost report. If the mandatory payment is required, the district shall update the amount of the mandatory payment on an annual basis.

(b) The amount of a mandatory payment assessed under this chapter by the board must be uniformly proportionate with the amount of net patient revenue generated by each paying provider in the district as permitted under federal law. A health care provider participation program authorized under this chapter may not hold harmless any institutional health care provider, as required under 42 U.S.C. Section 1396b(w).

(c) If the board requires a mandatory payment authorized under this chapter, the board shall set the amount of the mandatory payment, subject to the limitations of this chapter. The aggregate amount of the mandatory payments required of all paying providers in the district may not exceed six percent of the aggregate net patient revenue from hospital services provided by all paying providers in the district.

(d) Subject to Subsection (c), if the board requires a mandatory payment authorized under this chapter, the board shall set the mandatory payments in amounts that in the aggregate will generate sufficient revenue to cover the administrative expenses of the district for activities under this chapter and to fund an intergovernmental transfer described by Section [298C.103\(c\)\(1\)](#). The annual amount of revenue from mandatory payments that shall be paid for administrative expenses by the district is \$150,000, plus the cost of collateralization of deposits, regardless of actual expenses.

(e) A paying provider may not add a mandatory payment required under this section as a surcharge to a patient.

(f) A mandatory payment assessed under this chapter is not a tax for hospital purposes for purposes of Section 4, Article IX, Texas Constitution, or Section 281.045 of this code.

Added by Acts 2019, 86th Leg., R.S., Ch. 694 (S.B. [2315](#)), Sec. 1, eff. June 10, 2019.

Sec. 298C.152. ASSESSMENT AND COLLECTION OF MANDATORY PAYMENTS. (a) The district may designate an official of the district or contract with another person to assess and collect the mandatory payments authorized under this chapter.

(b) The person charged by the district with the assessment and collection of mandatory payments shall charge and deduct from the mandatory payments collected for the district a collection fee in an amount not to exceed the person's usual and customary charges for like services.

(c) If the person charged with the assessment and collection of mandatory payments is an official of the district, any revenue from a collection fee charged under Subsection (b) shall be deposited in the district general fund and, if appropriate, shall be reported as fees of the district.

Added by Acts 2019, 86th Leg., R.S., Ch. 694 (S.B. [2315](#)), Sec. 1, eff. June 10, 2019.

Sec. 298C.153. PURPOSE; CORRECTION OF INVALID PROVISION OR PROCEDURE; LIMITATION OF AUTHORITY. (a) The purpose of this chapter is to authorize the district to establish a program to enable the district to collect mandatory payments from institutional health care providers to fund the nonfederal share of a Medicaid supplemental payment program or the Medicaid managed care rate enhancements for hospitals to support the provision of health care by institutional health care providers located in the district.

(b) This chapter does not authorize the district to collect mandatory payments for the purpose of raising general revenue or any amount in excess of the amount reasonably necessary to fund the nonfederal share of a Medicaid supplemental payment program or Medicaid managed care rate enhancements for hospitals and to cover the administrative expenses of the district associated with activities under this chapter.

(c) To the extent any provision or procedure under this chapter causes a mandatory payment authorized under this chapter to be ineligible for federal matching funds, the board may provide by rule for an alternative provision or procedure that conforms to the

requirements of the federal Centers for Medicare and Medicaid Services. A rule adopted under this section may not create, impose, or materially expand the legal or financial liability or responsibility of the district or an institutional health care provider in the district beyond the provisions of this chapter. This section does not require the board to adopt a rule.

(d) The district may only assess and collect a mandatory payment authorized under this chapter if a waiver program, uniform rate enhancement, or reimbursement described by Section [298C.103\(c\)\(1\)](#) is available to at least one institutional health care provider located in the district.

Added by Acts 2019, 86th Leg., R.S., Ch. 694 (S.B. [2315](#)), Sec. 1, eff. June 10, 2019.

**Nueces County Hospital District LPPF
FY2025 Rate Proposal**

**WORKING DRAFT
SUBJECT TO CHANGE**

Facility	System	AHA 2022 Net Patient Revenue	FY25 Rate	Quarterly Assessment
			6.00%	
Driscoll Children's Hospital	DCH	448,296,854	26,897,811	6,724,452.75
CHRISTUS Spohn Hospital Corpus Christi	CHRISTUS	615,440,115	36,926,407	9,231,601.75
The Corpus Christi Medical Center - Bay Area	HCA	433,826,756	26,029,605	6,507,401.25
PAM Specialty Hospital of Corpus Christi North	PAM	25,331,522	1,519,891	379,972.75
PAM Rehabilitation Hospital of Corpus Christi	PAM	24,878,694	1,492,722	373,180.50
CHRISTUS Surgical Hospital	CHRISTUS	44,983,654	2,699,019	674,754.75
Corpus Christi Rehabilitation Hospital	Ernest	19,675,175	1,180,511	295,127.75
TOTAL		1,612,432,770	96,745,966	\$ 24,186,491.50

**Nueces County Hospital District LPPF
Schedule of FY25 Mandatory Payments**

**WORKING DRAFT
SUBJECT TO CHANGE**

Facility	System	AHA 2022 Net Patient Revenue	FY25 Rate	Q1 Mandatory Assessment	Q2 Mandatory Assessment	Q3 Mandatory Assessment	Q4 Mandatory Assessment
			6.00%	Due 10/31/2024	Due 10/31/2024	Due 1/31/2025	Due 4/30/2025
Driscoll Children's Hospital	DCH	448,296,854	26,897,811	6,724,452.75	6,724,452.75	6,724,452.75	6,724,452.75
CHRISTUS Spohn Hospital Corpus Christi	CHRISTUS	615,440,115	36,926,407	9,231,601.75	9,231,601.75	9,231,601.75	9,231,601.75
The Corpus Christi Medical Center - Bay Area	HCA	433,826,756	26,029,605	6,507,401.25	6,507,401.25	6,507,401.25	6,507,401.25
PAM Specialty Hospital of Corpus Christi North	PAM	25,331,522	1,519,891	379,972.75	379,972.75	379,972.75	379,972.75
PAM Rehabilitation Hospital of Corpus Christi	PAM	24,878,694	1,492,722	373,180.50	373,180.50	373,180.50	373,180.50
CHRISTUS Surgical Hospital	CHRISTUS	44,983,654	2,699,019	674,754.75	674,754.75	674,754.75	674,754.75
Corpus Christi Rehabilitation Hospital	Ernest	19,675,175	1,180,511	295,127.75	295,127.75	295,127.75	295,127.75
TOTAL		1,612,432,770	96,745,966	\$ 24,186,491.50	\$ 24,186,491.50	\$ 24,186,491.50	\$ 24,186,491.50

AFFIDAVIT OF PUBLICATION

Nueces County Hospital Dist.
Nueces County Hospital Dist.
555 N Carancahua Ste 950
Corpus Christi TX 78401-0835

STATE OF WISCONSIN, COUNTY OF BROWN

The Corpus Christi Caller-Times, a newspaper published in the city of Corpus Christi, Nueces County, State of Texas, generally circulated in Aransas, Bee, Brooks, Duval, Jim Hogg, Jim Wells, Kleberg, Live Oak, Nueces, Refugio, and San Patricio Counties, and personal knowledge of the facts herein state and that the notice hereto annexed was Published in said newspapers in the issue:

07/16/2024

and that the fees charged are legal.
Sworn to and subscribed before on 07/16/2024

Legal Clerk *Keegan Moran*

Notary, State of WI, County of Brown *Lucy Felty*

9/19/25

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VICKY FELTY
Notary Public
State of Wisconsin

NOTICE OF PUBLIC HEARING TO CONSIDER HEALTH CARE PROVIDER PARTICIPATION PROGRAM MANDATORY PAYMENT AMOUNTS FOR FISCAL YEAR 2025

Public Notice is hereby given that the Nueces County Hospital District ("NCHD") Board of Managers ("Board") will hold a public hearing at 12:00 Noon on Tuesday, July 23, 2024 in the NCHD Board of Managers Meeting Room at 555 N. Carancahua (Tower 11), Room 950-A, Corpus Christi, Texas, to receive comments regarding the amounts of Health Care Provider Participation Program mandatory payments that the Board intends to require of all institutional health care providers located within NCHD's boundaries for NCHD's Fiscal Year 2025 (October 1, 2024 - September 30, 2025) and how the revenue derived from the payments will be spent. The phrase "institutional health care provider" means a hospital that is not owned and operated by a federal or state government and provides inpatient hospital services. NCHD's boundaries are coterminous with Nueces County.

Representatives of institutional health care providers and the public wishing to be heard on these matters may attend this public hearing in-person or by audio or video conference via Zoom as shown below. Zoom is an Internet-based cloud platform for audio and video conferencing.

Attend In-Person: Hospital District Board of Managers Meeting Room, 555 N. Carancahua, Room 950-A, Corpus Christi, Texas 78401.

Attend via Audio or Video Conference, Join Zoom Meeting:

<https://bit.ly/3hRETPB>
Meeting ID: 574 676 5992
Passcode: 195957 One tap mobile
+13462487799,,5746765992# US (Houston)

Questions regarding the public hearing should be sent by electronic mail to Belinda Espinoza, NCHD Assistant Administrator at belinda.espinoza@nchdcc.org

Jonny F. Hipp (NCHD)

From: Jonny F. Hipp (NCHD)
Sent: Thursday, June 27, 2024 10:21 AM
To: Angie Jones (angelajones@ernesthealth.com); Crystal West (crystalwest@ernesthealth.com); Michael Pearce (MichaelPierce@ernesthealth.com); Lisa Brodbeck (lisa.brodbeck@hcahealthcare.com); Mark Roberts (mark.roberts@hcahealthcare.com); Becky Rios (becky.rios@christushealth.org); Dominic Dominguez (dom.dominguez@christushealth.org); Joel Vigil (joel.vigil@christushealth.org); Kristina Alldredge (kristina.allredge@christushealth.org); Richard R. Ford (richard.ford2@christushealth.org); Eric Hamon (eric.hamon@dchstx.org); Steven E. King (steve.king@dchstx.org); Kevin A. Snook (ksnook@pamhealth.com)
Cc: Belinda Espinoza (belinda.espinoza@nchdcc.org); Donna Littlefield (NCHD) (donna.littlefield@nchdcc.org); Jonny F. Hipp (jonny.hipp@nchdcc.org); Alex Russell (alex@ahcv.com); Corbin Pefanis (corbin@ahcv.com); Jared A. Konczal (konczal@gl-law.com); Lance J. Ramsey (ramsey@gl-law.com); Robin Oldham (robin@ahcv.com); Adam Robison (arobison@kslaw.com); John B. Martinez (john@mrtrial.com); Mary Esther Guerra (maryesther.guerra@nuecescountytexas.gov)
Subject: Nueces Health Care Provider Participation Program - FY 2025 Mandatory Payment Rate Setting

CEOs and CFOs of Hospitals Located in Nueces County,

Public Notice is hereby given that the Nueces County Hospital District (“NCHD”) Board of Managers (“Board”) will hold a public hearing at **12:00 Noon on Tuesday, July 23, 2024** in the NCHD Board of Managers Meeting Room at 555 N. Carancahua (Tower II), Room 950-A, Corpus Christi, Texas, to receive comments regarding the amounts of Health Care Provider Participation Program mandatory payments that the Board intends to require of all institutional health care providers located within NCHD’s boundaries for NCHD’s Fiscal Year 2025 (October 1, 2024 – September 30, 2025) and how the revenue derived from the payments will be spent. The phrase “institutional health care provider” means a hospital that is not owned and operated by a federal or state government and provides inpatient hospital services. NCHD’s boundaries are coterminous with Nueces County.

Representatives of institutional health care providers and the public wishing to be heard on these matters may attend this public hearing in-person or by audio or video conference via Zoom as shown below. Zoom is an Internet-based cloud platform for audio and video conferencing.

Texas Health and Safety Code (“Health Code”), Chapter 298C, as amended, authorizes NCHD to participate in a Health Care Provider Participation Program, create a local provider participation fund, and require mandatory payments by institutional health care providers. The public hearing that is the subject of this notice is required by Health Code, §298C.101.

Attend In-Person: Hospital District Board of Managers Meeting Room, 555 N. Carancahua, Room 950-A, Corpus Christi, Texas 78401.

Attend via Audio or Video Conference, Join Zoom Meeting:

<https://bit.ly/3hRETPB>

Meeting ID: 574 676 5992

Passcode: 195957 One tap mobile

+13462487799,,5746765992# US (Houston)

Questions regarding the public hearing should be sent by electronic mail to Belinda Espinoza, NCHD Assistant Administrator at belinda.espinoza@nchdcc.org.

Jonny F. Hipp, ScD, LFACHE | Administrator/Chief Executive Officer
Nueces County Hospital District
555 N. Carancahua St., Suite 950 | Corpus Christi, TX 78401-0835
Office: (361) 808-3300 | Fax: (361) 808-3274 | Cell: (361) 877-7290
jonny.hipp@nchdcc.org | www.nchdcc.org



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NOTICE OF PUBLIC MEETING

NUECES COUNTY HOSPITAL DISTRICT

BOARD OF MANAGERS

**Board of Managers - Public Hearing
Tuesday, July 23, 2024 at 12:00 PM**

Location:

Board of Managers Meeting Room, 555 N. Carancahua Street, Room 950-A, Corpus Christi, Texas 78401

MEETING IN-PERSON AND VIA VIDEOCONFERENCE CALL

The Nueces County Hospital District (“NCHD”) Board of Managers or a Committee thereof as specified above will hold a meeting on the date and at the time and location shown above. The agenda item(s) for this meeting are set forth on the accompanying page(s); agenda item(s) are not necessarily considered in the order listed.

On September 1, 2021, Governor Abbott rescinded the suspension of certain Rules of the Texas Open Meetings Act ("Act") which had allowed meetings to be conducted entirely virtually. The specified NCHD Board of Managers meeting will be held both in-person and via videoconference call. Public participation will be available in-person as well as via videoconference call as allowed under the Act. It is the intent that a quorum of the Board of Managers as required for the specified meeting will be physically present at the location posted in this meeting notice. It is also the intent that the Board member presiding over the meeting be physically present for the specified meeting at the location posted in this meeting notice. Any member of the Board of Managers participating by videoconference call shall be visible and audible to the public whenever the member is speaking; Board member participation by audio-only is no longer permitted. Although the meeting will be open to the public during the open portions of the meeting, any member of the public wishing to observe the meeting may do so via videoconference call and as well as participate via videoconference call in public comment, may do so through the videoconference call Zoom meeting link shown on this meeting notice below, as well as shown on NCHD’s website.

The Texas Open Meetings Act defines a "videoconference call" as a communication conducted between two or more persons in which one or more of the participants communicate with the other participants through duplex audio and video signals transmitted over a telephone network, a data network, or the Internet. Zoom is an Internet-based communications platform that allows users to connect with duplex audio and video signals. Using Zoom requires an Internet connection and a supported device.

Meeting agendas and supporting materials are available via NCHD’s BoardBook meeting management system at: <https://meetings.boardbook.org/Public/Organization/1886>.

Attend Meeting via Videoconference, Join Zoom Meeting:

<https://nchdcc-org.zoom.us/j/5746765992?pwd=T2RVWFBoZGJYdHYyQmp1VUdZeUc3Zz09>
Meeting ID: 574 676 5992
Passcode: 195957

**NUECES COUNTY HOSPITAL DISTRICT
BOARD OF MANAGERS
Board of Managers - Public Hearing
Tuesday, July 23, 2024 at 12:00 PM**

AGENDA

1. WELCOME

2. ROLL CALL OF MEMBERS

- John E. Valls, MBA, Chairman
- Vishnu V. Reddy, M.D., Vice Chairman
- Sylvia Tryon Oliver
- Belinda Flores, R.N.
- Judge Mariana Garza
- Efrain Guerrero, Jr.
- Arthur Granado

3. CALL TO ORDER, ESTABLISHMENT OF QUORUM, AND MEETING POSTING CONFIRMATION

A. Call to order.

B. Establish quorum.

C. Confirm posting of Public Hearing's public notice in accordance with Texas Open Meetings Act, Texas Government Code, Chapter 551.

4. OPEN PUBLIC HEARING

A. PUBLIC HEARING - The Nueces County Hospital District ("District") Board of Managers ("Board") will conduct a Public Hearing on the matter of:

1. Mandatory Health Care Provider Participation Program ("Program") payment rate of six percent (6%) of net patient revenue that the Board intends to require of each institutional health care provider located within the District's boundaries during District Fiscal Year 2025 (October 1, 2024 - September 30, 2025) and use of revenue derived from the payments; Program authorized by Texas Health & Safety Code ("Health Code"), Chapter 298C, as amended; mandatory payment authorized by Health Code, §298C.051 and public hearing conducted pursuant to Health Code, §298C.101.

5. CLOSE PUBLIC HEARING

6. ADJOURN



Administrative Offices

555 N. Carancahua Street, Suite 950
Corpus Christi, Texas 78401-0835

Office: (361) 808-3300

Fax: (361) 808-3274

www.nchdcc.org

BOARD OF MANAGERS ORDER
JULY 23, 2024

**Order Setting the Fiscal Year 2025 Mandatory Payment Rate for the
Nueces County Hospital District Health Care Provider Participation Program**

WHEREAS, the Texas Legislature in the 86th Regular Session enacted S.B. 2315 which added Chapter 298C to the Health and Safety Code enabling the Nueces County Hospital District's ("District") Board of Managers ("Board") to authorize a local health care provider participation program ("Program");

WHEREAS, the 87th Texas Legislature enacted House Bill 1456 which amended Health and Safety Code, Chapter 298C effective June 15, 2021;

WHEREAS, pursuant to Section 298C.003 of the Health and Safety Code the Board authorized the District to participate in the Program for Fiscal Year 2021, Fiscal Year 2022, Fiscal Year 2023, and Fiscal Year 2024 on September 29, 2020; August 3, 2021; September 20, 2022; and July 24, 2023, respectively;

WHEREAS, the Board desires to proceed with establishing the amount of the mandatory payments under the Program for Fiscal Year 2025 (October 1, 2024 – September 30, 2025) and to satisfy the related preliminary requirements of Chapter 298C, Health and Safety Code;

WHEREAS, pursuant to Section 298C.101(a), Health and Safety Code in each fiscal year that the Board authorizes the Program, the Board is required to hold a public hearing on the amounts of any mandatory payments that the Board intends to require during the applicable fiscal year and how the revenue derived from those mandatory payments is to be spent, and the District held said public hearing on July 23, 2024;

WHEREAS, pursuant to Section 298C.101(b), Health and Safety Code not later than the fifth day before the date of the public hearing, the Board is required to publish notice of the public hearing in a newspaper of general circulation in the District, and the District published said notice on July 16, 2024;

WHEREAS, pursuant to Section 298C.101(b), Health and Safety Code not later than the fifth day before the date of the public hearing, the Board is required to provide written notice of the hearing to each institutional health care provider located in the District, and the District provided said notice on June 27, 2024; and

WHEREAS, in consideration of the foregoing, the Board now desires to establish the amount of the mandatory payments under the Program for Fiscal Year 2025 and to direct that the mandatory payments to be used for one or more of the authorized uses of the mandatory payments as set forth in §298C.103, Health and Safety Code.

NOW THEREFORE, BE IT ORDERED that the Board sets the amount of the mandatory payments under the Program for Fiscal Year 2025 at six percent (6%) of the net patient revenue of each institutional health care provider located in the District and directs the mandatory payments to be used for one or more of the authorized uses of the mandatory payments as set forth in §298C.103, Health and Safety Code.

**NUECES COUNTY HOSPITAL DISTRICT
BOARD OF MANAGERS**

John E. Valls, MBA
Chairman

Vishnu V. Reddy, M.D.
Vice Chairman

Sylvia Tryon Oliver
Member

Belinda Flores, R.N.
Member

Judge Mariana Garza
Member

Efrain Guerrero, Jr.
Member

Arthur Granado
Member

BOM_HCPPP_Rate_Order_FY25.docx

Nueces County Hospital District
Board of Managers Order
Set FY 2025 HCPPP Payment Rate
July 23, 2024

ABSENT: ()

all as shown in the official Minutes of the Board for the Meeting.

5. The attached Order is a true and correct copy of the original on file in the official records of the Hospital District; the duly qualified and acting members of the Board on the date of the Meeting are those persons shown above, and, according to the records of my office, each member of the Board was given actual notice of the time, place, and purpose of the Meeting and had actual notice that the Order would be considered; and the Meeting and deliberation of the aforesaid public business, was open to the public and written notice of said meeting, including the subject of the Order, was posted and given in advance thereof in compliance with the provisions of Chapter 551, Texas Government Code, as amended.
6. I am the Secretary of the Board having been duly appointed pursuant to Health Code, §281.023(b).
7. The foregoing Order is in full force and effect; that the same has not been rescinded, nor has it been amended or modified in any way.

IN WITNESS WHEREOF, I have hereunto signed my name officially and affixed the seal of the Hospital District on this the 23rd day of July 2024.

Jonny F. Hipp
Secretary, Board of Managers
Nueces County Hospital District

{HOSPITAL DISTRICT SEAL}

**NUECES COUNTY HOSPITAL DISTRICT
HEALTH CARE PROVIDER PARTICIPATION PROGRAM
REVISED RULES AND PROCEDURES
Effective: August 1, 2023**

General Provisions

Rule 1. Definitions. In these rules and procedures:

(a) "Mandatory payment" means a mandatory payment authorized under Texas Health and Safety Code, Chapter 298C.

(b) "Institutional health care provider" means a hospital that is not owned and operated by a federal or state government and provides inpatient hospital services.

(c) "Paying provider" or "Paying hospital" means an institutional health care provider required to make a mandatory payment under Texas Health and Safety Code, Chapter 298C.

(d) "Program" means the health care provider participation program authorized under Texas Health & Safety Code, Chapter 298C.

(e) "Hospital District" means the Nueces County Hospital District.

(f) "Board of Managers" means the Board of Managers of the Nueces County Hospital District.

Rule 2. Health Care Provider Participation Program; Participation in Program.

(a) The Program authorizes the Hospital District to collect a mandatory payment from each institutional health care provider located in the Hospital District to be deposited in a local provider participation fund established by the Hospital District. Money in the fund may be used by the Hospital District to fund certain intergovernmental transfers as provided by these rules and procedures.

(b) The Board of Managers may adopt an order authorizing the Hospital District to participate in the Program, subject to the limitations provided by these rules and procedures.

(c) To the extent any provision or procedure under Texas Health & Safety Code, Chapter 298C causes a mandatory payment to be ineligible for federal matching funds, the Hospital District may provide by rule for an alternative provision or procedure that conforms to the requirements of the federal Centers for Medicare & Medicaid Services.

Powers and Duties of Board of Managers

Rule 3. Limitation on Authority to Require Mandatory Payment. The Hospital District may require a mandatory payment from an institutional health care provider only in the manner provided in these rules and procedures.

Rule 4. Majority Vote Required Prior to Mandatory Payment. The Hospital District may not collect a mandatory payment without an affirmative vote of a majority of the

members of the Board of Managers authorizing the Hospital District to participate in the Program.

Rule 5. Institutional Health Care Provider Reporting; Inspection of Records.

(a) The Hospital District shall require each institutional health care provider to submit to the Hospital District a copy of any financial and utilization data required by and reported to the Department of State Health Services under Texas Health & Safety Code, §311.032 and §311.033 and any rules adopted by the Executive Commissioner of the Texas Health and Human Services Commission to implement those sections.

(b) The Hospital District may inspect the records of an institutional health care provider to the extent necessary to ensure that the institutional health care provider has submitted all required data under this Rule.

General Financing Provisions

Rule 6. Hearing.

(a) Each year, the Board of Managers shall hold a public hearing on the amounts of any mandatory payments that the Board intends to require during the year and how the revenue derived from those payments is to be spent.

(b) Not later than the fifth (5th) day before the date of the hearing required under Subdivision 6(a), the Board of Managers shall publish notice of the hearing in a newspaper of general circulation in the Hospital District.

(c) A representative of a paying hospital is entitled to appear at the time and place designated in the public notice and to be heard regarding any matter related to the mandatory payments.

Rule 7. Depository and Investment of Funds.

(a) The Hospital District shall designate one or more banks as the depository for the Hospital District local provider participation fund.

(b) All income received by the Hospital District under these rules and procedures, including the revenue from mandatory payments remaining after fees for assessing and collecting the payments are deducted, shall be deposited with the Hospital District depository in the District's local provider participation fund and may be withdrawn only as provided by these rules and procedures.

(c) All funds under these rules and procedures shall be secured in the manner provided for securing other Hospital District funds.

(d) All funds received under these rules and procedures may be invested consistent with the Investment Policy of the Hospital District, except that such investment shall be limited to overnight funds.

Rule 8. Local Provider Participation Fund; Authorized Uses of Money.

(a) If the Hospital District requires a mandatory payment, it shall create a local provider participation fund.

(b) The local provider participation fund of the Hospital District consists of:

(1) all revenue received by the Hospital District attributable to mandatory payments;

(2) money received from the Texas Health and Human Services Commission as a refund of an intergovernmental transfer under the Program, provided that the intergovernmental transfer does not receive a federal matching payment; and

(3) the earnings of the fund.

(c) Money deposited to the local provider participation fund may be used only to:

(1) fund intergovernmental transfers from the Hospital District to the State of Texas to provide the nonfederal share of Medicaid payments for:

(A) uncompensated care payments to hospitals in the Medicaid managed care service area in which the Hospital District is located, if those payments are authorized under the Texas Healthcare Transformation and Quality Improvement Program waiver issued under Section 1115 of the federal Social Security Act (42 U.S.C. Section 1315);

(B) delivery system reform incentive payments, if those payments are authorized under the Texas Healthcare Transformation and Quality Improvement Program waiver issued under Section 1115 of the federal Social Security Act (42 U.S.C. Section 1315);

(C) uniform rate enhancements for hospitals in the Medicaid managed care service area in which the Hospital District is located;

(D) payments available under another waiver program authorizing payments that are substantially similar to Medicaid payments to hospitals described by Paragraph (A), (B), or (C); or

(E) any reimbursement to hospitals for which federal matching funds are available;

(2) pay the administrative expenses of the Hospital District in administering the Program, including the collateralization of deposits;

(3) refund of a mandatory payment collected in error from a paying hospital;

(4) refund to paying providers the proportionate share of money that the Hospital District:

(A) receives from the Texas Health and Human Services Commission that is not used to fund the nonfederal share of Medicaid supplemental payment program payments or uniform rate enhancements described by Subdivision (1)(C); or

(B) determines cannot be used to fund the nonfederal share of Medicaid supplemental payment program payments of uniform rate enhancements described by Subdivision (1)(C).

(5) transfer funds to the Texas Health and Human Services Commission if the Hospital District is legally required to transfer the funds to address a disallowance of federal matching funds with respect to programs for which the Hospital District made intergovernmental transfers described by Subdivision (c)(1); and

(6) reimburse the Hospital District if the Hospital District is required by the rules governing the uniform rate enhancement program described by Subdivision (1)(C) to incur an expense or forego Medicaid reimbursements from the State because the balance of the local provider participation fund is not sufficient to fund that rate enhancement program.

(d) Money in the local provider participation fund may not be commingled with other Hospital District funds.

(e) An intergovernmental transfer of funds described by Subdivision (c)(1) and any funds received by the Hospital District as a result of an intergovernmental transfer described by that rule may not be used by the State, Hospital District, or other entity to expand Medicaid eligibility under the Patient Protection and Affordable Care Act (Pub. L. No. 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. No. 111-152).

Mandatory Payments

Rule 9. Mandatory Payments Based on Paying Hospital Net Patient Revenue.

(a) Except as provided by Rule 11, if the Board of Managers collects a mandatory payment, it may require that a mandatory payment be assessed annually or periodically throughout the fiscal year at the discretion of the Board of Managers on the net patient revenue of each institutional health care provider located in the boundaries of the Hospital District.

(b) The Board of Managers shall provide an institutional health care provider written notice of each assessment and the mandatory payments shall be made 30 days following the date of receipt of the notice of payment.

(c) In the first year in which the mandatory payment is required, the mandatory payment is assessed based on the most recent fiscal year data collected pursuant to Subdivision 5(a). If no such data are available for an institutional health care provider, the mandatory payment may be calculated based on the institutional health care provider's Medicare cost report submitted for the previous fiscal year or for the closest subsequent fiscal year for which the provider submitted the Medicare cost report.

(d) The net patient revenue basis of the mandatory payment may be updated during the fiscal year using the most recent fiscal year data collected pursuant to Subdivision 5(a). Use of data that is updated during the fiscal year does not require Board of Managers approval.

Rule 10. Mandatory Payment Requirements

(a) The amount of a mandatory payment must be uniformly proportionate with the amount of net patient revenue generated by each paying hospital in the Hospital District.

(b) If the Board of Managers requires a mandatory payment, it shall set the amount of the mandatory payment; the aggregate amount of the mandatory payments required of all paying providers in the Hospital District may not exceed six percent (6%)

of the aggregate net patient revenue from hospital services provided by all paying providers within boundaries of the District.

(c) Subject to the maximum amount prescribed by Rule 11(a), if the Board of Managers requires a mandatory payment, it shall set the mandatory payments in amounts that in the aggregate will generate sufficient revenue to cover the administrative expenses of the Hospital District for activities under these rules and procedures and to fund purposes described in Rule 8(c).

(i) The annual amount of revenue from mandatory payments used for administrative expenses of the Hospital District for activities under these rules and procedures is \$150,000, plus the cost of collateralization of deposits, regardless of actual expenses.

(d) The mandatory payment may not be collected for the purpose of raising general revenue or any amount in excess of the amount reasonably necessary to fund the nonfederal share of a Medicaid supplemental payment program or Medicaid managed care rate enhancements for hospitals to cover the administrative expenses of the Hospital District associated with the Program.

(e) To the extent any Program provision or procedure causes a mandatory payment to be ineligible for federal matching funds, the Board may provide by rule for an alternative provision or procedure that conforms to the requirements of federal Centers for Medicare & Medicaid Services.

Rule 11. Mandatory Payment Prohibitions.

(a) The amount of the mandatory payment required of each paying hospital may not exceed an amount that, when added to the amount of the mandatory payments required from all other paying hospitals located in the boundaries of the Hospital District, equals an amount of revenue that exceeds six percent (6%) of the aggregate net patient revenue of all paying hospitals in the Hospital District.

(b) A mandatory payment may not hold harmless any institutional health care provider, as required under 42 U.S.C. Section 1396b(w).

(c) A paying provider may not add a mandatory payment required under this section as a surcharge to a patient.

(d) A mandatory payment assessed hereunder is not a tax for hospital purposes for purposes of Texas Constitution, Section 4, Article IX or Texas Health and Safety Code, §281.045.

(e) The amount of the mandatory payment required of each paying hospital may not be discounted.

Rule 12. Assessment and Collection of Mandatory Payments.

(a) The Hospital District may designate an official of the Hospital District or contract with another person to assess and collect the mandatory payments.

(b) The person charged by the Hospital District with the assessment and collection of mandatory payments shall charge and deduct from the mandatory payments collected for the Hospital District a collection fee in the amount not to exceed the person's usual and customary charges for like services.

(c) If the person charged with the assessment and collection of mandatory payments is an official of the Hospital District, any revenue from a collection fee charged under Subdivision (b) shall be deposited in the Hospital District's general fund and, if appropriate, shall be reported as fees of the Hospital District.

EXHIBIT A-1

Institutional Health Care Providers

1. CHRISTUS Spohn Hospital Corpus Christi
2. Corpus Christi Rehabilitation Hospital
3. Driscoll Children’s Hospital
4. PAM Rehabilitation Hospital of Corpus Christi
5. PAM Specialty Hospital of Corpus Christi North
6. South Texas Surgical Hospital (CHRISTUS Surgical Hospital)
7. The Corpus Christi Medical Center – Bay Area

**Nueces County Hospital District
Combined Balance Sheet - All Fund Types & Account Groups
As of 06/30/2024
(In Whole Numbers)**

	General Fund	Special Revenue Fund	Trust Fund	General Fixed Assets	General Long Term Debt	TOTAL
Assets						
Cash & Cash Equivalents	52,913,040 *	21,319,519	47,421	0	0	74,279,980
Investments	17,563,909	37,176,314	0	0	0	54,740,223
Accrued Interest	0	276,968	203	0	0	277,171
Taxes Receivable, Net of Allowance	4,822,263	0	0	0	0	4,822,263
Other Receivables	0	0	0	0	0	0
Due from Other Funds	29,011	0	0	0	0	29,011
Prepaid Expenditures	143,746	0	0	0	0	143,746
Restricted Cash & Cash Equivalents - LPPF	21,064,108	0	0	0	0	21,064,108
Fixed Assets	0	0	0	14,174,082	0	14,174,082
Am't to be Provided for Retirement of LT Debt	0	0	0	0	105,708	105,708
Total Assets	96,536,079	58,772,801	47,624	14,174,082	105,708	169,636,294
Liabilities						
Accounts Payable	6,484,191	0	0	0	0	6,484,191
Accrued Payroll & Related Liabilities	258,916	0	0	0	0	258,916
Intergovernmental Transfer Obligations	21,064,108	0	0	0	0	21,064,108
Due to Other Funds	0	13,667	15,344	0	0	29,011
Deferred Revenue	4,822,263	0	0	0	0	4,822,263
Long Term Paid Time Off	0	0	0	0	105,708	105,708
Total Liabilities	32,629,479	13,667	15,344	0	105,708	32,764,198
Fund Equity						
Fund Balance	51,899,848	0	32,279	14,174,082	0	66,106,210
Committed to:						
Intergovernmental Transfers	12,006,752	0	0	0	0	12,006,752
Indigent Care	0	58,757,375	0	0	0	58,757,375
Assigned to County Health Care	0	1,759	0	0	0	1,759
Total Fund Equity	63,906,600	58,759,134	32,279	14,174,082	0	136,872,096
Total Liabilities & Fund Equity	96,536,079	58,772,801	47,624	14,174,082	105,708	169,636,294

* General Fund Cash & Equivalents balance includes \$12,006,72 in committed funds.

Nueces County Hospital District
Statement of Revenues and Expenditures - All Governmental and Trust Funds
General Fund
From 6/1/2024 Through 6/30/2024
(In Whole Numbers)

UNAUDITED

	Current Period Actual	Current Year Actual
Revenues		
Taxes	80,657	37,704,557
Penalties & Interest - Taxes	41,015	312,645
Spohn Corporate Member Revenue	12,287,608	96,156,390
Investment Income	411,072	3,354,745
Other Income	25	656,390
Total Revenues	12,820,377	138,184,727
Current Expenditures		
Intergovernmental Transfers	53,199,859	115,784,876
County Healthcare Funding	983,688	8,766,697
Salaries	139,352	1,303,344
Benefits	60,246	574,870
Legal & Professional Fees	37,431	619,745
Purchased Services	65,616	935,528
Supplies & Materials	2,542	13,763
Rent & Leases	12,315	106,739
Repairs & Maintenance	0	1,220
Utilities	3,385	31,011
Insurance	2,074	19,244
Administrative & General	4,894	54,618
Capital Outlay	0	3,388
Total Current Expenditures	54,511,400	128,215,045
Excess of Revenues Over Expenditures Before Sources/Uses	(41,691,022)	9,969,682
Other Financing Sources & Uses		
Operating Transfers In	(722,000)	(722,000)
Total Other Financing Sources & Uses	(722,000)	(722,000)
Excess of Revenues Over Expenditures After Sources & Uses	(40,969,022)	10,691,682
Fund Balance, Beginning of Year		53,214,918
FUND BALANCE, END OF YEAR		63,906,600

Nueces County Hospital District
 Statement of Revenues and Expenditures - All Governmental and Trust Funds
 Special Revenue Fund
 From 6/1/2024 Through 6/30/2024
 (In Whole Numbers)

	Current Period Actual	Current Year Actual
Revenues		
Investment Income	204,590	1,667,051
Tobacco Settlement Proceeds	0	717,243
Total Revenues	204,590	2,384,294
Current Expenditures		
Legal & Professional Fees	1,331	10,366
Total Current Expenditures	1,331	10,366
Excess of Revenues Over Expenditures Before Sources/Uses	203,259	2,373,929
Other Financing Sources & Uses		
Operating Transfers Out	722,000	722,000
Total Other Financing Sources & Uses	722,000	722,000
Excess of Revenues Over Expenditures After Sources & Uses	(518,741)	1,651,929
Fund Balance, Beginning of Year		57,107,206
FUND BALANCE, END OF YEAR		58,759,134

Nueces County Hospital District
Statement of Revenues and Expenditures - All Governmental and Trust Funds
Trust Fund
From 6/1/2024 Through 6/30/2024
(In Whole Numbers)

UNAUDITED

	Current Period Actual	Current Year Actual
Revenues		
Investment Income	203	1,865
Total Revenues	203	1,865
Current Expenditures		
Benefits	1,348	12,608
Administrative & General	20	1,396
Total Current Expenditures	1,367	14,003
Excess of Revenues Over Expenditures Before Sources/Uses	(1,164)	(12,139)
Excess of Revenues Over Expenditures After Sources & Uses	(1,164)	(12,139)
Fund Balance, Beginning of Year		44,418
FUND BALANCE, END OF YEAR		32,279

Nueces County Hospital District
 Statement of Revenues and Expenditures - Actual v. Budget
 General Fund
 From 6/1/2024 Through 6/30/2024
 (In Whole Numbers)

	Current Period Actual	Current Period Budget	Current Period Budget Variance	Current Year Actual	YTD Budget	YTD Budget Variance
Revenues						
Taxes	80,657	207,083	(126,426)	37,704,557	37,202,546	502,011
Penalties & Interest - Taxes	41,015	22,460	18,555	312,645	247,650	64,995
Spohn Corporate Member Revenue	12,287,608	9,562,500	2,725,108	96,156,390	86,062,500	10,093,890
Investment Income	411,072	61,764	349,308	3,354,745	692,567	2,662,178
Other Income	25	0	25	656,390	150,000	506,390
Total Revenues	<u>12,820,377</u>	<u>9,853,807</u>	<u>2,966,570</u>	<u>138,184,727</u>	<u>124,355,263</u>	<u>13,829,464</u>
Current Expenditures						
Intergovernmental Transfers	53,199,859	630,310	(52,569,549)	115,784,876	95,320,302	(20,464,574)
County Healthcare Funding	983,688	1,031,649	47,961	8,766,697	9,519,846	753,149
Salaries	139,352	146,927	7,575	1,303,344	1,413,441	110,097
Benefits	60,246	64,342	4,096	574,870	610,662	35,792
Legal & Professional Fees	37,431	97,416	59,985	619,745	876,752	257,007
Purchased Services	65,616	93,059	27,443	935,528	1,110,017	174,489
Supplies & Materials	2,542	1,916	(626)	13,763	17,256	3,493
Rent & Leases	12,315	12,667	352	106,739	114,007	7,268
Repairs & Maintenance	0	834	834	1,220	7,506	6,286
Utilities	3,385	4,833	1,448	31,011	43,505	12,494
Insurance	2,074	2,824	750	19,244	25,428	6,184
Administrative & General	4,894	38,226	33,332	54,618	344,050	289,432
Capital Outlay	0	0	0	3,388	10,224,000	10,220,612
Extraordinary	0	417	417	0	3,753	3,753
Total Current Expenditures	<u>54,511,400</u>	<u>2,125,420</u>	<u>(52,385,980)</u>	<u>128,215,045</u>	<u>119,630,525</u>	<u>(8,584,520)</u>
Excess of Revenues Over Expenditures Before Sources/Uses	<u>(41,691,022)</u>	<u>7,728,387</u>	<u>(49,419,409)</u>	<u>9,969,682</u>	<u>4,724,738</u>	<u>5,244,944</u>
Other Financing Sources & Uses						
Operating Transfers In	(722,000)	0	722,000	(722,000)	(650,000)	72,000
Total Other Financing Sources & Uses	<u>(722,000)</u>	<u>0</u>	<u>722,000</u>	<u>(722,000)</u>	<u>(650,000)</u>	<u>72,000</u>
Excess of Revenues Over Expenditures After Sources & Uses	<u>(40,969,022)</u>	<u>7,728,387</u>	<u>(48,697,409)</u>	<u>10,691,682</u>	<u>5,374,738</u>	<u>5,316,944</u>
Fund Balance, Beginning of Year				53,214,918	0	53,214,918
FUND BALANCE, END OF YEAR				<u>63,906,600</u>	<u>5,374,738</u>	<u>58,531,862</u>

Nueces County Hospital District
Statement of Revenues and Expenditures - Actual v. Budget
Tobacco Settlement Fund
From 6/1/2024 Through 6/30/2024
(In Whole Numbers)

UNAUDITED

	Current Period Actual	Current Period Budget	Current Period Budget Variance	Current Year Actual	YTD Budget	YTD Budget Variance
Revenues						
Investment Income	531	0	531	4,372	0	4,372
Tobacco Settlement Proceeds	<u>0</u>	<u>0</u>	<u>0</u>	<u>717,243</u>	<u>650,000</u>	<u>67,243</u>
Total Revenues	<u>531</u>	<u>0</u>	<u>531</u>	<u>721,615</u>	<u>650,000</u>	<u>71,615</u>
Excess of Revenues Over Expenditures Before Sources/Uses	<u>531</u>	<u>0</u>	<u>531</u>	<u>721,615</u>	<u>650,000</u>	<u>71,615</u>
Other Financing Sources & Uses						
Operating Transfers Out	<u>722,000</u>	<u>0</u>	<u>(722,000)</u>	<u>722,000</u>	<u>650,000</u>	<u>(72,000)</u>
Total Other Financing Sources & Uses	<u>722,000</u>	<u>0</u>	<u>(722,000)</u>	<u>722,000</u>	<u>650,000</u>	<u>(72,000)</u>
Excess of Revenues Over Expenditures After Sources & Uses	<u>(721,469)</u>	<u>0</u>	<u>(721,469)</u>	<u>(385)</u>	<u>0</u>	<u>(385)</u>
Fund Balance, Beginning of Year				2,144	0	2,144
FUND BALANCE, END OF YEAR				<u><u>1,759</u></u>	<u><u>0</u></u>	<u><u>1,759</u></u>

Nueces County Hospital District
Statement of Revenues and Expenditures - Actual v. Budget
Indigent Care Fund
From 6/1/2024 Through 6/30/2024
(In Whole Numbers)

UNAUDITED

	Current Period Actual	Current Period Budget	Current Period Budget Variance	Current Year Actual	YTD Budget	YTD Budget Variance
Revenues						
Investment Income	204,059	73,127	130,932	1,662,679	654,869	1,007,810
Total Revenues	204,059	73,127	130,932	1,662,679	654,869	1,007,810
Current Expenditures						
Legal & Professional Fees	1,331	0	(1,331)	10,366	0	(10,366)
Total Current Expenditures	1,331	0	(1,331)	10,366	0	(10,366)
Excess of Revenues Over Expenditures Before Sources/Uses	202,728	73,127	129,601	1,652,314	654,869	997,445
Excess of Revenues Over Expenditures After Sources & Uses	202,728	73,127	129,601	1,652,314	654,869	997,445
Fund Balance, Beginning of Year				57,105,061	0	57,105,061
FUND BALANCE, END OF YEAR				58,757,375	654,869	58,102,506

Memorandum

To: Legislative Committee
Copy: Board of Managers
From: Jonny F. Hipp, Administrator *Jonny F. Hipp*
Date: July 18, 2024
Re: 89th Texas Legislative Session

Purpose

The purpose of this memorandum is to outline a 89th Texas Legislative Session agenda focused on improving Graduate Medical Education (GME) policies and funding in order to address critical needs in the healthcare workforce in Nueces County.

Background

Graduate Medical Education plays a crucial role in preparing physicians to meet the healthcare needs of our population. However, current challenges such as funding disparities, workforce shortages, and evolving healthcare demands necessitate strategic legislative interventions.

Legislative Priorities

1. Increase GME Funding: Advocate for increased federal and state funding to support GME programs across diverse healthcare settings, including rural and underserved areas. This funding should prioritize residency slots in specialties facing shortages, such as primary care and mental health.
2. Expansion of Residency Positions: Encourage federal and state policies that expand the number of residency positions to meet the growing demand for healthcare services. This includes supporting incentives for hospitals and healthcare systems to create new residency programs.
3. Allocate GME Funding to Hospital Districts: Encourage state policies to allocate state GME funds to Hospital Districts.
4. Reallocate Unused GME Funding to Hospital Districts: Encourage state policies to allocate unused state GME funds to Hospital Districts.

IGT RESPONSIBILITY CONTRACT
BETWEEN
THE TEXAS HEALTH AND HUMAN SERVICES COMMISSION
AND
NON-STATE GOVERNMENTAL ENTITY

This Contract is between the Texas Health and Human Services Commission (“**HHSC**”) and Nueces County Hospital District, (“**Governmental Entity**”) (individually, a “**Party**” and collectively, “the **Parties**”).

I. LEGAL AUTHORITY

This Contract is entered into pursuant to Chapters 531 and 791 of the Texas Government Code.

II. BACKGROUND AND PURPOSE

- A. HHSC is the single state agency designated in Texas to administer the medical assistance program known as Medicaid.
- B. HHSC administers the Network Access Improvement Program (“**NAIP**”) through Medicaid managed care organizations (“**MCOs**”). The Centers for Medicare and Medicaid Services (“**CMS**”) has determined that NAIP payments meet the following definition of “pass-through payments” contained in 42 C.F.R. §438.6(a):

[A]ny amount required by the State to be added to the contracted payment rates, and considered in calculating the actuarially sound capitation rate, between the MCO, PIHP, or PAHP and hospitals, physicians, or nursing facilities that is not for the following purposes: A specific service or benefit provided to a specific enrollee covered under the contract; a provider payment methodology permitted under paragraphs (c)(1)(i) through (iii) of this section for services and enrollees covered under the contract; a subcapitated payment arrangement for a specific set of services and enrollees covered under the contract; GME payments; or FQHC or RHC wrap around payments.

Under NAIP, MCOs will be required by HHSC to provide pass-through payments to eligible Public Hospitals.

- C. The purpose of this Contract is to:
 - 1. Provide terms and conditions for the Governmental Entity to transfer non-federal Public Funds to HHSC for use as the non-federal share of NAIP pass-through payments; and

2. Describe the process that will be used to reconcile the non-federal percentage of payments from HHSC to the MCOs with the amount of funds transferred to HHSC from the Governmental Entity.

III. DEFINITIONS

For purposes of this Contract, the following terms have the meanings as described below:

- A. Intergovernmental Transfer (“**IGT**”) -- A transfer of Public Funds from a Non-state Governmental Entity to HHSC.
- B. Managed Care Organization (“**MCO**”) -- A Medicaid managed care organization contracted with HHSC to provide health care services to Medicaid recipients.
- C. Non-state Governmental Entity -- A hospital authority, hospital district, health district, city or county.
- D. Public Hospital -- The hospital owned and operated by the Governmental Entity.
- E. Public Funds -- Funds derived from taxes, assessments, levies, investments, and other public revenues within the sole and unrestricted control of the Governmental Entity that owns and operates the Public Hospital. Public funds do not include gifts, grants, trusts, or donations, the use of which is conditioned on supplying a benefit solely to the donor or grantor of the funds.

IV. CONTRACT PERIOD AND RECONCILIATION PERIOD

- A. The term of this Contract (the “**Contract Period**”) begins on September 1, 2024, and ends on August 31, 2025.
- B. The Contract Period may be modified by written agreement between the Parties.

V. CONTRACT AMOUNT

- A. For each Medicaid managed care program and service area in which the Public Hospital participates in a NAIP pass-through payment arrangement, HHSC's managed care contract with participating MCOs will establish a rate component for NAIP to be included in the MCOs’ capitation rates (the “**NAIP Rate Component**”) to provide NAIP pass-through payments to the Public Hospital.
- B. The non-federal percentage of the NAIP Rate Component equals 100 percent minus the applicable Federal Medical Assistance Percentage for Medicaid for Texas in effect when HHSC incurs the expense.
- C. The Parties agree this Contract will not exceed \$7,698,476.00 (“**Contract Amount**”), which equals (1) the non-federal percentage of the pass-through payment amount plus 10 percent, and (2) the non-federal percentage of the risk margin, administrative fee, and any other NAIP-related amounts HHSC is required to pay each applicable MCO pursuant to

the associated managed care contract between HHSC and the MCO. The Contract Amount is subject to the provisions of Section VI.A. and Article VII.

VI. STATEMENT OF SERVICES TO BE PERFORMED

A. Governmental Entity's responsibilities under this Contract include the following:

1. Beginning on August 10, 2024, and continuing on the tenth day of each month through July 10, 2025, the Governmental Entity will transfer to HHSC an amount equal to at least one-twelfth of the Contract Amount. If at any time during the Contract Period, HHSC determines that the Contract Amount is likely to exceed the amount described in Section V.C., HHSC will notify the Governmental Entity in writing of a revised amount that the Governmental Entity must transfer on the tenth day of each month remaining in the Contract Period.
2. The Governmental Entity will transfer to HHSC any shortfall amount calculated as described in Article VII within 30 days of receipt of HHSC's notice.

B. HHSC's responsibilities under this Contract include the following:

1. HHSC will provide the Governmental Entity with the NAIP Rate Component for each applicable MCO, Medicaid managed care program, and service area in which the Public Hospital participates in NAIP.
2. HHSC will perform the reconciliation processes described in Article VII.

VII. RECONCILIATION

A. HHSC will confirm that the amount owed by the Governmental Entity under this Contract equals the amount actually paid by the Governmental Entity under this Contract by completing a reconciliation (referred to as the "**Reconciliation Period**") in multiple parts, as follows:

1. For each Medicaid program and service area in which the Public Hospital participates in NAIP, HHSC will determine the non-federal percentage of the NAIP Rate Component expended by HHSC for the Contract Period by multiplying the NAIP Rate Component by the total member months included in the Contract Period. Total member months include any adjustments to enrollment that occurred for the Contract Period prior to the reconciliation.
2. HHSC will compare the amount transferred by the Governmental Entity to HHSC for the Contract Period to the non-federal percentage of the NAIP Rate Component expended by HHSC for the Contract Period.
 - a. If the amount transferred by the Governmental Entity exceeds 102% of the non-federal percentage of the NAIP Rate Component expended by HHSC:

- I. HHSC will refund the difference between the amount transferred and 102% of the amount expended by HHSC; and
 - II. HHSC will return any excess funds following the reconciliation described in Section VII.C.
- b. If the amount transferred by the Governmental Entity is less than 102% of the non-federal percentage of the NAIP Rate Component expended by HHSC, HHSC will notify the Governmental Entity of the amount of the shortfall. The Governmental Entity will have 30 days to transfer the shortfall to HHSC, unless HHSC, at its sole discretion, extends the deadline.
- B. The Reconciliation Period will end no later than August 31, 2027. HHSC may complete interim reconciliations between August 31, 2025, and August 31, 2027, as updated enrollment data for the Contract Period, as reflected in adjusted member months, becomes available. HHSC will follow the process described in Section VII.A. for such interim reconciliations.
- C. HHSC will complete the final reconciliation no later than August 31, 2027, to ensure that payments under this Contract are based on final enrollment figures for the Contract Period.
1. For each Medicaid program and service area in which the Public Hospital participates in NAIP, HHSC will determine the non-federal percentage of the NAIP Rate Component expended by HHSC for the Contract Period by multiplying the NAIP Rate Component by the total member months included in the Contract Period. Total member months include any adjustments to enrollment that occurred subsequent to a reconciliation.
 2. HHSC will compare the amount transferred by the Governmental Entity to HHSC for the Program Period to the non-federal percentage of the NAIP Rate Component expended by HHSC for the Contract Period.
 - a. If the amount transferred by the Governmental Entity exceeds the non-federal percentage of the NAIP Rate Component expended by HHSC, HHSC will refund the excess and the amount retained under Section A.2.a.II. of this Article VII;
 - b. If the amount transferred by the Governmental Entity is less than the non-federal percentage of the NAIP Rate Component expended by HHSC, HHSC will notify the Governmental Entity of the amount of the shortfall. The Governmental Entity will have 30 days to transfer the shortfall to HHSC, unless HHSC, at its sole discretion, extends the deadline.

VIII. TERMINATION

- A. HHSC may terminate this Contract at any time, in its sole discretion, by providing written notice to the Governmental Entity through the individual identified in Section X.A.

IX. ADDITIONAL TERMS

- A. The services specified above are necessary and authorized for activities that are properly within the statutory functions and programs of the Parties.
- B. The services contracted for are not required by Section 21 of Article XVI of the Constitution of Texas to be supplied under contract given to the lowest responsible bidder.
- C. The proposed arrangements serve the interest of efficient and economical administration of state government.
- D. All acts required under this Contract will be done in conformity with federal and state laws and regulations.
- E. If any portion of this Contract is held to be invalid or unenforceable, the remainder of the Contract remains valid and enforceable.
- F. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code (Resolution of Certain Contract Claims Against the State) will be used by the Governmental Entity to attempt to resolve any claim for breach of the Contract.
- G. This Contract may only be amended or modified by written agreement of the Parties.
- H. Information related to the performance of this Contract may be subject to Chapter 552 of the Texas Government Code (Public Information Act) and will be withheld from public disclosure or released to the public only in accordance therewith. The Governmental Entity shall make any information required under the Public Information Act available to HHSC in portable document file (".pdf") format or any other format agreed between the Parties.
- I. This Contract and the rights and obligations of the Parties hereto shall be governed by, and construed according to, the laws of the State of Texas, exclusive of conflicts of law provisions. Venue of any suit brought under this Contract shall be in a court of competent jurisdiction in Travis County, Texas. The Governmental Entity irrevocably waives any objection, including any objection to personal jurisdiction or the laying of venue or based on the grounds of forum non conveniens, which it may now or hereafter have to the bringing of any action or proceeding in such jurisdiction in respect of this Contract or any document related hereto. NOTHING IN THIS SECTION SHALL BE CONSTRUED AS A WAIVER OF SOVEREIGN IMMUNITY BY HHSC OR GOVERNMENTAL IMMUNITY BY THE GOVERNMENTAL ENTITY.
- J. Neither Party shall assign or subcontract the whole nor any part of the Contract, including any right or duty required under it, without the other Party's prior written consent. Any assignment made contrary to this shall be void.

- K. All terms of this Contract will survive during any period where the Contract is going through reconciliation.

X. NOTICE

- A. All communications to the Governmental Entity under this Contract will be sent to:

Name: Jonny F. Hipp, ScD, FACHE
Title: Administrator/Chief Executive Officer
Address: 555 North Carancahua St., Suite 950
Corpus Christi, Texas 78401-0835

- B. All communications to HHSC under this Contract will be sent to Victoria Grady, Director of Provider Finance, Health and Human Services Commission, North Austin Complex, 4601 W. Guadalupe St., Austin, TX 78751.

XI. SIGNATURE AUTHORITY

Each Party represents and warrants that the person executing this Contract on its behalf has full power and authority to enter into this Contract. Any services or work performed by the Governmental Entity before this Contract is effective or after it ceases to be effective are performed at the sole risk of the Governmental Entity. By signing this Contract, the person signing on behalf of the Governmental Entity certifies that this Contract has not been altered, amended, or changed from the version of the Contract sent by HHSC to the Governmental Entity.

SIGNATURE PAGE FOLLOWS

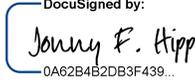
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SIGNATURE PAGE FOR HHSC CONTRACT NO. HHS001456800008

**Texas Health and Human Services
Commission**

Governmental Entity

By: 6A89FCFF81104AB...

By: 0A62B4B2DB3F439...

Name: Emily Zalkovsky

Name: Jonny F. Hipp

Title: Chief Medicaid and CHIP Services Officer

Title: Administrator/CEO

Signature Date: June 26, 2024

Signature Date: June 25, 2024

THE FOLLOWING ATTACHMENT IS HEREBY INCORPORATED BY REFERENCE:

ATTACHMENT A – SFY 2025 NAIP PROGRAM FINANCIAL ASSUMPTIONS

ATTACHMENT A – SFY 2025 NAIP PROGRAM FINANCIAL ASSUMPTIONS

Superior - CHRISTUS Spohn Health System

September 1, 2024 - August 31, 2025										
Program	SDA	All Funds	IGT (w/o 10% buffer)	FMAP	Net to Provider	TAXES	TAXES %	ADMIN	ADMIN %	Monthly IGT w/ 10% Margin
STAR, STAR+Plus	Nueces	5,791,065	2,315,847	60.01%	5,675,244	101,344	1.75%	14,478	0.25%	212,286
STAR, STAR+Plus	Nueces	4,508,781	1,803,062	60.01%	4,418,605	78,904	1.75%	11,272	0.25%	165,281
		10,299,846	4,118,908		10,093,849	180,247		25,750		377,567

United - CHRISTUS Spohn Health System

September 1, 2024 - August 31, 2025										
Program	SDA	All Funds	IGT (w/o 10% buffer)	FMAP	Net to Provider	TAXES	TAXES %	ADMIN	ADMIN %	Monthly IGT w/ 10% Margin
STAR	Nueces	5,791,065	2,315,847	60.01%	5,675,244	101,344	1.75%	14,478	0.25%	212,286
STAR	Nueces	1,410,000	563,859	60.01%	1,381,800	24,675	1.75%	3,525	0.25%	51,687
		7,201,065	2,879,706		7,057,044	126,019		18,003		263,973

Memorandum

To: Board of Managers
From: Jonny F. Hipp, Administrator
Date: July 18, 2024
Re: Achievement of FY 2023 Performance Goals

Board Members:

Pursuant to the current Administrator Employment Agreement (“Agreement”) between the Hospital District (“District”) and myself, this is to notify the Board of Managers (“Board”) that certain Performance Goals set forth in the Agreement and relating to the District’s fiscal year ended September 30, 2023 (“Fiscal Year 2023”) were achieved. In addition, this is to call the Board’s attention to the Goal Achievement Pay that is due to occur as a result of the achievements. The related information and supporting details are provided below and attached.

For your reference, I have attached a copy of the Agreement, as amended (see Exhibit #1). The Agreement’s Performance Goal Pay provisions are set forth in Paragraph 3(b) and the Performance Goals and their associated achievement pay amounts, stated as a percent of salary, are located at the end of the Agreement and identified as Attachment “A.” I have additionally attached an analysis of the Performance Goals achieved during Fiscal Year 2023 and the associated amounts of the Goal Achievement Pay to be paid (see Exhibit #2).

Concerning the above, four of the Performance Goals from those listed in Attachment ‘A’ were achieved during Fiscal Year 2023.

Prior to the disbursement of any Goal Achievement Pay, the Agreement requires that the Board receive from the Administrator relevant documentation supporting the Administrator’s achievement of the specific Performance Goals being relied upon for that year’s Goal Achievement Pay which are shown on the following page and in the attached Exhibits.

Jonny F. Hipp

Performance Goals Achieved in Fiscal Year 2023

- (1) **Goal #1:** Accomplish demolition of Memorial Medical Center.
Exhibit #: 3
Documentation: Screen capture of June 6, 2023 CHRISTUS Health site video.
- (2) **Goal #3:** Pursue state legislative objectives.
Exhibit #: 4
Documentation: HB 4844 Bill Text and History, April 5, 2023 House County Affairs Witness List, and May 16, 2023 Senate Local Affairs Witness List.
- (3) **Goal #5:** Secure space for administrative offices, negotiate new lease.
Exhibit #: 5
Documentation: Fourth Amendment to Lease executed May 31, 2023.
- (4) **Goal #6:** Achieve uneventful financial audit results and no significant management letter-related comments for fiscal year ending September 30, 2023.
Exhibit #: 6
Documentation: Fiscal Year ended September 30, 2023-related documents issued by Collier, Johnson & Woods, P.C., the Hospital District's independent auditors, and dated February 22, 2024:
 - (a) Independent Auditor's Report (Exhibit #6, pages 1-52); and
 - (b) Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Governmental Auditing Standards (Exhibit #6, pages 53-54).

Exhibit # 1

**NUECES COUNTY HOSPITAL DISTRICT
ADMINISTRATOR EMPLOYMENT AGREEMENT
October 1, 2022 – September 30, 2026**

This Administrator Employment Agreement (the “Agreement”) is made by and between the Board of Managers (the “Board”) of the Nueces County Hospital District, a political subdivision of the State of Texas (the “Hospital District”), and Jonny F. Hipp, the person appointed by the Board to be the Administrator who is qualified for such by training and experience (the “Administrator”). The Board and Administrator, for and in consideration of the terms and conditions hereinafter set forth in this Agreement and pursuant to Texas Health and Safety Code, §281.026 and §281.028 hereby agree as follows:

WITNESSETH:

1. **Employment.** The Board, by and on behalf of the Hospital District, does hereby employ Administrator as the District’s Administrator and Chief Executive Officer, and the Administrator hereby accepts such employment. It is the intent of the parties hereto that the Administrator’s employment be governed by this Agreement and the District’s policies regarding compensation, separation from employment, and employment-at-will shall not be applicable to the Administrator. Except as stated above and in Paragraphs 3-5 below, the District’s employee policies shall be applicable to the Administrator.

2. **Duties and Performance Goals.** Subject to the Board’s policies, limitations, and reasonable direction, the Administrator shall perform those duties required by the Board, including but not limited to, supervision of the work and activities of the Hospital District and general direction of the District’s affairs. The Administrator shall perform those duties required of an administrator by Texas Health and Safety Code, Chapter 281. The Administrator shall assure the Hospital District complies with the applicable provisions of Texas Health and Safety Code, Chapters 61 and 281 and other applicable laws. The Administrator shall serve as Secretary of the Board as provided in Texas Health and Safety Code, §281.023(b). In addition, the Administrator shall endeavor to reasonably achieve the Performance Goals attached hereto and identified as Attachment “A.” The Administrator is hereby authorized to plan, organize, manage, supervise, and direct use of the District’s personnel, equipment, and other resources in the performance of his duties and achievement of the Performance Goals under this Agreement. The Administrator is encouraged to and may continue performing higher education-level teaching activities in the community and region and the Board is supportive thereof provided that those activities do not interfere with the performance of his duties under this Agreement or create a conflict of interest.

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3. **Compensation.** The Administrator shall be entitled to the following payments (collectively, the “Compensation”):

(a) **Salary.** Considering the level of expertise, education, and experience required of the Administrator by the Board, the adequacy of which is hereby confirmed by the Board, and the Board’s desire to fairly compensate the Administrator for such qualities, the Board has surveyed other similarly-situated hospital districts in the State concerning the salary and benefits paid for positions comparable with that of the Administrator. The Board, acknowledging and considering (i) the Administrator’s performance in carrying out the requirements of prior employment agreements with the District; (ii) the Administrator’s achievement of prior Performance Goals; (iii) the Administrator’s doctoral education, collectively all of which have directly benefited and continue to benefit the taxpayers, District, community, and the region; (iv) the compensation and benefits paid and made available to administrators in similarly-situated hospital districts in the State; (v) the Board’s desire that the Administrator be fairly compensated; (vi) that the greater than ever complexities of healthcare administration, quality, financing, and governmental regulations require the expertise of the Administrator; and (vii) the Board’s desire to achieve consistency, stability and longevity in the Administrator’s position, the Board hereby determines and agrees that the Hospital District shall pay the Administrator a salary amount of two hundred fifty thousand dollars and fourteen cents (\$250,000.14) per twelve-month period during the Term (the “Salary”). The Salary shall be prorated for twenty-six (26) biweekly pay periods during each twelve-month period of the Term and for any partial employment period. The Salary shall be subject to withholding taxes prescribed by applicable statutes and as additionally authorized by Administrator.

(b) **Performance Goal Pay.** The Board desires that in addition to the Hospital District’s primary responsibility of ensuring medical care and hospital care for the indigent residents of the County, that the Administrator promote and continue to develop awareness of the Nueces Aid Program, achieve uneventful financial audit results, maintain modern and efficient healthcare facilities, remove facilities that are beyond their useful life, pursue needed state legislation, prepare a succession plan, divest specified real properties, and pursue other goals that benefit and promote the growth of the Hospital District as determined by the Board. Accordingly, the Board hereby determines and agrees that each calendar quarter during the Term, the District shall, in addition to the Salary above, pay the Administrator a lump sum amount equal to the amount(s) associated with the Administrator’s reasonable achievement of Performance Goal(s) as set forth in Attachment “A” during the previous calendar quarter (the “Goal Achievement Pay”). The Performance Goals set out are subject to annual modification and written approval by both parties. Performance Goals not achieved in any year may be carried over to succeeding years with Board approval. The Goal Achievement Pay shall be subject to withholding taxes prescribed by applicable statutes and as additionally authorized by Administrator. Prior to disbursement of any Goal Achievement Pay, the Administrator shall present to the Board relevant documentation supporting his achievement of the specific Performance Goals being relied upon for that particular year’s Goal Achievement Pay.

4. **Benefits.** The Administrator shall be entitled to receive the same employee benefits, commensurate with his past service considering his original hire date, as other employees of the Hospital District (the “Common Benefits”). In addition to the Common Benefits, the Administrator shall be entitled to the following supplemental benefits during the Term (the “Supplemental Benefits”):

(a) **Automobile Allowance.** To facilitate performance of Administrator’s duties and achievement of his Performance Goals under this Agreement, the Hospital District agrees to pay the Administrator an allowance of two hundred sixty-five dollars (\$265.00) each biweekly pay period during the Term for his use of his personal automobile. (the “Automobile Allowance”). The Automobile Allowance shall be prorated for any partial employment period.

(b) **Telephone Allowance.** To facilitate performance of Administrator’s duties and achievement of his Performance Goals under this Agreement, the Hospital District agrees to pay the Administrator an allowance of sixty-five dollars (\$65.00) each biweekly pay period during the Term for use of his personal communications device(s) (the “Telephone Allowance”). The Telephone Allowance shall be prorated for any partial employment period.

(c) **Deferred Compensation Plan Contribution.** The Hospital District agrees to deposit into the District’s Internal Revenue Code (“IRC”), Section 457(b) Deferred Compensation Plan (the “Deferred Compensation Plan”) each calendar year for benefit of Administrator, an amount equal to the then current calendar year’s annual IRC Section 457(b) contribution limit (the “Retirement Contribution”). The Retirement Contribution shall be prorated based on twenty-six (26) biweekly pay periods per calendar year and shall be further prorated for any partial employment period. All Retirement Contribution deposits shall be fully and immediately vested in the Administrator and are freely transferrable by the Administrator in the event the Administrator is no longer employed by the Hospital District, subject to the requirements of IRC Section 457(b). The Administrator shall not be restricted from depositing additional personal contributions into the Deferred Compensation Plan. In consideration of this Retirement Contribution provided by the District, the Administrator agrees he will not participate in the District’s IRC, Section 403(b) Tax-Sheltered Annuity Plan.

(d) **Individual Retirement Account Contribution.** The Hospital District agrees to annually deposit into an Individual Retirement Account (“IRA”) designated by the Administrator an amount equal to the then IRC current calendar year’s annual contribution limit for IRAs for persons older than age 50 (the “IRA Contribution”). The IRA Contribution shall be made as a lump sum payment and deposited during the first week of December.

(e) **Employee Insurance Premiums.** The Hospital District agrees to pay up to one hundred twenty-five dollars (\$125.00) each biweekly pay period during the Term toward the employee’s portion of the Hospital District’s health, dental, and vision insurance premiums for the Administrator and his children or family, as he shall determine for each insurance type, and the Administrator is responsible for payment of any amounts in excess of that amount.

(f) **Expense Reimbursement.** The Hospital District shall reimburse Administrator for reasonable expenses incurred by him in the performance of his duties and achievement of his Performance Goals under this Agreement and his professional development, statutorily required training, and related activities upon written approval of the required number of Board Authorities as described below. Such expenses shall be categorized as those: (i) incurred while within Nueces County; (ii) incurred while outside of Nueces County; (iii) related to Administrator’s professional development, statutorily required training, and related activities; and (iv) not covered by or in addition to categories (i)-(iii) herein.

(i) Reasonable reimbursable expenses incurred while within Nueces County shall include business meals, telephone calls, parking, dues for professional organizations, and any other reasonably incurred business-related expenses. The aggregate amount of the Administrator’s professional organizations-related dues expenses shall not exceed four hundred fifty dollars (\$450.00) per Hospital District fiscal year and the Administrator is responsible for payment of any dues in excess of that amount;

(ii) Reasonable reimbursable expenses incurred while outside of Nueces County shall include automobile mileage, airfare, toll charges, overnight accommodations, business meals, personal meals, taxicab and shuttle fares, limousine fares, bus fares, train fares, rental car, parking, office supplies, photocopying expense, overnight letters, telephone calls, facsimiles and any other reasonably incurred business-related expenses;

(iii) Reasonable reimbursable expenses for the Administrator’s professional development, statutorily required training, and related activities shall include annual dues, registration and course fees, mileage, airfare, toll charges, overnight accommodations, personal meals, taxicab and shuttle fares, limousine fares, bus fares, train fares, rental car, parking and any other reasonably incurred development and training related expenses, including fees, course materials, books, publications, videos, software, and other similar and related materials. The aggregate amount of the Administrator’s professional development shall not exceed five thousand dollars (\$5,000.00) per biennium and the Administrator is responsible for payment of any amounts in excess of that limit; and

(iv) Any other additional, reasonable and necessary expenses incurred in the performance of or in support of Administrator’s duties and Performance Goals not otherwise identified in Paragraphs 4(e)(i) and (ii) above, or as otherwise approved by the Board Authorities as set forth herein.

For purposes of this Agreement, the term “Board Authorities” shall mean the Board’s Chairman, Vice Chairman, Finance Committee Chairman, and Planning Committee Chairman. Prior to reimbursement of any of the Administrator’s expenses incurred under Paragraphs 4(e)(i)-(iv) above, said expenses (including appropriate detailed receipts) shall be submitted for review by and written approval of any two (2) of the Board Authorities within fifteen (15) days of incurrence. The Board Authorities shall consider reasonableness and practicality when reviewing Administrator’s expenses and approve or disapprove his submissions within five (5) working days.

Following approval by the Board Authorities above, the Hospital District shall reimburse Administrator within five (5) working days.

Reimbursement of Administrator's expenses under Paragraphs 4(e)(ii) and (iii) above shall be limited as follows. The aggregate amount of the Administrator's personal meal expenses shall not exceed seventy-five dollars (\$75.00) per day (excluding tips, which should not exceed fifteen percent [15%] of the bill) and the Administrator is responsible for payment of any personal meal expenses in excess of that limit. To the extent possible, Administrator's airfare expenses should not exceed Coach fare. Administrator's automobile mileage reimbursement shall be based on actual mileage incurred and paid at the Internal Revenue Service standard mileage rate for business miles in effect at the time the mileage was incurred. The Hospital District shall not reimburse Administrator for any expenses not specifically described and permitted above, including alcoholic beverages and entertainment.

(g) **Provision of Indemnification and Cost of Defense.** To the extent allowed by law, and if the Administrator was acting within the course and scope of his employment with the Hospital District, excluding any criminal acts, the District agrees to hold harmless and indemnify Administrator from any and all demands, claims, suits, actions, legal proceedings, and defense arising from the performance of his duties, both past and present, which are or expected to be brought against him, either in his individual capacity, or in his official capacity as agent and employee of the Board and/or Hospital District. However, in no case will any individual Board member or members be considered personally liable for indemnifying Administrator against such demands, claims, suits, actions, legal proceedings, and defense. This provision shall survive termination of this Agreement.

(h) **Payment of Performance Bond.** To assure compliance with the performance bond requirement of Texas Health and Safety Code, §281.026(d), the Hospital District agrees to arrange for and pay the cost of such bond.

5. **Term and Termination.** The Administrator's term of employment shall be for four (4) years beginning October 1, 2022 and ending September 30, 2026 (the "Term"). Except for good cause, or for other than good cause as described below, a majority vote of the entire Board may terminate this Agreement not more than ninety (90) days and not less than sixty (60) days prior to the end of the Term upon written notice of such to the Administrator.

For good cause, or for other than good cause, the Board may terminate this Agreement upon sixty (60) days written notice of such to the Administrator. For purposes of this Agreement, the phrase "for good cause" shall mean: (i) the Administrator willfully breaches or habitually neglects the duties he is required to perform under terms of this Agreement; (ii) the Administrator refuses to obey reasonable Board directives; (iii) the Administrator commits clearly dishonest acts toward the Hospital District; and (iv) the Administrator is formally charged for any crime involving moral turpitude. The phrase "for other than good cause" shall mean: (i) occurrence of circumstances that make it impossible or impracticable for the business of the District to be continued; (ii) the death of the Administrator; (iii) the loss by Administrator of his legal capacity;

(iv) the continued incapacity on the part of the Administrator to perform his duties for a continuous period of ninety (90) days, unless waived by the Board; and (v) the Administrator becomes permanently disabled because of sickness, physical or mental disability, or any other reason, such that it reasonably appears that he will be unable to perform his duties under this Agreement.

The Administrator may terminate this Agreement for any reason upon sixty (60) days written notice of such to the Board's Chairman.

Upon termination of this Agreement by either the Board or the Administrator as described in this Paragraph 5, the Administrator shall be entitled to the Compensation, Goal Achievement Pay, Common Benefits, and Supplemental Benefits, as provided for in this Agreement, that were earned prior to the effective date of the termination, computed pro rata up to and including the effective date of termination.

6. **Subsequent Employment.** The Administrator's subsequent employment shall be governed as follows:

(a) **Consultant for Hospital District.** In the event this Agreement shall expire at the end of the Term or be terminated by the Administrator or the Board at any other time, the Administrator may be called upon from time to time as a consultant by the Board for a period of one hundred eighty (180) days from the date of expiration or termination of the Agreement.

(b) **Indigent Health Care Providers.** During the one hundred eighty (180)-day period following the expiration or termination of this Agreement, the Administrator shall not consult to or be employed by any entities located in Nueces County, Texas then under contract to the Hospital District to provide indigent health care. In the event the Board terminates this Agreement, or in the event any action is taken by the Board or any other body or entity to abolish, dissolve, or materially diminish the powers or duties of the Hospital District and the Administrator terminates this Agreement, there shall not be any form of subsequent employment constraint enforceable on the Administrator at any time.

(c) **Payment.** In consideration of the Hospital District's requirements in Paragraphs 6(a) and (b) above, the Board agrees the Administrator shall be paid for being a consultant to the Hospital District and his agreement not to consult to or be employed by any entities located in Nueces County, Texas then under contract to the Hospital District to provide indigent health care. As payment, the Board agrees the Administrator shall be paid at the end of the one hundred eighty (180)-day period a lump sum amount equal to the amount(s) associated with the Administrator's reasonable achievement of any previously unclaimed or unpaid Performance Goal(s) described in Paragraph 3(b) and set forth in Attachment "A," including any Performance Goal(s) achieved and documented following the expiration or termination of this Agreement. Such payment shall be made whether or not the Administrator is requested to consult with the Hospital District as described in Paragraph 6(a) above. Prior to disbursement of the payment, the Administrator shall present to the Board relevant documentation supporting his achievement of the specific Performance Goal(s) being relied upon for the payment and the Board

agrees the District will provide the Administrator such documentation if needed.

7. **Severability.** If any provision contained in this Agreement is determined by a court of competent jurisdiction to be void, illegal or unenforceable, in whole or in part, then the other provisions contained herein shall remain in full force and effect as if the provision which was determined to be void, illegal, or unenforceable had not been contained herein.

8. **Amendment, Modification, and Waiver.** This Agreement may not be changed orally but only by written agreement signed by both parties. The waiver by any party hereto of a breach of any provision of this Agreement shall not operate or be construed as a waiver of any subsequent breach by any party. This instrument contains the entire agreement of the Parties concerning employment and supersedes all prior and contemporaneous representations, understandings, and agreements, either oral or in writing between the parties hereto with respect to the employment of the Administrator by the Board and all such prior or contemporaneous representations, understandings and arrangements, both oral and in written, are hereby terminated upon the beginning date of this Agreement.

9. **Governing Law and Venue.** Unless specifically provided otherwise, the parties intend that the laws of the State of Texas should govern the validity of the Agreement, the construction of its terms, and the interpretation of the rights and duties of the parties hereto. Venue for all matters arising from this Agreement or other related matters subject to the provisions herein relating to binding arbitration shall be in Nueces County, Texas.

10. **Attachments, Schedules, and Exhibits.** Attachments, schedules, and exhibits mean the attached documents setting out certain particulars of this Agreement and any replacement documents thereof. All attachments, schedules, and exhibits referred to in this Agreement are incorporated herein by reference and are hereby made part of this Agreement.

11. **Mediation.** In the event of a dispute or disagreement regarding the performance of duties or obligations as set forth in this Agreement, the parties agree that they will participate in mediation, for the purpose of resolving any such disputes or disagreements. Each party shall pay its own legal and other costs relating to the mediation regardless of the outcome of the mediation.

[THIS SPACE INTENTIONALLY LEFT BLANK]

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties have hereunto undertaken this Agreement and executed it as of the 29th day of August 2022.

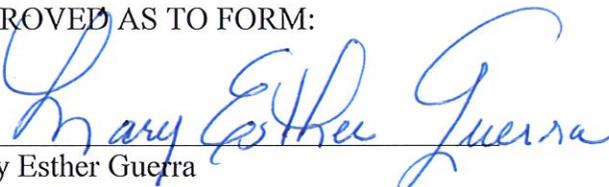
**NUECES COUNTY HOSPITAL DISTRICT
BOARD OF MANAGERS**
("Board" and "Hospital District")

By: 
Sylvia Tryon-Oliver, Vice Chairman
Board of Managers

JONNY F. HIPPI
("Administrator")

By: 
Jonny F. Hipp, ScD, FACHE

APPROVED AS TO FORM:


Mary Esther Guerra
Assistant Nueces County Attorney

Attachment "A"

PERFORMANCE GOALS		
Goal	Description	Pay as Percent of Salary
Fiscal Year 2023		
1	Accomplish demolition of Memorial Medical Center.	10%
2	Promote awareness of Nueces Aid Program; create advertising campaign.	5%
3	Pursue state legislative objectives.	5%
4	Prepare succession plan.	5%
5	Secure space for Administrative Offices; negotiate new lease.	3%
6	Achieve uneventful financial audit results and no significant management letter-related comments for fiscal year ending September 30, 2023.	2%
Fiscal Year 2024		
7	Expand/remodel/refurbish Dr. Hector P. Garcia Memorial Family Health Center.	10%
8	Continue expanding awareness of Nueces Aid Program; continue advertising campaign.	5%
9	Assess effectiveness of Hospital District-funded mental health programs.	5%
10	Conduct employee wage survey.	2%
11	Achieve uneventful financial audit results and no significant management letter-related comments for fiscal year ending September 30, 2024.	2%
Fiscal Year 2025		
12	Expand/remodel/refurbish Westside Family Health Center.	10%
13	Continue expanding awareness of Nueces Aid Program; continue advertising campaign.	5%
14	Pursue state legislative objectives.	5%
15	Assess need for additional mental health infrastructure.	4%
16	Achieve uneventful financial audit results and no significant management letter-related comments for fiscal year ending September 30, 2025.	2%
Fiscal Year 2026		
17	Expand/remodel/refurbish Robstown Family Health Center.	10%
18	Continue expanding awareness of Nueces Aid Program; continue advertising campaign.	4%
19	Achieve uneventful financial audit results and no significant management letter-related comments for fiscal year ending September 30, 2026.	2%
During Any Fiscal Year		
20	Accomplish sale of Memorial Medical Center property.	10%
21	Accomplish sale of non-Memorial Medical Center property.	10%

APPROVED: & ACCEPTED


 NAME: _____
 TITLE: CHAIRPERSON
 DATE: 8/29/22

APPROVED: & ACCEPTED


 BY: _____
 NAME: JONNY F. HIPPI
 TITLE: _____
 DATE: 8/29/22

EMPLOYMENT AGREEMENT AMENDMENT NO. 1

NUECES COUNTY HOSPITAL DISTRICT
ADMINISTRATOR EMPLOYMENT AGREEMENT
(October 01, 2022 – September 30, 2026)

WHEREAS, the Nueces County Hospital District, by and through its Board of Managers (the “Board”) and Jonny F. Hipp, who was the person appointed by the Board as the Administrator (the “Administrator”) of the Nueces County Hospital District entered into an Employment Agreement (the “Agreement”) on August 29, 2022 employing Administrator as the District’s Administrator and Chief Executive Officer.

WHEREAS, the term of the parties Agreement is for four years, beginning on October 01, 2022 and ending on September 30, 2026.

WHEREAS, on March 07, 2023, the Administrator’s salary was adjusted by action of the Board and where although Administrator received payment accordingly, the Board’s action was not reflected by amendment to the Agreement.

WHEREAS, the parties now want to issue an Amendment to the Agreement to reflect the action taken by the Board on March 07, 2023.

NOW THEREFORE, Nueces County Hospital District and Jonny F. Hipp do hereby mutually agree to the following amendment to the Agreement:

1. To strike Section 3(a) (vii) in the original Agreement stating the amount of the Administrator’s salary for a twelve-month period and replace it with the following:

(vii) the Board’s desire to achieve consistency, stability and longevity in the Administrator’s position, the Board hereby determines and agrees that for the remainder of the Term of the Agreement, beginning on March 07, 2023, the Hospital District shall pay the Administrator a salary amount of two hundred seventy five thousand dollars (\$275,000.00) per twelve-month period during the Term (the “Salary”). The Salary shall be prorated for twenty-six (26) biweekly pay periods during each twelve-month period of the Term for any partial employment period. The Salary shall be subject to withholding taxes prescribed by applicable statutes and as additionally authorized by Administrator.

2. All other provisions of original contract shall remain the same.



IN WITNESS WHEREOF, the parties have hereto undertaken this Amendment and executed it as of the 8th day of March, 2023.

**NUECES COUNTY HOSPITAL DISTRICT
BOARD OF MANAGERS**

By: John Valls
Board Chairman or Vice-Chairman
DATE: 3/08/23

JONNY F. HIPPI

By: Jonny F Hipp
Jonny F. Hipp, ScD, FACHE
DATE: 03/08/2023

Exhibit # 2

NUECES COUNTY HOSPITAL DISTRICT
 ADMINISTRATOR'S EMPLOYMENT AGREEMENT ANALYSIS
 FOR THE FISCAL YEAR ENDED 09/30/2023
 DUE AFTER FEBRUARY 1, 2024

SALARY	
250,000.14	per contract starting 10/1/22
275,000.00	per contract starting 03/07/23

Goal	Description	% Salary	Amount	Date Completed
1	Accomplish demolition of Memorial Medical Center	10.0%	\$27,500.00	7/21/23
2	Promote awareness of Nueces Aid Program, create advertising campaign	5.0%		
3	Pursue state legislative objectives	5.0%	\$13,750.00	
4	Prepare succession plan	5.0%		
5	Secure space for administrative offices, negotiate new lease	3.0%	\$8,250.00	5/31/23
6	Achieve uneventful financial audit results and no significant management letter-related comments for fiscal year ending September 30, 2023	2.0%	\$5,500.00	9/30/23
Total			\$55,000.00	

Jonny F. Hipp

Digitally signed by Jonny F. Hipp
 DN: cn=Jonny F. Hipp, o=Nueces County
 Hospital District, ou=Administration,
 email=jonny.hipp@nchdccc.org, c=US
 Date: 2024.07.18 06:36:27 -0500

07/18/2024

Administrator, Jonny Hipp

Date

Compiled By:



Donna Littlefield

07/18/24
Date

Reviewed by:



Belinda Espinoza

7/18/24
Date

Exhibit # 3

COMPLETED



Memorial Hospital - Corpus Christi #1

Corpus Christi, TX
Thu, Jul 6th, 2023 2:46 PM



COMPLETED



Memorial Hospital - Corpus Christi #2

Corpus Christi, TX
Thu, Jul 6th, 2023 2:45 PM



COMPLETED



Memorial Hospital - Corpus Christi #3

Corpus Christi, TX
Thu, Jul 6th, 2023 2:41 PM



Exhibit # 4

Texas Legislature Online History

Bill: HB 4844

Legislative Session: 88(R)

Council Document: 88R 8300 MPF-F

Last Action: 06/18/2023 E Effective immediately

Caption Version: Enrolled

Caption Text: Relating to the use of a broker for the sale of real property by the Nueces County Hospital District.

Author: Herrero

Sponsor: Hinojosa

Subjects: NUECES COUNTY HOSPITAL DISTRICT (D0134)
Special Districts & Authorities--Hospital (I0750)
REAL ESTATE BROKERS (S0214)

Companion: SB 2056 by Hinojosa, Identical

House Committee: County Affairs

Status: Out of committee

Vote: Ayes=8 Nays=0 Present Not Voting=0 Absent=1

Senate Committee: Local Government

Status: Out of committee

Vote: Ayes=9 Nays=0 Present Not Voting=0 Absent=0

Actions: (descending date order)

Viewing Votes: Most Recent House Vote | Most Recent Senate Vote

	Description	Comment	Date ▼	Time	Journal Page
E	Effective immediately		06/18/2023		
E	Filed without the Governor's signature		06/18/2023		6492
E	Sent to the Governor		05/24/2023		5620
S	Signed in the Senate		05/23/2023		2480
H	Signed in the House		05/22/2023		4980
H	Reported enrolled		05/20/2023	05:49 PM	4998
H	Senate passage reported		05/19/2023		4832
S	Record vote		05/19/2023		2171
S	Passed		05/19/2023		2171
S	Read 3rd time		05/19/2023		2171
S	Record vote		05/19/2023		2171
S	Three day rule suspended		05/19/2023		2171
S	Vote recorded in Journal		05/19/2023		2171
S	Read 2nd time & passed to 3rd reading		05/19/2023		2171
S	Rules suspended-Regular order of business		05/19/2023		2171
S	Placed on intent calendar		05/19/2023		
S	Committee report printed and distributed		05/17/2023	06:25 PM	
S	Recommended for local & uncontested calendar		05/17/2023		
S	Reported favorably w/o amendments		05/17/2023		2065
S	Vote taken in committee		05/16/2023		
S	Testimony taken in committee		05/16/2023		

S	Considered in public hearing		05/16/2023	
S	Scheduled for public hearing on . . .		05/16/2023	
S	Posting rule suspended		05/15/2023	1922
S	Referred to Local Government		05/01/2023	1442
S	Read first time		05/01/2023	1442
S	Received from the House		05/01/2023	1410
H	Reported engrossed		04/28/2023	03:03 PM 2578
H	Statement(s) of vote recorded in Journal		04/28/2023	2422
H	Record vote	RV#719	04/28/2023	2422
H	Passed		04/28/2023	2422
H	Read 3rd time		04/28/2023	2422
H	Passed to engrossment		04/27/2023	2324
H	Read 2nd time		04/27/2023	2324
H	Placed on General State Calendar		04/27/2023	
H	Considered in Calendars		04/25/2023	
H	Committee report sent to Calendars		04/18/2023	
H	Committee report distributed		04/17/2023	03:40 PM
H	Comte report filed with Committee Coordinator		04/17/2023	1636
H	Reported favorably as substituted		04/12/2023	
H	Committee substitute considered in committee		04/12/2023	
H	Considered in public hearing		04/12/2023	
H	Left pending in committee		04/05/2023	
H	Testimony taken/registration(s) recorded in committee		04/05/2023	
H	Committee substitute considered in committee		04/05/2023	
H	Considered in public hearing		04/05/2023	
H	Scheduled for public hearing on . . .		04/05/2023	
H	Referred to County Affairs		03/23/2023	12:03 PM 858
H	Read first time		03/23/2023	858
H	Filed		03/10/2023	

H.B. No. 4844

AN ACT

relating to the use of a broker for the sale of real property by the Nueces County Hospital District.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter C, Chapter 281, Health and Safety Code, is amended by adding Section 281.061 to read as follows:

Sec. 281.061. NUECES COUNTY HOSPITAL DISTRICT; BROKER AGREEMENTS AND FEES FOR SALE OF REAL PROPERTY. (a) In this section:

(1) "Broker" means a person licensed as a broker under Chapter 1101, Occupations Code.

(2) "District" means the Nueces County Hospital District.

(3) "Fair market value" means the price that a property would bring in an arms-length transaction when offered for sale by a person who wishes, but is not obliged, to sell the property and when bought by a person who is under no necessity of buying the property. The value shall be determined as if the property were available for immediate possession and for use for any reasonable purpose.

(b) Except as provided by Subsection (c), the Nueces County Hospital District may contract with a broker to sell a tract of real property that is owned by the district.

(c) The district may not contract with a broker who is related within the third degree of consanguinity or affinity, as determined under Chapter 573, Government Code, to:

(1) a member of the board of hospital managers of the district; or

(2) a public official who serves on the Nueces County Commissioners Court.

(d) The district may pay a fee if a broker produces a ready, willing, and able buyer to purchase a tract of real property.

(e) If a contract made under Subsection (b) requires a broker to list the tract of real property for sale for at least 30 days with a multiple-listing service used by other brokers in the county in which the real property is located, the district, on or after the 30th day after the date the property is listed, may sell the tract of real property to a ready, willing, and able buyer who is produced by any broker with whom the district may contract under Subsection (c) using the multiple-listing service and who submits the most advantageous offer.

(f) The district must post a notice of intent to sell the real property in a newspaper of general circulation, not less than once, at least 30 days before the date the district accepts an offer produced by a broker.

(g) The district may sell a tract of real property under this section without complying with the requirements of Section 272.001,

Local Government Code.

(h) The district may not sell a tract of real property under this section for less than the fair market value of the tract of real property, as determined by an independent appraisal prepared by an appraiser certified under Chapter 1103, Occupations Code, and obtained by the district in accordance with Subsection (j).

(i) The district may not sell a tract of real property under this section to a buyer who:

(1) is related within the third degree of consanguinity or affinity, as determined under Chapter 573, Government Code, to:

(A) a member of the board of hospital managers of the district;

(B) a public official who serves on the Nueces County Commissioners Court; or

(C) the broker for the sale; or

(2) has a business or financial relationship with a member of the board of hospital managers of the district or a

public official who serves on the Nueces County Commissioners Court that could reasonably be expected to materially and adversely affect the judgment of the member or public official.

(j) The district may not obtain an appraisal under Subsection (h) from an appraiser who is related within the third degree of consanguinity or affinity, as determined under Chapter 573, Government Code, to:

(1) a member of the board of hospital managers of the district; or

(2) a public official who serves on the Nueces County Commissioners Court.

SECTION 2. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2023.

H.B. No. 4844

President of the Senate

Speaker of the House

I certify that H.B. No. 4844 was passed by the House on April 28, 2023, by the following vote: Yeas 139, Nays 2, 3 present, not voting.

Chief Clerk of the House

I certify that H.B. No. 4844 was passed by the Senate on May 19, 2023, by the following vote: Yeas 31, Nays 0.

Secretary of the Senate

APPROVED:

Date

Governor

WITNESS LIST

HB 4844

HOUSE COMMITTEE REPORT

County Affairs Committee

April 5, 2023 - 10:30 AM or upon final adjourn./recess or bill referral if permission granted

For :

Hipp, Jonny (Nueces County Hospital District)

Registering, but not testifying:

For :

Granado, Art (Nueces County Hospital District)

Milligan, Maureen (Teaching hospitals of Texas)

Romo, Joel (Nueces County)

WITNESS LIST

HB 4844
Senate Committee Report
Local Government

May 16, 2023 - 8:45 AM

FOR:

Hipp, Jonny Administrator/CEO (Self; Nueces County Hospital District), Corpus Christi,
TX, TX

Registering, but not testifying:

FOR:

Kieschnick, Kevin Nueces Co Tac (Self; SB 3860 only Tax Assessor Collectors
Association of Texas.), Corpus Christi, TX

Milligan, Maureen President and CEO (Teaching hospitals of texas), Austin, TX

Romo, Joel (Nueces County & Nueces County Hospital District), Brenham, TX

Shipton, Patricia (Nueces County), Austin, TX

Shipton, Patricia (Nueces County Hospital District), Austin, TX

Exhibit # 5

FOURTH AMENDMENT TO LEASE

This Fourth Amendment to Lease is made and entered by and between ERF TOWER II, INC., a Texas non-profit corporation, hereinafter the "Landlord" and NUECES COUNTY HOSPITAL DISTRICT, a hospital district created pursuant to Chapter 281 of the Texas Health and Safety Code, hereinafter the "Tenant."

WITNESSETH:

WHEREAS, by that certain Lease dated effective October 22, 2002, hereinafter the "Original Lease", where TRST Corpus, Inc. as landlord leased to Tenant certain office space located on the 9th floor of the building known as Tower II, located at 555 North Carancahua, Corpus Christi, Texas 78401, hereinafter the "Building". The Original Lease was amended by a First Amendment to Lease Agreement dated November 21, 2007, hereinafter the "First Amendment", a Second Amendment to Lease Agreement dated May 21, 2013, hereinafter the "Second Amendment", and a Third Amendment to Lease Agreement dated May 22, 2018, hereinafter the "Third Amendment";

WHEREAS, the Original Lease, First Amendment, Second Amendment and Third Amendment including all addendums, riders, and exhibits thereto, is hereinafter collectively referred to as "Lease";

WHEREAS, the leased premises defined in the Lease as Suite 950 contains approximately 7,359 square feet is hereinafter referred to as "Original Premises";

WHEREAS, the Lease has an expiration date of May 31, 2023;

WHEREAS, Landlord is successor in interest to ERF Tower II, Inc to the Lease;

WHEREAS, Tenant has requested and Landlord has approved Tenant to reduce the square footage of the Original Premises by giving back to Landlord 1,193 square feet of lease space of the Original Premises and extend the term for thirty-six (36) months as set forth below; and

WHEREAS, Landlord and Tenant now desire to amend the Lease in order to modify certain provisions of the Lease.

AGREEMENT

NOW, THEREFORE, for and in consideration of the covenants and mutual benefits to be derived by the parties hereto from the matters set forth herein, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged and confessed, Landlord and Tenant agree to amend the Lease as follows:

1. Premises.

IT IS AGREED that all references contained in the Lease to Premises, including, but not limited to those references contained within the Original Lease shall on June 1, 2023 and thereafter refer to approximately 6,166 square feet of area. This amendment reflects Tenant's agreement to give back approximately 1,193 square feet of the Original Premises. The remaining premises is hereinafter referred to as "Premises." The Premises after the reduction is further described and shown on Exhibit "A" attached hereto and made a part hereof for all purposes. Tenant agrees to vacate and give back the approximate 1,193 square feet of lease space on or before May 31, 2023 in broom clean condition and as required by the Lease.



2. **Condition of Premises.**

Tenant is currently in possession of the Premises. Tenant hereby agrees that Tenant accepts the Premises in "AS IS" condition. Tenant agrees that Landlord has not made any warranties to Tenant with respect to the quality of construction of any existing leasehold improvements or as to the condition of the Premises except as set forth in this amendment, either expressed or implied, and Landlord hereby expressly disclaims any implied warranties that the Premises is or will be suitable for Tenant's "intended commercial purpose." Tenant hereby request the improvements required to reduce the premises by Landlord as set out in the Exhibit "A" which shall be paid in its entirety by Landlord.

3. **Term.**

IT IS FURTHER AGREED that all references contained in the Original Lease to Tenant's expiration date, including those mentioned in Section 3 (entitled "Term") and any other provision wherein reference is made to Tenant's expiration date for the Lease shall hereinafter refer to an expiration date of May 31, 2026. This amendment reflects the parties' agreement to extend the Term by thirty-six (36) months.

4. **Basic Rental.**

IT IS FURTHER AGREED that all references contained in the Lease to Basic Rent, including but not limited to those references contained within the Original Lease within Section 4 (entitled "Rent"), and any other provision wherein reference is made to the amount of monthly Basic Rental owed by Tenant to Landlord shall hereinafter refer to an amount of monthly Basic Rental for the Premises for the periods as follows:

Period	Per square foot/yr.	Monthly Installment of Basic Rental	Annual Base Rental
June 1, 2023 - May 31, 2024	\$16.75	\$8,606.71	\$103,280.50
June 1, 2024-May 31,2025	\$17.00	\$8,735.17	\$104,822.00
June 1,2025-May31,2026	\$17.25	\$8,863.63	\$106,363.50

The monthly Basic Rental as amended is in addition to Tenant's proportionate share of the Excess of the Basic Costs as those terms are defined in the Lease, grossed up to 95% occupancy on controllable expenses.

5. **Parking.**

Effective on and as of the Fourth Amendment Extension Term Commencement Date, Tenant's parking allocation shall be modified as follows: ten (10) parking spaces which nine (9) of those spaces are reserved spaces and one (1) unreserved parking space.

Parking rates shall be:

Unreserved: \$35.00 plus any applicable taxes, per month per space

Reserved: \$55.00 plus any applicable taxes, per month per space

Amiga

6. Renewal Option.

Tenant shall have the option to renew this Lease for two (2) renewal terms of one (1) year. Any such renewal term shall be on the same terms and conditions set forth herein for the initial term, except that during the renewal term the rental shall continue the \$0.25 per square foot annual increases. In order to exercise the option to renew, Tenant must deliver written notice of such at least ninety (90) days prior to end of the initial term.

7. Early Termination.

Upon Tenant providing one hundred twenty (120) days prior written notice to Landlord of Tenant's intent to terminate this agreement before the designated expiration date of the lease, Tenant agrees to pay Landlord the remaining unpaid amortized portion of the Leasehold Improvement. The Lease termination shall not become effective until Tenant fulfills all requirements as stated in this Early Termination provision and until Landlord and Tenant mutually execute a Lease termination document.

7. Notices.

IT IS FURTHER AGREED that the Lease regarding addresses for notices is hereby amended to revise Landlord's new addresses for notice as follows:

To the Landlord: Quincy Management, Inc. Leasing Office
555 N. Carancahua, Suite 200
Corpus Christi, Texas 78401

8. Miscellaneous

(a) All the terms of the Lease not otherwise modified or changed by this document shall remain in full force and effect, according to the terms thereof. Landlord and Tenant hereby ratify and confirm the Lease as amended hereby. Tenant expressly states that Landlord is not in default on the terms of the Lease.

(b) Landlord and Tenant expressly acknowledge that the Lease as amended represents the entire agreement between Landlord and Tenant.

(c) Landlord and Tenant each represent and warrant that the party executing this document on behalf of such party possesses all lawful rights and authority to enter into this document on behalf of that party; that there are no judgments, decrees, or outstanding orders of any court prohibiting the execution of this document; and that all required approvals, consents and resolutions necessary to effectuate the terms and provisions of this document

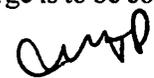
(d) Landlord and Landlord's agents and Tenant and Tenant's agents have made no representations or promises, express or implied, in connection with this document except as expressly set forth herein.

(e) Each Exhibit if any attached hereto is made a part hereof for all purposes.

(f) The section headings contained in this document are for convenience only and shall in no way enlarge or limit the scope or meaning of the various and several sections hereof.

(g) All terms not otherwise defined herein shall have the same meaning assigned to them in the Lease.

(h) Charges in Lease. Landlord and Tenant agree that each provision of the Lease (as amended by this amendment) for determining charges, amounts, and expenses payable by Tenant is commercially reasonable and, as to each such charge or amount, constitutes a method by which the charge is to be computed" for purposes of Section 93.012 of the Texas Property Code.



(i) Brokers. Tenant represents and warrants to Landlord that Tenant has not caused or incurred any claim for brokerage commissions or finders fees to arise in connection with the execution of this amendment. Tenant shall only defend, indemnify, and hold Landlord harmless from and against all liabilities, including without limitation, reasonable attorney's fees, and costs, arising from any valid claim(s) evidenced by a written agreement between Tenant and any other Broker or agent and which is executed by individuals authorized as signatories for Tenant and Broker or agent making said claim.

EXECUTED in multiple counterparts, each of which shall have the full force and effect of an original, on the later of the dates mentioned below. In the event that any signature is delivered by facsimile transmission or by e-mail delivery of an electronic format data file (i.e.. pdf), such signature shall create a valid and binding obligation of the party executing (or on whose behalf such signature is executed) with the same force and effect as if such facsimile or ".pdf signature page was an original thereof. If so executed, each of such counterparts is to be deemed an original for all purposes, and all such counterparts shall, collectively, constitute one agreement.

LANDLORD:
ERF TOWER II, INC.,
a Texas non-profit corporation

By: Paul D. Althuis
Name: _____
Title: _____
Date: 5/31/2023

TENANT:
NUECES COUNTY HOSPITAL DISTRICT, a
hospital district created pursuant to Chapter 281 of the
Texas Health and Safety Code

By: January F. Hipp
Name: January F. Hipp
Title: Administrator / CEO
Date: 5/31/23

Exhibit # 6

NUECES COUNTY HOSPITAL DISTRICT

AUDITED FINANCIAL STATEMENTS

YEAR ENDED SEPTEMBER 30, 2023

NUECES COUNTY HOSPITAL DISTRICT
AUDITED FINANCIAL STATEMENTS
YEAR ENDED SEPTEMBER 30, 2023

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INDEPENDENT AUDITOR'S REPORT

February 22, 2024

The Board of Managers of the
Nueces County Hospital District
Corpus Christi, Texas

Report on the Audit of the Financial Statements

Opinions

We have audited the accompanying financial statements of the governmental activities and each major fund of the Nueces County Hospital District, a component unit of Nueces County, Texas, as of and for the year ended September 30, 2023, and the related notes to the financial statements, which collectively comprise the District's basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities and each major fund of the Nueces County Hospital District as of September 30, 2023, and the respective changes in financial position and budgetary comparisons for the general fund, indigent care fund and tobacco settlement fund thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Nueces County Hospital District and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Nueces County Hospital District's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Nueces County Hospital District's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Nueces County Hospital District's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages 4 through 17 be presented to supplement the basic financial statements.

Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Governmental Auditing Standards*, we have also issued our report dated February 22, 2024 on our consideration of the Nueces County Hospital District's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grants. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Nueces County Hospital District's internal control over financial reporting and compliance.

Collier, Johnson & Woods

**Nueces County Hospital District
Management's Discussion and Analysis
For Fiscal Year Ended September 30, 2023**

This Management's Discussion and Analysis ("MD&A") of the Nueces County Hospital District ("District"), a political subdivision of the State of Texas and component unit of Nueces County, Texas ("County"), is intended to provide an overview of the District's financial position and results of operation for year ended September 30, 2023 ("Fiscal Year 2023"). Since the focus of the MD&A is on the above fiscal period's operations, activities, and currently known facts, it should be read in conjunction with the District's related financial statements and accompanying notes to best understand the District's financial position.

The MD&A is one of the elements of the reporting model required by the Government Accounting Standards Board ("GASB"). As part of the MD&A, presentation of certain comparative information between the current fiscal year and the prior fiscal year is required to assist in financial analysis.

Financial Highlights

The District's net position increased \$12.8 million or 12.1% compared to the prior year net position. The net position of the District on September 30, 2023 and 2022 was \$119.3 million and \$106.4 million, respectively. Cash and cash equivalents, restricted cash, and investments amounted to \$122.6 million and \$121.8 million which represent 92.1% of total assets for September 30, 2023 and 92.4% for 2022, respectively.

In Fiscal Year 2023, the District's General Fund Balance increased \$11.3 million or 27.0% compared to the prior year balance. At fiscal year ended September 30, 2023, the District's General Fund balance was \$53.2 million compared to \$41.9 million in 2022.

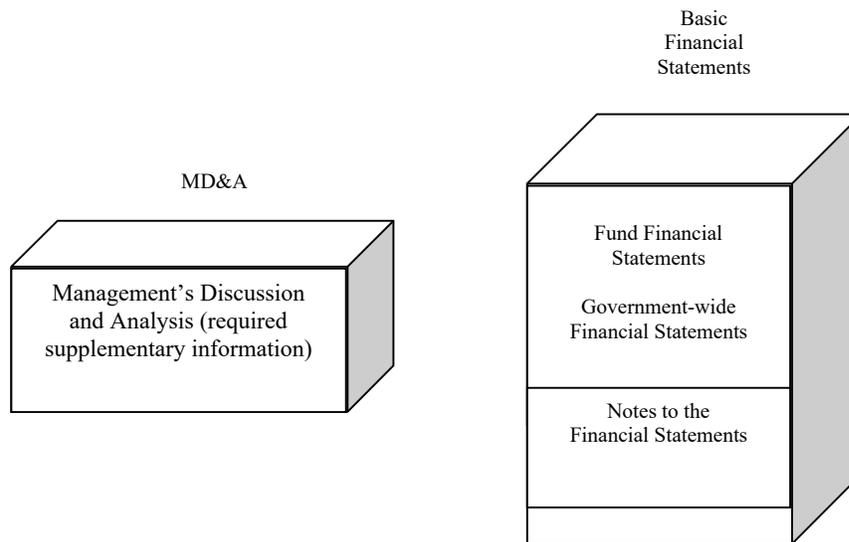
In Fiscal Year 2023, the District's total revenues increased \$24.5 million or 48.6% compared to the prior year. 48.8% of the District's total revenues were from non-tax sources. The District's total expenses increased \$7.7 million or 14.2% compared to the prior year.

In Fiscal Year 2023, the District continued to make voluntary intergovernmental transfers for several Medicaid-related supplemental payment, waiver, and Medicaid managed care provider payment initiative programs sponsored by the State ("Medicaid Payment Programs"). These transferred funds enabled both local and regional healthcare providers, who provide indigent healthcare consistent with the District's primary mission, to draw additional Medicaid funds. In addition, the District continued its state-authorized Local Provider Participation Fund Program ("LPPF") to sustain these payments to the State.

In Fiscal Year 2023, the District's Board of Managers committed \$11.9 million of the District's fiscal year-end General Fund balance cash to funding the Medicaid Payment Programs-related intergovernmental transfers that are expected to be requested sometime during the District's subsequent fiscal year. Please refer to Note 12 on intergovernmental transfers and Note 13 on committed fund balance.

OVERVIEW OF THE FINANCIAL STATEMENTS

The following graphic is provided to facilitate the reader's understanding of the format of the Basic Financial Statements and their individual components:



The District's Annual Financial Report consists of the MD&A, the basic financial statements and accompanying notes, with the primary focus being on the District as a whole. As a special purpose entity with only one governmental program, GASB allows the District to combine its government-wide and fund financial statements and that is done so here. The Statement of Net Position and the Statement of Activities are government-wide financial statements that provide both short-term and long-term information about the District's overall financial status. The fund financial statements report the District's operations in more detail by providing information as to how services are financed in the short-term, as well as the remaining available resources for future spending. Additionally, the fund financial statements focus on major funds that, for the District, include the General Fund and the Indigent Care Fund, rather than fund types. The Fiduciary Fund statements provide financial information for those activities in which the District acts solely as the trustee or agent for the benefit of others. The accompanying notes provide essential information that is not disclosed on the face of the financial statements. Consequently, the notes form an integral part of the District's basic financial statements.

The District has two kinds of funds:

- 1.) **Government Funds** - The accounting for most of the District's services is included in the governmental funds. The General Fund and Special Revenue Fund are governmental funds that use the modified accrual accounting method which focuses on how cash and other financial assets that can readily be converted to cash and the balance at year-end that are available for future spending. Furthermore, under this basis of accounting, changes in net spendable assets are normally recognized only to the extent that they are expected to have a near-term impact, while inflows are recognized only if they are available to liquidate liabilities of the current period. Similarly, future outflows are typically recognized only if they represent a depletion of current financial resources.
- 2.) **Fiduciary Funds** - These funds are used to report activity and other resources held purely in a custodial capacity. The resources accounted for in these funds are excludable from the government-wide financial statements or columns because these funds are not available to finance the District's operations. Consequently, the District is responsible for ensuring that these resources are used only for their intended purpose. The District has an irrevocable trust originally used for self-insured health claims of the then employees of the District's former hospital, Memorial Medical Center. The fund may be used to subsidize the District's current employees with their health insurance premiums and other Board-approved allowable Trust benefits.

Notes to the Financial Statements

The notes provide disclosures and additional information that are essential to a full understanding of the financial information presented in the government-wide and fund financial statements.

GOVERNMENT WIDE-FINANCIAL ANALYSIS

Statement of Net Position (Government-Wide)

The District's total Net Position was \$119.3 million and \$106.4 million as of September 30, 2023 and 2022, respectively, an increase of \$12.8 million or 12.1%. Total assets increased \$1.4 million or 1.1% compared to September 30, 2022. The District's total liabilities decreased \$11.4 million or 45.2% compared to September 30, 2022.

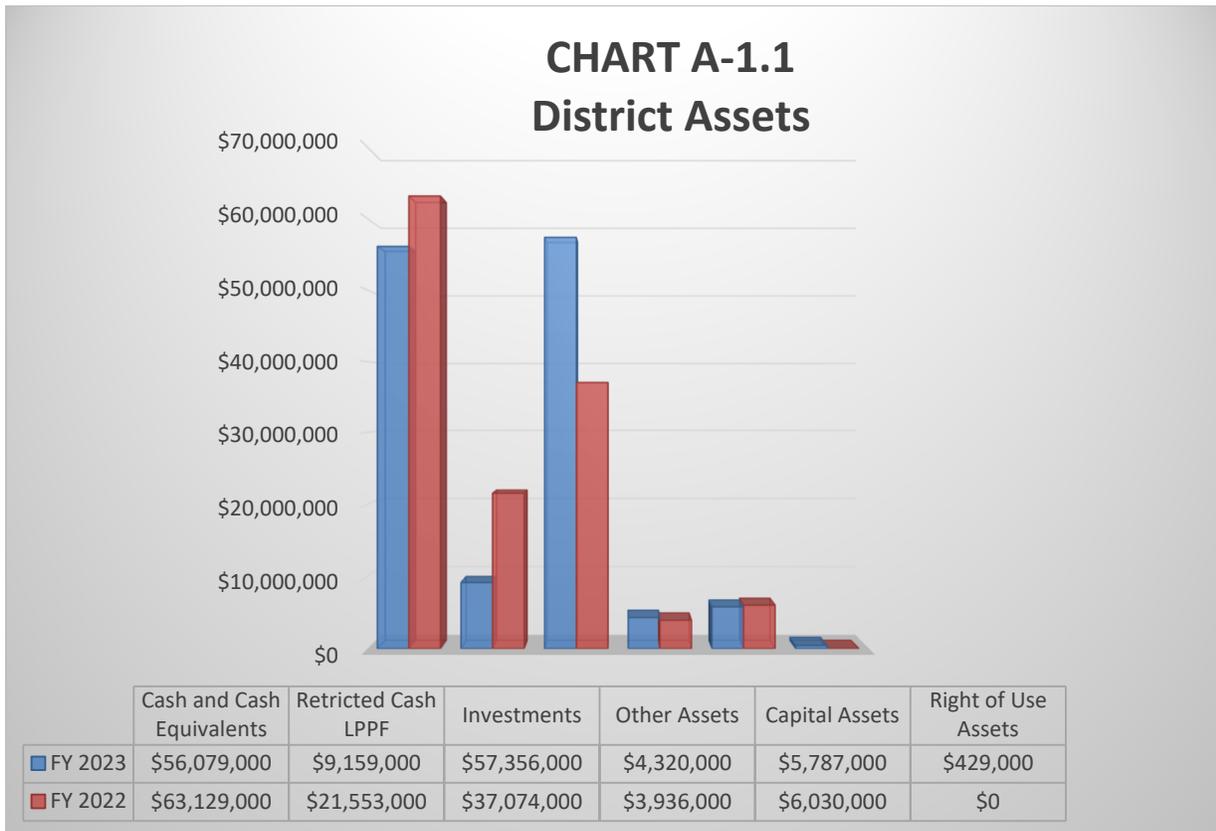
TABLE A-1
Nueces County Hospital District Net Position
September 30, 2023 and 2022
(In Thousands)

Assets:	2023	2022	2023-2022 Variance
Cash and Cash Equivalents	\$ 56,079	\$ 63,129	\$ (7,050)
Cash Restricted for Local Provider Participation Fund	9,159	21,553	(12,394)
Investments	57,356	37,074	20,282
Other Assets	4,320	3,936	384
Capital Assets (Net of Accumulated Depreciation)	5,787	6,030	(243)
Right of Use Assets	429	--	429
Total Assets	<u>133,130</u>	<u>131,722</u>	<u>1,408</u>
Liabilities:			
Accounts Payable	3,855	3,434	421
Lease Payable	77	--	77
Accrued Payroll and Related Liabilities	317	256	61
Long-Term Liabilities:			
Accrued Paid Time Off	106	66	40
Lease Payable	358	--	358
Due to Local Provider Participation Fund	9,159	21,553	(12,394)
Total Liabilities	<u>13,872</u>	<u>25,309</u>	<u>(11,437)</u>
Net Position:			
Net Investment in Capital Assets	5,787	6,030	(243)
Unrestricted	113,471	100,383	13,088
Total Net Position	<u>\$ 119,258</u>	<u>\$ 106,413</u>	<u>\$ 12,845</u>

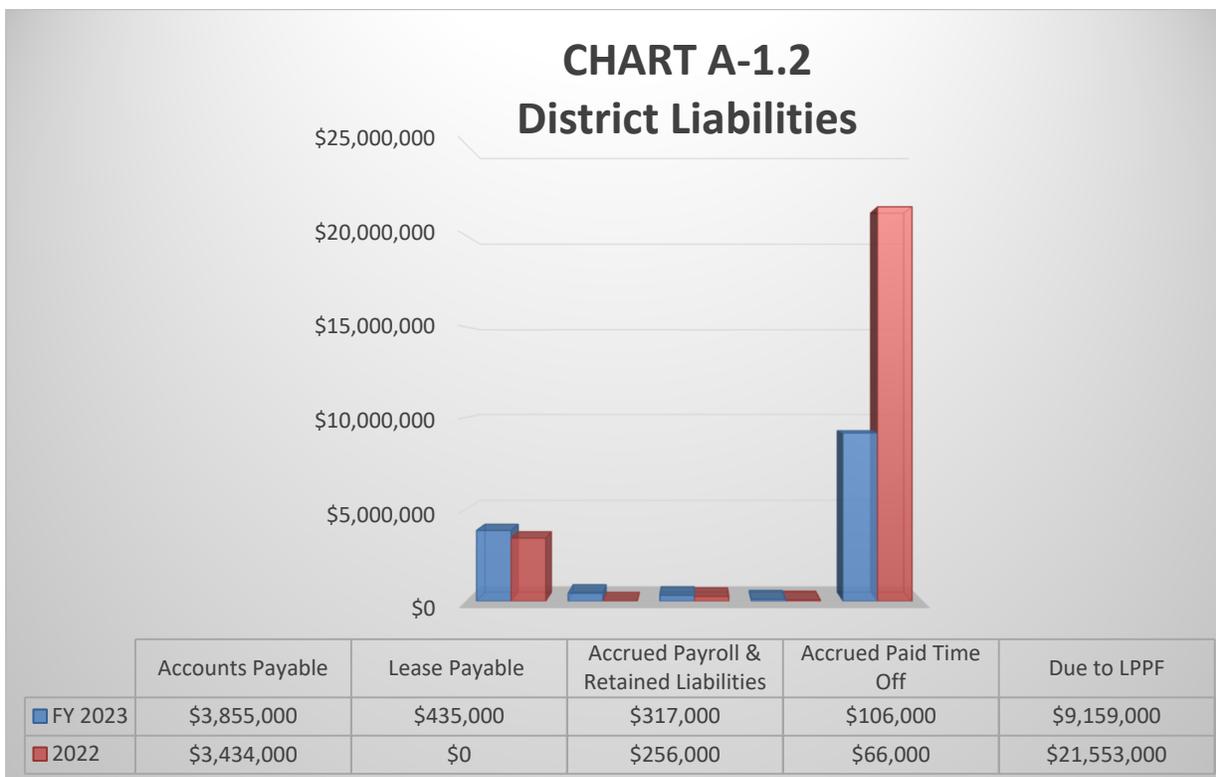
Financial Analysis

In Fiscal Year 2023, cash and cash equivalents and investments combined increased \$838 thousand mostly due to higher investment earnings and Spohn corporate membership revenue. Other Assets increased \$384 thousand or 9.8% primarily from an increase in certain accounts receivable. The \$243 thousand or 4.0% decrease in Capital Assets (Net of Accumulated Depreciation) mainly relates to depreciation expense. \$429 thousand in Right of Use Assets has been added to recognize leased assets for the District. Accounts Payable and Related Liabilities decreased \$11.4 million or 45.2% due to a decrease in the Local Provider Participation Fund and annual fluctuations in payments of various accrued liabilities.

Please refer to Table A-1 above for details of Chart A-1.1 below relating to the District's Assets.



Please refer to Table A-1 above for details of Chart A-1.2 below relating to the District's Liabilities.

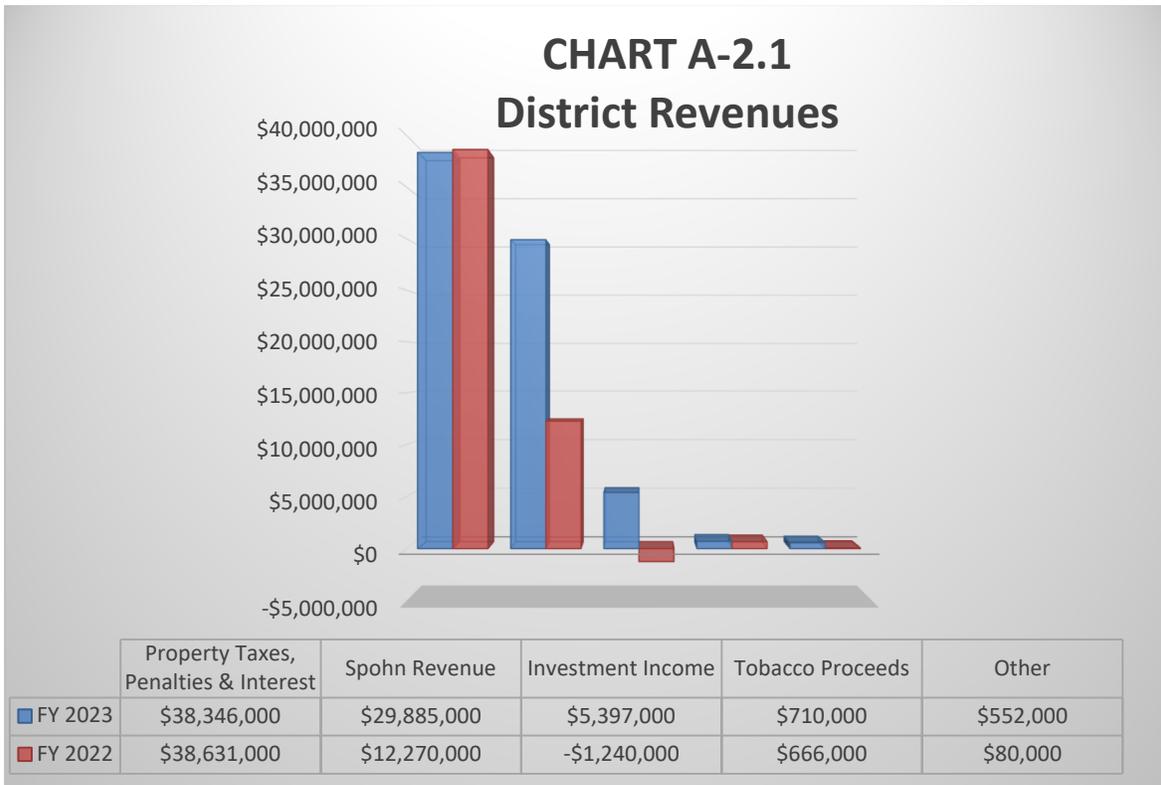


Statement of Activities (Government-Wide)

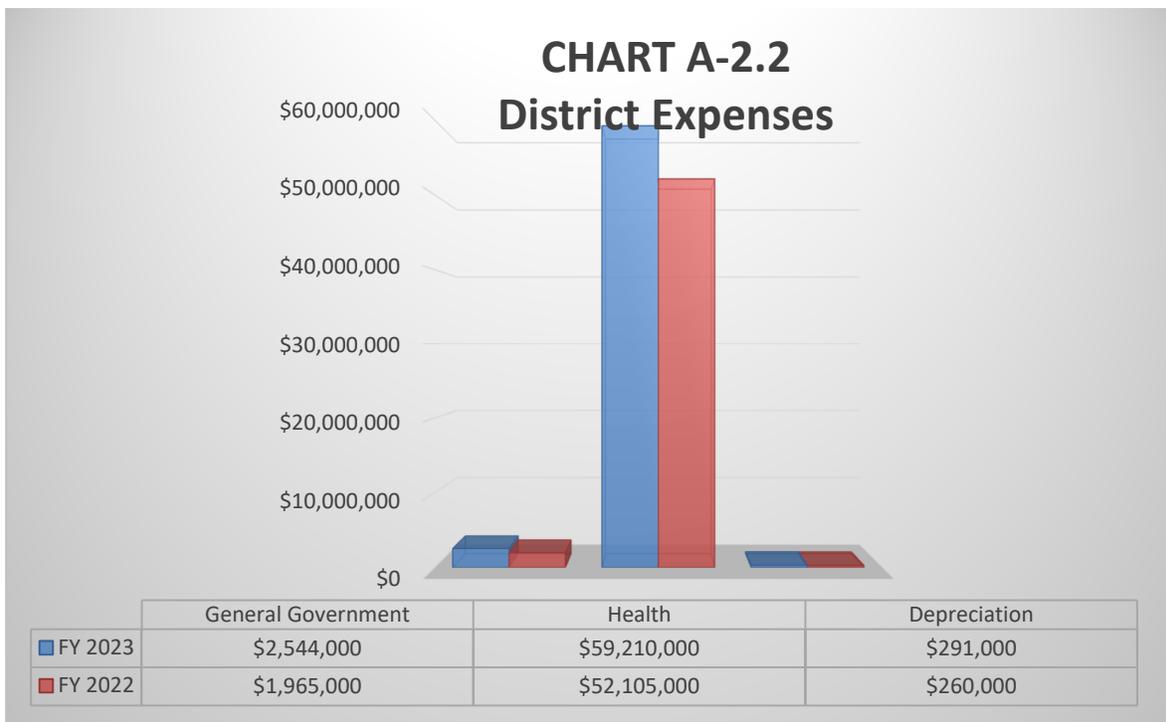
TABLE A-2
Changes in Nueces County Hospital District Net Position
September 30, 2023 and 2022
(In Thousands)

	<u>2023</u>	<u>2022</u>	<u>2023-2022</u> <u>Variance</u>
Revenues			
Property Taxes and Penalties and Interest	\$ 38,346	\$ 38,631	\$ (285)
Spohn Corporate Membership Revenue	29,885	12,270	17,615
Investment Gain (Loss)	5,397	(1,240)	6,637
Tobacco Proceeds	710	666	44
Other	552	80	472
Total Revenues	<u>74,890</u>	<u>50,407</u>	<u>24,483</u>
Expenses:			
General Government	2,544	1,965	579
Health	59,210	52,105	7,105
Depreciation	291	260	31
Total Expenses	<u>62,045</u>	<u>54,330</u>	<u>7,715</u>
Net Change in Net Position	12,845	(3,923)	16,768
Net Position, Beginning of Year	<u>106,413</u>	<u>110,336</u>	<u>(3,923)</u>
NET POSITION, END OF YEAR	<u>\$ 119,258</u>	<u>\$ 106,413</u>	<u>\$ 12,845</u>

Please refer to Table A-2 above for details of Chart A-2.1 below relating to the District's Revenues.



Please refer to Table A-2 above for details of Chart A-2.2 below relating to the District's Expenses.



FINANCIAL ANALYSIS

Revenues

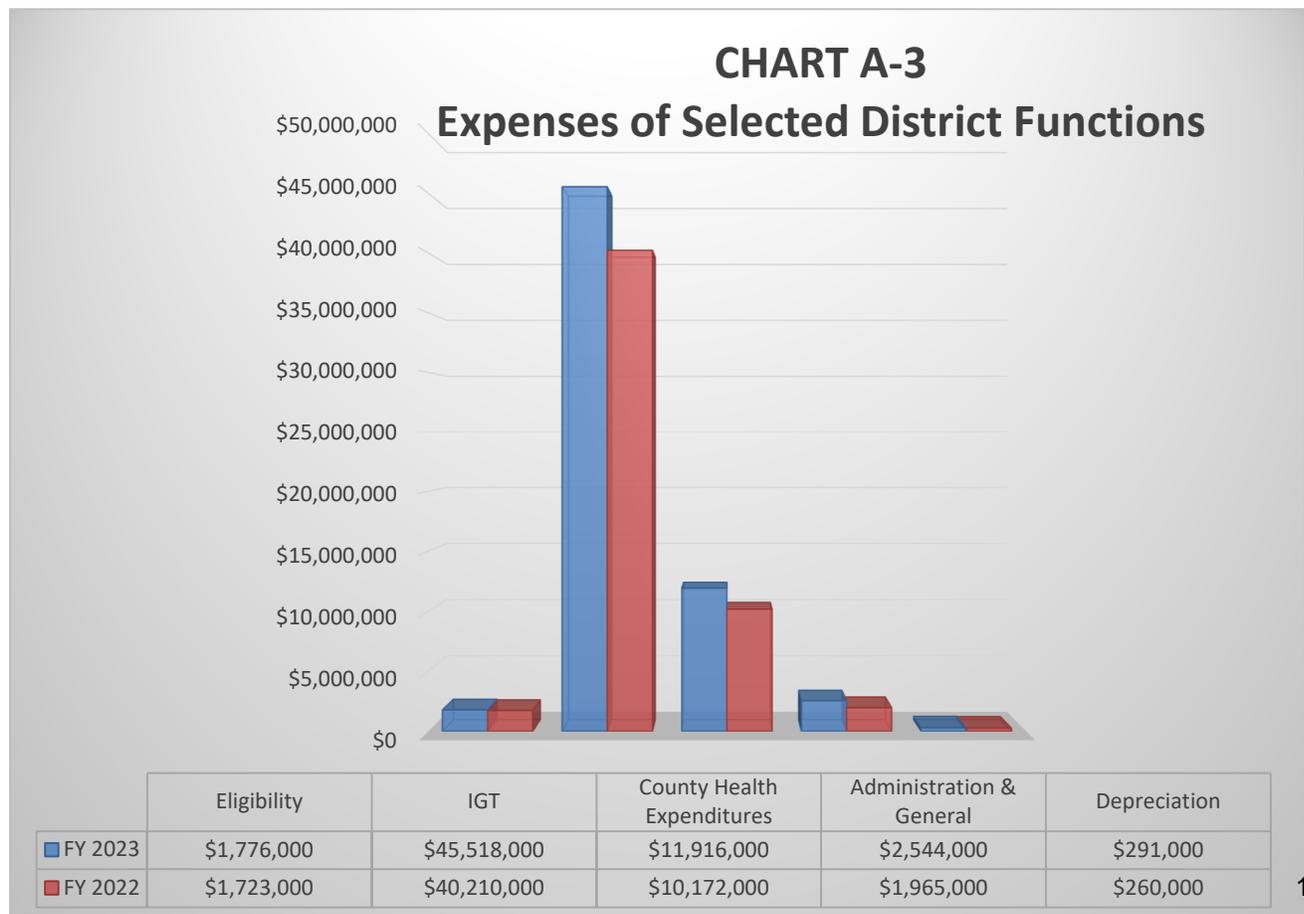
In Fiscal Year 2023, the District's total revenues increased \$24.5 million or 48.6% compared to the prior fiscal year. There were four principal sources of revenue for the District. The initial source of revenue is from ad valorem taxes levied on Nueces County property owners based on assessed valuations. These tax revenues decreased by \$285 thousand or 0.7% and accounted for 51.2% of total revenues compared to 76.6% in the prior fiscal year. The District's tax rate during Fiscal Year 2023 decreased to \$0.098846 per \$100 valuation, which was 1.5% above the no-new-revenue tax rate. Property valuations increased by \$5.0 billion or 14.3%. The second source is from the Membership Agreement with Spohn which accounted for \$29.9 million and 39.9% of total revenue. This revenue increased \$17.6 million, or 143.6%, resulting from an increased net patient revenue sharing allocation percentage utilized during the fiscal year. See Note 3 for an outline of the Membership Agreement. The third source is investment income which increased \$6.6 million or 535.2% due mainly to unrealized net gains in certain funds and increased interest rates during the year. The final source is a Tobacco Settlement distribution from the State of Texas' tobacco litigation which increased by \$44 thousand or 6.6% compared to prior fiscal year. Additional revenue proceeds increased \$472 thousand from prior fiscal year or 590%. These funds largely include a reimbursement from the State for the District's assistance in operating one of the Medicaid Payment Programs in the region, another State reimbursement for COVID related expenditures, and the receipt of administrative fees from the LPPF program.

TABLE A-3
Net Cost of Selected District Functions
September 30, 2023 and 2022
(In Thousands)

	<u>2023</u>	<u>2022</u>	<u>2023-2022</u> <u>Variance</u>
Eligibility	\$ 1,776	\$ 1,723	\$ 53
Intergovernmental Transfers (IGT)	45,518	40,210	5,308
County Healthcare Expenditures	11,916	10,172	1,744
Administration and General	2,544	1,965	579
Depreciation	291	260	31
TOTAL	<u>\$ 62,045</u>	<u>\$ 54,330</u>	<u>\$ 7,715</u>

Expenses

The expenses of the District’s functions in Fiscal Year 2023 increased \$7.7 million or 14.2% compared to the prior fiscal year. The District’s health functions include intergovernmental transfers and county healthcare expenditures. The District’s largest amount of costs is voluntary intergovernmental transfers to the State for the Medicaid Payment Programs for the benefit of various regional health care providers who provide indigent healthcare. The intergovernmental transfers draw down additional Medicaid funds for regional providers under the Medicaid Payment Programs. This cost totaled \$45.5 million in Fiscal Year 2023 and represented 73.4% of all functional expenditures. The second largest amount of cost is \$11.9 million for county healthcare expenditures which relates to the District’s support of other healthcare services in Nueces County. The District directly or indirectly pays for non-indigent healthcare-related service costs that were paid by Nueces County in earlier years. These costs include expenses such as emergency medical services, county jail and juvenile detention center healthcare services, reimbursement of operating expenditures at the City/County Public Health Department, match, and other subsidies for the Nueces Center for Mental Health and Intellectual Disabilities and costs associated with operation of the County Jail’s infirmary. This cost increased \$1.7 million or 17.1% in Fiscal Year 2023 compared to the prior fiscal year. County healthcare expenditure costs represented 19.2% of all the District’s net costs in Fiscal Year 2023 compared to 18.7% in the prior fiscal year. The two other costs of the District were Administrative and General and Eligibility determination costs. Collectively, these costs increased \$632 thousand or 17.1% during Fiscal Year 2023 compared to the prior fiscal year. Major costs in this category were legal fees, consulting fees, rents, supplies, purchased services, and salaries and benefits. Administrative and General costs represented 4.1% of all net costs in Fiscal Year 2023 compared to 3.6% in the prior fiscal year. Eligibility costs represented 2.9% of all net costs in Fiscal Year 2023 compared to 3.2% in the prior fiscal year. Please refer to Table A-3 for details of Chart A-3 below relating to the District’s net cost of selected functions.



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General Fund Budgetary Highlights

Expectations for the District's general fund budget were surpassed during Fiscal Year 2023.

Revenues

Revenues exceeded budget by \$6.4 million. The excess is partially attributed to revenue resulting from the Membership Agreement, which surpassed budget by \$1.9 million. The surplus is due to the use of an estimate of the Membership Agreement's initial revenue sharing allocation percentage between the District and Spohn when the Fiscal Year 2023 budget was developed; due to the difficulty in projecting Spohn's net patient revenues, the District is only able to estimate the Membership Agreement-related sharing allocation. Ad valorem tax revenue combined with penalties and interest, exceeded budget by \$1.4 million. Investment income also exceeded budget by \$2.8 million. Finally, other income, including a reimbursement from the State for the District's assistance in operating one of the State's Medicaid Payment Programs in the region, recovery of certain prior fiscal year's expenses, and the receipt of administrative fees from the LPPF Fund, surpassed budget by approximately \$303.9 thousand.

Expenditures

Expenditures were less than budget by \$1.6 million. Of the expenditures less than budget, \$292 thousand was associated with County Services due to overestimated jail diversion program costs. Personal services were less than budget by \$350 thousand due to the increased utilization of the District's paid-time-off accrued liability and less than maximum participation of certain benefit programs. Contractual Services were under budget this year by \$1.4 million mainly due to less utilization of legal fees and consultant fees for one of the Medicaid Payment Programs. The Materials and Supplies category was under budget by \$21 thousand; and finally, the Other category which includes office lease and administrative expenditures ended under budget by approximately \$24 thousand. Medicaid Payment Programs-related intergovernmental transfers by the District were over budget by \$670 thousand. These transfers benefit local and regional healthcare providers, and due to the complex nature of the calculations of intergovernmental transfers, the District is only able to approximate the timing and amounts when its budget is adopted.

CAPITAL ASSETS

The District had \$6.2 million in net capital assets at the end of September 30, 2023. The breakdown of the capital assets is as follows:

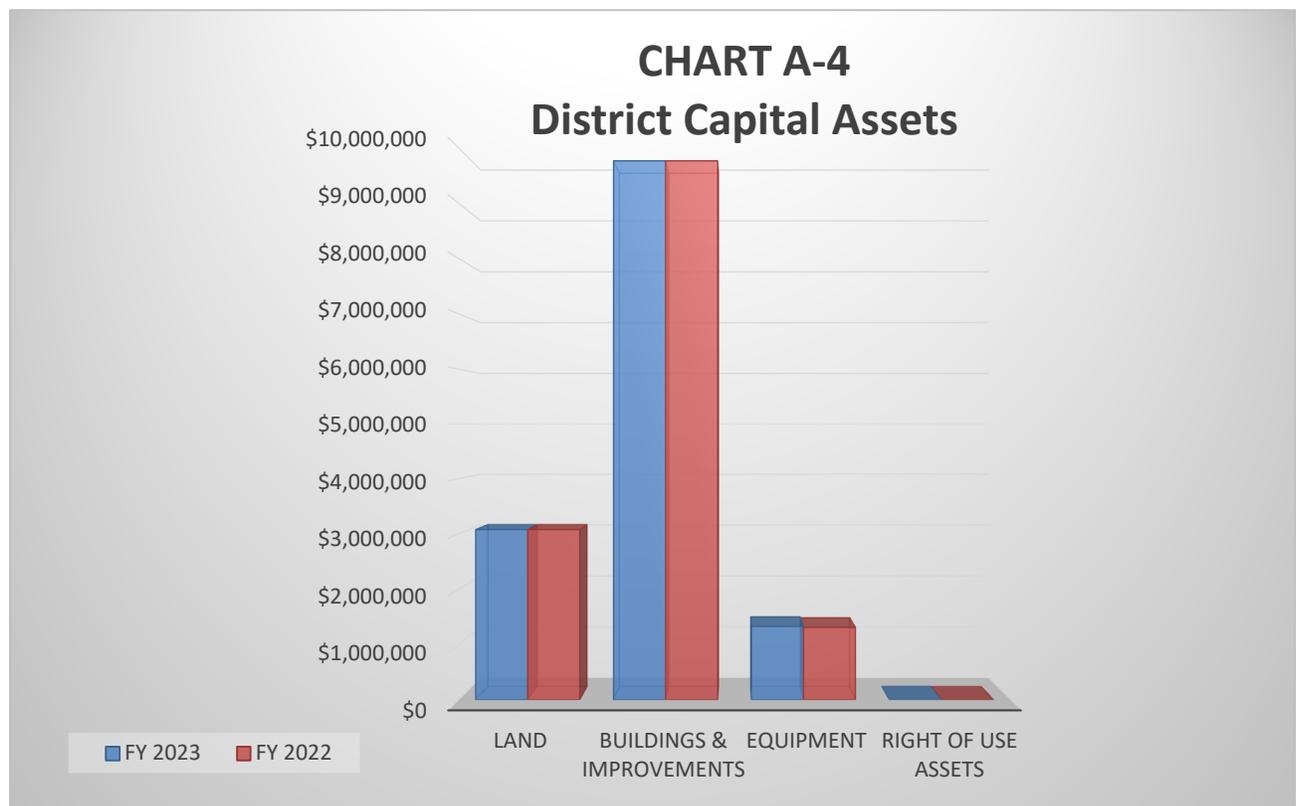
TABLE A-4
Nueces County Hospital District's Capital Assets
September 30, 2023 and 2022
(In Thousands)

	<u>2023</u>	<u>2022</u>	<u>2023-2022</u> <u>Variance</u>
Land	\$ 3,077	\$ 3,077	\$ --
Buildings and Improvements	9,769	9,769	-
Equipment	1,325	1,308	17
Right of Use Assets	460	-	460
Total	<u>14,631</u>	<u>14,154</u>	<u>477</u>
Less: Accumulated Depreciation	<u>8,415</u>	<u>8,124</u>	<u>291</u>
NET CAPITAL ASSETS	<u>\$ 6,216</u>	<u>\$ 6,030</u>	<u>\$ 186</u>

Under terms of the Membership Agreement, the District contributed the use of its former hospital Memorial Medical Center (“MMC”) buildings, equipment, and campus to Spohn; and Spohn is responsible for maintaining the buildings, equipment, and the purchase of any medical and other equipment needed during the Agreement’s term. The District contributed to Spohn the use of MMC until it was vacated in 2022 and demolished in 2023. The Membership Agreement requires that Spohn spend \$600 thousand on upkeep of the buildings and equipment in each calendar year starting in 2017 and thereafter. Please refer to Note 8 - Capital Assets of the Financial Statements for more details on capital assets.

Net Capital Assets shows an increase of \$186 thousand due to the addition of Right of Use Assets, or leased assets, to the District’s statements with the implementation of GASB 87 and the reduction of accumulated depreciation.

Please refer to Table A-4 for details of Chart A-4 relating to the District’s Capital Assets.



Economic Factors, Next Year’s Budget, Tax Rates and Property Valuations, and Financial Planning

Economic Factors

For the forthcoming fiscal year and subsequent fiscal years, expiration of the COVID-19 public health emergency, expiration of the Medicaid waiver program, State budget pressures, and shifting policy priorities may alter funding, services, programs, changing eligibility for its Medicaid program, or ending of federally-mandated COVID-19 pandemic-related continuous Medicaid coverage, could affect enrollments in the District’s indigent health care program.

Texas has the highest healthcare uninsured rate in the nation and the County's rate is among the highest in the State. The benefits of the Patient Protection and Affordable Care Act (P.L. 111-148) and the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152) legislation that were intended to reduce the number of healthcare uninsured persons and expand Medicaid enrollment has not yet been realized in Texas; during the forthcoming District fiscal year, these unrealized benefits may affect the number of persons enrolled in the District's indigent health care program. Additionally, the P.L. 111-148 individual mandate to carry health insurance was repealed effective 2020; during the forthcoming District fiscal year, this action may affect the number of persons enrolled in the District's indigent health care program. In addition, federal regulations could limit the methods States can use to finance the non-federal share of Medicaid Program Payments, jeopardizing the availability and/or continuation of indigent healthcare services in the community. Finally, expansive changes could occur to the Patient Protection and Affordable Care Act, Health Care and Education Reconciliation Act, and the Medicaid program due to changes to national health policy.

Next Year's Budget, Tax Rates, and Property Valuations

Budget

For the District's forthcoming fiscal year ending September 30, 2024 ("Fiscal Year 2024"), the District's Board of Managers and County Commissioners Court approved a District operating budget wherein revenues exceed expenditures by \$5.8 million. Revenues are budgeted at \$153.4 million, a 132.6% increase compared to the prior fiscal year. Expenditures are budgeted at \$147.6 million, a 133% increase compared to the prior fiscal year.

Tax Rates and Property Valuations

The property valuations for the District's Fiscal Year 2024 are \$48.3 billion, an increase of 19.7% from the prior year. To offset this increase, County Commissioners Court has decreased the District's tax rate for the Fiscal Year 2024 budget to \$0.085242 per \$100 valuation, which is 4% above the no-new-revenue tax rate. The Fiscal Year 2024 budget estimates include tax revenues of \$37.6 million, an increase of \$276 thousand or 0.7% over Fiscal Year 2023. Certain prior year local refinery related property value lawsuits still continue and potential related refunds have been prospectively applied to the tax revenue budget. The District expects tax base expansion and increases in property values to approximate recent years.

Financial Planning

The District does not receive State or federal funding for the provision of indigent health care. However, the District expects to continue receiving de minimis reimbursement annually for administering the LPPF program. The District expects that the Membership Agreement's revenue sharing allocation percentage between the District and Spohn will be inadequate to support some of the District's objectives in the forthcoming fiscal year and the District will rely on its reserves to fund operations to a greater degree than the prior year. In addition, during Fiscal Year 2024, either party has the option to terminate the Membership Agreement and the revenue resulting to the District from the Agreement could end and impact Fiscal Year 2024. Federal regulations governing certain provisions of the Membership Agreement and past State actions relating to certain Medicaid Payment Programs disallowances may potentially affect the future performance of the Agreement; it is possible that the current permitted use of a combination of tax, LPPF, and Membership Agreement-related revenues by the District to make voluntary intergovernmental transfers to the State in support of the Medicaid Payment Programs could change in the future.

CONTACTING DISTRICT MANAGEMENT

These District financial statements are designed to provide our citizens, taxpayers, elected officials, investors, creditors, and others with a general overview of the District's financial position and results of operations, to demonstrate the District's accountability for the tax and other funds it receives, and show how the District's funds are used. Questions concerning any of the information contained in these statements or requests for additional statement information can be directed to the District at:

Nueces County Hospital District
Administrative Offices
555 N. Carancahua St., Suite 950
Corpus Christi, TX 78401-0835
Telephone: (361) 808-3300
Facsimile: (361) 808-3274
https://www.nchdcc.org/about_us/contact_us.php

HISTORICAL AUDITED FINANCIAL STATEMENTS

Recent historical audited financial statements of the District are available via the Internet and can be viewed or downloaded in Portable Document Format from https://www.nchdcc.org/public_notices/finance.php

Basic Financial Statements

NUECES COUNTY HOSPITAL DISTRICT

(A COMPONENT UNIT OF NUECES COUNTY, TEXAS)

GOVERNMENTAL FUNDS BALANCE SHEET / STATEMENT OF NET POSITION

SEPTEMBER 30, 2023

ASSETS	<u>GENERAL</u>	<u>INDIGENT CARE FUND</u>	<u>TOBACCO SETTLEMENT FUND</u>
Cash and Cash Equivalents (Note 4)	41,857,303	14,219,667	2,144
Cash Restricted for Local Provider Participation Fund (Note 4 and 15)	9,159,393	--	--
Investments (Note 4 and Note 5)	14,739,262	42,616,531	--
Accrued Interest	43,604	272,164	--
Taxes Receivable Net of Allowance for Uncollectible (Note 7 and 10):	3,261,191	--	--
Other Receivables	593,908	--	--
Prepaid Expenditures	149,264	--	--
Due to Indigent Care Fund	3,301	--	--
Land (Note 8)	--	--	--
Other Capital Assets, net of Accumulated Depreciation (Note 8)	--	--	--
Right-of-Use Building (Note 8 and 9)	--	--	--
TOTAL ASSETS	<u>69,807,226</u>	<u>57,108,362</u>	<u>2,144</u>

Exhibit 1

GOVERNMENTAL FUNDS TOTAL	ADJUSTMENTS EXHIBIT 2	STATEMENT OF NET POSITION
56,079,114	--	56,079,114
9,159,393	--	9,159,393
57,355,793	--	57,355,793
315,768	--	315,768
3,261,191	--	3,261,191
593,908	--	593,908
149,264	--	149,264
3,301	(3,301)	--
--	3,076,926	3,076,926
--	2,709,878	2,709,878
--	428,889	428,889
126,917,732	6,212,392	133,130,124

(Continued)

NUECES COUNTY HOSPITAL DISTRICT

(A COMPONENT UNIT OF NUECES COUNTY, TEXAS)

GOVERNMENTAL FUNDS BALANCE SHEET / STATEMENT OF NET POSITION

SEPTEMBER 30, 2023

	<u>GENERAL</u>	<u>INDIGENT CARE FUND</u>	<u>TOBACCO SETTLEMENT FUND</u>
LIABILITIES			
Accounts Payable	3,855,301	--	--
Lease Payable (Note 9)	--	--	--
Accrued Payroll and Related Liabilities	316,423	--	--
Unearned Revenue (Note 10)	3,261,191	--	--
Due to General Fund	--	3,301	--
Long-term Liabilities-			
Accrued Paid Time Off (Note 11)	--	--	--
Lease Payable (Note 9)	--	--	--
Due to Local Provider Participation Fund	--		
Fund (Note 16)	9,159,393	--	--
TOTAL LIABILITIES	16,592,308	3,301	--
 FUND EQUITY/NET POSITION			
Fund Balances:			
Nonspendable	149,264	--	--
Committed to: (Note 13)			
Intergovernmental Transfers	11,857,945	--	--
Indigent Care	--	57,105,061	--
Assigned to County Health Care	--	--	2,144
Unassigned	41,207,709	--	--
Total Fund Equity	53,214,918	57,105,061	2,144
 TOTAL LIABILITIES AND FUND EQUITY			
	69,807,226	57,108,362	2,144
 Net Position:			
Net Investment in Capital Assets			
Unrestricted			
 TOTAL NET POSITION			

The notes to the financial statements are an integral part of this statement.

Exhibit 1
Continued

GOVERNMENTAL FUNDS TOTAL	ADJUSTMENTS EXHIBIT 2	STATEMENT OF NET POSITION
3,855,301	--	3,855,301
--	77,094	77,094
316,423	--	316,423
3,261,191	(3,261,191)	--
3,301	(3,301)	--
--	105,708	105,708
--	358,272	358,272
9,159,393	--	9,159,393
<u>16,595,609</u>	<u>(2,723,418)</u>	<u>13,872,191</u>
149,264	(149,264)	--
11,857,945	(11,857,945)	--
57,105,061	(57,105,061)	--
2,144	(2,144)	--
41,207,709	(41,207,709)	--
<u>110,322,123</u>	<u>(110,322,123)</u>	<u>--</u>
<u><u>126,917,732</u></u>		
	5,786,804	5,786,804
	<u>113,471,129</u>	<u>113,471,129</u>
	<u><u>119,257,933</u></u>	<u><u>119,257,933</u></u>

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NUECES COUNTY HOSPITAL DISTRICT

(A COMPONENT UNIT OF NUECES COUNTY, TEXAS)

**EXPLANATIONS FOR ADJUSTMENTS TO RECONCILE
GOVERNMENTAL FUNDS - BALANCE SHEET TO THE STATEMENT OF NET POSITION**

Total Fund Balance - Total Governmental Funds	110,322,123
---	-------------

Amounts reported for governmental activities in the statement of net position are different because:

Capital assets and Right of Use assets used in governmental activities are not current financial resources and, therefore, are not reported in the governmental funds. The cost of the assets is \$14,630,218 and the accumulated depreciation and amortization is \$8,414,490 (Note 8).	5,786,804
--	-----------

Taxes receivable, net of allowance is not available to pay for current period expenditures and is, therefore, deferred in the governmental funds. (Note 7)	3,261,191
--	-----------

Long-Term liabilities, include accrued paid time off, are not due and payable in the current period and, therefore, are not reported in the funds. (Note 11)	(105,708)
--	-----------

Differences between the right-of-use assets and the District's lease liability under (GASB 87) not reported in the governmental funds	<u>(6,477)</u>
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NET POSITION	<u><u>119,257,933</u></u>
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The notes to the financial statements are an integral part of this statement.

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NUECES COUNTY HOSPITAL DISTRICT

(A COMPONENT UNIT OF NUECES COUNTY, TEXAS)

**STATEMENT OF GOVERNMENTAL FUND REVENUES, EXPENDITURES
AND CHANGES IN FUND BALANCES/STATEMENT OF ACTIVITIES**

YEAR ENDED SEPTEMBER 30, 2023

	<u>GENERAL</u>	<u>INDIGENT CARE FUND</u>	<u>TOBACCO SETTLEMENT FUND</u>
Revenues:			
Taxes	38,357,980	--	--
Penalties and Interest - Taxes	378,310	--	--
Spohn Corporate Membership Revenue	29,884,824	--	--
Investment Income	3,166,848	2,227,738	2,082
Tobacco Settlement	--	--	710,315
Other (Note 8 and 16)	553,979	--	--
Total Revenue	<u>72,341,941</u>	<u>2,227,738</u>	<u>712,397</u>
Expenditures/Expenses:			
General Government	2,524,167	3,301	--
Health	59,210,425	--	--
Depreciation and Amortization	--	--	--
Capital Outlay	19,140	--	--
Total Expenditures/Expenses	<u>61,753,732</u>	<u>3,301</u>	<u>--</u>
Excess of Revenues Over Expenditures/Expenses	10,588,209	2,224,437	712,397
Other Financing Sources (Uses):			
Transfers In (Note 14)	711,000	--	--
Transfers Out (Note 14)	--	--	(711,000)
Total Other Financing Sources (Uses)	<u>711,000</u>	<u>--</u>	<u>(711,000)</u>
Net Change in Fund Balance/Net Position	11,299,209	2,224,437	1,397
Fund Balance/Net Position, Beginning of Year	<u>41,915,709</u>	<u>54,880,624</u>	<u>747</u>
FUND BALANCE/NET POSITION, END OF YEAR	<u><u>53,214,918</u></u>	<u><u>57,105,061</u></u>	<u><u>2,144</u></u>

The notes to the financial statements are an integral part of this statement.

Exhibit 3

GOVERNMENTAL FUNDS TOTAL	ADJUSTMENTS EXHIBIT 4	STATEMENT OF ACTIVITIES
38,357,980	(390,130)	37,967,850
378,310	--	378,310
29,884,824	--	29,884,824
5,396,668	--	5,396,668
710,315	--	710,315
553,979	(1,519)	552,460
<u>75,282,076</u>	<u>(391,649)</u>	<u>74,890,427</u>
2,527,468	16,047	2,543,515
59,210,425	--	59,210,425
--	291,396	291,396
19,140	(19,140)	--
<u>61,757,033</u>	<u>288,303</u>	<u>62,045,336</u>
13,525,043	(679,952)	12,845,091
711,000	(711,000)	--
(711,000)	711,000	--
<u>--</u>	<u>--</u>	<u>--</u>
13,525,043	(679,952)	12,845,091
96,797,080	9,615,762	106,412,842
<u>110,322,123</u>	<u>8,935,810</u>	<u>119,257,933</u>

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NUECES COUNTY HOSPITAL DISTRICT**(A COMPONENT UNIT OF NUECES COUNTY, TEXAS)****EXPLANATIONS FOR ADJUSTMENTS TO RECONCILE
GOVERNMENTAL FUNDS - STATEMENT OF REVENUES, EXPENDITURES, AND
CHANGES IN FUND BALANCE TO THE STATEMENT OF ACTIVITIES**

Net Change in Fund Balances - Total Governmental Funds	13,525,043
--	------------

Amounts reported for governmental activities in the statement of net position are different because:

Governmental funds report capital outlays as expenditures. However, in the statement of activities, the cost of capital assets is allocated over their estimated useful lives and reported as depreciation expense. This is the amount by which depreciation of \$260,762 and amortization of \$30,635 was more than capital outlays of \$19,140 and \$1,519 loss on disposal of assets in the current period. (Note 8)	(273,775)
---	-----------

Lease payments related to (GASB 87) are recorded in the statement of activities but not reported in the governmental funds.	24,158
---	--------

Revenues from uncollected taxes that do not provide current financial resources are included in the statement of activities and not reported as revenues in the governmental funds.	(390,130)
---	-----------

Expenses accrued for employees paid time off in the statement of activities that do not use current financial resources are not reported as expenses in the governmental funds.	(40,205)
---	----------

CHANGE IN NET POSITION	<u>12,845,091</u>
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The notes to the financial statements are an integral part of this statement.

NUECES COUNTY HOSPITAL DISTRICT
(A COMPONENT UNIT OF NUECES COUNTY, TEXAS)

GENERAL FUND

STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCE
BUDGET (GAAP BASIS) AND ACTUAL

YEAR ENDED SEPTEMBER 30, 2023

	ORIGINAL AND FINAL BUDGET	ACTUAL GAAP BASIS	VARIANCE FAVORABLE (UNFAVORABLE)
Revenues:			
Taxes	36,929,581	38,357,980	1,428,399
Penalties and Interest - Taxes	369,296	378,310	9,014
Spohn Corporate Membership Revenue	28,000,000	29,884,824	1,884,824
Investment Income	376,092	3,166,848	2,790,756
Other	250,000	553,979	303,979
Total Revenues	65,924,969	72,341,941	6,416,972
Expenditures:			
Current:			
General Government			
Administration:			
Personal Services	761,382	716,882	44,500
Materials and Supplies	62,400	47,487	14,913
Contractual Services	2,044,540	1,556,394	488,146
Other	223,105	202,954	20,151
Total Administration	3,091,427	2,523,717	567,710
Facilities Management -			
Materials and Supplies	1,800	450	1,350
Total General Government	3,093,227	2,524,167	569,060
Health:			
Personal Services	1,631,934	1,326,558	305,376
Materials and Supplies	39,300	33,450	5,850
Contractual Services	1,313,750	410,277	903,473
Intergovernmental Transfers (Note 11)	44,847,968	45,518,171	(670,203)
County Services	12,207,824	11,916,017	291,807
Other	9,500	5,952	3,548
Total Health	60,050,276	59,210,425	839,851
Capital Outlay	215,400	19,140	196,260
Total Current Expenditures	63,358,903	61,753,732	1,605,171
Excess Expenditures over Revenues	2,566,066	10,588,209	8,022,143
Other Financing Sources-			
Transfers In	600,000	711,000	111,000
Total Other Financing Sources	600,000	711,000	111,000
Net Change in Fund Balance	3,166,066	11,299,209	8,133,143
Fund Balance, Beginning of Year		41,915,709	
FUND BALANCE, END OF YEAR		53,214,918	

The notes to the financial statements are an integral part of this statement.

NUECES COUNTY HOSPITAL DISTRICT**(A COMPONENT UNIT OF NUECES COUNTY, TEXAS)****INDIGENT CARE FUND****STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCE**
BUDGET (GAAP BASIS) AND ACTUAL**YEAR ENDED SEPTEMBER 30, 2023**

	<u>ORIGINAL AND FINAL BUDGET</u>	<u>ACTUAL GAAP BASIS</u>	<u>VARIANCE FAVORABLE (UNFAVORABLE)</u>
Revenues -			
Investment Income	369,939	2,227,738	1,857,799
Expenditures -			
General Government -			
Consultant Fees	--	3,301	(3,301)
Total Other Financing Sources	--	3,301	(3,301)
Net Change in Fund Balance	<u>369,939</u>	2,224,437	<u>1,854,498</u>
Fund Balance, Beginning of Year		<u>54,880,624</u>	
FUND BALANCE, END OF YEAR		<u>57,105,061</u>	

The notes to the financial statements are an integral part of this statement.

NUECES COUNTY HOSPITAL DISTRICT
(A COMPONENT UNIT OF NUECES COUNTY, TEXAS)
TOBACCO SETTLEMENT FUND
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCE
BUDGET (GAAP BASIS) AND ACTUAL
YEAR ENDED SEPTEMBER 30, 2023

	<u>ORIGINAL AND FINAL BUDGET</u>	<u>ACTUAL GAAP BASIS</u>	<u>VARIANCE FAVORABLE (UNFAVORABLE)</u>
Revenues:			
Tobacco Settlement	600,000	710,315	110,315
Investment Income	--	2,082	2,082
Total Revenues	<u>600,000</u>	<u>712,397</u>	<u>112,397</u>
Other Financing Uses -			
Transfers Out	<u>(600,000)</u>	<u>(711,000)</u>	<u>(111,000)</u>
Total Other Financing Uses	<u>(600,000)</u>	<u>(711,000)</u>	<u>(111,000)</u>
Net Change in Fund Balance	<u> --</u>	<u> 1,397</u>	<u> 1,397</u>
Fund Balance, Beginning of Year		<u> 747</u>	
FUND BALANCE, END OF YEAR		<u> 2,144</u>	

The notes to the financial statements are an integral part of this statement.

NUECES COUNTY HOSPITAL DISTRICT
(A COMPONENT UNIT OF NUECES COUNTY, TEXAS)
FIDUCIARY FUNDS
STATEMENT OF NET POSITION
SEPTEMBER 30, 2023

	HEALTH BENEFIT PLAN AND TRUST FUND
ASSETS	
Cash and Cash Equivalents (Note 4)	46,867
Accrued Interest	287
Total Assets	47,154
LIABILITIES	
Due to General Fund	2,737
NET POSITION	
Held in Trust for Employee Health Benefits	44,417

The notes to the financial statements are an integral part of this statement.

NUECES COUNTY HOSPITAL DISTRICT
(A COMPONENT UNIT OF NUECES COUNTY, TEXAS)
FIDUCIARY FUNDS
STATEMENT OF CHANGES IN NET POSITION
YEAR ENDED SEPTEMBER 30, 2023

	<u>HEALTH BENEFIT PLAN AND TRUST FUND</u>
ADDITIONS	
Interest	3,106
DEDUCTIONS	
Administration and General	1,448
Employee Benefits	21,547
Total Deductions	22,995
Net Decrease	(19,889)
Net Position, Beginning of Year	64,306
NET POSITION, END OF YEAR	44,417

The notes to the financial statements are an integral part of this statement.

NUECES COUNTY HOSPITAL DISTRICT
(A COMPONENT UNIT OF NUECES COUNTY, TEXAS)
NOTES TO BASIC FINANCIAL STATEMENTS
SEPTEMBER 30, 2023

Note 1 – REPORTING ENTITY

Nueces County Hospital District (the District), a discretely presented component unit of Nueces County, Texas (the County), was made available by an Act of the Legislature of the State of Texas and subsequently approved by the voters of Nueces County, Texas. The District is legally separate from the County; however, members of the District’s governing board (the Board) are appointed by the County Commissioners’ Court.

The District has no component units as defined by Governmental Accounting Standards Board. Although the District appoints three of the members of the Board of Trustees of CHRISTUS Spohn Health System (“Spohn”) as part of the Spohn Membership Agreement between the two parties, Spohn does not qualify as a component unit. The District does not approve the budget of Spohn, nor have any rights to surpluses of Spohn. However, Spohn shares certain revenues with the District pursuant to the terms of the Agreement.

Additionally, the District serves as the Region 4 Anchor and funds voluntary intergovernmental transfers (IGTs) for certain healthcare providers under provisions of the Texas Health and Human Services Commission’s (HHSC) Medicaid Payment Programs. This allows Spohn and certain other Region 4 healthcare providers to participate in supplemental Medicaid Payment Programs.

Formation and Background

The District is a tax-supported governmental entity authorized by the Constitution of the State of Texas, the creation of which was approved by the voters of Nueces County in 1967. Pursuant to Chapter 281 of the Texas Health and Safety Code, the District assumed full responsibility for furnishing medical and hospital care for indigent and needy persons residing in the District beginning on the date on which taxes were collected for the District. The Commissioner’s Court is authorized to levy hospital district taxes on property located within the District whose boundaries are coterminous with the County. Chapter 281 allows the District to use funds from any source to fund indigent health care and intergovernmental transfers from the District to the state for use as the nonfederal share of Medicaid supplemental payment programs or waiver program payments.

The District is governed by a Board of Managers, whose members are appointed by the Commissioners Court. The Commissioners Court has final approval of the District’s operating budget and tax rate. The Commissioners Court has the authority to levy on all property subject to District taxation a tax not to exceed seventy-five cents (\$.75) on each \$100 valuation of all taxable property within the District.

Note 1 – REPORTING ENTITY – (Continuation)

1996 Transaction

Historically, the Nueces County Hospital District (the “District”) owned and operated Memorial Medical Center (“Memorial”). Memorial served as the safety-net hospital in Nueces County providing indigent care services to the needy, consistent with the District’s role as a Chapter 281 hospital district. In 1996, through a series of agreements (the “1996 Transaction”) which include a Master Agreement, Lease Agreement, and Indigent Care Agreement, (collectively, the “1996 Transaction Agreements”), the District leased Memorial to Spohn and Spohn assumed the responsibility to operate Memorial in Nueces County, with obligations for Spohn to provide indigent care and for the District to utilize its ad valorem tax revenues to fund the provision of indigent care by Spohn in Nueces County.

Renegotiation of 1996 Transaction

During the 2011 – 2012 timeframe, Spohn started facing significant capital costs due to the deteriorating condition of its hospital facilities in Corpus Christi, particularly the Memorial hospital facility. Spohn’s options to address these capital needs were somewhat limited by the 1996 Transaction Agreements, through which Spohn assumed a 30-year responsibility for the maintenance and operations of the Memorial facility. In addition to the lease rate for the Memorial facility and the District’s other assets and Spohn’s obligation to maintain the facilities in a commercially reasonable manner, Spohn had also agreed to invest at least \$6 million per year in capital improvements and equipment at the Memorial campus, the neighborhood clinics, and the physician office buildings. In 2011, Spohn began the process of evaluating a transformative capital project in the Nueces County market, with the goal to shift the delivery of care towards a focus on more appropriate outpatient care venues and better coordination across the care continuum, rather than simply retrofitting the existing hospital inpatient infrastructure. In order for the parties to make significant changes to the infrastructure, Spohn desired more flexibility than what was available under the 1996 Transaction documents; in particular, it desired to align the interests of the District and Spohn more closely and to relax or remove its contractual commitment to maintain the existing facilities, including the Memorial facility owned by the District. CHRISTUS Health, Spohn’s parent organization, ultimately approved a \$325 million capital investment in 2013 in the Corpus Christi market, after Spohn’s transition to the co-membership/ownership role with the District discussed below.

Recognizing the constraints placed on their strategic planning efforts due to the historical structure, the parties invoked the process outlined in the 1996 Transaction that allowed for the District and Spohn to renegotiate the agreements between the parties in the event there was an adverse material change in government reimbursement. The parties therefore included in the 1996 Transaction documents a right to renegotiate changes in their relationship in the event there was a substantial reduction in government program funding for Spohn. On invoking this process to assess the risk of adverse material change in government reimbursement to Spohn, the parties also identified opportunities to improve the delivery of care in the Coastal Bend communities.

2012 Spohn Membership Agreement

The parties structured the Spohn Membership Agreement (“2012 Membership Agreement”) in 2012 to further support their efforts to more closely and comprehensively collaborate and align the operations of the District and Spohn as a governmental and public provider. Effective September 30, 2012, the parties entered into a Memorandum of Understanding (“MOU”) to effectuate termination of the 1996 Transaction Agreements. Pursuant to the terms of the MOU, the parties agreed to terminate the 1996 Transaction Agreements. The parties also agreed in the MOU to the reinstatement of the 1996 Transaction Agreements to be effective upon the termination of the 2012 Membership Agreement, subject to certain amendments to the 1996 Transaction Agreements (including to the Lease Agreement) which are attached to the MOU. At the same time, the parties entered into the 2012 Membership Agreement, effective October 1, 2012, pursuant to which the District became a co-member in Spohn along with CHRISTUS Health, with the rights, privileges, obligations, and duties attendant to such role. The parties intended that Spohn would continue to serve as the public safety-net hospital in Corpus Christi. In order to reflect the District as a co-member in Spohn, the parties revised Spohn’s corporate documents, and submitted the appropriate enrollment change documents to the Medicare fiscal intermediary and the State related to its Medicare and Medicaid provider agreements.

The District also provided Spohn the right to continue to use and operate the Memorial facilities and granted Spohn the right to make material alterations to the Memorial facilities upon reasonable review of the District. Spohn continued to have the right to use the Memorial campus and other facilities without rental obligation. Spohn continued to have the right to use the memorial hospital facility until Spohn completed its demolition on August 8, 2023. The Agreement carries over most of the other duties and responsibilities from the Lease. The District also agreed to reduce Spohn’s obligation to make \$6 million in capital expenditures per year for Memorial and the District’s other facilities in the event such material alterations were made.

The parties agreed that each co-member of Spohn was entitled to an allocated portion of the funds as part of their co-membership/ownership role, commensurate with their liability for Spohn’s operating losses. Specifically, under the 2012 Membership Agreement, the co-members agreed to remit to Spohn their pro rata share of any operating loss deficits within a specified timeframe. Upon implementation of the 2012 Membership Agreement, CHRISTUS Health and the District were co-members in the Spohn corporate entity. CHRISTUS Health continued to receive its management fees and other revenue from Spohn’s operations in return for the support services it furnished to Spohn. In exchange for the District’s support of Spohn and its assumption of economic risk and the various tangible and intangible economic and other benefits the District granted to Spohn, the District was entitled to an allocated portion of the funds Spohn had available for distribution to its co-members—i.e., a share of the Spohn nonfederal net patient revenue negotiated annually based on Spohn’s operating budget and projected operating margin for the upcoming year.

2015 Transaction

In September 2012, Spohn issued a Notice of Material Alteration to the District in accordance with the Membership Agreement requesting to, among other things, demolish the MMC hospital building, construct a 40,000 square foot outpatient clinic on the MMC campus to be known as the Dr. Hector P. Garcia—Memorial Family Health Center (“Family Health Center”), and relocation of Memorial’s inpatient beds and trauma services to Spohn’s Shoreline hospital following the redesign of Shoreline. The parties then entered into a binding Letter of Intent. Under the Letter of Intent, the District approved Spohn’s material alteration plans as described in the Notice. The parties also agreed to amend the Membership Agreement and MOU to make the following changes:

Note 1 – REPORTING ENTITY – (Continuation)

- Authorize Spohn to construct the Family Health Center on the MMC campus, transition MMC inpatient beds, emergency room, and trauma services to Spohn’s Shoreline hospital, and subsequently demolish the MMC hospital facility.
- Require Spohn to continue to (1) provide inpatient and outpatient indigent care services to Nueces Aid enrollees at the same levels as during prior periods through 2036; (2) make certain outpatient services available to Nueces Aid enrollees at the Family Health Center; (3) ensure appropriate availability of inpatient and outpatient psychiatric and behavioral health services to indigents at a location in Corpus Christi, Texas and analyze the most appropriate facility for such services in conjunction with House Bill 3793, 83rd Legislature, Regular Session, 2013 Plan for the Appropriate and Timely Provision of Mental Health Services, (4) ensure the community has constant access to an emergency department equipped to provide Level II trauma services at Shoreline prior to the demolition of the MMC hospital facility; (5) maintain at least two graduate medical education programs with comprehensive resident training available in both programs; and (6) make adequate and appropriately furnished and equipped space available at the Family Health Center for the District’s enrollment officers and receptionist.
- Require Spohn to renovate Spohn’s Shoreline hospital to enable it to have a sufficient number of inpatient beds, achieve Level II Trauma Center designation, and address emergency department capacity issues prior to the demolition of the MMC hospital facility.
- Following the termination of the Membership Agreement, (1) obligate Spohn to provide lease payments to the District in the amount of \$6,253,865 until September 30, 2026 and to pay \$1 million per year in lease payments from October 1, 2026 through September 30, 2036 and (2) reduce the District’s payments to Spohn for providing indigent care services to Nueces Aid enrollees with no inflator.
- Gradually reset Spohn’s obligations to make capital expenditures related to the MMC campus but requires Spohn to place in escrow the difference between the amounts it would have been obligated to make for capital expenditures and the reduced capital expenditure obligations until Spohn completes various of its obligations under the Letter of Intent.

Following the parties’ entry into the Letter of Intent, the District’s Board of Managers issued a resolution formally authorizing the closure and demolition of the MMC hospital facility.

Effective November 2015, the Parties entered into an Amended and Restated Membership Agreement and Amended and Restated MOU (which include amendments to the suspended Master Agreement, Lease, and Revised and Restated Indigent Care Agreement) to memorialize the parties’ various agreements under the Letter of Intent. The parties also entered into an Escrow Agreement with Bank of America serving as the escrow agent to maintain the funds that Spohn will deposit into escrow to secure its commitments under the Amended and Restated Membership Agreement and Amended and Restated MOU. By 2024, either party has the option to terminate the amended and restated Membership Agreement.

Note 1 – REPORTING ENTITY – (Continuation)

Memorial Campus

Governmental Accounting Standards Board No. 42 *Accounting and Financial Reporting for Impairment of Capital Assets* requires that assets no longer used by the government be reported at lower of carrying value or fair value. The Memorial Hospital building was utilized to provide psychiatric services and office spaces for Spohn until it was vacated on September 15, 2022. Spohn began demolition of the building in late 2022 and certified completion of the demolition on August 8, 2023. Because the building was demolished and is no longer in use, management determined that the building was impaired and wrote off the remaining net book value of \$224,513 as of the year ended September 30, 2022.

The District is considering various health care related options for future use of the Memorial campus following demolition; Although the Memorial Hospital building was demolished, deemed impaired and written off, portions of the Memorial campus are still in use. Management is considering alternative expansion plans for the Family Heath Center on the Memorial Campus.

Note 2 – SIGNIFICANT ACCOUNTING POLICIES

The District is a special purpose government engaged in a single governmental program, GASB allows the District to combine the required fund financial statements and government-wide statements.

A. Basic Financial Statements

The Basic financial statements include combined government-wide (based on the District as a whole) and fund financial statements.

The Government-wide statements are included in the combined statements of Exhibit 1 and 3 as the Statement of Net Position and Statement of Activities Column. The government-wide statements focus more on the substantiality of the District as an entity and the change in aggregate financial position resulting from the activities of the fiscal period.

The fund financial statements emphasis is on the major funds which for the District are the general fund and the indigent care fund. There is one non-major fund: The Tobacco Settlement Fund.

The governmental funds statements in the fund financial statements are presented on a current financial resource and modified accrual basis of accounting. This is the manner in which these funds are normally budgeted. This presentation is deemed most appropriate to (1) demonstrate legal and covenant compliance, (2) demonstrate the source and use of liquid resources, and (3) demonstrate how the District’s actual experience conforms to the budget or fiscal plan. Since the governmental fund statements are presented on a different measurement focus and basis of accounting than the government-wide statements a reconciliation is presented in Exhibit 2 and 4 which briefly explains the adjustment necessary to transform the fund based financial statements columns into the government-wide presentation called the statement of net position and statement of activities column.

The District’s fiduciary fund is presented in the basic financial statement as separate statements. Since by definition these assets are being held for the benefit of a third party (employees and former employees) and cannot be used to finance activities or obligations of the government, these funds are not incorporated into the government-wide statements.

Note 2 – SIGNIFICANT ACCOUNTING POLICIES – (Continuation)

B. Basis of Presentation

The financial transactions of the District are recorded in individual funds. Each fund is accounted for by providing a separate set of self-balancing accounts that comprise its assets, liabilities, fund equity, revenues and expenditures/expenses. The various funds are reported by generic classification within the financial statements. The criteria used to determine if a governmental fund should be reported as a major fund are as follows: the total assets, liabilities, revenues or expenditures of that governmental fund are at least 10% of the corresponding element total for all governmental funds. The special revenue Tobacco Settlement Fund is reported as a major fund because it is the only other fund. The District reports the following major funds:

General Fund – The General Fund is the primary operating fund of the District. It is used to account for all financial resources, except those required to be accounted for in another fund.

Indigent Care Fund – Special Revenue Funds are used to account for the proceeds of specific revenue sources (other than expendable trusts or major capital projects) that are legally or contractually committed to expenditures for specific purposes. They also are used to account for funds that are committed by the Board to be spent for specific purposes.

Tobacco Settlement Fund – Special Revenue Funds are used to account for the proceeds of specific revenue sources that are legally or contractually committed to expenditures for specific purposes.

Additionally, the District reports the following fund type:

Fiduciary Funds – Fiduciary funds are used to account for assets held by the District in a trustee or agency capacity for individuals, private organizations, other governments or funds. These assets are held under the terms of a formal trust agreement. The District has the following fiduciary fund type:

Expendable Trust Fund – An expendable trust fund is used to account for the Health Benefit Plan and Trust. Funds are used to offset employee health insurance premiums, employee reimbursements for out-of-pocket health care costs. The District is not under an obligation to maintain the trust principal.

C. Basis of Accounting

Basis of accounting refers to the point at which revenues or expenditures/expenses are recognized in the accounts and reported in the financial statements. It relates to the timing of measurements made, regardless of the measurement focus applied. The government-wide financial statements and the fiduciary fund statements are presented on an accrual basis of accounting. The governmental funds in the funds financial statements are presented on a modified accrual basis.

Accrual

Revenues are recognized when earned and expenses are recognized when incurred.

Note 2 – SIGNIFICANT ACCOUNTING POLICIES – (Continuation)

Modified Accrual

Governmental fund financial statements are reported using the current financial resources measurement focus and are accounted for using the modified accrual basis of accounting. Under the modified accrual basis of accounting, revenues are recognized when susceptible to accrual (i.e., when they become measurable and available). “Measurable” means the amount of the transaction can be determined and “available” means collectible within the current period or soon enough thereafter to pay liabilities of the current period.

The District considers property tax revenues available if they are collected within sixty days after year-end. Penalties, interest, and miscellaneous revenues are recorded when received in cash because they are generally not measurable until actually received. Spohn corporate membership revenue and interest income are accrued, when their receipt occurs soon enough after the end of the accounting period to be both measurable and available.

Expenditures are generally recognized under the modified accrual basis of accounting when the related fund liability is incurred. However, debt service expenditures, except interest payable accrued at the debt issuance date for which cash is received with the debt proceeds, as well as expenditures related to accumulated unpaid paid time off benefits which are recognized when paid.

D. Budgets and Budgetary Accounting

The Board adopts an annual budget for all funds. The annual budget and revisions must be approved by the Board of Managers and then the County Commissioners Court.

E. Cash and Cash Equivalents

Cash and Cash Equivalents include currency on hand, demand deposits with banks and amounts included in pooled cash or liquid investments with a maturity of three months or less when purchased.

F. Investments

Statutes give the District the authority to invest its funds in obligations of the United States; direct obligations of the state of Texas; other obligations guaranteed or insured by the state of Texas or the United States; obligations of states, agencies, counties, or cities of any state that have been rated not less than one or its equivalent by a nationally recognized investment firm; certificates of deposit guaranteed insured or secured by approved obligations; certain commercial paper; fully collateralized repurchase agreements, and Securities & Exchange Commission-registered, no-load money market mutual funds whose assets consist exclusively of approved obligations. Investments are recorded at fair value, except for investments pools which are reported at amortized costs and included in cash and cash equivalents. See Note 5 for discussion on fair value measurement.

G. Receivables and Payables

Amounts reported in the fund financial statements as interfund receivables and payables are eliminated in the government-wide statement of net assets column of the combined financial statements. Tax receivables are shown net of an allowance for uncollectibles. The property tax receivable allowance is equal to 3% of the annual tax levy. IGTs are not accrued because they cannot be reasonably estimated and are not legal obligations of the District.

Note 2 – SIGNIFICANT ACCOUNTING POLICIES – (Continuation)

H. Capital Assets

All fixed assets are valued at historical cost if purchased or constructed. Donated fixed assets are valued at their estimated fair value on the date donated. Additions, improvements and other capital outlays that significantly extend the useful life of an asset are capitalized. Other cost incurred for repairs and maintenance are expensed as incurred. Depreciation on capital assets is calculated on the straight-line basis over the following estimated useful lives:

ASSETS	LIFE IN YEARS
Building and Improvements	20-40
Furniture and Equipment	10
Computer Equipment	5

I. Compensated Absences

District employees earn paid time off and sick leave. Paid time off accumulates from year to year up to a maximum of two years accrual. Semi-annually, employees can elect to be paid in lieu of utilizing paid time off and sick leave at a rate of 80% of time earned. Sick leave accumulates up to a maximum of 1,440 hours. Upon termination of employment, employees may receive pay for their unused paid time off. The cost of paid time off and sick leave is recognized when earned by employees.

J. Leases

Nueces County Hospital District is a lessee for a noncancellable lease of a building. The District recognizes a lease liability and an intangible right-to-use asset in the financial statements.

At the commencement of a lease, the District initially measures the lease liability at the present value of payments expected to be made during the lease term and the lease liability is reduced by the principal portion of lease payments when made. The intangible right-to-use asset is initially measured at the initial amount of the lease liability and is amortized on a straight-line basis over its useful life.

The key estimates and judgements related to leases include how the District determines the discount rate used to discount the expected lease payments to present value, lease term, and lease payments. The District uses its estimated incremental borrowing rate as the discount rate for the leases. The lease term includes the noncancellable period of the lease and lease payments included in the measurement of the lease liability are comprised of fixed payments.

The District monitors changes in circumstances that would require a remeasurement of its leases and will remeasure the intangible right-to-use asset and lease liability if certain changes occur that are expected to significantly affect the amount of the lease liability.

K. Employee Benefit Plans

The District has a 403(b) tax sheltered annuity retirement plan and a deferred compensation plan as described in Note 14. The assets, liabilities, fund equity and operations of this plan are not presented on the District’s financial statements as both plans are independently administrated.

L. Fund Balance Classifications

The *nonspendable* fund balance includes the portion of net resources that cannot be spent because of their form or because they must be maintained intact. For the District, resources not in spendable form include prepaid items.

The *committed* fund balance includes spendable net resources that can only be used for specific purposes pursuant to constraints imposed by a formal vote of the Board of Managers no later than the close of the fiscal year. Those constraints remain binding unless removed or changed in the same manner employed to previously commit those resources.

The *assigned* fund balance includes amounts that are constrained by the District’s intent to use funds for specific purposes, but are neither restricted nor committed. Such intent should be expressed by the Board of Managers to assign amounts to be used. Constraints imposed on the use of assigned amounts can be removed with no formal Board action. The residual fund balance that is not committed in governmental funds; except the General Fund, is assigned.

The *unassigned* fund balance represents the spendable net resources that have not been restricted, committed, or assigned to specific purposes.

For the classification of Governmental Fund balances, the District considers an expenditure to be made from the most restrictive first when more than one classification is available.

M. Codification of Accounting and Financial Reporting Guidance

The District complies with GASB Statement No. 62, *Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 1989 FASB and AICPA Pronouncements*, which incorporates into GASB’s authoritative literature certain accounting and financial reporting guidance issued by the Financial Accounting Standards Board and the American Institute of Certified Public Accountants on or before November 30, 1989, which does not conflict with or contradict GASB pronouncements.

Note 3 – SPOHN MEMBERSHIP AGREEMENT

The District and Spohn entered into a Spohn Membership Agreement to establish a structure for the joint membership of Spohn with the District effective October 1, 2012, as stated in Note 1. The Agreement includes (1) provisions stipulating the parameters for the healthcare services that Spohn will continue to provide to the Nueces County indigent residents during the term of the Agreement, without payment by the District to Spohn for such services, (2) operative provisions and parameters for Spohn’s continued use of the District’s Memorial Medical Center (MMC) facilities and satellite clinics during the term of the Agreement in a manner consistent with the substantive and maintenance provisions in the former Lease Agreement, without payment of rent by Spohn to the District for such use, and (3) a Spohn net patient revenue allocation and sharing arrangement between Spohn and the District, the amount of which is determined each year prior to October 1.

The Spohn Membership Agreement serves multiple purposes including to facilitate (1) continued provision of indigent health care services in Nueces County, (2) Spohn’s and other Region 4 healthcare providers’ ability to participate in Medicaid supplemental funding under the Waiver based on the providers’ achievement of Waiver-related project metrics and milestones and their provision of uncompensated care, to the benefit of the Nueces County indigent residents served by the District and (3) the District’s ability to serve as the Region 4 Anchor under the Waiver.

Note 3 – SPOHN MEMBERSHIP AGREEMENT (Continuation)

The Spohn Membership Agreement was amended and restated effective November 18, 2015 permitting Spohn to renovate and transform the MMC campus and improve facilities at its Christus Spohn Hospital Shoreline campus. Spohn has constructed a new Family Health Center on an unoccupied portion of the MMC campus, expanded its Shoreline campus Emergency Department, relocated the MMC trauma center to the Shoreline campus, and added in-patient bed capacity to that campus. With the addition, relocation, and expansions completed, the community has access to the health care services previously available at MMC and Spohn was allowed to cease operation of and demolish MMC. Neither party exercised its right to terminate the amended and restated Membership Agreement by providing written notice to the other party within 90 days of the expiration of the initial term on September 30, 2023, and therefore the amended and restated Membership Agreement was automatically renewed until September 30, 2028.

Annual Member Revenue Allocation

Each year under the Spohn Membership Agreement, Spohn and the District confer regarding the support necessary for the operations of Spohn over the ensuing fiscal year starting October 1. Spohn prepares a budget that contemplates any modifications or additions in cost to provide healthcare services at MMC and the Satellite Clinics. Upon review of the Spohn budget, economic resources of Spohn and the Members and other factors, Spohn and the District agree on a "Specified Annual Percentage", (as defined in the agreement), of Spohn's net patient revenue that the District will receive. Based on this year's estimate the District budgeted \$28,000,000 and received \$29,884,824 in member revenues for the year ended September 30, 2023.

According to management, estimating the Specified Annual Percentage for membership revenue sharing is difficult due to the number of changing factors in the health care system that affect costs, as well as, revenues. Management intends to adjust the membership revenue sharing "Specified Annual Percentage" annually according to the Spohn Membership Agreement.

Note 4 – CASH AND INVESTMENTS

The District's investment policies and types of investments are governed by the Texas Public Funds Investment Act ("PFIA"). The District's management believes that it has complied with the requirements of the PFIA and the District's investment policies.

Note 4 – CASH AND INVESTMENTS – (Continuation)

At September 30, 2023, the District segmented time distribution analysis of the portfolio by market sector is as follows, including the Health Benefit Trust:

	TOTAL	INVESTMENT MATURITIES IN YEARS	
		LESS THAN ONE YEAR	ONE TO THREE YEARS
Cash and Equivalents:			
Collateralized Bank Accounts	225,262	225,262	--
Money Market Mutual Funds -			
Fiduciary Funds	46,867	46,867	--
Petty Cash	300	300	--
AAA-Rate Local Government			
Investment Pools:			
Texpool	44,138,240	44,138,240	--
Logic	8,257,787	8,257,787	--
TexStar	3,457,525	3,457,525	--
Total Cash and Equivalents	56,125,981	56,125,981	--
Investments At Fair Value:			
Commercial Paper	15,622,946	15,622,946	--
Federal Home Loan Bank	22,179,206	10,611,770	11,567,436
Federal Home Loan Mortgage			
Corporation	9,398,523	--	9,398,523
Federal Farm Credit Banks	3,965,496	3,965,496	--
Municipal Bond	6,189,622	2,274,729	3,914,893
Total Investments	57,355,793	32,474,941	24,880,852
TOTAL VALUE	113,481,774	88,600,922	24,880,852
% of Total Portfolio	100%	78.08%	21.92%

The District's policy is to report money market investments and investment pools at amortized cost. U.S. Government Agency Securities are reported at fair value based on quoted market values. All other investments are reported at fair value unless a legal contract exists which guarantees a higher value.

Note 4 – CASH AND INVESTMENTS – (Continuation)

Investment Pools

Public funds investment pools in Texas (Pools) are established under the authority of the Interlocal Cooperation Act, Chapter 79 of the Texas Government Code and are subject to the provisions of the Public Funds Investment Act (PFIA), chapter 2256.016 of the Texas Government Code.

In addition to others provision of the PFIA designed to promote liquidity and safety of principal, the PFIA requires Pools to: (1) have an advisory board composed of participants in the pool and other persons who do not have a business relationship with the pool and are qualified to advise the pool; (2) maintain a continuous rating of no lower than AAA or AAAM or an equivalent rating by at least one nationally recognized rating service; and (3) maintain the market value of its underlying investment portfolio within one half of one percent of the value of its shares.

All investments pools funds held by the District are rated AAAM by Standard & Poor’s and comply with the PFIA. Investment pools are included in Cash and Cash Equivalents. A more detailed description of investment pools held by the District at September 30, 2023 is as follows:

TexPool Investment Fund

Texas Local government Investment Pool (“TexPool”) operates in a manner consistent with the SEC’s Rule 2a7 of the Investment Company Act of 1940. TexPool uses amortized cost rather than market value to report net assets to compute share prices. Accordingly, the fair value of the position in TexPool is the same as the value of TexPool shares. The State Comptroller of Public Accounts exercises oversight responsibility over TexPool. Oversight includes the ability to significantly influence operations, designation of management and accountability for fiscal matters. Additionally, the State Comptroller has established an advisory board composed of both participants in TexPool and other persons who do not have a business relationship with TexPool. The advisory board members review the investment policy and management fee structure.

LOGIC Investment Pool

Local Government Investment Cooperative (LOGIC) is a local government investment pool organized under the authority of the Interlocal Cooperation Act, chapter 79, of the Texas Government Code and the PFIA. The pool was created in April 1994 through a contract among its participating governmental units, and is governed by a board of directors (the board) to provide for the joint investments of participant's public funds and funds under their control. J.P. Morgan Investment Management Inc. (JPMIM) has served as the investment adviser. JPMIM is an SEC registered investment adviser and an affiliate of J.P. Morgan Asset Management (JPMAM). Hilltop Securities Inc. (Hilltop) and JPMIN serve as co-administrators to LOGIC, and Hilltop provides administrative, participant support and marketing services. Hilltop Securities is a registered broker dealer, member of FINRA/SIPC, which provides financial advisory and investment banking services to governmental entities. JPMorgan Chase Bank N.A. provides custodial services. LOGIC's policy seeks to invest pooled assets in a manner that will provide for safety of principal, liquidity in accordance with the operating requirements of the participants, and a competitive rate of return by utilizing economies of scale and professional investment expertise. S&P Global monitors pertinent pool information on a weekly basis to ensure the pool’s compliance with its rating requirements.

Note 4 – CASH AND INVESTMENTS – (Continuation)

TexSTAR Investment Pool

Texas Short Term Assets Reserve Program (“TexSTAR”) is administered by First Southwest Company and JP Morgan Chase. TexSTAR is overseen by a five member governing board made up by three participants and one of each of the program’s professional administrators. The responsibility of the board includes the ability to influence operations, designation of management and accountability for fiscal matters.

In addition, TexSTAR has a Participant Advisory Board which provides input and feedback on the operations and direction of the program and Standard and Poor’s reviews the pool on a weekly basis to ensure the pool’s compliance with its rating requirements. TexSTAR’s investment policy stipulates that it must invest in accordance with the Texas PFIA.

Credit Risk

The primary stated objectives of the District’s adopted Investment Policy are the safety of principal, liquidity, diversification and yield. Credit risk within the District's portfolio among the authorized investments approved by the District's adopted Investment Policy is present only in time and demand deposits, U.S. government agency bonds, repurchase agreements, commercial paper, municipal obligations and money market mutual funds. All investments are rated AAA, or equivalent, by at least one nationally recognized rating agency. Investments are made primarily in obligations of the U.S. Government, its agencies or instrumentalities. State law and the District's adopted Investment Policy require inclusion of a procedure to monitor and act as necessary to changes in credit rating on any investment which requires a rating. State law and the District’s adopted Investment Policy also require a procedure to verify continued FDIC insurance weekly.

State law and the District's adopted Investment Policy restrict both time and demand deposits, including certificates of deposit (CD), to those banks doing business in the State of Texas and further requires full insurance and/or collateralization from these depositories (banks and savings banks). Depository certificates of deposit are limited to a stated maturity of three years. Collateral, with a 102% margin, is required and collateral is limited to obligations of the U.S. Government, its agencies or instrumentalities. Independent safekeeping is required outside the pledging bank's holding company with monthly reporting. Securities are priced at market on a daily basis as a contractual responsibility of the bank.

By policy the state law commercial paper must be rated not less than A1/P1 or equivalent by at least two national recognized statistical rating organizations (NRSRO) or by one NRSRO if fully secured by an irrevocable letter of credit issued by a bank organized and existing under U. S. law or the law of a state of the U.S. Commercial paper is restricted to a stated maturity of 365 days or less.

The District's adopted Investment Policy restricts investment in money market mutual funds to those rated AAA and registered with the SEC. Each fund must strive to maintain a \$1 net asset value. Local government investment pools in Texas are required to be rated AAA, or equivalent, by at least one nationally recognized rating agency. The Policy further restricts investments to AAA-rated local government investment pools which strive to maintain a \$1 net asset value.

Note 4 – CASH AND INVESTMENTS – (Continuation)

Credit Risk – (Continuation)

As of September 30, 2023, the cash and investments contained:

- FDIC insured or fully collateralized bank deposits representing .20% of the total portfolio;
- Investment in three local government investment pools representing 49.22% of the total portfolio;
- AAA-rated money market funds striving to maintain a \$1 net asset value represented 0.04% of the total portfolio;
- US Government agency securities representing 31.32% of the total portfolio; and.
- Municipal Bonds representing 5.45% of the total portfolio.
- Commercial Paper representing 13.76% of the total portfolio.

Concentration of Credit Risk

The District recognizes over-concentration of assets by market sector or maturity as a risk to the portfolio. The District's adopted Investment Policy establishes diversification as a major objective of the investment program and at least 33% of the District's investments are designed to be in obligations of the US Government. As of September 30, 2023 the portfolio met its diversification requirements.

Interest Rate Risk

In order to limit interest and market rate risk from changes in interest rates, the District's adopted Investment Policy sets a maximum stated maturity date of three years and at least 33% of the District's investments shall be obligations of the U.S. Government. To ensure liquidity a minimum of 10% shall be liquid. The maximum weighted average maturity (WAM) is two years. At the time any investment is placed, the overall compliance with the Investment Policy is verified. A segmented time distribution analysis of the portfolio is shown on page 43. As of September 30, 2023, holdings in the portfolio with stated maturity dates beyond one year representing 21.92% of the total portfolio all of which were US agencies and municipal bonds.

Custodial Credit Risk

To control custody and safekeeping risk State law and the District's adopted Investment Policy requires collateral for all time and demand deposits, as well as collateral for repurchase agreements. All pledged securities are to be transferred delivery versus payment and held by an independent party approved by the District and held in the District's name by an independent custodian. The custodian is required to provide original safekeeping receipts and monthly reporting of positions with position descriptions including market value. Repurchase agreements and deposits must be collateralized to 102% of market value and collateral terms to be detailed in executed written agreements. Depository agreements are executed under the terms of U.S. Financial Institutions Resource and Recovery Enforcement Act (FIRREA). The counter-party of each type transaction is held contractually liable for monitoring and maintaining the required collateral margins on a daily basis.

Note 4 – CASH AND INVESTMENTS – (Continuation)

Custodial Credit Risk – (Continuation)

As of September 30, 2023, the portfolio contained no certificates of deposit and no repurchase agreements. The portfolio contained .20% in fully insured and collateralized demand deposit accounts. All pledged bank collateral for demand deposits was held by an independent institution outside the bank's holding company.

Restricted Cash

At September 30, 2023, the District held \$9,159,393 in cash, for the benefit of the Local Provider Participation Fund (LPPF). See Note 15 for a description of the program.

Note 5 – FAIR VALUE OF FINANCIAL INSTRUMENTS

GASB 72, *Fair Value Measurement and Application*, for financial reporting purposes categorizes financial instruments within three different levels of risk dependent upon the measure of their fair value and pricing as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the government can access at the measurement date.
- Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.
- Level 3 inputs are unobservable inputs for the asset or liability.

Because the investments are restricted by Policy and state law to active secondary market, the market approach is being used for valuation. The market approach uses prices and other relevant information generated by market transactions involving identical or comparable assets, liabilities, or a group of assets and liabilities.

The fair market prices used for these fair market valuations of the Districts portfolio are all Level 2 and represent other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. The investments held by the District as of September 30, 2023 are U.S. Government Agency Bonds, Commercial Paper and Municipal Bonds.

Note 6 – PROPERTY TAXES

The Commissioners’ Court of Nueces County levies for the District, an ad valorem tax as provided under state law on properties within the District. These taxes are collected by the Nueces County Tax Assessor-Collector and are remitted to the District when received. The Nueces County Appraisal District establishes appraised values.

Property taxes are considered available when collected within the current year. Property taxes attach as an enforceable lien on property as of January 1. Taxes are due upon receipt of the tax bill and are past due and subject to interest if not paid before February 1 of the year following the October 1 levy date. Taxes are delinquent if not paid by June 30. Delinquent taxes are subject to both penalty and interest charges as well as attorney costs. The assessed value of the roll-on January 1, 2022 upon which the levy for the 2023 fiscal year was based was \$40,395,837,497.

The tax rate assessed for the year ended September 30, 2023 to finance general fund operations and the limited tax refunding bonds was \$0.098846 per \$100 valuation. Current tax collections for the year ended September 30, 2023 were 97% of the year-end adjusted tax.

Note 7 – DELINQUENT TAXES RECEIVABLE

The following table shows a schedule of delinquent taxes receivable and the allowance for uncollectible taxes for the District.

	BALANCE OCTOBER 1, 2022	CURRENT YEAR LEVY	TOTAL COLLECTIONS	ADJUSTMENTS	BALANCE SEPTEMBER 30, 2023
Delinquent Taxes					
Receivable	4,835,217	39,969,897	38,903,605	(1,441,219)	4,460,290
Allowance for					
Uncollectible Taxes	(1,183,897)	--	--	(15,202)	(1,199,099)
NET DELINQUENT TAXES RECEIVABLE	<u>3,651,320</u>	<u>39,969,897</u>	<u>38,903,605</u>	<u>(1,456,421)</u>	<u>3,261,191</u>

Note 8 – CAPITAL ASSETS AND RIGHT-TO-USE BUILDING

A summary of changes in the capital assets and leases follows:

	BALANCE OCTOBER 1, 2022	ADDITIONS	REDUCTIONS	BALANCE SEPTEMBER 30, 2023
Capital Assets, Not Being Depreciated-				
Land	3,076,926	--	--	3,076,926
Capital Assets and Leases, Being Depreciated/ Amortized:				
Equipment	1,308,327	19,139	2,150	1,325,316
Buildings	9,768,452	--	--	9,768,452
Right-of-Use Building	--	459,524	--	459,524
Total Capital Assets and Leases Being Depreciated and Amortized	11,076,779	478,663	2,150	11,553,292
Less Accumulated Depreciation/Amortization for				
Equipment	1,206,476	36,151	631	1,241,996
Buildings	6,917,284	224,610	--	7,141,894
Right-of-Use Building	--	30,635	--	30,635
Total Accumulated Depreciation and Amortization	8,123,760	291,396	631	8,414,525
Total Capital Assets and Leases, Being Depreciated and Amortized, Net	2,953,019	187,267	1,519	3,138,767
TOTAL CAPITAL ASSETS AND LEASES, NET	6,029,945	187,267	1,519	6,215,693

Note 9 – RIGHT-OF-USE BUILDING AND LEASES

On May 31, 2023, the District entered into a 36 month lease for its administrative offices with a renewal period through May 31, 2028. Under the terms of the lease the base rent, including parking is \$9,137 per month for 6,166 square feet at \$16.75 per square foot and will increase by \$.25 per square foot annually.

The District records the lease under GASB Statement No. 87, which establishes a single model for lease accounting based on the principle that leases are financing the right to use an underlying asset. Accordingly, the standard requires the lessee to record a lease liability and related right-to-use asset. The lease liability is calculated at the present value of the remaining lease payments expected to be paid over the term of the lease. Generally, the lease asset will be equal to the lease liability with a few exceptions, such as prepaid or deferred lease payments.

An initial lease liability was recorded in the amount of \$459,524. As of September 30, 2023, the value of the lease liability is \$435,366. The lease has an interest rate of 8.25%, which was the incremental borrowing rate for the District. The value of the right-of-use asset as of September 30, 2023 is \$428,889 net of accumulated amortization of \$30,635.

Note 9 – RIGHT-OF-USE ASSET AND LEASES – (Continuation)

Future minimum lease payments for the next five year are as follows:

Year Ended September 30,	PRINCIPAL	INTEREST	TOTAL
2024	77,094	30,067	107,161
2025	85,302	23,931	109,233
2026	94,213	17,148	111,361
2027	103,887	9,663	113,550
2028	74,870	2,335	77,205
TOTAL	435,366	83,144	518,510

Note 10 – UNEARNED REVENUES

Unearned Revenue balances at September 30, 2023 consist of property taxes of \$3,261,191.

Note 11 – LONG-TERM OBLIGATIONS

The following is a summary of long-term obligation transactions of the District for the year ended September 30, 2023:

	BALANCE OCTOBER 1, 2022	ADDITIONS	REDUCTIONS	BALANCE SEPTEMBER 30, 2023
Other Liabilities-				
Accrued Paid Time Off	65,503	163,734	123,529	105,708
TOTAL	65,503	163,734	123,529	105,708

Note 12 – INTERGOVERNMENTAL TRANSFERS (IGTs)

The District participates in the State sponsored Medicaid payment program serving as the Region 4 Anchor. The District provides IGT's for certain healthcare providers in Region 4 so they can participate in Medicaid payment programs. The District budgets IGTs based on provider's cost estimates. HHSC determines the amount of available State funds available to providers under the various Medicaid payment programs. After these complicated calculations are made by HHSC for all providers in the entire State, then HHSC calculates the amount of IGT needed by each provider and determines timing of the payments to providers. Therefore, of the District's budgeted \$44,847,968 for IGT's, the District paid \$45,518,171 in IGT's in the current fiscal year.

Additionally, IGTs are not accrued as liabilities by the District on the government-wide financial statements because of the following factors:

- There is no legal obligation for the District to remit IGTs to HHSC;
- The amount to pay cannot be reasonably estimated

Note 13 – COMMITTED FUND BALANCE

As shown in the fund financial statements the Board of Managers committed an amount not to exceed \$11,857,945 in the District's general fund balance to anticipated additional expenditures for IGTs arising from the District's participation in the Waiver during the year ended September 30, 2023.

Funds included in the Indigent Care Fund of \$57,105,061 are committed to be used for indigent health care.

Note 14 – INTERFUND TRANSACTIONS AND BALANCES

Interfund transfers during the year ended September 30, 2023 were as follows:

	TRANSFERS OUT		
	GENERAL FUND	TOBACCO SETTLEMENT FUND	TOTAL
<u>TRANSFERS IN</u>			
General Fund	711,000	(711,000)	--
TOTAL	711,000	(711,000)	--

Note 15 – EMPLOYEE BENEFIT PLANS

Retirement Plan

The District maintains a single-employer, defined contribution retirement plan available to all employees. The Plan is a tax-qualified plan pursuant to section 403(b) of the Internal Revenue Code. All full-time employees are eligible for participation in the plan. As of September 30, 2023, nineteen employees were enrolled in the plan.

The Plan is administrated by an outside party. Employees can contribute a percentage of their compensation as permitted by the Internal Revenue Code Section 403(b). The District can make a discretionary matching contribution ranging from 5% to 7% of the employee’s earnings, based on tenure. The vesting schedule provides for employees to be 100% vested in their contributions. The District’s contributions are vested at a rate of 20% per year of employment. The plan permits employees to borrow from the plan and the related administration cost thereof shall be borne by the employee participant. The normal retirement age has been designated as 65 years of age. During the year ended September 30, 2023, the District had retirement plan expense of \$86,979.

Deferred Compensation Plan

The District has a deferred compensation agreement with a key employee which allows the employee to defer a percentage of his annual compensation to future periods as permitted by the Internal Revenue Code. The Plan is administrated by an outside party.

Note 16 – LOCAL PROVIDER PARTICIPATION FUND

During 2020, a Local Provider Participation Fund (“LPPF”) in Nueces County was created by the Texas Legislature. Nueces County Hospital District acts as the administrator of the LPPF by assessment and collection of mandatory payments by hospitals in Nueces County. These payments are to be used to fund the local share of supplemental Medicaid funding programs.

During the year ended September 30, 2023, Nueces County Hospital District collected \$113,294,680 in mandatory payments from participating hospitals and made intergovernmental transfers of \$126,236,210. As of September 30, 2023, the District held \$9,159,393 in mandatory payments that will be used for future funding of eligible supplemental payment programs.

The District serves as the administrator of the LPPF. Accordingly, the District is authorized a fee for their administrative services. During the year ended September 30, 2023 the district received \$300,000 fees for serving as administrator.

Note 17 – SUBSEQUENT EVENTS

Tax Revenues

One of our top ten taxpayers has disputed their values since 2018. The values through year 2022 have remained around \$1.1 billion. Under Texas Tax Code Section 111.104 - Refunds, taxpayers have the ability to pay the undisputed portion of their taxes while any disputed or protested amounts are resolved separately. The taxpayer chose to pay on the undisputed portion which has created underpayments totaling \$4.2 million (\$3.1 million for M&O and \$1.1 million for I&S) to the district. Tax year 2023 values were set at \$2.5 billion. At this time, it’s uncertain what value the taxpayer will determine is undisputed. The additional underpayment for 2023 could range from \$4.0 million to \$4.3 million. We are actively engaged with relevant tax authorities and ensure compliance with all regulatory obligations.

Spohn Emergency Medicine Residency Program

In June 2024, the District will begin phasing in \$21.250 million of funding to Spohn for support of their Emergency Medicine Residency Program; the funding will be spread over a 6-year period ending in 2030. In late 2023 Spohn elected to terminate the Program and County Commissioners and the public requested the District take action with Spohn to retain the Program in the community. The District plans to initially pay these funds from its reserves, but will be seeking external funding and consideration of a tax rate increase from Commissioners Court to offset these additional costs.

INDEPENDENT AUDITOR'S REPORT ON INTERNAL
CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE
AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL
STATEMENTS PERFORMED IN ACCORDANCE WITH
GOVERNMENT AUDITING STANDARDS

February 22, 2024

The Board of Managers
Nueces County Hospital District
Corpus Christi, Texas

We have audited in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the governmental activities and each major fund of the Nueces County Hospital District, a component unit of Nueces County, Texas, as of and for the year ended September 30, 2023, and the related notes to the financial statements, which collectively comprise the District's basic financial statements as listed in the table of contents and have issued our report thereon dated February 22, 2024.

Report on Internal Control Over Financial Reporting

In planning and performing our audit, we considered the Nueces County Hospital District's internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the basic financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the District's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or, significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Nueces County Hospital District's basic financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grants, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance that required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Collier, Johnson & Woods