MEMORANDUM

To: Board of Directors

From: Jeff R. Turner
Chief Executive Officer

Re: Administrative Report for November 2024

1) **Growth**:
   a) **Hospital Project:** As predicted, HB objected to the significant cost in "fixing" the items listed on the most recent (final) T&B report. Their objection prompted multiple calls with "MCHD's Team" to clarify exactly what had to be fixed. The T&B Report implied that as many as two hundred valves would have to be replaced, which was why the cost was so expensive. GSP's mechanical engineer, Jim Daniel, stated that the latest T&B report might not be the full extent of the necessary work because previous T&B reports also documented issues and HB has not delivered any documents indicating that these previous items had been fixed. (The "final" T&B report does not aggregate findings from previous T&B reports.) Matt Sullivan questioned why GSP valued the original cost-to-correct at $50,000 and was told that GSP typically does not see "hardware issues" arise at this stage of the project. Shawn and I responded that MCHD continues to battle HVAC related issues on a regular basis and that we have zero trust in HB or BMCC. Therefore, before any settlement is accepted, MCHD will require a third party to review all previous T&B reports, come on-site to validate that all findings have been fixed, and anything that is not fixed must be resolved. We encouraged BMCC to be present during the third-party inspection so that we only do this exercise once to make our case (whatever that is). So, I do not know if we have a few valves or hundreds that need to be replaced nor do I know the extent of the "other items." It remains a mess.
      i) **Other Renovated Spaces:**
         (1) **Chapel:** The Chapel project has been submitted to the State Architectural Review for their approval. Meantime, we are working on costs for furnishings and visiting with the donor family.
         (2) **Classroom:** We continue to prepare the old pharmacy for renovation into a classroom.
   b) **Multispecialty Clinic Project:** No updates.
   c) **Women's Services Volumes:** Congratulations to Drs. Diehlmann, Jester, Mitchell, and the Women's Services team for tying an all-time monthly delivery record in October. MCHD delivered forty-nine babies!
   d) **Physician/Provider Recruiting:**
      i) **Internal Medicine:** A search is underway to replace Dr. Bella. Dr. Bella will leave MCHD's Adult Medicine practice at the end of January 2025. Ashleigh and I had a conversation with a new candidate, Dr. Samuel Addo, on November 18. Dr. Addo was born in Ghana but finished high school and now his residency in North Carolina. Interestingly, his fiancé is a clinical psychologist. Ashleigh Wiswell and I were very impressed with Dr. Addo and we are

working to schedule an on-site interview with him, probably in early December. Two previous candidates are no longer being considered.

ii) **Family Practice:** As per the 2025 Strategic Plan goal to add a Family Practitioner to the Moore County Family Health Clinic, I have been in discussions with Dr. Lauren Knight to join MCHD full-time in a hybrid clinic-hospitalist position. Dr. Knight has verbally agreed to terms and I had a phone conference with Concord on November 18 to ensure they would go along. MCHD proposes that Dr. Knight continue serving as the hospitalist medical director, work hospitalist shifts, and weekly shifts in the MCFHC. Concord would reduce MCHD's monthly invoice by the amount they are currently paying Dr. Knight. Thus, the incremental cost to MCHD would be the portion of her salary occurring at the clinic. This plan increases patient access and provides support to Dr. Corbin at the MCFHC.

iii) **Orthopedic APP:** A search is underway to replace Jamie Warrilow at the MCHD Bone & Joint Clinic.

e) **Inpatient Dialysis:** MCHD completed a financial analysis of a proposed inpatient dialysis service that would be offered through a contract with TeleNeph, LLC. The tele-service would provide nephrology consulting services to MCHD hospitalists and dialysis support for patients who are admitted for reasons other than dialysis but who need dialysis while admitted.

f) **Pain Management Service:** Josh Dunlap, a CRNA who has worked at MCHD through our current anesthesia group, has expressed an interest in starting a pain management program. MCHD has travelled this road twice before without too much success. I made clear to Mr. Dunlap that MCHD has no objection to pain management but it is not a core service for us and the only way we would pursue it with him is if we had no risk. In other words, I told him that he would not get paid unless we got paid. He seemed good with that and said that he would send me a draft agreement for review, one like what he and his business partner have in place at six other rural hospitals in the Panhandle.

g) **Transfers:** We've noted for several months an increasing trend to transfer patients rather than admit them at MCHD. I had a call with Concord about this issue on November 18 and we all agreed that this trend must be reversed. Concord has committed to working with Dr. Knight, Yessenia, Kelly Galloway, and me to find the causes and correct the course.

h) **Transfers vs Admissions & Swing Beds:** Please see the updated ER Admission, Transfer, and Swing Bed Admission graphs (attached).

2) **Service**:

a) **Improve Patient Satisfaction Scores:** See Scorecard.

b) **CLS Update:**

i) **CLS Health Care Service Excellence Conference:** A dozen MCHD leaders and employees attended the CLS HCSEC in Orlando on November 4-6. The focus of the conference was on customer service and sustaining a culture of excellence. Three of our nursing leaders attended thanks to a SHIP grant from the Texas Department of Agriculture, State Office of Rural Health.

3) **People**:

a) **CEO Bi-annual Rounds:** Since the last Board meeting, I have completed rounds in Clinic PFS, Women's Services, Med-Surg, and Foot & Ankle Clinic. We will start again in February/March 2025.

b) **Larry White Returns as Interim MNRC Administrator:** We welcome Larry White back as the Interim MNRC Administrator. Larry will help us out until a permanent candidate can be found.

c) **Turnover (through October):**

	Actual (15)	Annualized (Goal is ≤15%)
Overall	4.7%	14.1%
RN	0%	0%
LVN	4.5%	13.5%

4) Quality:

a) National Rural Rating System 5-Star Designation: At the HCSEC Conference, CLS and the National Rural Health Association rolled out the first awards for the National Rural Rating System. MCHD was one of seventeen hospitals to receive a 5-Star Designation. The NRRS is designed to score small hospitals on the same rating system and scale as CMS's 5-Star rating system. CMS requires at least one hundred returned surveys to receive a star rating on the Hospital Compare website. This requirement eliminates most small/rural hospitals from receiving a CMS star designation, even though we are required to report data, just like larger hospitals.

5) **Finance**:

a) **Once Again, CMS Moves the Goalposts:** The Texas Panhandle Clinical Partners ACO produced significant savings for performance year 2023 ($12,256,790). However, prior to making shared savings payments, CMS decided to rebase acuity scores using data from 2017-2019. Of course, this decision accrued to the benefit of CMS and TPCP is now being told we will not receive a shared savings payment. According to the ACO distribution methodology, the ACO would have received a check of $3,852,310 for distribution to participating members. MCHD would have received a distribution of approximately $45,000. TPCP is appealing CMS's decision. See attached.

b) **Grant Activity**:

i) **Awarded:**

(1) Amarillo Area Foundation Matching Grant ($9,874.62) Centrella Patient Bed for Med/Surg (need six total)

(2) Bivens Foundation ($7,820) Whisper Glide Wheelchair Swing

ii) **Applications Submitted**:

(1) Harrington Cancer & Health Foundation ($37,322.50) Ultrasound Machine for OB/GYN Clinic

(2) Dumas Economic Development Corporation Matching Grant ($9,874.62) Centrella Patient Bed for Med/Surg (need six total)

(3) State Office of Rural Health: Request for community health transportation assistance and for staff educational activities/conferences

iii) **Passed First Vote, Approved to Apply:**

(1) MS Doss Foundation - Radiology Room, CT Machine, Ambulance, Women's Services, Anatomage Machine for MCHD, Dumas High and Amarillo College (Combination of over $ 1.4 million request)

(2) Melinda Gates Pivotal Women's Health Grant – Behavioral Health Grant ($1.5 million).

iv) **Upcoming in Late 2024/Early 2025, Cycle Not Yet Open:**

(1) Robert Wood Johnson Foundation – TBD

(2) High Plains Children's Ministries – up to $25,000

(3) Valero Foundation

v) **Not Awarded:**

(1) Children's Miracle Network - $25,000 for Birthing Bed and Post-partum Bed

(2) Women's Circle - $11,908 for Bladder Scanner

c) **Up-front Cash Collections:** In October, MCHD collected $170,979.37 in up-front cash on a goal of $153,397. Incentives of $8,548.97 were paid. For FY 2025, MCHD has collected $615,751 on a goal of $1,840,761, 33.5% of goal with 8 months to go.

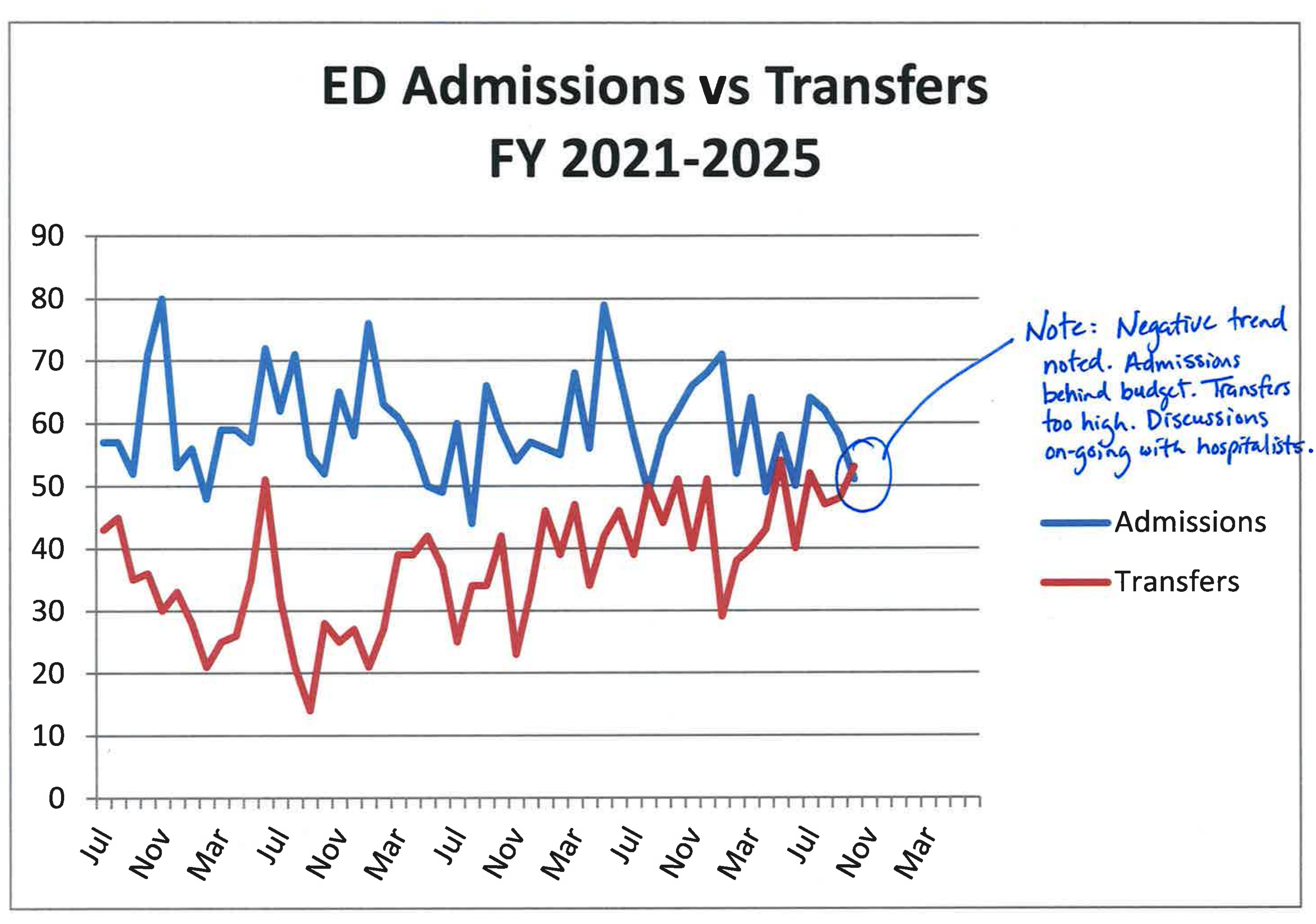
6) **Community:**

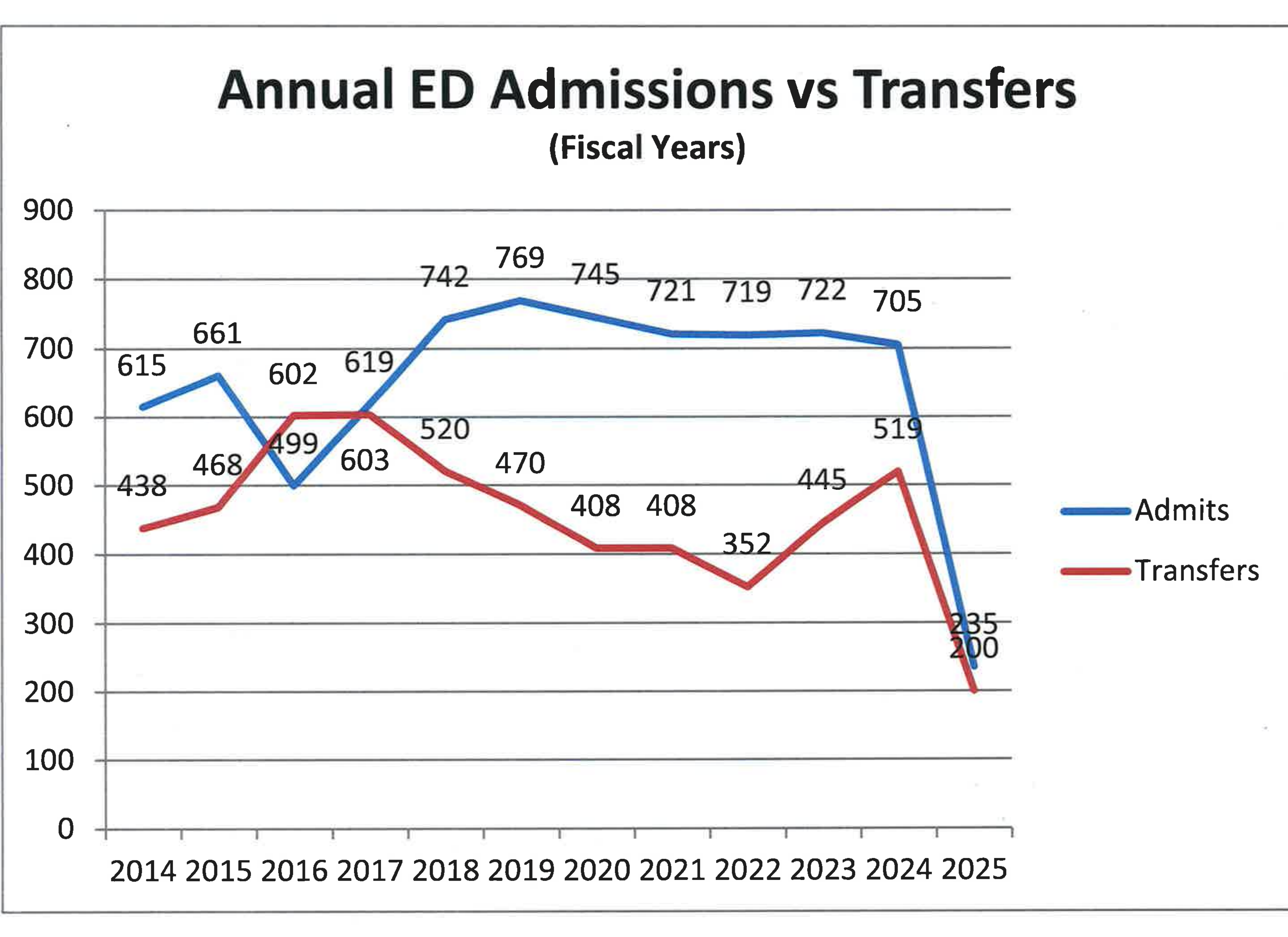
a) **CEO Community Involvement:**

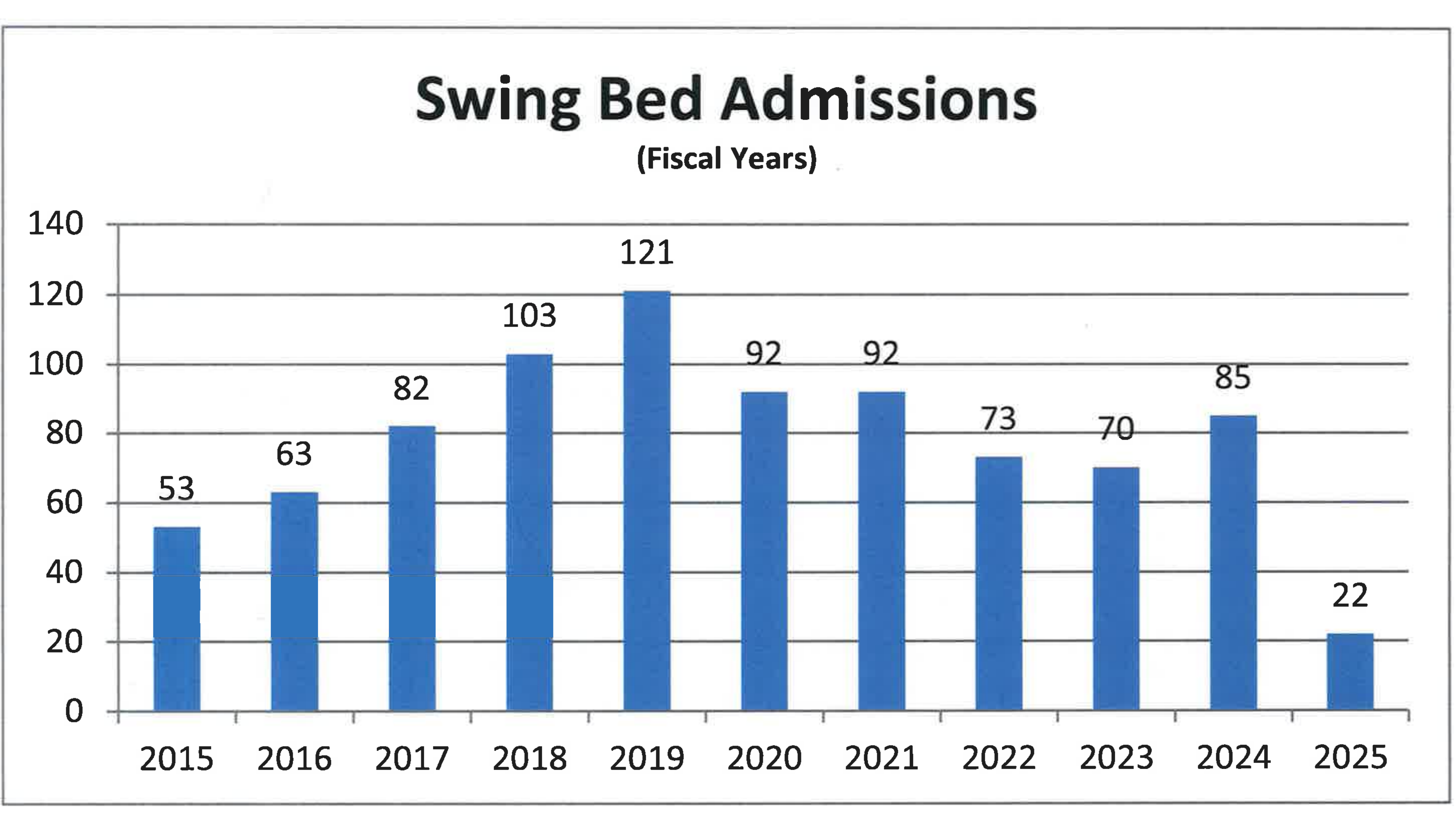
1) Amarillo College Board of Regents President Seach Interviews (Amarillo)
2) Amarillo College Board of Regents Board Meeting (Amarillo)
3) Moore County Chamber Community Leader Meeting
4) Dumas Tennis Association activities

7) **Future Events**:

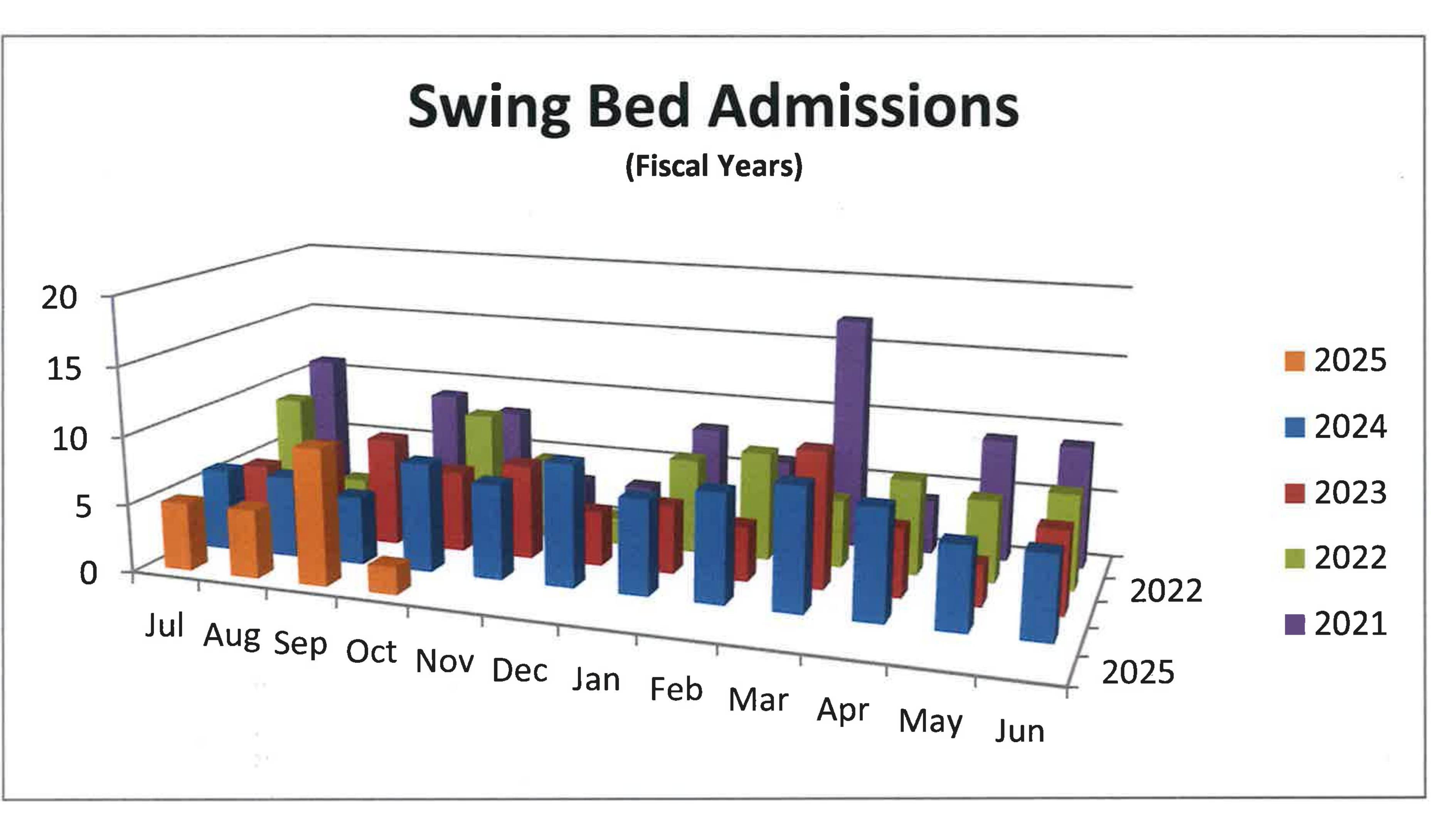
a) **Medical Staff & Executive Committee:** The next Medical Staff meeting is at noon on December 10th. Tom Moore is the scheduled Board attendee.


ED Admissions vs Transfers
FY 2021-2025
90
80
70
60
50
40
30
20
10
0
Jul
Nov
Mar
Jul
Nov
Mar
Jul
Nov
Mar
Jul
Nov
Mar
Jul
Nov
Mar
Admissions
Transfers
Note: Negative trend noted. Admissions behind budget. Transfers too high. Discussions on-going with hospitalists.


Annual ED Admissions vs Transfers
(Fiscal Years)
900
800
700
600
500
400
300
200
100
0
615
661
499
619
742
769
745
721
719
722
705
235
438
468
602
603
520
470
408
408
352
445
519
200
2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025
Admits
Transfers



Swing Bed Admissions
(Fiscal Years)
140
120
100
80
60
40
20
0
53
63
82
103
121
92
92
73
70
85
22
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025



Swing Bed Admissions
(Fiscal Years)
20
15
10
5
0
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
2022
2025
2025
2024
2023
2022
2021

SCORECARD
Moore County Hospital District
thru October 2025

	2025 GOALS		Results FY 2024	Results FY 2023	Results FY 2022	Results FY 2021
PEOPLE						
Turnover						
Actual Employee Turnover (YTD / Annualized)	≤16%	4.7% / 14.1%	11.9%	17.7%	20.1%	17%
Employed Doctors Offices (Connie)	≤18%	7.5% / 22.5%	7.7%	25.3%	38.1%	8%
Nursing Division (Yessenia)	≤15%	2.2% / 6.6%	8.8%	15.1%	28.3%	24%
Overall Nursing Turnover (RN+NP+PA+LVN)	≤14%	2.2% / 6.6%	6.2%	14.3%	16.9%	10%
RN Turnover	≤14%	0% / 0%	1.4%	13.1%	19.0%	9%
LVN Turnover	≤12%	4.5% / 13.5%	7.7%	11.9%	8.3%	14%
MNRC (Galy)	≤20%	5.9% / 17.7%	15%	15.8%	19.9%	31%
Non-clinical Support Services (Jeff)	≤ 17%	5.3% / 15.9%	8.8%	23.2%	16.8%	
Clinical Ancillary Division (Ashleigh)	≤13%	1.9% / 5.7%	14.2%	12.3%	21.5%	20.3%
Finance Division (John)	≤14%	9.1% / 27.3%	32.9%	16.3%	13.2%	3%
Employee Satisfaction						
Overall Percentile (All Facility Database)	90th %	April 2025	92nd	No Survey	96th	96th
SERVICE						
CAHPS Patient Satisfaction / Perception (MCR "Adjusted Raw Score")						
Inpatient	90	100.0 Overall MS=100 ICU=100 OB=100	87.7 Overall MS=88.2 ICU=80 OB=88.9	85.96 Overall MS=86 ICU=88 OB=86	Data Conversion 78.9 Overall MS=88 ICU=66 OB=62	67.1 Overall MS=56 ICU=81 OB=81
Emergency Room	90	72.3	76.2	88.6	85.9	87.7
Ambulatory ("Day") Surgery	90	100	88.2	90.6	83.1	84.6
Hospice	95	ND	100.0	100.0	100.0	76
Outpatient: Qualtrick "Rating of care and service" Top Box %						
Radiology	90%	97%	98%	96%	96%	97%
Lab	90%	96%	95%	95%	95%	96%
Therapy	90%	99%	99%	99%	97%	95%
Physician Offices (CG-CAHPS) ("Raw Scores")						
Adult Medicine (Overall / Dr / Office Staff)	90 / 90 / 90	86.8 / 84.2 / 84.0	91.9 / 88.1 / 85.6			
Bone & Joint (Overall / Dr / Office Staff)	90 / 90 / 90	97.0 / 95.2 / 88.5	84.5 / 84.3 / 78.2	95.2 / 95.1 / 95.2	94.9 / 93.9 / 93.1	96.1 / 96.7 / 95.5
Family Health Clinic (Overall / Dr / Office Staff)	90 / 90 / 90	75.2 / 77.1 / 67.4	70.4 / 73.9 / 63.3	89.0 / 89.5 / 86.8	87.9 / 87.3 / 85.6	90.2 / 90.3 / 87.7
Foot & Ankle (Overall / Dr / Office Staff)	90 / 90 / 90	97.1 / 95.3 / 89.6	94.1 / 92.9 / 87.9	95.6 / 95.8 / 94.7	96.6 / 96.6 / 95.4	96.1 / 95.3 / 93.3
General Surgery (Overall / Dr / Office Staff)	90 / 90 / 90	100 / 100 / 97.0	91.8 / 88.9 / 86.9	85.5 / 82.5 / 84.4	90.0 / 90.0 / 86.3	98.7 / 97.5 / 95.9
Internal Medicine (Overall / Dr / Office Staff)	90 / 90 / 90	77.4 / 81.8 / 77.1	84.3 / 85.9 / 77.7	93.3 / 93.5 / 92.1	94.7 / 96.3 / 92.3	94.6 / 93.5 / 91.4
Ob/Gyn (Overall / Dr / Office Staff)	90 / 90 / 90	90.5 / 82.9 / 84.4	83.8 / 82.2 / 79.6	94.9 / 93.3 / 94.5	99.1 / 97.5 / 98.9	91.6 / 92.8 / 93.1
Physician Satisfaction						
Satisfaction Overall Mean Score	4.50	8/31/2025	4.77	4.77	4.71	5.00
Physician Engagement Overall Mean Score	4.30	8/31/2025	4.47	4.32	4.41	4.42
FINANCE						
EBITDA as % of NPR	6.23%	-0.07%	7.76%	3.11%	6.44%	10.85%
Net Income as % of Net Operating Revenue	27.00%	-6.31%	-3.91%	-1.04%	2.64%	9.37%
SWB as % of NPR	55.75%	52.41%	66.76%	72.89%	68.01%	56.01%
Supply Costs as % of NPR	9.68%	8.87%	11.31%	11.60%	12.39%	9.38%
Operating Expense as % of Net Revenue	97.0%	100.1%	99.3%	97.5%	113.70%	
Upfront Cash Collected ($)	$1,840,761	$615,751	$1,804,668	$1,816,633	$1,773,360	$1,627,240
Cash Collections as % of NPR	103%	107%	99.0%	104.1%	106.9%	102%
Total Cash Collections	$49,519,495	$17,593,945	$40,637,480	$41,285,158	$41,406,017	$39,630,848
Total Contract Labor (excl. Dietician) ($)	$360	$0	$184,871	$86,185	$84,101	$16,504
GROWTH						
Admissions	813	221	791	829	952	862
Outpatient Visits	31,248	15,376	31,573	32,299	34,656	
Clinic Visits	41,188	14,842	40,561	39,956	39,266	34,856
ER Visits	8,638	2,993	8,546	8,385	7,796	6,459
Total Surgeries	1,238	432	1,209	1,131	1,039	1,091
Clinical Ancillary Volumes	248,820	81,554	243,941	229,864	240,128	224,856
Swing Bed Admissions	87	22	85	70	73	92 ([illegible])
Nursing Home Resident Days	13,084	4,035	12,765	12,116	11,097	10,468
Hospice Patient Days	3,764	888	3,596	4,186	3,015	3,577
EMS Runs	2,071	744	2,047	2,128	2,031	2,093
QUALITY						
Re-admissions (Internal Rate)	≤4%	4.5% (5/111)	3.3% (14 / 417)	2.1% (10 / 485)	4.0% (24 / 603)	3.0% (17 / 570)
Nursing Home Overall Star Rating	5-Stars	5-Stars	5-Stars	5-Stars	3 Stars	2-Stars
ACO Overall Quality Score	90%	8/31/2025	97%	95%	97%	91.8%
EMS On-scene Time	≤ 12 minutes	11:02	10:19	11:56	10:39	11:02

COLOR KEY:	Achieving Target				Near Target (0-10% neg. var.)	Missing Target (11-25% neg var.)

Jeff Turner

From: Reining, April <April.Reining@uhsinc.com>
Sent: Wednesday, November 13, 2024 2:10 PM
To: Jeff Turner
Subject: RE: A3320 Request for Reconsideration Review

Hi Jeff,

Prior to the Risk Renormalization here are the estimates. If MCHD qualified for 100% of each distribution category for 2023, that would equal ~ $93.56 per patient. MCHD had an average of 478 beneficiaries in 2023 leading to a potential payout of ~$44,721.

2023	TPCP
Total Savings	$12,256,790
Savings Rate	5.52%
MSR Met	
Sharing Rate %	40%
Attributed Lives	16,469
Alpine Lives	
Quality %	100%
Earnings	**$4,902,716**
After 2% Sequestration	$4,804,662
Total Admin	$952,352
Distribution	$3,852,310
% UHS	$2,311,386
% Participants	$1,540,924

April Reining
Regional Director – ACO Development

C: 806-279-2567
april.reining@uhsinc.com

From: Jeff Turner <jturner@mchd.net>
Sent: Wednesday, November 13, 2024 1:55 PM
To: Reining, April <April.Reining@uhsinc.com>
Subject: [EXTERNAL] RE: A3320 Request for Reconsideration Review

April, prior to CMS taking this action, what were we thinking the ACO would receive in shared savings and, if you have it, what was MCHD estimated to receive?
Jeff

From: Reining, April <April.Reining@uhsinc.com>
Sent: Wednesday, November 13, 2024 10:02 AM
To: Jeff Turner <jturner@mchd.net>; hassan.khalid@ttuhsc.edu
Subject: A3320 Request for Reconsideration Review

CMS Reconsideration Request submitted for TPCP ACO 11/12/2024

April Reining
Regional Director – ACO Development

C: 806-279-2567
april.reining@uhsinc.com

From: Jemmoua, Kamal <Kamal.Jemmoua@uhsinc.com>
Sent: Tuesday, November 12, 2024 6:23 PM
To: ACOReconsiderations@cms.hhs.gov
Cc: McCarthy, Rebecca <Rebecca.McCarthy2@uhsinc.com>; Reining, April <April.Reining@uhsinc.com>; Islam, Ifrad <ifrad.islam@uhsinc.com>; Derek J. Pauley <dpauley@blueskyanalytics.net>; Cary, Mallory <Mallory.Cary@uhsinc.com>; Jemmoua, Kamal <Kamal.Jemmoua@uhsinc.com>
Subject: A3320 Request for Reconsideration Review

To Whom It May Concern:

Pursuant to the authority granted to CMS by 42 CFR 425.315(a), the Texas Panhandle Clinical Partners ACO A3320 ("ACO") requests that CMS reopen the financial reconciliation calculation of the shared savings earned by the ACO for performance year 2023, and recalculate the shared savings earned by the ACO in accordance with 42 CFR 425.315(a), for performance year 2023.

Additionally, it is our understanding that under 42 CFR 425.315, an Accountable Care Organization can request that CMS exercise discretion in undertaking a reopening determination as to the amount of shared savings due to the Accountable Care Organization. Specifically, 42 CFR 425.315 provides for a reopening when CMS determines that the amount of shared savings due to the ACO has been calculated in error. For reopening to occur, there must be "good cause," and "good cause" exists when "evidence that was considered in making the payment determination clearly shows on its face that an obvious error was made at the time of the payment determination." 42 CFR 425.315(a)(2)(ii).

Below are the reasons why the ACO requests that CMS reconsider its initial determination.

1. **Discrepancies in Risk Adjustment Factor**. We calculate beneficiary-level risk scores utilizing the risk adjustment model and software that CMS makes publicly available for performance year 2023. We have identified significant differences that we would like to review with CMS. These differences are observed among all Medicare enrollment types, particularly Aged/Non-Dual. We are prepared to submit supporting documentation that contains PHI/PII at the appropriate time.
2. **Alignment of Participants between BY and PY**. We have an open request with technical assistance (ticket ID: TKT0109268) to verify that the Performance Year 2023 participating TINs are the identical TINs used to generate the Benchmark Year 2019 risk score, which is the denominator in the Performance Year risk ratio.
3. **Incongruent Application of Risk Score Cap.** There is a 3% cap on risk score increases, but there is not an equivalent 3% floor when risk score decreases. As populations' health status changes, incongruency in risk score application can compromise health equity initiatives and incentives. A symmetrical +3%/-3% ceiling/floor would address this inconsistency and benefit the program.

Please contact April Reining (ACO Director) regarding this request.
Email: april.reining@uhsinc.com
Phone: 806-279-2567

We will await response to pursue next steps in this process and are prepared to submit documentation supporting this case.

Thank you,

Kamal Jemmoua
Chief Executive Officer

Reno, NV 89502
C: 941-545-8046
kamal.jemmoua@uhsinc.com

UHS of Delaware, Inc. Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution of this

Language	Calls	Mins	Average Hold Time In Seconds
Spanish	419	4948	20
Haitian Creole	36	584	35
Somali	26	507	20
Burmese	17	243	25
Karen	16	394	62
Portuguese (Brazil)	12	165	15
Swahili	12	270	30
K'iche'	12	186	42
Tigrinya	9	173	46
French Creole	6	119	114
Arabic	5	31	23
Amharic	4	40	26
Dinka	2	15	147
Pashto	1	6	56
Zou (Zo, Zomi)	1	31	143
Korean	1	1	33
Grand Total	**579**	**7713**	**25**

Note: Found the variety of languages translated for patient care — just for October! — Dumas is incredibly diverse.

Sharing FYI.