

TRMC Board of Managers

Meeting Minutes

July 28, 2025





The Titus County Hospital District Board of Managers met for a regularly scheduled meeting on Monday, July 28, 2025, at 5:30PM in the Williams Conference Room on the 3rd floor of Titus Regional Medical Center in Mount Pleasant, TX.

ATTENDEES: Don Lowry, Tony Rundles, Trent Abbott, Steve Courreges, Rob Holliday, Kevin Rose, Ricky Baker, Patricia Boeckmann (CEO), Dr. William Hooks (CMO), and Dr. James Bove (COS)

ADMINISTRATION: Kathy Griffis (COO/CNO), Andy Fortenberry (CFO), Tracie Smith (Sr Director Marketing)

VISITORS:

ABSENTEES: Dr. Milan Sekulic (TRMG President)

CALL TO ORDER: Don Lowry called the meeting to order at 5:30PM.

Opening prayer was officiated by Tony Rundles. The Pledge of Allegiance was led by Andy Fortenberry.

CONSENT AGENDA

- I. Approval of Minutes of TCHD Regular Board Meeting 7/10/25
- II. Approval of Finance Committee Recommendation of Minutes of the TCHD Board Finance Committee Meeting 6/26/25
- III. Discussion, Consideration, and Action Regarding Recommendation of MEC for Medical Staff Privileges including approval of Gastroenterology and Hyperbaric Oxygen Therapy, Nurse Practitioner Delineation of Privileges
 - 1. REAPPOINTMENTS (Three-year appointment):
 - None
 - 2. REAPPOINTMENTS (Credential by Proxy-Two-year reappointment:
 - Mrelashvili, Davit MD Telemedicine TeleNeurology Hospital & Description
 Medicine
 - Tung, Christie MD Telemedicine TeleNeurology Hospital & Description
 Medicine
 - 3. APPOINTMENTS (Three-year appointment):
 - Catton, Mark MD Active Anesthesiology Procedural Services
 - Haidara, Moulaye MD Active Ophthalmology Surgical Services
 - Lee, Stacy Lane MD Active Radiology, Tele Hospital & Degree Emergency Medicine
 - 4. APPOINTMENTS CREDENTIALLING BY PROXY (Two-year appointment):
 - Dong, Junling DO Telemedicine TeleNeurology Hospital & Dong, Emergency Medicine
 - 5. TEMPORARY PRIVILEGES:



- Alfarawati, Mohammad MD Active Pulmonary Disease, Critical Care—Hospital & Emergency Medicine
- Lee, Stacy Lane MD Active Radiology, Tele Hospital & Degree Emergency Medicine
- Tubre, Ryan MD Associate Urology Surgical Services
- Watkins, Herbert MD Associate Urology Surgical Services
- 6. FOCUSED REVIEW: CONTINUE
 - Black, D. Scott MD Active Cardiology Hospital & D. Scott MD Ac
- IV. Executive reports current month
- V. TRMC Finance Report
 - a. Presentation of Financial Report as of June 30, 2025
 - b. Discussion, Consideration, and Approval of Finance Committee Recommendation to Approve June 2025 Financial Reports
 - c. Quarterly Auxiliary Report, Auxiliary requested this morning to defer to August.
 - d. Patient Experience QAPI current month
 - e. Becker's Hospital Review- Days cash on hand at 40 Health Systems
 - f. HB 1522
 - ♣ Don Lowry asked for a motion to approve the Consent Agenda listed above.
 - ♣ Motion: A motion was made by Steve Courreges and seconded by Kevin Rose to approve the listed Consent Agenda items. The motion carried with a unanimous vote.

***** RECOGNITION AND APPRECIATION OF TRMC TEAM MEMBERS

There was no one to recognize due to Medical Students welcoming event.

❖ UPCOMING AND PAST EVENTS/MARKETING UPDATE

- Coffee Chat 8/6
- Lunch and Learn 8/13
- Coffee Chat 8/20
- Chamber Breakfast 8/27
- TRMC Tiger Tailgate Party 8/29

❖ NEW BUSINESS

- Legislative update
 - Patty presented to board HB 1522 Revising Texas Notice Requirement from 72 hours to 3 business days and updates to notices of discussion or adoption of budgets. This will go into effect on September 1, 2025.
- Board Education
 - Joint Commission Launching Accreditation 360, the New Standard
 - o Deferring of exemption tax rate until August Board Meeting.

Operations reports

Finance Committee Supplement Items – Andy Fortenberry



- For April, May and June we were above the operating budgethe medical center positive. Contributing factors to this include rate increases, improvement in our supplemental and cost reduction measures implemented.
- o FY 2026 Budget
 - Analysis in support of Budget 2026
 - Physician Comp Analysis
 - Profitability Analysis service line with downstream revenue
 - Span of Control
 - Staffing Benchmarking
 - Referral Analysis
- Staffing
 - OIG List of Exluded Individuals/Entities
 - Voluntary submission accepted
 - OIG calculated fine
 - Annual total compensation multiplied by percentage of Medicaid payments
 - Compensation period: 2018-Present
 - Calculated fine: \$44,629
 - OIG is allowing a 24-month no interest back
 - Staffing Considerations
 - Rightsizing clinic office staff
 - Transistion staff to centralized scheduling and referral team
 - Strata software termination
 - Notified of intent
 - Next steps under review
 - Overtime monitoring
 - Wellness Center
 - Leadership change in June 2025
 - Issues confronted
 - June membership billing
 - Letters sent to members notifying collection of June fees to be collected August 15
 - Controls Implemented
 - Third party usage of facilities
 - Overtime
 - Making huge reductions in overtime, trend line has been going down since January
- Revenue Cycle Optimization Kim Parrish
 HB Key Performance Indicators



- Cash met target in May, this is with an 8% gross-up of the target in May, this is with an 8% gross-up of the target in May, this is with an 8% gross-up of the target in May, this is with an 8% gross-up of the target in May, this is with an 8% gross-up of the target in May, this is with an 8% gross-up of the target in May, this is with an 8% gross-up of the target in May, this is with an 8% gross-up of the target in May, this is with an 8% gross-up of the target in May, this is with an 8% gross-up of the target in May, this is with an 8% gross-up of the target in May, this is with an 8% gross-up of the target in May, this is with an 8% gross-up of the target in May, this is with an 8% gross-up of the target in May, this is with an 8% gross-up of the target in May, this is with an 8% gross-up of the target in May, this is with an 8% gross-up of the target in May, this is with an 8% gross-up of the target in May, this is with an 8% gross-up of the target in May, the targ
- Collection ratio is trending up over prior year with the trend continuing in May
- The time it takes to get a claim to a payer increased by 0.2 days as of June 14 over May
- Overall denial rate is down by .6% over the end of the month
- Gross Accounts Receivable Days are not moving stagnant
- A Self-Pay analysis is underway to determine root cause. We are seeing the following factors
 - Bad Debt is not flowing as expected
 - Analysis of payment plans is underway with a preliminary finding that payments are too low for several high dollar balances, strategy is in development

PB Key Performance Indicators

- Cash decreased from target this month
- The collection ratio for PB is slowly trending up, trend continued into May
- The time it takes to get a claim to get a claim to a payer increased again in the month of May. This is largely due to a redeployment of staff by vendors during the RHC transition. Resource assignment is being addressed, and days have started to come down in the past week.
- Gross accounts receivable days increases, because of claims on hold due to coding. This is being addressed with the vendor.

TRMC Benefit Progress

- Cash improvement driven by
 - Decrease in PB AR days from previous month by3.7 days\
 - o Increase in HB AR days by .1 day
- Net Revenue Improvement
 - Degradation of denial write-offs for timely filing
 - o Improvement in denials for prior authorization
 - Increased CDI outcomes related to new process and use of the 3M tools already in-house
 - o Improvement is ED, Trauma and Infusion charge capture
 - o Capture of accurate pain management reimbursement

TRMC Revenue Cycle Outsourcing Plan



Goals & Objectives

- Goal: To deliver a best practice revenue cycle patient experience every time that maximizes financial outcomes compliantly, efficiently and transparently.
- Objectives:
 - Improve patient experience
 - Enhance and accelerate cash collections
 - Increase net revenue capture and improve bottom-line performance
 - Expand revenue cycle expertise
 - Leverage automation/technology
 - Mitigate risk
 - Create/keep local jobs
- Clinical Revenue Cycle Inpatient Units Kathy Griffis
 - Hospitalists Program-GMLOS
 - The team has been able to reduce the LOS from 33% to 17.4% with the benchmark at 30%
 - Discharge Orders Written by 1000
 - Goal has been set to have discharge orders written by 1000
 - We were at 22% in January and we're up to 39%
 - o Medical Surgical Observation Reduction 2025
 - Initiative began March 2025
 - Patient reimbursement difference for inpatient vs observation is \$6,473.70
 - Went from average of 41.22% Obs in 2024 to average of 21.71% Obs in 2025 with a reduction of 19.51%
- a. Hospitalist Program and AHA Awards
 - Kathy went through the comparisons of surrounding hospitals get with the guideline's awards vs TRMC awards
 - TRMC has achieved gold status in both heart attack (STEMI and NSTEMI) and EMS for several years, and gold plus for stroke for eight consecutive years, achieving target stroke honor roll elite plus for two years in a row, placing them in the top 16% nationally
 - Just received news that we have received the AHA
 Commitment to Quality award for 2025
- b. Data Governance Strategy
 - Developing & Implementing a Data Governance Strategy Dr. William Hooks

Where do we want to be?



- Develop a data governance strategy that leads used and medical center independence in support of our mission
- Make clinical and business decisions based on solid data and analysis
- View data as a strategic asset that needs to be managed
- o Data Governance Program
 - o Charter:
 - Establishes the Data Governance Program and Scope
 - Describes what oversight the program will have
 - Describes the operational framework for decion-making accountabilities
- Anesthesia Model
 - Status of Analysis
 - Evaluating subsidy required for employed vs contract model
 - Assumes 5 anesthetizing locations at 7:30a, 24hr OB call, hours extending after 3pm, after hours call of 1 MD-1 CRNA
 - Rural subsidy estimate is \$2.1-\$3.2m depending on coverage expectations, payor mix, and staffing model
 - Outsourcing generally increases costs by 15%-40% compared to a lean employed model but removes management burdens
 - 24hr OB coverage significantly increases cost of model
- c. CEO Report
 - Updates
 - Downie/Cuenca building
 - Relocating Accounting and IT
 - Vacated space to be used for offices displaced by clinics
 - o Pulmonary Clinic open between main floor elevators in lobby
 - Dr. Alfarawati and Lynda Bockmon, NP
 - Advanced Spine Care opened July 14
 - Dr. Mark Smith and Sherry Missildine, NP
 - First surgery done July 21



EXECUTIVE SESSION : The Board convened to vote.	Executive Session at 6:56 PM with a unanimous
REGULAR SESSION: Regular session reconve	ned at 8:33 PM with a unanimous vote.
ADJOURNMENT: Regular session adjourned at 8:33 PM with a unanimous vote.	
Don Lowry, Chairman	Tony Rundles, Secretary