



BOARD OF MANAGERS
Board of Managers - Regular Meeting
Tuesday, November 18, 2025 at 12:00 PM

AGENDA

1. WELCOME

2. ROLL CALL OF MEMBERS

- ___ Belinda Flores, Chairman
- ___ Vishnu V. Reddy, Vice Chair
- ___ Sylvia Tryon Oliver
- ___ Mariana Garza
- ___ Efrain Guerrero, Jr.
- ___ Georgia Neblett
- ___ Karen O'Connor Urban

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

A. Call to order.

B. Establish quorum.

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

D. Notice is hereby provided that the Board of Managers may convene in closed meeting session(s) during this meeting to consider any agenda item, when permitted under the Texas Open Meetings Act, Texas Government Code Chapter 551.

4. NOTICE REGARDING BUDGETS. The Hospital District's Fiscal Year 2025 and Fiscal Year 2026 budgets have been duly adopted by the Board of Managers and approved by Commissioners Court. At this meeting, the Board may discuss either of these budgets. The budget and the required taxpayer impact statement for Fiscal Year 2026 are available for public review by clicking the "Annual Budget & Taxpayer Impact Statement" link on the

front page District's official website at <https://www.nchdcc.org/>.

5. 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.

6. REGULAR SESSION

A. PUBLIC COMMENT – Opportunity for members of the public to address the Board on matters within its jurisdiction. In-person attendees must sign the “Agenda Item Request to Speak” form at least five (5) minutes before the meeting begins. Remote attendees must notify the presiding officer when called upon. Comments are limited to three (3) minutes (six [6] minutes with translator). The presiding officer may further limit the number of speakers or time allowed. The Board may act only on items listed on the agenda. Materials submitted will not be returned; at least ten (10) copies, labeled with the commenter’s name and agenda item number, must be provided for distribution.

B. 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:

- 1. Approve Board of Managers Regular Meeting minutes of October 28, 2025. 7

- 2. Receive summary payment information on Nueces County health care disbursements for Fiscal Year 2025 year-to-date: 16
 - a. Salaries, benefits, and supplies at/for the City of Corpus Christi/Nueces County Public Health District;

 - b. Emergency medical services provided in unincorporated areas of Nueces County;

 - c. Supplemental and jail diversion program funding for Nueces Center for Mental Health and Intellectual Disabilities;

 - d. Medical services provided at County correctional facilities:

1. Nueces County Jail; and
2. Nueces County Juvenile Detention Center;

e. Funding for alcohol and drug abuse treatment programs:

1. Cenikor (Charlie's Place); and
2. Council on Alcohol and Drug Abuse;

f. Funding for diabetes prevention and supporting programs; and

g. Public health grants. (*Finance Committee*)

3. Receive summary of imputed claims information for medical and hospital services 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 ending October 31, 2025. (*Finance Committee*) 17

4. 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*) 18

5. Receive statement of fiscal year-to-date deposits to and withdrawals from the Local Provider Participation Fund, made pursuant to the Board of Managers Order authorizing participation in a health care provider participation program under Texas Health and Safety Code, Chapter 298C, as amended. (*Finance Committee*) 19

6. Receive summary report of cumulative actual intergovernmental transfers (IGTs) made in support of local and other healthcare providers participating in Medicaid directed and supplemental payment programs sponsored by the Texas Health and Human Services Commission (HHSC), and receive estimates of provider payments resulting from the IGTs: 20

a. Directed Payment Programs - IGTs to HHSC for Medicaid managed care payments to providers that promote Medicaid program goals and objectives:

1. Aligning Technology by Linking Interoperable Systems for Client Health Outcomes Program (ATLIS);
2. Comprehensive Hospital Increase Reimbursement Program (CHIRP);
3. Network Access Improvement Program (NAIP); and
4. Texas Incentives for Physicians and Professional Services (TIPPS); and

- b. Supplemental Payment Programs - IGTs to HHSC for Medicaid payments to hospitals, made separately from and in addition to base payments, to incentivize achievement of specified goals or to support providers serving significant numbers of uninsured or low-income patients: 24
 - 1. Disproportionate Share Hospital (DSH);
 - 2. Graduate Medical Education (GME);
 - 3. Hospital Augmented Reimbursement Program (HARP); and
 - 4. Hospital Uncompensated Care (UC). (*Finance Committee*)

7. Receive reports relating to Nueces Aid Program enrollment for the month-ended October 31, 2025:

- a. Total Persons and Households Enrolled; 27
- b. Enrollment Summary; 28
- c. Denials; 30
- d. Application Processing Summary; and 31
- e. Enrollment by Zip Code. (*Finance Committee*) 35

C. REGULAR AGENDA -Items that are non-routine, non-administrative, or require individual attention. Each item will be considered and, if action is needed, voted on separately:

1. **Finance Committee:**

a. Financial Statements:

- 1. Receive and approve unaudited financial statements for fiscal year-ended September 30, 2025. (***ACTION***) 38

b. Investment Report:

- 1. Receive and approve Quarterly Investment Report for fiscal quarter-ended September 30, 2025 and ratify related investment transactions. (***ACTION***) 47

2. **Legislative Matters:**

- a. Receive and discuss reports from Legislative Consultants on the 89th Texas Legislature's Special Sessions and related matters. (***INFORMATION***)

3. **Board Appointments:** 75

- a. Nueces County Hospital District Board of Managers: Three (3) positions with terms expiring September 30, 2025; intent letters and

applications due to County Judge November 12, 2025. (*INFORMATION*)

b. Christus Spohn Board of Trustees: One (1) position, Place 2, with term expiring December 31, 2025; applications due to County Judge December 1, 2025. (*INFORMATION*) 77

4. Administrator's Actions:

a. 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):

1. Engagement of Adamson & Company, LLC to perform an audit of the Hospital District's financial statements of the governmental activities, each major fund, and the aggregate remaining fund information for the fiscal year ended September 30, 2025 (October 1, 2024 - September 30, 2025). (*ACTION*) 78

2. Execution of Health Services Agreement for Nueces County Correctional Facilities between Nueces County, Nueces County Hospital District, and Wexford Health Sources, Inc.; initial term three (3) years commencing December 1, 2025 with an option for two (2) additional one (1)-year terms. Approved by Commissioners Court on November 5, 2025. (*ACTION*) 84

5. Administrator's Briefing:

a. Next scheduled regular meetings of the Board of Managers and Board Committees (all meeting dates, times, and locations are subject to change):

1. Finance Committee: Tuesday, December 16, 2025, 11:30 AM in NCHD Board of Managers Meeting Room at 555 North Carancahua Street, Room 950-A, Corpus Christi, Texas 78401;

2. Board of Managers: Tuesday, December 16, 2025, 12:00 PM in NCHD Board of Managers Meeting Room at 555 North Carancahua Street, Room 950-A, Corpus Christi, Texas 78401. (*INFORMATION*)

7. CLOSED MEETING – The Board of Managers may, at any point during this meeting, convene in closed session to deliberate any agenda item as permitted under the Texas Open Meetings Act, Texas Government Code Chapter 551. The Board reserves the right to discuss any listed agenda item in closed session when legally authorized, regardless of prior practice

distinguishing items for public deliberation from those for executive session. The presiding officer will announce the statutory authority under the Act for each closed session item. Any final action, decision, or vote will be taken in open session either upon reconvening of this meeting or at a subsequent public meeting, as required by law. The Board anticipates entering closed session on the matters identified below pursuant to §551.071 of the Texas Government Code.

A. Consult with attorneys on matters related to Hospital District appointments to the CHRISTUS Spohn Health System Corporation's Board of Directors.

8. **OPEN MEETING** - The Board will reconvene in open session following the Closed Meeting before taking action on Closed Meeting matters or adjourning.

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

9. **ADJOURN**

10. Public Notice Posting Receipt

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DRAFT

**BOARD OF MANAGERS
NUECES COUNTY HOSPITAL DISTRICT
REGULAR MEETING
OCTOBER 28, 2025**

**Dr. Hector P. Garcia Memorial Family Health Center, 2606 Hospital Boulevard
Classroom #1, Corpus Christi, Texas 78405**

HOSPITAL DISTRICT REPRESENTATIVES:

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

OTHERS PRESENT:

Reyann Ali	Christus Spohn
Jenny Dorsey	Nueces County Court Attorney
John Cambron	Christus Emergency Medicine
Alainya Tomanec	Christus Emergency Medicine
Andrea Kovarik	Nueces County MHID
Mark Hendrix	Nueces County MHID
Patricia Shipton	Lobbyist – via Zoom
Joel Romo	Lobbyist – via Zoom
read.ai meeting notes	- via Zoom

1. WELCOME

2. ROLL CALL OF MEMBERS

- Belinda Flores, Chairman
- Vishnu V. Reddy, Vice Chair
- Sylvia Tryon Oliver
- Mariana Garza
- Efrain Guerrero, Jr.
- Georgia Neblett
- Karen O'Connor Urban

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

A. Call to order – Belinda Flores, Chair.
The meeting was called to order at 12:00 p.m.

B. Establish quorum – Belinda Flores, Chair.
A quorum was present with five members in attendance.

Belinda Flores, Chairman – PRESENT
Mariana Garza, Member – PRESENT
Efrain Guerrero, Jr., Member – PRESENT
Georgia Neblett, Member – PRESENT
Karen O'Connor Urban, Member – PRESENT
Vishnu V. Reddy, Vice Chair – ABSENT
Sylvia Tryon Oliver, Member – ABSENT

C. Confirm posting of the meeting’s public notice in compliance with the Texas Open Meetings Act, Texas Government Code Chapter 551.

D. Notice is hereby provided that the Board of Managers may convene in closed meeting session(s) during this meeting to consider any agenda item, when permitted under the Texas Open Meetings Act, Texas Government Code Chapter 551.

4. NOTICE REGARDING BUDGETS. The Hospital District’s Fiscal Year 2025 and Fiscal Year 2026 budgets have been duly adopted by the Board of Managers and approved by Commissioners Court. At this meeting, the Board may discuss either of these budgets.

The budget and the required taxpayer impact statement for Fiscal Year 2026 are available for public review by clicking the "Annual Budget & Taxpayer Impact Statement" link on the front page District's official website at <https://www.nchdcc.org/>.

5. 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.

No Conflict of Interest.

6. REGULAR SESSION

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Dr. John Cambron

B. 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:

1. Approve Board of Managers Regular Meeting minutes of September 23, 2025.
2. Receive summary payment information on Nueces County health care disbursements for Fiscal Year 2025 year-to-date:

BOARD OF MANAGERS
REGULAR MEETING
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- a. Salaries, benefits, and supplies at/for the City of Corpus Christi/Nueces County Public Health District;
 - b. Emergency medical services provided in unincorporated areas of Nueces County;
 - c. Supplemental and jail diversion program funding for Nueces Center for Mental Health and Intellectual Disabilities;
 - d. Medical services provided at County correctional facilities:
 1. Nueces County Jail; and
 2. Nueces County Juvenile Detention Center;
 - e. Funding for alcohol and drug abuse treatment programs:
 1. Cenikor (Charlie's Place); and
 2. Council on Alcohol and Drug Abuse;
 - f. Funding for diabetes prevention and supporting programs; and
 - g. Public health grants.
3. Receive summary of imputed claims information for medical and hospital services 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 ending.
 4. 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.
 5. Receive statement of fiscal year-to-date deposits to and withdrawals from the Local Provider Participation Fund, made pursuant to the Board of Managers Order authorizing participation in a health care provider participation program under Texas Health and Safety Code, Chapter 298C, as amended.
 6. Receive summary report of cumulative actual intergovernmental transfers (IGTs) made in support of local and other healthcare providers participating in Medicaid directed and supplemental payment programs sponsored by the Texas Health and Human Services Commission (HHSC), and receive estimates of provider payments

BOARD OF MANAGERS
REGULAR MEETING
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resulting from the IGTs:

- a. Directed Payment Programs - IGTs to HHSC for Medicaid managed care payments to providers that promote Medicaid program goals and objectives:
 1. Aligning Technology by Linking Interoperable Systems for Client Health Outcomes Program (ATLIS);
 2. Comprehensive Hospital Increase Reimbursement Program (CHIRP);
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- b. Supplemental Payment Programs - IGTs to HHSC for Medicaid payments to hospitals, made separately from and in addition to base payments, to incentivize achievement of specified goals or to support providers serving significant numbers of uninsured or low-income patients:
 1. Disproportionate Share Hospital (DSH);
 2. Graduate Medical Education (GME);
 3. Hospital Augmented Reimbursement Program (HARP); and
 4. Hospital Uncompensated Care (UC).

7. Receive reports relating to Nueces Aid Program enrollment for the month-ended September 30, 2025:
 - a. Total Persons and Households Enrolled;
 - b. Enrollment Summary;
 - c. Denials;
 - d. Application Processing Summary; and
 - e. Enrollment by Zip Code.

**Consent Agenda Approved. Motion by Georgia Neblett
and seconded by Karen O'Connor Urban.
MOTION CARRIED.**

C. **REGULAR AGENDA** -Items that are non-routine, non-administrative, or require individual attention. Each item will be considered and, if action is needed, voted on separately:

1. Legislative Matters:
 - a. Receive and discuss reports from Legislative Consultants on the 89th Texas Legislature's Special Sessions and related matters. (*INFORMATION*)

Patricia Shipton and Joel Romo updated related matters.

2. Community Mental Health Initiatives:

- a. Receive and discuss reports and information from Nueces Center for Mental Health and Intellectual Disabilities ("MHID") relating to work performed under agreements between Nueces County, MHID, and Hospital District for Fiscal Year 2025. *(INFORMATION)*

Andrea Kovarik and Mark Hendrix updated reports from MHID relating to work performed under agreement.

3. Administrator's Briefing:

- a. Next scheduled regular meetings of the Board of Managers and Board Committees (all meeting dates, times, and locations are subject to change):

1. Finance Committee: November 18, 2025, 11:30 AM in NCHD Board of Managers Meeting Room at 555 North Carancahua Street, Room 950-A, Corpus Christi, Texas 78401;

2. Board of Managers: November 18, 2025, 12:00 PM in NCHD Board of Managers Meeting Room at 555 North Carancahua Street, Room 950-A, Corpus Christi, Texas 78401. *(INFORMATION)*

7. Other Business:

- A. Receive supporting documentation relating to Administrator's achievement of certain Employment Agreement-related performance goals for the fiscal quarter ended September 30, 2025 and approve related payment. *(ACTION)*

Motion by Efrain Guerrero Jr. and seconded by Georgia Neblett. MOTION CARRIED.

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BOARD OF MANAGERS
REGULAR MEETING
MINUTES
OCTOBER 28, 2025

final action, decision, or vote will be taken in open session either upon reconvening of this meeting or at a subsequent public meeting, as required by law. The Board anticipates entering closed session on the matters identified below pursuant to §551.071 of the Texas Government Code.

A. Consult with attorneys on matters related to CPS Energy's property acquisitions and related matters.

B. Consult with attorneys on legal issues regarding the Corpus Christi Housing Authority's tax-exemption, potential open meetings violations, and related matters.

Belinda Flores, Chair called for Closed Meeting at 12:30 p.m.

C. Consult with attorneys on legal matters relating to medical education, residency training, and physician recruitment and retention and related matters.

9. OPEN MEETING - The Board will reconvene in open session following the Closed Meeting before taking action on Closed Meeting matters or adjourning.

Belinda Flores, Chair called for Open Meeting at 1:04 p.m.

A. Discuss and consider engaging the law firm of Bickerstaff, Heath, Delgado, Acosta LLP—either jointly or independently—to initiate legal action against the Corpus Christi Housing Authority's tax-exemption scheme and potential Texas Open Meetings Act violations, including but not limited to any contractual arrangements; authorize the Administrator to determine the form of engagement and execute the necessary engagement and related documents. **(ACTION)**

B. Discuss and consider authorizing immediate legal action against the Corpus Christi Housing Authority challenging the validity of the contracts related to the Authority's tax exemption scheme and potential Texas Open Meetings Act violations, including, but not limited to any contractual agreements, and authorize the Administrator to execute related documents. **(ACTION)**

No Action taken for Item 9. A&B. Motion by Belinda Flores, Chair.

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C. Discuss and consider taking final action, decision, or vote on other matters deliberated in Closed Meeting. (*ACTION AS NEEDED*)

No Action taken.

10. ADJOURN

**Belinda Flores, Chair , motion to adjourn.
Meeting adjourned at 1:04 p.m.**

BOARD OF MANAGERS
REGULAR MEETING
MINUTES
OCTOBER 28, 2025

PRESIDING OFFICER:

Belinda Flores, 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 2025

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Fiscal YTD	Budget 2025	Balance
County Healthcare Services															
Health Dept - County	0.00	0.00	0.00	441,324.00	0.00	0.00	441,270.00	0.00	0.00	294,180.00	0.00	0.00	1,176,774.00	1,765,296.00	588,522.00
Mental Health Wellness	0.00	38,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	38,000.00	38,000.00	0.00
Mobile Medical Clinic	0.00	0.00	0.00	0.00	0.00	0.00	3,439.37	0.00	0.00	2,659.91	0.00	0.00	6,099.28	60,000.00	53,900.72
Emergency Medical Services	0.00	0.00	0.00	147,000.00	0.00	0.00	119,400.00	4,200.00	0.00	0.00	130,500.00	123,600.00	524,700.00	650,000.00	125,300.00
NC MHID - Fund Matching	0.00	0.00	242,280.00	0.00	0.00	242,280.00	0.00	0.00	242,286.00	0.00	0.00	242,283.00	969,129.00	969,129.00	0.00
NC MHID - Jail Programs	268,474.68	200,466.20	262,360.10	219,616.53	195,517.94	247,747.48	91,385.80	158,297.87	171,948.57	176,997.87	168,990.38	145,972.02	2,307,775.44	2,550,000.00	242,224.56
NC Juvenile Center	0.00	0.00	62,453.40	0.00	0.00	0.00	164,842.14	0.00	0.00	176,736.82	0.00	0.00	404,032.36	474,000.00	69,967.64
Nueces County Jail Infirmary Svcs	0.00	0.00	0.00	0.00	940,086.28	0.00	0.00	0.00	0.00	2,758,698.95	0.00	1,521,114.96	5,219,900.19	5,202,850.00	(17,050.19)
Cenikor	0.00	0.00	0.00	0.00	0.00	0.00	30,000.00	0.00	0.00	15,000.00	0.00	0.00	45,000.00	60,000.00	15,000.00
Council on Alcohol & Drug Abuse	0.00	0.00	0.00	0.00	0.00	0.00	25,000.00	0.00	0.00	0.00	0.00	0.00	25,000.00	50,000.00	25,000.00
Diabetes Program - County	0.00	0.00	0.00	0.00	1,500.00	0.00	0.00	0.00	0.00	16,227.71	0.00	0.00	17,727.71	50,000.00	32,272.29
HALO-Flight Funding	0.00	0.00	0.00	0.00	0.00	0.00	15,000.00	0.00	0.00	0.00	0.00	0.00	15,000.00	15,000.00	0.00
County Public Health Grants	0.00	0.00	0.00	60,000.00	85,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	145,000.00	230,000.00	85,000.00
Totals	268,474.68	238,466.20	567,093.50	867,940.53	1,222,104.22	490,027.48	890,337.31	162,497.87	414,234.57	3,440,501.26	299,490.38	2,032,969.98	10,894,137.98	12,114,275.00	1,220,137.02

**Nueces County Hospital District
Imputed Claims Experience for Calendar Year 2025
As if Adjudicated January 1, 2025 through October 31, 2025**

Service	Claims	Billed	Contract Amt.	Co Insurance	Net
ER	1,586	18,051,137	1,285,814	43,391	1,242,424
ASU	81	4,893,360	476,687	2,696	473,991
Clinic	3,117	1,224,049	381,971	13,915	368,056
Obs	31	1,614,901	374,981	30,645	344,336
OP	14,172	35,043,873	8,885,216	447,200	8,438,016
Subtotal	18,987	60,827,320	11,404,669	537,847	10,866,822
IP	368	31,967,516	1,569,649	26,367	1,543,283
SNF	-	-	-	-	-
RX	86,680	26,099,870	10,804,155	342,536	10,461,619
Physician	19,681	33,417,379	4,279,916	171,290	4,108,626
Total	125,716	152,312,085	28,058,389	1,078,039	26,980,350

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 2026

Member Revenue % 17.0%

	October	November	December	January	February	March	April	May	June	July	August	September	Totals
<u>Membership Revenue Deposits</u>													
Week 1	1,511,157.21	2,417,944.61											3,929,101.82
Week 2	1,403,285.99												1,403,285.99
Week 3	1,495,552.66												1,495,552.66
Week 4	2,559,686.42												2,559,686.42
Week 5	1,904,908.74												1,904,908.74
Subtotal	8,874,591.02	2,417,944.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,292,535.63

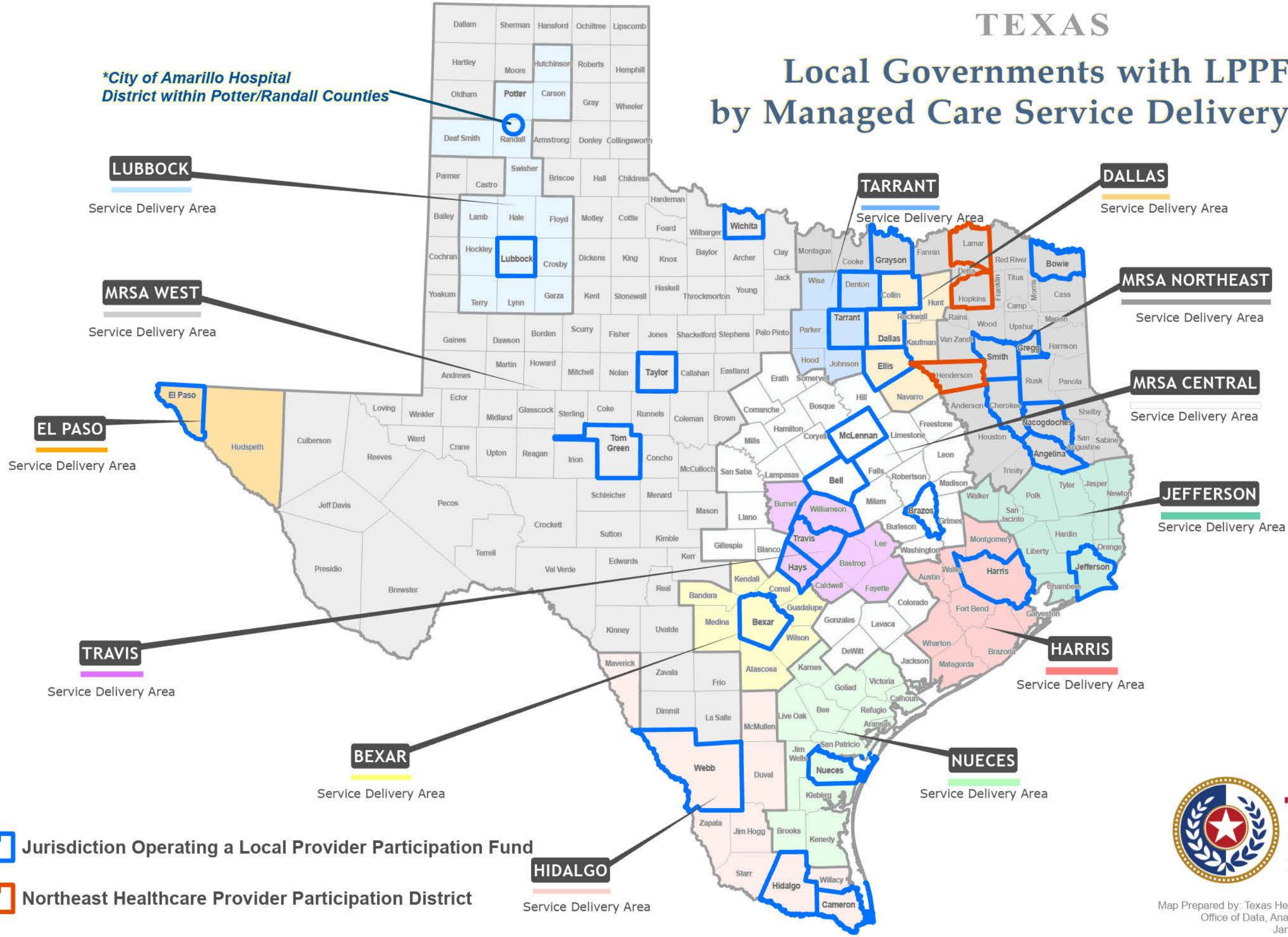
Nueces County Hospital District
 Nueces LPPF Activity
 Fiscal Year 2026

	October	November	December	January	February	March	April	May	June	July	August	September	Totals
Beginning Balance	36,037,687.34	88,352,681.09	88,352,681.09	88,352,681.09	88,352,681.09	88,352,681.09	88,352,681.09	88,352,681.09	88,352,681.09	88,352,681.09	88,352,681.09	88,352,681.09	36,037,687.34
<u>Deposits</u>													
Christus Spohn	20,140,043.00												20,140,043.00
CCMC													0.00
CC Rehab													0.00
Driscoll	31,555,659.00												31,555,659.00
PAM Specialty													0.00
PAM Rehab													0.00
S. TX Surgical													0.00
Oceans Behavioral	625,158.00												625,158.00
Subtotal	52,320,860.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	52,320,860.00
Interest	302,419.15												302,419.15
Transfers In	1,538,911.28												1,538,911.28
Total Deposits	54,162,190.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	54,162,190.43
<u>Inter-Governmental Transfers</u>													
UC													0.00
DSRIP													0.00
CHIRP													0.00
TIPPS													0.00
DSH													0.00
HARP													0.00
GME													0.00
ATLIS	(1,847,196.68)												(1,847,196.68)
Total IGT's	(1,847,196.68)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(1,847,196.68)
Transfers Out													0.00
Bank Fees													0.00
Ending Balance	88,352,681.09	88,352,681.09	88,352,681.09	88,352,681.09	88,352,681.09	88,352,681.09	88,352,681.09	88,352,681.09	88,352,681.09	88,352,681.09	88,352,681.09	88,352,681.09	88,352,681.09

TEXAS

Local Governments with LPPFs by Managed Care Service Delivery Area

**City of Amarillo Hospital
District within Potter/Randall Counties*



Map Prepared by: Texas Health and Human Services Commission,
Office of Data, Analytics and Performance. MRL.
January 15, 2025

Non-federal Share Funding for Certain Medicaid Payments

Medicaid is a program jointly funded by federal and state governments. The federal government provides matching funds to states for a specific percentage of Medicaid expenditures, called federal financial participation (FFP). The amount of FFP is calculated using a state-specific Federal Medical Assistance Percentage (FMAP). To receive federal funding, states must use public funds generated at either the state or local government level as the non-federal share of Medicaid expenditures.

In Texas, locally derived funds are used to finance a vast majority of the non-federal share of Medicaid supplemental and directed payments. All states must provide the non-federal share of Medicaid funding to receive federal matching funds. The non-federal share funds are provided to HHSC from governmental entities through two methods: intergovernmental transfers or the certified public expenditures process.

Intergovernmental Transfers (IGTs)

Intergovernmental transfers (IGTs) are transfers of public funds from a governmental entity to the state. The state receives federal matching Medicaid funds for IGTs used as the non-federal share. The transfer of funds must occur before a Medicaid payment is made.

Some Medicaid payment programs that use IGTs as the non-federal share include: Comprehensive Hospital Reimbursement Increase Program (CHIRP), Disproportionate Share Hospital (DSH), Graduate Medical Education (GME), and uncompensated care payments for hospital providers.

Certified Public Expenditures (CPEs)

Certified public expenditures (CPEs) are expenditures that have been certified by a governmental entity to represent its contribution of public funds in providing services that are eligible for federal matching Medicaid funds. Governmental entities will report CPEs to the state and the state will then claim the federal matching funds. States have the flexibility to retain some of the matching funds.

Some Medicaid payment programs that use CPEs as the non-federal share include: Public Health Provider - Charity Care Program (PHP-CCP), School Health and Related Services (SHARS), and uncompensated care for governmental ambulance providers.

Types of Local Funding Used in Texas

In accordance with federal law, local governmental entities may opt to use eligible public funds to support the Medicaid program. Many local governmental entities in Texas choose to support the Medicaid program to ensure that their community members have access to essential health care services regardless of a patient's ability to pay.

There are many eligible sources of public funds that a local governmental entity may use to fund the Medicaid program; however, it is important to keep in mind that no federal funding may be used to generate the non-federal share. For example, a local governmental entity that receives a federal grant may not use those funds as eligible local public dollars to support the non-federal share. A local governmental entity can, however, use state-appropriated funding, funds received through the implementation of an ad valorem tax, funds appropriated from other local governmental entities, patient revenue (so long as no federal payor program funds are used), tuition or fees at state institution of higher education, or through the implementation of a health-care related tax.

In Texas, some jurisdictions have chosen to implement a Local Provider Participation Fund (LPPF), which is a health-care related tax that is implemented on a local level, administered by an existing unit of local government, and that is designed specifically to meet federal requirements associated with eligible local funds. The local government operating an LPPF will collect mandatory payments (i.e., taxes) from the non-public hospitals located in the local government's jurisdiction. LPPF funding collected by the local governmental entity is then provided to HHSC through an IGT for use as the non-federal share of Medicaid payments just like other eligible sources of local funding.

Currently, 32 jurisdictions have the authority to operate an LPPF. In 2019, House Bill 4289 provided authority for a local government not currently operating an LPPF to have the ability to operate one.

[Non-federal Share Funding for Certain Medicaid Payments | Texas Health and Human Services](#)

04/16/2025

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	ATLIS	TOTALS	
Christus Spohn - Corpus Christi	393,023,597	630,122,255	271,742,566	54,617,146	166,941,074	154,656,045	3,631,000	10,474,533	26,186,370	302,349	1,711,696,935	41%
Christus Spohn Rural (Alice/Beeville/Kleberg)	48,398,858	232,034,878	0	14,571,054	0	32,524,241	0	0	838,721	887,327	329,255,079	8%
Corpus Christi Medical Center	121,850,134	185,078,342	0	47,168,955	0	196,406,090	0	8,751,223	12,844,206	19,933,461	592,032,410	14%
Driscoll Childrens Hospital	314,822,705	34,294,464	0	0	0	881,668,876	2,062,491	22,818,802	117,666,581	35,881,203	1,409,215,122	34%
Detar Hospital	24,949,804	47,723,156	0	15,076,184	0	0	0	0	0	0	87,749,145	2%
North Bay General Hospital	0	0	0	503,238	0	0	0	0	0	0	503,238	0%
South Texas Surgical Hospital	0	0	0	889,769	0	0	0	0	0	0	889,769	0%
Corpus Christ Rehab Hospital	0	0	0	286,797	0	0	0	0	0	187,764	474,561	0%
PAM Specialty Hospital	0	0	0	1,330	0	0	0	0	0	541,452	542,782	0%
PAM Rehab Hospital	0	0	0	141,201	0	1,429,773	0	0	0	689,943	2,260,917	0%
Zoom Rehabilitation Inc.	0	0	0	0	0	0	0	0	0	187,764	187,764	0%
Oceans Behavioral Hospital	0	0	0	0	0	43,294	0	0	0	0	43,294	0%
Nueces County Health Dept	21,809,410	0	0	0	0	0	0	0	0	0	21,809,410	1%
TOTALS	924,854,508	1,129,253,095	271,742,566	133,255,675	166,941,074	1,266,728,319	5,693,492	42,044,559	157,535,877	58,611,262	4,156,660,427	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	ATLIS	TOTALS
Nueces County Hospital District	338,074,018	367,047,357	96,250,465	58,389,165	65,785,944	160,387,066	0	11,097,000	57,518,481	14,824,644	1,169,374,141
Nueces LPPF	27,902,997	73,682,642	7,478,253	0	0	331,501,660	1,755,600	4,353,223	5,080,386	8,614,000	460,368,760
TOTALS	365,977,014	440,729,998	103,728,718	58,389,165	65,785,944	491,888,726	1,755,600	15,450,223	62,598,867	23,438,644	1,629,742,900

Medicaid Supplemental Payment and Directed Payment Programs

(As of April 16, 2025)

Texas Medicaid is a joint federal and state health insurance program for low-income families, older adults, and persons with disabilities. The federal government matches each state's Medicaid spending at a predetermined rate that varies by state. Healthcare providers (e.g., hospitals, doctors, nursing facilities, etc.) receive payments for the services they provide to persons with Medicaid.

The federal government allows each state to develop its own method to reimburse providers for the healthcare they provide to persons with Medicaid. Generally, states' Medicaid payments fall into three broad categories: base payments, supplemental payments and directed payments.

I. Directed Payment Programs (DPPs)

Directed Payments allow states to set parameters for Medicaid managed care spending to assist states in achieving their overall goal of delivery system and payment reform, as well as improved performance. Specifically, a state is permitted to direct Medicaid Managed Care Organizations (MCO) to make certain payments to healthcare providers, either through an adjustment to the monthly base capitation rates or through a separate payment term.

A. Comprehensive Hospital Increase Reimbursement Program (CHIRP)

The Comprehensive Hospital Increase Reimbursement Program (CHIRP) is a statewide program that increases Medicaid payments to hospitals for inpatient and outpatient services provided to persons with Medicaid. Texas MCOs receive additional funding through their monthly capitation rate from the Texas Health and Human Services Commission (HHSC) and are directed to increase payment rates for participating hospitals. As designed, eligible hospitals receive a percentage increase paid on claims submitted to a Medicaid MCO. CHIRP's purpose is to advance goals and objectives in the state's Medicaid quality strategy by incentivizing improved quality and access for hospitals that serve persons with Medicaid.

B. Rural Access to Primary and Preventive Services (RAPPS)

The Rural Access to Primary and Preventive Services (RAPPS) is a directed payment program that incentivizes primary and preventive services for persons with Medicaid in rural areas of the state enrolled in STAR, STAR+PLUS, and STAR Kids. The program focuses on the management of chronic conditions.

C. Texas Incentives for Physicians and Professional Services (TIPPS)

Texas Incentives for Physicians and Professional Services (TIPPS) is a physician-directed payment program (DPP) for certain physician groups to help cover the cost of healthcare services provided to persons with Medicaid enrolled in STAR, STAR+PLUS, and STAR Kids. Eligible physician groups include Health-Related Institution (HRI) physician groups, Indirect Medical Education (IME) physician groups, and other physician groups. These classifications allow the HHSC to direct reimbursement increases where they are most needed and to align with the program's quality goals. TIPPS also serves as a transition from the Network Access Improvement Program (NAIP) and Delivery System Reform Incentive Payment (DSRIP) program for specific physician groups.

II. Supplemental Payment Programs (SPP)

Supplemental Payments are Medicaid payments to healthcare providers that are separate from and in addition to base payments. Supplemental payments give additional funding to certain healthcare providers, like hospitals. The payments may be made in a lump sum. However, some supplemental payments may be linked to achieving certain goals or to support healthcare providers that see significant numbers of uninsured persons without much money. For example, states may provide supplemental payments to providers to support quality initiatives, residency training for doctors, and certain types of facilities (e.g., rural or safety net providers).

A. Disproportionate Share Hospitals (DSH)

Federal law requires Medicaid programs to make special payments to hospitals that serve a disproportionately large number of Medicaid and low-income patients. These hospitals are called Disproportionate Share hospitals (DSH) and receive DSH funding. DSH funds are different from most Medicaid payments because they are not tied to specific services for Medicaid-eligible patients. DSH payments are the only federally allowed Medicaid payment explicitly for the unpaid costs of care for uninsured patients. It can also be used by states to offset low Medicaid base payments.

B. Uncompensated Care Payments (UC)

Uncompensated Care (UC) payments originated as a way for Texas to continue expanding managed care in Medicaid programs and making supplemental payments to hospitals. Texas UC payments may be used to reduce the actual uncompensated cost of medical services provided to uninsured individuals who meet a provider's charity care policy.

C. Graduate Medical Education (GME)

Graduate Medical Education (GME) supplemental payments support medical residency training for medical school graduates at teaching hospitals. Teaching hospitals typically incur additional costs because they are a training site for medical school graduates to receive hands-on, practical experience in treating patients. In addition to medical residents' salary and benefits, teaching hospitals also incur additional costs for more testing and for treating sicker and more complex patients.

D. Hospital Augmented Reimbursement Program (HARP)

The Hospital Augmented Reimbursement Program (HARP) is a statewide supplemental program providing Medicaid payments to hospitals for inpatient and outpatient services that serve Texas Medicaid fee-for-service (FFS) patients. The program serves as a financial transition for providers historically participating in the Delivery System Reform Incentive Payment (DSRIP) program. HARP will provide additional funding to hospitals to assist in offsetting the cost hospitals incur while providing Medicaid services.

E. Medicaid Managed Care Aligning Technology by Linking Interoperable Systems for Client Health Outcomes Program (ATLIS)

Aligning Technology by Linking Interoperable Systems for Client Health Outcomes Program (ATLIS) are incentive arrangements with MCOs for achieving certain milestones on a semi-annual basis with the intention that the milestones will build on prior accomplishments over a 5-year period. The milestones will center around MCO achievement of necessary actions required to implement the structures, processes, and use of client data transmitted electronically between MCOs and providers in their networks to improve client outcome measures and to implement, evaluate, improve, and mature alternative payment models for Medicaid beneficiaries.

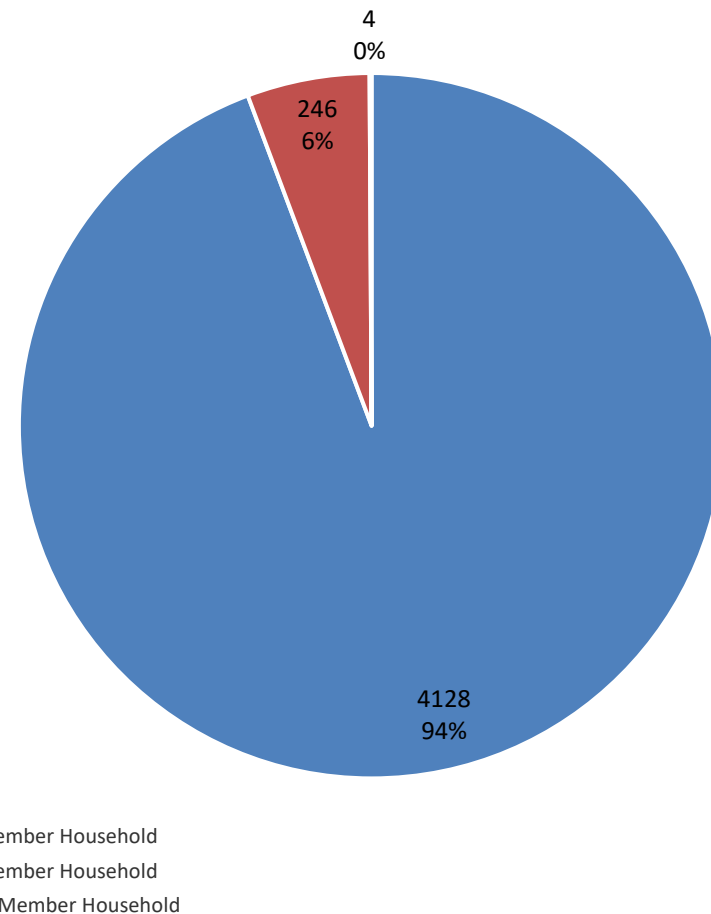
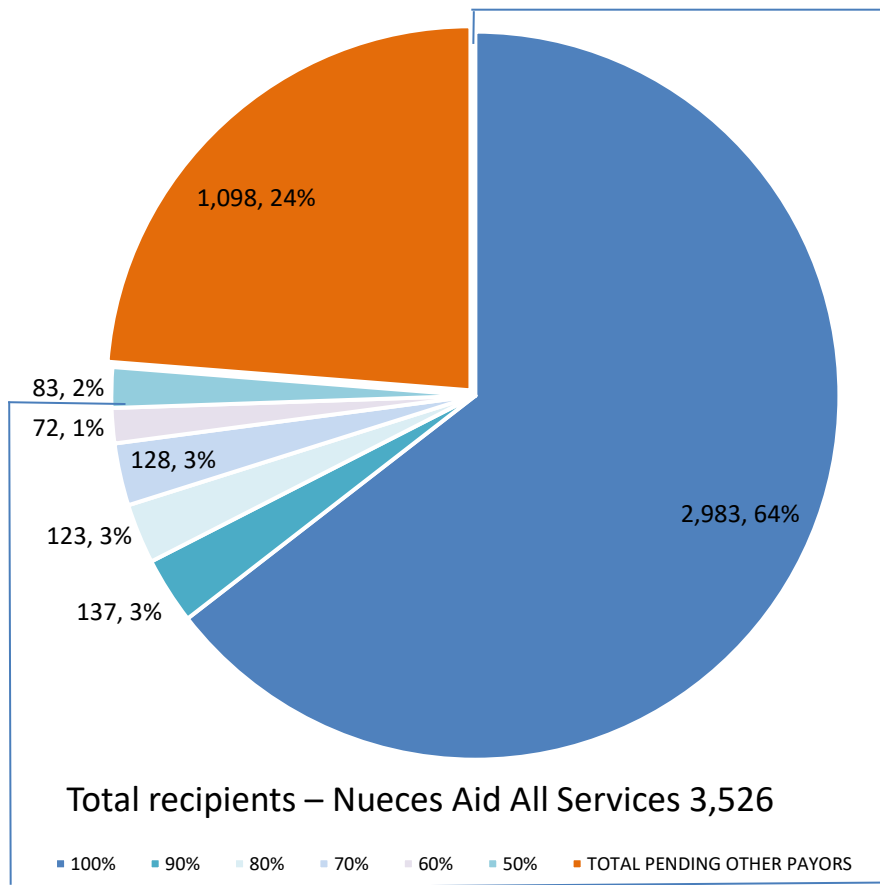
Original: 04/16/2025

October 2025

Nueces Aid Program Enrollment

Total Enrolled
4,624

Total Households
4,378



**Nueces Aid Program
Enrollment Summary Calendar Year 2025**

	Jan	Feb	Mar	Apr	May	Jun*	Jul	Aug	Sep	Oct	Nov	Dec	YTD 2025 Average	Comments
TOTAL RECIPIENTS	4,607	4,513	4,509	4,544	4,515	4,565	4,596	4,566	4,589	4,624			4,563	
NUECES AID - All Services														The percentage for each plan option is calculated by dividing the number for each option by the number of total recipients.
100%	2,951	2,886	2,892	2,913	2,876	2,914	2,956	2,924	2,935	2,983			2,923	
%	64.1%	63.9%	64.1%	64.1%	63.7%	63.8%	64.3%	64.0%	64.0%	64.5%			64.1%	
90%	128	131	128	124	137	140	129	144	147	137			135	
%	2.8%	2.9%	2.8%	2.7%	3.0%	3.1%	2.8%	3.2%	3.2%	3.0%			2.9%	
80%	124	112	91	94	101	107	104	116	123	123			110	
%	2.7%	2.5%	2.0%	2.1%	2.2%	2.3%	2.3%	2.5%	2.7%	2.7%			2.4%	
70%	109	107	103	103	110	106	112	118	123	128			112	
%	2.4%	2.4%	2.3%	2.3%	2.4%	2.3%	2.4%	2.6%	2.7%	2.8%			2.5%	
60%	85	76	83	89	83	84	87	83	80	72			82	
%	1.8%	1.7%	1.8%	2.0%	1.8%	1.8%	1.9%	1.8%	1.7%	1.6%			1.8%	
50%	97	95	83	74	68	76	73	78	81	83			81	
%	2.1%	2.1%	1.8%	1.6%	1.5%	1.7%	1.6%	1.7%	1.8%	1.8%			1.8%	
TOTAL NUECES AID	3,494	3,407	3,380	3,397	3,375	3,427	3,461	3,463	3,489	3,526		0	3,442	
	75.8%	75.5%	75.0%	74.8%	74.8%	75.1%	75.3%	75.8%	76.0%	76.3%		0	75.4%	

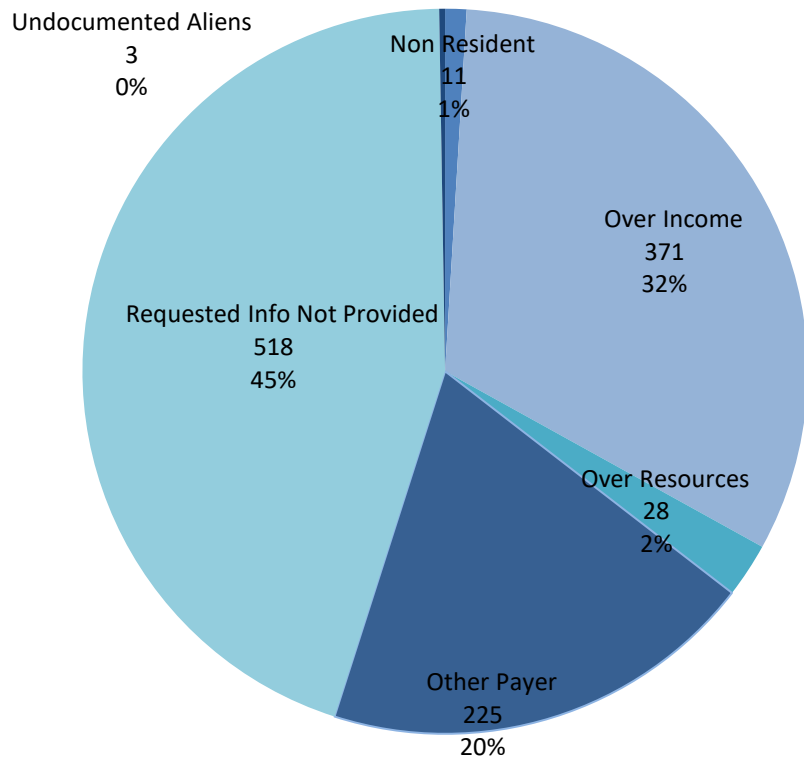
Nueces Aid Program Enrollment Summary Calendar Year 2025

	Jan	Feb	Mar	Apr	May	Jun*	Jul	Aug	Sep	Oct	Nov	Dec	YTD 2025 Average	Comments
PENDING OTHER PAYORS														
TANF	44	47	57	63	81	78	72	56	59	72			63	
%	4.0%	4.2%	5.0%	5.5%	7.1%	6.8%	6.3%	5.1%	5.4%	6.6%			6.7%	
SSI-SSID	692	686	695	711	700	693	695	682	680	675			691	
%	62.2%	62.0%	61.6%	62.0%	61.4%	60.7%	61.2%	61.8%	61.8%	61.5%			73.9%	These individuals are eligible for NCHD assistance if
Other Payor	377	373	377	373	359	370	368	365	361	351			367	denied assistance by other
%	33.9%	33.7%	33.4%	32.5%	31.5%	32.4%	32.4%	33.1%	32.8%	32.0%			39.3%	payer.
TOTAL PENDING OTHER PAYORS	1,113	1,106	1,129	1,147	1,140	1,141	1,135	1,103	1,100	1,098	0	0	934	
	24.2%	24.5%	25.0%	25.2%	25.2%	25.0%	24.7%	24.2%	24.0%	23.7%			20.5%	
HOUSEHOLDS BY SIZE														
1 Member Household	4,177	4,085	4,078	4,115	4,077	3,889	4,117	4,080	4,110	4,128			4,086	The percentage for each size
%	95.1%	95.0%	95.0%	95.0%	94.9%	89.8%	94.6%	94.3%	94.5%	94.3%			94.2%	household is calculated by
														dividing the number of each
2 Member Household	215	214	216	215	219	431	235	240	237	246			247	member household by the
%	4.9%	5.0%	5.0%	5.0%	5.1%	10.0%	5.4%	5.5%	5.4%	5.6%			5.7%	total number of households.
>=3 Member Household	0	0	0	0	0	11	2	5	4	4			3	
%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	0.1%	0.1%	0.1%			0.1%	
TOTAL HOUSEHOLDS	4,392	4,299	4,294	4,330	4,296	4,331	4,354	4,325	4,351	4,378	0	0	4,335	
* - Due to software conversion, some statistics may be inaccurate in June.														

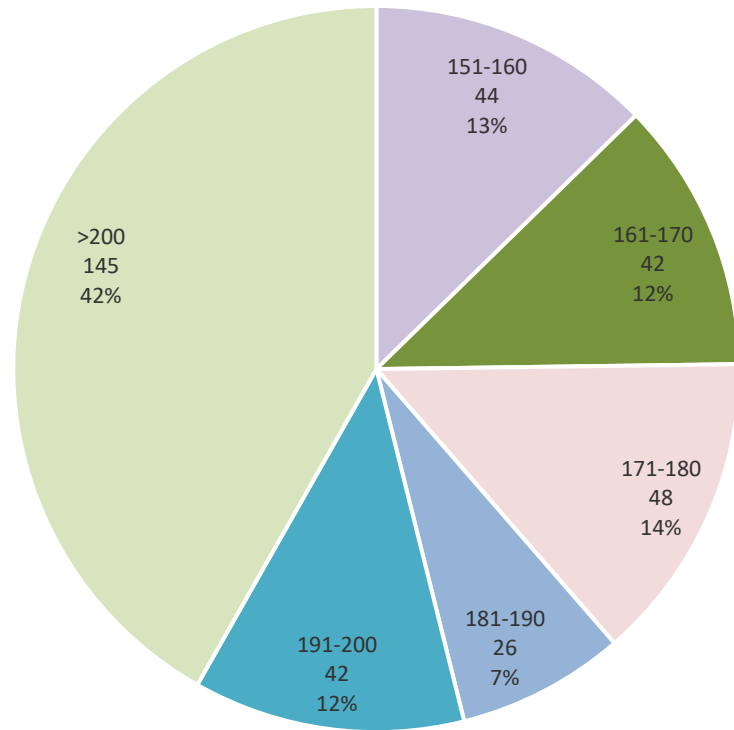
NUECES AID DENIALS

Calendar Year 2025
January-October

Denial Reasons



Comparison of Over Income Case to 2025 HHS Poverty Guidelines



**Nueces Aid Program
Application Processing Summary Calendar Year 2025**

	Jan	Feb	Mar	Apr	May	Jun*	Jul	Aug	Sep	Oct	Nov	Dec	YTD 2025	Comments
TOTAL APPLICATIONS	857	770	820	864	772	646	828	821	769	903			8,050	
- Approved	741	653	721	746	666	512	703	692	658	772			6,864	
%	86.5%	84.8%	87.9%	86.3%	86.3%	79.3%	84.9%	84.3%	85.6%	85.5%			85.3%	Since FY 1999, the denial rate is based on all denied individuals in the household.
- Denied	116	117	99	118	106	134	125	129	111	131			1,186	
%	13.5%	15.2%	12.1%	13.7%	13.7%	20.7%	15.1%	15.7%	14.4%	14.5%			14.7%	
APPROVALS BY PLAN TYPE														
NUECES AID - All Services														
100%	536	463	486	50	454	440	491	490	437	675			4,522	
%	72.3%	70.9%	67.4%	6.7%	68.2%	85.9%	69.8%	70.8%	66.4%	87.4%			65.9%	
90%	13	21	21	20	24	25	10	24	22	17			197	
%	1.8%	3.2%	2.9%	2.7%	3.6%	4.9%	1.4%	3.5%	3.3%	2.2%			2.9%	
80%	25	9	11	28	11	15	18	19	19	22			177	
%	3.4%	1.4%	1.5%	3.8%	1.7%	2.9%	2.6%	2.7%	2.9%	2.8%			2.6%	
70%	17	10	17	20	24	11	22	15	20	30			186	The percentage of approvals by plan option is calculated by dividing the number for
%	2.3%	1.5%	2.4%	2.7%	3.6%	2.1%	3.1%	2.2%	3.0%	3.9%			2.7%	each plan option by the
60%	14	10	15	18	10	10	11	11	9	11			119	total number of approved
%	1.9%	1.5%	2.1%	2.4%	1.5%	2.0%	1.6%	1.6%	1.4%	1.4%			1.7%	applications.
50%	8	10	13	8	10	15	12	17	13	17			123	
%	1.1%	1.5%	1.8%	1.1%	1.5%	2.9%	1.7%	2.5%	2.0%	2.2%			1.8%	
TOTAL	613	523	563	144	533	516	564	576	520	772	0	0	5,324	
%	82.7%	80.1%	78.1%	19.3%	80.0%	100.8%	80.2%	83.2%	79.0%	100.0%			77.6%	
HOUSEHOLDS BY SIZE - APPROVED														
1 Member Household	661	589	648	681	604	551	565	629	586	682			6,196	The percentage for each size
%	94.3%	94.8%	94.6%	95.4%	95.1%	85.7%	92.6%	90.9%	94.2%	94.2%			93.2%	household is calculated by
2 Member Household	40	32	37	33	31	86	45	61	36	42			443	dividing the number of house-
%	5.7%	5.2%	5.4%	4.6%	4.9%	13.4%	7.4%	8.8%	5.8%	5.8%			6.7%	holds in the category by the
3 or > Member Household	0	0	0	0	0	6	0	2	0	0			8	total number of approved
%	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%	0.0%	0.3%	0.0%	0.0%			0.1%	households.
TOTAL HOUSEHOLDS APPROVED	701	621	685	714	635	643	610	692	622	724	0	0	6,647	Households pending other payors are not included.

**Nueces Aid Program
Application Processing Summary Calendar Year 2025**

	Jan	Feb	Mar	Apr	May	Jun*	Jul	Aug	Sep	Oct	Nov	Dec	YTD 2025	Comments
NCHD DENIALS - Reasons for Denials														
Non Resident	0	1	0	2	1	1	2	0	1	3			11	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%	0.0%	1.7%	0.9%	0.7%	1.6%	0.0%	0.9%	2.3%			0.9%	
Over Income	43	45	22	43	32	36	40	44	31	35			371	
%	37.1%	38.5%	22.2%	36.4%	30.2%	26.9%	32.0%	34.1%	27.9%	26.7%			31.3%	
Over Resources	2	2	1	0	0	3	3	4	4	9			28	
%	1.7%	1.7%	1.0%	0.0%	0.0%	2.2%	2.4%	3.1%	3.6%	6.9%			2.4%	
Other Payer	32	16	18	27	17	13	23	21	26	32			225	
%	27.6%	13.7%	18.2%	22.9%	16.0%	9.7%	18.4%	16.3%	23.4%	24.4%			19.0%	
Requested Info Not Provided	39	53	58	46	55	50	57	60	49	51			518	
%	33.6%	45.3%	58.6%	39.0%	51.9%	37.3%	45.6%	46.5%	44.1%	38.9%			43.7%	
Undocumented Aliens	0	0	0	0	1	1	0	0	0	1			3	Note: UA code eff 08/01/01
%	0.0%	0.0%	0.0%	0.0%	0.9%	0.7%	0.0%	0.0%	0.0%	0.8%			0.3%	
TOTAL DENIALS	116	117	99	118	106	104	125	129	111	131			1,156	
HOUSEHOLDS BY SIZE - DENIED														
1 Member Household	92	97	87	97	92	80	111	105	90	103			954	The denial percentage for each size household is calculated by dividing the number for each household size by the total number of denied households.
%	86.8%	90.7%	93.5%	89.8%	92.9%	80.0%	79.9%	81.4%	88.2%	85.8%			86.5%	
2 Member Household	11	10	6	11	7	16	28	23	12	12			136	Households pending other payors are not included.
%	10.4%	9.3%	6.5%	10.2%	7.1%	16.0%	20.1%	17.8%	11.8%	10.0%			12.3%	
3 or > Member Household	3	0	0	0	0	4	0	1	0	5			13	
%	2.8%	0.0%	0.0%	0.0%	0.0%	4.0%	0.0%	0.8%	0.0%	4.2%			1.2%	
TOTAL HOUSEHOLDS DENIED	106	107	93	108	99	100	139	129	102	120	0	0	1,103	
PENDING APPLICATIONS														
Pending documentation	81	77	79	69	81	72	110	89	91	91			84	The YTD number for incomplete applications is the average of the monthly incomplete applications.
TANF	11	17	19	20	24	15	18	10	19	27			18	
SSI-SSID	52	59	68	77	51	54	59	56	63	86			63	
Other Payor	65	54	71	47	52		62	50	56	57			57	
* - Due to software conversion, some statistics may be inaccurate in June.														

**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	3,643	3,650	3,629	3,646	3,546	3,464	43,035	3,586	0%	
Pend	1,161	1,185	1,175	1,171	1,177	1,157	1,180	1,182	1,177	1,183	1,159	1,121	14,028	1,169	-4%	
Total	4,684	4,758	4,738	4,767	4,782	4,754	4,823	4,832	4,806	4,829	4,705	4,585	57,063	4,755	-1%	
% of PY	95%	98%	97%	100%	100%	100%	102%	102%	101%	101%	98%	97%	99%	99%		
2025																
NCHD	3,494	3,407	3,380	3,397	3,375	3,424	3,461	3,463	3,489	3,526			34,416	3,442	-4%	
Pend	1,113	1,106	1,129	1,147	1,140	1,141	1,135	1,103	1,100	1,098			11,212	1,121	-4%	
Total	4,607	4,513	4,509	4,544	4,515	4,565	4,596	4,566	4,589	4,624	-	-	45,628	4,563	-4%	
% of PY	98%	95%	95%	95%	94%	96%	95%	94%	95%	96%	0%	0%	80%	96%		



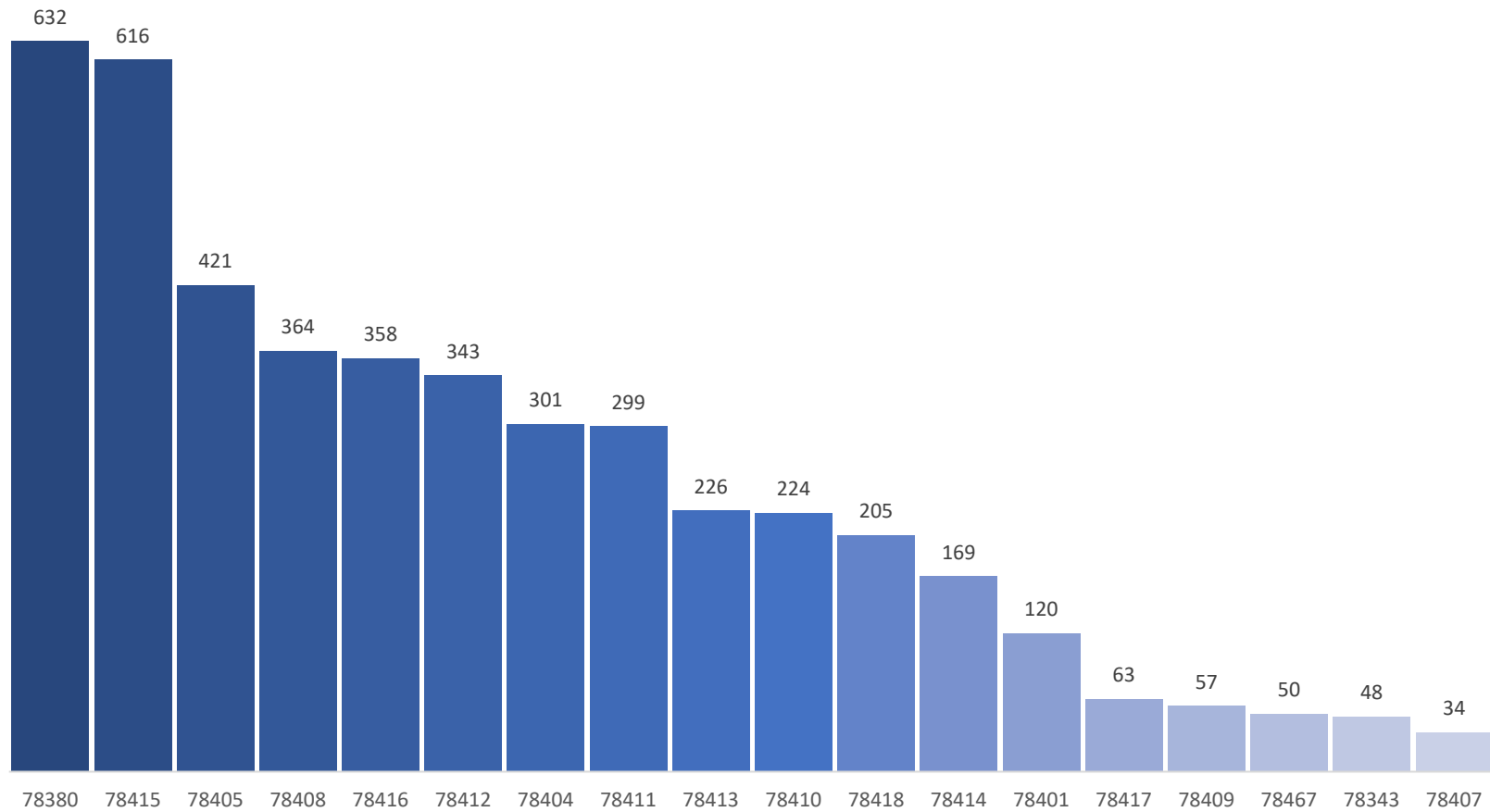
**Annual Comparative Enrollment Report
Calendar Year 2025**

Month	Enrollment		Increase/(Decrease)	
	2025	2024	%	Enrollees
Jan	4,607	4,684	-1.64%	-77
Feb	4,513	4,758	-5.15%	-245
Mar	4,509	4,738	-4.83%	-229
Apr	4,544	4,767	-4.68%	-223
May	4,515	4,782	-5.58%	-267
June	4,565	4,754	-3.98%	-189
Jul	4,596	4,823	-4.71%	-227
Aug	4,566	4,832	-5.50%	-266
Sep	4,589	4,806	-4.52%	-217
Oct	4,624	4,829	-4.25%	-205
Nov				
Dec				



Nueces County Hospital District

Enrollment by Zipcode as of October 2025

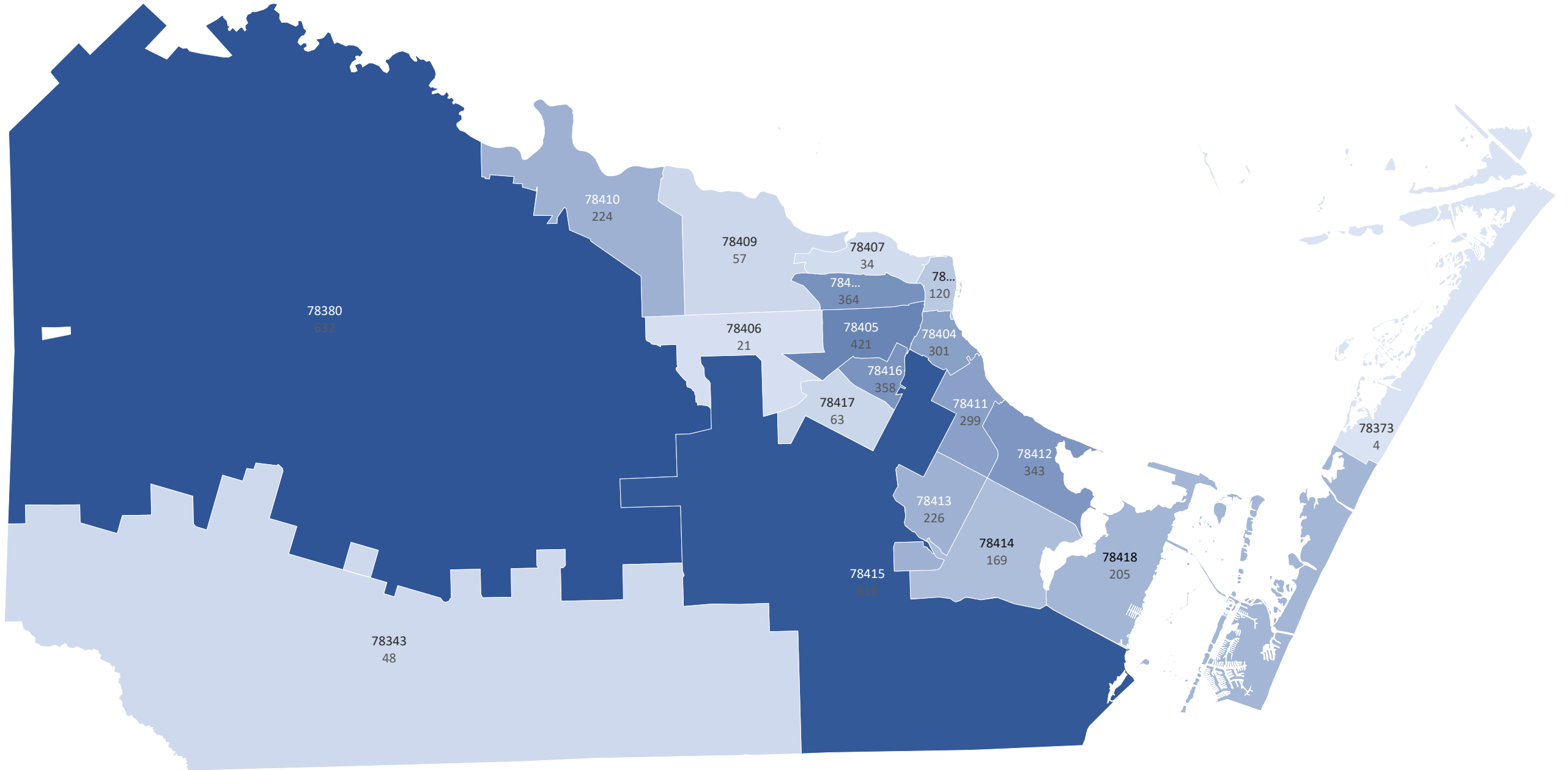


**Nueces County Hospital District
Enrollment by Zip Code
As of 10/31/2025**

Zip Code	Description	Members	% to Total
78380	Robstown	632	14%
78415	CC:FM 665 to CR 61 to County Line to Weber & Crosstown	616	13%
78405	CC:19th to Port Ave to Agnes, includes HPG	421	9%
78408	CC:Hwy 358 to Lipan Between I-37 & Agnes	364	8%
78416	CC:Hwy 358 to Old Brownsville to Tarlton to Weber, includes Molina	358	8%
78412	CC:Airline to Hwy 358 to Ennis Joslin to Ocean Drive	343	7%
78404	CC:Six Points	301	7%
78411	CC:Ocean Drive to So Staples to Hwy 358 to Weber to Kostoryz	299	6%
78413	CC:Weber to Holly rd to So Staples to Oso Pkwy	226	5%
78410	CC:Annville and Calallen	224	5%
78418	CC:Flour Bluff	205	4%
78414	CC:So Staples to Holly Rd to Cayo Del Oso to Oso Creek	169	4%
78401	CC:Downtown and Cargo Docks	120	3%
78417	CC:Old Brownsville to Ayers to Saratoga	63	1%
78409	CC:Hwy 44 to Up River Rd to Rand Morgan E to Hwy 358	57	1%
78467	CC: Leopard St Between S. Staples and Sam Rankin	50	1%
78343	Bishop + FM 665 to CR 107 W to CR 57E	48	1%
78407	CC: I-37 Up River Rd to South Port Ave to Joe Fulton Corridor	34	1%
	Subtotal	4,530	98%
	Total	4,625	



Nueces County Hospital District Enrollment Map



Nueces County Hospital District
Combined Balance Sheet - All Fund Types & Account Groups
 As of 09/30/2025
 (In Whole Numbers)

	General Fund	Special Revenue Fund	Trust Fund	General Fixed Assets	General Long Term Debt	TOTAL
Assets						
Cash & Cash Equivalents	87,074,128	47,564,607	16,901	0	0	134,655,637
Investments	8,883,606	18,479,385	0	0	0	27,362,991
Accrued Interest	0	148,442	80	0	0	148,522
Taxes Receivable, Net of Allowance	1,633,193	0	0	0	0	1,633,193
Other Receivables	0	0	0	0	0	0
Due from Other Funds	4,314	0	0	0	0	4,314
Prepaid Expenditures	184,954	0	0	0	0	184,954
Restricted Cash & Cash Equivalents - LPPF	36,037,687	0	0	0	0	36,037,687
Fixed Assets	0	0	0	14,234,966	0	14,234,966
Amt to be Provided for Retirement of LT Debt	0	0	0	0	45,322	45,322
Total Assets	133,817,882	66,192,434	16,981	14,234,966	45,322	214,307,585
Liabilities						
Accounts Payable	4,092,630	0	0	0	0	4,092,630
Accrued Payroll & Related Liabilities	368,315	0	0	0	0	368,315
Intergovernmental Transfer Obligations	36,037,687	0	0	0	0	36,037,687
Due to Other Funds	0	2,718	1,596	0	0	4,314
Deferred Revenue	1,633,193	0	0	0	0	1,633,193
Long Term Paid Time Off	0	0	0	0	45,322	45,322
Total Liabilities	42,131,825	2,718	1,596	0	45,322	42,181,460
Fund Equity						
Fund Balance	55,961,082	0	15,386	14,234,966	0	70,211,433
Committed to:						
Intergovernmental Transfers						
Indigent Care	35,724,975	0	0	0	0	35,724,975
Opioid Abatement	0	63,249,198	0	0	0	63,249,198
Assigned to:						
County Health Care	0	2,005	0	0	0	2,005
Total Fund Equity	91,686,057	66,189,716	15,386	14,234,966	0	172,126,124
Total Liabilities & Fund Equity	133,817,882	66,192,434	16,981	14,234,966	45,322	214,307,585

Nueces County Hospital District
Statement of Revenues and Expenditures - All Governmental and Trust Funds
General Fund
From 9/1/2025 Through 9/30/2025
(In Whole Numbers)

UNAUDITED

	Current Period Actual	Current Year Actual
Revenues		
Taxes	76,190	41,002,821
Penalties & Interest - Taxes	26,625	441,938
Spohn Corporate Member Revenue	9,707,961	147,131,719
Investment Income	300,545	4,272,625
Other Income	150,025	184,673
Total Revenues	10,261,346	193,033,777
Current Expenditures		
Intergovernmental Transfers	18,458,106	164,279,998
Emergency Residency Support	237,292	1,763,750
County Healthcare Funding	1,287,711	12,854,733
Salaries	130,537	1,718,746
Benefits	55,125	850,431
Legal & Professional Fees	118,666	848,373
Purchased Services	80,547	1,285,964
Supplies & Materials	1,871	18,876
Rent & Leases	12,362	136,592
Repairs & Maintenance	0	2,203
Utilities	4,015	47,088
Insurance	2,635	34,223
Administrative & General	5,460	147,912
Capital Outlay	12,845	60,884
Total Current Expenditures	20,407,170	184,049,772
Excess of Revenues Over Expenditures Before Sources/Uses	(10,145,824)	8,984,005
Other Financing Sources & Uses		
Operating Transfers In	0	(856,000)
Total Other Financing Sources & Uses	0	(856,000)
Excess of Revenues Over Expenditures After Sources & Uses	(10,145,824)	9,840,005
Fund Balance, Beginning of Year		81,846,052
FUND BALANCE, END OF YEAR		91,686,057

Nueces County Hospital District
Statement of Revenues and Expenditures - All Governmental and Trust Funds
Special Revenue Fund
From 9/1/2025 Through 9/30/2025
(In Whole Numbers)

UNAUDITED

	Current Period Actual	Current Year Actual
Revenues		
Investment Income	316,675	2,938,064
Tobacco Settlement Proceeds	0	852,026
Opioid Settlement Proceeds	0	540,319
Total Revenues	316,675	4,330,409
Current Expenditures		
Legal & Professional Fees	2,718	13,307
Total Current Expenditures	2,718	13,307
Excess of Revenues Over Expenditures Before Sources/Uses	313,957	4,317,102
Other Financing Sources & Uses		
Operating Transfers Out	0	856,000
Total Other Financing Sources & Uses	0	856,000
Excess of Revenues Over Expenditures After Sources & Uses	313,957	3,461,102
Fund Balance, Beginning of Year		62,728,614
FUND BALANCE, END OF YEAR		66,189,716

Nueces County Hospital District
Statement of Revenues and Expenditures - All Governmental and Trust Funds
Trust Fund
From 9/1/2025 Through 9/30/2025
(In Whole Numbers)

UNAUDITED

	Current Period Actual	Current Year Actual
Revenues		
Investment Income	80	1,312
Total Revenues	80	1,312
Current Expenditures		
Benefits	1,596	13,971
Administrative & General	13	1,465
Total Current Expenditures	1,609	15,436
Excess of Revenues Over Expenditures Before Sources/Uses	(1,528)	(14,124)
Excess of Revenues Over Expenditures After Sources & Uses	(1,528)	(14,124)
Fund Balance, Beginning of Year		29,510
FUND BALANCE, END OF YEAR		15,386

Nueces County Hospital District
Statement of Revenues and Expenditures - Actual v. Budget
General Fund
From 9/1/2025 Through 9/30/2025
(In Whole Numbers)

UNAUDITED

	Current Period Actual	Current Period Budget	Current Period Budget Variance	Current Year Actual	YTD Budget	YTD Budget Variance
Revenues						
Taxes	76,190	34,776	41,414	41,002,821	39,617,597	1,385,224
Penalties & Interest - Taxes	26,625	31,392	(4,767)	441,938	391,961	49,977
Spohn Corporate Member Revenue	9,707,961	10,248,333	(540,372)	147,131,719	122,980,000	24,151,719
Investment Income	300,545	67,058	233,487	4,272,625	904,124	3,368,501
Other Income	150,025	0	150,025	184,673	150,000	34,673
Total Revenues	<u>10,261,346</u>	<u>10,381,559</u>	<u>(120,213)</u>	<u>193,033,777</u>	<u>164,043,682</u>	<u>28,990,095</u>
Current Expenditures						
Intergovernmental Transfers	18,458,106	641,700	(17,816,406)	164,279,998	153,092,697	(11,187,301)
Emergency Residency Support	237,292	237,291	(1)	1,763,750	1,763,750	0
County Healthcare Funding	1,287,711	980,926	(306,785)	12,854,733	12,114,275	(740,458)
Salaries	130,537	170,217	39,680	1,718,746	2,183,502	464,756
Benefits	55,125	83,254	28,129	850,431	1,055,671	205,240
Legal & Professional Fees	118,666	109,746	(8,920)	848,373	1,817,000	968,627
Purchased Services	80,547	103,359	22,812	1,285,964	1,526,850	240,886
Supplies & Materials	1,871	1,995	124	18,876	24,000	5,124
Rent & Leases	12,362	13,076	714	136,592	157,000	20,408
Repairs & Maintenance	0	996	996	2,203	12,000	9,797
Utilities	4,015	4,951	936	47,088	59,500	12,412
Insurance	2,635	3,996	1,361	34,223	48,000	13,777
Administrative & General	5,460	61,233	55,773	147,912	975,000	827,088
Capital Outlay	12,845	0	(12,845)	60,884	229,000	168,116
Extraordinary	0	413	413	0	5,000	5,000
Total Current Expenditures	<u>20,407,170</u>	<u>2,413,153</u>	<u>(17,994,017)</u>	<u>184,049,772</u>	<u>175,063,245</u>	<u>(8,986,527)</u>
Excess of Revenues Over Expenditures Before Sources/Uses	<u>(10,145,824)</u>	<u>7,968,406</u>	<u>(18,114,230)</u>	<u>8,984,005</u>	<u>(11,019,563)</u>	<u>20,003,568</u>
Other Financing Sources & Uses						
Operating Transfers In	0	0	0	(856,000)	(650,000)	206,000
Total Other Financing Sources & Uses	<u>0</u>	<u>0</u>	<u>0</u>	<u>(856,000)</u>	<u>(650,000)</u>	<u>206,000</u>
Excess of Revenues Over Expenditures After Sources & Uses	<u>(10,145,824)</u>	<u>7,968,406</u>	<u>(18,114,230)</u>	<u>9,840,005</u>	<u>(10,369,563)</u>	<u>20,209,568</u>
Fund Balance, Beginning of Year				81,846,052	0	81,846,052
FUND BALANCE, END OF YEAR				<u>91,686,057</u>	<u>(10,369,563)</u>	<u>102,055,620</u>

Nueces County Hospital District
Statement of Revenues and Expenditures - Actual v. Budget
Tobacco Settlement Fund
From 9/1/2025 Through 9/30/2025
(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	7	0	7	4,196	0	4,196
Tobacco Settlement Proceeds	0	0	0	852,026	650,000	202,026
Total Revenues	7	0	7	856,222	650,000	206,222
Excess of Revenues Over Expenditures Before Sources/Uses	7	0	7	856,222	650,000	206,222
Other Financing Sources & Uses						
Operating Transfers Out	0	0	0	856,000	650,000	(206,000)
Total Other Financing Sources & Uses	0	0	0	856,000	650,000	(206,000)
Excess of Revenues Over Expenditures After Sources & Uses	7	0	7	222	0	222
Fund Balance, Beginning of Year				1,783	0	1,783
FUND BALANCE, END OF YEAR				2,005	0	2,005

Nueces County Hospital District
Statement of Revenues and Expenditures - Actual v. Budget
Opioid Settlement Fund
From 9/1/2025 Through 9/30/2025
(In Whole Numbers)

UNAUDITED

	<u>Current Period Actual</u>	<u>Current Period Budget</u>	<u>Current Period Budget Variance</u>	<u>Current Year Actual</u>	<u>YTD Budget</u>	<u>YTD Budget Variance</u>
Revenues						
Investment Income	10,234	0	10,234	112,506	0	112,506
Opioid Settlement Proceeds	<u>0</u>	<u>0</u>	<u>0</u>	<u>540,319</u>	<u>0</u>	<u>540,319</u>
Total Revenues	<u>10,234</u>	<u>0</u>	<u>10,234</u>	<u>652,825</u>	<u>0</u>	<u>652,825</u>
Excess of Revenues Over Expenditures Before Sources/Uses	<u>10,234</u>	<u>0</u>	<u>10,234</u>	<u>652,825</u>	<u>0</u>	<u>652,825</u>
Excess of Revenues Over Expenditures After Sources & Uses	<u>10,234</u>	<u>0</u>	<u>10,234</u>	<u>652,825</u>	<u>0</u>	<u>652,825</u>
Fund Balance, Beginning of Year				2,285,688	0	2,285,688
FUND BALANCE, END OF YEAR				<u><u>2,938,513</u></u>	<u><u>0</u></u>	<u><u>2,938,513</u></u>

Nueces County Hospital District
Statement of Revenues and Expenditures - Actual v. Budget
Indigent Care Fund
From 9/1/2025 Through 9/30/2025
(In Whole Numbers)

UNAUDITED

	<u>Current Period Actual</u>	<u>Current Period Budget</u>	<u>Current Period Budget Variance</u>	<u>Current Year Actual</u>	<u>YTD Budget</u>	<u>YTD Budget Variance</u>
Revenues						
Investment Income	306,434	75,862	230,572	2,821,362	904,206	1,917,156
Total Revenues	<u>306,434</u>	<u>75,862</u>	<u>230,572</u>	<u>2,821,362</u>	<u>904,206</u>	<u>1,917,156</u>
Current Expenditures						
Legal & Professional Fees	2,718	1,000	(1,718)	13,307	12,000	(1,307)
Total Current Expenditures	<u>2,718</u>	<u>1,000</u>	<u>(1,718)</u>	<u>13,307</u>	<u>12,000</u>	<u>(1,307)</u>
Excess of Revenues Over Expenditures Before Sources/Uses	<u>303,716</u>	<u>74,862</u>	<u>228,854</u>	<u>2,808,054</u>	<u>892,206</u>	<u>1,915,848</u>
Excess of Revenues Over Expenditures After Sources & Uses	<u>303,716</u>	<u>74,862</u>	<u>228,854</u>	<u>2,808,054</u>	<u>892,206</u>	<u>1,915,848</u>
Fund Balance, Beginning of Year				60,441,144	0	60,441,144
FUND BALANCE, END OF YEAR				<u>63,249,198</u>	<u>892,206</u>	<u>62,356,992</u>

Nueces County Hospital District
Statement of Revenues and Expenditures - Actual v. Budget
General Fund
From 9/1/2025 Through 9/30/2025
(In Whole Numbers)

UNAUDITED

	Current Period Actual	Current Year Actual	Total Budget	Total Budget Remaining	% Remaining
Revenues					
Taxes	76,190	41,002,821	39,617,597	1,385,224	3 %
Penalties & Interest - Taxes	26,625	441,938	391,961	49,977	13 %
Spohn Corporate Member Revenue	9,707,961	147,131,719	122,980,000	24,151,719	20 %
Investment Income	300,545	4,272,625	904,124	3,368,501	373 %
Other Income	150,025	184,673	150,000	34,673	23 %
Total Revenues	<u>10,261,346</u>	<u>193,033,777</u>	<u>164,043,682</u>	<u>28,990,095</u>	<u>18 %</u>
Current Expenditures					
Intergovernmental Transfers	18,458,106	164,279,998	153,092,697	(11,187,301)	(7)%
Emergency Residency Support	237,292	1,763,750	1,763,750	0	0 %
County Healthcare Funding	1,287,711	12,854,733	12,114,275	(740,458)	(6)%
Salaries	130,537	1,718,746	2,183,502	464,756	21 %
Benefits	55,125	850,431	1,055,671	205,240	19 %
Legal & Professional Fees	118,666	848,373	1,817,000	968,627	53 %
Purchased Services	80,547	1,285,964	1,526,850	240,886	16 %
Supplies & Materials	1,871	18,876	24,000	5,124	21 %
Rent & Leases	12,362	136,592	157,000	20,408	14 %
Repairs & Maintenance	0	2,203	12,000	9,797	82 %
Utilities	4,015	47,088	59,500	12,412	21 %
Insurance	2,635	34,223	48,000	13,777	29 %
Administrative & General	5,460	147,912	975,000	827,088	85 %
Capital Outlay	12,845	60,884	229,000	168,116	73 %
Extraordinary	0	0	5,000	5,000	100 %
Total Current Expenditures	<u>20,407,170</u>	<u>184,049,772</u>	<u>175,063,245</u>	<u>(8,986,527)</u>	<u>(5)%</u>
Excess of Revenues Over Expenditures Before Sources/Uses	<u>(10,145,824)</u>	<u>8,984,005</u>	<u>(11,019,563)</u>	<u>20,003,568</u>	<u>(182)%</u>
Other Financing Sources & Uses					
Operating Transfers In	0	(856,000)	(650,000)	206,000	(32)%
Total Other Financing Sources & Uses	<u>0</u>	<u>(856,000)</u>	<u>(650,000)</u>	<u>206,000</u>	<u>(32)%</u>
Excess of Revenues Over Expenditures After Sources & Uses	<u>(10,145,824)</u>	<u>9,840,005</u>	<u>(10,369,563)</u>	<u>20,209,568</u>	<u>(195)%</u>
Fund Balance, Beginning of Year					
	101,831,881	81,846,052	0	81,846,052	0 %
FUND BALANCE, END OF YEAR	<u><u>91,686,057</u></u>	<u><u>91,686,057</u></u>	<u><u>(10,369,563)</u></u>	<u><u>102,055,620</u></u>	<u><u>(984)%</u></u>

NUECES CNTY HOSPITAL DISTRICT

Quarterly Investment Report

AS OF SEPTEMBER 30, 2025



M E E D E R

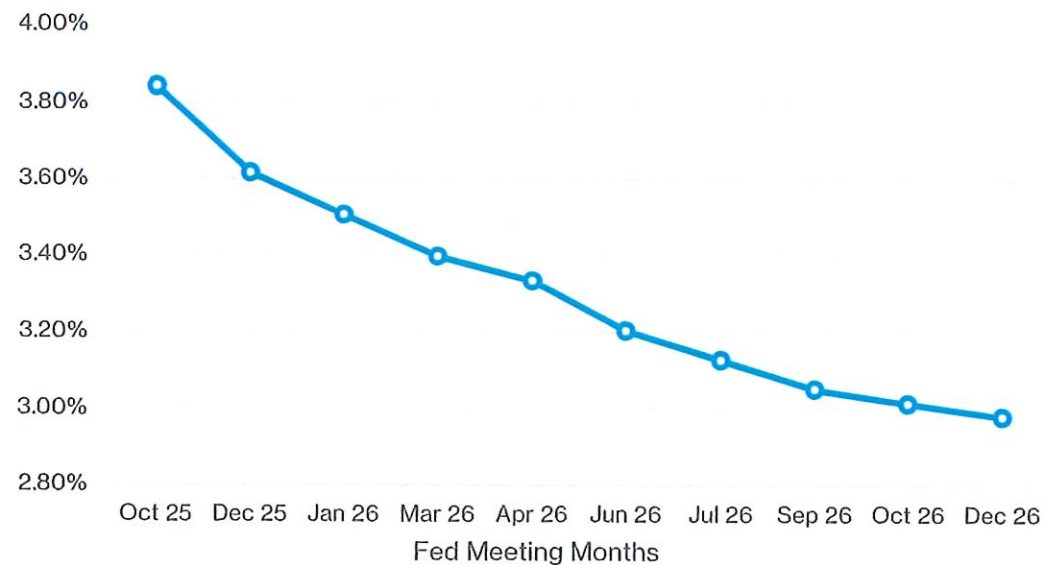
PUBLIC FUNDS

OBSERVATIONS AND EXPECTATIONS

- Fed lowered the Fed Funds rate by .25% at the September 17th meeting
- Labor market continued to show signs of slowing as 22,000 jobs were created in September
- U.S. Treasury rates were generally lower for the month of September
- GDP rebounded in Q2 to 3.8% from the tariff-induced decline of -0.5% in Q1
- Atlanta Fed's GDPNow forecast is projecting a 3.9% GDP for Q3
- The futures market and the Fed are expecting two more .25% cuts this year; more cuts in 2026

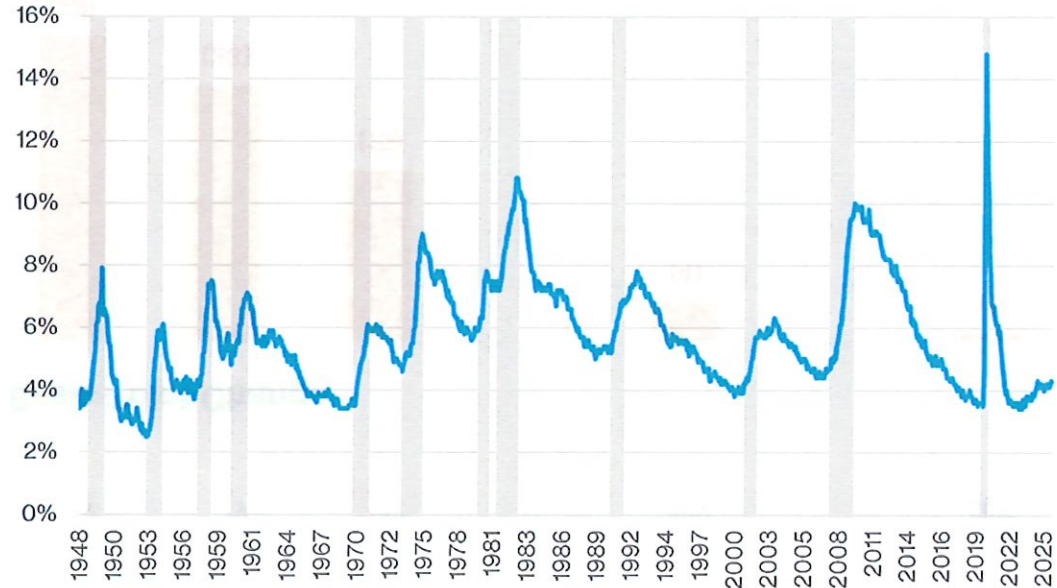
- The Fed Funds futures market is expecting the Fed Funds rate to end 2025 at about 3.6% and 2026 at approximately 3.0%.
- The Fed is watching both of their mandates (employment and inflation) closely to determine the path of Fed Funds. They say the risk is more tilted to slower job growth.

Fed Funds Futures Yields



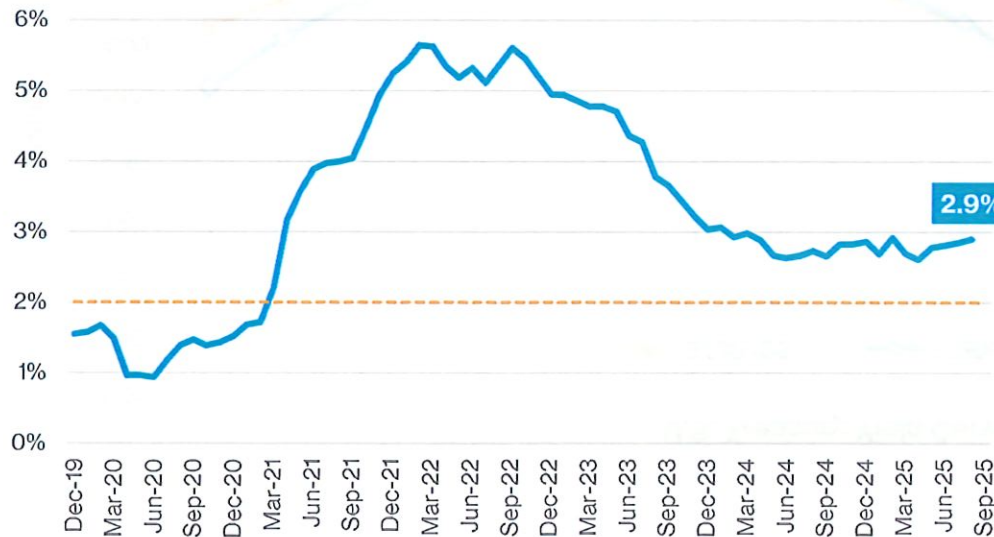
- The current unemployment rate of 4.3% has moved up from earlier this year but remains low by historical standards.
- Lower immigration during 2025 has clouded the conclusions from lower nonfarm payrolls.
- Economists estimate not as many jobs are needed as compared to the previous few years to keep the unemployment rate low.

U.S. Unemployment Rate



SOURCES: BLOOMBERG

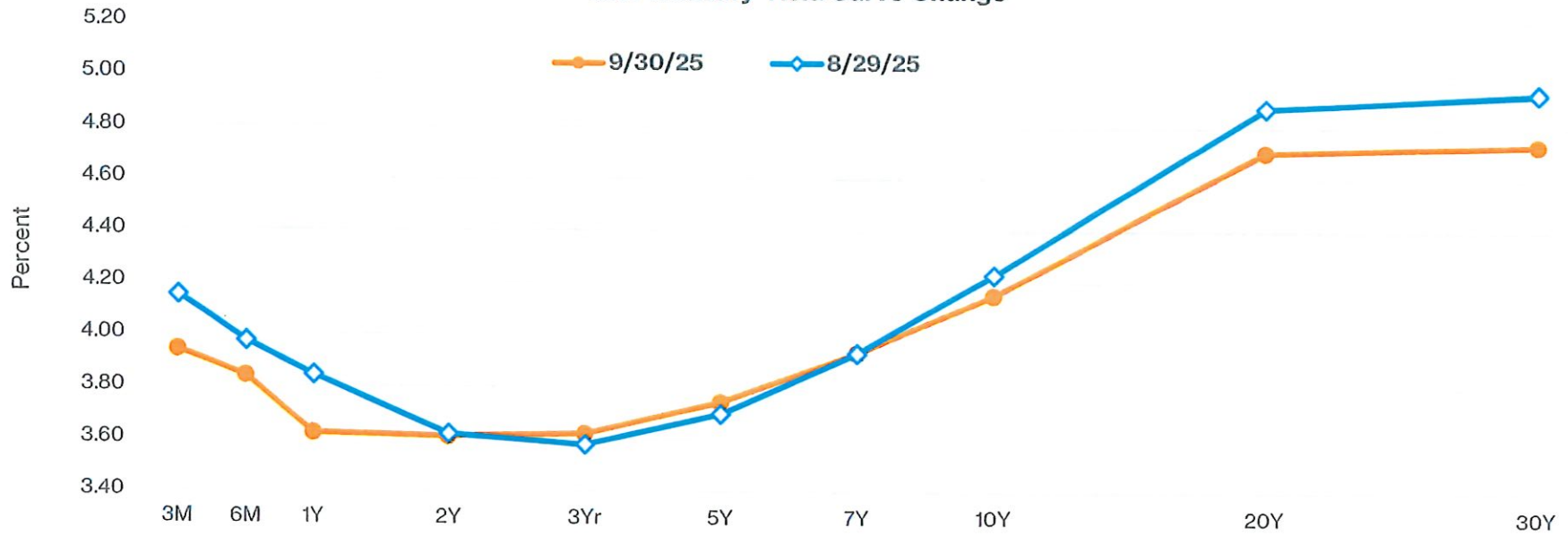
Core PCE YoY



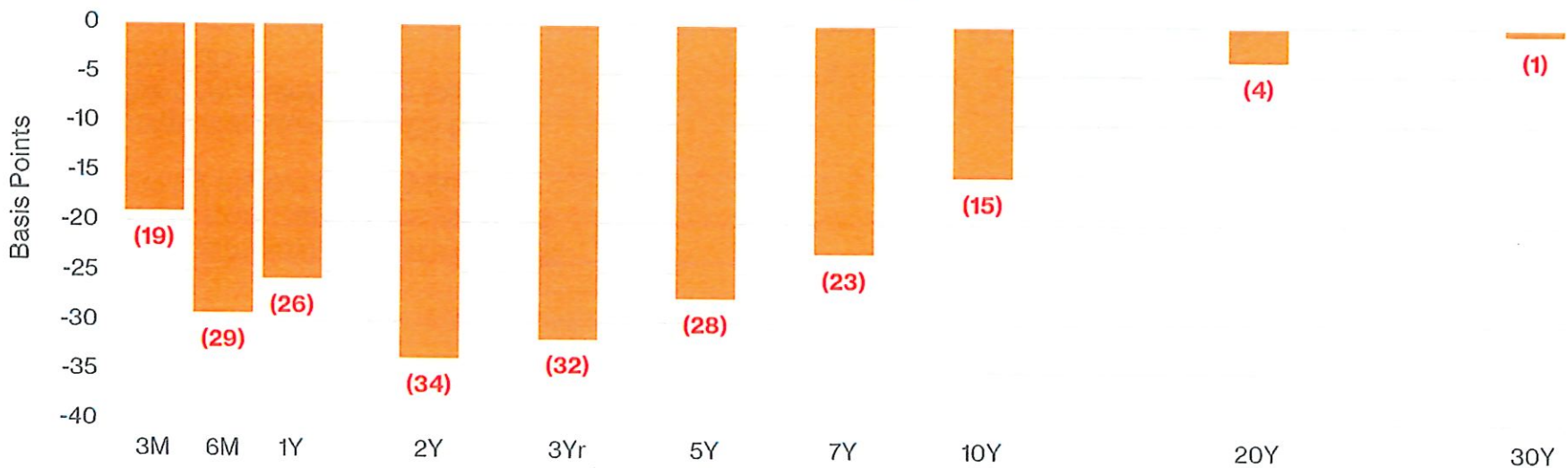
- Core Personal Consumption Expenditure YoY is the Fed's preferred inflation gauge.
- Core excludes food and energy components, which generally make the series less volatile.
- Core PCE YoY is currently at 2.9% and has been above the Fed's 2% target for 54 consecutive months.

SOURCES: BLOOMBERG

U.S. Treasury Yield Curve Change



Basis Point Change



SOURCES: BLOOMBERG



Compliance Certification

The undersigned acknowledge they have reviewed this quarterly investment report for the period ending September 30, 2025. Officials designated as investment officers by this entity's Investment Policy attest that all investments comply with the Texas Public Funds Investment Act and this entity's Investment Policy.

Jonny Hipp, Administrator & CEO

Belinda Espinoza, Assistant Administrator

Donna Littlefield, Director of Accounting/Finance

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Portfolio Statistics

4.24

Weighted Average Yield to Maturity

0.14

Weighted Average Maturity (Years)

0.10

Portfolio Effective Duration (Years)

0.12

Weighted Average Life (Years)

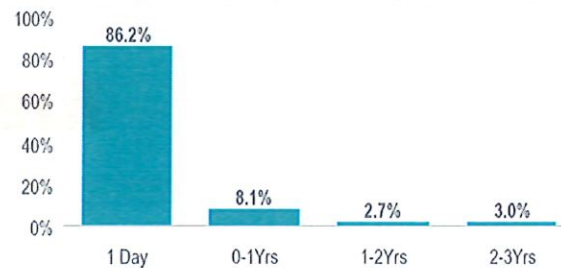
AA+

Average Credit Rating

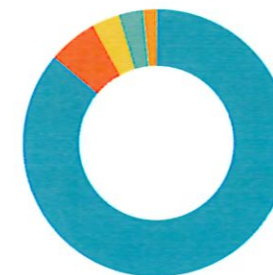
Portfolio Position

Par Value	\$198,133,024
Principal Cost	\$197,566,109
Book Value	\$197,962,381
Market Value	\$198,056,015
Unrealized Gain/Loss	\$93,634
Accrued Interest	\$148,522

Maturity Distribution



Sector Allocation



● LGIP	86.07%
● Commercial Paper	5.99%
● Municipal Bonds	3.25%
● U.S. Treasuries	3.05%
● U.S. Agencies	1.51%
● Bank Deposits	0.10%
● Money Market Funds	0.01%

Quarterly Portfolio Summary

This quarterly report is prepared in compliance with the Investment Policy and the Strategy of this entity and the Public Funds Investment Act (Chapter 2256, Texas Government Code).

Portfolio as of June 30, 2025

BEGINNING BOOK VALUE	\$184,940,648.42
BEGINNING MARKET VALUE	\$184,982,554.10
UNREALIZED GAIN/(LOSS)	\$41,905.68
WEIGHTED AVERAGE MATURITY (YEARS)	0.13
WEIGHTED AVERAGE YIELD	4.39

Portfolio as of September 30, 2025

ENDING BOOK VALUE	\$197,962,381.33
ENDING MARKET VALUE	\$198,056,014.99
INVESTMENT INCOME FOR THE PERIOD	\$2,003,469.01
UNREALIZED GAIN/(LOSS)	\$93,633.66
CHANGE IN UNREALIZED GAIN/(LOSS)	\$51,727.98
WEIGHTED AVERAGE MATURITY (YEARS)	0.14
WEIGHTED AVERAGE YIELD	4.24

Quarterly Portfolio Summary By Fund

PORTFOLIO MARKET VALUE BY FUND	06/30/2025	09/30/2025	CHANGE	INTEREST EARNED
GENERAL	92,798,321.79	95,957,434.22	3,159,112.43	1,033,653.54
INDIGENT CARE	62,354,381.99	63,103,474.45	749,092.46	695,230.51
OPIOID SETTLEMENT FUND	2,906,965.06	2,938,513.01	31,547.95	31,547.95
RESTRICTED CASH	26,890,329.74	36,037,687.34	9,147,357.60	242,715.96
TOBACCO SETTLEMENT	1,983.38	2,004.86	21.48	21.48
TRUST-EMPLOYEE HEALTH BENEFITS	30,572.14	16,901.11	-13,671.03	299.57
TOTAL	184,982,554.10	198,056,014.99	13,073,460.89	2,003,469.01

Portfolio Overview

SECURITY TYPE	PAR VALUE	MARKET VALUE	BOOK VALUE	% OF PORTFOLIO	DAYS TO MATURITY	YIELD
Bank Deposits	202,083.70	202,083.70	202,083.70	0.10%	1	2.05
LGIP	170,474,039.24	170,474,039.24	170,474,039.24	86.07%	1	4.19
Money Market Funds	16,901.11	16,901.11	16,901.11	0.01%	1	3.99
Commercial Paper	12,000,000.00	11,872,965.00	11,866,601.67	5.99%	93	4.49
U.S. Treasuries	6,000,000.00	6,048,398.43	5,994,684.18	3.05%	640	4.16
U.S. Agencies	3,000,000.00	2,997,000.00	3,000,000.00	1.51%	1,014	4.28
Municipal Bonds	6,440,000.00	6,444,627.51	6,408,071.44	3.25%	358	5.19
TOTAL	198,133,024.05	198,056,014.99	197,962,381.33	100.00%	53	4.24
CASH AND ACCRUED INTEREST						
Purchased Accrued Interest		4,993.33	4,993.33			
TOTAL CASH AND INVESTMENTS	198,133,024.05	198,061,008.32	197,967,374.66		53	4.24
TOTAL EARNINGS						
	CURRENT QUARTER					
	2,003,469.01					

Summary by Type

SECURITY TYPE	# OF SECURITIES	PAR VALUE	BOOK VALUE	% OF PORTFOLIO	YIELD	DAYS TO FINAL MATURITY
GENERAL						
Bank Deposits	2	189,118.30	189,118.30	0.10	2.05	1
LGIP	2	86,884,709.92	86,884,709.92	43.84	4.18	1
Commercial Paper	3	9,000,000.00	8,877,751.67	4.48	4.46	114
TOTAL	7	96,073,828.22	95,951,579.89	48.45	4.20	12
INDIGENT CARE						
LGIP	3	44,624,089.51	44,624,089.51	22.51	4.21	1
Commercial Paper	1	3,000,000.00	2,988,850.00	1.51	4.59	31
U.S. Treasuries	2	6,000,000.00	5,994,684.18	3.08	4.16	640
U.S. Agencies	1	3,000,000.00	3,000,000.00	1.53	4.28	1,014
Municipal Bonds	2	6,440,000.00	6,408,071.44	3.28	5.19	358
TOTAL	9	63,064,089.51	63,015,695.12	31.86	4.33	148
OPIOID SETTLEMENT FUND						
LGIP	1	2,938,513.01	2,938,513.01	1.48	4.18	1
TOTAL	1	2,938,513.01	2,938,513.01	1.48	4.18	1
RESTRICTED CASH						
Bank Deposits	1	12,965.40	12,965.40	0.01	2.05	1
LGIP	1	36,024,721.94	36,024,721.94	18.18	4.18	1
TOTAL	2	36,037,687.34	36,037,687.34	18.20	4.18	1
TOBACCO SETTLEMENT						
LGIP	1	2,004.86	2,004.86	0.00	4.18	1
TOTAL	1	2,004.86	2,004.86	0.00	4.18	1
TRUST-EMPLOYEE HEALTH BENEFITS						
Money Market Funds	1	16,901.11	16,901.11	0.01	3.99	1



Summary by Type

SECURITY TYPE	# OF SECURITIES	PAR VALUE	BOOK VALUE	% OF PORTFOLIO	YIELD	DAYS TO FINAL MATURITY
TOTAL	1	16,901.11	16,901.11	0.01	3.99	1
GRAND TOTAL	21	198,133,024.05	197,962,381.33	100.00	4.24	53

Position Statement

CUSIP	DESCRIPTION	TRADE DATE SETTLE DATE	PAR VALUE	PRINCIPAL COST PURCHASED INTEREST	TOTAL COST	YIELD TO MATURITY	MATURITY DATE	DAYS TO MATURITY	MARKET PRICE MARKET VALUE	UNREALIZED GAIN/LOSS BOOK VALUE	% OF MV	MOODY'S S&P RATING
GENERAL												
BANK DEPOSITS												
664053079	Frost Bank Public Fund Checking Account	09/30/2025 09/30/2025	183,939.29	183,939.29 0.00	183,939.29	2.05		1	1.00 183,939.29	0.00 183,939.29	0.09	NA NA
664027221	Frost Bank Public Fund Checking Account	09/30/2025 09/30/2025	5,179.01	5,179.01 0.00	5,179.01	2.05		1	1.00 5,179.01	0.00 5,179.01	0.00	NA NA
BANK DEPOSITS TOTAL			189,118.30	189,118.30 0.00	189,118.30	2.05		1	1.00 189,118.30	0.00 189,118.30	0.10	NA
LGIP												
TEXPOOL	TexPool	09/30/2025 09/30/2025	51,159,735.01	51,159,735.01 0.00	51,159,735.01	4.18		1	1.00 51,159,735.01	0.00 51,159,735.01	25.83	AAA
TXPOOL	TEXPOOL	09/30/2025 09/30/2025	35,724,974.91	35,724,974.91 0.00	35,724,974.91	4.18		1	1.00 35,724,974.91	0.00 35,724,974.91	18.04	NA
LGIP TOTAL			86,884,709.92	86,884,709.92 0.00	86,884,709.92	4.18		1	1.00 86,884,709.92	0.00 86,884,709.92	43.87	AAA
COMMERCIAL PAPER												
62479LYM1	MUFG BANK NY 11/21/25	02/26/2025 02/26/2025	3,000,000.00	2,904,413.33 0.00	2,904,413.33	4.42	11/21/2025	52	99.41 2,982,297.00	487.00 2,981,810.00	1.51	P-1 A-1
05253AYR5	ANZ BANK 11/25/25	11/27/2024 11/27/2024	3,000,000.00	2,867,202.50 0.00	2,867,202.50	4.54	11/25/2025	56	99.37 2,981,001.00	1121.83 2,979,879.17	1.51	P-1 A-1+
06743VES5	BARCLAYS CPITAL 05/26/26	07/24/2025 07/24/2025	3,000,000.00	2,891,625.00 0.00	2,891,625.00	4.41	05/26/2026	238	97.34 2,920,308.00	4,245.50 2,916,062.50	1.47	NA A-1
COMMERCIAL PA- PER TOTAL			9,000,000.00	8,663,240.83 0.00	8,663,240.83	4.46		114	98.72 8,883,606.00	5,854.33 8,877,751.67	4.49	AA-
GENERAL TOTAL			96,073,828.22	95,737,069.05 0.00	95,737,069.05	4.20		12	95,957,434.22	5,854.33 95,951,579.89	48.45	AA+

INDIGENT CARE

LGIP												
LOGIC	LOGIC	09/30/2025 09/30/2025	26,451,801.65	26,451,801.65 0.00	26,451,801.65	4.25		1	1.00 26,451,801.65	0.00 26,451,801.65	13.36	AAA
TEXSTAR	TexSTAR	09/30/2025 09/30/2025	13,089,636.57	13,089,636.57 0.00	13,089,636.57	4.15		1	1.00 13,089,636.57	0.00 13,089,636.57	6.61	AAA
TEXPOOL	TexPool	09/30/2025 09/30/2025	5,082,651.29	5,082,651.29 0.00	5,082,651.29	4.18		1	1.00 5,082,651.29	0.00 5,082,651.29	2.57	AAA
LGIP TOTAL			44,624,089.51	44,624,089.51 0.00	44,624,089.51	4.21		1	1.00 44,624,089.51	0.00 44,624,089.51	22.53	AAA
COMMERCIAL PAPER												



Position Statement

CUSIP	DESCRIPTION	TRADE DATE SETTLE DATE	PAR VALUE	PRINCIPAL COST PURCHASED INTEREST	TOTAL COST	YIELD TO MATURITY	MATURITY DATE	DAYS TO MATURITY	MARKET PRICE MARKET VALUE	UNREALIZED GAIN/LOSS BOOK VALUE	% OF MV	MOODY'S S&P RATING
8923A0XX6	TOYO CRD PUE RIC 10/31/25	02/05/2025 02/05/2025	3,000,000.00	2,900,393.33 0.00	2,900,393.33	4.59	10/31/2025	31	99.65 2,989,359.00	509.00 2,988,850.00	1.51	P-1 A-1+
COMMERCIAL PA- PER TOTAL			3,000,000.00	2,900,393.33 0.00	2,900,393.33	4.59		31	99.65 2,989,359.00	509.00 2,988,850.00	1.51	A-1+
U.S. TREASURIES												
91282CKA8	US TREASURY 4.125 02/15/27	02/26/2025 02/26/2025	3,000,000.00	3,001,875.00 0.00	3,001,875.00	4.09	02/15/2027	503	100.58 3,017,460.93	16,151.82 3,001,309.11	1.52	Aa1 AA+
91282CLX7	US TREASURY 4.125 11/15/27	11/27/2024 11/27/2024	3,000,000.00	2,990,742.19 0.00	2,990,742.19	4.24	11/15/2027	776	101.03 3,030,937.50	37,562.43 2,993,375.07	1.53	Aa1 AA+
U.S. TREASURIES TOTAL			6,000,000.00	5,992,617.19 0.00	5,992,617.19	4.16		640	100.81 6,048,398.43	53,714.25 5,994,684.18	3.05	AA+
U.S. AGENCIES												
3133ETPN1	FED FARM CR BNKS 4.280 07/10/28 '26	07/24/2025 07/24/2025	3,000,000.00	3,000,000.00 4,993.33	3,004,993.33	4.28	07/10/2028	1,014	99.90 2,997,000.00	(3,000.00) 3,000,000.00	1.51	Aa1 AA+
U.S. AGENCIES TOTAL			3,000,000.00	3,000,000.00 4,993.33	3,004,993.33	4.28		1,014	99.90 2,997,000.00	(3,000.00) 3,000,000.00	1.51	AA+
MUNICIPAL BONDS												
592041WJ2	MET GOVT NASH- VILLE & DAVIDS 4.053 07/01/26 '26	08/11/2023 08/11/2023	4,075,000.00	3,951,975.75 0.00	3,951,975.75	5.19	07/01/2026	274	100.05 4,076,903.03	33,771.97 4,043,131.05	2.06	WR A
016249FQ2	ALIEF TEX INDPT SCH DIST 5.200 02/15/27 '25	11/08/2023 11/08/2023	2,365,000.00	2,364,858.10 0.00	2,364,858.10	5.20	02/15/2027	503	100.12 2,367,724.48	2,784.10 2,364,940.38	1.20	Aaa AAA
MUNICIPAL BONDS TOTAL			6,440,000.00	6,316,833.84 0.00	6,316,833.84	5.19		358	100.07 6,444,627.51	36,556.07 6,408,071.44	3.25	A+
INDIGENT CARE TOTAL			63,064,089.51	62,833,933.87 4,993.33	62,838,927.20	4.33		148	63,103,474.45	87,779.32 63,015,695.12	31.86	AA+
OPIOID SETTLEMENT FUND												
LGIP												
TEXPOOL	TexPool	09/30/2025 09/30/2025	2,938,513.01	2,938,513.01 0.00	2,938,513.01	4.18		1	1.00 2,938,513.01	0.00 2,938,513.01	1.48	AAA
LGIP TOTAL			2,938,513.01	2,938,513.01 0.00	2,938,513.01	4.18		1	1.00 2,938,513.01	0.00 2,938,513.01	1.48	AAA
OPIOID SETTLEMENT FUND TOTAL			2,938,513.01	2,938,513.01 0.00	2,938,513.01	4.18		1	2,938,513.01	0.00 2,938,513.01	1.48	AAA
RESTRICTED CASH												

Position Statement

CUSIP	DESCRIPTION	TRADE DATE SETTLE DATE	PAR VALUE	PRINCIPAL COST PURCHASED INTEREST	TOTAL COST	YIELD TO MATURITY	MATURITY DATE	DAYS TO MATURITY	MARKET PRICE MARKET VALUE	UNREALIZED GAIN/LOSS BOOK VALUE	% OF MV	MOODY'S S&P RATING
BANK DEPOSITS												
664043316	Frost Bank Public Fund Checking Account	09/30/2025 09/30/2025	12,965.40	12,965.40 0.00	12,965.40	2.05		1	1.00 12,965.40	0.00 12,965.40	0.01	NA NA
BANK DEPOSITS TOTAL			12,965.40	12,965.40 0.00	12,965.40	2.05		1	1.00 12,965.40	0.00 12,965.40	0.01	NA
LGIP												
TEXPOOL	TexPool	09/30/2025 09/30/2025	36,024,721.94	36,024,721.94 0.00	36,024,721.94	4.18		1	1.00 36,024,721.94	0.00 36,024,721.94	18.19	AAA
LGIP TOTAL			36,024,721.94	36,024,721.94 0.00	36,024,721.94	4.18		1	1.00 36,024,721.94	0.00 36,024,721.94	18.19	AAA
RESTRICTED CASH TOTAL			36,037,687.34	36,037,687.34 0.00	36,037,687.34	4.18		1	1.00 36,037,687.34	0.00 36,037,687.34	18.20	AAA
TOBACCO SETTLEMENT												
LGIP												
TEXPOOL	TexPool	09/30/2025 09/30/2025	2,004.86	2,004.86 0.00	2,004.86	4.18		1	1.00 2,004.86	0.00 2,004.86	0.00	AAA
LGIP TOTAL			2,004.86	2,004.86 0.00	2,004.86	4.18		1	1.00 2,004.86	0.00 2,004.86	0.00	AAA
TOBACCO SETTLEMENT TOTAL			2,004.86	2,004.86 0.00	2,004.86	4.18		1	1.00 2,004.86	0.00 2,004.86	0.00	AAA
TRUST-EMPLOYEE HEALTH BENEFITS												
MONEY MARKET FUNDS												
825252406	INVESCO TREA- SURY:INST	09/30/2025 09/30/2025	16,901.11	16,901.11 0.00	16,901.11	3.99		1	1.00 16,901.11	0.00 16,901.11	0.01	Aaa AAA
MONEY MARKET FUNDS TOTAL			16,901.11	16,901.11 0.00	16,901.11	3.99		1	1.00 16,901.11	0.00 16,901.11	0.01	AAA
TRUST-EMPLOYEE HEALTH BENEFITS TOTAL			16,901.11	16,901.11 0.00	16,901.11	3.99		1	1.00 16,901.11	0.00 16,901.11	0.01	AAA
GRAND TOTAL			198,133,024.05	197,566,109.24 4,993.33	197,571,102.57	4.24		53	1.00 198,056,014.99	93,633.66 197,962,381.33	100.00	AA+

Cash Reconciliation Report

GENERAL							
POST DATE	IDENTIFIER	DESCRIPTION	PAR VALUE	FINAL MATURITY	PRINCIPAL	AMOUNT	
BUY							
07/24/2025	06743VES5	BARCLAYS CPITAL 05/26/26	3,000,000.00	05/26/2026	2,891,625.00	-2,891,625.00	
BUY TOTAL			3,000,000.00		2,891,625.00	-2,891,625.00	
INDIGENT CARE							
POST DATE	IDENTIFIER	DESCRIPTION	PAR VALUE	FINAL MATURITY	PRINCIPAL	AMOUNT	
BUY							
07/24/2025	3133ETPN1	FED FARM CR BNKS 4.280 07/10/28 '26	3,000,000.00	07/10/2028	3,000,000.00	-3,004,993.33	
BUY TOTAL			3,000,000.00		3,000,000.00	-3,004,993.33	
POST DATE	IDENTIFIER	DESCRIPTION	PAR VALUE	FINAL MATURITY	PRINCIPAL	AMOUNT	
COUPON							
07/01/2025	592041WJ2	MET GOVT NASHVILLE & DAVIDS 4.053 07/01/26 '26	0.00	07/01/2026	0.00	82,579.88	
08/15/2025	016249FQ2	ALIEF TEX INDPT SCH DIST 5.200 02/15/27 '25	0.00	02/15/2027	0.00	61,490.00	
08/15/2025	91282CKA8	US TREASURY 4.125 02/15/27	0.00	02/15/2027	0.00	61,875.00	
COUPON TOTAL			0.00		0.00	205,944.88	

Transaction Statement

INDIGENT CARE									
	TRADE DATE	SETTLE DATE	CUSIP	DESCRIPTION	PAR VALUE	PRINCIPAL COST	PURCHASED INTEREST	TOTAL	PURCHASE YIELD
BUY									
	07/24/2025	07/24/2025	3133ETPN1	FED FARM CR BNKS 4.280 07/10/28 '26	3,000,000.00	3,000,000.00	4,993.33	(3,004,993.33)	4.28
BUY TOTAL					3,000,000.00	3,000,000.00	4,993.33	(3,004,993.33)	4.28

GENERAL									
	TRADE DATE	SETTLE DATE	CUSIP	DESCRIPTION	PAR VALUE	PRINCIPAL COST	PURCHASED INTEREST	TOTAL	PURCHASE YIELD
BUY									
	07/24/2025	07/24/2025	06743VES5	BARCLAYS CPITAL 05/26/26	3,000,000.00	2,891,625.00	0.00	(2,891,625.00)	4.41
BUY TOTAL					3,000,000.00	2,891,625.00	0.00	(2,891,625.00)	4.41

Amortization Schedule

CUSIP	DESCRIPTION	PAR VALUE	PRINCIPAL COST	ORIGINAL PREMIUM OR DISCOUNT	BEGINNING BOOK VALUE	CURRENT PERIOD AMORT	ENDING BOOK VALUE	TOTAL AMORTIZATION	UNAMORTIZED BALANCE
GENERAL									
05253AYR5	ANZ BANK 11/25/25	3,000,000.00	2,867,202.50	(132,797.50)	2,946,222.50	33,656.67	2,979,879.17	112,676.67	(20,120.83)
06743VES5	BARCLAYS CPITAL 05/26/26	3,000,000.00	2,891,625.00	(108,375.00)	0.00	24,437.50	2,916,062.50	24,437.50	(83,937.50)
62479LYM1	MUFG BANK NY 11/21/25	3,000,000.00	2,904,413.33	(95,586.67)	2,948,996.66	32,813.33	2,981,810.00	77,396.67	(18,190.00)
TOTAL		9,000,000.00	8,663,240.83	(336,759.17)	5,895,219.16	90,907.50	8,877,751.67	214,510.84	(122,248.33)
INDIGENT CARE									
016249FQ2	ALIEF TEX INDPT SCH DIST 5.200 02/15/27 '25	2,365,000.00	2,364,858.10	(141.90)	2,364,929.45	10.93	2,364,940.38	82.28	(59.62)
3133ETPN1	FED FARM CR BNKS 4.280 07/10/28 '26	3,000,000.00	3,000,000.00	0.00	0.00	0.00	3,000,000.00	0.00	0.00
592041WJ2	MET GOVT NASHVILLE & DAVIDS 4.053 07/01/26 '26	4,075,000.00	3,951,975.75	(123,024.25)	4,032,391.34	10,739.72	4,043,131.05	91,155.31	(31,868.95)
8923A0XX6	TOYO CRD PUERIC 10/31/25	3,000,000.00	2,900,393.33	(99,606.67)	2,954,656.67	34,193.33	2,988,850.00	88,456.67	(11,150.00)
91282CKA8	US TREASURY 4.125 02/15/27	3,000,000.00	3,001,875.00	1,875.00	3,001,549.03	(239.92)	3,001,309.11	(565.89)	1,309.11
91282CLX7	US TREASURY 4.125 11/15/27	3,000,000.00	2,990,742.19	(9,257.81)	2,992,588.62	786.44	2,993,375.07	2,632.88	(6,624.93)
TOTAL		18,440,000.00	18,209,844.36	(230,155.64)	15,346,115.11	45,490.51	18,391,605.61	181,761.25	(48,394.39)
GRAND TOTAL		27,440,000.00	26,873,085.19	(566,914.81)	21,241,334.27	136,398.01	27,269,357.28	396,272.08	(170,642.72)

Accrued Interest Schedule

IDENTIFIER	DESCRIPTION	SETTLE DATE	PAR VALUE	PRINCIPAL COST	BEGINNING ACCRUED INTEREST	PURCHASED INTEREST	CURRENT PERIOD ACCRUAL	INTEREST RECEIVED	ENDING ACCRUED INTEREST
GENERAL									
05253AYR5	ANZ BANK 11/25/25	2024-11-27	3,000,000.00	2,867,202.50	0.00	0.00	0.00	0.00	0.00
06743VES5	BARCLAYS CPITAL 05/26/26	2025-07-24	3,000,000.00	2,891,625.00	0.00	0.00	0.00	0.00	0.00
664053079	Frost Bank Public Fund Checking Account	2025-09-30	183,939.29	183,939.29	0.00	0.00	3,455.18	3,455.18	0.00
664027221	Frost Bank Public Fund Checking Account	2025-09-30	5,179.01	5,179.01	0.00	0.00	76.97	76.97	0.00
62479LYM1	MUFG BANK NY 11/21/25	2025-02-26	3,000,000.00	2,904,413.33	0.00	0.00	0.00	0.00	0.00
TXPOOL	TEXPOOL	2025-09-30	35,724,974.91	35,724,974.91	0.00	0.00	345,032.81	345,032.81	0.00
TEXPOOL	TexPool	2025-09-30	51,159,735.01	51,159,735.01	0.00	0.00	594,181.08	594,181.08	0.00
TOTAL			96,073,828.22	95,737,069.05	0.00	0.00	942,746.04	942,746.04	0.00
INDIGENT CARE									
016249FQ2	ALIEF TEX INDPT SCH DIST 5.200 02/15/27 '25	2023-11-08	2,365,000.00	2,364,858.10	46,459.11	0.00	30,745.00	61,490.00	15,714.11
3133ETPN1	FED FARM CR BNKS 4.280 07/10/28 '26	2025-07-24	3,000,000.00	3,000,000.00	0.00	(4,993.33)	23,896.67	0.00	28,890.00
LOGIC	LOGIC	2025-09-30	26,451,801.65	26,451,801.65	0.00	0.00	289,811.08	289,811.08	0.00
592041WJ2	MET GOVT NASHVILLE & DAVIDS 4.053 07/01/26 '26	2023-08-11	4,075,000.00	3,951,975.75	82,579.88	0.00	41,289.94	82,579.88	41,289.94
8923A0XX6	TOYO CRD PUE RIC 10/31/25	2025-02-05	3,000,000.00	2,900,393.33	0.00	0.00	0.00	0.00	0.00
TEXPOOL	TexPool	2025-09-30	5,082,651.29	5,082,651.29	0.00	0.00	62,476.50	62,476.50	0.00
TEXSTAR	TexSTAR	2025-09-30	13,089,636.57	13,089,636.57	0.00	0.00	139,395.00	139,395.00	0.00
91282CKA8	US TREASURY 4.125 02/15/27	2025-02-26	3,000,000.00	3,001,875.00	46,491.71	0.00	31,188.31	61,875.00	15,805.03
91282CLX7	US TREASURY 4.125 11/15/27	2024-11-27	3,000,000.00	2,990,742.19	15,805.03	0.00	30,937.50	0.00	46,742.53
TOTAL			63,064,089.51	62,833,933.87	191,335.73	(4,993.33)	649,740.01	697,627.46	148,441.60
OPIOID SETTLEMENT FUND									
TEXPOOL	TexPool	2025-09-30	2,938,513.01	2,938,513.01	0.00	0.00	31,547.95	31,547.95	0.00
TOTAL			2,938,513.01	2,938,513.01	0.00	0.00	31,547.95	31,547.95	0.00
RESTRICTED CASH									
664043316	Frost Bank Public Fund Checking Account	2025-09-30	12,965.40	12,965.40	0.00	0.00	61.91	61.91	0.00

Accrued Interest Schedule

IDENTIFIER	DESCRIPTION	SETTLE DATE	PAR VALUE	PRINCIPAL COST	BEGINNING ACCRUED INTEREST	PURCHASED INTEREST	CURRENT PERIOD ACCRUAL	INTEREST RECEIVED	ENDING ACCRUED INTEREST
TEXPOOL	TexPool	2025-09-30	36,024,721.94	36,024,721.94	0.00	0.00	242,654.05	242,654.05	0.00
TOTAL			36,037,687.34	36,037,687.34	0.00	0.00	242,715.96	242,715.96	0.00
TOBACCO SETTLEMENT									
TEXPOOL	TexPool	2025-09-30	2,004.86	2,004.86	0.00	0.00	21.48	21.48	0.00
TOTAL			2,004.86	2,004.86	0.00	0.00	21.48	21.48	0.00
TRUST-EMPLOYEE HEALTH BENEFITS									
825252406	INVESCO TREASURY;INST	2025-09-30	16,901.11	16,901.11	105.60	0.00	299.57	324.85	80.32
TOTAL			16,901.11	16,901.11	105.60	0.00	299.57	324.85	80.32
GRAND TOTAL			198,133,024.05	197,566,109.24	191,441.33	(4,993.33)	1,867,071.01	1,914,983.74	148,521.92



Earnings by Fund

CUSIP	DESCRIPTION	ENDING PAR VALUE	BEGINNING BOOK VALUE	ENDING BOOK VALUE	FINAL MATURITY	COUPON RATE	YIELD	INTEREST EARNED	NET AMORTIZATION/ACCRETION INCOME	NET REALIZED GAIN/LOSS	ADJUSTED INTEREST EARNINGS
GENERAL											
05253AYR5	ANZ BANK 11/25/25	3,000,000.00	2,946,222.50	2,979,879.17	11/25/2025	0.00	4.54	0.00	33,656.67	0.00	33,656.67
06743VES5	BARCLAYS CAPITAL 05/26/26	3,000,000.00	0.00	2,916,062.50	05/26/2026	0.00	4.41	0.00	24,437.50	0.00	24,437.50
62479LYM1	MUFG BANK NY 11/21/25	3,000,000.00	2,948,996.66	2,981,810.00	11/21/2025	0.00	4.42	0.00	32,813.33	0.00	32,813.33
664027221	Frost Bank Public Fund Checking Account	5,179.01	5,102.04	5,179.01	09/30/2025	3.83	2.05	76.97	0.00	0.00	76.97
664053079	Frost Bank Public Fund Checking Account	183,939.29	201,073.00	183,939.29	09/30/2025	3.83	2.05	3,455.18	0.00	0.00	3,455.18
TEXPOOL	TexPool	51,159,735.01	60,134,773.46	51,159,735.01	09/30/2025	5.34	4.18	594,181.08	0.00	0.00	594,181.08
TXPOOL	TEXPOOL	35,724,974.91	26,585,329.29	35,724,974.91	09/30/2025	5.32	4.18	345,032.81	0.00	0.00	345,032.81
TOTAL		96,073,828.22	92,821,496.95	95,951,579.89		4.83	4.20	942,746.04	90,907.50	0.00	1,033,653.54

INDIGENT CARE											
016249FQ2	ALIEF TEX INDPT SCH DIST 5.200 02/15/27 '25	2,365,000.00	2,364,929.45	2,364,940.38	02/15/2027	5.20	5.20	30,745.00	10.93	0.00	30,755.93
3133ETPN1	FED FARM CR BNKS 4.280 07/10/28 '26	3,000,000.00	0.00	3,000,000.00	07/10/2028	4.28	4.28	23,896.67	0.00	0.00	23,896.67
592041WJ2	MET GOVT NASHVILLE & DAVIDS 4.053 07/01/26 '26	4,075,000.00	4,032,391.34	4,043,131.05	07/01/2026	4.05	5.19	41,289.94	10,739.72	0.00	52,029.66
8923A0XX6	TOYO CRD PUERIC 10/31/25	3,000,000.00	2,954,656.67	2,988,850.00	10/31/2025	0.00	4.59	0.00	34,193.33	0.00	34,193.33
91282CKA8	US TREASURY 4.125 02/15/27	3,000,000.00	3,001,549.03	3,001,309.11	02/15/2027	4.13	4.09	31,188.31	(239.92)	0.00	30,948.40
91282CLX7	US TREASURY 4.125 11/15/27	3,000,000.00	2,992,588.62	2,993,375.07	11/15/2027	4.13	4.24	30,937.50	786.44	0.00	31,723.94
LOGIC	LOGIC	26,451,801.65	26,161,990.57	26,451,801.65	09/30/2025	0.00	4.25	289,811.08	0.00	0.00	289,811.08
TEXPOOL	TexPool	5,082,651.29	7,975,023.78	5,082,651.29	09/30/2025	5.34	4.18	62,476.50	0.00	0.00	62,476.50
TEXSTAR	TexSTAR	13,089,636.57	12,806,171.69	13,089,636.57	09/30/2025	5.30	4.15	139,395.00	0.00	0.00	139,395.00
TOTAL		63,064,089.51	62,289,301.15	63,015,695.12		2.59	4.33	649,740.01	45,490.51	0.00	695,230.51

OPIOID SETTLEMENT FUND											
TEXPOOL	TexPool	2,938,513.01	2,906,965.06	2,938,513.01	09/30/2025	5.34	4.18	31,547.95	0.00	0.00	31,547.95
TOTAL		2,938,513.01	2,906,965.06	2,938,513.01		5.34	4.18	31,547.95	0.00	0.00	31,547.95

RESTRICTED CASH

Earnings by Fund

CUSIP	DESCRIPTION	ENDING PAR VALUE	BEGINNING BOOK VALUE	ENDING BOOK VALUE	FINAL MATURITY	COUPON RATE	YIELD	INTEREST EARNED	NET AMORTIZATION/ ACCRETION INCOME	NET REALIZED GAIN/LOSS	ADJUSTED INTEREST EARNINGS
664043316	Frost Bank Public Fund Checking Account	12,965.40	12,903.49	12,965.40	09/30/2025	3.83	2.05	61.91	0.00	0.00	61.91
TEXPOOL	TexPool	36,024,721.94	26,877,426.25	36,024,721.94	09/30/2025	5.34	4.18	242,654.05	0.00	0.00	242,654.05
TOTAL		36,037,687.34	26,890,329.74	36,037,687.34		5.33	4.18	242,715.96	0.00	0.00	242,715.96
TOBACCO SETTLEMENT											
TEXPOOL	TexPool	2,004.86	1,983.38	2,004.86	09/30/2025	5.34	4.18	21.48	0.00	0.00	21.48
TOTAL		2,004.86	1,983.38	2,004.86		5.34	4.18	21.48	0.00	0.00	21.48
TRUST-EMPLOYEE HEALTH BENEFITS											
825252406	INVESCO TREASURY;INST	16,901.11	30,572.14	16,901.11	09/30/2025	3.97	3.99	299.57	0.00	0.00	299.57
TOTAL		16,901.11	30,572.14	16,901.11		3.97	3.99	299.57	0.00	0.00	299.57
GRAND TOTAL		198,133,024.05	184,940,648.42	197,962,381.33		4.21	4.24	1,867,071.01	136,398.01	0.00	2,003,469.01

Projected Cashflows

For the Period October 01, 2025 to March 31, 2026

CUSIP	DESCRIPTION	POST DATE	TRANSACTION TYPE	AMOUNT
GENERAL				
NOV 2025				
62479LYM1	MUFG BANK NY 11/21/25	11/21/2025	Final Maturity	3,000,000.00
05253AYR5	ANZ BANK 11/25/25	11/25/2025	Final Maturity	3,000,000.00
NOV 2025 TOTAL				6,000,000.00
MAY 2026				
06743VES5	BARCLAYS CPITAL 05/26/26	05/26/2026	Final Maturity	3,000,000.00
MAY 2026 TOTAL				3,000,000.00
GENERAL TOTAL				9,000,000.00
INDIGENT CARE				
OCT 2025				
8923A0XX6	TOYO CRD PUE RIC 10/31/25	10/31/2025	Final Maturity	3,000,000.00
OCT 2025 TOTAL				3,000,000.00
NOV 2025				
016249FQ2	ALIEF TEX INDPT SCH DIST 5.200 02/15/27 '25	11/03/2025	Coupon	26,645.67
91282CLX7	US TREASURY 4.125 11/15/27	11/17/2025	Coupon	61,875.00
NOV 2025 TOTAL				88,520.67
JAN 2026				
592041WJ2	MET GOVT NASHVILLE & DAVIDS 4.053 07/01/26 '26	01/02/2026	Coupon	82,579.88
3133ETPN1	FED FARM CR BNKS 4.280 07/10/28 '26	01/12/2026	Coupon	64,200.00
JAN 2026 TOTAL				146,779.88
FEB 2026				
91282CKA8	US TREASURY 4.125 02/15/27	02/17/2026	Coupon	61,875.00
FEB 2026 TOTAL				61,875.00

Projected Cashflows
 For the Period October 01, 2025 to March 31, 2026

CUSIP	DESCRIPTION	POST DATE	TRANSACTION TYPE	AMOUNT
APR 2026				
592041WJ2	MET GOVT NASHVILLE & DAVIDS 4.053 07/01/26 '26	04/01/2026	Coupon	41,289.94
APR 2026 TOTAL				41,289.94
MAY 2026				
91282CLX7	US TREASURY 4.125 11/15/27	05/15/2026	Coupon	61,875.00
MAY 2026 TOTAL				61,875.00
INDIGENT CARE TOTAL				3,400,340.48
GRAND TOTAL				12,400,340.48



Change in Value

IDENTIFIER	ISSUER PAR VALUE	YIELD	TRADE DATE MATURITY DATE	INTEREST ACCRUAL INTEREST RECEIVED	BEGINNING BOOK VALUE BEGINNING MARKET VALUE	PURCHASES/ ADDITIONS	REDEMPTIONS	CHANGE IN BOOK VALUE CHANGE IN MARKET VALUE	ENDING BOOK VALUE ENDING MARKET VALUE
GENERAL									
664053079	Frost Bank Public Fund Checking Account 183,939.29	2.05	09/30/2025	3,455.18 3,455.18	201,073.00 201,073.00	39,929.17	(57,062.88)	(17,133.71) (17,133.71)	183,939.29 183,939.29
TXPOOL	TEXPOOL 35,724,974.91	4.18	09/30/2025	345,032.81 345,032.81	26,585,329.29 26,585,329.29	17,782,920.32	(8,643,274.70)	9,139,645.62 9,139,645.62	35,724,974.91 35,724,974.91
664027221	Frost Bank Public Fund Checking Account 5,179.01	2.05	09/30/2025	76.97 76.97	5,102.04 5,102.04	76.97	0.00	76.97 76.97	5,179.01 5,179.01
TEXPOOL	TexPool 51,159,735.01	4.18	09/30/2025	594,181.08 594,181.08	60,134,773.46 60,134,773.46	0.00	(8,975,038.45)	(8,975,038.45) (8,975,038.45)	51,159,735.01 51,159,735.01
62479LYM1	MUFG BANK NY 11/21/25 3,000,000.00	4.42	02/26/2025 11/21/2025	0.00 0.00	2,948,996.66 2,936,640.00	0.00	0.00	32,813.33 45,657.00	2,981,810.00 2,982,297.00
05253AYR5	ANZ BANK 11/25/25 3,000,000.00	4.54	11/27/2024 11/25/2025	0.00 0.00	2,946,222.50 2,935,404.00	0.00	0.00	33,656.67 45,597.00	2,979,879.17 2,981,001.00
06743VES5	BARCLAYS CPITAL 05/26/26 3,000,000.00	4.41	07/24/2025 05/26/2026	0.00 0.00	0.00 0.00	2,891,625.00	0.00	2,916,062.50 2,920,308.00	2,916,062.50 2,920,308.00
TOTAL		4.20		942,746.04 942,746.04	92,821,496.95 92,798,321.79	20,714,551.46	(17,675,376.03)	3,130,082.93 3,159,112.43	95,951,579.89 95,957,434.22

INDIGENT CARE									
TEXPOOL	TexPool 5,082,651.29	4.18	09/30/2025	62,476.50 62,476.50	7,975,023.78 7,975,023.78	86,257.76	(2,978,630.25)	(2,892,372.49) (2,892,372.49)	5,082,651.29 5,082,651.29
TEXSTAR	TexSTAR 13,089,636.57	4.15	09/30/2025	139,395.00 139,395.00	12,806,171.69 12,806,171.69	283,464.88	0.00	283,464.88 283,464.88	13,089,636.57 13,089,636.57
LOGIC	LOGIC 26,451,801.65	4.25	09/30/2025	289,811.08 289,811.08	26,161,990.57 26,161,990.57	289,811.08	0.00	289,811.08 289,811.08	26,451,801.65 26,451,801.65
8923A0XX6	TOYO CRD PUE RIC 10/31/25 3,000,000.00	4.59	02/05/2025 10/31/2025	0.00 0.00	2,954,656.67 2,943,216.00	0.00	0.00	34,193.33 46,143.00	2,988,850.00 2,989,359.00
592041WJ2	MET GOVT NASHVILLE & DAVIDS 4,053 07/01/26 '26 4,075,000.00	5.19	08/11/2023 07/01/2026	41,289.94 82,579.88	4,032,391.34 4,058,602.20	0.00	0.00	10,739.72 18,300.83	4,043,131.05 4,076,903.03
91282CKA8	US TREASURY 4.125 02/15/27 3,000,000.00	4.09	02/26/2025 02/15/2027	31,188.31 61,875.00	3,001,549.03 3,014,531.25	0.00	0.00	(239.92) 2,929.68	3,001,309.11 3,017,460.93
016249FQ2	ALIEF TEX INDPT SCH DIST 5.200 02/15/27 '25 2,365,000.00	5.20	11/08/2023 02/15/2027	30,745.00 61,490.00	2,364,929.45 2,366,955.86	0.00	0.00	10.93 768.63	2,364,940.38 2,367,724.48
91282CLX7	US TREASURY 4.125 11/15/27 3,000,000.00	4.24	11/27/2024 11/15/2027	30,937.50 0.00	2,992,588.62 3,027,890.64	0.00	0.00	786.44 3,046.86	2,993,375.07 3,030,937.50



Change in Value

IDENTIFIER	ISSUER PAR VALUE	YIELD	TRADE DATE MATURITY DATE	INTEREST ACCRUAL INTEREST RECEIVED	BEGINNING BOOK VALUE BEGINNING MARKET VALUE	PURCHASES/ ADDITIONS	REDEMPTIONS	CHANGE IN BOOK VALUE CHANGE IN MARKET VALUE	ENDING BOOK VALUE ENDING MARKET VALUE
3133ETPN1	FED FARM CRBNKS 4.280 07/10/28 '26 3,000,000.00	4.28	07/24/2025 07/10/2028	23,896.67 0.00	0.00 0.00	3,000,000.00	0.00	3,000,000.00 2,997,000.00	3,000,000.00 2,997,000.00
TOTAL		4.33		649,740.01 697,627.46	62,289,301.15 62,354,381.99	3,659,533.72	(2,978,630.25)	726,393.98 749,092.46	63,015,695.12 63,103,474.45

OPIOID SETTLEMENT FUND									
TEXPOOL	TexPool 2,938,513.01	4.18	09/30/2025	31,547.95 31,547.95	2,906,965.06 2,906,965.06	31,547.95	0.00	31,547.95 31,547.95	2,938,513.01 2,938,513.01
TOTAL		4.18		31,547.95 31,547.95	2,906,965.06 2,906,965.06	31,547.95	0.00	31,547.95 31,547.95	2,938,513.01 2,938,513.01

RESTRICTED CASH									
664043316	Frost Bank Public Fund Checking Account 12,965.40	2.05	09/30/2025	61.91 61.91	12,903.49 12,903.49	61.91	0.00	61.91 61.91	12,965.40 12,965.40
TEXPOOL	TexPool 36,024,721.94	4.18	09/30/2025	242,654.05 242,654.05	26,877,426.25 26,877,426.25	12,651,617.88	(3,504,322.19)	9,147,295.69 9,147,295.69	36,024,721.94 36,024,721.94
TOTAL		4.18		242,715.96 242,715.96	26,890,329.74 26,890,329.74	12,651,679.79	(3,504,322.19)	9,147,357.60 9,147,357.60	36,037,687.34 36,037,687.34

TOBACCO SETTLEMENT									
TEXPOOL	TexPool 2,004.86	4.18	09/30/2025	21.48 21.48	1,983.38 1,983.38	21.48	0.00	21.48 21.48	2,004.86 2,004.86
TOTAL		4.18		21.48 21.48	1,983.38 1,983.38	21.48	0.00	21.48 21.48	2,004.86 2,004.86

TRUST-EMPLOYEE HEALTH BENEFITS									
825252406	INVESCO TREASURY;INST 16,901.11	3.99	09/30/2025	299.57 324.85	30,572.14 30,572.14	190.00	(13,861.03)	(13,671.03) (13,671.03)	16,901.11 16,901.11
TOTAL		3.99		299.57 324.85	30,572.14 30,572.14	190.00	(13,861.03)	(13,671.03) (13,671.03)	16,901.11 16,901.11



Change in Value

IDENTIFIER	ISSUER PAR VALUE	YIELD	TRADE DATE MATURITY DATE	INTEREST ACCRUAL INTEREST RECEIVED	BEGINNING BOOK VALUE BEGINNING MARKET VALUE	PURCHASES/ ADDITIONS	REDEMPTIONS	CHANGE IN BOOK VALUE CHANGE IN MARKET VALUE	ENDING BOOK VALUE ENDING MARKET VALUE
GRAND TOTAL		4.24		1,867,071.01 1,914,983.74	184,940,648.42 184,982,554.10	37,057,524.40	(24,172,189.50)	13,021,732.91 13,073,460.89	197,962,381.33 198,056,014.99

Disclosure

Meeder provides monthly statements for its investment management clients to provide information about the investment portfolio. The information should not be used for audit or confirmation purposes. Please review your custodial statements and report any inaccuracies or discrepancies.

Certain information and data has been supplied by unaffiliated third parties. Although Meeder believes the information is reliable, it cannot warrant the accuracy of information offered by third parties. Market value may reflect prices received from pricing vendors when current market quotations are not available. Prices may not reflect firm bids or offers and may differ from the value at which the security can be sold.

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M E E D E R
PUBLIC FUNDS

NUECES COUNTY BOARDS & COMMISSIONS APPLICATIONS

<https://www.nuecesco.com/county-services/county-boards/application-1377>

- + Animal Services
- Cafeteria
- + County Airport
- + County Auditor
- County Boards
- Child Welfare
- Civil Service Commission
- Historical Commission
- Application**
- + County Clerk

[County Services](#) > [County Boards](#) >

APPLICATION

[Print](#) [Share & Bookmark](#) Font Size: [+](#) [-](#)

Fill out the application online, attach your resume and e-mail the packet.


- First time applicants MUST fill out the application form.
- Incumbents reapplying for a board or commission may submit a letter of interest for the position.
- These documents must be submitted to the office of the County Judge prior to the deadline.

Nueces County Board Application

STAFF

Board Administration
(361) 888-0878
[More Staff >](#)

<https://forms.office.com/pages/responsepage.aspx?id=H1mH9Ws700WWC12qQZq3G7euZbw0SMFGrU3mwJg8wFJUQV10MIZNWTlwVzIMRU8yQzIPVzRRUFdOVy4u&route=shorturl>



COUNTY OF NUECES APPLICATION FOR APPOINTMENT TO BOARD OR COMMISSION

When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.

* Required

For what Board or Commission are you applying? *

Select your answer

Name *

Enter your answer

NUECES COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

DUTIES:

This Board of Managers is responsible for the operation of the Hospital System. The District’s primary mission is to provide quality preventive, medical, hospital and emergency care to the indigent and needy sick of Nueces County and to the other county residents with the ability to pay.

COMPOSITION:

There are a total of seven members on the Board. The Board of Managers of the District are appointed by the Nueces County Commissioners Court.

CREATION & AUTHORITY:

This Board is authorized by Health & Safety Code, 281.001

MEETS:

1st Tuesday of each month at 6:00 p.m., Board Room, 555 N. Carancahua, Corpus Christi, Texas, 78411

TERMS:

Three years staggered terms.

Members	Place	Initial Appt.	Term Expiration
Georgia Neblett	Place 1	01/08/2025	September 30, 2027
Karen Urban	Place 2	01/08/2025	September 30, 2027
Efrain Guerrero, Jr.	Place 3	12/16/2020	September 30, 2025
Dr. Vishnu Reddy, MD	Place 4	08/28/2019	September 30, 2025
Belinda Flores	Place 5	08/28/2019	September 30, 2025
Sylvia Tryon-Oliver	Place 6	10/11/2017	September 30, 2026
Mariana Garza	Place 7	08/19/2020	September 30, 2026

Board Contact: Jonny Hipp, Administrator/Chief Executive Officer; 361-808-3300

Updated: 8/13/2025

CHRISTUS SPOHN HEALTH BOARD OF TRUSTEES

COMPOSITION:

Three Board Members are nominated by the Commissioners Court to serve on the Board. The Commissioners Court nominees are subject to approval and confirmation by the Nueces County Hospital District Board of Managers.

TERMS:

Board Members serve staggered three-year terms. One board position expires in December, 2018 and every 3 years thereafter, one board position expires in December 2019 and every 3 years thereafter; and, one board position expires in December 2020 and every 3 years thereafter. Each member may serve a maximum of three terms (9 years).

Members	Place	Term	Initial Appt.	Term Expiration
Dr. Yvonne Hinojosa	Place 1	1	January 2024	December 31, 2026
Govind Nadkarni	Place 2	3	March 2015	December 31, 2025
Dr. Shah Islam	Place 3	1	February 2022	December 31, 2027

*Hospital District Board of Managers appoints the members after Commissioners Court makes a nomination

Updated: 10/27/2025



Craig A. Adamson, CPA CFF-Partner
Austin Adamson, CPA MAcc-Partner
Jennifer M. Perales, CPA MBA-Partner
Trevor R. Prewett, MAcc-Partner

Caitlin J. Chupe, CPA MAcc-Partner
Adam R. Miller, CPA MBA-Partner
Jeremy C. Moore, CPA MAcc-Partner
Priyanka B. Desai, CPA MAcc-Partner

November 12, 2025

Mr. Jonny Hipp
Nueces County Hospital District
555 N. Carancahua, Suite 950-A
Corpus Christi, TX 78401

Dear Mr. Hipp:

We are pleased to confirm our understanding of the services we are to provide for the Nueces County Hospital District, a component unit of Nueces County, Texas, for the year ended September 30, 2025.

Audit Scope and Objectives

We will audit the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Nueces County Hospital District, a component unit of Nueces County, Texas, which collectively comprise the District's basic financial statements for the fiscal year ended September 30, 2025. Accounting standards generally accepted in the United States of America (GAAP) provide for certain required supplementary information (RSI), such as management's discussion and analysis (MD&A), to supplement Nueces County Hospital District's basic financial statements. Such information, 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 the financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to Nueces County Hospital District's RSI in accordance with auditing standards generally accepted in the United States of America (GAAS). These limited procedures will consist of inquiries of management regarding 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 will 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. The following RSI is required by GAAP and will be subjected to certain limited procedures, but will not be audited:

- The Management's Discussion and Analysis

The objectives of our audit are to obtain reasonable assurance as to whether the financial statements as a whole are free from material misstatement, whether due to fraud or error; issue an auditor's report that includes our opinion about whether your financial statements are fairly presented, in all material respects, in conformity with GAAP. 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 GAAS will always detect a material misstatement when it exists.

Misstatements, including omissions, can arise from fraud or error and are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment of a reasonable user made based on the financial statements.

Auditor's Responsibilities for the Audit of the Financial Statements

We will conduct our audit in accordance with GAAS and will include tests of your accounting records and other procedures we consider necessary to enable us to express such opinions. As part of an audit in accordance with GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit.

We will evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management. We will also evaluate the overall presentation of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation. We will plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to Nueces County Hospital District or to acts by management or employees acting on behalf of Nueces County Hospital District.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is an unavoidable risk that some material misstatements may not be detected by us, even though the audit is properly planned and performed in accordance with GAAS. In addition, an audit is not designed to detect immaterial misstatements, or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements. However, we will inform the appropriate level of management of any material errors, fraudulent financial reporting or misappropriation of assets that come to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

We will also conclude, based on the audit evidence obtained, whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the government's ability to continue as a going concern for a reasonable period of time.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, and may include tests of the physical existence of inventories, and direct confirmation of receivables and certain other assets and liabilities by correspondence with selected individuals, funding sources, creditors, and financial institutions. We will also request written representations from your attorneys as part of the engagement.

Our audit of the financial statements does not relieve you of your responsibilities.

Audit Procedures—Internal Control

We will obtain an understanding of the government and its environment, including internal control relevant to the audit, sufficient to identify and assess the risks of material misstatement of the financial statements, whether due to error or fraud, and to design and perform audit procedures responsive to those risks and obtain evidence that is sufficient and appropriate to provide a basis for our opinions. 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, misrepresentation, or the override of internal control. An audit is not designed to provide assurance on internal control or to identify deficiencies in internal control. Accordingly, we will express no such opinion.

However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards.

We have identified the following significant risks of material misstatement as part of our audit planning: (1) Management override of controls and (2) Revenue recognition.

Audit Procedures—Compliance

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of Nueces County Hospital District's compliance with the provisions of applicable laws, regulations, contracts and agreements. However, the objective of our audit will not be to provide an opinion on overall compliance and we will not express such an opinion.

Responsibilities of Management for the Financial Statements

Our audit will be conducted on the basis that you acknowledge and understand your responsibility for designing, implementing, and maintaining internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error, including monitoring ongoing activities; for the selection and application of accounting principles; and for the preparation and fair presentation of the financial statements in conformity with accounting principles generally accepted in the United States of America with the oversight of those charged with governance.

Management is responsible for making drafts of financial statements, all financial records and related information available to us and for the accuracy and completeness of that information (including information from outside of the general and subsidiary ledgers).

You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, identification of all related parties and all related-party relationships and transactions, and other matters; (2) additional information that we may request for the purpose of the audit, and (3) unrestricted access to persons within the government from whom we determine it necessary to obtain audit evidence. At the conclusion of our audit, we will require certain written representation from you about the financial statements and related matters.

Your responsibilities include adjusting the financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements of each opinion unit taken as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud or illegal acts affecting the government involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud or illegal acts could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the government received in communications from employees, former employees, regulators, or others. In addition, you are responsible for identifying and ensuring that the government entity complies with applicable laws and regulations.

You are responsible for the preparation of the supplementary information, if any, in conformity with accounting principles generally accepted in the United States of America (GAAP). You agree to include our report on the supplementary information in any document that contains and indicates that we have reported on the supplementary information. You also agree to include the audited financial statements with any presentation of the supplementary information that includes our report thereon or make the audited financial statements readily available to users of the supplementary information no later than the date the supplementary information is issued with our report thereon. Your responsibilities include acknowledging to us in the representation letter that (1) you are responsible for presentation of the supplementary information in accordance with GAAP; (2) that you believe the supplementary information, including its form and content, is fairly presented in accordance with GAAP; (3) that the methods of measurement or presentation have not changed from those used in prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the supplementary information.

Other Services

We will also prepare the financial statements and related notes disclosures of Nueces County Hospital District in conformity with accounting principles generally accepted in the United States based on information provided by you.

We will perform these nonaudit services in accordance with applicable professional standards. The other services are limited to the financial statement services previously defined. We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities.

You agree to assume all management responsibilities for the financial statement preparation services and any other nonattest services we provide. You will be required to acknowledge in the management representation letter our assistance with these services, and that you have reviewed these nonattest services prior to their issuance and have accepted responsibility for them. Further, you agree to oversee the nonaudit services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of those service; and accept responsibility for them.

Engagement Administration, Fees, and Other

We understand that your employees will prepare all cash and other confirmations we request and will locate any documents selected by us for testing.

The audit documentation for this engagement is the property of Adamson & Company, LLC. and constitutes confidential information. However, subject to applicable laws and regulations, audit documentation and appropriate individuals will be made available upon request and in a timely manner to Regulators or its designee. We will notify you of such a request. If requested, access to such workpapers will be provided under the supervision of Adamson & Company, LLC. personnel. Furthermore, upon request, we may provide copies of selected audit documentation to cognizant or grantor agencies. The cognizant or grantor agencies may intend, or decide, to distribute the photocopies or information contained therein to others, including other governmental agencies.

Caitlin Chupe is the engagement partner and is responsible for supervising the engagement and signing the report or authorizing another individual to sign it. We expect to begin our audit on approximately November 2025, and to issue our reports no later than January 2026.

We estimate that our fee for the engagement will approximately \$29,000. We do not anticipate the fee to exceed \$29,000 for the services, unless unforeseen circumstances arise. Such circumstances will be discussed when, and if, encountered. Our invoices for these fees will be rendered as work progresses and are payable on presentation.

Our professional fees are based on the value of the services provided. In arriving at this value, we consider several factors, some of which are the complexity of the engagement, results of the engagement, the time required to complete the engagement, and out-of-pocket expenses. We will perform this engagement in the most cost-efficient manner by assigning work to members of the Firm that we believe have the appropriate level of experience and skill for the engagement.

Reporting

We will issue a written report upon completion of our audit of Nueces County Hospital District's financial statements. Our report will be addressed to the Board of Managers of Nueces County Hospital District. Circumstances may arise in which our report may differ from its expected form and content based on the results of our audit. Depending on the nature of these circumstances, it may be necessary for us to modify our opinions, add a separate section, or add an emphasis-of-matter or other-matter paragraph to our auditor's report, or if necessary, withdraw from this engagement. If our opinions are other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed opinions, we may decline to express opinions or withdraw from this engagement.

We appreciate the opportunity to be of service to Nueces County Hospital District and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign the enclosed copy and return it to us.

Nueces County Hospital District
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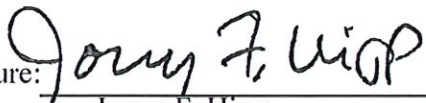
Very truly yours,

ADAMSON & COMPANY, LLC



Caitlin Chupe, CPA
Audit Partner

RESPONSE: This letter correctly sets forth the understanding of Nueces County Hospital District.

Officer Signature: 

Title: Jonny F. Hipp
Administrator

**HEALTH SERVICES AGREEMENT
NUECES COUNTY CORRECTIONAL FACILITIES**

THIS AGREEMENT by and between NUECES COUNTY, a political subdivision of the State of Texas (hereinafter referred to as the "County"), the NUECES COUNTY HOSPITAL DISTRICT, a political subdivision of the State of Texas (hereinafter referred to as "Hospital District") and WEXFORD HEALTH SOURCES, INC. (hereinafter referred to as "WHS"), is entered into and effective as of the 1st day of December, 2025 and shall continue for a period of three (3) years until November 30, 2028 with two (2) potential one (1)-year extensions, in accordance with Article 7.1 herein.

WHEREAS, the County owns and operates Nueces County Jail Facilities (hereinafter referred to as "Facilities") comprised of the County Jail (hereinafter referred to as "Jail") located at 901 Leopard Street and the McKenzie Annex Jail (hereinafter referred to as "Annex") located at 745 North Padre Island Drive, both units situated in Corpus Christi, Nueces County, Texas (Facilities does not include the Nueces County Juvenile Justice Center); and

WHEREAS, the County and the Nueces County Sheriff (hereinafter referred to as "County Sheriff") have the obligation to provide for the health, safety, and welfare of all inmates incarcerated at the Facilities; and

WHEREAS, the Hospital District has certain obligations to provide medical and hospital care to eligible indigent Nueces County residents and those eligible Nueces County indigents who are incarcerated at the Facilities; and

WHEREAS, the objective of the County and the Hospital District is to provide for the delivery of quality health care to all inmates at the Facilities in accordance with applicable law; and

WHEREAS, the County issued a Request for Proposals styled "RFP No. 3315-25 Jail Medical Services" which solicited proposals for the provision of inmate medical services at the Facilities (hereinafter referred to as "RFP"); WHS submitted a responsible proposal in response to the RFP;

WHEREAS, County with the concurrence of the Hospital District selected WHS's proposal for award of this Agreement; and

WHEREAS, WHS is in the business of providing correctional health care services and desires to provide such services for the County under the terms and conditions hereof.

NOW, THEREFORE, in consideration of the covenants and promises hereinafter made, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, including the above Recitals, which are hereby incorporated as part of this contract, the parties hereto agree as follows:

ARTICLE 1: HEALTH CARE SERVICES

1.1. General Engagement. The County hereby contracts with WHS to provide for the delivery of reasonable and necessary medical, mental health, nursing, dental care, and related supporting services covered under the terms of this Agreement to all inmates at the Facilities, including Work Release Inmates, in the custody of the County Sheriff, even if under the jurisdiction of other authority, such

as U.S. Marshals Service, U.S. Immigration and Customs Enforcement, Texas Department of Criminal Justice or other agencies, counties and municipalities, and to provide for the medical and mental screening of all persons brought to the Facilities for booking.

1.2. Scope of General Services. The responsibility of WHS to deliver reasonably necessary health care services to an inmate commences with the commitment of an inmate into custody of the Facilities, which is considered the official booking. WHS shall provide health care services for all inmates, incarcerated at the Facilities, including Work Release Inmates. WHS shall provide twenty-four (24) hours per day, seven (7) days per week, at full staffing, all professional medical, dental, mental health, and nursing, in accordance with **Appendix A, Staffing Matrix**. WHS's services shall include but are not limited to (i) intake medical and mental health assessments, health care services for chronic, infirmity, and sick call care, routine and preventive care, including health assessments, and acute and emergency care; (ii) laboratory, radiology, pharmacy, , and other supporting ancillary services and supplies; (iii) other related non-ancillary support services for all inmates under the custody and control of the County Sheriff at the Facilities, as set out in County's Request to Proposers No. 3315-25 (herein "RFP No. 3315-25").

WHS shall provide the services specified herein, which shall constitute reasonable health care services in accordance with the standards and/or requirements promulgated by (i) the National Commission on Correctional Health Care relating to health services in jails (hereinafter referred to as the "NCCHC"); (ii) the American Correctional Association relating to health services (hereinafter referred to as the "ACA"), and (iii) Texas Administrative Code Title 37, Part 9, Chapter 273, (the Texas Commission on Jail Standards related to health services) and any other applicable state and federal statutes, including any other applicable Order of a Court.

Except as otherwise agreed herein, the services to be provided by WHS under the terms of this Agreement shall be those (i) required under Attachment B - Scope of Work and Continuity of Services of RFP No. 3315-25, which is attached hereto as **Appendix B, Scope of Work** and hereby is incorporated herein by reference as if set out word for word herein.

1.3. WHS Staffing. WHS shall provide weekly staffing, twenty -four (24) hours, seven (7) days per week at the Facilities in accordance with the staffing matrix attached hereto as **Appendix A, Staffing Matrix**. No more than 10% of Nursing Staff may be outsourced by WHS.

1.4. Responsibility for Offsite Medical Care. Offsite specialty clinics, ambulance transportation (including emergency ambulance transportation), offsite radiology services, emergency room visits, hospitalization (including physician charges) and any other services provided by licensed medical professionals (hereinafter referred to as "Offsite Medical Care") which are not provided onsite at the Facilities shall be arranged for by WHS but not paid for by WHS unless otherwise indicated. Except for emergency ambulance transportation, WHS shall arrange all other Offsite Medical Care with the Hospital District's indigent health care contractor, CHRISTUS Spohn Health System Corporation. Financial responsibility for all other Offsite Medical Care shall be governed by the terms of the Hospital District's indigent care agreement with CHRISTUS Spohn Health System Corporation but shall not be the financial responsibility of WHS. The Hospital District will designate a CHRISTUS Spohn Healthcare Corporation liaison to WHS for WHS to coordinate and arrange Offsite Medical Care. Any Offsite Medical care not arranged with CHRISTUS Spohn Health System Corporation shall be the sole financial responsibility of WHS.

1.5. Responsibility for Onsite Medical Care. The particular onsite services to be provided by WHS under terms of this Agreement shall be those services described in RFP-3315-25. WHS shall provide the onsite medical, mental health, and dental care and treatment services in the quantity, type, manner, and if applicable using the methods described in RFP 3315-25 WHS'S staffing matrix **Appendix A, Staffing Matrix attached hereto**. Onsite medical care to be provided by WHS under terms of this Agreement shall also include medically necessary overnight infirmary care provided within the Facilities' health care units. Onsite medical, mental health, and dental services and related technical and support personnel shall be the financial responsibility of WHS. WHS shall maintain a liaison, coordinate, and arrange any related offsite inmate health care services with the Hospital District's indigent health care provider, CHRISTUS Spohn Health System Corporation. Any related offsite inmate health care services not arranged with CHRISTUS Spohn Health System Corporation shall be the sole financial responsibility of WHS.

WHS agrees to administer tuberculosis (TB), human immunodeficiency virus (HIV), Hepatitis C (HCV), and COVID-19 screening tests to County Sheriffs staff as determined by the County Sheriff or his designee. WHS shall purchase the medical supplies and other items, including the TB serum, necessary to perform such screenings, but such costs shall pass through to the County and/or Hospital District so that the County and/or Hospital District will reimburse WHS for all such costs on a monthly basis. At the end of each calendar quarter, WHS shall submit to the County an invoice for all medical supplies and items, including the TB serum, purchased for the TB, HIV, HCV, COVID-19 screenings. The County and/or Hospital District shall pay such invoice within thirty (30) days of the invoice date. If the County Sheriff determines that payment for specific services is disputed, the undisputed portion of the invoice shall be approved for payment. The parties shall attempt to resolve the disputed portions of the invoice within ten (10) calendar days.

For any onsite health care services not described above, WHS, in conjunction with the County and Hospital District, shall determine and then specify which additional onsite health care services is/are appropriate.

1.6. Pharmaceutical Services. WHS shall provide onsite pharmaceutical and related services within the Facilities in accordance with RFP 3315-25. Pursuant to the requirements of the RFP, WHS shall (i) provide a copy of the formulary to be used within the Facilities under this agreement to the Sheriff or his designee as well as to the Hospital District, (ii) obtain human immunodeficiency virus (hereinafter referred to as "HIV") and Hepatitis C (hereinafter referred to as "HCV") medications for inmates in the Facilities through available Texas Department of State Health Services programs, including the Texas HIV Medication Program and the Texas HIV State Pharmacy Assistance Program (collectively hereinafter referred to as "THMP") or other public sources, other than the County and the Hospital District, or through patient assistance programs offered through pharmaceutical companies ("Patient Assistance Programs"); and (iii) coordinate and pursue applications for THMP and other public source assistance or Patient Assistance Programs for inmates of the Facilities. In the event inmate HIV and/or HCV medications are not available through Patient Assistance Programs, the THMP, or other public sources other than the County and Hospital District, WHS will acquire the applicable medication and the Hospital District will reimburse WHS's purchase cost pursuant to its monthly invoices. WHS will charge the Hospital District for these medications as part of its monthly invoices submitted under Article 8.1. WHS will provide as back up to the monthly invoices its

medications purchase invoices, as well as written notice indicating non-availability or denial of the medications from THMP, Patient Assistance Programs, or other public sources.

1.7. Exceptions to Treatment. WHS will not be responsible for any medical testing or obtaining samples which are forensic in nature, except as required by local, state, or federal statute or regulation or by Court Order. Revisions of applicable statute or regulation pertaining to medical testing or obtaining samples, which are forensic in nature, which occur during the term of this Agreement, and if determined by all Parties to be a further obligation of WHS; and result in increased cost to WHS, the County and/or Hospital District shall reimburse WHS for those increased costs. WHS agrees to provide the County and/or Hospital District prior written information sufficient to evaluate the scope and necessity of any forensic medical testing and obtaining samples and the associated cost.

WHS will not be responsible for costs associated with the transportation or security of inmates for offsite non-emergency health care treatment. WHS will provide qualified emergency ambulance transportation services when medically necessary in connection with offsite emergency medical treatment. WHS will not be financially responsible for costs associated with transplants and experimental procedures. WHS will not be financially responsible for costs associated with factor 8 blood products, and medications that cost more than \$2,000.00 per month per application. WHS will charge the Hospital District for these medications, at cost, as part of its monthly invoices submitted under Article 8.1. WHS will not be financially responsible for any costs incurred after an inmate is released from the County's custody. WHS will not be responsible for the provision of elective medical care to inmates. For purposes of this Agreement, "elective medical care" means medical care which, if not provided, would not in the opinion of WHS's Medical Director cause the inmate's health to deteriorate or cause definite harm to the inmate's well-being and specifically includes sex or gender reassignment surgeries.

1.8. Changes in Standards of Care or Scope of Services. The price in Article 8, below, reflects the scope of services required by RFP3315-25 and agreed upon by the parties to this Agreement. Should any new treatments, community standards of care, drug classes or diagnostic tests be mandated by community health care standards, or should County and/or Hospital District request a change in the scope of services, and such changes result in an increase in cost to WHS, the parties agree to review the necessity of implementing the changes and the coverage of costs related to such changes not covered in this Agreement to negotiate the price of any increased cost. Prior to such negotiation, WHS agrees to provide the County and Hospital District information sufficient to evaluate the scope and necessity of and any increase in cost.

ARTICLE 2: PERSONNEL

2.1. Incorporation of WHS Proposal. The personnel to be provided by WHS under the terms of this Agreement shall be those described in RFP 3315-25. All personnel and related personnel licensure, certification and registration required to be provided under the terms of this Agreement by WHS shall be delivered in accordance with the RFP Notwithstanding the foregoing, WHS may change personnel at any time without the consent of the County so long as all persons performing services under this Agreement are licensed, certified or registered in accordance with applicable law and the requirements of RFP 3315-25.

2.2. Provision of Personnel. WHS shall provide medical, dental, mental health, nursing, technical and support personnel as necessary for the rendering of health care services to inmates at the Facilities as required in RFP 3315-25.

- A. This staffing pattern as described in **Appendix A, Staffing Matrix** shall be required under this Agreement. Should the County add new locations or services which WHS considers are new and not covered in RFP 3315-25, WHS shall provide written notice to County and Hospital District of the matter and any impact to WHS's operation, which result in staffing cost increases to WHS. WHS may negotiate for additional compensation from the County and/or the Hospital District.

2.3. Licensure, Certification and Registration of Personnel. WHS will ensure that all personnel provided or made available by WHS to render services hereunder shall be licensed, certified or registered in the State of Texas, as appropriate, in their respective areas of expertise as required by applicable law. If requested by the County and/or the Hospital District, WHS shall provide to the appropriate, designated officer or department a copy of the license, certificate or registration of personnel employed by WHS.

2.4 WHS will provide continuing education for all WHS' staff providing services under this agreement at County's Facilities. WHS will provide ongoing continuing education and training which will assist their staff in the delivery of services under this agreement. WHS shall maintain comprehensive records of all continuing education and training offered and completed by WHS personnel. Upon request by County and/or Hospital District, WHS shall make records of continuing education sessions offered and the reception of the staff to the sessions and staff participation. Failure to comply with the continuing education requirement of the RFP NO. 3315-25 shall constitute a material breach of this Agreement and may result termination for cause.

2.5 County's Satisfaction with Health Care Personnel. If County should become dissatisfied with any health care personnel provided by WHS, County will give written notice to WHS and Hospital District of its reasons for dissatisfaction, except as noted in Article 2.4(A), below. WHS agrees to cooperate with the County Sheriff and respond to inquiries or complaints about its personnel, including lack thereof, or contractors in a timely manner, should the County Sheriff have security or other concerns about WHS's employees and/or contractors' fitness or ability to perform at the Facilities. WHS will exercise its best efforts to resolve the problem or other concerns, including lack of personnel. And, if the problem involving fitness or ability is not resolved, WHS will remove the individual according to WHS's personnel policy or independent contractor agreement.

- A. All WHS personnel, subcontractors, and agents shall meet minimum standards as determined by the County prior to receiving a security clearance to enter the Facilities. If, at any time during the course of their employment or contract engagement, any WHS employee or subcontractor engages in conduct (either on or off duty) which threatens the security of the Facilities or would otherwise render that person ineligible for a security clearance, notwithstanding any other provision of this Agreement, County reserves the right to withdraw that person's security clearance and shall immediately notify WHS and Hospital District.

B. WHS shall consult with the County regarding initial and continued assignment of staff and subcontractors. All persons employed by WHS or its subcontractors shall not be deemed to be the employees of County or Hospital District by reason of any provision of this Agreement.

C. WHS shall continuously maintain personnel files (or copies thereof) of all employees assigned to the Facilities.

2.6 Use of Inmates in the Provision of Health Care Services. Inmates will not be employed or otherwise engaged in the direct rendering of any health care services.

2.7 Discrimination.

2.7.1 During the performance of this Agreement, WHS, their employees, agents, subcontractors, and assignees agree as follows:

a) WHS will not discriminate against any employee or applicant for employment because of race, creed, sex, religion, color, disability or national origin, WHS will take affirmative action to ensure that applicants are employees, and that employees are treated during employments, without regard to their race, creed, sex, color, handicap or national origin. Such action shall include, but not be limited to, the following: employment, upgrading, demotion, or transfer, recruitment, or recruitment advertising, layoff, or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. WHS agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.

b) WHS will, in all solicitations or advertisements for employees placed by or on behalf of WHS, state that all qualified applicants will receive consideration for employment without regard to race, creed, color, sex, disability or national origin.

c) WHS will cause the foregoing provisions to be inserted in all subcontracts for any work covered by this Contract so that such provisions will be binding upon each subcontractor, provided that the foregoing provisions shall not apply to contracts or subcontract for standard commercial supplies or raw materials.

d) WHS will send to each labor union or representative of workers with whom WHS' has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer, advising the labor union or workers' representative of WHS' commitments under Section 202 of Executive Order Number 11246, as amended in 3 CFR 169 (1974), and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

e) WHS will comply with all provisions of Executive Order Number 11246, as amended, and of the rules, regulations, and relevant orders of the Secretary of Labor.

f) WHS will furnish all information and reports required by Executive Order Number 11246, as amended, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to WHS' books, records, and accounts by the contracting

agency and the Secretary of Labor for purposes of investigation to ascertain complaints with such rules, regulations, and orders.

g) In the event of WHS' non-compliance with the non-discrimination clauses of this contract or with any of such rules, regulations, and orders, this contract may be cancelled, terminated, or suspended in whole or in part and WHS may be declared ineligible for further Government contracts in accordance with procedures authorized in Executive Order Number 11426, as amended or by rules, regulations, or orders of the Secretary of Labor, or as otherwise provided by law.

2.7.2 WHS will include provisions (a) through (g) in every subcontract or purchase order, unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Section 204 of Executive Order Number 11426, as amended, so that such provisions will be binding upon each subcontractor or purchase order, as the contracting agency may direct as a means of enforcing such provisions, including sanctions for non-compliance; provided however, that in the event the contractor becomes involved in or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the contracting agency, the contractor may request the United States to enter into such litigation to protect the interest of the United States.

3 ACCREDITATION

3.1 Use of Accreditation Standards. WHS agrees to operate and maintain compliance with the National Commission on Correctional Health Care, American Correctional Association, Texas Commission on Jail Standards, and other applicable laws or court orders.

3.2 NCCHC Accreditation. WHS agrees to cooperate with the County in the event the County seeks NCCHC accreditation at the Facilities, and WHS shall bear the costs and expenses of obtaining and maintaining the NCCHC accreditation, if any, during the remainder of the term of this Agreement and any extensions thereof.

3.3 ACA Accreditation. In the event the County pursues ACA accreditation of the Facilities, WHS agrees to affirmatively support and actively participate in the County's pursuit of such accreditation with respect to the ACA medical services standards. However, WHS shall in no way be responsible for any costs or expenses related to ACA accreditation.

4 REPORTS AND RECORDS

4.1 Medical Records. WHS shall maintain complete and accurate medical records for each Facilities inmate who receives health care services from WHS. Each medical record will be maintained in accordance with applicable laws, Texas Commission on Jail Standards related to health services, NCCHC standards, and ACA standards.

The medical records shall be property of the County, and WHS shall be custodian of all County inmate medical records during the term of this Agreement. Notwithstanding the ownership of the medical records by County, WHS is responsible for all health care services required under RFP 3315-25 and as set out in this Agreement and neither County and/or Hospital District nor the County Sheriff will interfere as further described in paragraph 5.2 herein.

Further, no County personnel shall make any medical decisions or perform any health care services based upon ownership of the records. The medical records shall be kept separate from the inmate's confinement records. A complete legible electronic copy or paper copy of the applicable medical record shall be available at all times. Medical records shall be kept confidential in accordance with applicable law.

During the term of this Agreement, WHS shall assist the County in responding to any information request concerning the medical records, including gathering information for requests and preparing responses when disclosure would not be permissible under law, regardless of whether such request is pursuant to HIPAA, FOIA, the Texas Public Information Act, or any similar law.

At the termination or expiration of this Agreement, such electronic medical records and any paper copies in existence at the termination or expiration of this Agreement shall be delivered to the County, and WHS shall cooperate with the County's new inmate health care services provider at the Facilities in the transfer of such medical records, in electronic format and paper copies. However, the County or the County's designee provider shall, within the limits of applicable law, provide WHS with reasonable ongoing access to all medical records, including for a reasonable amount of time after the termination of this Agreement, for the purposes of defending claims and litigation subject to payment of actual costs.

- 4.2 HIPAA and HITECH Compliance. The parties shall comply with all requirements of the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Federal Health Information and Technology for Economic and Clinical Health Act (HITECH Act) as applicable, which relate to the parties' responsibilities under this Agreement. WHS will require subcontractors to comply with requirements of HIPAA and HITECH Act. WHS, County and Hospital District agree to the Business Associate Agreement as set forth in **Appendix C, Business Associate Agreement** attached hereto, which is incorporated in its entirety. WHS agrees to assist County in any HIPAA and HITECH compliance requirements.
- 4.3 Regular Reports by WHS to the County and Hospital District. WHS shall provide County and Hospital District, on a date and in a form mutually acceptable to WHS and County and Hospital District, monthly and annual reports regarding the care and services rendered under this Agreement. Such reports shall be submitted on a regular, periodic, or on an as-requested basis, to be determined by the mutual agreement of WHS, County, and the Hospital District.
- 4.4 Inmate Information. Subject to the applicable federal and state laws, in order to assist WHS in providing the best possible health care services to inmates, County will provide WHS with information pertaining to inmates that WHS and County mutually identify as reasonable and necessary for WHS to adequately perform its obligations hereunder, which shall include allowing WHS access to the Facilities' inmate information management system as it relates to pertinent information that may assist WHS in rendering necessary medical, mental health and/or dental care to inmates housed within the Facilities. The County will cooperate with WHS to the extent permitted under applicable federal and state law to provide inmate information to WHS for a reasonable time after termination of this Agreement when requested by WHS in connection with the investigation of, or defense of, any claim by a third party related to WHS's conduct as

jail medical provider. WHS shall reimburse the County for actual costs incurred in the provision of information.

4.5 WHS Records Available to the County with Limitations on Disclosure. Subject to Article 4.1, 4.2 and applicable law, WHS shall make available to County, at County's request and at no cost, all records, documents and other papers relating to the direct delivery of health care services to inmates hereunder. County understands that many of the systems, methods, procedures, written materials, computer programs and other controls employed by WHS in the performance of its obligations hereunder are proprietary in nature and will remain the property of WHS. During the term of this Agreement and after its termination, information and/or documentation concerning this proprietary material may not be used, distributed, copied, or otherwise utilized by the County except as required by law, including but not limited to the Texas Public Information Act.

4.6 County's Records Available to WHS with Limitations on Disclosure. During the term of this Agreement, and for a reasonable time thereafter, County will provide WHS, at WHS's request, County's records relating to the provision of health care services to Facilities' inmates as may be reasonably requested by WHS or as are pertinent to the investigation or defense of any claim related to WHS's conduct and performance. Consistent with applicable law, County will make available to WHS such records as are maintained by the County, hospitals and other outside health care providers involved in the care or treatment of inmates, to the extent the County has any control over those records, as WHS may reasonably request. Any such information provided by the County to WHS that County considers confidential shall be kept confidential by WHS and shall not, except as may be required by law, be distributed to any third party without the prior written approval of the County.

5 SECURITY

5.1 General. WHS and the County and Hospital District understand the importance of security services to the safety of the agents, employees and subcontractors of WHS as well as for the security of inmates and the County's staff, consistent with the correctional setting. Accordingly, both County and/or Hospital District and WHS will cooperate with each other in addressing security issues. County will use reasonable efforts to provide sufficient security to enable WHS and its personnel to safely and adequately provide the health care services required by RFP3315-25 and described in this Agreement, however, nothing herein shall be construed to make County, its deputies or employees a guarantor of the safety of WHS's employees, agents or subcontractors, including their employees.

5.2 Security Override for Offsite Medical Services. In the event that WHS recommends health care services for any inmate or WHS recommends that an inmate be sent offsite for medical services, County and/or the County Sheriff will not interfere or override WHS's health care recommendations.

5.3 Security During Transportation for Offsite Medical Services. County will provide security in connection with the transportation of any inmate between the Facilities and any other location for offsite medical services.

6 OFFICE SPACE, EQUIPMENT, INVENTORY AND SUPPLIES

- 6.1 General.** County agrees to provide WHS with office space, facilities, equipment (to the extent specified in RFP 3315-25), and utilities at the Facilities sufficient to enable WHS to perform its obligations pursuant to this Agreement. County shall be responsible for providing substitute space, if reasonably available and necessary, should WHS recommend that the designated facilities are inadequate for the purposes hereof or that the designated medical facilities become unsafe for any reason.
- 6.2 Delivery of Possession.** County will provide to WHS, beginning on the date of commencement of this Agreement, possession and control of all supplies, medical equipment, and office equipment in place at the Facilities health care unit(s) which items are the County's or Hospital District's property or in the possession of the County or Hospital District. At the termination of this Agreement, WHS will return to the County or Hospital District possession and control of all medical equipment and office equipment, in working order, reasonable wear and tear excepted, which were in place at the Facilities' health care unit(s) prior to the commencement of services under this Agreement. Any equipment purchased under the Agreement shall be the property of the party who purchased the equipment, and equipment owned by the County or the Hospital District shall remain onsite at the termination of the Agreement, and any equipment or other property purchased or owned by WHS may be removed by WHS upon termination of the Agreement (including any policies and procedures) subject to County and/or Hospital District's right to purchase from WHS as described below. All supplies purchased for the performance of the Agreement shall be the property of the County and/or Hospital District and shall remain onsite at the termination of the Agreement.
- 6.3 Equipment.** WHS will be responsible for ongoing repair and maintenance of all existing medical and office equipment provided and owned by the County or the Hospital District for use by WHS under this Agreement
- 6.4 Right to Purchase.** Ninety (90) days prior to expiration/termination of the Agreement, WHS will provide County and Hospital District a list of all WHS-owned equipment at the Facilities. County and/or Hospital District will have the right, but not obligation, to purchase such equipment from WHS at its fair market value.
- 6.5 General Maintenance Services.** County will provide for each inmate receiving health care services the same services and facilities provided by County for all inmates at the Facilities including, but not limited to, daily housekeeping services, dietary services, building maintenance services, personal hygiene supplies and services, and linen supplies.
- 6.6 Damaged Equipment.** WHS shall not be liable for loss of or damage to equipment and supplies if such loss or damage was caused by the sole negligence of County or Hospital District employees, and WHS shall not have to pay for the repair or replacement of the same.

7 TERM AND TERMINATION OF AGREEMENT

- 7.1 Term.** This Agreement shall commence at 12:00 A.M. on December 1, 2025 ("Effective Date"). The initial term of this Agreement shall be for three (3) years, ending at 11:59 P.M. on November

30, 2028 (the "Initial Term"), with an option for two (2) additional one (1)-year terms ("Renewal Term(s)"), which may only be exercised upon mutual agreement of the parties.

7.2 Termination. Notwithstanding the provisions of Article 7.1, this Agreement may be sooner terminated on the first to occur of the following:

A. Termination for Default. County and/or the Hospital District elect to give notice to WHS that WHS has materially defaulted in the performance of any of its obligations hereunder and if such default shall not have been cured within sixty (60) days following the giving of such notice in writing, the party giving notice shall have the right to immediately terminate this Agreement.

B. Termination Without Cause. Any party may terminate this Agreement without cause by providing not less than six (6) months one hundred eighty days (180) days prior written notice of their intent to terminate to each of the other parties. Notice hereunder shall be provided pursuant to Article 10.3 of this Agreement.

7.3 Responsibility for Inmate Health Care. Upon termination or expiration of this Agreement, all responsibilities of WHS hereunder shall immediately cease and become null and void, except for those that by their nature or as are otherwise required to continue herein, would continue beyond termination or expiration of this Agreement.

7.4 Continuity of Services.

7.4.1 Upon termination of this Agreement, WHS agrees to (a) furnish phase-in training upon request and (b) exercise its best efforts and cooperation to affect an orderly and efficient transition to a successor inmate health care services provider at the Facilities.

7.4.2 WHS shall, upon termination notice, negotiate in good faith a plan with a successor inmate health care services provider at the Facilities to determine the nature and extent of phase-in, phase-out services required. The plan shall specify a date for work described in the plan and shall be subject to the applicable Hospital District and Jail Administrator's approval. WHS shall provide sufficient experienced personnel during the phase-in, phase-out period to ensure that the services under this Agreement are maintained at the required level of proficiency.

7.4.3 WHS agrees to extend this Agreement on a month-to-month basis until phase in/phase out is completed ("Extended Month-to-Month Period") for up to six (6) months and the Parties shall negotiate compensation for the Extended Month-to-Month Period at such time, as necessary to reflect any increase in medical cost, but not greater than 8% of what is currently being paid.

7.4.4 Nothing herein shall be construed as to require WHS to indemnify, defend, or hold harmless the successor inmate health care services provider at the Facilities for any training, transition matters, or the acts or omissions of WHS, its officers, employees, or personnel.

7.5 Payment for Services Performed. In the event that this Agreement is terminated for any reason, the Hospital District agrees to pay WHS for services actually performed through the date of termination.

8 COMPENSATION

8.1 **Compensation.** The Hospital District shall pay WHS the following for services rendered under this Agreement as indicated below, subject to acknowledgement by the County Sheriff that monthly services have been rendered:

- **Initial Three-Year Agreement Term for three (3) years beginning December 1, 2025 through November 30, 2028):** \$22,345,703.04 to be paid in equal monthly installments of \$620,713.97
- **Optional Year Four Term for one (1) year beginning December 1, 2028 and ending November 30, 2029):** \$7,970,565.28 to be paid in equal monthly installments of \$664,213.77
- **Optional Year Five Term for one (1) year beginning December 1, 2029 and ending November 30, 2030):** \$8,236,074.16 to be paid in equal monthly installments of \$686,339.51

In addition to the compensation set out above, a monthly per diem charge ("Per Diem") will be applied as set out herein. If the ADP falls below 990 a Per Diem credit of \$4.66 per inmate below 990 will be applied. If the ADP goes above 990, WHS will bill the \$4.66 Per Diem per inmate above 990 in the succeeding month's invoice.

By the fifth day of each month or first business day thereafter during the Term of this Agreement (including any Renewal term), WHS shall submit a written invoice via mail or email, to the County Sheriff or his designee for approval of payment. The County Sheriff or his designee shall review the invoice against the services required and provided under this Agreement and forward the approved invoice to the Hospital District for approval and payment within thirty-five (35) calendar days of the invoice date. The Hospital District shall pay WHS within sixty (60) calendar days of the invoice date with payment sent via the United States Postal Service to the address provided by WHS on the invoice. Any Per Diem charges shall be clearly identified and billed in subsequent invoices. In the event this Agreement should terminate or be amended on a date other than the end of any calendar month, compensation to WHS will be prorated accordingly based on the fractional portion of the month during which WHS actually provided services. If the County Sheriff or Hospital District determines that payments for specific services are disputed, the undisputed portion of the invoice shall be approved for payment. The parties shall attempt to resolve the disputed portions of the invoice within ten (10) calendar days.

8.1.1 In the event that the County and/or Hospital District fails to make any undisputed payment to WHS hereunder within ten (10) calendar days following WHS's written notice to the County and Hospital District of non-payment pursuant to Article 10.3 of this Agreement, WHS may seek recovery of said funds pursuant to any available remedy at law or in equity, including termination of this Agreement.

8.1.2 In the event that WHS terminates this Agreement due to the County and/or Hospital District's non-payment as described in Article 8.1, the County and/or Hospital District will be responsible for the pro-rated monthly payment of any services actually provided up to and including the date of termination.

8.2 Changes in the Law. If any statute is passed, , or any statute adopted or interpretation made, or additional facilities opened, that materially changes the scope of services or increases the cost to WHS of providing health care services hereunder, WHS, County and Hospital District agree to discuss whether additional compensation will be paid to WHS as a result of such changes. Prior to any discussion, WHS agrees to provide County and Hospital District information sufficient to evaluate the scope and necessity of, and any increase in cost. If the parties are unable to agree on appropriate compensation, pursuant to 7.2B any party may provide six (6) months prior notice of their intent to terminate this Agreement by written notice to the other parties.

9 LIABILITY AND RISK MANAGEMENT

9.1 Insurance. WHS shall purchase and maintain in force at all times during the term of this Agreement, insurance with limits not less than indicated below. The County and the Hospital District are to be named as an additional insured in all policies, except for workers' compensation coverage, and all policies shall include a waiver of subrogation along with primary and non-contributory wording and shall be provided to the County and Hospital District for all policies. Policies shall not exclude coverages for explosion, collapse, or underground hazards. Certificates of Liability must reference the project number and name.

Certificates of the coverage outlined below shall be available to County or Hospital District upon request.

9.1.1 Commercial General Liability Insurance: The minimum required limits of liability insurance to be provided by such general liability insurance shall be as follows:

- Bodily Injury/Property Damage Insurance
- Limits for each occurrence \$1,000,000

Annual Aggregate \$3,000,000

9.1.2 Professional Liability/ Medical Malpractice Insurance: The minimum acceptable limits of liability to be provided by such professional liability insurance shall be as follows:

- \$1,000,000 per medical incident
- \$3,000,000 per annual aggregate per physician/dentist or other insured contractor
- \$5,000,000 per annual aggregate for corporate ancillary personnel

9.1.3 Automobile Liability Insurance covering Owned, Non-Owned and Hired automobiles and those of Independent Contractors:

- Bodily Injury/Property Damage
- Per Occurrence: \$1,000,000

9.1.4 Umbrella (excess liability policy) or additional limits on foregoing risks:

- \$1,000,000

9.1.5 Workers Compensation Insurance Certificate:

- Employer's Liability Coverage Limit: \$1,000,000

- The provisions of the “Workers Compensation Certification” sub-section of Section 7. ADDITIONAL REQUIREMENTS of RFP No. 3315-25 are attached hereto as **Appendix D, Workers Compensation Certification from RFP 3315-25** and is hereby incorporated by reference as if each word were included herein.

All insurance must be written by insurance companies which are rated in the A.M. Best Rating Guide-Property & Casualty with a policyholder’s rating of A and a financial size category of Class VII.

9.2 Performance Bond. WHS shall maintain and continue to provide the County with a performance bond in the amount of \$2,250,000.00. New bonds will be required for each renewal (if any) in one (1) year increments, not to exceed two (2) additional years past the initial term. Such performance bond must be written by a Texas Licensed company, or companies.

9.3 County Indemnity. WHS agrees to indemnify, defend and hold harmless the County, the Hospital District, and their agents, officers and employees, from and against all suits, actions or other claims of any character and description, including but not limited to reasonable attorney fees, brought for or on account of any injuries, bodily injury, including death, and property loss or damages received or sustained arising solely out of any wrongful act, negligence, or omission of WHS, its agents, employees or subcontractors, regardless of whether such suit, action or claim is instituted by a third party or an employee, agent or subcontractor or supplier of WHS in the execution of, or performance under this Agreement . WHS shall pay any judgement with cost that may be obtained against County and/or Hospital District growing out of such injuries. WHS's obligations pursuant to this provision will not apply to any claim, liability, cost or expense to the extent caused by the acts or omissions of any of the County or Hospital District's officers, agents, or employees which prevent an inmate from receiving medical care as directed by WHS. County or Hospital District shall promptly notify WHS of any incident, accident, claim or lawsuit of which County or Hospital District becomes aware that does or may potentially involve WHS, and shall fully cooperate in the defense of such claim. This provision shall survive the termination or expiration of this agreement.

10 ADDITIONAL REQUIREMENTS/MISCELLANEOUS

10.1: Americans with Disabilities Act. WHS shall comply with all applicable provisions of the Americans with Disabilities Act of 1990 (Public Law 101-136) and implementing regulations thereunder.

10.2: Civil Rights Act of 1964. Under Title VI of the Civil Rights Act of 1964, no person shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

10.3 Conflict of Interest Questionnaire. Chapter 176 of the Texas Local Government Code requires a vendor who enters or seeks to enter into a contract for the sale or purchase of real property, goods, or services with a local governmental entity or local government officer thereof to file a conflict-of-interest questionnaire with the governmental entity prescribed.

A Conflict-of-Interest Questionnaire Form (CIQ) must be submitted not later than the seventh (7th) business day after the date the vendor begins discussion, negotiation, applies or responds to a request

County: Connie Scott
Nueces County Judge
901 Leopard Street
Room 303
Corpus Christi, Texas 78401

With copies to: Sheriff John Hooper
Nueces County Sheriff's Office
901 Leopard Street
Corpus Christi, Texas 78401

Nueces County Attorney
901 Leopard Street, Room 207
Corpus Christi, Texas 78401

Hospital District: Jonny F. Hipp
Administrator/Chief Executive Officer
Nueces County Hospital District
555 N. Carancahua Street
Suite 950
Corpus Christi, Texas 78401

Notices shall be effective upon receipt.

10.11 Governing Law and Venue. This Agreement and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Texas. Venue for any and all disputes that may arise hereunder shall lie exclusively in a court of competent jurisdiction in Nueces County, Texas.

10.12 Amendment. This Agreement may be amended or revised if approved by authorized parties, only in writing, and signed by all parties to this Agreement.

10.13 Waiver of Breach. The waiver by any party of a breach or violation of any provision of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent breach of the same or other provision hereof.

10.14 Other Contracts and Third-Party Beneficiaries. The parties agree that they have not entered into this Agreement for the benefit of any third person or persons, and it is their express intention that the Agreement is intended to be for their respective benefit only and not for the benefit of any non-party who might otherwise claim to be deemed to constitute a third-party beneficiary hereof.

10.15 Severability. In the event any provision of this Agreement is held to be unenforceable for any reason, the unenforceability thereof shall not affect the remainder of the Agreement, which shall remain in full force and effect.

10.16 Force Majeure. Neither party shall be held responsible for any delay or failure in performance, other than payment obligations and provision of medical, mental health, dental, and nursing services, to the extent that such delay or failure is caused by fire, riot, flood, explosion, war, strike, embargo, government regulation, civil or military authority, or act of God. All parties

understand and agree that there are such occurrences, both beyond the control and within the control of the parties, may result in health care expenses which are outside the scope of the normal operation of a correctional facility and, therefore, outside the contemplated scope of services under this Agreement. While all parties will act in good faith and endeavor to reduce the possibility of such occurrences in the unlikely event of an occurrence such as an Act of God, riot, explosion, fire, food poisoning, epidemic illness outbreak or any other catastrophic event, or an event caused by the negligent, reckless, or intentional actions or omissions of the County or their employees, agents or contractors, having catastrophic results and resulting in medical care for the inmates, County staff, visitors, or contractors, WHS shall not be responsible for costs attributable to such catastrophic event.

10.17 Inconsistency with Request for Proposal. If there is any conflict, inconsistency, or ambiguity between the provisions of this Agreement (including any attachments or exhibits) and those of the Request for Proposals ("RFP NO. 3315-25")(including any attachments, exhibits or addenda), the provisions of the RFP shall take precedence and control over the provisions of this Agreement.

10.18 Effect of This Agreement. This Agreement, including any attachments, addenda, is issued, instructions to proposers, general requirements of the RFP No. 3315-25, WHS Proposal Response, signed copy of the proposal response form, evidence of insurance, payment bond if applicable, performance bond, advertisement for proposal, including the scope of work as detailed in the RFP and documents previously incorporated herein as the RFP, the WHS Proposal, and Appendixes, together with said documents are fully a part of this Agreement as if hereto attached or herein repeated, and all said documents together form and constitute the contract and the complete understanding between the parties with respect to the terms and conditions set forth herein and supersede all previous written or oral agreements and representations. This Agreement may be modified only in a writing that expressly references this Agreement and is executed by all of the parties hereto.

10.19 Survival. The provisions of this Agreement pertaining to the obligation to pay for services rendered pursuant to this Agreement shall survive the termination of this Agreement with respect to services rendered prior to termination and still owing.

10.20 Discharge Medications. WHS will provide the service which allows discharged inmates access to a 30-day supply of medications upon release. The prescription may be filled at any pharmacy. WHS will provide a prescription card for all inmates in need of discharge medications, including those in need of psychotropic medications. When the prescription is filled, WHS will absorb the costs. This shall be WHS's sole responsibility with respect to discharge medications.

10.21 Enforcement. In the event any party incurs legal expenses or costs to enforce the terms of this Agreement, each party shall be responsible for its own costs.

10.22 Compliance with Laws. The parties hereto expressly acknowledge that it has been, and continues to be, their intent to comply fully with all federal, state and local laws, Court Orders, rules, and regulations. In the event of any legislative or regulatory change or determination, whether federal or state, that has or would have a significant adverse impact on any party thereto in connection with the performance of its obligations, or should any party be deemed for any reason to be in violation of any statute or regulation arising from this Agreement, this Agreement shall be renegotiated to comply with the applicable provisions of the-current law.

10.23 Gratuities. WHS shall not offer County employees benefits, gifts, or favors. Failure to honor this policy may result in the termination of this Agreement. Termination of the Agreement will be in accordance with the General Conditions.

No Public Official shall have interest in this contract except in accordance with Vernon's Texas Codes Annotated, Local Government Code Title 5, Subtitle C, Chapter 171.

10.24 Confidentiality. It is understood that in the course of the engagement established under this Agreement, each party may learn of or obtain copies of confidential or proprietary software, systems, manuals, documents, protocols, procedures, or other materials developed by or belonging to the other party, and not generally available to the public (hereinafter referred to as "Confidential Information"). All Confidential Information shall be and remain the property of the party originally having ownership thereof. A party will not, without the express written consent of the other parties, use the Confidential Information of a party, except as expressly contemplated by this Agreement, and the receiving party/parties shall cease all use of the other party's Confidential Information upon the termination or expiration of this Agreement. Except as required by law or legal process, each party shall maintain the confidentiality of the Confidential Information provided hereunder and shall not disclose such information to third parties. This provision shall survive the termination or expiration of this Agreement.

10.25 Limitation of Hospital District's Role and Lack of Control. The parties acknowledge and agree that the Nueces County Hospital District's sole interest under this Agreement is limited to the payment or reimbursement of healthcare services provided to inmates as specified herein. The Hospital District does not employ, supervise, or control, and shall not be deemed to employ, supervise, or control, the County, the Sheriff, WHS, or any of their respective officers, employees, agents, or contractors.

Nothing in this Agreement shall be construed to create a partnership, joint venture, agency, or employment relationship between the Hospital District and any other party. The Hospital District shall have no authority to direct or control the manner, means, or method by which the County, the Sheriff, or WHS performs services under this Agreement.

This provision is intended to ensure that the Hospital District's role is strictly limited to its statutory purpose of financing or arranging payment for healthcare services under Texas Health and Safety Code Chapter 281 and applicable interlocal cooperation provisions of Texas Government Code Chapter 791.

IN WITNESS WHEREOF, the parties have executed this Agreement in their official capacities with legal authority to do so.

WEXFORD HEALTH SOURCES, INC.

By: John M. Froehlich

Its: Senior VP & CFO


Date: 10/20/25

NUECES COUNTY

By: Connie Scott

Its: County Judge


Date: 11/5/2025

NUECES COUNTY HOSPITAL DISTRICT

By: Jonny F. Hipp

Its: Administrator/Chief Executive Officer

Jonny F. Hipp

Date: _____

11/7/25

ATTEST:

Kara Sands, Nueces County Clerk

Kara Sands

Date: _____

11-5-25





VG-12-2025-2025000551

Nueces County
Kara Sands
Nueces County Clerk

Instrument Number: 2025000551

Public Notice

PUBLIC NOTICES

Recorded On: November 12, 2025 01:21 PM

Number of Pages: 9

" Examined and Charged as Follows: "

Total Recording: \$0.00



STATE OF TEXAS

Nueces County

I hereby certify that this Instrument was filed in the File Number sequence on the date/time printed hereon, and was duly recorded in the Official Records of Nueces County, Texas

Kara Sands
Nueces County Clerk
Nueces County, TX

***** THIS PAGE IS PART OF THE INSTRUMENT *****

Any provision herein which restricts the Sale, Rental or use of the described REAL PROPERTY because of color or race is invalid and unenforceable under federal law.

File Information:

Document Number: 2025000551
Receipt Number: 20251112000173
Recorded Date/Time: November 12, 2025 01:21 PM
User: Lisa C
Station: CLERK06

Record and Return To:

NUECES COUNTY HOSPITAL DISTRICT



Kara Sands

Nueces County Clerk
901 Leopard St #201
Corpus Christi, TX 78401

Main: (361)888-0580

Receipt: 20251112000173

Date: 11/12/2025

Time: 01:21PM

By: Lisa C

Station: CLERK06

Status: ORIGINAL COPY

<u>Seq</u>	<u>Item</u>	<u>Document Description</u>	<u>Number</u>	<u>Number Of</u>	<u>Amount</u>	<u>Serial Number</u>
1	Public Notice	PBN	2025000551	9	\$0.00	

Order Total (1) \$0.00

<u>Seq</u>	<u>Payment Method</u>	<u>Transaction Id</u>	<u>Comment</u>	<u>Total</u>
1				\$0.00

Total Payments (1) \$0.00

Change Due \$0.00

NUECES COUNTY HOSPITAL DISTRICT

For more information about the County Clerk's office and to search property records online, please visit <http://www.nuecesco.com/county-services/county-clerk>

RECEIVED

NOV 12 2025

KARA SANDS
CLERK OF THE COUNTY COURT
NUECES COUNTY, TEXAS



NOTICE OF PUBLIC MEETING

BOARD OF MANAGERS

**Board of Managers - Regular Meeting
Tuesday, November 18, 2025 at 12:00 PM**

Location:

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

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 the meeting are set forth on the accompanying page(s). Agenda item(s) are not necessarily considered in the order listed.

The specified NCHD Board of Managers meeting will be held in-person and via videoconference call. Public participation will be available in-person as well as via videoconference call as allowed under the Texas Open Meetings Act ("Act"). It is the intent that a quorum of the Board of Managers or Committee as required for the specified meeting will be physically present at the meeting 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 meeting location posted in this meeting notice. Any member of the Board of Managers participating by videoconference call will be visible and audible to the public whenever the member is speaking; Board member participation by audio-only is not permitted. Any member of the public wishing to observe or participate in the meeting via videoconference call may do so through the videoconference call meeting Internet link shown on this meeting notice below and via NCHD's BoardBook meeting management system at <https://meetings.boardbook.org/Public/Organization/1886>.

The 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. NCHD will use Zoom to conduct the meeting via videoconference call; Zoom is a cloud-based communications platform that allows users to connect with video, audio, phone, and chat. Using Zoom requires an Internet connection and a supported device.

The agenda for this meeting and its supporting materials are available at: <https://meetings.boardbook.org/Public/Organization/1886>.

The Meeting may be attended in-person or via videoconference call:

Videoconference Call:

Click the link below or copy and paste the link into a supported web browser address bar.

<https://nchdcc-org.zoom.us/j/5746765992?pwd=T2RVWFpZGJYdHYyQmp1VUdZeUc3Zz09>

Meeting ID: 574 676 5992

Passcode: 195957

Telephone:

Dial any telephone number below and enter the Meeting ID and Passcode above if required.

One tap mobile:

+13462487799,,5746765992# US (Houston)

+16699006833,,5746765992# US (San Jose)

Dial by your location:

+1 346 248 7799 US (Houston)

+1 669 900 6833 US (San Jose)

+1 719 359 4580 US

+1 253 205 0468 US

+1 253 215 8782 US (Tacoma)

+1 669 444 9171 US

+1 301 715 8592 US (Washington DC)

+1 305 224 1968 US

+1 309 205 3325 US

+1 312 626 6799 US (Chicago)

+1 360 209 5623 US

+1 386 347 5053 US

+1 507 473 4847 US

+1 564 217 2000 US

+1 646 931 3860 US

+1 689 278 1000 US

+1 929 205 6099 US (New York)

Find your local number: <https://nchdcc-org.zoom.us/u/kbKxLl8Eq4>



BOARD OF MANAGERS
Board of Managers - Regular Meeting
Tuesday, November 18, 2025 at 12:00 PM

AGENDA

1. WELCOME

2. ROLL CALL OF MEMBERS

- Belinda Flores, Chairman
- Vishnu V. Reddy, Vice Chair
- Sylvia Tryon Oliver
- Mariana Garza
- Efrain Guerrero, Jr.
- Georgia Neblett
- Karen O'Connor Urban

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

A. Call to order.

B. Establish quorum.

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

D. Notice is hereby provided that the Board of Managers may convene in closed meeting session(s) during this meeting to consider any agenda item, when permitted under the Texas Open Meetings Act, Texas Government Code Chapter 551.

4. NOTICE REGARDING BUDGETS. The Hospital District's Fiscal Year 2025 and Fiscal Year 2026 budgets have been duly adopted by the Board of Managers and approved by Commissioners Court. At this meeting, the Board may discuss either of these budgets. The budget and the required taxpayer impact statement for Fiscal Year 2026 are available for public review by clicking the "Annual Budget & Taxpayer Impact Statement" link on the

front page District's official website at <https://www.nchdcc.org/>.

5. 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.

6. REGULAR SESSION

A. PUBLIC COMMENT – Opportunity for members of the public to address the Board on matters within its jurisdiction. In-person attendees must sign the “Agenda Item Request to Speak” form at least five (5) minutes before the meeting begins. Remote attendees must notify the presiding officer when called upon. Comments are limited to three (3) minutes (six [6] minutes with translator). The presiding officer may further limit the number of speakers or time allowed. The Board may act only on items listed on the agenda. Materials submitted will not be returned; at least ten (10) copies, labeled with the commenter’s name and agenda item number, must be provided for distribution.

B. 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:

1. Approve Board of Managers Regular Meeting minutes of October 28, 2025.

2. Receive summary payment information on Nueces County health care disbursements for Fiscal Year 2025 year-to-date:

a. Salaries, benefits, and supplies at/for the City of Corpus Christi/Nueces County Public Health District;

b. Emergency medical services provided in unincorporated areas of Nueces County;

c. Supplemental and jail diversion program funding for Nueces Center for Mental Health and Intellectual Disabilities;

d. Medical services provided at County correctional facilities:

1. Nueces County Jail; and

- 2. Nueces County Juvenile Detention Center;
 - e. Funding for alcohol and drug abuse treatment programs:
 - 1. Cenikor (Charlie's Place); and
 - 2. Council on Alcohol and Drug Abuse;
 - f. Funding for diabetes prevention and supporting programs; and
 - g. Public health grants. (*Finance Committee*)
3. Receive summary of imputed claims information for medical and hospital services 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 ending October 31, 2025. (*Finance Committee*)
 4. 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*)
 5. Receive statement of fiscal year-to-date deposits to and withdrawals from the Local Provider Participation Fund, made pursuant to the Board of Managers Order authorizing participation in a health care provider participation program under Texas Health and Safety Code, Chapter 298C, as amended. (*Finance Committee*)
 6. Receive summary report of cumulative actual intergovernmental transfers (IGTs) made in support of local and other healthcare providers participating in Medicaid directed and supplemental payment programs sponsored by the Texas Health and Human Services Commission (HHSC), and receive estimates of provider payments resulting from the IGTs:
 - a. Directed Payment Programs - IGTs to HHSC for Medicaid managed care payments to providers that promote Medicaid program goals and objectives:
 1. Aligning Technology by Linking Interoperable Systems for Client Health Outcomes Program (ATLIS);
 2. Comprehensive Hospital Increase Reimbursement Program (CHIRP);
 3. Network Access Improvement Program (NAIP); and
 4. Texas Incentives for Physicians and Professional Services (TIPPS); and
 - b. Supplemental Payment Programs - IGTs to HHSC for Medicaid payments to hospitals, made separately from and in addition to base payments, to incentivize achievement of specified goals or to support providers serving significant numbers of uninsured or low-income patients:

1. Disproportionate Share Hospital (DSH);
2. Graduate Medical Education (GME);
3. Hospital Augmented Reimbursement Program (HARP); and
4. Hospital Uncompensated Care (UC). (*Finance Committee*)

7. Receive reports relating to Nueces Aid Program enrollment for the month-ended October 31, 2025:

- a. Total Persons and Households Enrolled;
- b. Enrollment Summary;
- c. Denials;
- d. Application Processing Summary; and
- e. Enrollment by Zip Code. (*Finance Committee*)

C. **REGULAR AGENDA** -Items that are non-routine, non-administrative, or require individual attention. Each item will be considered and, if action is needed, voted on separately:

1. **Finance Committee:**

a. **Financial Statements:**

1. Receive and approve unaudited financial statements for fiscal year-ended September 30, 2025. (***ACTION***)

b. **Investment Report:**

1. Receive and approve Quarterly Investment Report for fiscal quarter-ended September 30, 2025 and ratify related investment transactions. (***ACTION***)

2. **Legislative Matters:**

a. Receive and discuss reports from Legislative Consultants on the 89th Texas Legislature's Special Sessions and related matters. (***INFORMATION***)

3. **Board Appointments:**

a. Nueces County Hospital District Board of Managers: Three (3) positions with terms expiring September 30, 2025; intent letters and applications due to County Judge November 12, 2025. (***INFORMATION***)

b. Christus Spohn Board of Trustees: One (1) position, Place 2, with term expiring December 31, 2025; applications due to County Judge December 1,

2025. *(INFORMATION)*

4. **Administrator's Actions:**

a. 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):

1. Engagement of Adamson & Company, LLC to perform an audit of the Hospital District's financial statements of the governmental activities, each major fund, and the aggregate remaining fund information for the fiscal year ended September 30, 2025 (October 1, 2024 - September 30, 2025).
(ACTION)

2. Execution of Health Services Agreement for Nueces County Correctional Facilities between Nueces County, Nueces County Hospital District, and Wexford Health Sources, Inc.; initial term three (3) years commencing December 1, 2025 with an option for two (2) additional one (1)-year terms. Approved by Commissioners Court on November 5, 2025. *(ACTION)*

5. **Administrator's Briefing:**

a. Next scheduled regular meetings of the Board of Managers and Board Committees (all meeting dates, times, and locations are subject to change):

1. Finance Committee: Tuesday, December 16, 2025, 11:30 AM in NCHD Board of Managers Meeting Room at 555 North Carancahua Street, Room 950-A, Corpus Christi, Texas 78401;

2. Board of Managers: Tuesday, December 16, 2025, 12:00 PM in NCHD Board of Managers Meeting Room at 555 North Carancahua Street, Room 950-A, Corpus Christi, Texas 78401. *(INFORMATION)*

7. **CLOSED MEETING** – The Board of Managers may, at any point during this meeting, convene in closed session to deliberate any agenda item as permitted under the Texas Open Meetings Act, Texas Government Code Chapter 551. The Board reserves the right to discuss any listed agenda item in closed session when legally authorized, regardless of prior practice distinguishing items for public deliberation from those for executive session. The presiding officer will announce the statutory authority under the Act for each closed session item. Any final action, decision, or vote will be taken in open session either upon reconvening of this meeting or at a subsequent public meeting, as required by law. The Board anticipates entering closed session on the matters identified below pursuant to §551.071 of the Texas

Government Code.

A. Consult with attorneys on matters related to Hospital District appointments to the CHRISTUS Spohn Health System Corporation's Board of Directors.

8. **OPEN MEETING** - The Board will reconvene in open session following the Closed Meeting before taking action on Closed Meeting matters or adjourning.

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

9. **ADJOURN**

10. Public Notice Posting Receipt