BOARD OF MANAGERS
Board of Managers - Regular Meeting
Tuesday, November 17, 2026 at 12:00 PM

AGENDA

1. **WELCOME**

2. **ROLL CALL OF MEMBERS**

___ Vishnu V. Reddy, Chairman
___ Sylvia Tryon Oliver, Vice Chair
___ Mariana Garza
___ Georgia Neblett, Legislative Committee Chair
___ Karen O'Connor Urban
___ Pamela Brower, Finance Committee Chair
___ Sunil Reddy

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 BUDGET.** The Hospital District's Fiscal Year 2027 Budget ("FY27 Budget") has been duly adopted by the Board and approved by the Commissioners Court. The Board may discuss the FY27 Budget at this meeting. The adopted FY27 Budget and the required taxpayer impact statement for Fiscal Year 2027 are available for public review on the 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. **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.

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

A. Approve Board of Managers Regular Meeting minutes of October 27, 2026. 7

B. Receive summary payment information on Nueces County health care disbursements for Fiscal Year 2026 year-to-date: 19

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

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

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

4. Medical services provided at County correctional facilities:
   a. Nueces County Jail; and
   b. Nueces County Juvenile Detention Center;

5. Funding for alcohol and drug abuse treatment programs:
   a. Cenikor (Charlie's Place); and

b. Council on Alcohol and Drug Abuse;

6. Funding for diabetes prevention and supporting programs; and

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

C. 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 2027 year-to-date. *(Finance Committee)* 20

D. Receive Fiscal Year 2027 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)* 21

E. Receive Fiscal Year 2027 year-to-date statement detailing amounts deposited into and/or withdrawn from the Opioid Settlement Fund, including receipts from the Opioid Abatement Fund Council through the Texas Comptroller of Public Accounts in accordance with Texas Government Code §403.508(a)(2), and disbursements made solely for the remediation of opioid-related harms pursuant to 34 Texas Administrative Code §16.222. *(Finance Committee)* 22

F. Receive statement of Fiscal Year 2027 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)* 23

G. 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: 26

1. <u>Directed Payment Programs</u> - IGTs to HHSC for Medicaid managed care payments to providers that promote Medicaid program goals and objectives:
   a. Aligning Technology by Linking Interoperable Systems for Client Health Outcomes Program (ATLIS);
   b. Comprehensive Hospital Increase Reimbursement Program (CHIRP);
   c. Network Access Improvement Program (NAIP); and

d. Texas Incentives for Physicians and Professional Services (TIPPS); and

2. 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:

a. Disproportionate Share Hospital (DSH);
b. Graduate Medical Education (GME);
c. Hospital Augmented Reimbursement Program (HARP); and
d. Hospital Uncompensated Care (UC). *(Finance Committee)*

H. Receive reports relating to Nueces Aid Program enrollment for the month-ended October 31, 2026:

1. Referral Sources; 31
2. Total Persons and Households Enrolled; 33
3. Enrollment Summary; 34
4. Denials; 35
5. Application Processing Summary; and 36
6. Enrollment by Zip Code. *(Finance Committee)* 40

8. **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:

A. **Finance Committee:**

1. Update on annual audit of the District's financial statements for the fiscal year ended September 30, 2026. ***(INFORMATION)*** 43

B. **Legislative Committee:**

1. Receive information from Legislative Consultants on 90th Texas Legislative Session. ***(INFORMATION)***

2. Discuss consulting services to represent the Hospital District's interests before the 90th Texas Legislature. ***(INFORMATION)***

3. Discuss and consider approval of a Personal Services Contract with Joel J. Romo for consulting services to represent the Hospital District's interests before the 90th Texas Legislature; contract term January 1 - June 30, 2027. ***(ACTION)*** 50

4. Receive a briefing on potential use of the Texas Health and Human Services Commission's Community Partner Program to additionally support enrollment in the Nueces Aid Program. ***(INFORMATION)*** 64

5. Discuss and consider action on 90th Texas Legislative Session Draft Agenda. ***(ACTION)*** 68

C. **Board of Managers:**

1. Discuss and consider adopting the 2027 Board of Managers and Board Committees meeting schedule. ***(ACTION)*** 77

D. **Administrator's Briefing:**

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

a. Legislative Committee: Tuesday, December 15, 2026, 11:00 AM in NCHD Board of Managers Meeting Room at 555 North Carancahua Street, Room 950-A, Corpus Christi, Texas 78401;

b. Finance Committee: Tuesday, December 15, 2026, 11:30 AM in NCHD Board of Managers Meeting Room at 555 North Carancahua Street, Room 950-A, Corpus Christi, Texas 78401; and

c. Board of Managers: Tuesday, December 15, 2026, 12:00 PM in NCHD Board of Managers Meeting Room at 555 North Carancahua Street, Room 950-A, Corpus Christi, Texas 78401. ***(INFORMATION)***

9. **CLOSED MEETING** – The Board of Managers may convene in closed session at any time during this meeting to deliberate any agenda item, as authorized by the Texas Open Meetings Act, Chapter 551, Texas Government Code. The Board reserves the right to discuss any agenda item in executive session when legally permitted, regardless of whether the item is customarily considered in open session. The presiding officer will announce the applicable statutory authority under the Act prior to each closed session. Any final action, decision, or vote will be taken in open session, either upon reconvening or at a subsequent public meeting, as required by law. The Board anticipates entering closed session on the matters identified below pursuant to Sections 551.071 and 551.074 of the Texas Government Code, as applicable.

A. Consult with attorneys on matters relating to community medical specialty needs.

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

A. Consider final action, decision, or vote on matters considered in the Closed Meeting.

11. **ADJOURN**

12. Public Notice Posting Receipt 78

DRAFT

BOARD OF MANAGERS
NUECES COUNTY HOSPITAL DISTRICT
REGULAR MEETING
OCTOBER 27, 2026

The Nueces County Hospital District Board of Managers met at 12:15 p.m., October 27, 2026 in the NCHD Board Room at 555 N. Carancahua, Suite 950 – A Corpus Christi, Texas.

HOSPITAL DISTRICT REPRESENTATIVES:

Jonny F. Hipp	Administrator/CEO
Belinda Espinoza	Asst. Administrator, Admin. Services – via Zoom
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:

Dante Gonzlez	Mission of Mercy
J.D. Cambron	Spohn Emergency Physician
Shani Italya	Spohn Emergency Physician
Becky Rios	Corpus Christi Christus Spohn Hospital – via Zoom
Mark Hendrix	NC MHID – via Zoom
D. Miller	- via Zoom
read.ai meeting notes	- via Zoom

BOARD OF MANAGERS
REGULAR MEETING
MINUTES
OCTOBER 27, 2026

1. **WELCOME**

2. **ROLL CALL OF MEMBERS**

_Y__ Vishnu V. Reddy, Chairman
_Y_ Sylvia Tryon Oliver, Vice Chair
_X__ Mariana Garza
_Y__ Georgia Neblett, Legislative Committee Chair
_Y__ Karen O'Connor Urban
_X__ Pamela Brower, Finance Committee Chair
_Y__ Sunil Reddy

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

A. Call to order – Vishnu V. Reddy, Chairman.
The meeting was called to order by Vishnu V. Reddy, Chairman at 12:11 p.m.

B. Establish quorum – Vishnu V. Reddy, Chairman.
A quorum was present with five members in attendance.

Vishnu V. Reddy, Chairman – PRESENT
Sylvia Tryon Oliver, Vice Chair – PRESENT
Georgia Neblett, Member – PRESENT
Karen O'Connor Urban, Member – PRESENT
Sunil Reddy, Member – PRESENT
Mariana Garza, Member – ABSENT
Pamela Brower, 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 BUDGET.** The Hospital District's Fiscal Year 2027 Budget ("FY27 Budget") has been duly adopted by the Board and approved by the Commissioners Court. The Board may discuss the FY27 Budget at this meeting. The adopted FY27 Budget and the required taxpayer impact statement for Fiscal Year 2027 are available for public

review on the 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.

Dr. Vishnu V. Reddy

6. **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.

Dr. J.D. Cambron
Dr. Shani Italya
Dante Gonzales

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

A. Approve Board of Managers Regular Meeting minutes of September 22, 2026.

B. Receive summary payment information on Nueces County health care disbursements for Fiscal Year 2026 year-to-date:

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

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

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

4. Medical services provided at County correctional facilities:
   a. Nueces County Jail; and
   b. Nueces County Juvenile Detention Center;

5. Funding for alcohol and drug abuse treatment programs:
   a. Cenikor (Charlie's Place); and
   b. Council on Alcohol and Drug Abuse;

6. Funding for diabetes prevention and supporting programs; and

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

C. 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 2026 year to date. *(Finance Committee)*

D. Receive Fiscal Year 2026 year-to-date Specified Annual Percentage-related revenue reports; revenue receipts pursuant to CHRISTUS Spohn Health System Corporation Amended and Restated Membership Agreement, Section 5.03. *(Finance Committee)*

E. Receive fiscal year-to-date statement detailing amounts deposited into and/or withdrawn from the Opioid Settlement Fund, including receipts from the Opioid Abatement Fund Council through the Texas Comptroller of Public Accounts in accordance with Texas Government Code §403.508(a)(2), and disbursements made solely for the remediation of opioid-related harms pursuant to 34 Texas Administrative Code §16.222. *(Finance Committee)*

F. Receive statement of Fiscal Year 2026 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)*

G. 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:

1. Directed Payment Programs - IGTs to HHSC for Medicaid managed care payments to providers that promote Medicaid program goals and objectives:
    a. Aligning Technology by Linking Interoperable Systems for Client Health Outcomes Program (ATLIS);
    b. Comprehensive Hospital Increase Reimbursement Program (CHIRP);
    c. Network Access Improvement Program (NAIP); and
    d. Texas Incentives for Physicians and Professional Services (TIPPS); and

2. 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:
    a. Disproportionate Share Hospital (DSH);
    b. Graduate Medical Education (GME);
    c. Hospital Augmented Reimbursement Program (HARP); and
    d. Hospital Uncompensated Care (UC). *(Finance Committee)*

H. Receive reports relating to Nueces Aid Program enrollment for the month-ended September 30, 2026:
1. Referral Sources;
2. Total Persons and Households Enrolled;
3. Enrollment Summary;
4. Denials;
5. Application Processing Summary; and
6. Enrollment by Zip Code. *(Finance Committee)*

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

8. **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:

A. **Fiscal Year 2027 Health Care Provider Participation Program:**

1. Review and discuss Texas Health and Safety Code, Chapter 298C relating to the Nueces County Hospital District Health Care Provider Participation Program: authority, mandatory payments, rules and procedures, public hearing and hearing notices, permitted uses of mandatory payments, payment schedule, and other requirements relating to operation of the Fiscal Year 2027 Health Care Provider Participation Program (FY 2027 Program). ***(INFORMATION)***

2. Receive and discuss the Texas Health and Human Services Commission's revised requirements, effective October 1, 2026, governing how intergovernmental transfers (IGTs) used to fund Medicaid payments, including FY27 Program payments, are accepted and administered. ***(INFORMATION)***

3. Review and discuss the revised FY 2027 Program mandatory payment rate to be imposed exclusively and separately at six percent (6%) of each provider's net patient revenue attributable to inpatient hospital services and six percent (6%) of each provider's net patient revenue attributable to outpatient hospital services and payment schedule. ***(INFORMATION)***

4. Confirm completion of conditions precedent to setting the revised FY 2027 Program mandatory payment rate:

a. Notices relating to setting the revised FY 2027 Program mandatory payment rate; notices pursuant to Texas Health and Safety Code, §298C.101(b):

1. Notice of public hearing on the rate of mandatory FY 2027 Program payments that the Board of Managers intends to require of each institutional health care provider located within the Hospital District's boundaries during Hospital District Fiscal Year 2027 and how the revenue derived from the payments will be spent; and

2. Notice to each institutional health care provider within the Hospital District's boundaries of written notice of public hearing on the revised rate of mandatory FY 2027 Program payments that the Board of Managers intends to require of each provider during District Fiscal Year 2027 and how

the revenue derived from the payments will be spent; and

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

5. Adopt a Board of Managers Order revising the Nueces County Hospital District Health Care Provider Participation Program's Rules and Procedures to be effective October 1, 2026. ***(ACTION)***

6. Adopt a Board of Managers Order setting the revised rate of the Nueces County Hospital District Health Care Provider Participation Program mandatory FY 2027 Program payments, applicable only to Hospital District Fiscal Year 2027 (October 1, 2026 – September 30, 2027), for each institutional health care provider located within the Hospital District boundaries; the mandatory rate is set exclusively and separately at six percent (6%) of each provider's net patient revenue attributable to inpatient hospital services and six percent (6%) of its net patient revenue attributable to outpatient hospital services. Mandatory payments are authorized by Texas Health and Safety Code § 298C.151. ***(ACTION)***

Motion to approve Item 8. 4b, 5 and 6 by Karen O'Connor Urban and seconded by Georgia Neblett. MOTION CARRIED.

Documenting the following per HHSC guidance:

1. **The District's mandatory assessment for Fiscal Year 2027 (October 1, 2026 through September 30, 2027) will be imposed exclusively and separately on net patient revenue attributable to outpatient hospital services.**
2. **The District's mandatory assessment for FY2027 will be imposed on 6% of each institutional provider's net patient revenue attributable to inpatient hospital services and on net patient revenue attributable to outpatient hospital services**
3. **The District will use each institutional provider's Medicare cost report to separately calculate each institutional provider's net patient revenue attributable to inpatient hospital services and net patient revenue attributable to outpatient hospital services for purposes of the FY27 mandatory assessment**
4. **The District has established a new bank account and TextNet**

account into which mandatory assessments applicable to FY27 will be deposited

B. **Finance Committee:**

1. Financial Statements:

a. Receive and approve unaudited financial statements for the month and fiscal year-to-date ended September 30, 2026. ***(ACTION)***

Motion by Karen O'Connor Urban and seconded by Georgia Neblett. MOTION CARRIED.

2. Investment Report:

a. Receive and approve Quarterly Investment Report and ratify related investment transactions for fiscal quarter-ended September 30, 2026 pursuant to Texas Government Code, §2256.023. ***(ACTION)***

Motion by Sylvia Tryon Oliver and seconded by Karen O'Connor Urban. MOTION CARRIED.

C. **Legislative Committee:**

1. Receive information from Legislative Consultants on 90th Texas Session Legislative Agenda. ***(INFORMATION)***

2. Receive a briefing on, discuss, and consider action regarding the potential use of the YourTexasBenefits.com website, operated by the Texas Health and Human Services Commission to additionally facilitate enrollment in the Nueces Aid Program. ***(ACTION)***

3. Discuss and consider action on proposed amendments to the Nueces County Hospital District's Draft 90th Texas Legislative Session Agenda. ***(ACTION)***

No Action Taken for Item C. 1 & 2. Motion by Karen O'Connor Urban and seconded by Georgia Neblett MOTION CARRIED.

D. **Meeting Schedule:**

1. Discuss and consider holding the December 2026 regular meetings of the Board of Managers and its committees subject to call. *(ACTION)*

Motion by Karen O'Connor Urban and seconded by Georgia Neblett. MOTION CARRIED.

E. **Administrator's Actions:**

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

a. Execution of Grant Agreement with Coastal Bend Wellness Foundation for the provision of gap health care services provided to residents of the Hospital District during the term October 1, 2026 - September 30, 2027. *(ACTION)*

b. Execution of Interlocal Cooperation Agreement with the Nueces Center for Mental Health and Intellectual Disabilities for the provision of opioid crisis remediation programs on behalf of the Hospital District in one or more categories approved by the Texas Opioid Abatement Fund Council; District's provision of remediation services is in connection with the required use of funds distributed by the Texas Comptroller of Public Accounts from the Texas Statewide Opioid Settlement. Agreement term: October 1, 2026 through September 30, 2027. *(ACTION)*

Motion to approve E. 1. a & b by Georgia Neblett and seconded by Karen O'Connor Urban. MOTION CARRIED.

F. **Administrator's Briefing:**

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

a. Legislative Committee: Tuesday, November 17, 2026, 11:00 AM in NCHD Board of Managers Meeting Room at 555 North Carancahua Street, Room 950-

A, Corpus Christi, Texas 78401;

b. Finance Committee: Tuesday, November 17, 2026, 11:30 AM in NCHD Board of Managers Meeting Room at 555 North Carancahua Street, Room 950-A, Corpus Christi, Texas 78401; and

c. Board of Managers: Tuesday, November 17, 2026, 12:00 PM in NCHD Board of Managers Meeting Room at 555 North Carancahua Street, Room 950-A, Corpus Christi, Texas 78401. ***(INFORMATION)***

9. **CLOSED MEETING** – The Board of Managers may convene in closed session at any time during this meeting to deliberate any agenda item, as authorized by the Texas Open Meetings Act, Chapter 551, Texas Government Code. The Board reserves the right to discuss any agenda item in executive session when legally permitted, regardless of whether the item is customarily considered in open session. The presiding officer will announce the applicable statutory authority under the Act prior to each closed session. Any final action, decision, or vote will be taken in open session, either upon reconvening or at a subsequent public meeting, as required by law. The Board anticipates entering closed session on the matters identified below pursuant to Sections 551.071 and 551.074 of the Texas Government Code, as applicable.

A. Consult with attorneys on matters relating to the Health Care Provider Participation Program for Fiscal Year 2027, covering the period October 1, 2026, through September 30, 2027.

B. Consult with attorneys on matters relating to revised Texas Health and Human Services Commission requirements effective October 1, 2026 governing the acceptance and administration of intergovernmental transfers used to finance Medicaid payments.

C. Consult with attorneys on matters relating to intergovernmental transfers the Hospital District submits to the Texas Health and Human Services Commission from its Local Provider Participation Fund (LPPF) to support the non-federal share of Medicaid payments and related attestation.

Vishnu V. Reddy, Chairman called for Close Meeting at 12:35 p.m.

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

Vishnu V. Reddy, Chairman called for Open Meeting at 12:46 p.m.

A. Consider final action, decision, or vote on matters considered in the Closed Meeting:

1. Authorize the Administrator to execute the Texas Health and Human Services Commission (HHSC) attestation for intergovernmental transfers made by the Hospital District from its Local Provider Participation Fund (LPPF) on or after October 1, 2026, to fund the non-federal share of Medicaid payments. ***(ACTION)***

Motion by Georgia Neblett and seconded by Karen O'Connor Urban. MOTION CARRIED.

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

No Action Taken.

11. ADJOURN

Vishnu V. Reddy, Chairman, motion to adjourn.
Meeting adjourned at 12:47 p.m.

PRESIDING OFFICER:

_____

Vishnu V. Reddy, Chairman

ATTEST:

_____

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

Nueces County Hospital District
County Health Care Department Expenditures
Cash Disbursements Relating to
Fiscal Year 2026

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Fiscal YTD	Budget 2026	Balance
County Healthcare Services															
Health Dept - County	0.00	0.00	450,000.00	0.00	0.00	300,000.00	0.00	0.00	600,000.00	0.00	0.00	0.00	1,350,000.00	**1,800,000.00**	450,000.00
Mobile Medical Clinic	0.00	0.00	176.28	0.00	0.00	549.36	0.00	0.00	120.15	0.00	0.00	0.00	845.79	**60,000.00**	59,154.21
Emergency Medical Services	0.00	0.00	114,600.00	0.00	0.00	128,400.00	0.00	0.00	128,400.00	0.00	0.00	0.00	371,400.00	**650,000.00**	278,600.00
NC MHID - Fund Matching	0.00	0.00	242,280.00	0.00	0.00	242,280.00	0.00	0.00	242,280.00	0.00	0.00	242,280.00	969,120.00	**969,129.00**	9.00
NC MHID - Jail Programs	82,275.04	97,058.26	150,407.46	174,307.91	53,532.17	92,656.31	87,885.90	76,888.77	106,951.48	118,542.83	0.00	0.00	1,040,506.13	**1,500,000.00**	459,493.87
NC Juvenile Center	0.00	0.00	107,521.00	0.00	0.00	129,837.85	0.00	0.00	135,302.78	0.00	0.00	0.00	372,661.63	**474,000.00**	101,338.37
Nueces County Jail Infirmary Svcs	563,401.59	103,680.13	669,987.28	640,084.17	664,806.31	682,100.04	666,031.23	629,908.58	671,255.39	649,836.11	652,078.77	0.00	6,593,169.60	**8,532,015.00**	1,938,845.40
Cenikor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	60,000.00	0.00	0.00	60,000.00	**60,000.00**	0.00
Council on Alcohol & Drug Abuse	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50,000.00	0.00	0.00	50,000.00	**50,000.00**	0.00
Diabetes Program - County	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,215.27	0.00	0.00	0.00	12,215.27	**60,000.00**	47,784.73
HALO-Flight Funding	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,750.00	0.00	0.00	0.00	0.00	15,750.00	**15,750.00**	0.00
County Public Health Grants	85,000.00	0.00	0.00	65,000.00	0.00	0.00	0.00	0.00	0.00	0.00	92,619.25	0.00	242,619.25	**336,000.00**	93,380.75
Totals	730,676.63	200,738.39	1,734,972.02	879,392.08	718,338.48	1,575,823.56	753,917.13	722,547.35	1,896,525.07	878,378.94	744,698.02	242,280.00	11,078,287.67	**14,506,894.00**	3,428,606.33

Nueces County Hospital District
Imputed Claims Experience for Calendar Year 2026
As if Adjudicated January 1, 2026 through October 31, 2026

Service	Claims	Billed	Contract Amt.	Co Insurance	Net
ER	5,701	6,456,136	577,113	20,761	556,352
ASU	12	64,105	10,608	164	10,444
Clinic	5,838	3,285,230	1,040,848	60,300	980,548
Obs	19	24,116	5,646	243	5,402
OP	23,296	63,937,868	16,471,336	922,418	15,548,919
Subtotal	34,866	73,767,455	18,105,551	1,003,887	17,101,664
IP	846	99,425,592	3,887,934	25,965	3,861,969
SNF	-	-	-	-	-
RX	80,161	5,692,523	4,934,828	198,616	4,736,211
Physician	30,313	84,752,851	8,289,191	345,766	7,943,425
Total	146,186	263,638,421	35,217,503	1,574,234	33,643,269

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 2027

Member Revenue % 11.0%

	October	November	December	January	February	March	April	May	June	July	August	September	Totals
Membership Revenue Deposits													
Week 1	3,004,830.46	1,452,048.75											4,456,879.21
Week 2	1,397,335.90												1,397,335.90
Week 3	1,702,184.82												1,702,184.82
Week 4	1,392,599.58												1,392,599.58
Week 5	1,267,134.12												1,267,134.12
Subtotal	8,764,084.88	1,452,048.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,216,133.63

Nueces County Hospital District
Opioid Settlement Fund Activity
Fiscal Year 2027

	October	November	December	January	February	March	April	May	June	July	August	September	Totals
Beginning Balance	3,316,966.78	3,327,933.54	3,327,933.54	3,327,933.54	3,327,933.54	3,327,933.54	3,327,933.54	3,327,933.54	3,327,933.54	3,327,933.54	3,327,933.54	3,327,933.54	3,316,966.78
Deposits													
Distributions													0.00
													0.00
Interest	10,966.76												10,966.76
Total Deposits	**10,966.76**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**10,966.76**
Programs													
Outpatient Substance Abuse													0.00
													0.00
													0.00
Total Expenditures	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
													0.00
Ending Balance	**3,327,933.54**	**3,327,933.54**	**3,327,933.54**	**3,327,933.54**	**3,327,933.54**	**3,327,933.54**	**3,327,933.54**	**3,327,933.54**	**3,327,933.54**	**3,327,933.54**	**3,327,933.54**	**3,327,933.54**	**3,327,933.54**

Texas Local Provider Participation Fund (LPPF) Programs

Overview

The Texas Local Provider Participation Fund (LPPF) is a locally administered financing mechanism authorized under Texas law that permits counties, hospital districts, and certain multi-jurisdictional entities to impose mandatory assessments on participating hospitals. Funds collected through an LPPF are used to finance the non-federal share of Medicaid supplemental and directed payment programs, thereby leveraging federal matching funds. These supplemental and directed payment programs are established, administered, and overseen by the Texas Health and Human Services Commission.

Purpose

LPPFs exist to support Medicaid payments without relying on state general revenue or local property taxes. By pooling hospital assessments locally and transferring them to the state through intergovernmental transfers (IGTs), local governments enable hospitals to receive significantly higher Medicaid reimbursements.

How LPPFs Work

Hospitals within an authorized jurisdiction are assessed a uniform mandatory payment, typically based on net patient revenue. These payments are deposited into a segregated Local Provider Participation Fund. The local government then transfers funds to the Texas Health and Human Services Commission to serve as the non-federal share for Medicaid payments. Federal matching funds are drawn down and redistributed back to hospitals through approved Medicaid payment programs.

Programs Supported

LPPF-supported funds are commonly used for Medicaid supplemental and directed payment programs, including uncompensated care payments and uniform rate enhancements. These programs are designed to support hospitals that serve a large share of Medicaid and uninsured patients.

Benefits

LPPFs allow local dollars to leverage substantial federal Medicaid funding, strengthen the financial stability of safety-net hospitals, and avoid increasing property taxes. They provide local control over healthcare financing while supporting access to care.

Legal Framework

The Nueces County Hospital District's LPPF is authorized under Texas Health and Safety Code, Chapter 298C, and is implemented pursuant to approval by the Board of Managers of the associated Health Care Provider Participation Program. Funds

deposited into the LPPF are restricted to authorized health care–related purposes and may not be used to expand Medicaid eligibility. The program is subject to applicable federal oversight to ensure compliance with Medicaid financing requirements.

Policy Considerations

Key considerations include the financial impact of mandatory assessments on participating hospitals; the administrative and compliance complexity associated with operating an LPPF; and reliance on ongoing state legislative authority and federal policy. While many LPPFs are subject to statutory sunset provisions requiring periodic legislative renewal, the Nueces County Hospital District LPPF is not subject to a sunset provision.

Summary

LPPFs are a central component of Texas's Medicaid financing strategy, enabling local governments and hospitals to maximize federal Medicaid funding while maintaining local control and minimizing taxpayer impact.

# # #

01/28/2026

Nueces County Hospital District
Nueces LPPF Activity
Fiscal Year 2027

	October	November	December	January	February	March	April	May	June	July	August	September	Totals
Beginning Balance	80,433,702.70	92,455,031.72	92,455,031.72	92,455,031.72	92,455,031.72	92,455,031.72	92,455,031.72	92,455,031.72	92,455,031.72	92,455,031.72	92,455,031.72	92,455,031.72	80,433,702.70
Deposits													
Christus Spohn	11,724,090.00												11,724,090.00
CCMC													0.00
CC Rehab													0.00
Driscoll													0.00
PAM Specialty													0.00
PAM Rehab													0.00
Oceans Behavioral													0.00
Subtotal	11,724,090.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,724,090.00
Interest	297,239.02												297,239.02
Transfers In													0.00
Total Deposits	**12,021,329.02**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**12,021,329.02**
Inter-Governmental Transfers													
UC													0.00
DSRIP													0.00
CHIRP													0.00
TIPPS													0.00
DSH													0.00
HARP													0.00
GME													0.00
ATLIS													0.00
Total IGT's	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Transfers Out												(150,000.00)	(150,000.00)
Bank Fees													0.00
Ending Balance	**92,455,031.72**	**92,455,031.72**	**92,455,031.72**	**92,455,031.72**	**92,455,031.72**	**92,455,031.72**	**92,455,031.72**	**92,455,031.72**	**92,455,031.72**	**92,455,031.72**	**92,455,031.72**	**92,305,031.72**	**92,305,031.72**

TEXAS

Local Governments with LPPFs by Managed Care Service Delivery Area

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

LUBBOCK
Service Delivery Area

MRSA WEST
Service Delivery Area

EL PASO
Service Delivery Area

TRAVIS
Service Delivery Area

BEXAR
Service Delivery Area

HIDALGO
Service Delivery Area

TARRANT
Service Delivery Area

DALLAS
Service Delivery Area

MRSA NORTHEAST
Service Delivery Area

MRSA CENTRAL
Service Delivery Area

JEFFERSON
Service Delivery Area

HARRIS
Service Delivery Area

NUECES
Service Delivery Area

Jurisdiction Operating a Local Provider Participation Fund

Northeast Healthcare Provider Participation District

TEXAS Health and Human Services

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

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Texas HHSC Medicaid Supplemental and Directed Payment Programs

Texas Medicaid is a partnership between the state and federal governments that provides health coverage to low-income families, older adults, and people with disabilities. The federal government shares in the cost of the program by matching state Medicaid spending, and providers are paid for the care they deliver to Medicaid patients. Federal rules allow states to determine how providers are paid, and Medicaid payments generally fall into three categories: base payments, supplemental payments, and directed payments. Base Payments are made for specific services (e.g., surgery, x-rays, diagnostic tests) provided to persons with Medicaid. These payments can be made through a fee-for-service (FFS) method or through a managed care service delivery system.

1. **Supplemental Payment Programs.** Supplemental Payments are Medicaid payments that supplement base reimbursement and provide additional funding to selected providers, including hospitals. Payments may be made as lump sums or structured to support quality goals, graduate medical education, or providers that serve large numbers of uninsured or low-income patients, such as rural and safety-net providers.

    A. Key Programs:
        1) **Disproportionate Share Hospital (DSH)**: These payments provide additional funding to hospitals that serve a large share of Medicaid and low-income patients. DSH payments help offset uncompensated care costs for Medicaid and uninsured patients and are capped at a hospital's allowable uncompensated costs. Eligible providers: Hospitals serving a high proportion of Medicaid or indigent patients.
        2) **Uncompensated Care (UC):** This Program was initially created to support Texas's expansion of Medicaid managed care while preserving supplemental payments to hospitals. UC payments help reduce uncompensated costs for qualifying medical services provided to uninsured individuals under a provider's charity care policy and must meet the federal definition of "medical assistance." Eligible providers: Public and private hospitals, public ambulance providers, government dental providers, and physician practice groups.
        3) **Graduate Medical Education (GME)**: These supplemental payments support medical residency training at teaching hospitals, which face higher costs related to resident compensation, increased testing, and the care of more complex patients. Eligible providers: State-owned teaching hospitals and government-operated teaching hospitals.
        4) **Hospital Augmented Reimbursement Program (HARP)**: Provides Medicaid payments to hospitals for inpatient and

outpatient services provided to Texas Medicaid patients under the fee-for-service model, serving as a financial transition for former DSRIP providers and helping offset the cost of delivering Medicaid services.

5) ****Aligning Technology by Linking Interoperable Systems for Client Health Outcomes (ATLIS): To** enhance electronic health information exchange among Medicaid Managed Care Organizations (MCOs) to improve client health outcomes and advance alternative payment models.
6) ***Public Health Providers-Charity Care Program (PHP-CCP):** Reimburses qualifying providers for the cost of delivering certain health care services that are not reimbursed by another source. Health care services include behavioral health services, immunizations, public health services, and other preventative services. Eligible providers: Publicly owned and operated community mental health clinics, local behavioral health authorities or local mental health authorities, local health departments, and Public Health Districts.
7) ***Ambulance Services Supplemental Payment Program:** Program for publicly owned ground emergency ambulance providers participating in Medicaid fee-for-service that provides additional payments aligned with average commercial insurance rates for the same services.

2. **Directed Payment Programs.** State-guided Medicaid managed care spending to support delivery system reform and improved performance by requiring Medicaid managed care organizations to make certain payments to providers, either through capitation rate adjustments or separate payment arrangements.

   A. Key Programs:
      1) **Comprehensive Hospital Increase Reimbursement Program (CHIRP)**: Provides enhanced Medicaid payments for inpatient and outpatient services delivered to STAR and STAR+PLUS enrollees. Eligible providers include: (1) hospital-based rural health clinics (RHCs), including non-state government-owned and private RHCs, and (2) free-standing RHCs.
      2) **Network Access Improvement Program (NAIP)**: Pass-through payment program aimed at strengthening access to effective primary care for Medicaid recipients by incentivizing health-related institutions and public hospitals to provide high-quality, coordinated, and continuous care.
      3) **Rural Access to Primary and Preventive Services (RAPPS)**: Provides incentives for rural health clinics (RHCs) to deliver primary and preventive care to STAR, STAR+PLUS, and STAR Kids

enrollees in rural areas of the state. Eligible providers include (1) hospital-based RHCs, including non-state government-owned and private RHCs, and (2) free-standing RHCs.

4) **The Texas Incentives for Physicians and Professional Services (TIPPS)**: Provides enhanced Medicaid payments for health care services delivered by eligible physician groups to STAR, STAR+PLUS, and STAR Kids enrollees. Eligible providers include: (1) health-related institution (HRI) physician groups; (2) physician groups affiliated with hospitals receiving indirect medical education (IME) funding; and (3) other physician groups.
5) ***The Directed Payment Program for Behavioral Health Services (DPP BHS)**: Enhances access to behavioral health services, care coordination, and care transitions for STAR, STAR+PLUS, and STAR Kids enrollees. Eligible providers include Community Mental Health Centers (CMHCs) and Local Behavioral Health Authorities (LBHAs) with Certified Community Behavioral Health Clinic (CCBHC) certification.
6) ***Quality Incentive Payment Program (QIPP)**: A performance-based payment program that incentivizes nursing facilities to improve care quality and foster innovation.

* NCHD does not participate in this Program.
** HHSC terminated this program for the state fiscal year 2026.

01/28/2026

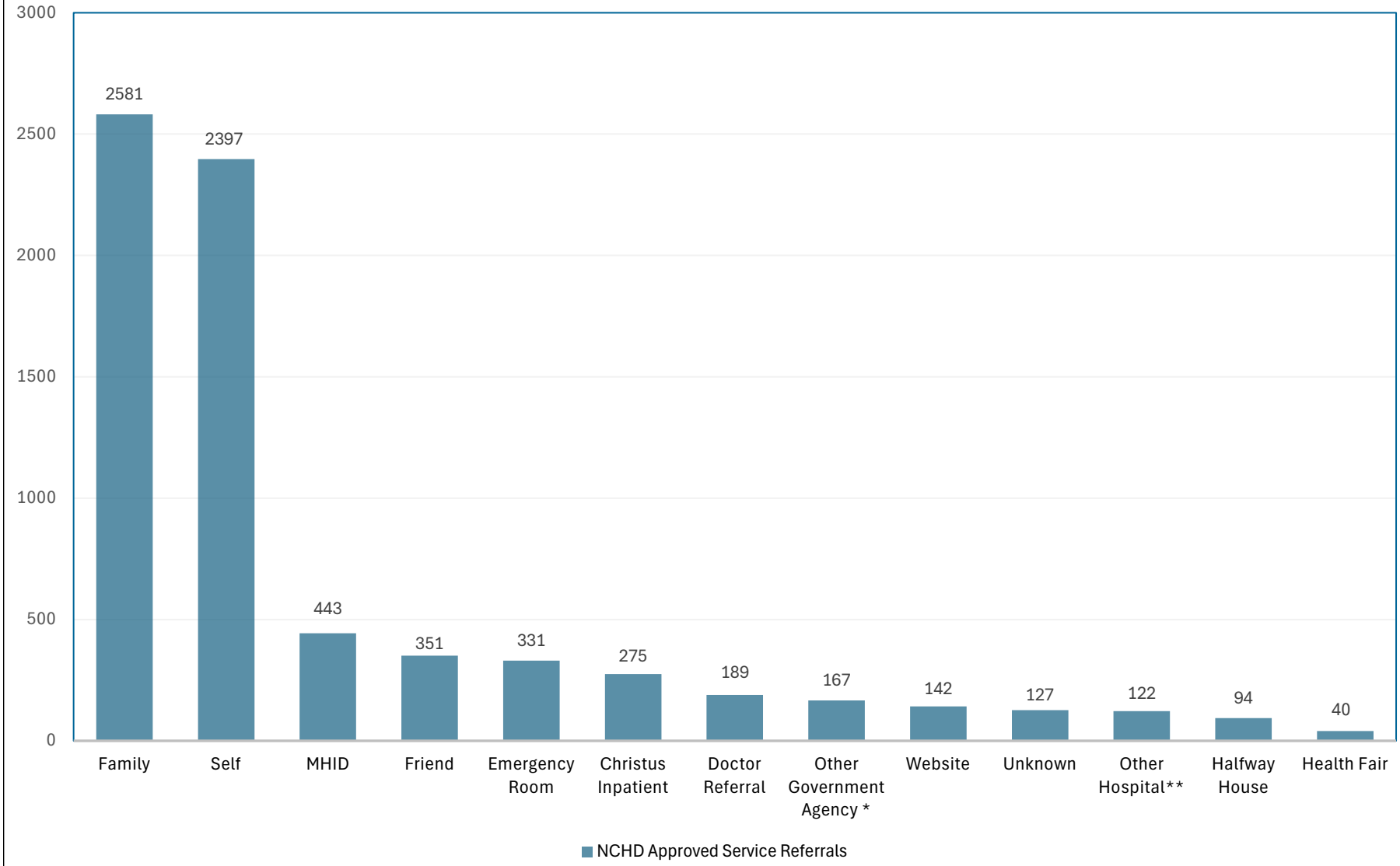
Nueces County Hospital District
Medicaid Payment Programs/Directed Payment Programs
Estimated Provider Payments & IGT History
FY2012 to Present

Provider	DSRIP	UC	DSH	UHRIP	NAIP	CHIRP	TIPPS	GME	HARP	ATLIS	TOTALS	
Christus Spohn - Corpus Christi	393,023,597	675,251,723	273,264,075	54,617,146	180,224,793	166,774,230	3,631,000	11,988,586	33,135,453	4,729,455	**1,796,640,058**	39%
Christus Spohn Rural (Alice/Beeville/Kleberg)	48,398,858	244,842,364	0	14,571,054	0	32,111,589	0	0	872,324	5,998,487	**346,794,676**	8%
Corpus Christi Medical Center	121,850,134	203,781,319	0	47,168,955	0	219,205,565	0	9,652,366	14,766,291	23,359,490	**639,784,120**	14%
Driscoll Childrens Hospital	314,822,705	40,518,980	0	0	0	1,084,250,462	3,650,435	26,804,632	160,612,868	41,040,138	**1,671,700,219**	37%
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 Chrisit Rehab Hospital	0	0	0	286,797	0	0	0	0	0	734,825	**1,021,622**	0%
PAM Specialty Hospital	0	0	0	1,330	0	0	0	0	0	1,948,682	**1,950,012**	0%
PAM Rehab Hospital	0	0	0	141,201	0	1,480,848	0	0	0	1,812,337	**3,434,386**	0%
Zoom Rehabilitation Inc.	0	0	0	0	0	0	0	0	0	173,631	**173,631**	0%
Oceans Behavioral Hospital	0	0	0	0	0	53,995	0	0	0	1,273,186	**1,327,181**	0%
Nueces County Health Dept	21,809,410	0	0	0	0	0	0	0	0	0	**21,809,410**	0%
TOTALS	**924,854,508**	**1,212,117,542**	**273,264,075**	**133,255,675**	**180,224,793**	**1,503,876,688**	**7,281,435**	**48,445,584**	**209,386,936**	**81,070,230**	**4,573,777,466**	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	393,219,500	96,250,465	58,389,165	71,156,623	177,013,892	0	13,306,303	77,574,950	20,731,634	**1,245,716,551**
Nueces LPPF	27,902,997	81,186,131	7,478,253	0	0	413,336,502	2,412,214	4,715,212	5,852,488	11,733,795	**554,617,591**
TOTALS	**365,977,014**	**474,405,631**	**103,728,718**	**58,389,165**	**71,156,623**	**590,350,393**	**2,412,214**	**18,021,515**	**83,427,437**	**32,465,429**	**1,800,334,142**

Nueces County Hospital District
Enrollment Referral Source
YTD 2026



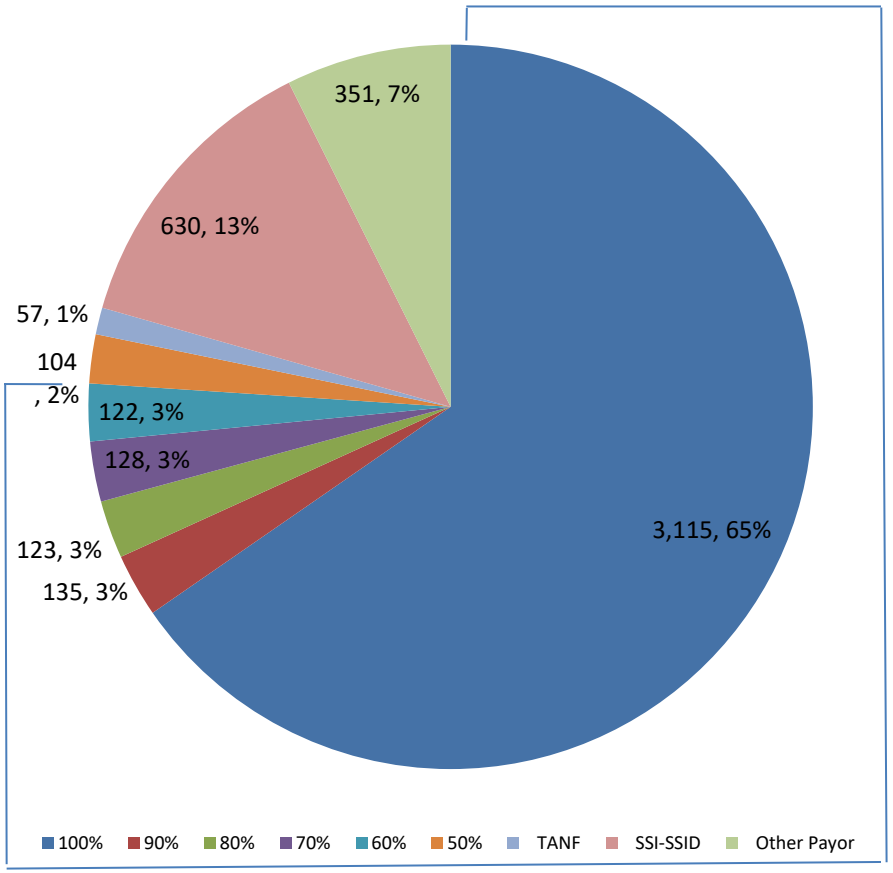
Nueces County Hospital District													
Application Referral Sources Calendar Year 2026													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD 2026
Applications Approved	772	686	741	748	628	695	754	766	729	762			7281
Referral Source													
Family	296	261	263	265	214	240	256	286	245	255			2581
Self	242	242	286	246	230	233	241	241	226	210			2397
MHID	50	22	36	40	42	45	39	52	44	73			443
Friend	39	39	32	41	22	47	39	34	25	33			351
Emergency Room	34	32	22	23	33	36	46	37	27	41			331
Christus Inpatient	27	19	21	34	25	28	28	25	32	36			275
Doctor Referral	19	22	12	13	17	8	28	30	21	19			189
Other Government Agency *	16	8	15	22	9	17	20	15	19	26			167
Website	6	4	16	17	10	11	16	13	17	32			142
Unknown	8	15	12	16	3	8	11	14	30	10			127
Other Hospital**	15	9	10	13	12	8	15	10	19	11			122
Halfway House	15	7	11	11	7	8	9	8	10	8			94
Health Fair	3	4	4	4	3	2	4	0	10	6			40
Medicaid Office	1	2	1	3	1	3	1	1	4	0			17
TWC	1	0	0	0	0	0	1	0	0	0			2
Non Profits	0	0	0	0	0	0	0	0	0	2			2
MD Anderson	0	0	0	0	0	1	0	0	0	0			1
Workmans Comp	0	0	0	0	0	0	0	0	0	0			0
NAACP	0	0	0	0	0	0	0	0	0	0			0
*-Includes Nueces County Jail Referrals.													
**-Includes Non-Christus Hospitals.													

October 2026

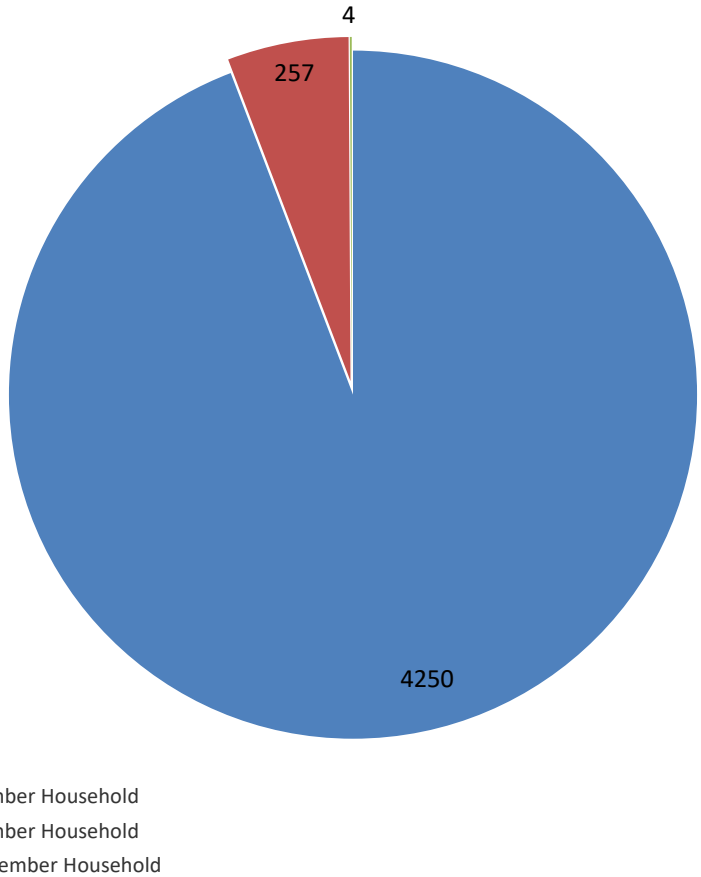
Nueces Aid Program Enrollment

Total Enrolled: 4,765

Total recipients – Other Payer Coverage: 1,038



Total Households 4,511



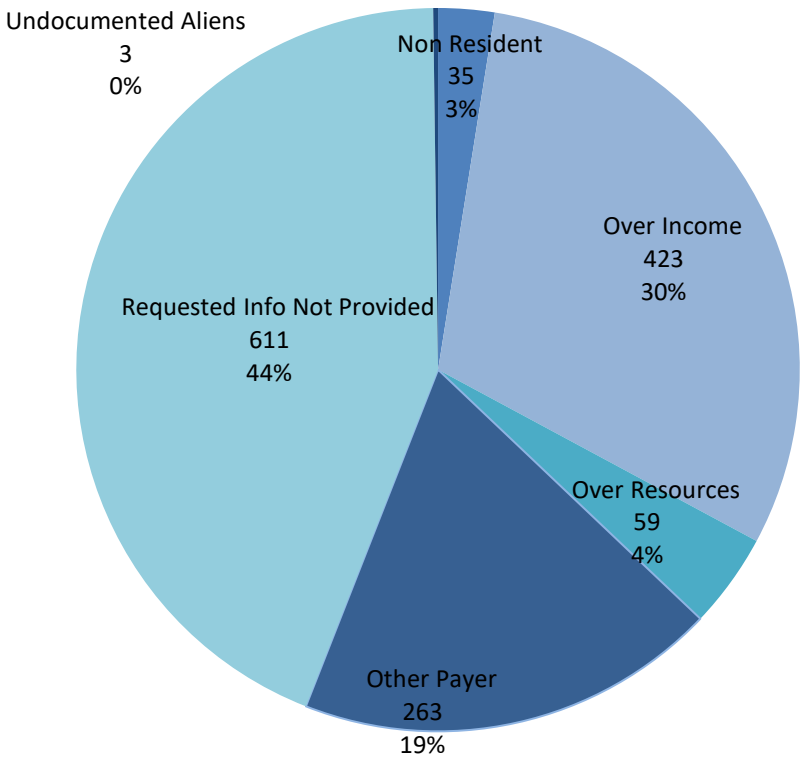
Nueces Aid Program
Enrollment Summary Calendar Year 2026

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD 2026 Average	Comments
TOTAL RECIPIENTS	4,521	4,512	4,510	4,570	4,540	4,610	4,652	4,648	4,690	4,765			4,602	
NUECES AID - All Service Levels														The percentage for each plan option is calculated by dividing
100%	2,926	2,948	2,967	3,034	3,001	3,037	3,054	3,057	3,081	3,115			3,022	the number for each option
%	64.7%	65.3%	65.8%	66.4%	66.1%	65.9%	65.6%	65.8%	65.7%	65.4%			65.7%	by the number of total recipients.
90%	135	131	123	118	117	128	133	128	127	135			128	
%	3.0%	3%	3%	3%	3%	3%	3%	3%	3%	3%			2.8%	
80%	114	117	120	118	117	118	118	113	114	123			117	
%	2.5%	2.6%	2.7%	2.6%	2.6%	2.6%	2.5%	2.4%	2.4%	2.6%			2.5%	
70%	115	113	113	112	111	117	114	115	121	128			116	
%	2.5%	2.5%	2.5%	2.5%	2.4%	2.5%	2.5%	2.5%	2.6%	2.7%			2.5%	
60%	88	93	104	110	104	120	127	125	120	122			111	
%	1.9%	2.1%	2.3%	2.4%	2.3%	2.6%	2.7%	2.7%	2.6%	2.6%			2.4%	
50%	88	94	84	98	101	98	97	95	98	104			96	
%	1.9%	2.1%	1.9%	2.1%	2.2%	2.1%	2.1%	2.0%	2.1%	2.2%			2.1%	
TANF	65	54	68	52	54	57	60	61	50	57			58	These individuals are eligible
%	1.4%	1.2%	1.5%	1.1%	1.2%	1.2%	1.3%	1.3%	1.1%	1.2%			1.3%	for NCHD assistance if denied assistance by other
SSI-SSID	657	631	599	595	598	583	596	613	624	630			613	payer.
%	14.5%	14.0%	13.3%	13.0%	13.2%	12.6%	12.8%	13.2%	13.3%	13.2%			13.3%	
Other Payor	333	331	332	333	337	352	353	341	355	351			342	
%	7.4%	7.3%	7.4%	7.3%	7.4%	7.6%	7.6%	7.3%	7.6%	7.4%			7.4%	
TOTAL NUECES AID	4,521	4,512	4,510	4,570	4,540	4,610	4,652	4,648	4,690	4,765			4,602	
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			100.0%	
HOUSEHOLDS BY SIZE														
1 Member Household	4,048	4,032	4,013	4,066	4,042	4,101	4,146	4,129	4171	4250			4,100	The percentage for each size
%	94.4%	94.3%	94.1%	94.1%	94.2%	94.1%	94.2%	94.1%	94.1%	94.2%			94.2%	household is calculated by dividing the number of each
2 Member Household	234	237	246	250	247	254	252	258	258	257			249	member household by the
%	5.5%	5.5%	5.8%	5.8%	5.8%	5.8%	5.7%	5.9%	5.8%	5.7%			5.7%	total number of households.
>=3 Member Household	5	5	4	3	3	2	2	3	3	4			3	
%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.1%	0.1%	0.1%			0.1%	
TOTAL HOUSEHOLDS	4,287	4,274	4,263	4,319	4,292	4,357	4,400	4,390	4,432	4,511			4,353	

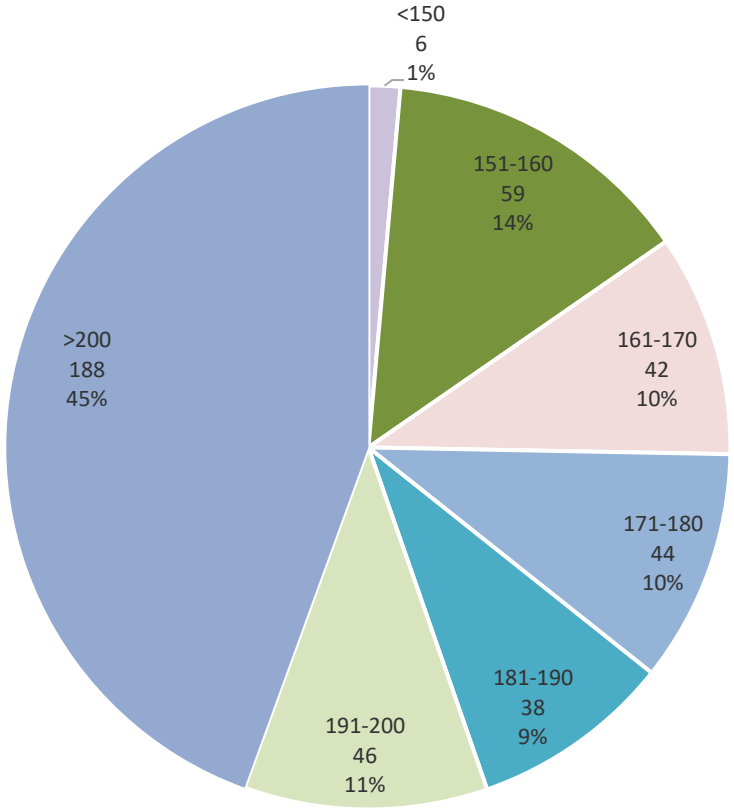
NUECES AID DENIALS

Calendar Year 2026: January - October

Denial Reasons



Comparison of Over Income Case to 2026 HHS Poverty Guidelines



Nueces Aid Program
Application Processing Summary Calendar Year 2026

2026	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	Comments
TOTAL APPLICATIONS	914	801	888	864	774	813	912	930	875	904	0	0	8,675	
Approved	772	686	741	748	628	695	754	766	729	762			7,281	
%	84.5%	85.6%	83.4%	86.6%	81.1%	85.5%	82.7%	82.4%	83.3%	84.3%	0.0%	0.0%	83.9%	
Denied	142	115	147	116	146	118	158	164	146	142			1,394	
%	15.5%	14.4%	16.6%	13.4%	18.9%	14.5%	17.3%	17.6%	16.7%	15.7%	0.0%	0.0%	16.1%	Since FY 1999, the denial rate is based on all deniced individuals in the household.
APPROVALS BY PLAN TYPE														
NUECES AID - All Service Levels														
100%	522	468	509	538	442	477	515	542	496	541			5,050	
%	67.6%	68.2%	68.7%	71.9%	70.4%	68.6%	68.3%	70.8%	68.0%	71.0%			69%	The percentage of approvals by plan option is alculated by deviding the number for each plan option by the total numbers of approved applications.
90%	22	21	17	16	15	27	29	17	17	22			203	
%	2.8%	3.1%	2.3%	2.1%	2.4%	3.9%	3.8%	2.2%	2.3%	2.9%			2.8%	
80%	30	24	27	18	12	12	22	23	25	23			216	
%	3.9%	3.5%	3.6%	2.4%	1.9%	1.7%	2.9%	3.0%	3.4%	3.0%			3.0%	
70%	15	18	18	20	19	23	12	21	21	17			184	
%	1.9%	3%	2.4%	2.7%	3.0%	3.3%	1.6%	2.7%	2.9%	2.2%			2.5%	
60%	20	19	18	18	10	32	24	14	15	19			189	
%	2.6%	2.8%	2.4%	2.4%	1.6%	4.6%	3.2%	1.8%	2.1%	2.5%			2.6%	
50%	20	19	16	18	16	11	19	15	18	16			168	
%	2.6%	2.8%	2.2%	2.4%	2.5%	1.6%	2.5%	2.0%	2.5%	2.1%			2.3%	
TANF	14	12	17	13	18	15	16	11	10	20			146	
%	2%	1.7%	2.3%	1.7%	2.9%	2.2%	2.1%	1.4%	1.4%	2.6%			2%	
SSI-SSID	62	59	59	52	55	44	65	68	59	54			577	
%	8%	8.6%	8.0%	7.0%	8.8%	6.3%	8.6%	8.9%	8.1%	7.1%			8%	
Other Payor	67	46	60	55	41	54	52	55	68	50			548	
%	9%	6.7%	8.1%	7.4%	6.5%	7.8%	6.9%	7.2%	9.3%	6.6%			8%	
TOTAL	772	686	741	748	628	695	754	766	729	762	0	0	7,378	
%	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			101.3%	
PENDING APPLICATIONS														
Pending Documentation	92	95	95	106	69	103	117	102	117	73			97	The YTD number for incomplete applications is the average of the monthly incomplete applications.

Nueces Aid Program
Application Processing Summary Calendar Year 2026

2026	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	Comments
NCHD DENIALS - Reasons for Denials														
Non Resident	0	2	4	3	3	7	4	5	3	4			35	
%	0.0%	1.7%	2.7%	2.6%	2.1%	5.9%	2.5%	3.0%	2.1%	2.8%			2.5%	
Over Income	40	28	42	37	45	41	43	57	42	48			423	
%	28.2%	24.3%	28.6%	31.9%	30.8%	34.7%	27.2%	34.8%	28.8%	33.8%			30.3%	
Over Resources	7	7	10	2	7	3	8	5	3	7			59	
%	4.9%	6.1%	6.8%	1.7%	4.8%	2.5%	5.1%	3.0%	2.1%	4.9%			4.2%	
Other Payer	35	30	26	13	24	15	29	24	39	28			263	
%	24.6%	26.1%	17.7%	11.2%	16.4%	12.7%	18.4%	14.6%	26.7%	19.7%			18.9%	The percentage for each denial reason is calculated by dividing the number of individuals for each rason by the total number of individuals denied.
Requested Info Not Provided	60	48	64	61	67	52	74	71	59	55			611	
%	42.3%	41.7%	43.5%	52.6%	45.9%	44.1%	46.8%	43.3%	40.4%	38.7%			43.8%	
Undocumented Aliens	0	0	1	0	0	0	0	2	0	0			3	
%	0.0%	0.0%	0.7%	0.0%	0.0%	0.0%	0.0%	1.2%	0.0%	0.0%			0.2%	
TOTAL DENIALS	142	115	147	116	146	118	158	164	146	142	0	0	1,394	
HOUSEHOLDS BY SIZE - APPROVED														
1 Member Household	686	608	641	677	564	603	667	679	644	689			6,458	
%	94.0%	94.0%	92.8%	95.0%	94.5%	92.9%	93.8%	93.9%	93.7%	94.8%			93.9%	The percentage for each size household is calcualted by dividing the number of hoseholds in the category by the total number of approved households. Any households pending other payers are not included.
2 Member Household	43	39	50	34	32	46	43	43	42	36			408	
%	5.9%	6.0%	7.2%	4.8%	5.4%	7.1%	6.0%	5.9%	6.1%	5.0%			5.9%	
3 or > Member Household	1	0	0	2	1	0	1	1	1	2			9	
%	0.1%	0.0%	0.0%	0.3%	0.2%	0.0%	0.1%	0.1%	0.1%	0.3%			0.1%	
TOTAL HOUSEHOLDS APPROVED	730	647	691	713	597	649	711	723	687	727			6,875	
HOUSEHOLDS BY SIZE - DENIED														
1 Member Household	115	97	115	91	116	93	124	128	115	105			1099	
%	88.5%	92%	86%	87%	87%	87%	88%	87%	88%	82%			87.2%	The denial percentage for each size household is calcualted by dividing the number for each household size by the total number of denied households. Any households pending other payors are not included.
2 Member Household	13	8	17	12	14	11	17	17	13	15			137	
%	10.0%	7.5%	12.8%	11.4%	10.5%	10.3%	12.1%	11.6%	10.0%	11.7%			10.9%	
3 or > Member Household	2	1	1	2	3	3	0	2	2	8			24	
%	1.5%	0.9%	0.8%	1.9%	2.3%	2.8%	0.0%	1.4%	1.5%	6.3%			1.9%	
TOTAL HOUSEHOLDS DENIED	130	106	133	105	133	107	141	147	130	128			1,260	

Nueces County Hospital District

Annual Comparative Enrollment Report
Calendar Year 2026

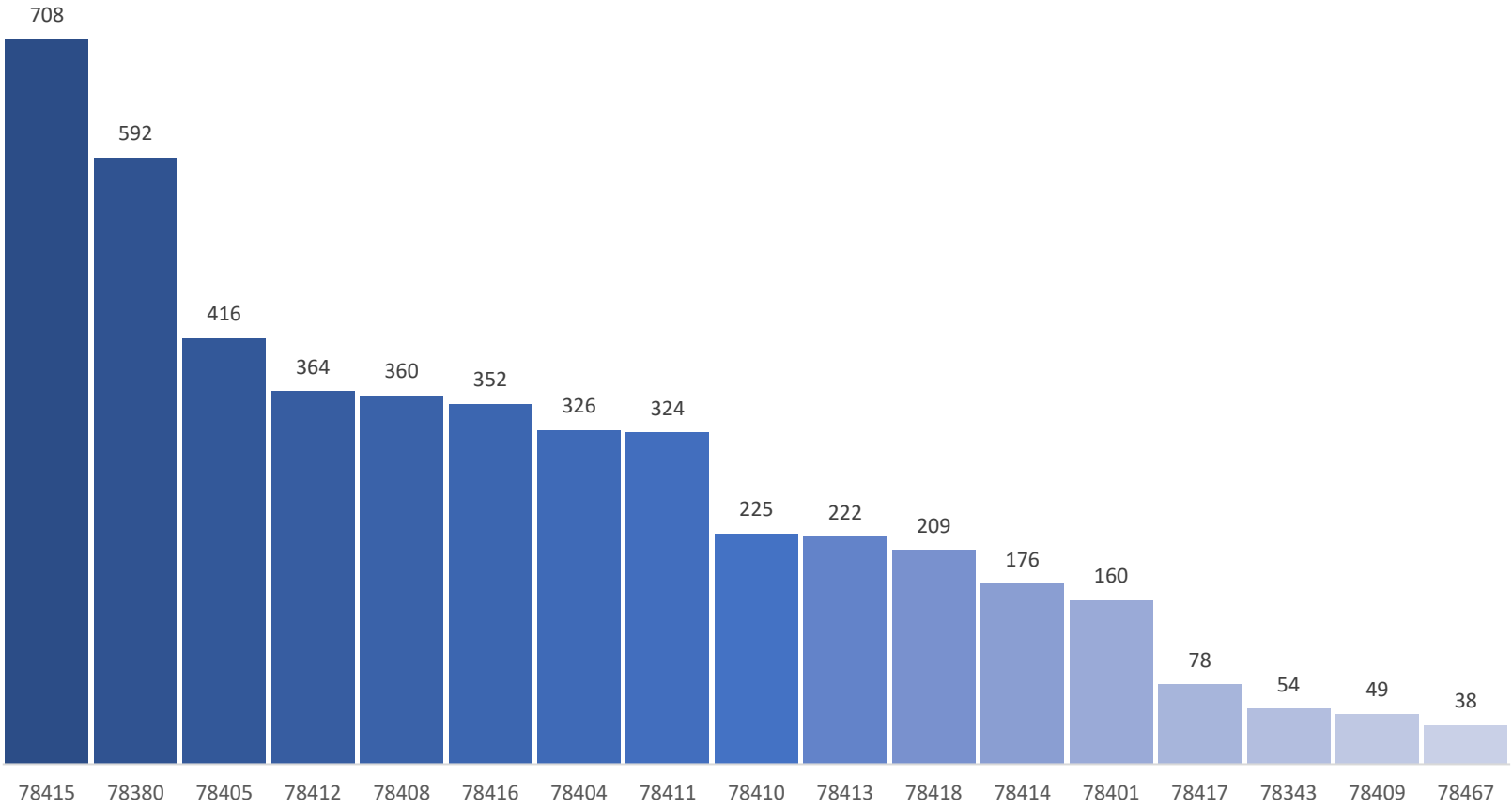
	Enrollment			Increase/(Decrease)	
Month	**2026**	**2025**		**%**	**Enrollees**
Jan	4,521	4,607		-1.87%	-86
Feb	4,512	4,513		-0.02%	-1
Mar	4,510	4,509		0.02%	1
Apr	4,570	4,544		0.57%	26
May	4,540	4,515		0.55%	25
June	4,610	4,565		0.99%	45
Jul	4,652	4,596		1.22%	56
Aug	4,648	4,566		1.80%	82
Sep	4,690	4,589		2.20%	101
Oct	4,765	4,624		3.05%	141
Nov					
Dec					

NCHD
Eligibility History

2020	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	CY Total	Avg	
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	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	CY Total	Avg	
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	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	CY Total	Avg	
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	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	CY Total	Avg	
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	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	CY Total	Avg	
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	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	CY Total	Avg	
NCHD	3,494	3,407	3,380	3,397	3,375	3,424	3,461	3,463	3,489	3,526	3,459	3,435	41,310	3,443	-4%
Pend	1,113	1,106	1,129	1,147	1,140	1,141	1,135	1,103	1,100	1,098	1,049	1,048	13,309	1,109	-5%
Total	4,607	4,513	4,509	4,544	4,515	4,565	4,596	4,566	4,589	4,624	4,508	4,483	54,619	4,552	-4%
% of PY	98%	95%	95%	95%	94%	96%	95%	94%	95%	96%	96%	98%	96%	96%	
2026	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	CY Total	Avg	
NCHD	3,466	3,496	3,511	3,590	3,551	3,618	3,643	3,633	3,661	3,727			35,896	3,590	4%
Pend	1,055	1,016	999	980	989	992	1,009	1,015	1,029	1,038			10,122	1,012	-9%
Total	4,521	4,512	4,510	4,570	4,540	4,610	4,652	4,648	4,690	4,765	-	-	46,018	4,602	1%
% of PY	98%	100%	100%	101%	101%	101%	101%	102%	102%	103%	0%	0%	84%	101%	

Nueces County Hospital District

Enrollment by Zipcode as of October 2026

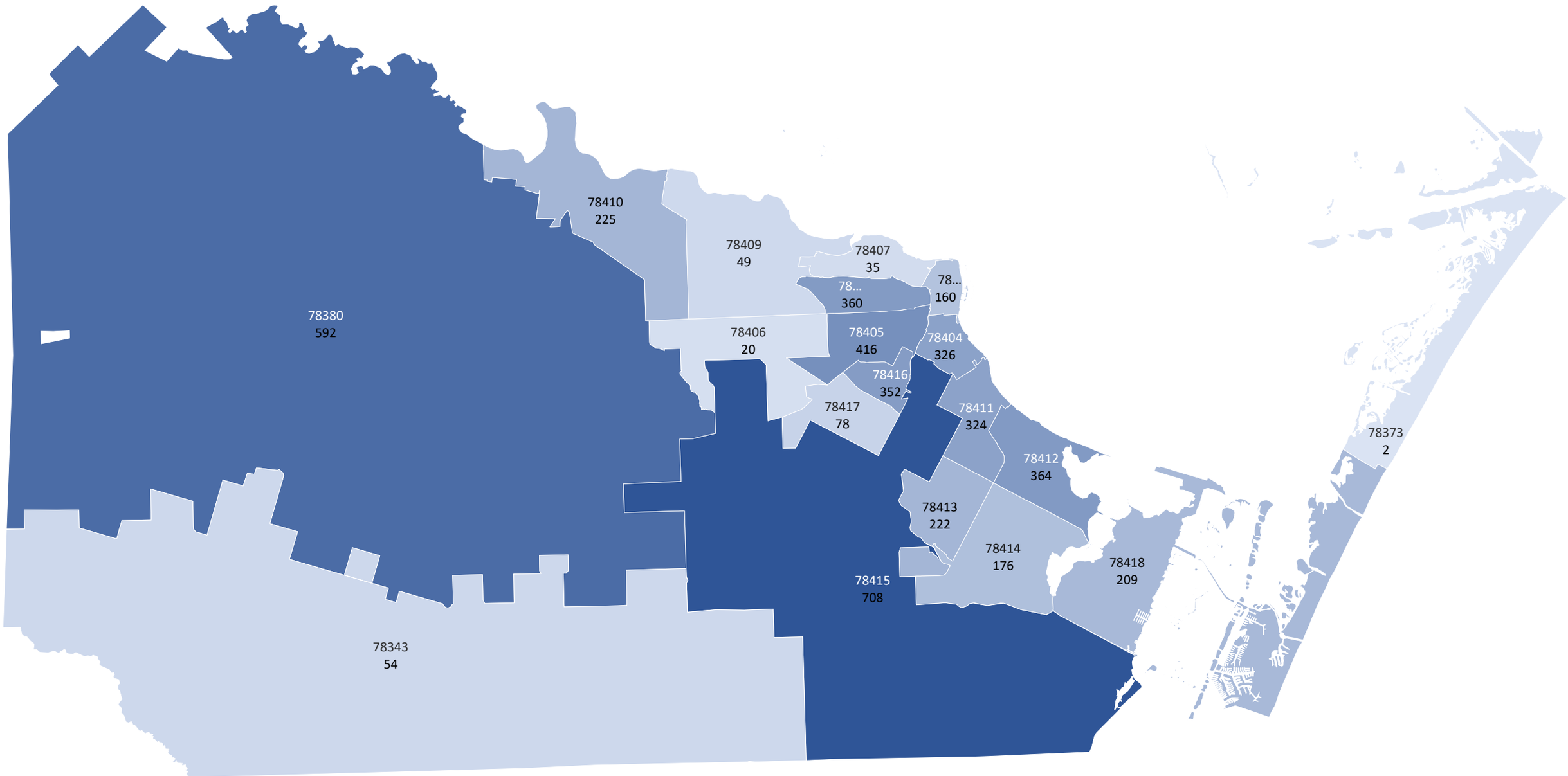


Nueces County Hospital District
Enrollment by Zip Code
As of 10/31/2026

Zip Code	Description	Members	% to Total
78415	CC:FM 665 to CR 61 to County Line to Weber & Crosstown	708	15%
78380	Robstown	592	12%
78405	CC:19th to Port Ave to Agnes, includes HPG	416	9%
78412	CC:Airline to Hwy 358 to Ennis Joslin to Ocean Drive	364	8%
78408	CC:Hwy 358 to Lipan Between I-37 & Agnes	360	8%
78416	CC:Hwy 358 to Old Brownsville to Tarlton to Weber, includes Molina	352	7%
78404	CC:Six Points	326	7%
78411	CC:Ocean Drive to So Staples to Hwy 358 to Weber to Kostoryz	324	7%
78410	CC:Annaville and Calallen	225	5%
78413	CC:Weber to Holly rd to So Staples to Oso Pkwy	222	5%
78418	CC:Flour Bluff	209	4%
78414	CC:So Staples to Holly Rd to Cayo Del Oso to Oso Creek	176	4%
78401	CC:Downtown and Cargo Docks	160	3%
78417	CC:Old Brownsville to Ayers to Saratoga	78	2%
78343	Bishop + FM 665 to CR 107 W to CR 57E	54	1%
78409	CC:Hwy 44 to Up River Rd to Rand Morgan E to Hwy 358	49	1%
78467	CC: Leopard St Between S. Staples and Sam Rankin	38	1%
	Subtotal	4,653	98%
	Total	4,766	

Nueces County Hospital District

Enrollment Map



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September 16, 2026

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

We are pleased to confirm our understanding of the services we are to provide Nueces County Hospital District, a component unit of Nueces County, Texas, for the year ended September 30, 2026.

Audit Scope and Objectives

We will audit the financial statements of the governmental activities, and the aggregate remaining fund information, and the disclosures, which collectively comprise the basic financial statements of Nueces County Hospital District as of and for the year ended September 30, 2026. 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 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 appropriate 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:

1) 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; and report on the fairness of the supplementary information referred to in the second paragraph when considered in relation to the financial statements as a whole. 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.

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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 the government or to acts by management or employees acting on behalf of the government.

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 comes 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, tests of the physical existence of inventories, and direct confirmation of receivables and certain assets and liabilities by correspondence with selected customers, creditors, and financial institutions. We will also request written representations from your attorneys as part of our engagement.

We may, from time to time and depending on the circumstances, use third-party service providers in serving your account. We may share confidential information about you with these service providers but remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures, and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. In the event that we are unable to secure an appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Furthermore, we will remain responsible for the work provided by any such third-party service providers.

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 the system of internal control, 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:

According to GAAS, significant risks include management override of controls, and GAAS presumes that revenue recognition is a significant risk. Accordingly, we have considered these as significant risks.

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; for the accuracy and completeness of that information (including information from outside of the general and subsidiary ledgers); and for the evaluation of whether there are any conditions or events, considered in the aggregate, that raise substantial doubt about the government's ability to continue as a going concern for the 12 months after the financial statement date or shortly thereafter (for example, within an additional three months if currently known). 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 representations 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 affecting the government involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud 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, grantors, regulators, or others. In addition, you are responsible for identifying and ensuring that the government complies with applicable laws and regulations.

You are responsible for the preparation of the supplementary information 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) you believe the supplementary information, including its form and content, is fairly presented in accordance with GAAP; (3) the methods of measurement or presentation have not changed from those used in the 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.

UHY will perform nonattest services in accordance with applicable professional standards. UHY, in its sole professional judgment, reserves the right to refuse to perform any procedure or take any action that could be construed as making management decisions or assuming management responsibilities, including determining account coding and approving journal entries. The Company must make all decisions with regard to nonattest services.

Other Services

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

We will perform the 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; oversee the services by designating an individual, preferably from senior management, with suitable skill, knowledge, and/or experience; evaluate the adequacy and results of the services; and accept responsibility for them.

Engagement Administration, Fees, and Other

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

The audit documentation for this engagement is the property of UHY LLP and constitutes confidential information. However, we may be requested to make certain audit documentation available pursuant to authority given to it by law or regulation. In the event UHY LLP is requested pursuant to subpoena or other legal process to produce its documents relating to this engagement in judicial or administrative proceedings to which UHY LLP is not a party, the Company shall reimburse UHY LLP at standard billing rates for its professional time and expenses, including reasonable attorney's fees incurred in responding to such requests.

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 in November 2026 and to issue our reports no later than January 2027.

"UHY" is the brand name under which UHY LLP and UHY Advisors, Inc. ("UHY Advisors") provide professional services. The two firms operate as separate legal entities in an alternative practice structure. UHY LLP is a licensed independent CPA firm that performs attest services. UHY Advisors, Inc. provides tax and business consulting services through subsidiary entities. UHY LLP has a contractual arrangement with UHY Advisors and its various subsidiaries pursuant to which UHY Advisors provides UHY LLP with services for which licensure as a CPA is not required. In order to avoid duplication of efforts arising out of this arrangement, we request that you consent to our sharing with UHY Advisors and UHY Advisors sharing with UHY LLP the information that may be obtained from you during the course of our engagement. Unless you indicate otherwise, your acceptance of the terms of this engagement shall be understood by us as your consent to make disclosures to UHY Advisors of confidential information that we may obtain in the course of our engagement.

UHY Advisors, Inc. and UHY LLP are U.S. members of Urbach Hacker Young International Limited (UHY International), a UK company, and form part of the international UHY network of legally independent accounting and consulting firms. Any services described herein are provided by UHY Advisors, Inc. and/or UHY LLP (as the case may be) and not by UHY International or any other member firm of UHY International. Neither UHY International nor any member of UHY International has any liability for services provided by other members.

In today's technological environment, businesses and individuals are continuously interacting through e-mail. This often involves sending data, documents and other information, including sensitive tax and financial information. Although convenient, a business or individual that chooses to exchange such information via e-mail should ensure that their e-mail server and the information stored in their system are secure. By providing your financial information to us for the preparation of your financial statement, you authorize us to send information to you (or to other authorized recipients) via the e-mail addresses that you provide. The firm is not responsible for any transmission problems or the failure of you or any authorized recipient of the information to receive the file containing the information or maintaining the confidentiality of any information transmitted via e-mail or in the possession of you or any authorized recipient.

This engagement letter and all services rendered hereunder shall be governed, construed, and enforced by the laws of the State of Texas, without the need to resort to principles of conflicts of laws. Texas law shall apply to any legal or equitable proceeding that shall be instituted in any way arising out of this engagement letter, any obligations contained or allegedly contained herein, and all services rendered touching or relating in any way to the obligations of this engagement letter. All parties to this engagement consent to the exclusive jurisdiction of the federal and state courts located in Texas and, more particularly, the state court located in District Court of Nueces County, Texas and the federal court located in the Southern District of Texas.

We estimate that our fees for these services will be $30,500. You will also be billed for travel and other out-of-pocket costs such as report production, typing, postage, etc. Our standard hourly rates vary according to the degree of responsibility involved and the experience level of the personnel assigned to your engagement. If significant additional time is necessary, we will keep you informed of any problems we encounter and our fees will be adjusted accordingly. Our invoices for these fees will be rendered each month as work progresses and are payable on presentation. In accordance with our firm policies, work may be suspended if your account becomes overdue and will not be resumed until your account is paid in full. If we elect to terminate our services for nonpayment, you will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket expenditures through the date of termination.

Our fee will be based on normal hourly rates. The fee estimate is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the engagement. If significant additional time is necessary, we will keep you informed of any problems we encounter and our fees will be adjusted accordingly. Our invoices for these fees will be rendered each month as work progresses and are payable on presentation. In accordance with our firm policies, work may be suspended if your account becomes overdue and will not be resumed until your account is paid in full. If we elect to terminate our services for nonpayment, you will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket expenditures through the date of termination.

From time to time both during and after the conclusion of our engagement, we may be required to respond to subpoenas or other requests for documents, testimony or court appearances, or to otherwise take actions under compulsion of law or legal process, relating to you and/or the work we have undertaken for you as identified and described herein. In any such instance, you will be and remain responsible to compensate us for our time expended, and to reimburse us for our costs and disbursements (including attorney's fees) incurred, in complying with any such legal requirements, all in the manner described in the preceding engagement letter paragraph that addresses billing and payment.

If circumstances occur related to the condition of your records, the availability of sufficient, appropriate audit evidence, or the existences of a significant risk of material misstatement of the financial statements caused by error, fraudulent financial reporting, or misappropriation of assets, which in our professional judgment prevent us from completing the audit or forming an opinion on the financial statements, we retain the right to take any course of action permitted by professional standards, including declining to express an opinion or issue a report, or withdrawing from the engagement.

Independence rules require us to obtain written documentation related to certain non-attest services. At your request, during the year, we may perform services for you including, but not limited to, consulting services, bookkeeping services, payroll services, tax services, profit-sharing plan services, preparation of financial statements, etc. By your signature below, you acknowledge that you are responsible for management decisions and functions. That responsibility includes designating qualified individuals with the necessary expertise to be responsible and accountable for overseeing all the services we perform, as well as evaluating the adequacy and results of the services performed. You are responsible for establishing and maintaining internal controls, including monitoring ongoing activities.

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.

For the purposes of this engagement letter (and other letters of correspondence), transmitted copies (reproduced documents that are transmitted via photocopy, facsimile or process that accurately transmits the original) are considered documents equivalent to original documents. Signatures transmitted and received via facsimile, .pdf format, e-mail, or an electronic signature platform will be treated for all purposes of this engagement letter (and other letters of correspondence) as original signatures and will be deemed valid, binding and enforceable by and against all parties.

We appreciate the opportunity to be of service to you 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 attached copy and return it to us.

Sincerely,

UHY LLP

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

Signature:_____

Title:_____

PERSONAL SERVICES CONTRACT

THIS CONTRACT FOR PERSONAL SERVICES is made by and between Nueces County Hospital District (the "Hospital District" or "District") and Joel J. Romo, (the "Contractor") for the purpose of contracting for certain personal services.

WITNESSETH

WHEREAS, the Hospital District is a body politic and corporate and a political subdivision of the State of Texas, established and created pursuant to the Texas Constitution, Article IX, Section 4 and the Texas Health and Safety Code (the "Health Code"), Chapter 281, and operated in accordance with the Health Code and other applicable laws of the State of Texas;

WHEREAS, pursuant to the collective authorities of the Health Code, §281.047 and §281.048, the Board of Managers of the Hospital District (the "Board") has, and at the time of approval or ratification of this Contract had, full power and authority to manage, control, administer, and to adopt rules governing operation of the District;

WHEREAS, pursuant to Health Code, §281.026, the Hospital District's Administrator (the "Administrator") performs duties required by the Board and supervises the work and activities of the Hospital District;

WHEREAS, Local Government Code, §262.024, provides for the procurement of personal services;

WHEREAS, the Hospital District desires to contract for personal legislative services during the 90th Texas Legislative Session as described in the scope of work, Attachment B; and

WHEREAS, "personal legislative services" refer to a range of activities performed to influence legislative and administrative outcomes, shape policy, and advocate for the Hospital District's specific interests before lawmakers, government officials, and agencies.

NOW, THEREFORE, the Hospital District and the Contractor, in consideration of the mutual covenants and agreements herein contained, do hereby mutually agree as follows:

[THIS SPACE INTENTIONALLY LEFT BLANK]

AGREEMENT

ARTICLE 1
SCOPE OF SERVICES TO BE PROVIDED BY HOSPITAL DISTRICT AND CONTRACTOR

Hospital District hereby agrees to perform those tasks and services described in Attachment A, which is attached hereto and incorporated into and made part of this Contract.

Contractor hereby agrees to perform those tasks and services described in Attachment B, which is also attached hereto and incorporated into and made part of this Contract.

ARTICLE 2
CONTRACT PERIOD

This Contract shall begin on January 01, 2027 and terminate at the close of business on June 30, 2027, unless extended by supplemental agreement duly executed by the Contractor and the Hospital District prior to the date of termination, as provided in Article 9 - Supplemental Agreements, or otherwise terminated, as provided in Article 16 - Termination. Any work performed or cost incurred after the date of termination shall be ineligible for reimbursement.

ARTICLE 3
COMPENSATION AND METHOD OF PAYMENT

The maximum amount payable under this Contract shall not exceed Thirty Thousand Dollars ($30,000), unless modified by a supplemental agreement executed in accordance with Article 9. This amount constitutes the total compensation payable for all services and expenses under this Contract. No expenses shall be reimbursed separately.

Payments will be made monthly in the amount of Five Thousand Dollars ($5,000) for each full month of authorized services through June 30, 2027, subject to the terms of this Contract.

The Contractor shall submit monthly invoices and progress reports by electronic mail to the Administrator. Each progress report shall describe work accomplished, significant legislative and administrative developments affecting the District, legislative measures monitored or addressed, material activities undertaken, and matters requiring District attention or action.

The Contractor shall execute and submit all necessary accounting and/or legal reporting forms (i.e., Internal Revenue Form W-9 Request for Taxpayer Identification Number, Texas Ethics Commission Form 1295-Certificate of Interested Parties, etc.) as statutorily required or requested by Hospital District, prior to the remittance of any payments by the Hospital District for work.

The Hospital District reserves the right to withhold payment pending verification of satisfactory work.

The Hospital District will NOT pay expenses incurred relative to the Contractor's duties, including travel expense, long distance telephone calls, special mailing, or delivery expenses.

The Hospital District assumes no liability for work performed or costs incurred prior to the effective date of this Contract, or during periods when work is suspended, or after the Contract completion date.

ARTICLE 4
WORK AUTHORIZATIONS

[Specifically Excluded]

ARTICLE 5
PROGRESS

The Contractor shall, from time to time during the progress of the work, confer with the Hospital District. The Contractor shall prepare and present such information as may be pertinent and necessary, or as may be requested by the District to evaluate features of the work. Upon request by the District, the Contractor shall make presentations to the Board, District staff, and as otherwise directed by the District.

At the request of the Hospital District or the Contractor, conferences shall be held at the Contractor's office, the District's office, or at other locations as may be designated by the District. These conferences shall also include an evaluation of the Contractor's services and work when requested by the District.

The Contractor shall report to the Administrator for purposes of this Contract. If the Contractor has questions on directions, or on any of the tasks and services to be performed in Attachment A or B, the Contractor should seek clarity through the Administrator.

The Contractor shall promptly advise the Hospital District, through the Administrator, in writing of events which have a significant impact upon the progress of work, including:

1. problems, delays, or adverse conditions which will materially affect the ability to attain Contract objectives, prevent the meeting of time schedules and goals, or preclude the attainment of project work units by established time periods; this disclosure will be accompanied by a statement of the action taken, or contemplated, and any District assistance needed to resolve the situation; and

2. favorable developments or events which would enable meeting the work schedule goals sooner than anticipated.

ARTICLE 6
SUSPENSION

The Hospital District may suspend the work, but not terminate the Contract, by giving written notice a minimum of two (2) calendar days prior to the date of suspension. The two (2) day notice may be waived if approved in writing by the parties.

The work will be reinstated and resumed in full force and effect within ten (10) calendar days of receipt of written notice from the Hospital District to resume the work. The ten (10) day notice may be waived if approved in writing by both parties. During any District-directed suspension, Contractor shall not perform services and shall not be entitled to compensation for the period of suspension; monthly compensation shall be prorated accordingly.

If the Hospital District suspends the work, the Contract period, as determined in Article 2 - Contract Period, is not affected and the Contract will terminate on the date specified unless the Contract is amended as provided in Article 9 - Supplemental Agreements.

ARTICLE 7
ADDITIONAL WORK

If the Contractor determines that any work it has been directed to perform is beyond the scope of this Contract and constitutes extra work, it shall promptly notify the Hospital District through the Administrator in writing. In the event the District determines that such work constitutes extra work and exceeds the maximum amount payable, the District shall so advise the Contractor, and a supplemental agreement may be executed, as provided in Article 9 - Supplemental Agreements.

The Contractor shall not perform any additional work or incur any additional costs prior to the execution, by all parties, of a supplemental agreement. The Hospital District shall not be responsible for actions by the Contractor or any costs incurred by the Contractor relating to additional work not directly associated with the performance of the work authorized in this Contract or as amended.

ARTICLE 8
CHANGES IN WORK

If the Hospital District finds it necessary to request changes to previously satisfactorily completed work or parts thereof which involve changes to the original scope of services or character of work under the Contract, the Contractor shall make such revisions if requested and as directed by the

District. This will be considered additional work and paid for as specified under Article 7- Additional Work.

The Contractor shall make such revisions to the work to correct errors appearing therein, when required to do so by the Hospital District. No additional compensation will be paid for the correction of errors.

ARTICLE 9
SUPPLEMENTAL AGREEMENTS

The terms of this Contract may be modified by supplemental agreement if the Hospital District determines that there has been a significant change in the scope, complexity, or character of the service to be performed, or the duration of the work. Additional compensation, if appropriate, shall be identified as provided in Article 3 - Compensation and Method of Payment.

Any supplemental agreement must be executed by both parties within the Contract period specified in Article 2 -Contract Period.

No claim for extra work done shall be made by the Contractor until full execution of the supplemental agreement and authorization to proceed is issued by the Hospital District. The District reserves the right to withhold payment pending verification of satisfactory work performed.

ARTICLE 10
PUBLIC INFORMATION ACT

All data, and other documents created or collected under the terms of this Contract are the exclusive property of the Hospital District and shall be furnished to the District upon request. All documents prepared by the Contractor and all documents furnished to the Contractor by the District shall be delivered to the Administrator upon completion or termination of this Contract. The Contractor, at its own expense, may retain copies of such documents or any other data which it has furnished the District under this Contract. Release of information will be in accordance with the Texas Public Information Act.

ARTICLE 11
SUBCONTRACTING

The Contractor shall not assign, subcontract, or transfer any portion of the work under this Contract. All work under this Contract shall be performed by Contractor personally.

ARTICLE 12
EVALUATION OF WORK

The Hospital District and its authorized representatives shall have the right at all reasonable times to review or otherwise evaluate the work performed or being performed hereunder. If a review or evaluation is being made on the premises of the Contractor, the Contractor shall provide all reasonable facilities and assistance for the safety and convenience of the District representatives in the performance of their duties. If funds by other agencies or entities are to be used for payment of the services under this Contract, the Contractor's services and work may be subject to periodic review and approval by other agencies or entities, including city, county, state, and/or federal agencies.

ARTICLE 13
SUBMISSION OF REPORTS

All applicable study reports shall be submitted in preliminary form for review by the Hospital District before a final report is issued. The District's comments on the Contractor's preliminary report shall be addressed in the final report.

All reports, whether preliminary or final, shall be submitted to the Administrator via electronic mail. The Administrator is responsible for disseminating the information to the Board and as appropriate within the Hospital District.

Contractor shall comply with the Texas Open Meetings Act, Chapter 551, Texas Government Code, and shall not knowingly participate in, facilitate, or serve as an intermediary for communications among Board members that would constitute a prohibited deliberation or meeting under applicable law.

Communications concerning District business shall ordinarily be directed to the Administrator, who shall coordinate distribution to the Board, as appropriate and consistent with applicable law.

ARTICLE 14
COMPUTER DOCUMENTS AND INFORMATION EXCHANGE

All computer files must be compatible with the Hospital District's computer systems without conversion or modifications.

All graphics media provided by the Contractor shall be delivered to the Hospital District.

ARTICLE 15
VIOLATION OF CONTRACT TERMS/BREACH OF CONTRACT

Violation of the Contract terms or breach of Contract by the Contractor shall be grounds for termination of the Contract and any increased cost arising from the Contractor's default, breach of Contract, or violation of Contract terms shall be paid by the Contractor. This Contract shall not be considered as specifying the exclusive remedy for any default, but all remedies existing at law and in equity may be availed of by either party and shall be cumulative.

ARTICLE 16
TERMINATION

This Contract shall terminate at the close of business on June 30, 2027 unless extended as provided in Article 9 - Supplemental Agreements.

This Contract may be terminated before the stated termination date by any of the following conditions:

1. By mutual agreement and consent, in writing, of all parties;

2. By the Hospital District, by notice in writing to the Contractor as a consequence of failure by the Contractor to perform the services set forth herein in a satisfactory manner;

3. By any party, upon the failure of the other party to fulfill its obligations as set forth herein;

4. By the Hospital District, for reasons of its own and not subject to the mutual consent of the Contractor upon not less than thirty (30) calendar days written notice to the Contractor; and

5. By written notice from the Hospital District upon satisfactory completion of all services and obligations described herein.

Upon termination, Contractor shall be entitled to compensation only for services satisfactorily performed through the effective date of termination, prorated using the monthly compensation specified in Article 3. No compensation shall be payable for services not performed or for periods following termination. The Hospital District may withhold payment for services not satisfactorily performed, subject to applicable law.

If the Contractor defaults in the performance of this Contract or if the Hospital District terminates this Contract for fault on the part of the Contractor, the District will give consideration to the actual costs incurred by the Contractor in performing the work to the date of default, the amount of work which was satisfactorily completed to the date of default, the value of the work which is usable to the District, the cost to the District of employing another to complete the work required and the

time required to do so, and other factors which affect the value to the District of the work performed at the time of default.

The termination of this Contract and payment of an amount in settlement as prescribed above shall extinguish all rights, duties, and obligations of the Hospital District and the Contractor under this Contract, except the obligations set forth in Articles 10, 12, 17, 18, 19, and 20 of this Contract. If the termination of this Contract is due to the failure of the Contractor to fulfill its Contract obligations, the District may take over the project and prosecute the work to completion. In such case, the Contractor shall be liable to the District for any additional cost occasioned to the District.

ARTICLE 17
COMPLIANCE WITH LAWS

The Contractor shall comply with all applicable Federal, State, and local laws, statutes, codes, ordinances, rules, and regulations, and the orders and decrees of any court, or administrative bodies or tribunals, in any manner affecting the performance of this Contract, including, without limitation licensing laws and regulations. Contractor represents he/she shall comply with Chapter 305 of the Texas Government Code, including reporting requirements regarding conflict of interest. When required, the Contractor shall furnish the Hospital District with satisfactory proof of its compliance.

It is expressly understood by the Contractor, that from the date of award of this Contract to one (1) year after termination or expiration of Contract's term, the Contractor is prohibited from providing gifts of any form to any Board member, the Administrator, any District official, or any District employee.

ARTICLE 18
INDEMNIFICATION

THE CONTRACTOR SHALL SAVE HARMLESS THE HOSPITAL DISTRICT AND ITS OFFICERS AND EMPLOYEES FROM ALL CLAIMS AND LIABILITY DUE TO ACTIVITIES OF ITSELF, ITS AGENTS, OR EMPLOYEES PERFORMED UNDER THIS CONTRACT AND WHICH ARE CAUSED BY OR RESULT FROM ERROR, OMISSION, OR NEGLIGENT ACT OF THE CONTRACTOR OR OF ANY PERSON EMPLOYED BY THE CONTRACTOR. THE CONTRACTOR SHALL ALSO SAVE HARMLESS THE HOSPITAL DISTRICT FROM ANY AND ALL EXPENSE, INCLUDING, BUT NOT LIMITED TO, ATTORNEY FEES WHICH MAY BE INCURRED BY THE HOSPITAL DISTRICT IN LITIGATION OR OTHERWISE RESISTING SAID CLAIM OR LIABILITIES WHICH MAY BE IMPOSED ON THE HOSPITAL DISTRICT AS A RESULT OF SUCH ERROR, OMISSION, OR NEGLIGENT ACTIVITY BY THE CONTRACTOR.

ARTICLE 19
CONTRACTOR'S RESPONSIBILITY

The Contractor shall be responsible for the accuracy of its work and shall promptly make necessary revisions or corrections resulting from its errors, omissions, or negligent acts without compensation.

ARTICLE 20
RETENTION, AVAILABILITY OF RECORDS AND AUDIT REQUIREMENTS

The Contractor shall maintain all books, documents, papers, accounting records, and other evidence pertaining to cost incurred and shall make such materials available at its office during the Contract period and for four (4) years from the date of final payment under this Contract or until pending litigation has been completely and fully resolved, whichever occurs last. The Hospital District or any of its duly authorized representatives shall have access during normal business hours to any and all books, documents, papers, and records of the Contractor which are directly pertinent to this Contract for the purpose of making audits, examinations, excerpts, transcriptions, and for checking the amount of work performed by the Contractor.

ARTICLE 21
SUCCESSORS AND ASSIGNS

The Contractor and the Hospital District do hereby bind themselves, their successors, executors, administrators, and assigns to each other party of this Contract and to the successors, executors, administrators, and assigns of such other party in respect to all covenants of this Contract.

The prohibition on assignment, subcontracting, and transfer in Article 11 shall govern this Contract.

ARTICLE 22
SEVERABILITY

In the event any one or more of the provisions contained in this Contract, for any reason, shall be held to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provision thereof and; this Contract shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein.

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ARTICLE 23
PRIOR CONTRACT SUPERSEDED

This Contract constitutes the sole agreement of the parties hereto and supersedes any prior understandings or written or oral contracts between the parties respecting the subject matter defined herein.

ARTICLE 24
AUTHORITY TO ACT AS LOBBYIST

Contractor warrants that he is registered as a lobbyist as required under Chapter 305 of the Texas Government Code; that Contractor is authorized by law to act as a lobbyist for the Hospital District; that there is no legal or ethical impediment to Contractor acting as a lobbyist for the District; and that Contractor shall immediately communicate to the District in writing any change in Contractor's' status as a registered lobbyist or authority to lawfully and ethically act as a lobbyist for the District. Contractor shall represent only positions authorized by the District and shall not make commitments or bind the District without prior authorization from the Administrator or Board, as applicable.

ARTICLE 25
CONFIDENTIALITY

During and after the Term of this Contract, Contractor agrees to strictly maintain the confidentiality of all information pertaining to the Hospital District and its personnel not open to the public under the Texas Public Information Act (Tex. Gov't Code Ann., Chapter 552) and will not use any such information to the detriment of the District or its officers or employees at any time. ln the event any member of the public or media requests information pertaining to the District or its personnel from the Contractor, Contractor shall immediately direct the requesting party to the custodian of public information designated by the District and shall also immediately notify the District of the request.

ARTICLE 26
CONFLICT OF INTEREST

Contractor affirms and warrants that he has no conflict of interest regarding the services to be provided under this Contract that would affect the representation undertaken herein. Contractor warrants that all representation within the last three (3) calendar years, by Contractor of an interest adverse to or conflicting with any interest of the Hospital District or any of its departments, boards, employees or appointed and officials, has been fully disclosed in writing to the District. Contractor must provide the District with a list of any clients or business associates of the Contractor or any of Contractor's employees or subcontractors which may have any interest in District projects or legislation covered under this Contract. This list shall include the nature of the interest the client

or business has in the District project or legislation. Contractor has an obligation to update the list as new clients, associates or interests which develop. Such notice should be given 3 business days after Contractor obtains the additional information.

ARTICLE 27
INDEPENDENT CONTRACTOR RELATIONSHIP

Nothing herein shall be construed as creating a relationship of employer and employee between the Parties. The Contractor shall be deemed at all times to be an independent contractor. The Hospital District shall not be subject to any obligations or liabilities of the Contractor incurred in the performance of this Contract. The Contractor expressly agrees to indemnify and hold harmless the District, its agents, officers, and employees, for any and all liabilities and obligations incurred due to any breach of contract or negligent acts or omissions or other defalcations on the part of Contractor.

ARTICLE 28
NOTICES

All notices from one party to another, required under this Contract, shall be personally delivered or mailed to such party at the following respective address:

HOSPITAL DISTRICT

Jonny F. Hipp, Administrator
Nueces County Hospital District
555 N. Carancahua, Suite 950
Corpus Christi, TX 78401
jonnyhipp@nchdcc.org

CONTRACTOR

Joel J. Romo
P. O. Box 114
Chappell Hill, Texas 77426

Joel.Romo@texanapublicaffairs.com

ARTICLE 29
VENUE AND GOVERNING LAW

Venue shall be in Nueces County, Texas. This Contract shall be construed under and in accord with the law of the State of Texas.

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IN WITNESS WHEREOF, this Contract is effective January 01, 2027.

NUECES COUNTY HOSPITAL DISTRICT	**CONTRACTOR**
By: _____.	By: _____.
Jonny F. Hipp Administrator/CEO	Joel J. Romo
Date: _____.	Date: _____.

List of Attachments
Attachment A – Services to be provided by Hospital District
Attachment B – Services to be provided by Contractor

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ATTACHMENT A
SERVICES TO BE PROVIDED BY HOSPITAL DISTRICT

- Provide overall project direction and day-to-day prioritization, coordination, clarification, and information about the Hospital District's legislative goals and objectives during the 90th Texas Legislative Session.

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ATTACHMENT B
SERVICES TO BE PROVIDED BY CONTRACTOR

During the 90th Texas Legislative Session, provide personal legislative services to influence legislative outcomes, shape policy, and advocate for Hospital District's interests before lawmakers, governmental officials, and agencies, including, but not limited to: Contractor shall provide timely notice to the Administrator of significant bills, amendments, hearings, budget provisions, or agency developments materially affecting the District and shall assist in developing and advancing District-authorized legislative priorities.

1. Policy analysis and research.
2. Drafting legislation or amendments.
3. Providing analysis of legislation.
4. Communicating with legislators and their staff and agency officials.
5. Preparing briefing materials and position papers.
6. Attending and participating in legislative and budget hearings.
7. Strategic planning for legislative initiatives.
8. Coordinating with trade and advocacy groups, and stakeholders.
9. Providing advice and counsel on legislative matters.
10. Monitor legislation and budget developments relating to the Hospital District and other urban Texas hospital districts, including, but not limited to:
    a. Indigent Health Care;
    b. Mental Health and Intellectual Disabilities;
    c. Public Health;
    d. Correctional Health Care;
    e. Emergency Medical Services;
    f. Legislative Expansions and Mandates;
    g. Intergovernmental Transfers;
    h. Property Taxes;
    i. Property Appraisals;
    j. District Finances;
    k. Use of District Funds;
    l. Eminent Domain;
    m. Board appointments, terms, qualifications for office, and removal;
    n. Medicaid;
    o. Medicaid Supplemental Payment Programs, including Medicaid managed care directed payments, intergovernmental transfers, local provider participation funds, and related state and federal financing requirements;
    p. Tax Increment Financing;
    q. Bonds and Certificates of Obligation; and
    r. Alternative Financing Methods.

NUECES COUNTY HOSPITAL DISTRICT

BRIEFING MEMORANDUM

TO: Board of Managers

FROM: Jonny Hipp

DATE: November 12, 2026

SUBJECT: Texas Health and Human Services Commission — Community Partner Program

I. PURPOSE

This memorandum examines the Texas Health and Human Services Commission (HHSC) Community Partner Program (CPP) principally as a potential network of additional community access venues through which indigent Nueces County residents could learn about, be referred to, and receive assistance enrolling in the Hospital District's Nueces Aid Indigent Healthcare Program. The District's interest is not primarily to administer HHSC benefits; it is to explore whether organizations already assisting applicants for SNAP, Medicaid, CHIP, and other benefits can also identify residents who may need Nueces Aid and facilitate an appropriate, voluntary referral or application pathway.

II. BACKGROUND

The CPP is a statewide initiative through which HHSC collaborates with community organizations to help Texas residents apply for, renew, and manage public benefits using the Your Texas Benefits system. It addresses barriers such as limited internet access, unfamiliarity with online applications, language difficulties, and challenges with eligibility documentation and renewals.

Programs supported include Medicaid, the Children's Health Insurance Program (CHIP), Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and certain other HHSC-administered benefits, as applicable. Community Partners assist applicants; they do not determine eligibility or administer benefits independently.

III. COMMUNITY PARTNER PROGRAM STRUCTURE

Level 1 — Self-Service Access

Organizations provide computers and internet connectivity for individuals to use Your Texas Benefits independently.

Level 2 — Application Assistance

Trained personnel assist with accounts, applications, documentation, changes, and renewals.

Level 3 — Enhanced Assistance

Organizations may receive additional authorized case-information and account-support capabilities, subject to consent and confidentiality controls.

Level 4 — Contracted Services

Separate contractual arrangements may involve requirements and financial terms distinct from ordinary community partnerships.

The District's preferred approach may be to collaborate with existing CPP sites rather than itself become a CPP merely to advertise Nueces Aid. HHSC must confirm whether its CPP agreements, site workflows, and branding rules permit independent Nueces Aid outreach, referral materials, or application assistance at participating sites. CPP status alone does not authorize a partner to enroll applicants in Nueces Aid or exchange HHSC applicant information with the District.

IV. ORGANIZATIONAL PARTICIPATION REQUIREMENTS

Enrollment generally involves an agreement with HHSC, commonly a nonfinancial Memorandum of Understanding (MOU) for ordinary Community Partners. Such participation ordinarily does not provide HHSC compensation for application assistance. HHSC should confirm the current agreement term and enrollment conditions.

- Signature authority: an official authorized to execute the agreement.
- Site manager: an individual responsible for coordinating activities and supervising authorized personnel.
- Navigators: employees or volunteers who provide permitted application and renewal assistance.

Applicable training, certification, background screening, and operational requirements should be reviewed with HHSC before implementation.

V. CONFIDENTIALITY AND INFORMATION SECURITY

Benefits applications can contain sensitive household, financial, and health-related information. HHSC Form H0926, Sharing Facts About Me and My Case with a Community Partner, provides a mechanism for applicants and recipients to authorize specified disclosures and assistance. Access depends on consent and the partner's approved permissions.

District procedures would need to address confidentiality, access controls, training, secure handling and retention of records, and incident response. Existing technology and administrative safeguards should be evaluated against applicable HHSC requirements.

VI. NUECES AID ENROLLMENT ACCESS THROUGH COMMUNITY PARTNERS

Potentially overlapping applicant populations

Residents seeking Medicaid or CHIP assistance may include uninsured adults, families with limited incomes, and individuals whose eligibility differs by program or household member. A person who does not qualify for an HHSC health coverage program may still warrant screening under Nueces Aid's separate residency, income, resource, and other eligibility rules; conversely, receiving SNAP or Medicaid does not establish Nueces Aid eligibility.

SNAP and other benefit encounters as referral opportunities

SNAP applicants often disclose household size, income, and other circumstances relevant to identifying financial hardship. Food assistance encounters may therefore provide a practical occasion to offer

information about Nueces Aid and ask whether the person wants a referral. TANF encounters may reach families with limited resources; Medicaid/CHIP encounters may reach households with coverage gaps or mixed eligibility. These are plausible overlaps in populations and service needs—not evidence that a particular CPP client is eligible for Nueces Aid.

Community coordination

Identify CPP organizations, including food banks and community service providers, whose clients may include uninsured or underinsured Nueces County residents. Explore opt-in referral arrangements, staff orientation, printed or digital Nueces Aid information, and warm handoffs to District enrollment staff. Coordinate with existing District outreach agreements to avoid duplicate efforts.

Broader assistance

The District would use encounters involving SNAP, TANF, Medicaid, CHIP, and other HHSC services as potential outreach touchpoints, not as substitutes for District eligibility screening. Any application for Nueces Aid would remain governed by the District's own procedures and authorized staff or contractors.

These are proposed outreach and referral uses, not demonstrated local conversion rates. No verified evidence was located establishing how many Nueces County CPP visitors are uninsured, meet Nueces Aid criteria, or would enroll after referral. The District should collect baseline and pilot data before estimating enrollment effects.

Evidence and eligibility distinctions

HHSC describes the CPP as a network helping residents apply for and manage HHSC benefits. Its 2025 self-evaluation identifies food banks, faith-based groups, and nonprofits among SNAP outreach partners. This supports the feasibility of outreach through established community assistance venues; it does not quantify the overlap with Nueces Aid. Nueces Aid's published eligibility policy separately requires Nueces County residency and applicable household income and resource qualifications. A referral should trigger independent screening, not presumptive qualification.

Practical referral model

A feasible initial model would be: (1) provide participating CPP sites with District-approved Nueces Aid materials and screening contact information; (2) invite residents to request a referral voluntarily; (3) transmit only minimum necessary contact information with documented permission; (4) have District personnel conduct Nueces Aid screening and application processing; and (5) report aggregate referral and enrollment outcomes. No direct access to HHSC case records, automated matching, or transfer of benefits applications should be assumed.

VII. FINANCIAL AND ADMINISTRATIVE CONSIDERATIONS

The principal proposed benefit is additional access points for Nueces Aid enrollment. Potential costs include partner training, outreach materials, referral protocols, District application support, accessible communications, secure intake and consent procedures, and monitoring. The District should compare a referral-only pilot at existing CPP sites with more resource-intensive co-located application assistance or District CPP enrollment. HHSC CPP participation ordinarily does not itself finance Nueces Aid outreach.

Measures should include partner sites engaged, Nueces Aid information contacts, voluntary referrals, completed applications, eligibility determinations, new enrollments, processing time, and cost per completed enrollment. SNAP participation or HHSC case status should not be used as an automatic eligibility proxy. Fiscal effects and incremental enrollment remain uncertain until tested.

VIII. RELATIONSHIP TO OTHER HEALTH CARE FINANCING PROGRAMS

The CPP is distinct from Nueces Aid, Medicaid supplemental payment arrangements, and the District's Health Care Provider Participation Program. Your Texas Benefits is an HHSC benefits platform; it does not currently establish an approved Nueces Aid application channel. Any proposed integration, link, data exchange, or joint intake requires separate HHSC and District review and authorization. The Board has previously considered the potential use of YourTexasBenefits.com to facilitate Nueces Aid enrollment (August 17 and October 27, 2026 agendas).

IX. CONCLUSION

The District's central interest in the CPP is to expand the number and accessibility of places where indigent Nueces County residents encounter information and assistance concerning Nueces Aid. SNAP, TANF, Medicaid, and CHIP service settings may reach people experiencing financial hardship or health coverage gaps, but benefit participation alone does not establish Nueces Aid eligibility. A voluntary, privacy-protective referral pathway through existing CPP organizations may be explored without assuming that CPP membership provides access to HHSC case data or authority to process Nueces Aid applications.

This matter is presented for the Board's information. Staff could identify existing CPP sites in Nueces County; consult HHSC about permissible referrals and site activities; review the District's authority and current enrollment procedures; and propose a limited, measurable referral pilot with participating organizations before requesting approval of any formal arrangement.

NUECES COUNTY HOSPITAL DISTRICT
90th Texas Legislative Session Agenda
November 17, 2026

Summary
The Nueces County Hospital District supports targeted legislative action to strengthen medical education, expand healthcare workforce capacity, improve access to behavioral health services, and streamline access to indigent health care services in South Texas.

Countywide Benefits
- Increased physician retention.
- Improved behavioral health access.
- Complemented medical infrastructure.
- Strengthened medical education pipelines.
- Enhanced healthcare resilience.
- Expanded access to indigent health care services through streamlined CIHCP eligibility determination.

I. Graduate Medical Education (GME)
Support increased investment in GME to expand physician training and retention.

Advocacy Position:
- Increase Medicaid GME supplemental payments
- Fund existing and new residency slots
- Incentivize expansion of training slots
- Support teaching hospitals
- Expand funding through General Revenue and budget riders

Data Point:
Nueces County faces persistent physician shortages in primary care and specialty fields, limiting access to care.

Impact on Nueces County:
- Expanded local residency and fellowship opportunities.
- Improved long-term physician retention.
- Reduced reliance on temporary providers.
- Enhanced capacity at local teaching hospitals.
- Greater continuity of care.
- Stabilized medical workforce pipeline.

II. Medical Workforce Development

Authorize NCHD to address shortages in essential specialties.

Advocacy Position:

- Allow local designation based on community health needs assessments
- Financial incentives: loan repayment, housing support, income guarantees
- Professional protections: malpractice limits and liability protections
- Recruitment supports: relocation and startup assistance
- Require minimum service commitments

Data Point:

Several high-need specialties remain underrepresented in coastal South Texas.

Impact on Nueces County:

- Improved recruitment in shortage specialties.
- Increased access to essential services.
- Greater competitiveness for healthcare talent.
- Reduced patient outmigration.
- Strengthened provider networks.
- Enhanced sustainability of service lines.

III. Regional Behavioral Health Infrastructure

Expand access to mental health services and support planning for a state-supported mental health facility in the Coastal Bend.

Advocacy Position:

- Establish state-supported regional facilities
- Serve adults, children, and justice-involved populations
- Partner with LMHAs and community providers
- Integrate inpatient, crisis, and outpatient services
- Request state appropriation to fund a feasibility study for establishing a state-supported mental health facility in the Coastal Bend region

Data Point:

Behavioral health wait times in South Texas frequently exceed recommended standards, and the Coastal Bend region lacks a state-supported inpatient mental health facility, requiring patients to travel long distances for acute psychiatric care.

Impact on Nueces County:

- Expanded access to behavioral health services.
- Reduced emergency department boarding.
- Shorter wait times for treatment.

- Improved system coordination.
- Better outcomes for high-risk populations.
- Reduced strain on hospitals and first responders.
- Potential establishment of a regional mental health facility, reducing patient transfer distances and improving access to acute psychiatric care in the Coastal Bend.

~~IV. CIHCP Streamlining — Integrated Benefits Portal Access~~

~~Streamline eligibility determination for the County Indigent Health Care Program (CIHCP) by extending the state's YourTexasBenefits.com integrated benefits portal to all program administrators, including hospital districts.~~

~~Legislative Pursuit:~~

~~- Amend Chapter 61, Health and Safety Code, to designate YourTexasBenefits.com as an authorized CIHCP application pathway for counties, public hospitals, and hospital districts~~
~~- Authorize HHSC to share Medicaid eligibility data with all CIHCP program administrators (new §61.0046)~~
~~- Require automatic referral of income-eligible Medicaid denials to the appropriate CIHCP administrator within three business days of denial (new §61.0047)~~
~~- Amend Chapter 531, Government Code, to extend the integrated eligibility mandate to county CIHCP programs and hospital districts, and require HHSC to build and maintain a CIHCP intake pathway and county-to-administrator service area mapping on YourTexasBenefits.com~~
~~- Add new §285.092 to Chapter 285, Health and Safety Code, clarifying that portal-verified eligibility data satisfies the financial inquiry requirement applicable to all hospital district types under Chapters 281, 282, 283, and 286~~

~~Data Point:~~

~~CIHCP serves Texans at or below 21% of the federal poverty level who are ineligible for Medicaid and have no other health coverage — among the most economically vulnerable residents served by hospital districts. The current application process is administered independently by each of 143 county programs and hospital districts, with no uniform portal, inconsistent documentation requirements, and no automatic referral pathway. Applicants must first be denied Medicaid and then separately locate and apply to their local CIHCP administrator — a duplicative burden that causes eligible individuals to go without care. The proposed legislation eliminates that duplication while preserving local program administration.~~

~~Impact on Nueces County:~~

~~- Reduced administrative burden on NCHD CIHCP intake staff through automatic electronic referrals from HHSC upon Medicaid denial.~~
~~- Elimination of duplicative income and household verification for patients already screened through YourTexasBenefits.com.~~

- Explicit statutory clarification (new §285.092) that portal-verified data satisfies NCHD's financial inquiry obligation under its creating statute, reducing legal ambiguity.
- Increased identification of eligible uninsured residents who would otherwise fall through the gap between Medicaid and NCHD's charity care programs.
- Alignment of NCHD intake procedures with a statewide standardized process, reducing training costs and error rates.
- Preservation of NCHD's authority to conduct independent financial inquiries for non-CIHCP services and cost recovery.

Proposed Statutory Changes:

Code	Provision	What It Does	Applies To
H&S Code §61.002(5)	New definition: "program administrator"	Covers counties, public hospitals & hospital districts under one term throughout Ch. 61	All administrators
H&S Code §61.006(c)	YourTexasBenefits.com as authorized portal pathway	Directs HHSC rulemaking; portal data satisfies documentation requirements	All administrators
H&S Code §61.007(b)	Portal data satisfies applicant information requirements	Limits supplemental requests to residency verification only	All administrators
H&S Code §61.0046 [NEW]	HHSC data-sharing authorization	Permits sharing of 6 data categories with appropriate program administrator; data use agreement required	All administrators
H&S Code §61.0047 [NEW]	Auto-referral upon Medicaid denial	Within 3 business days; routes to Sub. B county or Sub. C hospital district/public hospital; denial date = application date	All administrators
H&S Code §61.024	County application procedure (Sub. B)	Adds portal pathway as explicit option; county public notice duty	Counties
H&S Code §61.053	Hospital district/public hospital application procedure (Sub. C)	Parallel to §61.024: portal pathway option; notice duty; referral opt-in	Hospital districts & public hospitals
Gov't Code §531.002(b)	HHSC integrated eligibility mandate expanded	Adds county CIHCP, hospital districts, and public hospitals to HHSC's	Foundational authority

		statewide eligibility mandate	
Gov't Code §531.0255 [NEW]	HHSC portal build-out and county mapping	Requires CIHCP intake pathway on YTB.com; Sub. B/C routing; statewide service-area map; electronic interface; Sept. 1, 2027 deadline	All administrators
Gov't Code §531.0256 [NEW]	Standardized applicant consent	Affirmative opt-in; consent neutral to benefit eligibility; 5-year retention	All administrators
H&S Code §285.092 [NEW]	Hospital district financial inquiry satisfaction	Portal-verified data satisfies Ch. 281/282/283/286 financial inquiry obligations for CIHCP eligibility; preserves cost recovery authority	All hospital districts

Background and Analytical Basis:

This proposal emerged from a comparative analysis of the CIHCP and SNAP application processes that identified significant structural disparities. Key findings:

- CIHCP applicants must first be denied Medicaid (establishing a precondition), then independently locate their county or hospital district CIHCP administrator, then complete a separate application — with no statewide online option and no automatic connection between the two processes.
- The SNAP application through YourTexasBenefits.com already collects substantially all information required for CIHCP eligibility determination (income, household composition, county of residence, assets, insurance status), but no legal mechanism currently permits HHSC to share that data with county or hospital district CIHCP administrators.
- CIHCP's income threshold (21% of FPL) and SNAP's threshold (165% of FPL) serve largely non-overlapping populations; the bill therefore focuses on the Medicaid denial pathway rather than SNAP cross-referral as the primary trigger.
- Existing law (§61.024(b)) already permits counties to use less restrictive procedures than HHSC's baseline, meaning some elements of this reform could be adopted by individual administrators without legislation. However, the critical data-sharing authorization and auto-referral trigger require explicit statutory change.
- Chapter 281 hospital districts (including NCHD) face a specific interpretive risk: §281.071 requires the administrator to independently inquire into a patient's financial circumstances. New §285.092 resolves this by providing that portal-verified data satisfies that obligation for CIHCP purposes across all hospital district types under a single Chapter 285 provision.

~~Key Implementation Dates (as proposed):~~

~~Date~~	~~Milestone~~
~~**Sept. 1, 2027**~~	~~Act takes effect~~
~~**Oct. 1, 2027**~~	~~HHSC notifies all program administrators (counties, hospital districts, public hospitals) of Act provisions and implementation timeline~~
~~**Jan. 1, 2028**~~	~~HHSC applies for any required federal waivers or approvals; completes and publishes statewide service area mapping~~
~~**Mar. 1, 2028**~~	~~HHSC adopts implementing rules (portal designation, documentation standards, data use agreement template, consent form)~~
~~**Sept. 1, 2028**~~	~~HHSC completes deployment of CIHCP intake pathway on YourTexasBenefits.com; all data use agreements executed; legislative report submitted~~

NUECES COUNTY HOSPITAL DISTRICT

Briefing Paper

SUBJECT: Proposed 90th Texas Legislative Session Agenda — Advocacy Positions and Legislative Pursuits

Purpose

To brief the Board of Managers regarding the District's preliminary agenda for the 90th Texas Legislature and to distinguish between matters presented as Advocacy Positions and matters identified as a Legislative Pursuit.

Overview

The proposed agenda identifies four healthcare priorities intended to strengthen medical education, expand healthcare workforce capacity, improve access to behavioral health services, and streamline access to indigent health care services in South Texas.

The working document places the first three priorities—Graduate Medical Education, Medical Workforce Development, and Regional Behavioral Health Infrastructure—under the heading "Advocacy Position." The fourth priority—CIHCP Streamlining through YourTexasBenefits.com—is expressly identified as a "Legislative Pursuit." This distinction reflects a difference in the specificity and intended method of pursuing the respective priorities.

Distinction Between Advocacy Positions and Legislative Pursuits

For purposes of the proposed agenda, an Advocacy Position expresses a policy, funding, or programmatic objective that the District supports and may advance with legislators, State agencies, healthcare organizations, and other stakeholders. An Advocacy Position establishes the outcome or direction the District favors without necessarily committing the District to seek enactment of a particular bill or specified statutory language.

A Legislative Pursuit is more specific. It identifies an objective for which changes to State law are proposed and describes the statutory provisions, new authorities, or implementation requirements that would be sought through legislation. A Legislative Pursuit therefore contemplates active development, sponsorship, introduction, or support of legislation designed to accomplish the identified changes.

The distinction does not mean that an Advocacy Position could never result in legislation. Legislative action, appropriations, budget riders, or statutory authority may ultimately be necessary to accomplish an advocacy objective. Rather, the distinction describes the current level of specificity and commitment in the working agenda: Advocacy Positions identify outcomes the District supports, while a Legislative Pursuit identifies a defined statutory initiative the District proposes to advance.

Advocacy Position I — Graduate Medical Education

The District's first Advocacy Position supports increased investment in Graduate Medical Education to expand physician training and retention. The agenda calls for increased Medicaid GME supplemental payments, funding for existing and new residency slots, incentives for expansion of training slots, support for teaching hospitals, and additional funding through General Revenue and budget riders.

This priority is appropriately characterized as an Advocacy Position because it identifies funding and policy outcomes the District supports rather than a specific amendment to State law. The District could advocate for these objectives through the State appropriations process, budget riders, agency funding decisions, or legislation developed by other parties.

Advocacy Position II — Medical Workforce Development

The second Advocacy Position seeks authority and tools for the District to address shortages in essential medical specialties based on local community health needs. The agenda identifies potential financial incentives, professional protections, recruitment assistance, and minimum service commitments.

Although portions of this objective—particularly new District authority or liability protections—could require legislation, the working agenda presently describes the desired policy framework rather than identifying specific code sections or proposed statutory amendments. It therefore remains classified as an Advocacy Position at this stage. If the District later develops specific statutory language to confer or clarify these authorities, that portion of the priority could appropriately become a Legislative Pursuit.

Advocacy Position III — Regional Behavioral Health Infrastructure

The third Advocacy Position supports expansion of regional behavioral health infrastructure and planning for a State-supported mental health facility in the Coastal Bend. The agenda supports State-supported regional facilities, services for adults, children, and justice-involved populations, partnerships with local mental health authorities and community providers, integration of inpatient, crisis, and outpatient services, and a State appropriation for a feasibility study.

This priority is framed primarily as advocacy for State investment, planning, and regional infrastructure rather than as a request for specified statutory amendments. The District could pursue the objective through appropriations, budget riders, agency planning, legislative studies, and support for related legislation without necessarily sponsoring a stand-alone statutory proposal.

Legislative Pursuit IV — CIHCP Streamlining and Integrated Benefits Portal Access

The fourth priority is expressly identified as a Legislative Pursuit because it proposes defined changes to State law to integrate the County Indigent Health Care Program with YourTexasBenefits.com and the State's existing eligibility infrastructure.

The proposed pursuit includes amendments to Chapter 61 of the Health and Safety Code to establish the portal as an authorized CIHCP application pathway; new statutory authority for HHSC to share eligibility data; automatic referral of qualifying Medicaid denials; amendments to Chapter 531 of the Government Code to expand the integrated eligibility mandate and require development of a CIHCP intake pathway and statewide service-area mapping; and a new provision in Chapter 285 addressing hospital district reliance on portal-verified financial information.

Unlike the three Advocacy Positions, the CIHCP initiative identifies specific existing statutes to amend, new statutory sections to create, duties to impose on HHSC, and an implementation schedule. It therefore represents a defined legislative proposal rather than a general policy or funding position.

Practical Differences

Characteristic	Advocacy Position	Legislative Pursuit
Primary purpose	State the policy, funding, or program outcome the District supports.	Seek a defined change in State law or statutory authority.
Level of specificity	Broad to moderately specific objectives.	Specific statutory changes, new provisions, or mandated actions.
Method of advancement	Advocacy, appropriations, budget riders, agency engagement, coalitions, or support of related legislation.	Bill development, legislative sponsorship, statutory amendments, and direct legislative advocacy.
Need for District-sponsored legislation	Not necessarily.	Generally contemplated by the proposal.
Current agenda items	GME; Medical Workforce Development; Regional Behavioral Health Infrastructure.	CIHCP Streamlining — Integrated Benefits Portal Access.

Potential Evolution of Agenda Items

The classifications need not be permanent. An Advocacy Position may evolve into a Legislative Pursuit if the District determines that a specific statutory change is necessary and develops a defined legislative proposal. Conversely, the District may continue to advance an Advocacy Position through appropriations, agency action, stakeholder partnerships, or support for legislation initiated by others without developing its own bill.

This distinction allows the Board to support broad healthcare policy priorities while separately identifying those matters for which the District intends to pursue specific legislation.

Fiscal and Administrative Considerations

The preliminary agenda does not itself appropriate District funds or establish a specific fiscal commitment. Fiscal and administrative effects would depend on the particular advocacy activities undertaken, legislation ultimately pursued or enacted, State appropriations, program design, and any local participation requirements.

A Legislative Pursuit may require a more focused implementation effort, including development and review of statutory language, legislative sponsorship, stakeholder coordination, testimony or other legislative support, and subsequent implementation planning if enacted. Advocacy Positions may involve similar external engagement but do not necessarily require development of District-specific legislation.

Board Consideration

The Board is being asked to receive and discuss the preliminary legislative agenda and the distinction between the District’s Advocacy Positions and its Legislative Pursuit. The Board may use these classifications to clarify which priorities represent general policy and funding objectives supported by the District and which priorities are intended to be advanced through specific changes to State law.

Summary

The proposed agenda contains three Advocacy Positions and one Legislative Pursuit. Graduate Medical Education, Medical Workforce Development, and Regional Behavioral Health Infrastructure are presented as Advocacy Positions reflecting policy, funding, and program objectives the District supports. CIHCP Streamlining through YourTexasBenefits.com is presented as a Legislative Pursuit because it proposes specific amendments and additions to State law and defined implementation requirements. The distinction provides a practical framework for communicating both the District’s broader legislative priorities and the particular statutory initiative it intends to pursue.

NUECES COUNTY HOSPITAL DISTRICT
Board of Managers Meetings
Calendar Year 2027

Dates & Times:

- Tuesday, January 26, 2027, 12:00 Noon
- Tuesday, February 23, 2027, 12:00 Noon
- Tuesday, March 23, 2027, 12:00 Noon
- Tuesday, April 27, 2027, 12:00 Noon
- Tuesday, May 25, 2027, 12:00 Noon
- Tuesday, June 22, 2027, 12:00 Noon
- Tuesday, July 27, 2027, 12:00 Noon
- Tuesday, August 24, 2027, 12:00 Noon – Adopt Annual Budget
- Tuesday, September 28, 2027, 12:00 Noon – Elect Officers & Appoint Committees
- Tuesday, October 26, 2027, 12:00 Noon
- Tuesday, November 16, 2027, 12:00 Noon
- Tuesday, December 21, 2027, 12:00 Noon

Legislative Committee meet at 11:00 AM and
Finance Committee meet at 11:30 AM, on the above dates.

Updated 11/10/2026

Kara Sands

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

Main: (361)888-0580

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Date: 11/10/2026
Time: 01:55PM
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Order Total (1) $0.00

Seq	Payment Method	Transaction Id	Comment	Total
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

VG-12-2026-2026000581

Nueces County
Kara Sands
Nueces County Clerk

Instrument Number: 2026000581

Public Notice

PUBLIC NOTICES

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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

Kara Sands

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NUECES COUNTY HOSPITAL DISTRICT

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CLERK OF THE COUNTY COURT
NUECES COUNTY, TEXAS

Nueces County Hospital District

NOTICE OF PUBLIC MEETING

BOARD OF MANAGERS

Board of Managers - Regular Meeting
Tuesday, November 17, 2026 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=T2RVWFBpZGJYdHYyQmp1VUdZeUc3Zz09
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 (United States):
+1 346 248 7799 (Houston)
+1 719 359 4580
+1 253 205 0468
+1 253 215 8782 (Tacoma)
+1 669 444 9171
+1 669 900 6833 (San Jose)
+1 929 205 6099 (New York)
+1 301 715 8592 (Washington DC)
+1 305 224 1968
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+1 360 209 5623
+1 386 347 5053
+1 507 473 4847
+1 564 217 2000
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Find your local number: https://nchdcc-org.zoom.us/u/kbKxLl8Eq4

Nueces County Hospital District

BOARD OF MANAGERS
Board of Managers - Regular Meeting
Tuesday, November 17, 2026 at 12:00 PM

AGENDA

1. **WELCOME**

2. **ROLL CALL OF MEMBERS**

___ Vishnu V. Reddy, Chairman
___ Sylvia Tryon Oliver, Vice Chair
___ Mariana Garza
___ Georgia Neblett, Legislative Committee Chair
___ Karen O'Connor Urban
___ Pamela Brower, Finance Committee Chair
___ Sunil Reddy

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 BUDGET.** The Hospital District's Fiscal Year 2027 Budget ("FY27 Budget") has been duly adopted by the Board and approved by the Commissioners Court. The Board may discuss the FY27 Budget at this meeting. The adopted FY27 Budget and the required taxpayer impact statement for Fiscal Year 2027 are available for public review on the 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. **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.

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

A. Approve Board of Managers Regular Meeting minutes of October 27, 2026.

B. Receive summary payment information on Nueces County health care disbursements for Fiscal Year 2026 year-to-date:

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

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

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

4. Medical services provided at County correctional facilities:
   a. Nueces County Jail; and
   b. Nueces County Juvenile Detention Center;

5. Funding for alcohol and drug abuse treatment programs:
   a. Cenikor (Charlie's Place); and
   b. Council on Alcohol and Drug Abuse;

6. Funding for diabetes prevention and supporting programs; and

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

C. 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 2027 year-to-date. *(Finance Committee)*

D. Receive Fiscal Year 2027 year-to-date Specified Annual Percentage-related revenue reports; revenue receipts pursuant to CHRISTUS Spohn Health System Corporation Amended and Restated Membership Agreement, Section 5.03. *(Finance Committee)*

E. Receive Fiscal Year 2027 year-to-date statement detailing amounts deposited into and/or withdrawn from the Opioid Settlement Fund, including receipts from the Opioid Abatement Fund Council through the Texas Comptroller of Public Accounts in accordance with Texas Government Code §403.508(a)(2), and disbursements made solely for the remediation of opioid-related harms pursuant to 34 Texas Administrative Code §16.222. *(Finance Committee)*

F. Receive statement of Fiscal Year 2027 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)*

G. 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:

1. Directed Payment Programs - IGTs to HHSC for Medicaid managed care payments to providers that promote Medicaid program goals and objectives:
    a. Aligning Technology by Linking Interoperable Systems for Client Health Outcomes Program (ATLIS);
    b. Comprehensive Hospital Increase Reimbursement Program (CHIRP);
    c. Network Access Improvement Program (NAIP); and
    d. Texas Incentives for Physicians and Professional Services (TIPPS); and

2. 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:

a. Disproportionate Share Hospital (DSH);
b. Graduate Medical Education (GME);
c. Hospital Augmented Reimbursement Program (HARP); and
d. Hospital Uncompensated Care (UC). *(Finance Committee)*

H. Receive reports relating to Nueces Aid Program enrollment for the month-ended October 31, 2026:
1. Referral Sources;
2. Total Persons and Households Enrolled;
3. Enrollment Summary;
4. Denials;
5. Application Processing Summary; and
6. Enrollment by Zip Code. *(Finance Committee)*

8. **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:

A. **Finance Committee:**

1. Update on annual audit of the District's financial statements for the fiscal year ended September 30, 2026. ***(INFORMATION)***

B. **Legislative Committee:**

1. Receive information from Legislative Consultants on 90th Texas Legislative Session. ***(INFORMATION)***

2. Discuss consulting services to represent the Hospital District's interests before the 90th Texas Legislature. ***(INFORMATION)***

3. Discuss and consider approval of a Personal Services Contract with Joel J. Romo for consulting services to represent the Hospital District's interests before the 90th Texas Legislature; contract term January 1 - June 30, 2027. ***(ACTION)***

4. Receive a briefing on potential use of the Texas Health and Human Services Commission's Community Partner Program to additionally support enrollment in the Nueces Aid Program. ***(INFORMATION)***

5. Discuss and consider action on 90th Texas Legislative Session Draft Agenda. ***(ACTION)***

C. **Board of Managers:**

1. Discuss and consider adopting the 2027 Board of Managers and Board Committees meeting schedule. ***(ACTION)***

D. **Administrator's Briefing:**

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

a. Legislative Committee: Tuesday, December 15, 2026, 11:00 AM in NCHD Board of Managers Meeting Room at 555 North Carancahua Street, Room 950-A, Corpus Christi, Texas 78401;

b. Finance Committee: Tuesday, December 15, 2026, 11:30 AM in NCHD Board of Managers Meeting Room at 555 North Carancahua Street, Room 950-A, Corpus Christi, Texas 78401; and

c. Board of Managers: Tuesday, December 15, 2026, 12:00 PM in NCHD Board of Managers Meeting Room at 555 North Carancahua Street, Room 950-A, Corpus Christi, Texas 78401. ***(INFORMATION)***

9. **CLOSED MEETING** – The Board of Managers may convene in closed session at any time during this meeting to deliberate any agenda item, as authorized by the Texas Open Meetings Act, Chapter 551, Texas Government Code. The Board reserves the right to discuss any agenda item in executive session when legally permitted, regardless of whether the item is customarily considered in open session. The presiding officer will announce the applicable statutory authority under the Act prior to each closed session. Any final action, decision, or vote will be taken in open session, either upon reconvening or at a subsequent public meeting, as required by law. The Board anticipates entering closed session on the matters identified below pursuant to Sections 551.071 and 551.074 of the Texas Government Code, as applicable.

A. Consult with attorneys on matters relating to community medical specialty needs.

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

A. Consider final action, decision, or vote on matters considered in the Closed Meeting.

11. **ADJOURN**

12. Public Notice Posting Receipt