



# Agenda

## Mangum City Hospital Authority

### April 28, 2026 at 5:30 PM

City Administration Building at 130 N Oklahoma Ave.

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*The Trustees of the Mangum City Hospital Authority will meet in regular session on April 28, 2026, at 5:30 PM, in the City Administration Building at 130 N. Oklahoma Ave, Mangum, OK for such business as shall come before said Trustees.*

#### **CALL TO ORDER**

#### **ROLL CALL AND DECLARATION OF A QUORUM**

#### **CONSENT AGENDA**

*The following items are considered to be routine and will be enacted by one motion. There will be no separate discussion of these items unless a Board member (or a community member through a Board member) so requests, in which case the item will be removed from the Consent Agenda and considered separately. If any item involves a potential conflict of interest, Board members should so note before adoption of the Consent Agenda.*

1. Approve March 24, 2026, regular meeting minutes.
2. Approve March 2026 Medical Staff Meeting Minutes
3. Approve March 2026 Clinic Report.
4. Approve March 2026 Quality Meeting Minutes
5. Approve March 2026 CCO Report
6. Approve March 2026 CEO Report.
7. Discussion related to HIM Delinquencies-none to report

#### **FURTHER DISCUSSION**

#### **REMARKS**

*Remarks or inquiries by the audience not pertaining to any item on the agenda.*

#### **REPORTS**

8. Financial Report for March 2026

#### **OTHER ITEMS**

9. Discussion and Possible Action to Approve the MRMC Envision Cyber proposal for cyber insurance.

- [10.](#) Discussion and Possible Action to Approve the MRMC and the Hartford Quote for property insurance.
- [11.](#) Discussion and Possible Action to Approve the Port53 Technologies Cisco secure email gateway quote.
- [12.](#) Discussion and Possible Action to Approve the Port53 Technologies quote for Cisco Secure Access for Domain Name System Advantage.
- [13.](#) Discussion and Possible Action to Approve the 2025 MRMC TB Risk Assessment.
- [14.](#) Discussion and Possible Action to Approve the 2025 MRMC Respiratory Protection Program Evaluation Summary
15. Discussion and Possible Action to Approve April Summerlin as the Antimicrobial Stewardship Program Leader
- [16.](#) Discussion and Possible Action to Approve the MRMC Annual Evaluations of Vender Agreement Summary Sheet and Contract Evaluations.
17. Discussion and Possible Action to Approve the Termination of Bluestream Health Agreement for Enterprise Telehealth Plan Services.

#### **EXECUTIVE SESSION**

18. Discussion and possible action to enter into executive session for the review and approval of medical staff privileges/credentials/contracts for the following providers pursuant to 25 O.S. § 307(B)(1):
  - Credentialing
    - DIA Schedule 1 List of Providers as of 3/27/2026
    - Ryan Sand, APRN-CNP- Allied Health Professional- Courtesy Privileges
  - Re-Credentialing
    - Beau Hawkins, MD- Courtesy Privileges
    - Sonya Langley, MD- Courtesy Privileges

#### **OPEN SESSION**

19. Discussion and possible action in regard to executive session.

#### **STAFF AND BOARD REMARKS**

*Remarks or inquiries by the governing body members, Hospital CEO, City Attorney or Hospital Employees*

#### **NEW BUSINESS**

*Discussion and possible action on any new business which has arisen since the posting of the Agenda that could not have been reasonably foreseen prior to the time of the posting (25 O.S. 311-10)*

**ADJOURN**

*Motion to Adjourn*

Duly filed and posted at 4:30 p.m. on the 20th day of April 2026, by the Secretary of the Mangum City Hospital Authority.

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*Brittany McClintock Secretary*



# Minutes

## Mangum City Hospital Authority Session

### March 24, 2026 at 5:30 PM

*City Administration Building at 130 N Oklahoma Ave.*

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*The Trustees of the Mangum City Hospital Authority will meet in regular session on March 24, 2026, at 5:30 PM, in the City Administration Building at 130 N. Oklahoma Ave, Mangum, OK for such business as shall come before said Trustees.*

#### **CALL TO ORDER**

Chairman Vanzant called the meeting to order at 5:30 p.m.

#### **ROLL CALL AND DECLARATION OF A QUORUM**

##### **PRESENT**

Trustee Michelle Ford  
Trustee Carson Vanzant  
Trustee Lisa Hopper  
Trustee Ronnie Webb

##### **ABSENT**

Trustee Cheryl Lively

#### **CONSENT AGENDA**

*The following items are considered to be routine and will be enacted by one motion. There will be no separate discussion of these items unless a Board member (or a community member through a Board member) so requests, in which case the item will be removed from the Consent Agenda and considered separately. If any item involves a potential conflict of interest, Board members should so note before adoption of the Consent Agenda.*

Motion to approve consent agenda as presented.

Motion made by Trustee Vanzant, Seconded by Trustee Hopper.

Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper, Trustee Webb

1. Approve February 24, 2026, regular meeting minutes as present.
2. Approve February 2026 Medical Staff Meeting Minutes
3. Approve February 2026 Clinic Report.
4. Approve February 2026 Quality Meeting Minutes
5. Approve February 2026 CCO Report
6. Approve February 2026 CEO Report
7. Discussion related to HIM Delinquencies-none to report

## FURTHER DISCUSSION

No further discussion.

## REMARKS

*Remarks or inquiries by the audience not pertaining to any item on the agenda.*

No remarks.

## REPORTS

### 8. Financial Report for February 2026

The average daily census for the month was 9.43. This is down one day from January and down half day from the 2025 monthly average. The acute payer mix for February was 81% for Medicare and Medicare Managed Care with the prior month being 86%. The swing bed payer mix for February was 83% for Medicare and 17% for Medicare Managed care. The 2025 year-to-date for Medicare is 80% and Medicare Managed Care is 20%. The operating margin was \$185,000, which is up \$174,000 from January. The 2025 year-to-date operating margin monthly average was an average loss of \$36,000. Net patient revenue was \$1.57 million for the month, an increase of \$4,000 from last month and a increase of \$146,000 from the 2025 year-to-date monthly average. 340B revenue was \$10,000 for February and expenses were \$9,000. Operating expenses were at \$1.5 million for February, which is up \$71,000 from the prior month and \$95,000 from the 2025 year-to-date monthly average. Patient days for February were at 264. This is down 62 days from January. Cash receipts for the month were \$1.53 million. That's a decrease of \$61,000 from the year-to-date monthly average and a decrease of \$182,000 from January. Cash disbursements were at \$1.31 million. Cash balance at the February month end was \$1.24 million giving us about 24.8 days of cash on hand. The clinic average daily visits were 13. The revenue for the clinic is \$129,000. Operating expenses were \$155,000, which is a loss of \$26,000.

## OTHER ITEMS

9. Discussion and Possible Action to Approve the MRMC and BlueCross BlueShield of Oklahoma-Health Care Services Corporation Agreement for Acute Care Hospitals (Critical Access)

Motion to approve.

Motion made by Trustee Webb, Seconded by Trustee Hopper.

Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper, Trustee Webb

10. Discussion and Possible Action to Approve the MRMC and BlueCross BlueShield Medicare Advantage Network Participation Agreement for Hospital.

Motion to approve.

Motion made by Trustee Hopper, Seconded by Trustee Vanzant.

Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper, Trustee Webb

11. Discussion and Possible Action to Approve the renewal agreement between MRMC and Stericycle for regulated waste disposal.

Motion to approve.

Motion made by Trustee Webb, Seconded by Trustee Hopper.  
Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper, Trustee Webb

12. Discussion and Possible Action to Approve the renewal agreement between MRMC and Stericycle for Pharmaceutical Waste Disposal

Motion to approve.

Motion made by Trustee Vanzant, Seconded by Trustee Hopper.  
Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper, Trustee Webb

13. Discussion and Possible Action to Approve the MRMC MedPro renewal quote providing general liability, professional liability insurance, and employee benefits liability.

Motion to approve.

Motion made by Trustee Webb, Seconded by Trustee Vanzant.  
Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper, Trustee Webb

14. Discussion and Possible Action to Approve the DA Engineering, LLC-engineering services proposal for Lab Renovation

Motion to approve.

Motion made by Trustee Webb, Seconded by Trustee Hopper.  
Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper, Trustee Webb

15. Discussion and Possible Action to Approve the CNA insurance quote for Directors and Officers and Entity Liability Coverage Part Employment Practices Liability Coverage Part

Motion to approve.

Motion made by Trustee Vanzant, Seconded by Trustee Hopper.  
Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper, Trustee Webb

16. Discussion and Possible Action to Approve the MRMC and CommuniCare Technology, Inc. dba Pulsara BAA

Motion to approve.

Motion made by Trustee Webb, Seconded by Trustee Hopper.  
Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper, Trustee Webb

17. Discussion and Possible Action to Approve the Termination Letter for Tyto Care Telehealth Services

Motion to approve.

Motion made by Trustee Webb, Seconded by Trustee Hopper.  
Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper, Trustee Webb

18. Discussion and Possible Action to Approve April Summerlin as the MRMC Infection Preventionist.

Motion to approve.

Motion made by Trustee Ford, Seconded by Trustee Vanzant.  
Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper, Trustee Webb

19. Discussion and Possible Action to Approve declaring both non-functional autoclaves as scrap

Motion to approve.

Motion made by Trustee Webb, Seconded by Trustee Hopper.  
Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper, Trustee Webb

20. Discussion and Possible Action to Approve to the auction of 4 eye beds/stretchers

Motion to approve.

Motion made by Trustee Vanzant, Seconded by Trustee Hopper.  
Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper, Trustee Webb

21. Discussion and Possible Action to Approve the auction of 1 anesthesia machine.

Motion to approve.

Motion made by Trustee Webb, Seconded by Trustee Hopper.  
Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper, Trustee Webb

## EXECUTIVE SESSION

22. Discussion and possible action to enter into executive session for the review and approval of medical staff privileges/credentials/contracts for the following providers pursuant to 25 O.S. § 307(B)(1):

- Credentialing
  - Ryan Sand, APRN-CNP-Allied Health Professional-Temporary Privileges
  - Ashley Rae Lindsey, APRN-CNP-Allied Health Professional-Temporary Privileges
  
- Re-Credentialing
  - Nelson Ogembo, APRN-CNP, Allied Health Professional-Courtesy Privileges

Motion to enter into executive session at 5:53 p.m.

Motion made by Trustee Vanzant, Seconded by Trustee Webb.  
Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper, Trustee Webb

## OPEN SESSION

Motion to enter into open session at 5:58 p.m.

Motion made by Trustee Vanzant, Seconded by Trustee Hopper.  
Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper, Trustee Webb

23. Discussion and possible action in regard to executive session.

Motion to approve Ryan Sand.

Motion made by Trustee Vanzant, Seconded by Trustee Hopper.  
Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper, Trustee Webb

Motion to approve Ashley Lindsey credentialing as only to the clinic.

Motion made by Trustee Vanzant, Seconded by Trustee Webb.  
Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper, Trustee Webb

Motion to re-credential Nelson Ogembo.

Motion made by Trustee Vanzant, Seconded by Trustee Webb.  
Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper, Trustee Webb

### **STAFF AND BOARD REMARKS**

*Remarks or inquiries by the governing body members, Hospital CEO, City Attorney or Hospital Employees*

No remarks.

### **NEW BUSINESS**

*Discussion and possible action on any new business which has arisen since the posting of the Agenda that could not have been reasonably foreseen prior to the time of the posting (25 O.S. 311-10)*

Corporate CFO Dennis an update on the Big Beautiful Bill stating as a reminder the state of Oklahoma projected a loss primarily in Medicaid beginning in year 2030. To help confront that congress passed the rural health transformation program which will give the state \$1.1 billion back beginning this year which is about 20% of the projected loss. As part of this transformation program, they have started micro grants which we would have to submit an application between now and April 13<sup>th</sup> It's for \$50,000.00. There is a list that these funds can be used for primarily certain qualifying equipment and healthcare education. It cannot be spent on regular operations.

### **ADJOURN**

*Motion to Adjourn*

Motion to adjourn at 6:04 p.m.

Motion made by Trustee Vanzant, Seconded by Trustee Hopper.  
Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper, Trustee Webb

Duly filed and posted at 3:00 p.m. on the 20th day of March 2026, by the Secretary of the Mangum City Hospital Authority.

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*Carson Vanzant, Chairman*

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*Brittany McClintock, Secretary*

Mangum Regional Medical Center  
 Medical Staff Meeting  
 Thursday  
 March 19, 2026

MEMBERS PRESENT:

John Chiaffitelli, DO, Medical Director

Laura Gilmore, MD

Absent:

Guest:

ALLIED HEALTH PROVIDER PRESENT

David Arles, APRN-CNP

NON-MEMBERS PRESENT:

Kelley Martinez, RN, CEO

Chelsea Church, PharmD

Nick Walker, RN, CCO

Angela Smith, RN, CM

April Summerlin, RN, Infection Control

Chasity Howell, RN – Utilization Review

Lynda James, LPN – Drug Tech

1. Call to order
  - a. The meeting was called to order at 12:02 pm by Dr. John Chiaffitelli, Medical Director.
2. Acceptance of minutes
  - a. The minutes of the February 29, 2026, Medical Staff Meeting were reviewed.
 

**i.Action:** Dr. Chiaffitelli, Medical Director, made a motion to approve the minutes.
3. Unfinished Business
  - a. None.
4. Report from the Chief Executive Officer
  - Operations Overview -
    - Looking at clinic collections for February, we Collected a total of \$717.06 up from \$443.74 at time of service
    - Hospital upfront collections were at \$273.40 for the month of February down from \$1,205.64 in January.

- We are continually looking for new service lines to provide our community at the hospital and the clinic.
- One of our strategies from our strategic plans for the facility for 2026 is to focus on getting more patients in the clinic. We are going to do this by doing advertising outside our area. Offering more services lines to our community and surrounding areas.
- Another strategic plan for our facility is to inform our community of services the hospital has to offer. This is going to be done through testimonials and informative posts on social media.
- Our last objective for our strategic plan is to increase knowledge of our Strong Minds program.
- We have received all quotes needed for the Lab repair and awaiting approval from the insurance company to begin work.
- We continue to get all staff more involved during patient rounds with providers.
- We continue small improvements within the facility such as sign rejuvenation and yard maintenance.
- We held a Manager Education in the month of February focusing on our Strategic Plan.

Written report remains in the minutes.

## 5. Committee / Departmental Reports

### a. Medical Records –

1. February – ER – 0 ER Notes needed out of 121– Completed  
OBS – 0 out of 1  
Acute – 1 H&P 2 notes out of 14 acute charts – Completed  
SWB – 1 H&P
2. Old Business: Will be reaching out to providers to be able to do notes from home again.

Written report remains in the minutes.

### b. Nursing

#### Patient Care

- MRMC Education included:
  1. Nursing documentation updates are communicated to nursing staff weekly.
  2. Nurse meeting scheduled for March 4<sup>th</sup>..
- MRMC Emergency Department reports 01 patient Left Without Being Seen (LWBS).
- MRMC Laboratory reports 0 contaminated blood culture set(s).
- MRMC Infection Prevention reports 1 CAUTI.

- MRMC Infection Prevention report 0 CLABSI.
- MRMC Infection Prevention reports 3 HAI, and 0 MDRO for the month of February, 2026.

#### Client Service

- Total Patient Days for February 2026 were 264. This represents an average daily census of 9.
- February 2026 COVID-19 statistics at MRMC: Swabs (0 PCR & 38 Antigen) with 5 positive.

#### Preserve Rural Jobs and Culture Development

- One-PM House Supervisor RN position is open.
- Patients continue to voice their praise and appreciation for the care received at MRMC. We continue to strive for excellence and improving patient/community relations.

Written report remains in minutes.

#### c. Infection Control –

- Old Business
    - a. None
  - New Business
    - a. N/A
  - Data:
    - a. N/A
  - Policy & Procedures Review:
    - a. Completed July, 2024
  - Education/In Services
    - a. N/A
  - Updates: None at this time.
  - N95 Fit Tests – 0: N95 Fit Test
    - Annual Items:
      - a. Construction Risk Assessment - ICRA completed for OR to Lab conversion. Submitted to state by K. Martinez, CEO. No start date on this project at this time. Roof has been completed. ICRA for June 2024 completed.
      - b. Linen Services – No issues reported with new linen company.
- Written report remains in minutes.

#### d. Environment of Care and Safety Report

- i. Evaluation and Approval of Annual Plans
  - i.i. Old Business - -
    - a. Chrome pipe needs cleaned and escutcheons replaced on hopper in ER – could not replace escutcheons due to corroded piping in wall – capped off leaking pipe under the floor to stop leak – hopper will be covered – remodel postponed.—Talked to contractor 10-4-2025 about cover for hopper – contractor

- measured and is making quote for cover.
- b. ER Provider office flooring needing replaced. Tile is onsite.- remodel is postponed.
- c. Stained ceiling tile throughout facility from leaking roof – Replacement Started 9-15-2025. Need more tile.
- d. Damaged ceiling in OR2 due to leaking roof.
- e. New Hope Roof – Leak in Physical Therapy office after hail storm – City approved vendor to repair.-Roof replaced 1-15-2026 – Will get contractor to quote ceiling repair.
- f. Main entry has slight rise between ramp and sidewalk creating a possible trip hazard – Contractor preparing quote to repair – Contractor – is revising quote – Contractor will contact us with start date this week.
- i. Blanket warmer log not current – Nick followed up 1-14-2026..
- j. Need light installed for parking lot at New Hope - - Contractor preparing quote.
- i.i.i. New Business
  - a. None  
Written report remains in the minutes.
- e. Laboratory
  - i. Tissue Report – No tissue report for the month of February, 2026.
  - i.i. Transfusion Report – Approved  
Written report remains in minutes.
- f. Radiology
  - i. There was a total of – 193 X-Rays/CT/US
  - i.i. Matters for approval
    - o Nothing up for approval
  - i.i.i. Updates:
    - o PM was completed on CT.  
Written report remains in minutes.
- g. Pharmacy
  - i. Verbal Report by Clinical Pharmacist
  - i.i. P & T Committee Meeting –  
The P&T Committee Meeting was held on March 26, 2026.
  - i.i.i. Lorazepam injectable is available for order.  
Demerol IV is unavailable. Morphine is on back order. Zithromax 500 mg IV is unavailable at this time.
  - i.v. Reviewing Policies & Procedures to be presented at a later date.  
Written report remains in the minutes.
- h. Physical Therapy
  - i. No report.
- i. Emergency Department

- i. No report
- j. Quality Assessment Performance Improvement
  - Risk Management
    - Grievance – 0
    - Fall with no injury – 3
    - Fall with minor injury – 0
    - Fall with major injury – 0
    - Death – 3
    - AMA/LWBS – 0-In Pt – 1- ER AMA -  
OBS – SWB
  - Quality – Minutes are in the minutes of Medical Staff Meeting.
  - HIM – ED discharge instructions - Compliance  
100% - D/C Note Compliance  
100% - Progress Notes  
100% - ED DC Instructions  
100% - ED Provider Dx
  - Med event – 1
  - After hours access was –  
Written report remains in the minutes.
- k. Utilization Review
  - i. Total Patient days for January: 327
  - i.i. Total Medicare days for January: 213
  - i.i.i. Total Medicaid days for January: 0
  - iv. Total Swing Bed days for January: 291
  - v. Total Medicare Swing Bed days for January: 196  
Written report remains in the minutes.

Motion made by Dr. John Chiaffitelli, Medical Director to approve Committee Reports for February, 2026.

#### 6. New Business

- a. Review & Consideration of Approval of Appointment: MRMC: –  
Appointment 2026 – Infection Preventionist – April Summerlin  
**i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the MRMC:  
Appointment 2026 – Infection Preventionist – April Summerlin.

#### 7. Adjourn

- a, Dr Chiaffitelli made a motion to adjourn the meeting at 12:17 pm

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Medical Director/Chief of Staff

Date





# Clinic Operations Report

Mangum Family Clinic

March 2026

Monthly Stats	March 2025	March 2026
Total Visits	183	193
Provider Prod	186	195
RHC Visits	157	172
Nurse Visits	0	3
Televisit	0	0
Swingbed	10	137

Provider Numbers	RHC	TH	SB
Ogembo	160		
Sanda	33		
Chaiffitelli			137

Payor Mix	
Medicare	40
Medicaid	72
Self	9
Private	72

Visits per Geography	
Mangum	140
Granite	26
Altus	95
Duke	5

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Visits	167	169	193										

**Clinic Operations:**

1. Recruiting for full time LPN ongoing.
2. Part-time RMA working full-time.

**Quality Report:**

Improvement Measure	Actual	Goal	Comments
Reg Deficiencies	0	0	18 audited
Patient Satisfaction	5	5	4 excellent;1 good;1 patient complaint
New Patients	18	10	Good
No Show	8.04%	<12%	24 no shows for the month
Expired Medications	0	0	None noted.

**Outreach:**

1. March 10<sup>th</sup>: Dr. Sanda posted informative reel on clinic Facebook page for National Colorectal Cancer Month.

**Summary :**

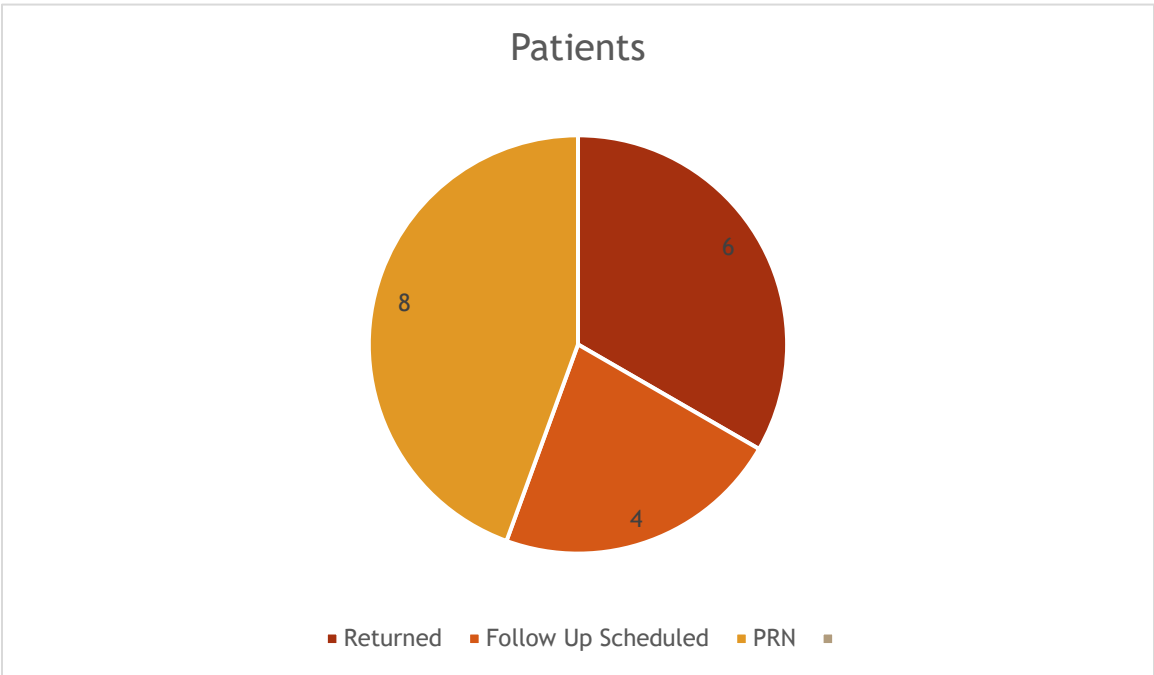
Mangum Family Clinic continues to provide quality compassionate care to our community and surrounding communities. Two providers on staff allow walk in visits and same day appointments possible.

*"You love, you serve, and you show people you care. It's the simplest, most powerful, greatest, success model of all time." Joe Gordon.*

# MANGUM FAMILY CLINIC

## NEW PATIENT TRACKING

MARCH 2026



## Mangum Regional Medical Center Quality and Patient Safety Committee Meeting March 2026 Meeting Agenda

<b>Meeting Location: OR</b>	<b>Reporting Period: Feb 2026</b>	
<b>Chairperson: Dr Gilmore</b>	<b>Meeting Date: 03/12/2026</b>	<b>Meeting Time: 14:00</b>
<b>Medical Representative: Dr Gilmore</b>	<b>Actual Start Time: 1400</b>	<b>Actual Finish Time: 1456</b>
<b>Hospital Administrator/CEO: Kelley Martinez</b>	<b>Next Meeting Date/Time: tentatively 04/16/26</b>	

**Mission: To provide our Mangum community and surrounding counties with convenient, gold-standard “dependable and repeatable” patient care, while assisting and supporting all their medical healthcare needs.**

*\* Items in blue italics denote an item requiring a vote*

<b>I. CALL TO ORDER</b>				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Call to Order	QM	<b>1 min</b>	Called to order at _1400__	Approval: First – Treva Derr Second– Stephanie Hughes
<b>II. COMMITTEE MEETING REPORTS &amp; APPROVAL OF MINUTES</b>				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Quality and Patient Safety Committee <i>1. Approval of Meeting Minutes</i>	Meghan Smith	<b>2 min</b>	Meeting minutes – Feb 2026	Approval: First – Pamela Esparza Second – Kelley Martinez
B. Environment of Care (EOC) Committee <i>1. Approval of Meeting Minutes</i>	Mark Chapman	<b>2 min</b>	Meeting minutes – Feb 2026	Approval: First – Kelley Martinez Second – Nick Walker
C. Infection Control Committee <i>1. Approval of Meeting Minutes</i>	April Summerlin	<b>2 min</b>	Meeting minutes – Jan 2026	Due to change of IP, Meeting minutes will be presented at next meeting
D. Pharmacy & Therapeutics (P&T) Committee <i>1. Approval of Meeting Minutes</i>	Chelsea Church/ Lynda James	<b>2 min</b>	Meeting minutes – None Next P&T –	Next P&T scheduled for March 2026
E. Health Information Management (HIM)/Credentialing Committee <i>1. Approval of Meeting Minutes</i>	Jessica Pineda/ Kaye Hamilton	<b>2 min</b>	Meeting Min – Feb 2026	Approval: First – Pamela Esparza Second – Stephanie Hughes

**Mangum Regional Medical Center  
Quality and Patient Safety Committee Meeting  
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D. Utilization Review (UR) Committee 1. <i>Approval of Meeting Minutes</i>	Chasity Howell	2 min	Meeting Minutes – Feb 2026	Approval: First – Kelley Martinez Second – Pamela Esparza
<b>III. DEPARTMENT REPORTS</b>				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Nursing/Emergency Department	Nick Walker	5 min	Blood utilization – 1 Code Blue – 0 Restraint – 0 Emergent Intubations: 0	
B. Radiology	Pam Esparza	2 min	4/122 repeats	0 Contrast reactions 1/1 Critical Test reporting
C. Laboratory	Tonya Bowan	8 min	38 – repeated labs, all critical repeats	
D. Respiratory Care	Heather Larson	2 min	0 vent day neb changes	
E. Therapy	Christopher Larson	2 min	Total # of Sessions Performed 228 -PT 135/228 Inpatient 130 -OT Inpatient 14-ST Inpatient	
F. Materials Management	Cory Ross	2 min	Back Orders 12 Late Orders 0 Recalls 0	C. Ross is working to verify nonchargeable and chargeable list for the hospital supplies. Due to discrepancies with chargeable list, C. Ross is going through list manually to verify if items are chargeable vs non chargeable. Requisitions improving.
G. Business Office	Desarae Clinesmith	2 min	DL – 100%  Cost Share – 68%	
H. Human Resources	Stephanie Hughes	2 min	58 employees at end of month	

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Quality and Patient Safety Committee Meeting  
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I. Environmental Services	Mark Chapman	2 min	100% terminal room cleans	
J. Facility/Plant Operations	Mark Chapman	2 min	24 extinguishers checked  1 boiler checks  1 generator/transfer switch inspection  15 – filter checks  1 egress inspections	
K. Dietary	Treva Derr	2 min	Daily meal count – 100%	Stove repairs still pending.
L. Information Technology	Hank Hunt	2 min		Director out
M. Strong Minds	Brittany Nelms/Brittany Niles	2 min	1 active patient	

**IV. OLD BUSINESS**

**V. NEW BUSINESS**

Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. New Business	QM	2 min		

**VI. QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT DASHBOARD REPORT**

Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Volume & Utilization	CM	5 min	<b>AMA:</b> 1) Patient was seen in ED sustaining an eye injury 1 week before coming to the ED. After prompt examination, it was determined that the patient needed to be transferred due to the risk of losing the eye. The patient adamantly refused transfer multiple times, stating that they have too much to take care of and no family in OKC. The patient	

**Mangum Regional Medical Center  
Quality and Patient Safety Committee Meeting  
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			<p>received 1 dose of IV antibiotics and the provider called in a prescription to the local pharmacy.</p> <p>2) The patient presented to ED on c/o nausea/vomiting. The patient appeared to be confused during triage and examination by the provider and only requested "I need a shot." The patient was non-compliant with questioning and allowing staff to complete an exam/labs/radiology. The patient left the ED room, attempts made by nurse and physician to redirect patient back in the room, but were unsuccessful and the patient left the ED. The nurse and provider followed the patient out, collected vehicle information, and notified dispatch. The patient was able to make it home where the patient's aunt was able to convince the patient to come back to ED for a work up.</p>	
<p>B. Case Management</p>	<p>CM</p>	<p><b>8 min</b></p>	<p><b>Readmits –</b></p> <p>1) Patient was admitted from 01/23-02/03 with dx: Symptomatic Anemia, UTI. Hgb improved after blood transfusion was administered. PT/OT-patient reached current potential. Patient discharged to home with Lifespring HH. Patient readmitted from 02/12-02/16 with dx: Sepsis, unknown etiology.. Urine culture resulted no growth. WBC decreased to 9.8 prior to discharge to home with Lifesprings HH. PO Vancomycin prescribed upon DC.</p> <p>2) Patient was admitted from 12/05-02/04 with dx: ALOC, Severe Hyponatremia, CAUTI. Patient had electrolyte replacement, PT/OT, IV</p>	

**Mangum Regional Medical Center  
Quality and Patient Safety Committee Meeting  
March 2026 Meeting Agenda**

			<p>Antibiotics and improved with care. Patient discharged to home with Healthwatch HH. Patient readmitted from 02/18-03/02 with dx: Afib w/RVR, Sepsis, UTI. IV Antibiotics implemented. Respiratory decline with BIPAP placed. Patient had continued decline. Family discussed patient status and requested comfort measures to be implemented. Patient kept comfortable and expired at MRMC.</p>	
C. Risk Management	QM	10 min	<p><b>Deaths - 1</b> 1.) Patient admitted to MRMC on Admission diagnosis includes Ileus, malnutrition, thrombocytopenia, acute kidney injury, debility, conjunctivitis, and hypotension. Due to his decline, the patient's POA and family declines vasopressors and transfer to high level of care. Per family/POA request, the patient was made comfort measures only. Patient was kept comfortable and passed. This was an expected death due to the progression of his illness.</p> <p><b>Complaints 1</b> Patient reported to CCO that the nurse was rude and abrasive when the patient requested pain medication.</p> <p><b>Grievances –</b> Grievance filed by spouse regarding care provided by ED provider.</p> <p><b>Workplace Violence Events – 1</b></p>	<p><b>Other - 0</b></p> <p><b>Skin tear 0</b></p> <p><b>Bodily Injury:</b></p>

**Mangum Regional Medical Center  
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			<p>An event involving a patient who assaulted a staff member. Patient was discharged.</p> <p><b>Falls - 3</b></p> <p><b>Falls w/o injury:</b> Patient called staff to room via call light. Upon entering room patient found to be sitting up right with back to door facing the bed. Patient unable to describe how he fell or what he was doing to cause the fall. Patient was assessed no injuries found. Post fall assessment completed by staff. Bed alarm was found not to be on. Education provided to insure bed alarms are in use for high risk patients.</p> <p><b>Falls without Injury:</b> Patient was found on floor in front of chair when POC entered the room. Bed alarm in place but did not go off. Patient stated he was trying to go back to bed. Pt alert and oriented. Skin tear noted to left elbow. Provider, family, and administration notified.</p> <p><b>Falls with Major Injury:</b> Loud noise was heard by POC and other nurses. Nursing immediately responded to patient's room where they found pt lying on right side. Bed alarm sounding. When asked what happened patient stated "I was reaching for the walker". Bleeding noted to patient's forehead. Gauze bandage placed at this time.</p>	
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**Mangum Regional Medical Center  
Quality and Patient Safety Committee Meeting  
March 2026 Meeting Agenda**

			Neuro check completed. Patient has had multiple falls throughout stay.  <b>Delay in Care 0</b>	
D. Nursing	CCO	<b>2 min</b>	<b>Med reconciliation – 100%</b> <b>Preferred Pharmacy – 100%</b> <b>Hospital Formulary – 100%</b>	
E. Emergency Department	CCO/QM	<b>5 min</b>	1.) <b>ER log compliance – 100%</b>  2.) <b>EDTC Data 100%</b>  3.) <b>LWBS – 1</b> Patient presented to the ED on with their mother, reports a bug bite to the wrist that occurred prior to arrival. During triage, the mother stated that the bug bite had diminished in size and that it is no longer emergent. The nurse educated the mother on risks of leaving without seeing a provider and decided to leave. The patient was immediately seen an triaged once they arrived to the ED.	
F. Pharmacy & Therapeutics (P&T)	Pharmacy	<b>2 min</b>	<b>Next P&amp;T – March 2026</b>  <b>After hours access -</b>  <b>ADR - 0</b>  <b>Med errors – 3</b> 1.) Patient to receive Levetiracetam 250mg Liq via PEG . Our stock bottle was Levetiracetam 100mg/ml. I drew up five syringes with 2.5ml in each equal 250mg per syringe. I labeled them and scanned them. The nurse gave 2 1/2	<b>Med errors -</b> 1.) missed Vancomycin dose. No trends noted with nurse. CCO did 1:1 with the nurse

**Mangum Regional Medical Center  
Quality and Patient Safety Committee Meeting  
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			<p>syringes on 02/19/2026 at 0800. Total dose the patient received was 625mg. No harm to patient, provider notified by nursing.</p> <p>2.) Patient to receive Vitamin D3 50,000 iu on 02/22/2026 then weekly. Patient received the scheduled dose on 02/22/2026 and another nurse repeated the same dose on 02/24/2026. No harm to patient.</p> <p>Dose omissions –</p>	
G. Respiratory Care	RT	<b>2 min</b>	<p>0 unplanned decannulation</p> <p>100% resp assessments</p> <p>100% on Chart checks</p>	
H. Wound Care	WC	<b>2 min</b>	1 wound	1 hospital acquired wound. Patient treated by the wound care team.
I. Radiology	RAD	<b>2 min</b>	Pt site verification - 100%	
J. Laboratory	LAB	<b>5 min</b>	0 – Blood culture contaminates	
K. Infection Control/Employee Health	IC/EH	<b>5 min</b>	<p>3 – Inpt HAIs</p> <p>0 – MRDO</p> <p>0 – VAE</p> <p>0– Cdiff</p> <p>1 – CAUTI</p> <p>0 - CLASBI</p>	
L. Health Information Management (HIM)	HIM	<b>2 min</b>	<p>100% - D/C Note Compliance</p> <p>100% - Progress Notes</p> <p>100% - ED DC Instructions</p> <p>100% - ED provider Dx</p>	
M. Dietary	Dietary	<b>2 min</b>	100% - daily meal count	
N. Therapy	Therapy	<b>2 min</b>	Gait belt usage – 100%	

**Mangum Regional Medical Center  
Quality and Patient Safety Committee Meeting  
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O. Human Resources (HR)	HR	2 min	90 day evals – 100% Annual evals – 100%	
P. Business Office	BOM	2 min	Cost Share Collections – 68%  Med Necessity Verification – 100%  Drivers Licenses – 100%	
Q. Environmental Services	EVS	2 min	10/10 on room cleans	
R. Materials Management	MM	2 min	Electronic Requisitions – 100%	
S. Life Safety	PO	2 min	Fire extinguisher Inspections -100% Egress checks – 100%	
T. Emergency Preparedness	EP	2 min	None for the reporting period	
U. Information Technology	IT	2 min	Director out – will defer	
V. Outpatient Services	Therapy	2 min	Temp logs – 100%	
W. Strong Minds	SM	2 min	Continuing outreach to boost patient numbers	
<b>VII. POLICIES &amp; PROCEDURES</b>				
<b>Agenda Item</b>	<b>Presenter</b>	<b>Time Allotted</b>	<b>Discussion/Conclusions</b>	<b>Decision/Action Items</b>
A. Review and <i>Approve</i>	QM	10 min	1) Appointment April Summerlin RN as Infection Preventionist for MRMC	1. Approval: First – P. Esparza , Second– N. Walker

**Mangum Regional Medical Center  
Quality and Patient Safety Committee Meeting  
March 2026 Meeting Agenda**

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**VIII. PERFORMANCE IMPROVEMENT PROJECTS**

**IX. OTHER**

**X. ADJOURNMENT**

Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Adjournment	QM	1 min	There being no further business, meeting adjourned at 1455 by K. Martinez seconded by C. Howell	

**MEMBERS & INVITED GUESTS**

<b>Voting MEMBERS</b>				
Kelley Martinez CEO	Nick Walker CCO	Dr Gilmore (Teams)	Treva Derr Dietary Manager	Lynda James DRS
Chasity Howell CM	Desarae Clinesmith BO Manger	Cory Ross Materials Management	Pam Esparza Radiology Manger	Mark Chapman Plant Ops
Tonya Bowen Lab Director	Stephanie Hughes HR	Brittany Niles Strong Minds	Kaye Hamilton Credentialing	Jessica Pineda HIM
Dianna Sanders Wound Care Nurse	April Summerlin RN, IP			
<b>Non-Voting MEMBERS</b>				
Meghan Smith QM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Mangum Regional Medical Center  
Quality and Patient Safety Committee Meeting  
March 2026 Meeting Agenda**

**Sign-In Sheet**  
Date of Meeting: 03/12/2026

Title	Print Name	Signature
Chairman		
Administrator		
CCO		
Quality Manager		
Respiratory Care		
Drug Room Supervisor		
Physical Therapy		
Dietary		
Case Management		
HIM		
Business Office		
Infection Control		
Radiology		
Plant Operations		
Materials Management		
Environmental Services		
Laboratory		
Human Resources		
Strong Minds		
Other		



## Chief Clinical Officer Report March 2026

### Patient Care

- MRMC Education included:
  1. Nursing documentation updates are communicated to nursing staff weekly.
  2. Nurse meeting held March 4<sup>th</sup> with the next meeting scheduled for May 6<sup>th</sup>!
- MRMC Emergency Department reports that there are 0 patients Left Without Being Seen (LWBS).
- MRMC Laboratory reports 0 contaminated blood culture set(s).
- MRMC Infection Prevention reports 0 CAUTI.
- MRMC Infection Prevention report 0 CLABSI.
- MRMC Infection Prevention reports 5 HAI for the month of February.

### Client Service

- Total Patient Days for March 2026 were 345. This represents an average daily census of 11.
- March 2026 COVID-19 statistics at MRMC: Swabs (0 PCR & 32 Antigen) with 0 Positive.

Mangum Regional Medical Center												
Monthly Census Comparison												
	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Inpatient acute	14	12	11									
Swing Bed	17	9	14									
Observation	3	1	2									
Emergency Room	130	122	129									
Lab Completed	2018	1973	2447									
Rad Completed	205	193	237									
Ventilator Days	0	0	0									

### Preserve Rural Jobs and Culture Development

- One- PM House Supervisor RN, and 2 CAN positions are open currently.
- Patients continue to voice their praise and appreciation for the care received at MRMC. We continue to strive for excellence and improving patient/community relations.



## Chief Executive Officer Report March 2026

### Operations Overview

- Looking at clinic collections for March, we collected a total of \$535.18 down from \$717.06 at time of service.
- Hospital upfront collections were at \$734.63 for the month of March, up from \$273.40.
- We are continually looking for new service lines to provide our community at the hospital and the clinic.
- We have received the check from the insurance company to begin work on the Lab building. We have reached out to JAM construction from Altus to complete the repairs. They were one of the contractors that provided a quote and who the insurance company suggested.
- The electrical engineer has been to the facility and working on his report to be submitted to the State Department of Health for our lab move project.
- We continue to get all staff more involved during patient rounds with providers.
- We continue small improvements within the facility such as sign rejuvenation and yard maintenance.
- We continue to make patient rounds on all patients in the hospital and continue to get great responses.

# Mangum Board Meeting Financial Reports

## March 31, 2026

REPORT TITLE	
1	Financial Summary (Overview)
2	Cash Receipts - Cash Disbursements - NET
3	Financial Update (page 1)
4	Financial Update (page 2)
5	Stats
6	Balance Sheet Trend
7	Cash Collections Trend
8	Medicare Payables (Receivables)
9	Current Month Income Statement
10	Income Statement Trend
11	RHC YTD Income Statement
12	AP Aging Summary

Mangum Regional Medical Center  
 Financial Summary  
 March 31, 2026

	Current Month	Mar-26 Year-to-Date	Mthly Avg Prior Year	Variance
<b>ADC (Average Daily Census)</b>	<b>11.23</b>	<b>10.42</b>	<b>9.73</b>	<b>1.50</b>
<b>Payer Mix % (Acute):</b>				
MCR	85.29%	66.04%	54.62%	30.67%
MCR Mgd Care	14.71%	22.64%	22.34%	-7.63%
All Others	0.00%	11.32%	23.04%	-23.04%
Total	100.00%	100.00%	100.00%	0.00%
<b>Payer Mix % (SWB):</b>				
MCR	80.89%	76.68%	79.71%	1.18%
MCR Mgd Care	19.11%	23.32%	19.35%	-0.24%
All Others	0.00%	0.00%	0.94%	-0.94%
Total	100.00%	100.00%	100.00%	0.00%
Operating margin	106,518	301,579	(435,422)	
<i>Operating Margin (monthly average)</i>	106,518	100,526	(36,285)	136,812
NPR (Net Patient Revenue)	1,658,748	4,807,377	17,161,266	
<i>NPR (monthly average)</i>	1,658,748	1,602,459	1,430,106	172,353
Operating Expenses	1,573,068	4,565,568	17,902,547	
<i>Operating Expense (monthly average)</i>	1,573,068	1,521,856	1,491,879	29,977
NPR % of Oper Exp	105.4%	105.3%	95.9%	
Patient Days	348	938	3,550	(3,202)
Oper Exp / PPD	\$ 4,520	\$ 4,867	\$ 5,043	\$ (176)
# of Months	1	3	12	
Cash Receipts (rnd)	1,108,976	3,987,893	19,097,911	
<i>Cash Receipts (monthly average)</i>	1,108,976	1,329,298	1,591,493	(262,195)
Cash as a % of NPR (s/b 100% min)	66.9%	83.0%	111.3%	
<b>Days Cash-On-Hand (Net of MCR Pay / Restrictions):</b>				
Calendar Days	31	90	365	
Operating Exp / Day	\$ 50,744	\$ 50,729	\$ 49,048	\$ 1,696
Cash - (unrestricted)	693,252	693,252	1,161,872	(468,620)
Days Cash-On-Hand	13.7	13.7	23.7	
<b>Days Cash-On-Hand: Minimum during month</b>	<b>12.1</b>	<b>12.1</b>	<b>12.6</b>	<b>(0.5)</b>
MCR Rec (Pay) - "as stated - but to be adjusted"	139,585	139,585	92,857	46,728
AP & Accrued Liab	16,351,198	16,351,198	16,244,681	106,516
Accounts Receivable (at net)	2,021,275	2,021,275	1,192,826	828,449
Per AP aging schedule (incl. accruals)	Mar-26	Mar-26	Prior FYE	Net Change
Account Payable - Cohesive	13,933,391	13,933,391	14,084,830	(151,439)
Account Payable - Other	1,525,083	1,525,083	1,267,128	257,955
Total	15,458,474	15,458,474	15,351,958	106,516
Cohesive Loan	4,435,396	4,435,396	4,528,447	(93,050)

Mangum Regional Medical Center  
 Cash Receipts - Cash Disbursements Summary  
 3/31/26

	Current Month	COVID	Total Less COVID
Cash Receipts	\$ 1,108,976	\$ -	\$ 1,108,976
Cash Disbursements	\$ 1,658,903	\$ -	\$ 1,658,903
NET	\$ (549,927)	\$ -	\$ (549,927)

	Year-To-Date	COVID	Year-To-Date Less COVID
Cash Receipts	\$ 3,987,893	\$ -	\$ 3,987,893
Cash Disbursements	\$ 4,458,096	\$ -	\$ 4,458,096
NET	\$ (470,203)	\$ -	\$ (470,203)

	Prior Month	COVID	Total Less COVID
Cash Receipts	\$ 1,530,505	\$ -	\$ 1,530,505
Cash Disbursements	\$ 1,308,184	\$ -	\$ 1,308,184
NET	\$ 222,321	\$ -	\$ 222,321

	Prior Month YTD	COVID	Prior Month YTD Less COVID
Cash Receipts	\$ 2,878,917	\$ -	\$ 2,878,917
Cash Disbursements	\$ 2,799,193	\$ -	\$ 2,799,193
NET	\$ 79,724	\$ -	\$ 79,724



**Board of Directors  
Mangum Regional Medical Center**

April 28, 2026

March 2026 Financial Statement Overview

- **Statistics**
  - The average daily census (ADC) for March 2026 was **11.23**– (PY fiscal year end of **9.73**).
  - Year-To-Date Acute payer mix was approximately **89%** MCR/MCR Managed Care combined.
  - Year-To-Date Swing Bed payer mix was **77%** MCR & **23%** MCR Managed Care. For the prior year end those percentages were **80% & 20%**, respectively.
  
- **Balance Sheet Highlights**
  - The cash balance as of March 31, 2026, inclusive of both operating & reserves, was **\$693K**. This decreased **\$549K** from February 28, 2026.
  - Days cash on hand, inclusive of reserves, was **13.7** based on March expenses.
  - Net AR increased by **\$502K** from February.
  - Payments of approximately **\$1.66M** were made on AP (prior 3-month avg was **\$1.76M**).
  - Cash receipts were **\$422K** less than in the previous month (**\$1.53M vs \$1.11M**).
  - The Medicare principal balance was completely paid off in the month of August 2024.



- Income Statement Highlights

- Net patient revenue for March 2026 was **\$1.66M**, which is approximately an increase of **\$82K** from the prior month.
- Operating expenses, exclusive of interest & depreciation, were **\$1.57M**.
- 340B revenue was **\$15K** in March, this is an increase of **\$4K** from the prior month.

- Clinic (RHC) Income Statement Highlights - actual & projected (includes swing bed rounding):

- Current month's average visits per day = **15.0**
- YTD Operating revenues = **\$201K**
- YTD Operating expenses = **\$233K**
- YTD Operating loss = **-\$32K**

**MANGUM REGIONAL MEDICAL CENTER**

**Admissions, Discharges & Days of Care**

**Fiscal Year 2026**

**12/31/2026**

	<b>January</b>	<b>February</b>	<b>March</b>	<b>YTD</b>
<b>Admissions</b>				
Inpatient	14	12	11	37
Swingbed	17	9	14	40
Observation	4	1	2	7
	<u>35</u>	<u>22</u>	<u>27</u>	<u>84</u>
<b>Discharges</b>				
Inpatient	13	11	11	35
Swingbed	18	9	12	39
Observation	4	1	2	7
	<u>35</u>	<u>21</u>	<u>25</u>	<u>81</u>
<b>Days of Care</b>				
Inpatient-Medicare	17	24	29	70
Inpatient-Medicare Managed Care	13	6	5	24
Inpatient-Other	5	7	0	12
Swingbed-Medicare	196	188	254	638
Swingbed-Medicare Managed Care	95	39	60	194
Swingbed-Other	0	0	0	0
Observation	6	2	6	14
	<u>332</u>	<u>266</u>	<u>354</u>	<u>952</u>
Calendar days	31	28	31	90
ADC - (incl OBS)	10.71	9.50	11.42	10.58
ADC	10.52	9.43	11.23	10.42
ER	132	121	126	379
Outpatient	130	144	150	424
RHC	291	253	321	865

**MANGUM REGIONAL MEDICAL CENTER**  
**Comparative Balance Sheet - Unaudited**  
**Fiscal Year 2025**

Item 8.

	January	February	March	12/31/25
<b>Cash And Cash Equivalents</b>	<b>1,019,825</b>	<b>1,242,632</b>	<b>693,252</b>	1,161,872
<b>Patient Accounts Receivable, Net</b>	<b>1,551,232</b>	<b>1,518,902</b>	<b>2,021,275</b>	1,192,826
<b>Due From Medicare</b>	<b>123,029</b>	<b>187,043</b>	<b>139,266</b>	92,538
Inventory	233,694	236,070	233,479	230,865
Prepays And Other Assets	1,554,966	1,535,715	1,534,910	1,570,019
Capital Assets, Net	1,449,909	1,421,726	1,393,748	1,454,496
<b>Total Assets</b>	<b>5,932,655</b>	<b>6,142,086</b>	<b>6,015,930</b>	<b>5,702,615</b>
Accounts Payable	15,461,240	15,550,680	15,458,474	15,351,958
AHSO Related AP	892,724	892,724	892,724	892,724
Deferred Revenue	141,879	108,872	-	0
<b>Due To Medicare</b>	<b>(319)</b>	<b>(319)</b>	<b>(319)</b>	(319)
Covid Grant Funds	-	-	-	0
Due To Cohesive - PPP Loans	-	-	-	0
Notes Payable - Cohesive	4,497,430	4,466,413	4,435,396	4,528,447
Notes Payable - Other	17,948	17,948	17,948	17,948
Alliantz Line Of Credit	-	-	-	0
Leases Payable	250,514	249,937	249,356	251,087
<b>Total Liabilities</b>	<b>21,261,416</b>	<b>21,286,254</b>	<b>21,053,579</b>	<b>21,041,844</b>
Net Assets	(15,328,762)	(15,144,168)	(15,037,650)	(15,339,229)
<b>Total Liabilities and Net Assets</b>	<b>5,932,655</b>	<b>6,142,086</b>	<b>6,015,930</b>	<b>5,702,615</b>

**Mangum Regional Medical Center  
Cash Receipts & Disbursements by Month**

2024			2025			2026		
Month	Receipts	Disbursements	Month	Receipts	Disbursements	Month	Receipts	Disbursements
Jan-24	1,187,504	1,150,522	Jan-25	1,105,099	996,372	Jan-26	1,348,412	1,491,009
Feb-24	708,816	995,157	Feb-25	1,184,447	1,231,249	Feb-26	1,530,505	1,308,184
Mar-24	1,236,158	1,073,824	Mar-25	1,289,275	1,250,266	Mar-26	1,108,976	1,658,903
Apr-24	1,645,373	1,483,022	Apr-25	1,225,184	1,060,130	Apr-26		
May-24	1,273,007	1,062,762	May-25	1,481,774	1,044,123	May-26		
Jun-24	950,928	1,216,556	Jun-25	1,530,626	1,607,511	Jun-26		
Jul-24	1,344,607	1,562,407	Jul-25	2,452,132	1,209,562	Jul-26		
Aug-24	2,089,281	2,176,381	Aug-25	1,271,486	2,373,927	Aug-26		
Sep-24	1,183,508	1,322,228	Sep-25	1,837,975	2,032,771	Sep-26		
Oct-24	1,779,690	1,154,658	Oct-25	2,266,799	1,772,799	Oct-26		
Nov-24	770,820	1,370,620	Nov-25	2,045,662	1,298,783	Nov-26		
Dec-24	888,776	1,027,058	Dec-25	1,407,450	2,482,755	Dec-26		
	<u>15,058,468</u>			<u>19,097,911</u>			<u>3,987,893</u>	
Subtotal FY 2024	<u><u>15,058,468</u></u>		Subtotal FY 2025	<u><u>19,097,911</u></u>		Subtotal FY 2026	<u><u>3,987,893</u></u>	

**Mangum Regional Medical Center  
Medicare Payables by Year**

	Original Balance	Balance as of 03/31/26	Total Interest Paid as of 03/31/26
2016 C/R Settlement	1,397,906.00	-	205,415.96
2017 Interim Rate Review - 1st	723,483.00	-	149,425.59
2017 Interim Rate Review - 2nd	122,295.00	-	20,332.88
2017 6/30/17-C/R Settlement	1,614,760.00	-	7,053.79
2017 12/31/17-C/R Settlement	(535,974.00)	(318.61)	269,191.14
2017 C/R Settlement Overpayment	3,539,982.21	-	-
2018 C/R Settlement	1,870,870.00	-	241,040.31
2019 Interim Rate Review - 1st	323,765.00	-	5,637.03
2019 Interim Rate Review - 2nd	-	1,802,867.00	-
			277,488.75
2019 C/R Settlement	(967,967.00)	-	-
2020 C/R Settlement	(3,145,438.00)	-	-
FY21 MCR pay (rec) estimate	(1,631,036.00)	-	-
FY22 MCR pay (rec) estimate	(318,445.36)	-	-
2016 C/R Audit - Bad Debt Adj	348,895.00	-	16,927.31
2018 MCR pay (rec) Audit est.	-	(34,322.00)	-
2019 MCR pay (rec) Audit est.	(40,612.00)	-	-
2020 MCR pay (rec) Audit	(74,956.00)	-	-
<u>FY23 (8-month IRR)</u>	-	95,225.46	-
<u>FY23 (8-month IRR) L4315599</u>	1,918,398.00	-	155,799.09
<u>FY23 MCR pay (rec) remaining estimate</u>	-	-	-
FY24 MCR pay (rec) estimate	-	(176,300.00)	-
FY25 MCR pay (rec) estimate	-	83,762.00	-
FY26 MCR pay (rec) estimate	-	(46,728.00)	-
<b>Total</b>	<b>7,009,696.31</b>	<b>(139,584.61)</b>	<b>1,355,350.56</b>

**Mangum Regional Medical Center**  
**Statement of Revenue and Expense**  
**For The Month and Year To Date Ended March 31, 2026**  
**Unaudited**

Item 8.

MTD					YTD			
Actual	Budget	Variance	% Change		Actual	Budget	Variance	% Change
265,042	311,924	(46,882)	-15%	Inpatient revenue	733,621	903,280	(169,658)	-19%
1,503,209	1,150,704	352,505	31%	Swing Bed revenue	3,876,424	3,340,177	536,248	16%
756,922	710,915	46,006	6%	Outpatient revenue	1,993,277	2,058,496	(65,219)	-3%
166,712	177,785	(11,073)	-6%	Professional revenue	437,718	515,252	(77,535)	-15%
<u>2,691,884</u>	<u>2,351,328</u>	<u>340,556</u>	<u>14%</u>	Total patient revenue	<u>7,041,040</u>	<u>6,817,204</u>	<u>223,836</u>	<u>3%</u>
1,135,029	719,600	415,428	58%	Contractual adjustments	2,621,288	2,014,201	607,087	30%
47,777	-	47,777	#DIV/0!	Contractual adjustments: MCR Settlement	(46,728)	-	(46,728)	#DIV/0!
(108,872)	(93,473)	(15,399)	16%	SHOPP revenue	(326,615)	(280,418)	(46,197)	16%
(40,798)	54,611	(95,408)	-175%	Bad debts	(14,282)	163,833	(178,115)	-109%
<u>1,033,137</u>	<u>867,684</u>	<u>352,398</u>	<u>41%</u>	Total deductions from revenue	<u>2,233,663</u>	<u>2,458,452</u>	<u>336,047</u>	<u>14%</u>
1,658,748	1,483,645	175,103	12%	Net patient revenue	4,807,377	4,358,753	448,624	10%
6,120	5,475	645	12%	Other operating revenue	13,237	16,368	(3,131)	-19%
14,719	23,182	(8,463)	-37%	340B REVENUES	46,533	64,204	(17,671)	-28%
<u>1,679,587</u>	<u>1,512,301</u>	<u>167,285</u>	<u>11%</u>	Total operating revenue	<u>4,867,147</u>	<u>4,439,325</u>	<u>427,822</u>	<u>10%</u>
				Expenses				
468,239	452,246	15,993	4%	Salaries and benefits	1,327,935	1,315,733	12,203	1%
75,744	84,925	(9,181)	-11%	Professional Fees	230,757	252,154	(21,397)	-8%
448,343	444,988	3,354	1%	Contract labor	1,377,439	1,292,521	84,918	7%
125,198	124,423	775	1%	Purchased/Contract services	351,487	373,221	(21,734)	-6%
225,000	225,000	-	0%	Management expense	675,000	675,000	-	0%
104,211	82,864	21,346	26%	Supplies expense	254,664	240,487	14,177	6%
18,205	16,403	1,802	11%	Rental expense	55,659	49,208	6,450	13%
10,994	13,139	(2,145)	-16%	Utilities	36,046	39,417	(3,371)	-9%
1,267	1,304	(38)	-3%	Travel & Meals	2,485	3,895	(1,409)	-36%
26,832	13,460	13,372	99%	Repairs and Maintenance	44,233	40,381	3,852	10%
13,449	13,720	(272)	-2%	Insurance expense	49,622	41,161	8,461	21%
15,647	13,266	2,382	18%	Other Expense	39,830	39,794	36	0%
11,844	15,961	(4,117)	-26%	340B EXPENSES	34,696	46,459	(11,763)	-25%
<u>1,544,972</u>	<u>1,501,700</u>	<u>43,272</u>	<u>3%</u>	Total expense	<u>4,479,853</u>	<u>4,409,430</u>	<u>70,423</u>	<u>2%</u>
<u>134,614</u>	<u>10,601</u>	<u>124,014</u>	<u>1170%</u>	EBIDA	<u>387,294</u>	<u>29,895</u>	<u>357,399</u>	<u>1196%</u>
<u>8.0%</u>	<u>0.7%</u>	<u>7.31%</u>		EBIDA as percent of net revenue	<u>8.0%</u>	<u>0.7%</u>	<u>7.28%</u>	
119	100	18	18%	Interest	307	100	206	205%
27,977	28,257	(280)	-1%	Depreciation	85,408	28,257	57,150	202%
<u>106,518</u>	<u>(17,757)</u>	<u>124,275</u>	<u>-700%</u>	Operating margin	<u>301,579</u>	<u>1,538</u>	<u>300,042</u>	<u>19514%</u>
-	-	-		Other	-	-	-	
-	-	-		Total other nonoperating income	-	-	-	
<u>106,518</u>	<u>(17,757)</u>	<u>124,275</u>	<u>-700%</u>	Excess (Deficiency) of Revenue Over Expenses	<u>301,579</u>	<u>1,538</u>	<u>300,042</u>	<u>19514%</u>
<u>6.34%</u>	<u>-1.17%</u>	<u>7.52%</u>		Operating Margin %	<u>6.20%</u>	<u>0.03%</u>	<u>6.16%</u>	

**MANGUM REGIONAL MEDICAL CENTER**
**Statement of Revenue and Expense Trend - Unaudited**
**Fiscal Year 2026**

Item 8.

	January	February	March	YTD
Inpatient revenue	233,308	235,271	265,042	733,621
Swing Bed revenue	1,240,427	1,132,789	1,503,209	3,876,424
Outpatient revenue	630,118	606,237	756,922	1,993,277
Professional revenue	145,592	125,414	166,712	437,718
Total patient revenue	2,249,445	2,099,711	2,691,884	7,041,040
Contractual adjustments	827,609	658,651	1,135,029	2,621,288
Contractual adjustments: MCR Settlement	(30,491)	(64,014)	47,777	(46,728)
SHOPP Revenue	(108,872)	(108,872)	(108,872)	(326,615)
Bad debts	(11,068)	37,583	(40,798)	(14,282)
Total deductions from revenue	677,178	523,349	1,033,137	2,233,663
Net patient revenue	1,572,267	1,576,362	1,658,748	4,807,377
Other operating revenue	3,872	3,245	6,120	13,237
340B REVENUES	21,609	10,205	14,719	46,533
Total operating revenue	1,597,748	1,589,812	1,679,587	4,867,147
	99.1%	112.2%	105.4%	105.3%
Expenses				
Salaries and benefits	459,105	400,592	468,239	1,327,935
Professional Fees	71,745	83,267	75,744	230,757
Contract labor	524,512	404,584	448,343	1,377,439
Purchased/Contract services	107,537	118,752	125,198	351,487
Management expense	225,000	225,000	225,000	675,000
Supplies expense	83,971	66,482	104,211	254,664
Rental expense	19,350	18,104	18,205	55,659
Utilities	14,051	11,001	10,994	36,046
Travel & Meals	328	891	1,267	2,485
Repairs and Maintenance	8,128	9,273	26,832	44,233
Insurance expense	16,664	19,509	13,449	49,622
Other	13,863	10,320	15,647	39,830
340B EXPENSES	13,660	9,193	11,844	34,696
Total expense	1,557,914	1,376,967	1,544,972	4,479,853
EBIDA	\$ 39,834	\$ 212,846	\$ 134,614	\$ 387,294
EBIDA as percent of net revenue	2.5%	13.4%	8.0%	8.0%
Interest	119	69	119	307
Depreciation	29,247	28,183	27,977	85,408
Operating margin	\$ 10,467	\$ 184,594	\$ 106,518	\$ 301,579
Other	-	-	-	-
Total other nonoperating income	\$ -	\$ -	\$ -	\$ -
Excess (Deficiency) of Revenue Over Expenses	10,467	184,594	106,518	301,579

**Mangum Family Clinic**  
For the Month Ended and Year To Date March 31, 2026

	Current			Last FYE	Net Change
	Month	Year-To-Date	12-Month Projected		
Gross Patient Revenue	43,461	112,504	450,015	342,640	107,376
Less: Revenue deductions	28,395	88,224	352,896	254,389	98,507
Net Patient Revenue	71,857	200,728	802,911	597,028	205,882
Other Income (if any)	-	-	-	-	-
Operating revenue	71,857	200,728	802,911	597,028	205,882
<b>Operating Expenses:</b>					
Leased Salaries	22,082	58,630	234,518	238,089	(3,571)
Contract labor	4,426	8,929	35,716	1,969	33,747
Benefits	4,118	12,730	50,918	44,085	6,833
Provider Fees	-	14,953	59,812	88,636	(28,823)
Purchased/Contract services	8,773	22,091	88,364	67,107	21,257
Management expense	11,250	33,750	135,000	135,000	-
Supplies expense	70	227	909	7,708	(6,800)
Rental expense	1,869	5,420	21,679	21,444	235
Utilities	817	1,647	6,589	7,335	(746)
Repairs and Maintenance	250	583	2,332	868	1,465
Insurance expense	248	743	2,971	2,845	126
Other expense	404	1,286	5,142	4,591	551
CAH Overhead Allocation	24,154	72,462	289,848	289,847	1
Total Operating Expenses	78,461	233,450	933,799	910,335	23,463
<b>Net Income (loss)</b>	<b>(6,604)</b>	<b>(32,722)</b>	<b>(130,888)</b>	<b>(313,307)</b>	<b>182,419</b>

<b>340B</b>					
Gross revenues	14,719.24	46,533	186,134	191,188	(5,054)
Operating expenses	11,844.01	34,696	138,785	149,534	(10,749)
Profit (loss)	<b>2,875</b>	<b>11,837</b>	<b>47,349</b>	<b>41,654</b>	<b>5,695</b>
<b>Net Income (loss) with 340B</b>	<b>(3,729)</b>	<b>(20,885)</b>	<b>(83,539)</b>	<b>(271,653)</b>	<b>188,114</b>

<b>Stats</b>					
Onsite Visits	190	525	2,100	2,268	(168)
Swing Bed Visits	131	340	1,360	379	981
Telehealth, CCM, Nurse Visits	0	0	-	-	-
Total Visits	321	865	3460	2647	813

<b>Payor Mix based on Total Visits</b>					
Medicare		40%	40%	34%	6%
Managed Medicare		16%	16%	6%	10%
Medicaid / Managed Medicaid		21%	21%	23%	-3%
Commercial/Other		24%	24%	37%	-13%
Total		100%	100%	100%	0%

Clinic Days	22	63	252	252	-
Average Visit Per Day	15	14	14	11	3

Cost Per Visit	\$ 244.43	\$ 269.88	\$ 269.88	\$ 343.91	\$ (74.03)
Medicare Visit Cap		\$ 292.54	\$ 292.54	\$ 282.65	
Over (Under) Cap		\$ (22.66)	\$ (22.66)	\$ 61.26	

VENDOR NAME	DESCRIPTION	0-30 Days	31-60 Days	61-90 Days	OVER 90 Days	3/31/2026	2/28/2026	1/31/2026	12/31/2025	11/30/2025
AMERISOURCE RECEIVABLES (ARFC)	Pharmacy Supplies	10,756.85	-	-	-	10,756.85	10,759.15	7,543.78	4,641.12	2,445.89
AT&T	Fax Service	-	-	-	-	-	(794.71)	-	2,284.32	3,153.09
BIO-RAD LABORATORIES INC	Lab Supplies	-	-	-	-	-	2,638.52	-	-	1,429.68
BRIAN SHIDELER	Repairs/maintenance	-	-	-	-	-	-	4,558.55	-	-
CARDINAL HEALTH 110, LLC	Patient Supplies	-	-	-	(144.30)	(144.30)	(144.30)	(144.30)	(144.30)	(144.30)
CAREFUSION	Rental Equipment	4,449.00	-	-	-	4,449.00	-	4,449.00	-	4,449.00
careLearning	Training	-	-	-	-	-	-	3,442.50	-	-
CARLOS MENDOZA	Education/Training	-	-	-	-	-	-	750.00	-	-
CARRIER CORP	Shipping	3,673.40	-	-	-	3,673.40	-	-	-	-
CITY OF MANGUM	Utilities	-	-	-	-	-	-	5,606.15	-	-
CLEAN THE UNIFORM HOLDING COMP	Linen Services	3,012.78	-	-	-	3,012.78	4,132.87	4,217.87	1,201.29	2,800.58
CLIA LABORATORY PROGRAM	Lab Services	-	-	-	-	-	3,840.00	-	-	-
CLIFFORD POWER SYSTEMS INC	Repair and Maintenance	-	-	-	-	-	-	-	3,465.00	-
COHESIVE HEALTHCARE MGMT	Mgmt Fees	225,000.00	234,533.32	230,554.16	2,302,116.99	2,992,204.47	3,183,437.81	2,984,517.31	2,990,836.47	3,213,012.76
COHESIVE STAFFING SOLUTIONS	Agency Staffing Service	197,037.32	940,218.15	1,102,083.94	8,701,847.00	10,941,186.41	11,131,764.74	11,117,477.91	11,093,993.51	11,812,352.51
COMMERCIAL MEDICAL ELECTRONICS	Quarterly Maintenance	-	-	-	-	-	-	-	1,750.00	-
CONVATEC, INC	Patient Supplies	589.00	544.00	-	-	1,133.00	4,921.00	3,426.00	-	-
COONTZ ROOFING, INC.	Repair and Maintenance	-	-	-	-	-	-	-	8,500.00	-
CORRY KENDALL, ATTORNEY AT LAW	Legal Fees	2,000.00	-	-	-	2,000.00	-	-	-	-
DAN'S HEATING & AIR CONDITIONI	Repairs/maintenance	295.44	-	-	-	295.44	-	-	-	1,434.09
DIAGNOSTIC IMAGING ASSOCIATES	Radiology Purch Svs	2,150.00	-	-	-	2,150.00	2,150.00	2,150.00	2,150.00	2,150.00
DIRECTV	Cable service	-	-	-	-	-	-	-	297.60	297.60
DOYLE HOPPER	Repair and Maintenance	-	-	-	-	-	125.00	-	-	-
DP MEDICAL SERVICES	Rental	-	-	-	-	-	-	1,750.00	-	-
DTG MEDICAL ELECTRONICS	Patient Supplies	-	-	-	-	-	-	-	822.89	964.89
DYNAMIC ACCESS	Vascular Consultant	1,591.36	-	-	-	1,591.36	3,607.08	1,591.36	795.67	-
EARTHSAFE CHEMICAL ALTERNATIVE	Patient Supplies	-	-	-	-	-	-	838.36	-	-
eCLINICAL WORKS, LLC	RHC EHR	-	-	-	-	-	-	-	3,427.66	3,170.94
FEDEX	Shipping	-	-	-	-	-	17.39	17.92	-	32.17
FOX BUILDING SUPPLY	Repairs/maintenance	-	-	-	-	-	-	837.83	-	-
FUCHA RADIO, LLC	Advertising	110.00	-	-	-	110.00	110.00	110.00	110.00	-
GEORGE BROS TERMITES & PEST CON	Pest Control Service	200.00	-	-	-	200.00	200.00	-	-	-
GE PRECISION HEALTHCARE LLC	Patient Supplies	-	-	-	-	-	606.40	-	-	-
GRAINGER	Maintenance Supplies	256.32	-	-	-	256.32	700.91	193.41	661.56	-
GREER COUNTY TREASURER	Insurance	-	-	-	4,680.00	4,680.00	4,680.00	4,680.00	9,360.00	-
HAC INC	Dietary Supplies	6.49	-	-	-	6.49	50.74	82.81	62.46	25.70
HENRY SCHEIN	Lab Supplies	-	-	-	-	-	-	-	-	1,307.35
HEWLETT-PACKARD FINANCIAL SERV	Computer Services	307.10	-	-	-	307.10	307.10	307.10	-	307.10
IN BLOOM FLOWERS AND GIFTS, LL	Supplies	-	-	-	-	-	-	-	65.00	-
INTEGO SOFTWARE, LLC	Software license	481.36	-	-	-	481.36	-	-	153.49	3,906.00
LANDAUER	Radiology Purch Svs	-	-	-	-	-	-	-	1,847.40	-
LG PRINT CO	Advertising	-	-	-	-	-	-	-	165.00	-
LOCKE SUPPLY	Plant Ops supplies	156.08	-	-	-	156.08	-	223.23	-	-
LOWES	Patient Supplies	-	-	-	-	-	-	-	737.95	677.02
MCKESSON - 340 B	Pharmacy Supplies	-	-	-	-	-	-	-	937.45	937.45
MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies	-	-	-	-	-	-	4,962.07	1,976.82	102.14
MEDLINE INDUSTRIES	Patient Care/Lab Supplies	11,666.81	-	-	-	11,666.81	18,168.99	31,582.03	27,675.83	13,782.29
MYHEALTH ACCESS NETWORK, INC	Compliance purch svcs	758.95	-	-	-	758.95	758.95	758.95	758.95	758.95
NUANCE COMMUNICATIONS INC	RHC purch svcs	-	-	-	-	-	246.00	123.00	-	123.00
OFMQ	Quality purch svcs	360.00	-	-	-	360.00	360.00	360.00	360.00	-
OK STATE DEPT OF HEALTH	License	-	-	-	-	-	180.00	-	-	-
OKLAHOMA BLOOD INSTITUTE	Blood Bank	-	-	-	-	-	-	-	(332.90)	-
OKLAHOMA HOSPITAL ASSOCIATION	License	-	-	-	-	-	-	2,199.00	16,103.00	-
PHARMACY CONSULTANTS, INC.	PHARMACY CONSULTANTS, INC.	2,770.00	-	-	-	2,770.00	2,770.00	3,426.84	2,950.00	2,700.00
PHILADELPHIA INSURANCE COMPANY	OHA Insurance	-	-	-	-	-	3,215.58	-	3,215.58	3,215.58
PM BIOMEDICAL INC.	Repair and Maintenance	-	-	-	-	-	595.00	-	395.00	-
RUSSELL ELECTRIC & SECURITY	Repair and Maintenance	-	-	-	-	-	35.00	-	35.00	1,118.80

VENDOR NAME	DESCRIPTION	0-30 Days	31-60 Days	61-90 Days	OVER 90 Days	3/31/2026	2/28/2026	1/31/2026	12/31/2025	11/30/2025
SIEMENS HEALTHCARE DIAGNOSTICS	Service Contract	872.57	-	-	-	872.57	-	1,067.39	-	28.58
SMAART MEDICAL SYSTEMS INC	Radiology interface/Radiologist provider	1,735.00	-	-	-	1,735.00	1,735.00	1,735.00	-	1,735.00
SPACELABS HEALTHCARE LLC	Telemetry Supplies	-	-	-	-	-	-	-	-	635.00
SPARKLIGHT BUSINESS	Cable service	129.43	-	-	-	129.43	149.43	141.43	-	-
STANDLEY SYSTEMS LLC	Printer lease	2,345.50	-	-	-	2,345.50	2,509.69	4,855.19	-	-
STAPLES ADVANTAGE	Office Supplies	-	-	-	-	-	-	-	-	2,234.22
STAPLES, INC.	Office Supplies	1,296.68	-	-	-	1,296.68	72.59	703.74	627.41	-
STERICYCLE / SHRED-IT	Waste Disposal Service	-	-	-	-	-	766.00	1,350.49	-	158.79
STERICYCLE INC	Waste Disposal Service	1,553.28	-	-	-	1,553.28	-	-	-	-
SUMMIT UTILITIES	Utilities	2,131.46	-	-	-	2,131.46	3,524.47	3,236.07	2,664.57	175.26
SYSMEX AMERICA INC	Repair and Maintenance	-	-	-	-	-	-	-	-	9,282.90
TECUMSEH OXYGEN & MEDICAL SUPP	Patient Supplies	-	-	-	-	-	2,133.23	-	-	2,902.03
TEJASMEX LLC	Carport	4,348.72	-	-	-	4,348.72	-	-	-	-
TOPIJET SALES, INC	Software license	-	-	-	-	-	225.50	-	-	-
TRIOSE INC	Freight	-	-	-	-	-	-	-	182.24	388.61
TRUBRIDGE	Software license	-	-	-	-	-	-	-	-	459.70
T & S LAWN SERVICES	Repairs/maintenance	-	-	-	-	-	1,200.00	-	-	-
US FOODSERVICE-OKLAHOMA CITY	Food and supplies	4,857.85	-	-	-	4,857.85	4,246.29	459.73	3,150.57	3,781.29
<b>Grand Total</b>		<b>486,898.75</b>	<b>1,175,295.47</b>	<b>1,332,638.10</b>	<b>11,008,499.69</b>	<b>14,003,332.01</b>	<b>14,396,001.42</b>	<b>14,205,587.72</b>	<b>14,187,883.61</b>	<b>15,098,291.66</b>
					Conversion Variance	13,340.32	13,340.32	13,340.32	13,340.32	13,340.32
					AP Control	14,348,962.35	14,744,742.67	14,551,232.53	14,533,513.95	15,443,922.00
					Accrued AP	2,002,235.17	1,698,661.12	1,802,731.61	1,711,167.31	1,749,463.93
					AHSO Related AP	(892,723.76)	(892,723.76)	(892,723.76)	(892,723.76)	(892,723.76)
					<b>TOTAL AP</b>	<b>15,458,473.76</b>	<b>15,550,680.03</b>	<b>15,461,240.38</b>	<b>15,351,957.50</b>	<b>16,300,662.17</b>
						15,458,473.76	15,550,680.03	15,461,240.38	15,351,957.50	16,300,662.17
						-	-	-	-	-

**Hospital Vendor Contract Summary Sheet**

1.     Existing Vendor                       New Vendor
2.    **Name of Contract:** Envision
3.    **Contract Parties :** MRMC/Envision
4.    **Contract Type Services:** Cyber Insurance
5.    **Impacted Hospital Departments:** MRMC
6.    **Contract Summary:** To provide cyber coverage and help protect against a wide range of cyber incidents. Coverage for up-front cost in the event of a claim. Help mitigate cyber risk.
7.    **Cost:** \$10,611.46- deductible of \$0
  - a.    \$9,756.00- deductible of \$5,000.00
8.    **Prior Cost:** \$8,653.26
9.    **Term:** 1 year
10.   **Termination Clause:** None
11.   **Other:**



# Mangum City Hospital Authority Cyber Proposal

On behalf of the New Mexico, Oklahoma, and Texas state hospital associations, we are pleased to offer this proposal for participation in the FourTrust91 Cyber Protection Project. This proposal includes the premium indication, expense components, and coverage summary for protection provided by FourTrust91.

Created in 2024, FourTrust91 provides industry leading cyber and risk management resources to help hospitals combat cyber criminals attacking our nation’s healthcare system. It also allows the entire group to work together, share best practices and seek the highest level of cyber risk management excellence.

FourTrust91 has teamed up with Hospital Services Corporation (HSC) who will bring hands-on, hospital focused, risk control consulting and their CyberCrashCart™.

*Terms and Conditions in this proposal are for the program. The insurance terms are defined by the carrier’s policy forms and conditions.*

Thank you,

FourTrust91 Partners



## Cyber Program Partners

Program Manager: Envision Captive Consultants  
 Insurance Broker: INSURICA  
 Risk Control: Hospital Services Corporation



Envision is a best-in-class captive partner and industry advisor providing the most unique captive solutions in the industry. With Envision as a partner, we can offer bespoke services to build and run the best captive for you. Whether you're a business or broker, Envision is your resource for solutions-based advice, guidance, programs, and education. Give your business ultimate control with a broker always by your side.



Our approach is not about selling an individual policy, but rather understanding our clients' entire business structure and developing a comprehensive insurance management plan. Our proprietary risk management process, "RM4U," identifies the strengths and weaknesses of a company's risk management plan. Our professionals work with our clients to build upon the strengths and address opportunities for improvement to create Best-In-Class Businesses. With an in-depth understanding of our clients' business operations, we uncover unseen risks and opportunities that can dramatically lower exposure and costs.

Placing over \$1 billion in annual premiums for our clients, INSURICA is among the 50 largest insurance brokers in the United States. INSURICA employs more than 800 colleagues in offices located throughout Oklahoma, Arizona, Arkansas, California, Colorado, Georgia, Kansas and Texas.

Our focus on finding quality and experienced partners positions INSURICA as one of the preeminent insurance brokerages in the country and further emphasizes our customer pledge that we "Specialize in You."



HSC was formed in 1985 as a wholly owned subsidiary of New Mexico Hospital Association (NMHA), a statewide trade association of hospitals that pay membership dues on a voluntary basis.

HSC was originally established to develop and offer services to the NMHA member hospitals but has evolved and diversified its services to attract a broader range of healthcare customers such as health plans, physician offices, and medical clinics, as well as large and small businesses outside of the healthcare industry. Customers include those based in New Mexico and in eighteen other states.

FourTrust91 is pleased to announce they have contracted with Hospital Services Corporation (HSC) to provide Risk Control for its members. They will be provided the following to each hospital that joins the program:

- Five hours of risk consulting. This includes an assessment to prepare each hospital for a possible breach.
- CyberCrashCart™ which is a physical cart that will be stored in a safe place with clear instructions for what your team must do in the event of a breach. The program includes one CyberCrashCart™ But additional carts may be purchased directly from HSC.

***Note: The intent is to provide additional tools and resources to each hospital to upgrade their defense against cyber threats.***

## Definition of Terms

**The information below is provided for informational and marketing purposes only and does not constitute advice.**

- A) Program Sponsors:** Created by the combination of four parties who are committed to fighting back against the cyber threats to our hospitals. This group consists of Texas Hospital Association, Oklahoma Hospital Association, New Mexico Hospital Association and Envision Captive Consultants. These four parties (hence the name FourTrust91) are committed to the long-term success for the hospitals by providing additional cyber risk control services and leveraging strength in numbers to negotiate broad coverage terms and competitive pricing.
- B) Member:** A hospital that agrees to bind coverage and pays the final, bindable premium with accompany taxes and fees. Each member will be insured on an individual policy.
- C) Program Manager:** Envision Captive Consultant's role is to act as the aggregator of underwriting information for the group, invoice and collect premiums from brokers, pay contracted parties, and provide leadership and organization to the program.
- D) Premium:** The premium is calculated annually by the carrier based on each hospital's underwriting data and loss experience.
- E) Incentives to Reduce Premium:** As the program grows, we believe in rewarding those hospitals that are committed to preventing claims. With the help of our Cyber Risk Control Consultants, we are developing recommendations for each hospital which will qualify members for premium credits. Premium credits will be dependent upon favorable loss experience and proper controls, so we encourage each member to avoid losses and consider investments to make your network more secure.
- F) Risk Control Fee:** In addition to the premium paid to the carrier, the FourTrust91 program will charge an additional \$1,500 to each hospital. This fee will be used for risk control services (including Cyber Crash Cart™) that we hope will upgrade each hospital's cyber risk management services. This fee is subject to change on a year-to-year basis, as required by the wants and needs of the members. This fee is fully earned upon binding.

<b>Cyber Quote Proposal - CFC</b>		
<b>Premium</b>		<b>\$7,920.00</b>
<b>Surplus Lines Tax &amp; Fees</b>		<b>\$522.71</b>
<b>Carrier Fees</b>		<b>\$545.00</b>
<b>Risk Management Fee</b>		<b>\$1,500.00</b>
<b>Risk Management Tax &amp; Fees</b>		<b>\$123.75</b>
<b>Annual Cost</b>		<b>\$10,611.46</b>
<b>Cyber Policy - Insuring Agreements include, but are not limited to:</b>		
<b>Insuring Clause 1: Cyber Incident Response</b>	Liability each and every claim	Retention Each Claim
Incident Response Costs	\$1,000,000	\$0
Legal and Regulatory Costs	\$1,000,000	\$0
IT Security and Forensic Costs	\$1,000,000	\$0
Crisis Communication Costs	\$1,000,000	\$0
Privacy Breach Management Costs	\$1,000,000	\$0
Third Party Privacy Breach Management Costs	\$1,000,000	\$0
Post Breach Remediation Costs	\$ 50,000*	\$0
<b>Insuring Clause 2: Cyber Crime</b>	Liability each and every claim	Retention Each Claim
Funds Transfer Fraud	\$250,000	\$0
Invoice Manipulation	\$250,000	\$0
New Vendor Fraud	\$250,000	\$0
Physical Goods Fraud	\$250,000	\$0
Theft of Personal Funds	\$250,000	\$0
Corporate Identity Theft	\$250,000	\$0
Theft of Funds Held In Escrow	\$250,000	\$0
Theft of Client Funds	\$ 50,000	\$0
Customer Payment Fraud	\$ 50,000	\$0
Telephone Hacking	\$250,000	\$0
Unauthorized Use of Computer Resources	\$250,000	\$0
<b>Insuring Clause 3: Cyber Extortion</b>	Liability each and every claim	Retention Each Claim
Cyber Extortion	\$1,000,000	\$0
<b>Insuring Clause 4: System and Business Interruption</b>	Liability each and every claim	Retention Each Claim
System Damage and Rectification Costs	\$1,000,000	\$0
Hardware Replacement Costs	\$1,000,000	\$0
Income Loss and Extra Expense	\$1,000,000	\$0
Emergency and Additional Operational Continuity Costs	\$ 100,000	\$0
Voluntary and Regulatory Shutdown	\$1,000,000	\$0
Dependent Business Interruption	\$1,000,000	\$0
Consequential Reputational Harm	\$1,000,000	\$0
Lost or Missed Bids	\$1,000,000	\$0
Claims Preparation Costs	\$ 25,000	\$0

<b>Insuring Clauses 5 and 7-9 Combined</b>	<b>Aggregate Limit</b>	
Aggregate Limit of Liability	\$1,000,000	
<b>Insuring Clause 5: Network Security and Privacy Security</b>	Aggregate including costs and expenses	Retention Each Claim
Network Security Liability	\$1,000,000	\$0
Privacy Liability	\$1,000,000	\$0
Management Liability	\$1,000,000	\$0
Regulatory Fines, Penalties and Investigation Costs	\$1,000,000	\$0
PCI Fines, Penalties and Assessments	\$1,000,000	\$0
Contingent Bodily Injury	\$ 250,000	\$0
<b>Insuring Clause 6: Criminal Reward Cover</b>	Liability each and every claim	Retention Each Claim
Limit of Liability	\$ 100,000	\$0
<b>Insuring Clause 7: Media Liability</b>	Aggregate including costs and expenses	Retention Each Claim
Defamation	\$1,000,000	\$0
Intellectual Property Rights Infringement	\$1,000,000	\$0
<b>Insuring Clause 8: Technology Errors and Omissions</b>	Liability each and every claim	Retention Each Claim
No Coverage Given		
<b>Insuring Clause 9: Technology Errors and Omissions</b>	Liability each and every claim	Retention Each Claim
Court Attendance Costs	\$ 100,000	\$0
Aggregate Deductible	\$0	
Reputational Harm Period	12 months	
Indemnity Period	12 months	
Time Franchise	8 hours	

#### Additional Notes:

\*Post Breach Remediation Costs - \$50,000 limit each and every claim, subject to a maximum 10% of all sums paid "we" have paid as a direct result of the cyber event

<b>\$5,000 Deductible Quote Option - \$7,115.00</b>	<b>Premium</b>
<b>\$ 545.00</b>	<b>Carrier Fees</b>
<b>\$ 473.00</b>	<b>Surplus Lines Taxes &amp; Fees</b>
<b>\$1,500.00</b>	<b>Risk Management Fee</b>
<b>\$ 123.75</b>	<b>Risk Management Fee Sales Tax</b>
<b>\$9,756.75</b>	<b>Annual Cost</b>

#### Subjectivities: Information Needed Prior to Binding:

- NONE

#### Next Steps:

- Signed Proposal "Commitment to Proceed" statement
- Please email "Commitment to Proceed" statement with confirmation to bind coverages sent to [shelli.barrios@insurica.com](mailto:shelli.barrios@insurica.com)

## Commitment to Proceed

On behalf of all parties involved, we appreciate you choosing to move forward as a member of FourTrust91 Cyber Protection Program. You are taking an important step towards improving your cyber risk profile while helping the hospital industry defend itself against cyber threats. We are excited for your involvement in the program.

Thank you,

FourTrust91 Partners

## Acceptance of the Proposed Terms and Conditions

I \_\_\_\_\_ agree to bind insurance coverages outlined above provided by the *FourTrust91 Cyber Protection Program* including payment all premium, taxes and fees associated with the program within 30 days of this commitment. I also agree to participate in risk management services designed to assist in cyber security provided by Hospital Services Corporation. Note: HSC will be requiring internal documentation, including internal policies and procedures to create your facility specific Cyber Crash Cart™. A secure process will be utilized for the exchange of information, ensuring security and confidentiality.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Note: Please email "Commitment to Proceed" statement with confirmation to bind coverages sent to [Shelli.barrios@insuricacom](mailto:Shelli.barrios@insuricacom)



# Quote Proposal

**Insured Information:**

BLACKHAWK MANGUM LLC  
PO BOX 280  
MANGUM, OK 73554-0280

**Agency Information:**

SHELLI BARRIOS  
INSURICA INSURANCE SERVICES LLC  
5100 N CLASSEN BLVD SUITE 300  
OKLAHOMA CITY, OK 73118

**Proposal Creation Date:**

March 27, 2026

**Your Underwriting and Service Team:**

DALLAS REGIONAL OFFICE  
3000 INTERNET BLVD.  
FRISCO, TX 75034

Tanisha Barmer  
469-287-1033, Tanisha.Barmer@thehartford.com

Mackensie Griesenbeck  
Mackensie.Griesenbeck@thehartford.com

THE LIST OF POLICY NUMBER(S) CAN BE  
FOUND ON THE POLICY SUMMARY PAGE.

Dear Shelli Barrios,

I'm pleased to share our quote for BLACKHAWK MANGUM LLC DBA. We know that insureds have a choice of carriers for their insurance needs and we appreciate your consideration and recommendation of The Hartford.

The Hartford offers a broad range of comprehensive, specialized insurance coverage\* such as automatic Additional Insured coverage with Primary Non-Contributory wording when required by written contract, Newly Acquired and Miscellaneous Unnamed Property coverage, and built-in Equipment Breakdown coverage as well as specialized Claim and Risk Engineering services. (\*See line of business details and contact your Underwriter if coverages are desired but not included.) We focus on protecting your customers' assets, and we can help you identify and provide coverage for critical exposures to loss that are often overlooked. Our proposal includes a premium summary, supporting policy information and details regarding the coverage being offered, limits of insurance, exclusions, limitations and other terms or conditions. The Hartford is committed to differentiating itself as an exceptional company through its people and by providing superior service and customer value: • Industry-leading risk engineering and claims services. Our customers rate us almost 5 out of 5 stars for risk engineering and claims services • 200+ years of experience innovating to serve our insureds • Financial strength and performance, rated A+ (Superior) XV (financial size \$2B and greater) by AM Best

Please let me know if you'd like to meet to review the quote proposal or if you have any questions.

Thank you,  
Tanisha Barmer  
Underwriter

This is not a guarantee of coverage. Actual premium amounts vary and will depend on an applicant's individual account characteristics and coverages and limits purchased.

This document contains only a general description of coverages that may be provided and does not include all of the terms, conditions, or exclusions that may apply. Please refer to the actual coverage forms for complete details of terms, conditions, and exclusions. In the event of any conflict, the terms of an issued policy prevail.



# Quote Proposal Policy Summary

COVERAGE	POLICY TERM	POLICY NUMBER	PREMIUM	COMMISSION
Property Choice <i>Hartford Fire Insurance Company</i>	05/01/2026 – 05/01/2027	38UUNCA5Y9K	\$46,400.00	15.0%
<b>Total Estimated Account Premium</b>			<b>\$46,400.00</b>	

**Premium** may include surcharges, taxes, and assessments.

**Commission** percentages shown are for base commission only and do not include any applicable supplemental commission or other forms of compensation. The premiums identified above may contain surcharges and/or assessments to which the commission percentages shown above may not apply. Workers' compensation commission percentage applies to the standard premium before application of any premium discount.



# Quote Proposal

## Articles of Agreement

### TERMS AND CONDITIONS

- This quote proposal supersedes and replaces any previously issued quote proposal offering similar coverages, limits and deductibles.
- The quote is valid for 60 days from the date of the proposal or until the proposed policy inception date, whichever is earlier. Coverage may not be bound retroactively.
- This quote is intended as a total offering and must be accepted or rejected in its entirety. Please contact the underwriter in the event that only a portion of the quoted coverages are desired.
- This proposal is subject to the underwriting period allowed for by state law and the cancellation provisions applicable to each policy.
- Prior to the effective date of coverage The Hartford must be advised of any change in the information provided by or required to be provided by the applicant, or any change in the exposure basis, hazard or risk contemplated by this proposal since the original submission date.
- The Hartford reserves the right to modify or withdraw this proposal prior to the effective date based on a new assessment of underwriting information. If information we obtain during the policy term differs from what was originally presented we also reserve the right to modify premium and terms or rescind coverage as permitted by law.
- All of the terms, conditions and other requirements set forth in this proposal must be included in any quote presentation to the proposed insured.
- This proposal provides a summary of coverages; some coverages may not be available in all states. For a complete description of all coverages, terms, conditions and exclusions, please refer to the insurance policy. In the event of a conflict, the terms, conditions and exclusions of the insurance policy shall prevail. A complete list of The Hartford's policy forms with the most recent edition dates are available upon request or online on the Electronic Business Center (EBC). Insurance specifications and other requests for coverage that are not incorporated in this proposal confer no rights and do not amend, extend or alter the coverage afforded by The Hartford.
- The limits of insurance applicable to Building and/or Business Personal Property in this Quote Proposal have been based upon information contained in your application. The Hartford may use a building appraisal calculator to estimate replacement cost value for underwriting purposes, and may also require a building limit of insurance that is different from your original request, based upon our underwriting evaluation. The Hartford makes no warranties that this estimate represents actual replacement cost value. If you are unsure of the actual replacement cost value of your building(s) or business personal property, an independent, professional appraisal should be obtained. Upon our receipt of the appraisal and a written request from you, we may adjust your limits of insurance in accordance with such appraisal.



# Quote Proposal Articles of Agreement

## **SUBJECTIVITIES**

Unless otherwise stated below or unless consent of the underwriter is obtained, coverage may not be bound without compliance with the subjectivities.

## **PROPERTY CHOICE**

- Provide year(s) of completed updates to the roof, electrical systems, plumbing, and HVAC for all buildings over 30 years old.



# Quote Proposal Premium Summary

## PROPERTY CHOICE - 38UUNCA5Y9K

### POLICY PREMIUM

The total insured values shown in the Premium section of this proposal below are not limits of insurance. They represent the sum of all values for Covered Property and Business Interruption according to the application or a report of values, subject to our agreed upon adjustment, and are the basis of premium determination.

Please refer to the Schedules of Covered Property, Causes of Loss, Coverage Extensions, Additional Coverages and Insured Premises for applicable Limits of Insurance which follow this Premium section.

DESCRIPTION	TOTAL INSURED VALUES
Real Property	\$64,400
Business Personal Property (Including or Excluding Stock)	\$5,704,090
Business Income	\$9,505,611
Extra Expense	Included in the Business Income Limit of Insurance
Equipment Breakdown	Included in the Limits of Insurance applicable to Covered Property and Business Interruption
DESCRIPTION	PREMIUM
Property Choice Subtotal	\$45,941.00
Terrorism	\$459.00
<b>Total Property Premium</b>	<b>\$46,400.00</b>



# Quote Proposal Coverage Selection

## POLICY DEDUCTIBLE AND WAITING PERIOD

The Policy Deductible applies to Covered Property, **Covered Causes of Loss**, Additional Coverages, Coverage Extensions or Stated Causes of Loss unless a more specific deductible is shown in the Declarations. The Policy Deductible does not apply to any **Business Interruption** coverage.

The Policy Waiting Period applies to all loss of **Business Income, Covered Causes of Loss**, Business Interruption Additional Coverages, Business Interruption Coverage Extensions or Stated Causes of Loss unless a more specific **Waiting Period** is shown in the Declarations. No **Waiting Period** applies to **Extra Expense**.

POLICY DEDUCTIBLE AND WAITING PERIOD	ANY ONE OCCURRENCE
Policy Deductible	\$10,000
Policy Waiting Period	72 Hours



# Quote Proposal Coverage Selection

## STATED CAUSES OF LOSS

Limits of Insurance shown below apply in any one occurrence, unless otherwise stated.

The following is applicable when an **Annual Aggregate** is shown: **Annual Aggregate** represents the most we will pay in total for all loss or damage in any one **Policy Year**, regardless of the number of occurrences, or **Insured Premises** involved in an occurrence.

STATED CAUSES OF LOSS	LIMITS OF INSURANCE IN ANY ONE EQUIPMENT BREAKDOWN ACCIDENT
Equipment Breakdown	Included in the Limits of Insurance applicable to Covered Property and Business Interruption
Waiting Period	72 Hours
Valuation - Equipment Breakdown Property	Replacement Cost
<b>Equipment Breakdown Coverage Extensions</b>	
CFC Refrigerants	Included in the Equipment Breakdown Limit of Insurance
Expediting Expenses	\$100,000
Hazardous Substances	\$100,000
Spoilage	\$100,000



# Quote Proposal Coverage Selection

## COVERAGE EXTENSIONS

The Limits of Insurance applicable to the Coverage Extensions shown below are additional amounts of insurance unless otherwise stated. All Limits of Insurance apply in any one occurrence, regardless of the number of **Insured Premises** involved in that occurrence, unless otherwise stated.

These Coverage Extensions, Limits of Insurance, Deductibles and Waiting Periods apply to each **Insured Premises**, unless more specific Limits, Deductibles and Waiting Periods are shown at an **Insured Premises** in the Schedule of Premises and Coverage Section below.

Applicable to Coverage Extensions with an **Annual Aggregate**: **Annual Aggregate** represents the most we will pay in total for all loss or damage in any one **Policy Year**, regardless of the number of occurrences, or **Insured Premises** involved in an occurrence.

Deductibles shown below are specific to that Coverage Extension. Deductibles apply separately to that coverage and are in addition to any other deductible that may apply to other loss or damage in the same occurrence.

COVERAGE EXTENSIONS	LIMIT OF INSURANCE
Accounts Receivable	\$250,000
Brands and Labels	Included in the Business Personal Property Limit of Insurance
Building Glass Repair	Included
Business Travel	\$50,000
Claim Expenses	\$50,000
Combined Additional Protection	\$250,000
Total from All Plants, Shrubs or Trees	\$25,000
Total from All Lawns or Sod	\$25,000
Stock	\$25,000
Contract Penalties	\$50,000
Debris Removal	25% of the amount we pay for covered loss or damage
Debris Removal - Additional Amount	\$250,000
Wind-Blown Debris	\$2,500 Annual Aggregate
Other Property Debris Removal	\$10,000
Deferred Sales	\$50,000
Employee's Personal Property	\$50,000
Per Employee	\$2,500
Exhibitions	\$50,000
Expediting Expenses	\$50,000
Fine Arts	\$50,000
Per Item	\$10,000
Fire Department Service Charge	\$50,000
Fire Device Recharge	\$50,000



# Quote Proposal Coverage Selection

COVERAGE EXTENSIONS	LIMIT OF INSURANCE
Fungus, Wet Rot, Dry Rot Physical Damage	\$50,000 Policy Annual Aggregate
Limited Coverage Form Applies	
Green Coverage - Costs to Upgrade	\$100,000
Installation	\$25,000
Deductible	\$2,500
Land and Water Decontamination Expense	\$50,000 Annual Aggregate
Locks and Keys	\$25,000
Miscellaneous Unnamed Premises	
Building	\$100,000
Business Personal Property	\$50,000
Newly Acquired Property	
Number of Days	180 Days
Building	\$2,000,000
Business Personal Property	\$1,000,000
Stock	\$25,000
Non-Owned Detached Trailers	\$50,000
Deductible	\$2,500
Ordinance or Law	
Undamaged Portion of Building Limit	Included in Real Property Limit of Insurance
Demolition and Increased Cost of Costruction	\$1,000,000
Mandated Decontamination Expense	Not Covered
Outdoor Trees, Shrubs, Sod, Plants and Lawns	\$50,000
Any One Tree, Shrub, Plant, Lawn or Sod	\$10,000
Pairs and Sets	Included in the Business Personal Property Limit of Insurance
Preservation and Protection of Property	Included in the Limit of Insurance applicable to Covered Property that sustains loss or damage
Number of Days	Expenses incurred for 180 Days
Reward Coverage	\$50,000
Tenant's Leaseholder's Interest Coverage	\$25,000
Lease Assessment	\$5,000
Deductible	\$2,500
Miscellaneous Interior Real Property	\$25,000
Leaseholder's Interest Coverage	Included in the Tenant's Leaseholder's Interest Coverage Limit of Insurance



# Quote Proposal Coverage Selection

COVERAGE EXTENSIONS	LIMIT OF INSURANCE
Bonus Payments	Included in the Tenant's Leaseholder's Interest Coverage Limit of Insurance
Prepaid Rent	Included in the Tenant's Leaseholder's Interest Coverage Limit of Insurance
Undamaged Tenant's Improvements or Betterments	Included in the Tenant's Leaseholder's Interest Coverage Limit of Insurance
Transit Shipper's Interest	\$50,000
Maximum Limit Per Vehicle	\$10,000
Deductible	\$2,500
Utility Service Interruption - Physical Damage	
Any One Occurrence	\$25,000
Deductible	\$5,000
Interruption caused by loss or damage to Transmission or Distribution Lines	Included
Valuable Papers	Included as Business Personal Property
Water Damage - Building Tear Out and Repair	Included in the Limit of Insurance applicable to Covered Property



# Quote Proposal Coverage Selection

## BUSINESS INTERRUPTION

COVERAGE	LIMIT OF INSURANCE
Business Income	Refer to Location Level Details for applicable Limits of Insurance
Waiting Period	72 Hours
Payroll	Included
Extra Expense	Included in the Business Income Limit of Insurance

## BUSINESS INTERRUPTION COVERAGE EXTENSIONS

The Limits of Insurance applicable to the Coverage Extensions shown below are additional amounts of insurance, and include **Business Income** and **Extra Expense** unless otherwise stated. All Limits of Insurance apply in any one occurrence, unless otherwise stated.

Applicable to Coverage Extensions with an **Annual Aggregate**: **Annual Aggregate** represents the most we will pay in total for all loss or damage in any one **Policy Year**, regardless of the number of occurrences, or **Insured Premises** involved in an occurrence.

**Waiting Periods** applicable to any Coverage Extension shown below apply separately and are specific to that Coverage Extension. If two or more **Waiting Periods** apply in any one occurrence, we will only apply the longest **Waiting Period**. No deductible or **Waiting Period** applies to **Extra Expense**.

COVERAGE	LIMIT OF INSURANCE
Attraction Properties	Policy Occurrence Limit
Limit	\$25,000
Waiting Period	72 Hours
Distance from Insured Premises	Contiguous with the Insured Premises
Business Travel	Included in the Limits of Insurance applicable to Business Income and/or Extra Expense
Civil or Military Authority	Included in the Limits of Insurance applicable to Business Income and/or Extra Expense
Number of Days	30 Days
Distance from Insured Premises	Within 1,000 feet of the Insured Premises
Waiting Period	72 Hours
Contingent Business Interruption	Policy Occurrence Limit
Waiting Period	72 Hours
Direct Contingent Properties	\$100,000
Indirect Contingent Properties	\$25,000
Utility Services Interruption - Direct Contingent Properties	Not Covered
Exhibitions	Included in the Limits of Insurance applicable to Business Income and/or Extra Expense
Extended Income	
Number of Days	Included for 180 Days



# Quote Proposal Coverage Selection

COVERAGE	LIMIT OF INSURANCE
Fungus, Wet Rot, Dry Rot – Business Interruption	Included in the Limits of Insurance applicable to Business Income and/or Extra Expense
Number of Days	30 Days
Limited Coverage Form Applies	
Ingress or Egress	Included in the Limits of Insurance applicable to Business Income and/or Extra Expense
Number of Days	30 Days
Distance from Insured Premises	Contiguous with Insured Premises
Waiting Period	72 Hours
Installation	Included in the Limits of Insurance applicable to Installation
Land and Water Decontamination - Increased Period of Restoration	\$25,000 Policy Annual Aggregate
Waiting Period	72 Hours
Machinery and Testing and Training	Included in the Limits of Insurance applicable to Business Income and/or Extra Expense
Miscellaneous Unnamed Premises - Business Interruption	\$100,000
Waiting Period	72 Hours
Newly Acquired Premises	Included in the Limits of Insurance applicable to Business Income and/or Extra Expense
Ordinance or Law - Increased Period of Restoration	Included in the Limits of Insurance applicable to Business Income and/or Extra Expense
Research and Development Expenses	Included in the Limits of Insurance applicable to Business Income and/or Extra Expense
Transit Shipper's Interest	Included in the Limits of Insurance applicable to the Transit - Shipper's Interest
Utility Service Interruption - Business Interruption	
Business Income and Extra Expense Combined	\$25,000
Waiting Period	72 Hours
Interruption caused by loss or damage to Transmission or Distribution Lines	Included



# Quote Proposal Coverage Selection

## POLICY CONDITIONS AND EXCLUSIONS

FORM NUMBER	FORM NAME	DETAILS
PC45090121	Application Of Windstorm Or Hail Dollar Deductibles – Revised	
PC42100121	Spoilage – Revised Exclusion	



# Quote Proposal Coverage Selection

## SCHEDULE OF INSURED PREMISES AND COVERAGE

Limits of Insurance shown below apply in any one occurrence, unless otherwise stated.

<b>LOC 1 - 1: BUILDING</b>	1 WICKERSHAM ST MANGUM, OK 73554-9117
<b>LOCATION PREMIUM</b>	\$22,521.00

DEDUCTIBLE AND WAITING PERIOD	
Waiting Period	72 Hours
Deductible	\$10,000

### COVERED PROPERTY

The following blanket limits apply to this Insured Premises	LIMIT OF INSURANCE
Business Personal Property	\$5,704,090
Business Income including Extra Expense	\$9,505,611

For any Coverage shown for which a Blanket Limit of Insurance applies, the corresponding Limit of Insurance below represents the Total Insured Value used for purposes of rating only.

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE
Business Personal Property	\$5,000,000	Replacement Cost Applies	Does Not Apply
Stock	Included	-	-

### BUSINESS INTERRUPTION

COVERAGE	LIMIT OF INSURANCE
Business Income	\$3,168,537
Extra Expense	Included in the Business Income Limit of Insurance

STATED CAUSES OF LOSS	LIMITS OF INSURANCE	DEDUCTIBLE	WAITING PERIOD
Equipment Breakdown	Included	\$10,000	72 Hours
Windstorm/Hail	Included	\$50,000	72 Hours
Water Damage (Non-Flood)	Included	\$50,000	72 Hours
Applicable to Pipe Freeze		-	-



# Quote Proposal Coverage Selection

**LOC 2 - 1: BUILDING**

1 WICKERSHAM ST

MANGUM, OK 73554-9117

**LOCATION PREMIUM**

\$10,480.00

**DEDUCTIBLE AND WAITING PERIOD**

Waiting Period	72 Hours
Deductible	\$10,000

**COVERED PROPERTY**
**The following blanket limits apply to this Insured Premises**
**LIMIT OF INSURANCE**

Business Personal Property	\$5,704,090
Business Income including Extra Expense	\$9,505,611

For any Coverage shown for which a Blanket Limit of Insurance applies, the corresponding Limit of Insurance below represents the Total Insured Value used for purposes of rating only.

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE
Real Property	\$64,400	Replacement Cost Applies	Does Not Apply
Business Personal Property	\$550,000	Replacement Cost Applies	Does Not Apply
Stock	Included	-	-

**BUSINESS INTERRUPTION**
**COVERAGE**
**LIMIT OF INSURANCE**

Business Income	\$3,168,537
Extra Expense	Included in the Business Income Limit of Insurance

**STATED CAUSES OF LOSS**
**LIMITS OF INSURANCE**
**DEDUCTIBLE**
**WAITING PERIOD**

Equipment Breakdown	Included	\$10,000	72 Hours
Windstorm/Hail	Included	\$50,000	72 Hours
Water Damage (Non-Flood)	Included	\$50,000	72 Hours
Applicable to Pipe Freeze		-	-



# Quote Proposal Coverage Selection

<b>LOC 3 - 1: BUILDING</b>	118 S LOUIS TITTLE AVE
	MANGUM, OK 73554-4441
<b>LOCATION PREMIUM</b>	\$8,968.00

DEDUCTIBLE AND WAITING PERIOD	
Waiting Period	72 Hours
Deductible	\$10,000

## COVERED PROPERTY

The following blanket limits apply to this Insured Premises	LIMIT OF INSURANCE
Business Personal Property	\$5,704,090
Business Income including Extra Expense	\$9,505,611

For any Coverage shown for which a Blanket Limit of Insurance applies, the corresponding Limit of Insurance below represents the Total Insured Value used for purposes of rating only.

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE
Business Personal Property	\$75,000	Replacement Cost Applies	Does Not Apply
Stock	Included	-	-

## BUSINESS INTERRUPTION

COVERAGE	LIMIT OF INSURANCE
Business Income	\$3,168,537
Extra Expense	Included in the Business Income Limit of Insurance

STATED CAUSES OF LOSS	LIMITS OF INSURANCE	DEDUCTIBLE	WAITING PERIOD
Equipment Breakdown	Included	\$10,000	72 Hours
Windstorm/Hail	Included	\$50,000	72 Hours
Water Damage (Non-Flood)	Included	\$50,000	72 Hours
Applicable to Pipe Freeze		-	-



# Quote Proposal Coverage Selection

**LOC 4 - 1: BUILDING**

2 WICKERSHAM ST

MANGUM, OK 73554-9117

**LOCATION PREMIUM**

\$247.00

**DEDUCTIBLE AND WAITING PERIOD**

Deductible

\$10,000

**COVERED PROPERTY**

The following blanket limits apply to this Insured Premises

**LIMIT OF INSURANCE**

Business Personal Property

\$5,704,090

For any Coverage shown for which a Blanket Limit of Insurance applies, the corresponding Limit of Insurance below represents the Total Insured Value used for purposes of rating only.

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE
Business Personal Property	\$79,090	Replacement Cost Applies	Does Not Apply
Stock	Included	-	-

**BUSINESS INTERRUPTION**

COVERAGE	LIMIT OF INSURANCE
Business Income	Not Covered
Extra Expense	Included in the Business Income Limit of Insurance

STATED CAUSES OF LOSS	LIMITS OF INSURANCE	DEDUCTIBLE	WAITING PERIOD
Equipment Breakdown	Included	\$10,000	-
Windstorm/Hail	Included	\$50,000	-
Water Damage (Non-Flood)	Included	\$50,000	-
Applicable to Pipe Freeze		-	-



# Quote Proposal Coverage Selection

## PROPERTY EXTENDED SUMMARY

DESCRIPTION	PREMIUM
Policy Level Coverage Total	\$4,184.00
Loc 1 - 1: Building 1 WICKERSHAM ST, MANGUM, OK 73554-9117	\$22,521.00
Loc 2 - 1: Building 1 WICKERSHAM ST, MANGUM, OK 73554-9117	\$10,480.00
Loc 3 - 1: Building 118 S LOUIS TITTLE AVE, MANGUM, OK 73554-4441	\$8,968.00
Loc 4 - 1: Building 2 WICKERSHAM ST, MANGUM, OK 73554-9117	\$247.00
<b>TOTAL PROPERTY PREMIUM</b>	<b>\$46,400.00</b>



# Quote Proposal Forms Listing

## Property Choice Forms

Coverage Forms, Schedules, Endorsements and other forms that are a part of this policy.

FORM NUMBER	FORM NAME
PC00010121	Property Choice Coverage Form
PC00020121	Declarations: Property Choice Coverage Part
PC00030121	REFERENCE GUIDE
PC10700121	Equipment Breakdown Coverage Form
PC20720121	Fine Arts – Breakage Additional Coverage
PC31350121	Oklahoma Changes
PC45100121	Water Damage Deductible And Waiting Period
PC45200121	Windstorm Or Hail Dollar Deductible And Waiting Period



# Quote Proposal Common Forms

These Common Forms apply to all Lines of Business included in Package.

FORM NUMBER	FORM NAME
HM00020121	POLICY JACKET
HM00100107	COMMON POLICY DECLARATIONS
IH09850121	DISCLOSURE/CAP ON LOSSES - TERRORISM RISK INSURANCE ACT
IH12050221	GOODS AND SERVICES ENDORSEMENT
IH99400409	U.S. DEPARTMENT OF THE TREASURY, OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS
IH99410409	TRADE OR ECONOMIC SANCTIONS ENDORSEMENT
IL00171198	COMMON POLICY CONDITIONS
IL01791002	OKLAHOMA NOTICE



# Quote Proposal Payment Plan

The Hartford Direct Bill System puts you in control of making premium payments by deciding the bill plan that best fits your budget.

PAYMENT SUMMARY	
<b>Payment Plan</b>	Direct Bill or Agency Bill
<b>Pay Online</b>	Register at <a href="http://business.thehartford.com">business.thehartford.com</a> and select "Pay My Bill". Online Bill Pay is Quick, Easy, and Secure!
<b>Repetitive EFT</b>	Sign up for Repetitive Electronic Funds Transfer (EFT) and have payments automatically withdrawn from your bank account. This option saves you money by reducing the amount of the installment fee.
<b>Pay by check</b>	Send a check with your remittance stub in the envelope enclosed with your bill
<b>Pay by Phone</b>	Call toll-free 866-467-8730 to authorize a one time withdrawal from your bank account.

State surcharges are fees that are assessed by the state(s) on the policy and paid by The Hartford to the appropriate government agency. The full amounts of these fees are typically included in the down payment according to state regulations.

## Direct Bill Option

BILLING PLANS	DOWN PAYMENT	INSTALLMENTS	BILL MONTH
Full Pay	100%		
Two Pay	60%	40%	5 months after effective date
Three Pay	40%	30%	3 months after effective date
		30%	7 months after effective date
Four Pay	30%	25%	2 months after effective date
		25%	5 months after effective date
		20%	8 months after effective date
Ten Pay	25%	9 Equal Installments	Monthly, on account bill day

Installment fee may apply. Failure to pay in accordance with the payment schedule may result in us sending a Direct Notice of Cancellation.

## Agency Bill Option

BILLING PLANS	DOWN PAYMENT	INSTALLMENTS	BILL MONTH
Full Pay	100%	N/A	N/A
Two Pay	60% not available for Workers' Compensation	40%	5 months after effective date
	75% for Workers' Compensation	25%	5 months after effective date



# Quote Proposal Payment Plan

BILLING PLANS	DOWN PAYMENT	INSTALLMENTS	BILL MONTH
Three Pay not available for Workers' Compensation	40%	2 Equal Installments	3 months after effective date
			7 months after effective date
Four Pay	35% or 50% for Workers' Compensation	3 Equal Installments	2 months after effective date
			5 months after effective date
			8 months after effective date
Ten Pay	25%	9 Equal Installments	Monthly, on account bill day

Failure to pay in accordance with the payment schedule may result in us sending a Direct Notice of Cancellation.



# Disclosure Pursuant to Terrorism Risk Insurance Act and Option to Reject Coverage

## Terrorism Coverage and Premium

In accordance with the federal Terrorism Risk Insurance Act (as amended "TRIA"), we are required to make coverage available under your policy for "certified acts of terrorism." The actual coverage provided by your policy(ies) will be limited by the terms, conditions, exclusions, limits, and other provisions of your policy(ies), as well as any applicable rules of law.

The portion of your premium attributable to terrorism coverage is shown above or in the premium section(s) of this quote proposal.

## Definition of Certified Act of Terrorism

A "certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in accordance with the provisions of TRIA, to be an act of terrorism under TRIA. The criteria contained in TRIA for a "certified act of terrorism" include the following:

1. The act results in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to TRIA; and
2. The act results in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and
3. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals acting as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States government by coercion.

## Disclosure of Federal Share of Terrorism Losses under TRIA

The United States Department of the Treasury will reimburse insurers for 80% of insured losses that exceed the applicable insurer deductible.

However, if aggregate industry insured losses under TRIA exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion. The United States government has not charged any premium for their participation in covering terrorism losses.

## Cap on Insurer Liability for Terrorism Losses

If aggregate industry insured losses attributable to "certified acts of terrorism" under TRIA exceed \$100 billion in a calendar year, and we have met, or will meet, our insurer deductible under TRIA, we shall not be liable for the payment of any portion of the amount of such losses that exceed \$100 billion. In such case, your coverage for terrorism losses may be reduced on a pro-rata basis in accordance with procedures established by the Treasury, based on its estimates of aggregate industry losses and our estimate that we will exceed our insurer deductible.

In accordance with the Treasury's procedures, amounts paid for losses may be subject to further adjustments based on differences between actual losses and estimates.

**Note to Producer on TRIA:** The premium for terrorism coverage and the TRIA disclosures above must be provided to the insured or prospect at the time of quoting.



# Quote Proposal Resources

## The Buck's Got Your Back<sup>®</sup>

The Hartford's property & casualty companies are rated "A+" by A.M. Best Company.

Our **broad range of products** offer unique competitive advantages, and our range of business insurance solutions addresses the needs of midsize to large clients. Whether your clients have basic coverage needs or more complex and difficult exposures, our highly trained professionals can work with you to satisfy those needs.



Our **financial strength and stability** mean that you can count on The Hartford to perform when you need us most by delivering on our promise to pay claims fairly and promptly, saving time and improving client satisfaction. Some highlights on our claim service include 24/7 toll-free loss reporting; claim expertise aligned by type of claim; and medical management programs focused on achieving the best medical outcome and early return to work for injured workers. Our well-recognized loss control services assure that your clients have access to a broad scope of service, and technical expertise through local loss control consultants.



\*Customer reviews were collected and tabulated by The Hartford and reviews are not representative of all customers.

**Hospital Vendor Contract Summary Sheet**

1.     Existing Vendor                       New Vendor
2.    **Name of Contract:** The Hartford
3.    **Contract Parties :** MRMC/The Hartford
4.    **Contract Type Services:** Property Insurance/Loss of Income
5.    **Impacted Hospital Departments:** MRMC
6.    **Contract Summary:** This agreement is for property insurance for the lab building, contents coverage, and loss of business income. Covers loss of income due to operational disruption, includes payroll, and extra expenses. Has a waiting period of 72 hours. Covers electrical/mechanical failure and related losses
7.    **Cost:** \$46,400.00
8.    **Prior Cost:** \$38,527.00
9.    **Term:** 1 year
10.   **Termination Clause:** None
11.   **Other:** Standard Deductible: \$10,000.00 per occurrence



350 5th Ave, Suite 4750  
New York, NY 10118

Date	Quote No.	Expiration Date	Billing	Payment Term	Contract Length
04 / 01 / 2026	Quote 39618	04 / 20 / 2026	Upfront	Net 15	36.00 Months

Brandon Smith  
Mangum Regional Medical Center  
1 Wickersham St  
Mangum, Oklahoma, 73554

### Software Subscription

	Price	Quantity	Term	Discount	Total
<b>Cisco Secure Email Cloud Gateway Advantage</b>	\$4.68	100	36	45 %	\$9,266.40
Email Security   Cisco Secure Email Cloud Gateway   Quantity in Users   CSEMAIL-SEC-SUB					

Software Subscription Total \$9,266.40

**Grand Total \$9,266.40**

**You'll save \$7,581.60**

\*Plus all applicable taxes

Are you a tax exempt business?

Accepted by

Date



lucy@port53tech.com  
port53tech.com

Send invoices to:

- Me
- Billing Contact

**Port53 Technologies Software License Agreement**

**Renewal Term:** all Software Subscription Term(s) shall automatically renew for an additional term equal to the Contract Length noted above, unless either party gives the other written notice of non-renewal at least 90 days before the end of the then-current Software Subscription Term. Notwithstanding properly noticed non-renewal, the Client acknowledges the Software Subscription Term(s) cannot be terminated because Port53 Technologies must advance all fees on behalf of Client for the Software that is subject to the Software Subscription(s).

**No Warranties:** the Software Subscription offered in this Quote is provided without any warranty, express or implied, and is being offered "as is." The Client must assess the compatibility and suitability of the Software Subscription(s) for their specific needs and requirements before proceeding with this Quote.

**Disputes:** Any legal action arising from this Quote shall be administered by the American Arbitration Association and the prevailing party shall be entitled to recover their attorneys' fees and costs from the other party.

**Hospital Vendor Contract Summary Sheet**

1.     Existing Vendor                       New Vendor
2.    **Name of Contract:** Port53 Technologies
3.    **Contract Parties :** MRMC/Port53 Technologies
4.    **Contract Type Services:** IT
5.    **Impacted Hospital Departments:** Cyber infrastructure
6.    **Contract Summary:** Quote 39618 is a 36-month contract for Cisco secure email gateway. This decreases our email network vulnerability.
7.    **Cost:** \$9,266.40
8.    **Prior Cost:** \$0
9.    **Term:** 36-month agreement
10.   **Termination Clause:** None
11.   **Other:**



350 5th Ave, Suite 4750  
New York, NY 10118

Date	Quote No.	Expiration Date	Billing	Payment Term	Contract Length
03 / 13 / 2026	Quote 39292	04 / 20 / 2026	Upfront	Net 15	60.00 Months

Brandon Smith  
Mangum Regional Medical Center  
1 Wickersham St  
Mangum, Oklahoma, 73554

### Software Subscription

	Price	Quantity	Term	Discount	Total
<b>Cisco Secure Access DNS Advantage Enhanced</b>	\$5.93	100	60	25 %	\$26,685.00
Security Service Edge   Cisco Secure Access DNS   Quantity in Licenses   SA-DNS-ADV-K9					

Software Subscription Total \$26,685.00

<b>Grand Total</b>	<b>\$26,685.00</b>
<b>You'll save</b>	<b>\$8,895.00</b>

\*Plus all applicable taxes

Are you a tax exempt business?

Accepted by

Date



lucy@port53tech.com  
port53tech.com

Send invoices to:

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- Billing Contact

**Port53 Technologies Software License Agreement**

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**Disputes:** Any legal action arising from this Quote shall be administered by the American Arbitration Association and the prevailing party shall be entitled to recover their attorneys' fees and costs from the other party.



350 5th Ave, Suite 4750  
New York, NY 10118

<b>Date</b>	<b>Quote No.</b>	<b>Expiration Date</b>	<b>Billing</b>	<b>Payment Term</b>	<b>Contract Length</b>
03 / 18 / 2026	Quote 39389	04 / 24 / 2026	Upfront	Net 15	36.00 Months

Brandon Smith  
Mangum Regional Medical Center  
1 Wickersham St  
Mangum, Oklahoma, 73554

**Software Subscription**

	Price	Quantity	Term	Discount	Total
<b>Cisco Secure Access DNS Advantage Enhanced</b>	\$5.93	100	36	20 %	\$17,078.40
Security Service Edge   Cisco Secure Access DNS   Quantity in Licenses   SA-DNS-ADV-K9					

Software Subscription Total \$17,078.40

<b>Grand Total</b>	<b>\$17,078.40</b>
<b>You'll save</b>	<b>\$4,269.60</b>

\*Plus all applicable taxes

Are you a tax exempt business?

Accepted by

Date

Send invoices to:

- Me
- Billing Contact

**Port53 Technologies Software License Agreement**

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**Disputes:** Any legal action arising from this Quote shall be administered by the American Arbitration Association and the prevailing party shall be entitled to recover their attorneys' fees and costs from the other party.



350 5th Ave, Suite 4750  
New York, NY 10118

<b>Date</b>	<b>Quote No.</b>	<b>Expiration Date</b>	<b>Billing</b>	<b>Payment Term</b>	<b>Contract Length</b>
04 / 09 / 2026	Quote 39757	04 / 24 / 2026	Upfront	Net 15	12.00 Months

Brandon Smith  
Mangum Regional Medical Center  
1 Wickersham St  
Mangum, Oklahoma, 73554

**Software Subscription**

	Price	Quantity	Term	Discount	Total
<b>Cisco Secure Access DNS Advantage Enhanced</b>	\$6.60	100	12	15 %	\$6,732.85
Security Service Edge   Cisco Secure Access DNS   Quantity in Licenses   SA-DNS-ADV-K9					

Software Subscription Total \$6,732.85

<b>Grand Total</b>	<b>\$6,732.85</b>
<b>You'll save</b>	<b>\$1,188.15</b>

\*Plus all applicable taxes

Are you a tax exempt business?

Accepted by

Date

Send invoices to:

- Me
- Billing Contact

**Port53 Technologies Software License Agreement**

**Renewal Term:** all Software Subscription Term(s) shall automatically renew for an additional term equal to the Contract Length noted above, unless either party gives the other written notice of non-renewal at least 90 days before the end of the then-current Software Subscription Term. Notwithstanding properly noticed non-renewal, the Client acknowledges the Software Subscription Term(s) cannot be terminated because Port53 Technologies must advance all fees on behalf of Client for the Software that is subject to the Software Subscription(s).

**No Warranties:** the Software Subscription offered in this Quote is provided without any warranty, express or implied, and is being offered "as is." The Client must assess the compatibility and suitability of the Software Subscription(s) for their specific needs and requirements before proceeding with this Quote.

**Disputes:** Any legal action arising from this Quote shall be administered by the American Arbitration Association and the prevailing party shall be entitled to recover their attorneys' fees and costs from the other party.



**ANNUAL TB RISK ASSESSMENT**

**Name of Hospital:** MANGUM REGIONAL MEDICAL CENTER

**TB Risk Assessment for Calendar Year:** 2025

**Completed By:** April Summerlin BSN, RN, CIC

**Appendix B. Tuberculosis (TB) risk assessment worksheet**

This model worksheet should be considered for use in performing TB risk assessments for health-care facilities and nontraditional facility-based settings. Facilities with more than one type of setting will need to apply this table to each setting.

<b>Scoring</b> ✓ or Y = Yes	<b>X or N = No</b>	<b>NA = Not Applicable</b>
-----------------------------	--------------------	----------------------------

**1. Incidence of TB**

What is the incidence of TB in your community (county or region served by the health-care setting), and how does it compare with the state and national average? What is the incidence of TB in your facility and specific settings and how do those rates compare? (Incidence is the number of TB cases in your community the previous year. A rate of TB cases per 100,000 persons should be obtained for comparison.)* This information can be obtained from the state or local health department.	Community rate: <b>18.4/100,000</b> State rate: <b>1.9</b> National rate: <b>3.0</b> <b>(3.1/2024)</b> Facility rate: <b>0.49</b> Department 1 (ED) rate: <b>0.59</b> Department 2 rate <b>0.0</b> Department 3 rate <b>0.0</b>															
Are patients with suspected or confirmed TB disease encountered in your setting (inpatient and outpatient)?	<b>Yes</b>															
If yes, how many patients with suspected and confirmed TB disease are treated in your health-care setting in 1 year (inpatient and outpatient)? Review laboratory data, infection-control records, and databases containing discharge diagnoses.	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Year</th> <th colspan="2" style="text-align: center;">No. patients</th> </tr> <tr> <td></td> <th colspan="2" style="text-align: center;">Suspected    Confirmed</th> </tr> <tr> <td>1 year ago</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>2 years ago</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>5 years ago</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </table>	Year	No. patients			Suspected    Confirmed		1 year ago	0	1	2 years ago	0	0	5 years ago	0	0
Year	No. patients															
	Suspected    Confirmed															
1 year ago	0	1														
2 years ago	0	0														
5 years ago	0	0														
If no, does your health-care setting have a plan for the triage of patients with suspected or confirmed TB disease?	<b>Yes</b>															
Currently, does your health-care setting have a cluster of persons with confirmed TB disease that might be a result of ongoing transmission of <i>Mycobacterium tuberculosis</i> within your setting (inpatient and outpatient)?	<b>No</b>															

**2. Risk Classification**

<b>Inpatient settings</b>	
How many inpatient beds are in your inpatient setting?	<b>18</b>
How many patients with TB disease are encountered in the inpatient setting in 1 year? Review laboratory data, infection-control records, and databases containing discharge diagnoses.	<b>Previous year: 0</b> <b>5 years ago: 0</b>
Depending on the number of beds and TB patients encountered in 1 year, what is the risk classification for your inpatient setting? (See Appendix C.)	<b>Low risk</b>
Does your health-care setting have a plan for the triage of patients with suspected or confirmed TB disease?	<b>Yes</b>
<b>Outpatient settings</b>	

How many TB patients are evaluated at your outpatient setting in 1 year? Review laboratory data, infection-control records, and databases containing discharge diagnoses.	<b>Previous year: 0</b> <b>5 years ago: 0</b>
Is your health-care setting a TB clinic? (If yes, a classification of at least medium risk is recommended.)	<b>No</b>
Does evidence exist that a high incidence of TB disease has been observed in the community that the health-care setting serves?	<b>No</b>
Does evidence exist of person-to-person transmission of <i>M. tuberculosis</i> in the health-care setting? (Use information from case reports. Determine if any tuberculin skin test [TST] or blood assay for <i>M. tuberculosis</i> [BAMT] conversions have occurred among health-care workers [HCWs]).	<b>No</b>
Does evidence exist that ongoing or unresolved health-care-associated transmission has occurred in the health-care setting (based on case reports)?	<b>No</b>
Is there a high incidence of immunocompromised patients or HCWs in the health-care setting?	<b>No</b>
Have patients with drug-resistant TB disease been encountered in your health-care setting within the previous 5 years?	<b>No</b>
When was the first time a risk classification was done for your health-care setting?	<b>March 2021</b>
Considering the items above, would your health-care setting need a higher risk classification?	<b>No</b>
Depending on the number of TB patients evaluated in 1 year, what is the risk classification for your outpatient setting? (See Appendix C)	<b>Low risk</b>
Does your health-care setting have a plan for the triage of patients with suspected or confirmed TB disease?	<b>Yes</b>
<b>Nontraditional facility-based settings – N/A</b>	
How many TB patients are encountered at your setting in 1 year?	Previous year 5 years ago
Does evidence exist that a high incidence of TB disease has been observed in the community that the setting serves?	Yes No
Does evidence exist of person-to-person transmission of <i>M. tuberculosis</i> in the setting?	Yes No
Have any recent TST or BAMT conversions occurred among staff or clients?	Yes No
Is there a high incidence of immunocompromised patients or HCWs in the setting?	Yes No
Have patients with drug-resistant TB disease been encountered in your health-care setting within the previous 5 years?	Yes No Yes
When was the first time a risk classification was done for your setting?	
Considering the items above, would your setting require a higher risk classification?	Yes No
Does your setting have a plan for the triage of patients with suspected or confirmed TB disease?	Yes No
Depending on the number of patients with TB disease who are encountered in a nontraditional setting in 1 year, what is the risk classification for your setting? (See Appendix C)	o Low risk o Medium risk o Potential ongoing transmission



Who is responsible for the infection-control program?	<b>IP</b>
When was the TB infection-control plan first written?	<b>May 2021</b>
When was the TB infection-control plan last reviewed or updated?	<b>June 2024</b>
Does the written infection-control plan need to be updated based on the timing of the previous update (i.e., >1 year, changing TB epidemiology of the community or setting, the occurrence of a TB outbreak, change in state or local TB policy, or other factors related to a change in risk for transmission of <i>M. tuberculosis</i> )?	<b>No</b>
Does the health-care setting have an infection-control committee (or another committee with infection control responsibilities)?	<b>Yes</b>
If yes, which groups are represented on the infection-control committee? (Check all that apply.)	
<input checked="" type="checkbox"/> <b>Physicians</b> <input checked="" type="checkbox"/> <b>Nurses</b> <input checked="" type="checkbox"/> <b>Pharmacists</b> <input checked="" type="checkbox"/> <b>Laboratory personnel</b> <input checked="" type="checkbox"/> <b>Administrator</b> <input checked="" type="checkbox"/> <b>Quality/Risk control (QC)</b> <input checked="" type="checkbox"/> <b>Others: Dietary, EVS, Plant-Ops, Respiratory Therapists, Radiology Techs</b>	
If no, what committee is responsible for infection control in the setting?	<b>N/A</b>

**5. Implementation of TB Infection-Control Plan Based on Review by Infection-Control Committee**

Has a person been designated to be responsible for implementing an infection-control plan in your health-care setting? If yes, list the name:	<b>Meghan Smith RN, IP</b>
<p>Based on a review of the medical records, what is the average number of days for the following:</p> <ul style="list-style-type: none"> <li>• Presentation of patient until collection of specimen</li> <li>• Specimen collection until receipt by laboratory</li> <li>• Receipt of specimen by laboratory until smear results are provided to health-care provider</li> <li>• Diagnosis until initiation of standard antituberculosis treatment</li> <li>• Receipt of specimen by laboratory until culture results are provided to health-care provider</li> <li>• Receipt of specimen by laboratory until drug-susceptibility results are provided to health-care provider</li> <li>• Receipt of drug-susceptibility results until adjustment of antituberculosis treatment, if indicated</li> <li>• Admission of patient to hospital until placement in airborne infection isolation (AII): <ul style="list-style-type: none"> <li>-Patient referred to Hospital outpatient wound care for wounds that started as a rash in September 2025. After visit in September, patient did not follow up with PCP. Was seen for first clinic visit on 12/3/25. Sent to outpatient wound care that same day. Upon evaluation the patient’s condition was deemed too complicated for an outpatient visit. Patient transferred to ED to be evaluated.</li> <li>-Upon assessment patient was SIRS positive: WBC 20.1; Temp 100.1; HR 113. Sepsis protocol ordered. Blood cultures and urinalysis ordered.</li> <li>-CT ordered by APRN. Results: “1. Multiple bibasilar pulmonary nodules, with areas of air bronchograms and consolidation, are most likely due to pneumonia or metastatic disease. Recommend clinical correlation and CT of the chest with contrast to further evaluate. 2. Cholelithiasis. 3. Mildly enlarged inguinal lymph nodes are most likely reactive.”</li> <li>-Patient reported a 20 lb weight loss. No respiratory symptoms reported. Patient is an everyday smoker.</li> <li>-No chest x-ray ordered. Patient transferred out for oncology and higher level of care.</li> <li>-On 12/8/26 receiving Hospital IP (D. Dahl) notified Mangum IP that patient had potentially active TB. TB status unknown to Mangum Hospital staff. prior to</li> <li>-Greer County Health Department notified by D. Dahl. No recommendations made for staff in house due to limited exposure time.</li> <li>-Actions by IPs (MS/AS): Baseline TST on ED nurse performed upon recommendation of the Greer County Health Department. Baseline TST results: 0 mm induration. <b>Follow-up TST:</b> 0mm induration.</li> <li>Baseline TST performed on medical provider. Test results: 0 mm induration. <b>Follow-up TST:</b> pending.</li> </ul> </li> </ul>	

Through what means (e.g., review of TST or BAMT conversion rates, patient medical records, and time analysis) are lapses in infection control recognized?	<b>Review of medical records, monitoring TB testing, lab and culture results, direct observation of staff practices related to infection control (e.g., PPE, engineering/administrative/ elimination controls).</b>
What mechanisms are in place to correct lapses in infection control?	<b>Just-in-time education. Procedure review and adjustments if needed. In-services.</b>
Based on measurement in routine QC exercises, is the infection-control plan being properly implemented?	<b>Yes</b>
Is ongoing training and education regarding TB infection-control practices provided for HCWs?	<b>Yes</b>

**6. Laboratory Processing of TB-Related Specimens, Tests, and Results Based on Laboratory Review**

Which of the following tests are either conducted in-house at your health-care setting's laboratory or sent out to a reference laboratory?	In-house	Sent out
Acid-fast bacilli (AFB) smears		<b>x</b>
Culture using liquid media (e.g., Bactec and MB-BacT)		<b>x</b>
Culture using solid media		<b>x</b>
Drug-susceptibility testing		<b>x</b>
Nucleic acid amplification (NAA) testing		<b>x</b>
What is the usual transport time for specimens to reach the laboratory for the following tests?		
AFB smears	<b>&lt; 24 hrs</b>	
Culture using liquid media (e.g., Bactec, MB-BacT)	<b>&lt; 24 hrs</b>	
Culture using solid media	<b>&lt; 24 hrs</b>	
Drug-susceptibility testing	<b>&lt; 24 hrs</b>	
Other (specify)	<b>N/A</b>	
NAA testing	<b>&lt; 24 hrs</b>	
Does the laboratory at your health-care setting or the reference laboratory used by your health-care setting report AFB smear results for all patients within 24 hours of receipt of specimen? What is the procedure for weekends?	<b>No</b> <hr/> <b>Same as during weekdays; no changes for weekends.</b>	

**7. Environmental Controls**

Which environmental controls are in place in your health-care setting? (Check all that apply and describe)	
<u>Environmental control</u>	<u>Description</u>
<b>x AII rooms</b>	<b>Rm 13</b>
<input type="checkbox"/> Local exhaust ventilation (enclosing devices and exterior devices)	<b>N/A</b>
<input type="checkbox"/> General ventilation (e.g., <b>single-pass system</b> , recirculation system.)	<b>Single Pass</b>
<input type="checkbox"/> Air-cleaning methods (e.g., high-efficiency particulate air [HEPA] filtration and ultraviolet germicidal irradiation [UVGI])	<b>N/A</b>
What are the actual air changes per hour (ACH) and design for various rooms in the setting? <b>Room: 13    ACH: 14.20    Design: Negative Pressure/Single-pass validation</b>	
Which of the following local exterior or enclosing devices such as exhaust ventilation devices are used in your health-care setting? (Check all that apply) <b>N/A</b>	
<input type="checkbox"/> Laboratory hoods	
<input type="checkbox"/> Booths for sputum induction	
<input type="checkbox"/> Tents or hoods for enclosing patient or procedure	

What general ventilation systems are used in your health-care setting? (Check all that apply) <b>x Single-pass system</b> <input type="radio"/> Variable air volume (VAV) <input type="radio"/> Constant air volume (CAV) <input type="radio"/> Recirculation system <input type="radio"/> Other _____	
What air-cleaning methods are used in your health-care setting? (Check all that apply) <u>HEPA filtration</u> <b>x Fixed room-air recirculation systems</b> <input type="radio"/> Portable room-air recirculation systems <u>UVGI</u> <input type="radio"/> Duct irradiation <input type="radio"/> Upper-air irradiation <input type="radio"/> Portable room-air cleaners	
How many AII rooms are in the health-care setting?	<b>1 AII (2 additional negative-pressure rooms: OR 2 and Room 12 with single-pass ventilation system)</b>
What ventilation methods are used for AII rooms? (Check all that apply) <u>Primary (general ventilation):</u> <b>x Single-pass heating, ventilating, and air conditioning (HVAC)</b> <input type="radio"/> Recirculating HVAC systems  <u>Secondary (methods to increase equivalent ACH): N/A</u> <input type="radio"/> Fixed room recirculating units <input type="radio"/> HEPA filtration <input type="radio"/> UVGI <input type="radio"/> Other (specify) _____	
Does your health-care setting employ, have access to, or collaborate with an environmental engineer (e.g., professional engineer) or other professional with appropriate expertise (e.g., certified industrial hygienist) for consultation on design specifications, installation, maintenance, and evaluation of environmental controls?	<b>No</b>
Are environmental controls regularly checked and maintained with results recorded in maintenance logs?	<b>Yes</b>
Are AII rooms checked daily for negative pressure when in use?	<b>Yes</b>
Is the directional airflow in AII rooms checked daily when in use with smoke tubes or visual checks?	<b>Yes</b>
Are these results readily available?	<b>Yes</b>
What procedures are in place if the AII room pressure is not negative?	<b>Per Plant Ops Director to evaluate and develop plan of action.</b>
Do AII rooms meet the recommended pressure differential of 0.01-inch water column negative to surrounding structures?	<b>Yes</b>

**8. Respiratory-Protection Program**

Does your health-care setting have a written respiratory-protection program?	<b>Yes</b>
Which HCWs are included in the respiratory protection program? (Check all that apply) <input checked="" type="checkbox"/> <b>Physicians</b> <input checked="" type="checkbox"/> <b>Mid-level practitioners (NPs and PAs)</b> <input checked="" type="checkbox"/> <b>Nurses</b> <input checked="" type="checkbox"/> <b>Administrators</b> <input checked="" type="checkbox"/> <b>Laboratory personnel</b> <input checked="" type="checkbox"/> <b>Contract staff</b> <input checked="" type="checkbox"/> <b>Janitorial staff</b> <input checked="" type="checkbox"/> <b>Maintenance or engineering staff</b>	

✓ <b>Dietary staff</b> ✓ <b>Physical/Occupational/Speech Therapists Staff</b> ✓ <b>Ancillary staff (e.g., office staff)</b> ✓ <b>All staff</b>										
Are respirators used in this setting for HCWs working with TB patients? If yes, include manufacturer, model, and specific application (e.g., ABC model 1234 for bronchoscopy and DEF model 5678 for routine contact with infectious TB patients). <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;"><u>Manufacturer</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Model</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Specific application</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">3M</td> <td style="text-align: center;">Aura 1870+</td> <td style="text-align: center;">Routine Contact</td> </tr> <tr> <td style="text-align: center;">3M</td> <td style="text-align: center;">8210 +</td> <td style="text-align: center;">Routine Contact</td> </tr> </tbody> </table>		<u>Manufacturer</u>	<u>Model</u>	<u>Specific application</u>	3M	Aura 1870+	Routine Contact	3M	8210 +	Routine Contact
<u>Manufacturer</u>	<u>Model</u>	<u>Specific application</u>								
3M	Aura 1870+	Routine Contact								
3M	8210 +	Routine Contact								
Is annual respiratory-protection training for HCWs performed by a person with advanced training in respiratory protection?	Yes									
Does your health-care setting provide initial fit testing for HCWs? If yes, when is it conducted _____	Yes Upon Hire									
Does your health-care setting provide periodic fit testing for HCWs? If yes, when and how frequently is it conducted?	Yes Annually & as needed for physical changes in staff									
What method of fit testing is used? <b>Qualitative fit testing by trained and qualified personnel.</b>										
Is qualitative fit testing used?	Yes									
Is quantitative fit testing used?	No									

**9. Reassessment of TB risk**

How frequently is the TB risk assessment conducted or updated in the health-care setting?	<b>Annually or as needed</b>
When was the last TB risk assessment conducted?	<b>March 2025</b>
What problems were identified during the previous TB risk assessment? 1) <u>Need for increased awareness and consideration for recognition of signs and symptoms and risk factors (e.g., travel history, exposure to TB, latent TB, etc.) associated with potential/actual TB infection patient.</u>	
What actions were taken to address the problems identified during the previous TB risk assessment? 1) <u>IP (MS) posted signage in the ED for TB symptoms designed to increase clinical staff awareness to remain alert for the potential for a TB infected patient.</u> 2) <u>IP (MS) sent out education on TB screening, signs and symptoms to the providers, nurses, and RT staff.</u> 3) <u>Additional education/presentation to be provided by Corporate IP staff on March 11, 2026: TB Education for Health Care Staff.</u>	
Did the risk classification need to be revised as a result of the last TB risk assessment?	<b>No</b>

- \* If the population served by the health-care facility is not representative of the community in which the facility is located, an alternate comparison population might be appropriate.
- † Test conversion rate is calculated by dividing the number of conversions among HCWs by the number of HCWs who were tested and had prior negative results during a certain period (see Supplement, Surveillance and Detection of *M. tuberculosis* infections in Health-Care Settings).



## COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

### Mangum Regional Medical Center

## Respiratory Protection Program Evaluation Summary for 2025

**Purpose:** The evaluation of the Respiratory Protection Program (RPP) is conducted to ensure that all aspects of the program meet the requirements of the OSHA Respiratory Protection standard. Any procedural changes that are implemented as a result of the program evaluation will be communicated to the employees and reinforced by their supervisors. The evaluation shall be submitted to the following committees:

- Infection Control & Prevention
- Environment of Care & Safety
- Quality
- Med Staff
- Governing Board

### Program Evaluation for 2025

- A. The Hospital has a written operational policy in place which acknowledges employer responsibility for providing a safe and healthy workplace. The policy of the Hospital is designed to protect the health and safety of its staff by:
1. eliminating hazardous exposures where feasible;
  2. using engineering and administrative controls to minimize hazardous exposures that cannot be eliminated; and
  3. using respiratory protection and other personal protective equipment when the frequency and duration of exposures cannot be substantially reduced or eliminated.
- B. The written Respiratory Protection Program has met the required elements for the Respiratory Protection Program for 2025.
1. Written designation of a program administrator.
  2. An evaluation of hazards and identification of appropriate respirators for specific job classifications and/or tasks.
  3. Procedures for medical evaluation of staff required to use respirators.
  4. Fit testing procedures; annual fit tests completed in June 2025.
  5. Procedures for proper use of respirators has been accomplished by:
    - a. Respiratory education and training of staff.
    - b. Observation of staff using respirators to ensure correct technique.
    - c. Assessing staff knowledge of respirators.
    - d. Fit testing.
    - e. Procedures for storage and inspection of respirators has been accomplished by:

- i. Education to staff on storing and inspecting respirators during fit testing procedures.
  - ii. Respiratory education and training of staff.
- f. Procedures for training staff regarding the respiratory protection program has been accomplished by:
  - i. using oral and written education, and
  - ii. one-on-one training during fit testing.
- g. The training curriculum includes the following elements:
  - i. General requirements of the OSHA Respiratory Protection standard.
  - ii. Specific circumstances under which respirators are to be used.
  - iii. Respiratory hazards to which staff are potentially exposed during routine and emergency situations.
  - iv. Respirator necessity, proper fit, usage, maintenance.
  - v. Limitations and capabilities of the respirators that will be used.
  - vi. How to inspect respirator, donning and doffing respirator, user seal checks.
  - vii. Maintenance and care of respirators.
  - viii. Recognition of medical signs and symptoms that may limit or prevent the effective use of respirators.
  - ix. How and when to decontaminate or safely dispose of a respirator that has been contaminated with chemicals or hazardous/infectious biological materials.
- h. The RPA has conducted an evaluation of the RPP to ensure that all aspects of the program meet the requirements of the OSHA Respiratory Protection standard. Program evaluation included:
  - i. A review of the written program:
    - All elements of the written plan were reviewed and found to have the elements for a written respiratory protection program.
  - ii. Completion of a program evaluation checklist based on observations of workplace practices:
    - No changes are needed from previous year.
  - iii. A review of feedback from staff (including respirator fit, selection, use, and maintenance/wearer issues, availability) collected during the annual training session or utilization during periods of use:
    - Clinical staff continue to express PPE fatigue associated with past COVID19 pandemic. Clinical staff have also displayed less concern for exposure to COVID19 and other respiratory illnesses due to the decrease in disease severity.
- i. The written program is readily available to any staff included in the program and/or OSHA representative.

C. Changes or improvements to the Respiratory Protection Program for 2026.

1. None.

\_\_\_\_\_

*W. A. Smith*

4 / 14 / 24

*Respiratory Program Administrator*

*Date*

\_\_\_\_\_

*J. P. Smith*

4 / 16 / 26

*Medical Director*

*Date*

\_\_\_\_\_

/ /

*Governing Board Member*

*Date*

**Mangum Regional Medical Center**

**DATE: 04/16/2026**

**ANNUAL EVALUATIONS OF VENDOR AGREEMENTS**

<b>Recommendations/Actions</b>
1 - Continue current Business Associate Contract as is.
2 - Continue current Business Associate Contract with one or more recommendations.
3 - Terminate the Business Associate Contract.

**Renewing Agreements**

	<b>Vendor Name</b>	<b>Vendor Agreement</b>	<b>Recommendations/Actions (See above)</b>
1.	LifeCare Mobility	BAA-EMS	1
2.	Cross County EMS	BAA-EMS	1
3.	Sinor EMS	BAA-EMS	1
4.	ETC	BAA-EMS	1
5.	Velocity National Provider Network	BAA insurance	1
6.	Millipore Service Agreement	Service Contract	1
7.	Texas Tech	BAA-Clinicals	1
8.	Dell Financial Services	IT support	1
9.	BCBS Insurance Agreement	Insurance	1
10.	Aetna Better Health	Insurance	1
11.	HP financial Services-DirecTV	TV services	1
12.	DP Medical	BAA-Biomed	1
13.	Siemens-sysmex CA-660	Service Agreement	1
14.	Cohesive Management Services Agreement	BAA-Management Contract	1
15.	City of Mangum-Lease Annex	BAA-Lease	1
16.	340B Compliance Partners	BAA-Service	1

17.	340B Pockets Contract Pharmacy Services	BAA	1
18.	Sysmex XN-550	Service Agreement	1
19.	AT&T Internet Bundle	Service Agreement	1
20.	Sparklight	Service Agreement	1
21.	Greer County Health Department X-Ray	BAA-services	1
22.	Pharmaforce	BAA-pharmacy	1
23.	Critical Alert Agreement	BAA-Telemetry	1
24.	SMAART	BAA-pacs	1
25.	Pitney Bowes Lease	BAA-mail service	1
26.	Abbott I-stat	BAA-Service Agreement	1
27.	Language Line Services	BAA	1
28.	SpaceLabs Healthcare	BAA- telemetry	1
29.	Lippincot Procedures	BAA	1
30.	United Healthcare	BAA-insurance	1
31.	TruBridge	BAA-HER	1
32.	Sizewise Consignment	BAA-Supplies	1
33.	Quidel-Triage	BAA-Lab supplies	1
34.	Clinic Lease-Integris	BAA-Lease	1
35.	Shapen Clinic Lease	BAA-lease	1
36.	LifeShare	BAA-Organ Donation	1
37.	Heartland Pathology	BAA-Lab director	1
38.	OBI	BAA-Blood products	1
39.	OU Transfer Agreement	BAA	1
40.	St. Anthony Transfer Agreement	BAA	1
41.	JCMH Transfer Agreement	BAA	1
42.	The Hartford	BAA-Clinic Insurance	1
43.	Cohesive Staffing Solutions	BAA-staffing	1
44.	Central States Recovery	BAA-Account Recovery	1
45.	See the Trainer	BAA	1
46.	Grace Living Center	BAA	1
47.	DIA	BAA-Radiology	1
48.	Conexus TRS Agreement	BAA-Staffing	1

49.	US Foods	BAA-Food Services	1
50.	Lampton Welding	BAA-Oxygen	1
51.	Standley Contract	BAA-Printers	1
52.	Port53	BAA-IT supplies	1
53.	Inmar Rx Solutions	BAA-Pharmacy	1
54.	GE Service Contracts	BAA-Service	1
55.	Western Governors University	BAA-clinicals	1

**Terminating Agreements**

	<b>Vendor Name</b>	<b>Vendor Agreement</b>	<b>Recommendations/Actions (See above)</b>
1.	Medpro	BAA-provider insurance	1
2.	TytoCare	BAA-Telehealth	3
3.	Bluestream Telehealth	BAA-Telehealth	3
4.	Stericycle	BAA-Biohazard	1
5.	Philadelphia Insurance	BAA- facility insurance	1
6.			