



# **Agenda**

## **Mangum City Hospital Authority**

### **May 27, 2025 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 May 27th, 2025, 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 April 22, 2025, regular meeting minutes as presented.
2. Approve April 2025 Clinic Report
3. Approve April 2025 Medical Staff Minutes
4. Approve April 2025 Quality Report
5. Approve April 2025 CCO Report
6. Approve April 2025 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 April 2025

#### **OTHER ITEMS**

9. Discussion and Possible Action to Approve the movement of the lab department from the adjacent building to the hospital to the existing OR rooms.
10. Discussion and Possible Action to Approve the ACH form between MRMC and Philadelphia Insurance Company

11. Discussion and Possible Action to declare surplus and approve the sale of the Sysmex CA-600, Serial Number 14184, Manufactured 4-28-2017.
12. Discussion and Possible Action to Approve the Premier Letter of Participation for the AscenDrive.

### **EXECUTIVE SESSION**

13. 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
    - o The Schedule 1 List of Providers for DIA
    - o Joshua Smith MD Courtesy Privileges
  - Contracts
    - o Dr. Chiaffitelli contract revision

### **OPEN SESSION**

14. Discussion and possible action with regard to executive session.

### **EXECUTIVE SESSION**

15. Discussion and possible action to enter into executive session for discussing matters where disclosure of information would violate confidentiality requirements of state of federal law pursuant to 25 OK Stat § 307 (B7):
  - Complaints
  - Grievances

### **OPEN SESSION**

16. Discussion and possible action with regard to executive session.

### **STAFF AND BOARD REMARKS**

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

*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*

*The Trustees of the Mangum City Hospital Authority will meet in regular session on May 27th, 2025, 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.*

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## **FURTHER DISCUSSION**

## **REMARKS**

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

## **REPORTS**

- [8.](#) Financial Report for April 2025

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#### **NEW BUSINESS**

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#### **ADJOURN**

*Motion to Adjourn*

Duly filed and posted at **4:00 p.m. on the 22nd day of May 2025**, by the Secretary of the Mangum City Hospital Authority.

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*Erma Mora Secretary*



# **Minutes**

## **Mangum City Hospital Authority Session**

**April 22, 2025 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 22nd, 2025 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 5:30pm

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

#### **PRESENT:**

Trustee Chery Lively  
 Trustee Michelle Ford  
 Chairman Carson Vanzant  
 Trustee Lisa Hall-Hopper  
 Trustee Ronnie Webb

#### **ALSO PRESENT:**

Kelly Martinez  
 Adrian Brownen  
 Cory Kendall  
 Steve Kyle, Secretary

#### **PRESENT BY PHONE:**

Cindy Tillman  
 Dennis Boyd  
 Robin Woodward

### **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 25, 2025, regular meeting minutes as presented.
2. Approve March 2025 Clinic Report
3. Approve March 2025 Medical Staff Minutes
4. Approve March 2025 Quality Report
5. Approve March 2025 CCO Report
6. Approve March 2025 CEO Report

7. Approve the following forms, policies, appointments, and procedures previously approved, on 04/10/2025 Quality Committee and on 04/17/2025 Medical Staff.

**Discussion and Possible Action to Approve the Policy and Procedure:** MRMC-Environmental Services Policy & Procedure Manual

**Discussion and Possible Action to Approve the Policy and Procedure:** MRMC-LSP-001-Utility System Management

**Discussion and Possible Action to Approve the Policy and Procedure:** MRMC-LSP-002- Security Management Plan

**Discussion and Possible Action to Approve the Policy and Procedure:** MRMC-LSP-003- Fire Management Plan

**Discussion and Possible Action to Approve the Policy and Procedure:** MRMC-LSP-004- Equipment Management Plan

**Discussion and Possible Action to Approve the Policy and Procedure:** MRMC-LSP-004- Hazardous Material Management Plan

Discussion related to HIM Delinquencies -None to report.

Trustee Lively wished to discuss Item #4 separately.

Chairman Vanzant made a motion to approve items 1-3 and 5-7.

Motion made by Chairman Vanzant, Seconded by Trustee Hopper.

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

Trustee Lively brought up the concern of a difference in the Quality Report and Medical Staff information with the number of grievances and complaints. Mr. Martinez explained that Quality Report meeting minutes is real time when the Medical Staff approve these minutes a month later. Trustee Lively wanted to ensure these concerns were recognized and discussed in a timelier manner. Mr. Martinez stated these could be discussed in the Executive Session. This is due to HIPAA laws. The consensus of the board is that this would be sufficient.

Motion made by Chairman Vanzant to approve item 4 with the addition of discussing any grievances or concerns in Executive Session.

Motion to approve.

Motion made by Chairman Vanzant, Seconded by Trustee Hopper.

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

## REMARKS

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

None

## REPORTS

8. Financial Report for March 2025  
March 2025 Financial Statement

- Statistics
  - Average daily census 6.81 down 4 days from February and down 3 days from YTD monthly average.
  - Acute payer mix 80% Medicare/Medicare Managed Care up from 77% YTD.
  - Swing bed payer 92% Medicare and 8% Medicare Managed Care.
  - Patient days 211 down 82 days from February.
  - The clinic patient days were 8.5.
- Balance Sheet Highlights and Income Sheet Highlights
  - Operating margin Loss \$42,000 up \$7,000 from 2024 monthly Average.
  - Net patient revenue of \$1.3 m roughly \$1,000 from 2024 monthly Average and up \$23,000 from February.
  - 340B revenue \$23,000 with expenses of \$19,000 this is down from 2024 monthly average of \$56,000 providing a \$4,000 increase from February.
  - Operating Expenses \$1.4 m down \$12,000 from February and down \$55,000 from 2024 monthly average.
  - Cash receipts \$1.29m up \$34,000 from 2024 YTD average.
  - Cash disbursements \$1.2m.
  - Cash balance \$520,000 providing 11.4 days of cash on hand up from 2024 average of 8.7.
  - Clinic YTD revenue is \$124,000 with a YTD net loss of \$133,000.

Chairman Vanzant asked if they could have a revenue versus expense report on the Strong Minds program when it begins. Mr. Martinez stated the program has started. Dave Boyd of Cohesive stated they could certainly do a cost report and reimbursement to compare what the hospital would have made without this program.

Trustee Webb asked about advertising the program. Mr. Martinez stated they are doing this in a variety of ways of ways including physician referrals, Face Book and would consider radio with the counselor and or program director performing this. Trustee Webb asked about swing bed patient referrals. Mr. Martinez assured him this would be done.

## OTHER ITEMS

9. **Discussion and Possible Action to Approve** the movement of the lab department from the adjacent building to the hospital to the existing OR rooms.

Mr. Martinez stated the lab is currently located in a mobile home that is deteriorating and could no longer handle the weight of the machines. He also added safety concerns over the lab employees walking to the hospital, especially at night. He stated moving the lab to operating room 1 would provide a safe location and was a viable option; however, this would preclude the hospital turning operating room 1 back into a surgery in the future.

The board had many concerns about the cost and losing an operating room in the future. Trustee Ford and Trustee Hall-Hopper stated that Medicare was moving towards having centers of excellence and would likely not approve of the current operating suites in the future. Trustee Ford also stated the current payment system will not incentivize rural hospitals for equitable surgery reimbursement. Attorney Kendall added that the surgery center was a great financial loss to the hospital. Mr. Martinez agreed, stating that when many surgeries were performed the surgical staff made money, but Medicare reduced the outpatient reimbursement significantly. Attorney Kendall also reminded the board that the



current lab location was a temporary building. Mr. Martinez added this was a 25-year-old temporary building.

Mr. Martinez also discussed other options such as operating room 2 or the annex. Operating room 2 was too small and the Annex would be over \$100,000 in electrical and plumbing upgrades. This was information obtained when they thought of moving the clinic to the annex. The upgrades would be too costly.

Chairman Vanzant made a motion to table.

Trustee Webb stated he would like to tour the facility before making a decision. Mr. Martinez agreed.

Motion to approve.

Motion made by Trustee Hopper, Seconded by Trustee Ford.

Voting Yea: Trustee Ford, Trustee Hopper

Voting Nay: Trustee Lively, Chairman Vanzant, Trustee Webb

Mr. Martinez stated he will pursue this item and provide additional information to the board as to the viability of moving the lab to OR 1.

- 10. Discussion and Possible Action to Approve** a quote from Webstraurant, Glodal Industries, or Grainger to purchase new ice machine for the patient care hallway.

Mr. Martinez stated the gear box was bad and could not be repaired. He had three bids that were all about the same.

Motion to approve.

Motion made by Chairman Vanzant, Seconded by Trustee Webb.

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

- 11. Discussion and Possible Action to Approve** the Philadelphia Insurance quote for the hospital and attached buildings insurance.

Mr. Martinez stated this is a renewal that will cover hospital equipment.

Motion made by Chairman Vanzant, Seconded by Trustee Webb.

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

- 12. Discussion and Possible Action to Approve** the product service agreement between Lampton Welding providing bulk oxygen to Mangum Regional Medical Center.

Mr. Martinez stated that this was a renewal and includes the lease on the container.

Motion to approve.

Motion made by Trustee Webb, Seconded by Chairman Vanzant.

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

- 13. Discussion and Possible Action to Approve** the HIPAA Privacy Officer Jessica Pineda at Mangum Regional Medical Center for 2025 replacing Jennifer Dreyer.

Motion to approve.

Motion made by Chairman Vanzant, Seconded by Trustee Hopper.

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

- 14. Discussion and Possible Action to Approve** the Oklahoma Department of Transportation Agreement No. EMOS-2025-12 for the Section 5310 Grant Program, providing funds to purchase a transportation van.

Mr. Martinez explained this was the next step in the grant process.

Motion to approve.

Motion made by Trustee Hopper, Seconded by Chairman Vanzant.

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

## EXECUTIVE SESSION

- 15.** 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):

None.

## OPEN SESSION

- 16.** Discussion and possible action with regard to executive session.

None

## STAFF AND BOARD REMARKS

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

Attorney Kendall stated there are three bills in front of the Oklahoma Legislature to consider. The first, House Bill 1738, would allow contractors providing bids to keep certain information private such as proprietary information. He felt this would pass. The second, House Bill 2295, concerned rural hospitals. The only thing that would affect MRMC would be the board of trustees would need to go to an educational class. He did not think this would pass. The third, House bill 2754, was the Oklahoma Department of Health would work with rural hospitals in funding need grants.

## 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)*

None

## ADJOURN

Motion to adjourn.

Motion made by Chairman Vanzant, Seconded by Trustee Hopper.

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

Meeting adjourned at 6:18 pm

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*Carson Vanzant, Chairman*

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*Steve Kyle, Secretary*



# Clinic Operations Report

Mangum Family Clinic

April 2025

Monthly Stats	April 2024	April 2025
Total Visits	140	210
Provider Prod	92	176
RHC Visits	129	190
Nurse Visits	2	0
Televisit	0	0
Swingbed	9	25

Provider Numbers	RHC	TH	SB
Ogembo	177		
Chiaffitelli			25
Sanda	33		
other			

Payor Mix	
Medicare	74
Medicaid	67
Self	8
Private	61

Visits per Geography	
Mangum	161
Granite	21
Duke	7
Altus	4

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Visits	187	183	183	209									

**Clinic Operations:**

- 4/4/2025 Nelson Ogembo was on PTO.
- Clinic was closed due to Rattlesnake Derby on 4/25/25.
- Dr. Sanda was on PTO on 4/28/25 and 4/29/2025. He saw patients 3 days this month.

**Quality Report:**

Improvement Measure	Actual	Goal	Comments
Reg Deficiencies	1	0	12 audited
Patient Satisfaction	6	5	6-excellent
New Patients	19	10	Extremely impressive.
No Show	0.05%	<12%	12 no shows for the month
Expired Medications	0	0	None noted.

**Outreach:**

- Nothing specific to report. Clinic continues to support the community by providing quality compassionate care.

**Summary :**

Mangum Clinic has been providing excellent care to our community, and we strive to continue. Patient no shows have significantly decreased this month. We continue to refer our patients to the hospital for labs and diagnostic imaging.

*"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 Regional Medical Center  
Medical Staff Meeting  
Thursday  
April 17, 2025

MEMBERS PRESENT:

John Chiaffitelli, DO, Medical Director  
Laura Gilmore, MD  
Sonja Langley, MD  
Absent:  
Guest:

ALLIED HEALTH PROVIDER PRESENT:

Mary Barnes, APRN-CNP

NON-MEMBERS PRESENT:

Kelley Martinez, RN, CEO  
Chelsea Church, PharmD  
Nick Walker, RN, CCO  
Denise Jackson, RN – Quality  
Chasity Howell, RN – Utilization Review  
Lynda James, LPN – Pharmacy Tech

1. Call to order
  - a. The meeting was called to order at 12:25 pm by Dr. John Chiaffitelli, Medical Director.
2. Acceptance of minutes
  - a. The minutes of the March 20, 2025, 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
  - o Operations Overview
    - o We are currently monitoring patients coming to the clinic and ER for possible measles due to the current outbreaks.
    - o The architect has completed his drawings, the city has approved of the plan to go out for BID.
    - o Room remodeling is ongoing.

- We continue to await our award letter from ODOT for our grant.
  - We continue to work with the clinic to improve patient census.
  - Looking at clinic collections for March we collected a total of \$704.88 down from \$1,019.60 at time of service.
  - In the Month of March, the hospital had total patient payments of \$14,121.11 up from \$11,715.32.
  - We are starting to work towards moving the lab from its current location to utilizing the OR space.
  - We are now leasing a van for the Strong Mind Program and look to officially start in April.
- Written report remains in the minutes.

## 5. Committee / Departmental Reports

### a. Medical Records –

#### 1. No report

### b. Nursing

#### Patient Care

- MRMC Education included:
  1. Nursing documentation/updates are communicated to nursing staff weekly.
  2. A pediatric mock code drill was conducted successfully
  3. Continued planning underway for in-depth training with staff regarding cardiac rhythm and ACLS scenarios.
- MRMC Emergency Department reports 0 patients Left Without Being Seen (LWBS).
- MRMC Laboratory reports 1 contaminated blood culture set(s).
- MRMC Infection Prevention reports 0 CAUTI.
- MRMC Infection Prevention report 0 CLABSI.
- MRMC Infection Prevention reports 0 HAI, or 0 MDRO for the month of March, 2025.

#### Client Service

- Total Patient Days for March, 2025 were 211. This represents an average daily census of 6.8.
- March 2025 COVID-19 statistics at MRMC: Swabs (0 PCR & 33 Antigen) with 2 positive.
- March, 2025 Influenza statistics at MRMC: 2 Flu A and 0 Flu B positive patients. March concludes the end of Flu season.

#### Preserve Rural Jobs and Culture Development

- MRMC continues to recruit for 2 PM RN-House Supervisor positions.
- A CNA position is vacant, scheduled interview for the beginning of April
- 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 – No Report for March, 2025

- Old Business
    - a None
  - New Business
    - a. N/A
  - Data:
    - a, N/A
  - Policy & Procedures Review:
    - a. N/A
  - Education/In Services
    - a. Monthly EPIC meeting for IP education.
    - b. Weekly Call with Corp. IP.
    - c. Weekly Lunch and Learns.
    - d. Staff education
  - Updates: Employees are offered flu shots through the influenza vaccine program. Influenza vaccinations and declinations completed for MRMC employees. Zero annual Fit test completed.
- Annual Items:
- a. Completed March 2023
  - b. ICRA approved by Board March, 2024.
  - c. 1 ICRA for July 2024
  - d. Linen Services – Annual Site Visit – Site visit completed 10/11/2024 – No new reported issues with linen facility. New contract with linen company pending.
- No Report for the month of March, 2025.

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.
  - b. ER Provider office flooring needing replaced. Tile is onsite.- remodel is postponed.
  - c. EOC, and Life Safety Plans will be evaluated and approved in the April EOC meeting.
  - d. Stained ceiling tile throughout facility from leaking roof
  - e. Damaged wall and ceiling in X-Ray due to leaking roof
- i.i.i. New Business
  - a. Damaged Ceiling in OR2 due to leaking roof



Written report remains in minutes.

- e. Laboratory
  - i. Tissue Report – No tissue report for March, 2025.
  - i.i. Transfusion Report – Approved  
Written report remains in minutes.
- f. Radiology
  - i. There was a total of – 170 X-Rays/CT/US
  - i.i. Nothing up for approval
  - i.i.i. Updates:
    - o No new updates,.
 Written report remains in minutes.
- g. Pharmacy
  - i. Verbal Report by PharmD.
  - i.i. P & T Committee Meeting –  
The P&T Committee Meeting was held on March 20, 2025.
  - i.i.i. Sterile Cipro IV and Levaquin 750mh IV have been added to the shortage list. Morphine 15mg ER is on back order. It is unavailable at this time.
  - iv. Pyxis live went well.  
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
    - o Grievance – 0
    - o Fall with no injury – 0
    - o Fall with minor injury – 0
    - o Fall with major injury – 0
    - o Death – 0
    - o AMA/LWBS – 3 ER AMA – 1 In-Pt AMA
  - Quality
    - o Quality Minutes
  - HIM –
  - Med event – 4

- After hours access was – 93  
Written report remains in the minutes.

k. Utilization Review

- i. Total Patient days for February: 293
  - i.i. Total Medicare days for February: 218
  - i.i.i. Total Medicaid days for February: 4
  - iv. Total Swing Bed days for February: 250
  - v. Total Medicare SB days for February: 191
- Written reports remain in the Minutes.

Motion made by Dr. John Chiaffitelli, Medical Director to approve  
Committee Reports for March, 2025.

6. New Business

- a. Review & Consideration of Approval of Policy & Procedure: MRMC – Environmental Services Policy & Procedure Manual – Table of Contents Attached  
**i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve Policy & Procedure – MRMC – Environmental Services Policy & Procedure Manual – Table of Contents Attached
- b. Review & Consideration of Approval of Policy & Procedure: MRMC – LSP – 001 – Utility System Management  
**i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve Policy & Procedure – MRMC – LSP – 001 – Utility System Management.
- c. Review & Consideration of Approval of Policy & Procedure: MRMC – LSP – 002 – Security Management Plan  
**i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve Policy & Procedure: MRMC – LSP – 002 – Security Management Plan.
- d. Review & Consideration of Approval of Policy & Procedure: MRMC – LSP – 003 – Fire Management Plan  
**i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve Policy & Procedure: MRMC – LSP – 003 – Fire Management Plan
- e. Review & Consideration of Approval of Policy & Procedure: MRMC – LSP – 004 – Equipment Management Plan  
**i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve Policy & Procedure: MRMC – LSP – 004 – Equipment Management Plan.
- f. Review & Consideration of Approval of Policy & Procedure: MRMC – LSP – 005 – Hazardous Material Management Plan  
**i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve Policy & Procedure: MRMC – LSP – 005 – Hazardous Material Management Plan.
- g. Review & Consideration of Approval of 2025 HIPAA Privacy Officer Appointment – Jessifca Pineda  
**i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the Approval of 2025 HIPAA Privacy Officer Appointment – Jessica Pineda.

7. Adjourn

- a. Dr Chiaffitelli made a motion to adjourn the meeting at 12:53 pm

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Medical Director/Chief of Staff

Date

**Mangum Regional Medical Center  
Quality and Patient Safety Committee Meeting  
Agenda for April 2025 and Meeting Minutes for April 2025**

Other

<b>Meeting Location: OR</b>	<b>Reporting Period: March 2025</b>	
<b>Chairperson: Dr Gilmore</b>	<b>Meeting Date: 04/10/2025</b>	<b>Meeting Time: 14:00</b>
<b>Medical Representative: Dr Gilmore</b>	<b>Actual Start Time: 1400</b>	<b>Actual Finish Time: 1440</b>
<b>Hospital Administrator/CEO: Kelley Martinez</b>	<b>Next Meeting Date/Time: tentatively 05/08/2025 @ 14:00</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>				
<b>Agenda Item</b>	<b>Presenter</b>	<b>Time Allotted</b>	<b>Discussion/Conclusions</b>	<b>Decision/Action Items</b>
A. Call to Order	QM	1 min	Called to order at 1400	Approval: First –Meghan Second– Treva
<b>II. COMMITTEE MEETING REPORTS &amp; APPROVAL OF MINUTES</b>				
<b>Agenda Item</b>	<b>Presenter</b>	<b>Time Allotted</b>	<b>Discussion/Conclusions</b>	<b>Decision/Action Items</b>
A. Quality and Patient Safety Committee <i>1. Approval of Meeting Minutes</i>	Denise Jackson	2 min	Meeting minutes – March 2025	Approval: First – Kelley Second – Waylon

**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for April 2025 and Meeting Minutes for April 2025**

B. Environment of Care (EOC) Committee 1. <i>Approval of Meeting Minutes</i>	Mark Chapman	2 min	Meeting minutes – March 2025	Approval: First – Kelley, Second – Tonya
C. Infection Control Committee 1. <i>Approval of Meeting Minutes</i>	Meghan Smith	2 min	None	
D. Pharmacy & Therapeutics (P&T) Committee 1. <i>Approval of Meeting Minutes</i>	Chelsea Church/ Lynda James	2 min	Meeting minutes – None Next P&T - June 2025	
E. Health Information Management (HIM)/Credentialing Committee 1. <i>Approval of Meeting Minutes</i>	Jessica Pineda/ Kaye Hamilton	2 min	None	
D. Utilization Review (UR) Committee 1. <i>Approval of Meeting Minutes</i>	Chasity Howell	2 min	Director not present will defer until next month	

**III. DEPARTMENT REPORTS**

Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Nursing/Emergency Department	Nick Walker	5 min	Director not present will defer until next month	
B. Radiology	Pam Esparza	2 min	3 films repeated.	
C. Laboratory	Tonya Bowan	8 min	1 contaminated blood culture for the month	Education to techs on proper nursing supplies
D. Respiratory Care	Heather Larson	2 min	12 neb changes for the month 0 vent days	
E. Therapy	Chrissy Smith	2 min	86 -PT 73-OT 1 -ST Improved Standard Assessment Scores: 7 - PT 8- OT 1- ST	Inpatient and outpatient remain busy

**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for April 2025 and Meeting Minutes for April 2025**

F. Materials Management	Waylon Wigington	2 min	2 back orders,(4oz alcohol/splint 5x30) late orders 0 Recalls 0	
G. Business Office	Desarae Clinesmith	2 min	DL –96% Weekend nursing staff missing DL and insurance for ER/SWB	BO/CNO are being made aware daily on missing data. CNO to educate floor nurses on obtaining this information for SWB after hours
H. Human Resources	Leticia Sanchez	2 min	Director not present will defer until next month	
I. Environmental Services	Mark Chapman	2 min	100% terminal room cleans	
J. Facility/Plant Operations	Mark Chapman	2 min	24 extinguishers checked  4 boiler checks  1 generator/transfer switch inspection	
K. Dietary	Treva Derr	2 min		
L. Information Technology	Desirae Galmore	2 min	Data reviewed	
<b>IV. OLD BUSINESS</b>				
<b>V. NEW BUSINESS</b>				
<b>Agenda Item</b>	<b>Presenter</b>	<b>Time Allotted</b>	<b>Discussion/Conclusions</b>	<b>Decision/Action Items</b>
A. New Business	QM	2 min	See Policy Information Below	
<b>VI. QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT DASHBOARD REPORT</b>				
<b>Agenda Item</b>	<b>Presenter</b>	<b>Time Allotted</b>	<b>Discussion/Conclusions</b>	<b>Decision/Action Items</b>
A. Volume & Utilization	CM	5 min	AMA - 2	

**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for April 2025 and Meeting Minutes for April 2025**

			<p>1 ER.) Pt to the er for c/o. Labs reviewed and further testing performed. The provider recommended transfer due to all findings, pt however did not want to be transferred. Reports that they are here visiting and want to go home to see personal physician/specialist. R/B discussed with patient; AMA signed.</p> <p>1 IN-PT.) Pt admitted inpatient via the ER for c/o. Admitted for 24 hrs. when pt decided they wanted to go home, staff discussed the R/B of discharge, pt aware but adamant they were leaving. AMA signed.</p>	
B. Case Management	CM	8 min	Director not present will defer until next month	
C. Risk Management	QM	10 min	<p><b>Deaths - 0</b></p> <p><b>Complaints - 0</b></p> <p><b>Grievances - 1</b>  1 ER pt called CEO and reported that they were treated poorly during visit, CEO took detailed report from pt phone call. All involved parties were contacted and interviewed with statements based on the dated of visit/incident. Due to the nature of the patient's conversation during the phone call with CEO other parties were contacted regarding the pt complaints to</p>	<p><b>Grievances –</b>  Final grievance letter mail to patient</p> <p><b>Workplace Violence Event -</b>  Phone call from pt to CEO to initiate the grievance, all staff involved interviewed regarding events on date of service, chart audit, notification to HR and PD due to nature of phone call with CEO. Grievance final response letter mailed to pt.</p>

**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for April 2025 and Meeting Minutes for April 2025**

			<p>include HR and PD, with follow up phone calls to staff for safety purposes. No egregious findings noted during investigation process.</p> <p><b>Workplace Violence Events – 1</b>  1 pt to the ER via ambulance, pt was non-compliant and combative/verbally aggressive during EMS transport. Upon arrival to the ER, pt would not allow staff to evaluate or provide EMS. Pt remained non-compliant and belligerent to staff adamantly refusing any exams or treatments from ER staff, pt left ER without any exam/treatment</p> <p><b>Falls - 0</b></p> <p><b>Other – 1 delay in care</b>  Pt admitted for UTI/sepsis, UA obtained and ABT began. New urine culture results reported to lab on 3/29/25 with no documentation found of notification to provider for new urine culture results. IP in office on 3/30/25, noted new culture results and notified provider with new ABT orders based on results. Discussion with Lab director, IP, CNO and QM noted that lab results do not always print out via fax through the EHR system as they should resulting in delay or proper notification not being received.</p>	<p><b>Other -</b> Discussed the lab director, IP and CNO that TrueBridge has a notes section that will allow labs to be forwarded to all parties that should be aware of lab results at time of results. Walked through the process with IP, CNO, lab director. Lab director requested that demo be done with lab staff, this was completed same day with instructions for all labs to be forwarded to; IP, CNO, provider, Charge/House Sup and Pharmacy.</p>
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**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for April 2025 and Meeting Minutes for April 2025**

D. Nursing	CCO	<b>2 min</b>	Director not present will defer until next month	
E. Emergency Department	CCO/QM	<b>5 min</b>	Director not present will defer until next month	
F. Pharmacy & Therapeutics (P&T)	Pharmacy	<b>2 min</b>	Next P&T – June 2025  After hours access - 51  ADR - 0  Med errors – 3 and 1 dose omission (CNO not present will defer med error reporting until next month)	Pyxis and Pyxis C2 are fully operational
G. Respiratory Care	RT	<b>2 min</b>	0 unplanned decannulation 7 resp assessments 100% on Chart checks	
H. Wound Care	WC	<b>2 min</b>	No wound development for the reporting period	
I. Radiology	RAD	<b>2 min</b>	No CT reactions 100% pt site verification	
J. Laboratory	LAB	<b>5 min</b>	33 repeat labs 03/20/25 PM preformed on Dimension Education on hemochron (3/19) and Blood cultures (3/26)) for lab staff	
K. Infection Control/Employee Health	IC/EH	<b>5 min</b>	No HAIs for the reporting period  Prevention of NVHAP upcoming C.Diff testing requirements	Working with Sentri 7 to interface accurate data
L. Health Information Management (HIM)	HIM	<b>2 min</b>	ED discharge instructions 69% - 42 not signed by the nurse, 1 not signed by the patient or nurse	HIM and CNO to discuss this issue
M. Dietary	Dietary	<b>2 min</b>	100% on cleaning schedules	

**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for April 2025 and Meeting Minutes for April 2025**

N. Therapy	Therapy	2 min	No issues to report, both inpatient and outpatient remain busy	
O. Human Resources (HR)	HR	2 min	Director not present will defer until next month	
P. Business Office	BOM	2 min	1 missed cost share	BO employee reeducated on cost share collection
Q. Environmental Services	EVS	2 min	10/10 on room cleans	
R. Materials Management	MM	2 min	Items label correctly – 100% Corrected numerous entries in CPSI this month	
S. Life Safety	PO	2 min	100%	
T. Emergency Preparedness	EP	2 min	3 new employees oriented	
U. Information Technology	IT	2 min	41 IT events for the reporting period	
V. Outpatient Services	Therapy	2 min	Outpatient services remain busy, no issues to report	
W. Strong Minds	N/A	N/A	Coming 2025	

**VII. POLICIES & PROCEDURES**

Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Review and <i>Approve</i>	QM	10 min	<u><b>Quality Policies (see TOC)</b></u> <ol style="list-style-type: none"> <li>Annual Performance Improvement Plan</li> <li>Annual Quality and Patient Safety Plan</li> <li>Continuous QI PDSA Corporate Worksheet</li> <li>Corporate Performance Improvement Project Charter</li> <li>Corporate PI Quarterly Report</li> </ol>	Table Quality items 1-9 <ol style="list-style-type: none"> <li>1.) Tonya/Meghan</li> <li>2.) Tonya/Meghan</li> <li>3.) Tonya/ Waylon</li> <li>4.) Tonya/Treva</li> <li>5.) Tonya/Treva</li> <li>6.) Kelley/Tonya</li> <li>7.) Waylon/Meghan</li> <li>8.) Waylon/Jessica</li> </ol>

**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for April 2025 and Meeting Minutes for April 2025**

			6. Hospital Quality Program 7. Development of a Quality Plan 8. Development of PI Program and Plan 9. PI Plan Appendix  <b><u>EVS Policies (see TOC)</u></b> 1. Environmental Services Program and Overview 2. Education and Training for Environmental Services Staff 3. Environmental Services Infection Control and Prevention 4. Disease Specific Infectious Agents- Room Cleaning 5. Cleaning Chemicals 6. Floor Care and Finishing 7. Cleaning Computers 8. Portable Fans 9. Flood Clean-up 10. Standard Operating Procedures for Environmental Services 11. CDC Environmental Checklist for Monitoring Terminal Room Cleans 12. EVS Department Orientation 13. Chemical Inventory List  <b><u>Life Safety Policies</u></b> 1. Utility System Management 2. Security Management Plan 3. Fire Management Plan 4. Equipment Management Plan	9.) Meghan/Treva  EVS Policy Manual/Policies Approval Kelley/Meghan  Life Safety Policy Manual/Policies Approval Kelley/Meghan  Code Blue Form – Not Approved Kelley/Heather
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**Mangum Regional Medical Center  
Quality and Patient Safety Committee Meeting  
Agenda for April 2025 and Meeting Minutes for April 2025**

			5. Hazardous Materials Management Plan  Code Blue Form	
<b>VIII. PERFORMANCE IMPROVEMENT PROJECTS</b>				
<b>IX. OTHER</b>				
<b>X. ADJOURNMENT</b>				
<b>Agenda Item</b>	<b>Presenter</b>	<b>Time Allotted</b>	<b>Discussion/Conclusions</b>	<b>Decision/Action Items</b>
A. Adjournment	QM	1 min	There being no further business, meeting adjourned at 1433 by Pam seconded by Heather	

<b>MEMBERS &amp; INVITED GUESTS</b>				
<b>Voting MEMBERS</b>				
Kelley Martinez	Heather Larson	Lynda James	Chrissy Smith	Treva Derr
Jessica Pineda	Desare Clinesmith	Desirae Galmor (teams)	Meghan Smith	Pam Esparza
Mark Chapman	Waylon Wigington	Tonya Bowen		Dr G (teams)
Dianne (teams)				
<b>Non-Voting MEMBERS</b>				
Denise Jackson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Chief Clinical Officer Report April 2025

### Patient Care

- MRMC Education included:
  1. Nursing documentation updates are communicated to nursing staff weekly.
  2. Yearly online training completed by hospital staff at the end of March
- 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 0 HAI and 0 MDRO for the month of April 2025.

### Client Service

- Total Patient Days for April 2025 were 211. This represents an average daily census of 6.8.
- April 2025 COVID-19 statistics at MRMC: Swabs (0 PCR & 22 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	22	13	16	21								
Swing Bed	20	11	9	18								
Observation	1	2	1	2								
Emergency Room	146	142	134	148								
Lab Completed	2343	2069	1988	2345								
Rad Completed	178	174	170	236								
Ventilator Days	0	0	0	0								

### Preserve Rural Jobs and Culture Development

- MRMC continues to recruit for 2 PM RN-House Supervisor and 2 CNA positions.
- 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 April 2025**

### **Operations Overview**

- We have been taking BIDs for the roof project and several contractors have been interested in the plans.
- Our hospital census has increased significantly this month.
- Room remodeling is ongoing.
- The agreement between ODOT and the hospital for our van has been signed and returned to the State, we continue to await approval to order our van.
- Clinic census continues to improve.
- Looking at clinic collections for April we collected a total of \$1,124.74 up from \$704.88 at time of service.
- In the Month of April, the hospital had total patient payments of \$16,126.73 up from \$14,121.11. Of the total amount \$1,547.23 was upfront collections.
- We continue to work with the business office to ensure we are getting our claims out clean. This means we are working with providers and nurses to improve documentation, so our admissions are covered with supporting diagnostics and proper diagnosis.

# Mangum Board Meeting Financial Reports

## April 30, 2025

	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  
April 30, 2025

	Current Month	Apr-25 Year-to-Date	Mthly Avg Prior Year	Variance
<b>ADC (Average Daily Census)</b>	<b>10.37</b>	<b>9.75</b>	<b>10.13</b>	<b>0.24</b>
Payer Mix % (Acute):				
MCR	40.32%	59.01%	53.01%	-12.68%
MCR Mgd Care	43.55%	22.07%	24.05%	19.50%
All Others	16.13%	18.92%	22.94%	-6.81%
Total	100.00%	100.00%	100.00%	0.00%
Payer Mix % (SWB):				
MCR	65.86%	82.81%	87.67%	-21.81%
MCR Mgd Care	34.14%	17.19%	11.35%	22.78%
All Others	0.00%	0.00%	0.98%	-0.98%
Total	100.00%	100.00%	100.00%	0.00%
Operating margin	(160,894)	(310,589)	(673,482)	
Operating Margin (monthly average)	(160,894)	(77,647)	(56,124)	(21,524)
NPR (Net Patient Revenue)	1,207,175	5,303,614	16,708,837	
NPR (monthly average)	1,207,175	1,325,903	1,392,403	(66,500)
Operating Expenses	1,385,862	5,715,724	17,611,634	
Operating Expense (monthly average)	1,385,862	1,428,931	1,467,636	(38,705)
NPR % of Oper Exp	87.1%	92.8%	94.9%	
Patient Days	311	1,170	309	2
Oper Exp / PPD	\$ 4,456	\$ 4,885	\$ 4,752	\$ 133
# of Months	1	4	12	
Cash Receipts (rnd)	1,225,184	4,804,006	15,058,468	
Cash Receipts (monthly average)	1,225,184	1,201,002	1,254,872	(53,871)
Cash as a % of NPR (s/b 100% min)	101.5%	90.6%	90.1%	
<b>Days Cash-On-Hand (Net of MCR Pay / Restrictions):</b>				
Calendar Days	30	120	366	
Operating Exp / Day	\$ 46,195	\$ 47,631	\$ 48,119	\$ (1,924)
Cash - (unrestricted)	682,095	682,095	418,015	264,080
Days Cash-On-Hand	14.8	14.3	14.2	
Days Cash-On-Hand: Minimum during month	2.6	2.6	4.6	(2.0)
MCR Rec (Pay) - "as stated - but to be adjusted"	1,643,479	1,643,479	1,317,110	326,369
AP & Accrued Liab	17,685,239	17,685,239	16,520,455	1,164,783
Accounts Receivable (at net)	1,745,633	1,745,633	1,316,379	429,254
Per AP aging schedule (incl. accruals)	Apr-25	Apr-25	Prior FYE	Net Change
Account Payable - Cohesive	15,715,565	15,715,565	14,328,203	1,387,362
Account Payable - Other	1,076,950	1,076,950	1,299,528	(222,579)
Total	16,792,515	16,792,515	15,627,731	1,164,783
Cohesive Loan	4,776,581	4,776,581	4,900,648	(124,067)



Mangum Regional Medical Center  
Cash Receipts - Cash Disbursements Summary

4/30/25

	Current Month	COVID	Total Less COVID
Cash Receipts	\$ 1,225,184	\$ -	\$ 1,225,184
Cash Disbursements	\$ 1,060,130	\$ -	\$ 1,060,130
NET	\$ 2,285,314	\$ -	\$ 2,285,314

	Year-To-Date	COVID	Year-To-Date Less COVID
Cash Receipts	\$ 4,804,006	\$ -	\$ 4,804,006
Cash Disbursements	\$ 4,538,017	\$ -	\$ 4,538,017
NET	\$ 9,342,023	\$ -	\$ 9,342,023

	Prior Month	COVID	Total Less COVID
Cash Receipts	\$ 1,289,275	\$ -	\$ 1,289,275
Cash Disbursements	\$ 1,250,266	\$ -	\$ 1,250,266
NET	\$ 2,539,541	\$ -	\$ 2,539,541

	Prior Month YTD	COVID	Prior Month YTD Less COVID
Cash Receipts	\$ 3,578,821	\$ -	\$ 3,578,821
Cash Disbursements	\$ 3,477,888	\$ -	\$ 3,477,888
NET	\$ 7,056,709	\$ -	\$ 7,056,709



**Board of Directors  
Mangum Regional Medical Center**

May 27, 2025

April 2025 Financial Statement Overview

- Statistics
  - The average daily census (ADC) for April 2025 was **10.37** – (PY fiscal year end of **10.12**).
  - Year-To-Date Acute payer mix was approximately **81%** MCR/MCR Managed Care combined.
  - Year-To-Date Swing Bed payer mix was **83%** MCR & **17%** MCR Managed Care. For the prior year end those percentages were **88% & 11%**, respectively.
- Balance Sheet Highlights
  - The cash balance as of April 30, 2025, inclusive of both operating & reserves, was **\$682K**. This increased **\$162K** from March 31, 2025.
  - Days cash on hand, inclusive of reserves, was **14.8** based on April expenses.
  - Net AR increased by **\$112K** from March.
  - Payments of approximately **\$1.06M** were made on AP (prior 3-month avg was **\$1.16M**).
  - Cash receipts were **\$64K** less than in the previous month (**\$1.23M vs \$1.28M**).
  - The Medicare principal balance was completely paid off in the month of August 2024.



- Income Statement Highlights
  - Net patient revenue for March 2025 was **\$1.21M**, which is approximately a decrease of **\$129K** from the prior month.
  - Operating expenses, exclusive of interest & depreciation, were **\$1.39M**.
  - 340B revenue was **\$15K** in April, this is a decrease of **\$7.5K** from the prior month.
  
- Clinic (RHC) Income Statement Highlights - actual & projected (includes swing bed rounding):
  - Current month's average visits per day = **11.57**
  - YTD Operating revenues = **\$163K**
  - YTD Operating expenses = **\$333K**
  - YTD Operating loss = **-\$170K**

**MANGUM REGIONAL MEDICAL CENTER****Admissions, Discharges & Days of Care****Fiscal Year 2025**

					12/31/2025	12/31/2024
	January	February	March	April	YTD	YTD
<b>Admissions</b>						
Inpatient	22	13	16	21	72	194
Swingbed	20	11	9	18	58	145
Observation	1	2	1	3	7	20
	43	26	26	42	137	359
<b>Discharges</b>						
Inpatient	23	13	15	22	73	193
Swingbed	19	12	9	13	53	139
Observation	2	2	1	3	8	19
	44	27	25	38	134	351
<b>Days of Care</b>						
Inpatient-Medicare	54	27	25	25	131	335
Inpatient-Other	23	16	15	37	91	297
Swingbed-Medicare	258	206	157	164	785	2,695
Swingbed-Other	20	44	14	85	163	379
Observation	4	7	2	4	17	28
	359	300	213	315	1,187	3,734
Calendar days	31	28	31	30	365	366
ADC - (incl OBS)	11.58	10.71	6.87	10.50	3.25	10.20
ADC	11.45	10.46	6.81	10.37	3.21	10.13
ER	146	142	134	148	570	1,902
Outpatient	108	146	140	154	548	1,494
RHC	197	187	188	243	815	1,818

# MANGUM REGIONAL MEDICAL CENTER

## Comparative Balance Sheet - Unaudited

Fiscal Year 2025

Item 8.

	January	February	March	April	12/31/24	YTD Variance
<b>Cash And Cash Equivalents</b>	<b>521,074</b>	<b>481,402</b>	<b>519,779</b>	<b>682,095</b>	418,015	<b>264,080</b>
<b>Patient Accounts Receivable, Net</b>	<b>1,820,581</b>	<b>1,879,646</b>	<b>1,633,200</b>	<b>1,745,633</b>	1,316,379	<b>429,254</b>
<b>Due From Medicare</b>	<b>1,317,110</b>	<b>1,378,146</b>	<b>1,578,007</b>	<b>1,643,160</b>	1,317,110	<b>326,050</b>
Inventory	207,642	192,025	230,062	222,929	222,062	<b>867</b>
Prepays And Other Assets	1,641,776	1,625,020	1,627,535	1,633,615	1,642,491	<b>(8,876)</b>
Capital Assets, Net	1,488,310	1,460,407	1,430,979	1,403,182	1,516,213	<b>(113,031)</b>
Total Assets	6,996,493	7,016,647	7,019,562	7,330,613	6,432,269	898,344
Accounts Payable	16,097,892	16,261,884	16,459,679	16,792,515	15,627,731	<b>1,164,783</b>
AHSO Related AP	892,724	892,724	892,724	892,724	892,724	-
Deferred Revenue	154,761	114,589	-	170,667	0	<b>170,667</b>
<b>Due To Medicare</b>	<b>(319)</b>	<b>(319)</b>	<b>(319)</b>	<b>(319)</b>	(319)	-
Covid Grant Funds	-	-	-	-	0	-
Due To Cohesive - PPP Loans	-	-	-	-	0	-
Notes Payable - Cohesive	4,869,631	4,838,614	4,807,598	4,776,581	4,900,648	<b>(124,067)</b>
Notes Payable - Other	17,948	17,948	17,948	17,948	17,948	-
Alliantz Line Of Credit	-	-	-	-	0	-
Leases Payable	257,371	256,837	256,300	255,759	258,209	<b>(2,451)</b>
Total Liabilities	22,290,008	22,382,278	22,433,929	22,905,874	21,696,942	1,208,933
Net Assets	(15,293,515)	(15,365,631)	(15,414,367)	(15,575,261)	(15,264,672)	<b>(310,589)</b>
Total Liabilities and Net Assets	6,996,493	7,016,647	7,019,562	7,330,613	6,432,269	898,344

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

2023			2024			2025		
Month	Receipts	Disbursements	Month	Receipts	Disbursements	Month	Receipts	Disbursements
Jan-23	1,290,109	1,664,281	Jan-24	1,187,504	1,150,522	Jan-25	1,105,099	996,372
Feb-23	1,506,708	1,809,690	Feb-24	708,816	995,157	Feb-25	1,184,447	1,231,249
Mar-23	1,915,435	1,109,683	Mar-24	1,236,158	1,073,824	Mar-25	1,289,275	1,250,266
Apr-23	2,005,665	1,365,533	Apr-24	1,645,373	1,483,022	Apr-25	1,225,184	1,060,130
May-23	1,436,542	2,237,818	May-24	1,273,007	1,062,762	May-25		
Jun-23	1,777,525	1,506,459	Jun-24	950,928	1,216,556	Jun-25		
Jul-23	1,140,141	1,508,702	Jul-24	1,344,607	1,562,407	Jul-25		
Aug-23	1,600,786	1,352,905	Aug-24	2,089,281	2,176,381	Aug-25		
Sep-23	1,490,569	1,295,680	Sep-24	1,183,508	1,322,228	Sep-25		
Oct-23	1,211,980	1,345,813	Oct-24	1,779,690	1,154,658	Oct-25		
Nov-23	985,475	1,355,224	Nov-24	770,820	1,370,620	Nov-25		
Dec-23	929,990	1,191,570	Dec-24	888,776	1,027,058	Dec-25		
	<u>17,290,925</u>	<u>17,743,359</u>		<u>15,058,468</u>			<u>4,804,006</u>	
Subtotal FY 2023	<u><u>17,290,925</u></u>		Subtotal FY 2024	<u><u>15,058,468</u></u>		Subtotal FY 2025	<u><u>4,804,006</u></u>	

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

	Original Balance	Balance as of 04/30/25	Total Interest Paid as of 04/30/25
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)	-	-
FY23 (8-month IRR) L4315598	95,225.46	-	7,038.71
FY23 (8-month IRR) L4315599	1,918,398.00	-	155,799.09
FY23 MCR pay (rec) remaining estimate	-	-	-
FY24 MCR pay (rec) estimate	-	(1,317,110.00)	
FY25 MCR pay (rec) estimate	-	(326,050.00)	
<b>Total</b>	<b>7,009,696.31</b>	<b>(1,643,478.61)</b>	<b>1,355,350.56</b>

**Mangum Regional Medical Center**  
**Statement of Revenue and Expense**  
**For The Month and Year To Date Ended April 30, 2025**  
**Unaudited**

Item 8.

MTD					YTD			
Actual	Budget	Variance	% Change		Actual	Budget	Variance	% Change
383,704	291,627	92,076	32%	Inpatient revenue	1,511,939	1,160,434	351,505	30%
1,261,902	1,265,794	(3,893)	0%	Swing Bed revenue	4,425,025	5,067,918	(642,893)	-13%
592,871	669,251	(76,379)	-11%	Outpatient revenue	2,376,562	2,646,511	(269,949)	-10%
193,268	209,345	(16,076)	-8%	Professional revenue	726,489	836,272	(109,784)	-13%
2,431,745	2,436,017	(4,272)	0%	Total patient revenue	9,040,015	9,711,136	(671,120)	-7%
1,215,932	1,189,264	26,668	2%	Contractual adjustments	3,770,247	4,722,355	(952,108)	-20%
(65,153)	-	(65,153)	#DIV/0!	Contractual adjustments: MCR Settlement	(326,050)	-	(326,050)	#DIV/0!
73,791	(102,057)	175,848	-172%	Bad debts	292,205	(408,226)	700,431	-172%
1,224,570	1,087,207	137,363	13%	Total deductions from revenue	3,736,402	4,314,128	(577,727)	-13%
1,207,175	1,348,810	(141,635)	-11%	Net patient revenue	5,303,614	5,397,007	(93,394)	-2%
2,632	1,913	719	38%	Other operating revenue	21,457	7,651	13,806	180%
15,161	21,120	(5,960)	-28%	340B REVENUES	80,065	79,824	241	0%
1,224,968	1,371,843	(146,876)	-11%	Total operating revenue	5,405,135	5,484,483	(79,347)	-1%
				Expenses				
396,151	387,856	8,295	2%	Salaries and benefits	1,664,507	1,551,422	113,085	7%
77,625	73,315	4,310	6%	Professional Fees	279,536	293,260	(13,724)	-5%
403,022	437,192	(34,170)	-8%	Contract labor	1,652,890	1,748,769	(95,879)	-5%
101,833	127,899	(26,066)	-20%	Purchased/Contract services	445,932	511,596	(65,664)	-13%
225,000	225,000	-	0%	Management expense	900,000	900,000	-	0%
74,156	88,765	(14,609)	-16%	Supplies expense	339,981	355,062	(15,081)	-4%
15,207	19,250	(4,043)	-21%	Rental expense	66,926	77,000	(10,074)	-13%
7,751	14,275	(6,524)	-46%	Utilities	51,435	57,102	(5,667)	-10%
336	918	(582)	-63%	Travel & Meals	2,397	3,673	(1,276)	-35%
14,947	11,219	3,728	33%	Repairs and Maintenance	50,074	44,876	5,198	12%
10,777	14,251	(3,474)	-24%	Insurance expense	48,703	57,004	(8,300)	-15%
20,999	11,796	9,203	78%	Other Expense	44,460	47,183	(2,723)	-6%
10,029	16,199	(6,170)	-38%	340B EXPENSES	55,136	61,229	(6,093)	-10%
1,357,832	1,427,935	(70,103)	-5%	Total expense	5,601,977	5,708,176	(106,198)	-2%
(132,865)	(56,092)	(76,772)	137%	EBIDA	(196,842)	(223,693)	26,851	-12%
-10.8%	-4.1%	-6.76%		EBIDA as percent of net revenue	-3.6%	-4.1%	0.44%	
232	-	232	#DIV/0!	Interest	715	-	715	#DIV/0!
27,797	26,985	812	3%	Depreciation	113,031	82,797	30,234	37%
(160,894)	(83,077)	(77,817)	94%	Operating margin	(310,589)	(306,490)	(4,099)	1%
-	-	-		Other	-	-	-	
-	-	-		Total other nonoperating income	-	-	-	
(160,894)	(83,077)	(77,817)	94%	Excess (Deficiency) of Revenue Over Expenses	(310,589)	(306,490)	(4,099)	1%
-13.13%	-6.06%	-7.08%		Operating Margin %	-5.75%	-5.59%	-0.16%	



**MANGUM REGIONAL MEDICAL CENTER**
**Statement of Revenue and Expense Trend - Unaudited**
**Fiscal Year 2025**

Item 8.

	January	February	March	April	YTD
Inpatient revenue	525,995	250,434	351,806	383,704	1,511,939
Swing Bed revenue	1,203,067	1,237,078	722,978	1,261,902	4,425,025
Outpatient revenue	573,540	649,689	560,462	592,871	2,376,562
Professional revenue	206,082	179,651	147,487	193,268	726,489
Total patient revenue	2,508,685	2,316,852	1,782,733	2,431,745	9,040,015
Contractual adjustments	977,305	929,089	647,920	1,215,932	3,770,247
Contractual adjustments: MCR Settlement	-	(61,036)	(199,861)	(65,153)	(326,050)
Bad debts	106,576	113,834	(1,996)	73,791	292,205
Total deductions from revenue	1,083,881	981,887	446,064	1,224,570	3,736,402
Net patient revenue	1,424,804	1,334,965	1,336,670	1,207,175	5,303,614
Other operating revenue	15,410	(757)	4,171	2,632	21,457
340B REVENUES	23,868	18,212	22,824	15,161	80,065
Total operating revenue	1,464,083	1,352,420	1,363,664	1,224,968	5,405,135
	95.4%	93.7%	94.6%	87.1%	92.8%
Expenses					
Salaries and benefits	439,483	399,707	429,167	396,151	1,664,507
Professional Fees	65,648	65,452	70,812	77,625	279,536
Contract labor	428,978	404,116	416,774	403,022	1,652,890
Purchased/Contract services	107,620	108,704	127,775	101,833	445,932
Management expense	225,000	225,000	225,000	225,000	900,000
Supplies expense	98,866	101,239	65,720	74,156	339,981
Rental expense	17,598	13,094	21,026	15,207	66,926
Utilities	13,436	17,413	12,834	7,751	51,435
Travel & Meals	315	971	775	336	2,397
Repairs and Maintenance	11,240	10,981	12,906	14,947	50,074
Insurance expense	23,837	26,409	(12,321)	10,777	48,703
Other	18,752	11,003	(6,293)	20,999	44,460
340B EXPENSES	14,050	12,401	18,656	10,029	55,136
Total expense	1,464,823	1,396,491	1,382,831	1,357,832	5,601,977
EBIDA	\$ (740)	\$ (44,070)	\$ (19,167)	\$ (132,865)	\$ (196,842)
EBIDA as percent of net revenue	-0.1%	-3.3%	-1.4%	-10.8%	-3.6%
Interest	199	143	141	232	715
Depreciation	27,903	27,903	29,428	27,797	113,031
Operating margin	\$ (28,843)	\$ (72,116)	\$ (48,736)	\$ (160,894)	\$ (310,589)
Other	-	-	-	-	-
Total other nonoperating income	\$ -	\$ -	\$ -	\$ -	\$ -
Excess (Deficiency) of Revenue Over Expenses	(28,843)	(72,116)	(48,736)	(160,894)	(310,589)

**Mangum Family Clinic**  
**For the Month Ended and Year To Date April 30, 2025**

	Current			Last FYE	Net Change
	Month	Year-To-Date	12-Month Projected		
Gross Patient Revenue	31,695	103,720	311,160	217,497	93,663
Less: Revenue deductions	26,375	59,027	177,082	118,420	58,662
Net Patient Revenue	58,071	162,748	488,243	335,917	152,326
Other Income (if any)	-	-	-	-	-
Operating revenue	58,071	162,748	488,243	335,917	152,326
<b>Operating Expenses:</b>					
Leased Salaries	27,350	123,010	369,029	177,825	191,204
Contract labor	-	6,000	17,999	8,191	9,808
Benefits	4,780	9,346	28,037	49,899	(21,862)
Provider Fees	4,357	17,776	53,328	41,078	12,250
Purchased/Contract services	2,078	18,540	55,619	70,882	(15,263)
Management expense	11,250	45,000	135,000	135,000	-
Supplies expense	1,172	2,660	7,981	11,788	(3,807)
Rental expense	(53)	7,158	21,475	23,700	(2,225)
Utilities	541	1,868	5,603	8,567	(2,964)
Travel & Meals	-	237	712	987	(275)
Repairs and Maintenance	-	445	1,336	1,239	97
Insurance expense	-	2,845	8,535	2,705	5,830
Other expense	488	1,593	4,779	6,469	(1,690)
CAH Overhead Allocation	24,154	96,616	289,848	250,979	38,869
Total Operating Expenses	76,117	333,094	999,281	789,309	209,972
<b>Net Income (loss)</b>	<b>(18,046)</b>	<b>(170,346)</b>	<b>(511,038)</b>	<b>(453,392)</b>	<b>(57,646)</b>

<b>340B</b>					
Gross revenues	15,160.66	80,065	240,194	191,188	49,007
Operating expenses	10,029.03	55,136	165,408	149,534	15,874
Profit (loss)	<b>5,132</b>	<b>24,929</b>	<b>74,786</b>	<b>41,654</b>	<b>33,132</b>
<b>Net Income (loss) with 340B</b>	<b>(12,915)</b>	<b>(145,417)</b>	<b>(436,252)</b>	<b>(411,738)</b>	<b>(24,514)</b>

<b>Stats</b>					
Onsite Visits	210	761	2,283	1,768	515
Swing Bed Visits	33	53	159	76	83
Telehealth, CCM, Nurse Visits	0	0	-	20	(20)
Total Visits	243	814	2442	1864	578

Payor Mix based on Total Visits					
Medicare		29%	29%	28%	2%
Managed Medicare		4%	4%	4%	0%
Medicaid		16%	16%	31%	-15%
Commercial/Other		51%	51%	37%	13%
Total		100%	100%	100%	0%

Clinic Days	21	86	258	258	-
Average Visit Per Day	12	9	9	7	2

Cost Per Visit	\$ 313.24	\$ 409.21	\$ 409.21	\$ 423.45	\$ (14.24)
Medicare Visit Cap		\$ 292.54	\$ 292.54	\$ 282.65	
Over (Under) Cap		\$ 116.67	\$ 116.67	\$ 140.80	

VENDOR NAME	DESCRIPTION	0-30 Days	31-60 Days	61-90 Days	OVER 90 Days	4/30/2025	3/31/2025	2/28/2025	1/31/2025	12/31/2024	11/30/2024
ACCUTEK LAB	Lab Supplies	-	-	-	-	-	-	184.00	-	-	-
AMERISOURCE RECEIVABLES (ARFC)	Pharmacy Supplies	7,202.96	-	-	-	7,202.96	-	-	11,757.72	9,043.76	1,899.84
ANESTHESIA SERVICE INC	Patient Supplies	-	-	-	-	-	367.00	-	-	192.00	-
AT&T	Fax Service	2,954.81	-	-	-	2,954.81	-	2,897.05	3,187.12	-	-
BARRY DAVENPORT	1099 Provider	-	-	-	-	-	-	-	-	-	4,680.00
BETHANY MOORE	Expense Reimbursement	-	-	-	-	-	-	-	-	-	71.26
BIO-RAD LABORATORIES INC	Lab Supplies	-	-	-	-	-	-	963.30	-	-	2,858.85
careLearning	Training	-	-	-	-	-	-	3,442.50	-	-	-
CARSTENS	Supplies	-	-	-	-	-	-	-	103.21	-	-
CITY OF MANGUM	Utilities	-	-	-	-	-	-	-	5,035.61	-	-
CLIA LABORATORY PROGRAM	Lab Services	-	-	-	-	-	-	-	-	3,032.00	-
COHESIVE HEALTHCARE MGMT	Mgmt Fees	230,036.66	225,162.00	235,433.32	2,602,744.77	3,293,376.75	3,309,819.49	3,202,012.17	3,090,408.85	3,185,408.85	2,970,642.19
COHESIVE HEALTHCARE RESOURCES	Payroll	-	-	-	2,184,521.67	2,184,521.67	2,296,849.67	2,768,773.18	3,234,251.88	3,435,523.18	3,900,237.40
COHESIVE MEDIRYDE LLC	Patient Transportation Service	-	-	-	-	-	-	840.50	425.00	768.75	1,388.75
COHESIVE STAFFING SOLUTIONS	Agency Staffing Service	634,874.32	727,625.27	936,360.66	7,938,806.38	10,237,666.63	9,455,901.68	8,873,996.92	8,672,208.52	7,706,502.29	7,148,186.24
CORRY KENDALL, ATTORNEY AT LAW	Legal Fees	-	-	-	-	-	2,000.00	-	2,000.00	-	-
DAN'S HEATING & AIR CONDITIONI	Repairs/maintenance	-	-	-	-	-	595.00	-	2,252.33	-	-
DELL FINANCIAL SERVICES LLC	Server Lease	-	-	-	-	-	-	-	-	211.73	-
DIAGNOSTIC IMAGING ASSOCIATES	Radiology Purch Svs	2,150.00	-	-	-	2,150.00	-	2,150.00	2,150.00	2,150.00	2,150.00
DYNAMIC ACCESS	Vascular Consultant	1,545.00	-	-	-	1,545.00	750.00	-	750.00	2,250.00	-
eCLINICAL WORKS, LLC	RHC EHR	-	-	-	-	-	-	2,471.50	334.24	(411.14)	-
FEDEX	Shipping	45.52	-	-	-	45.52	-	-	97.56	89.50	-
FIRSTCARE MEDICAL SERVICES, PC	1099 Provider	-	-	-	-	-	-	-	-	-	11,910.44
FUCHS RADIO, LLC	Advertising	-	-	-	-	-	-	-	-	-	110.00
FUCHA RADIO, LLC	Advertising	110.00	-	-	-	110.00	110.00	-	-	110.00	-
GEORGE BROS TERMITE & PEST CON	Pest Control Service	-	-	-	-	-	575.00	-	365.00	170.00	-
GRAINGER	Maintenance Supplies	506.76	-	-	-	506.76	60.92	-	439.41	-	1,321.07
GREER COUNTY TREASURER	Insurance	-	-	-	-	-	5,015.00	15,533.50	15,533.50	21,037.00	-
HAC INC	Dietary Supplies	49.82	-	-	-	49.82	-	-	63.00	89.96	50.71
HEWLETT-PACKARD FINANCIAL SERV	Computer Services	-	-	-	-	-	307.10	307.10	307.10	307.10	307.10
HOSPITAL EQUIPMENT RENTAL COMP	Rental Equipment	-	-	-	-	-	3,155.00	3,155.00	-	3,155.00	3,155.00
JANUS SUPPLY CO	Housekeeping Supplies, based in Altus	765.72	-	-	-	765.72	495.80	516.54	1,151.61	842.10	958.45
KELLEY MARTINEZ	Expense Reimbursement	-	-	-	-	-	-	-	-	108.52	-
LAMPTON WELDING SUPPLY	Patient Supplies	-	-	-	-	-	-	-	1,660.27	-	-
LANDAUER	Radiology Purch Svs	-	-	-	-	-	-	-	-	1,805.10	-
LG PRINT CO	Advertising	-	-	-	-	-	-	-	243.25	115.00	45.00
LOCKE SUPPLY	Plant Ops supplies	-	-	-	-	-	-	-	-	-	119.62
MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies	-	-	-	-	-	-	-	-	63.15	1,411.43
MCKESSON - 340 B	Pharmacy Supplies	-	-	-	-	-	669.23	-	626.95	-	-
MEDLINE INDUSTRIES	Patient Care/Lab Supplies	8,428.94	870.12	-	-	9,299.06	12,356.00	26,576.04	38,187.02	13,235.24	15,905.71
MYHEALTH ACCESS NETWORK, INC	Compliance purch svs	758.95	-	-	-	758.95	758.95	758.95	758.95	758.95	758.95
NATIONAL DATA BANK	IT Service	-	-	-	-	-	42.50	42.50	42.50	110.00	110.00
NUANCE COMMUNICATIONS INC	RHC purch svs	-	-	-	-	-	246.00	-	202.00	202.00	79.00
OFMQ	Quality purch svs	-	-	-	-	-	-	350.00	-	-	-
OKLAHOMA HOSPITAL ASSOCIATION	License	-	-	-	-	-	-	-	16,586.00	-	-
ORGANOGENESIS INC	Patient Care/Lab Supplies	-	-	-	-	-	-	-	-	-	1,615.00
PETE'S GLASS & UPHOLSTERY	Repairs/maintenance	-	-	-	-	-	-	-	-	-	4,250.00
PHARMA FORCE GROUP LLC	340B purch svs	590.63	-	-	-	590.63	1,136.47	1,171.33	-	-	1,173.13
PHARMACY CONSULTANTS, INC.	PHARMACY CONSULTANTS, INC.	3,136.21	-	-	-	3,136.21	2,700.00	2,700.00	589.13	3,849.20	2,600.00
PIPETTE COM	Lab maintenance	-	-	-	-	-	-	-	101.00	-	-
PUCKETT DISCOUNT PHARMACY	Pharmacy Supplies	-	-	-	-	-	495.15	-	-	-	-
RADIATION CONSULTANTS	Radiology maintenance	3,300.00	-	-	-	3,300.00	-	-	-	-	-
SIEMENS HEALTHCARE DIAGNOSTICS	Service Contract	3,827.02	-	-	-	3,827.02	-	3,857.01	399.78	877.31	3,052.76
SMAART MEDICAL SYSTEMS INC	Radiology interface/Radiologist provider	1,735.00	-	-	-	1,735.00	1,735.00	4,235.00	1,735.00	-	3,470.00
SOMSS LLC	1099 Provider	-	-	-	-	-	-	-	-	-	13,200.00
SPACELABS HEALTHCARE LLC	Telemetry Supplies	-	-	-	-	-	-	-	-	-	1,240.82
SPARKLIGHT BUSINESS	Cable service	131.43	-	-	-	131.43	119.43	-	-	-	-
STANDLEY SYSTEMS LLC	Printer lease	2,398.41	-	-	-	2,398.41	2,505.36	-	1,645.71	-	-
STAPLES ADVANTAGE	Office Supplies	296.01	-	-	-	296.01	-	-	1,530.92	383.49	498.22
STERICYCLE / SHRED-IT	Waste Disposal Service	1,305.93	-	-	-	1,305.93	-	2,358.00	1,734.09	1,654.10	2,515.53
SUMMIT UTILITIES	Utilities	-	-	-	-	-	3,487.57	3,487.57	3,749.10	3,082.48	-
TECUMSEH OXYGEN & MEDICAL SUPP	Patient Supplies	-	-	-	-	-	-	630.00	2,888.00	-	2,540.00
TELEFLEX	Patient Supplies	-	-	-	-	-	-	-	510.00	-	-
TRIOSE INC	Freight	-	-	-	-	-	118.95	215.27	69.12	-	121.20
US FOODSERVICE-OKLAHOMA CITY	Food and supplies	-	-	-	(7.84)	(7.84)	(7.84)	(12.93)	(7.84)	(595.31)	728.22

VENDOR NAME	DESCRIPTION	0-30 Days	31-60 Days	61-90 Days	OVER 90 Days	4/30/2025	3/31/2025	2/28/2025	1/31/2025	12/31/2024	11/30/2024
CARDINAL HEALTH 110, LLC	Patient Supplies	-	-	-	-	-	-	-	3,198.08	10,424.49	2,253.90
CUSTOM MEDICAL SOLUTIONS	Equipment Rental Agreement	-	-	-	(948.00)	(948.00)	(948.00)	(948.00)	(948.00)	(948.00)	(948.00)
DIRECTV	Cable service	-	-	-	-	-	-	-	294.55	294.55	-
VESTIS	Housekeeping Service	3,277.98	-	-	-	3,277.98	9,827.62	9,799.67	3,257.13	3,257.13	13,028.52
CARLOS MENDOZA	Education/Training	-	-	-	-	-	-	-	1,100.00	-	-
CULLIGAN WATER CONDITIONING	Equipment Rental Agreement	(115.62)	-	-	-	(115.62)	-	-	-	-	-
DELL MARKETING L.P	Server Lease	942.97	-	-	-	942.97	-	-	225.89	-	-
DP MEDICAL SERVICES	Rental	-	-	-	-	-	-	-	1,795.00	-	-
<b>Grand Total</b>		<b>910,255.43</b>	<b>953,657.39</b>	<b>1,171,793.98</b>	<b>12,725,116.98</b>	<b>15,760,823.78</b>	<b>15,111,244.05</b>	<b>14,932,279.67</b>	<b>15,135,513.76</b>	<b>14,409,149.48</b>	<b>14,119,696.31</b>
			Reconciling Items:		Conversion Variance	13,340.32	13,340.32	13,340.32	13,340.32	13,340.32	13,340.32
					AP Control	16,106,041.62	15,456,461.89	15,284,753.07	15,480,731.60	14,754,367.32	14,464,914.15
					Accrued AP	1,579,196.90	1,895,940.59	1,869,854.95	1,509,883.67	1,766,087.90	1,634,939.52
					AHSO Related AP	(892,723.76)	(892,723.76)	(892,723.76)	(892,723.76)	(892,723.76)	(892,723.76)
					<b>TOTAL AP</b>	<b>16,792,514.76</b>	<b>16,459,678.72</b>	<b>16,261,884.26</b>	<b>16,097,891.51</b>	<b>15,627,731.46</b>	<b>15,207,129.91</b>
						16,792,514.76	16,459,678.72	16,261,884.26	16,097,891.51	15,627,731.46	15,207,129.91
						-	-	-	-	-	-

# RD INSTRUCTIONS FOR LOP COMPLETION:

***NOTE: THE AscenDrive LOP must be signed by a C-Suite level executive in addition to the Supply Chain officer of Member.***

1. For the AscenDrive LOP executed by Member, insert the date, C-Suite executive name and title, and hospital address on page one of the LOP.
2. Insert the name of the Member in the first paragraph and the signature page.
3. Insert the Member's start date in section III of the LOP. Members are allowed to request a future start date beyond the date they sign the LOP.
4. The C-Suite executive and Supply Chain executive must sign and print their names, titles and applicable date(s) in the signature blocks.
5. **Complete Excel Document (Appendix B) including all entity codes and facilities that are being rostered under the organization.**
6. Once signed by the C-Suite executive and Supply Chain executive, a scanned copy of the ***ENTIRE LOP*** along with Excel based Appendix B should be emailed to the following:
  - a. AscenDrive Mailbox ([AscenDrive@premierinc.com](mailto:AscenDrive@premierinc.com))

DATE \_\_\_\_\_

Kelley Martinez  
Chief Executive Officer  
Mangum Regional Medical Center  
1 Wickersham Drive  
Mangum, OK 73554

**Re: Letter of Participation – AscenDrive™ Program (this “LOP”)**

Dear Kelley:

Thank you for agreeing to have **Mangum Regional Medical Center** (together with its facilities, “Member”) participate in Premier’s AscenDrive™ program (the “AscenDrive Program” or “Program”). The goal of the AscenDrive Program is to establish a framework for achieving industry-leading supply chain performance excellence.

Designed to drive unprecedented levels of value for patients and hospitals as measured by improvements in key supply chain areas, the AscenDrive Program has been adopted by the Board and executive management of Premier Healthcare Alliance, L.P. (“Premier”) as an innovative and industry-changing approach to accelerate cost savings while striking a balance between commitment, value and choice. Participants that opt into the AscenDrive Program will benefit from:

- Group purchasing program with innovative sourcing approaches, tiers and prices specifically negotiated for AscenDrive participants (the “AscenDrive Participants”);
- Benchmarking metrics to assist in determining additional supply chain and operational cost savings opportunities;
- Knowledge sharing with other AscenDrive Participants; and
- Clinical outcomes and evidence review through a systematic clinical evaluation process to determine best practices through a clinical council of participants.

The AscenDrive Program will involve a cohort of leading hospitals and health systems, which will be measured in key supply chain areas. The success of the AscenDrive Program will be measured by the cohort’s movement from baseline performance into the top quartile across key performance areas as well as identifying and implementing change concepts for improving supply chain performance. AscenDrive Participants will realize benefits such as:

- Access to tools and reports
- Recognition as an industry and market leader for achievement of higher levels of performance excellence benchmarks



The AscenDrive strategy committee is made up of representatives from AscenDrive Participants that will meet with Premier on an ongoing basis to provide overall strategic direction to the AscenDrive Program, to manage compliance and make award decisions for AscenDrive Agreements (as defined below) (the “AscenDrive Strategy Committee”).

## I. PARTICIPATION CRITERIA AND REQUIREMENTS

Participants in the AscenDrive Program must adhere and agree to the criteria identified herein. In connection with participation in the Program, Member hereby agrees to the following Program Requirements:

- Member C-suite sponsorship and engagement in the Program to support conversions, standardization and compliance where necessary.
- Member Board and executive management commitment to achieving excellence in supply chain performance with demonstrated improvement capacity.
- Commitment to transparency of results in the cohort and sharing of best practices.
- Member will not issue an RFP for any products or categories included in the Program (collectively, the “Program Categories” and each a “Program Category”).
  - First occurrence – Member is reminded that they are prohibited from issuing an RFP in the Program Categories.
  - Second occurrence – Member is terminated from participation in the Program with thirty (30) days’ notice and shall no longer be able to access Program pricing upon such termination.
- Must price activate and purchase from a minimum of 90% of Program Categories (the “Program Commitment”):
  - Most Program Categories will have GPO agreements (the “Program Agreements”) with two (2) suppliers (the “Program Suppliers”) and Member shall select one (1) of the Program Agreements in the Program Category from which to make its purchases.
  - If a Member elects not to participate in a Program Category, then Member is required to submit to Premier the Program Exemption Request Form (See Appendix E) in the Performance Group Portal specifying the reason why it will not participate (“Program Exemptions”). For clarification, a Program Exemption other than related to (1) diversity, (2) EPP or (3) non-applicability must be executed by a signatory from Member’s C-Suite (each a “C-Suite Approved Exemption”) (See Appendix C).
- Must meet the specified compliance level in each Program Agreement:
  - Member will need to achieve compliance requirement (typically 80%) in the Program Agreement with the selected supplier (“Agreement Commitment”).
  - Member shall not be allowed to purchase under the non-selected Program Agreement (if there are two, must choose one).
- The AscenDrive Program allows for utilization of certified diversity suppliers without using a C-Suite Approved Exemption (See Diversity Rules in Appendix C).

- The AscenDrive Program allows for Environmentally Preferred Product suppliers without using a C-Suite Approved Exemption (See EPP rules in Appendix C).
- Either price activation of Program Agreement or submission of an approved Program Exemption within 180 days of contract launch.
- 90-day conversions to the selected Program Agreement upon price activation.
- Member will have 180 days from LOP Start Date (as defined in Section III) to become fully compliant with the Program Commitment.
  - No Program Categories or Program Agreements are optional.
  - Many Program Agreements will include rebates for early start / quick conversion incentives that will be available only when Member has price activated the Program Agreement and compliance has been achieved within ninety (90) days of the effective date of the Program Agreement.
- In the event that the Member elects to participate in opportunities or aggregation groups that are not led by Premier (each, a “Non-Premier Group”):
  - Member hereby agrees that (a) the AscenDrive portfolio will be its primary source for contracting and (b) it will continue to meet its AscenDrive Agreement Commitment.
  - Should the AscenDrive portfolio not provide coverage for a category that is offered by a Non-Premier Group, the Member may then use the Non-Premier Group agreement for coverage until such time that Premier elects to add that category to the program.
  - Member hereby agrees that it will not share AscenDrive program information with the Non-Premier Groups including, but not limited to, contract terms, rebates and pricing, category cross references, financial analytics or conversion impacts / market baskets.
  - Member hereby agrees that purchase history data that includes transactions tied to AscenDrive agreements will also remain protected and will not be shared with Non-Premier Groups.
- Member will process, at minimum, 50% of all AscenDrive purchase orders and invoices via an EDI (Electronic Data Interchange) channel of choice.

## II. USE OF TOOLS

Under the terms of this LOP, Member will submit an MMIS Extract to Premier of item level purchasing transaction data (“Transaction Data”). In the event Member has a subscription to Supply Analytics, Member authorizes Premier to access and use the Customer Data (as defined in Member’s subscription agreement for Supply Analytics) submitted to Premier Healthcare Solutions, Inc. in support of and in accordance with the terms of this LOP. Member shall have access to the following tools (collectively, the “Premier Tools”):

Premier Tools	IMPLEMENTATION TARGET
Performance Group Portal (Measure compliance, track savings, etc.)	ASAP
AscenDrive Community (information, networking resource)	ASAP



### III. PARTICIPATION IN PROGRAM

The term of Member's participation in the AscenDrive Program will begin \_\_\_\_\_ ("LOP Start Date") and continue until the expiration of Member's membership in Premier or until terminated as provided herein. Member is participating voluntarily in the AscenDrive Program and may cease to participate in the Program at any time upon 30 days' written notice to Premier. Premier reserves the right to modify or terminate the AscenDrive Program for all AscenDrive members upon 90 days' written notice. In the event Member (a) does not meet the Program Commitment, (b) is not achieving the Agreement Commitment as required under a Program Agreement, or (c) issues an RFP in any of the Program Categories, Member will be subject to termination from the Program in accordance with the terms herein. Premier may, in its discretion, terminate Member's access to the AscenDrive Program if Member provides notice of membership termination to Premier, however Member's access under Premier's national program contracts may continue until the effective date of such termination. Notwithstanding any terms to the contrary in any other agreements with Premier and/or a Premier affiliate, Member agrees that the terms of this LOP shall control with respect to the AscenDrive Program.

### IV. DATA MATTERS

Member hereby agrees as follows:

In connection with Member's participation in the AscenDrive Program and in respect of its access and use of the Premier Tools and any other products and/or services provided by Premier to Member, Member will provide and/or Premier will have access to certain of Member's data (collectively, the "AscenDrive Data" which includes the Transaction Data and Customer Data), and Member hereby grants to Premier the right to use, disclose and take such further actions with respect to the AscenDrive Data as determined by Premier in order for Premier to provide any and all products and services offered through the AscenDrive Program. To the extent Premier shares any AscenDrive Data with a third party, any such data shall be subject to an obligation of confidentiality. Member hereby represents and warrants that it has the right to disclose the AscenDrive Data and grant the AscenDrive Data provided used for the following purposes:

- To provide advanced data analytics and commitment reporting for compliance and monitoring directly related to Member;
- To increase education offerings on best practices, outcomes, standardization and utilization as well as facilitate discussion related to patient care and clinically-focused improvements;
- To create custom analytics inclusive of value adds, rebates and reports for participants and suppliers, specific to participants, so they can be identified and alerted, in a timely manner, regarding matters such as trending toward non-compliance, which will enable the participants

to continue to reap the full benefits of participating in the AscenDrive Program and avoid removal; and,

- To create robust tracking and reporting to both participants in the AscenDrive Program and suppliers to facilitate deeper cross-referencing, thus minimizing misalignment between suppliers and participants in the AscenDrive Program following the launch of a GPO agreement with an AscenDrive supplier and to assist suppliers with more diverse ways to deliver value to participants in the AscenDrive Program.

**AscenDrive SIGNATURES**

Please sign below to indicate the participation of **Mangum Regional Medical Center** in AscenDrive. By executing this LOP, the undersigned AscenDrive member agrees to all of the terms in this LOP and the attached AscenDrive Program Rules attached hereto as Appendix C.

**Premier Healthcare Alliance, L.P.:**  
**By: Premier Healthcare Solutions, Inc.,**  
**its General Partner**

**Mangum Regional Medical Center:**

\_\_\_\_\_  
***Pamela W. Daigle, GVP Sourcing***

\_\_\_\_\_  
***Kelley Martinez / Chief Executive Officer***

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
***Waylon Wigington / Material Manager***

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**(Name)**

\_\_\_\_\_  
**(Title)**

\_\_\_\_\_  
**Date**

## APPENDIX A SCOPE OF SERVICES

### KEY PROJECT ACTIVITIES

<b>1. Member On-Boarding</b>	A program kick-off session will be held upon conclusion of the participant recruitment period.
<b>2. Data Collection and Analysis</b>	Once the required supply chain improvement tools are deployed and fully operational, Member will submit data on a monthly basis or as required by the Program.
<b>3. AscenDrive Community and Portal</b>	Each AscenDrive Participant will be provided access to the Premier AscenDrive Community. A portal will be available to work collaboratively throughout the year to ensure that AscenDrive Participants take full advantage of identified best practices and ensure knowledge exchange across all AscenDrive Participants.
<b>4. AscenDrive Participant Networking</b>	Premier staff will facilitate direct networking and information sharing between all AscenDrive Participants as needed to support growth of the Program and performance.

**APPENDIX B  
LIST OF PARTICIPATING FACILITIES**

**PLEASE COMPLETE THE APPENDIX B EXCEL WORKSHEET AND ATTACH TO THE COMPLETED DOCUMENT**



**AscenDrive Program  
Letter of Participatio**

## APPENDIX C PROGRAM RULES AND EXEMPTIONS

The AscenDrive Program Categories largely mirror the Premier national portfolio of categories. This provides the greatest opportunity for Member to achieve financial value through savings in the AscenDrive Program. However, consideration has been given to the need to provide for flexibility in specific areas of the Program Categories and in certain situations as outlined below. ***The goal is to strike a balance that affords reasonable flexibility for the Member while still maintaining the integrity of the AscenDrive Program and the value proposition to suppliers that ultimately translates into savings for Member.*** The rules below are intended to cover the majority of scenarios, recognizing that there may be other scenarios and circumstances that will need to be considered over time. Member acknowledges that Premier is not responsible for any actions or omissions of its Program Suppliers.

**1) Diversity** – The AscenDrive Program recognizes the importance of supporting diverse suppliers. If Member is currently using a certified diverse supplier (Minority Owned, Veteran Owned or Woman Owned) in a particular category, Member is not required to select from Program Suppliers for that Program Category. If the diverse supplier spend accounts for less than or equal to 20% of Program Category spend, then Member is eligible to price activate one of the Program Agreements.

- If the diverse supplier spend accounts for more than 20% of spend in a Program Category, then Member IS NOT eligible to price activate one of the Program Agreements and will need to access the national Premier portfolio or a local pricing agreement. In such an instance, Member is required to file a diversity exemption (“Diversity Exemption”).
- A Diversity Exemption must be filed through the AscenDrive Portal to officially document the request and, if approved, eliminate the diverse spend from the compliance measurements. Member must provide an acceptable diversity certification with request.

**2) C-Suite Approved Exemption** – These are available for Members who choose not to use one of the Program Suppliers in a given Program Category because it is not an optimal fit for their organization. This could be for (but is not limited to) reasons such as the use of a local community supplier, internal clinical or physician preference, desire to utilize the specific features of another supplier’s product, organizational standardization efforts, or ties to distribution programs.

The AscenDrive Program allows for a 10% non-participation rate over all the Program Categories. The reason for a Member not participating is critical for Premier to make sure there is not an underlying concern about a Program Supplier’s product or organization. If there is a high rate of C-Suite Approved Exemptions in a given Program Category (approximately 25%), this feedback will be reviewed with the AscenDrive Strategy Committee for potential award re-evaluation.

To request a C-Suite Approved Exemption, Member is required to submit a signed C-Suite Approved Exemption to Premier utilizing the standardized exemption form in the Performance Group Portal (see sample in Appendix E). C-Suite Approved Exemptions will be counted against the Member in the overall

90% participation metric along with category Conversions Overdue. Exceeding 10% non-participation rate of the Program Categories subjects the Member to termination from AscenDrive with thirty (30) days' advance written notice, if not cured within the period as outlined in the Performance Improvement Plan in Appendix D.

**3) Conversion Overdue** – If Member has not price activated Program Agreement or submitted a Program Exemption request within 180 days of the launch date of the Program Agreement for a given Program Category, such category will be automatically marked as “Conversion Overdue” in the AscenDrive Portal. At this point, an electronic notification will be sent to the Member C-Suite sponsor, the Supply Chain Executive and the Premier RD notifying all parties that the timeline for a decision has passed.

Additionally, Program Categories flagged as Conversion Overdue will be counted against the Member in the overall 90% Program Category participation metric along with C-Suite Approved Exemptions. Exceeding 10% non-participation rate in the Program Categories subjects the Member to termination from AscenDrive with thirty (30) days' advance written notice.

**4) Not Applicable** – There will be situations where Member currently does not purchase the products or services covered by a particular Program Category (e.g., outsourced transcription, blood/specimen collection when the entire lab is outsourced, etc.). In this situation, Member is not required to purchase, but is required to file a non-applicable exemption (“Not Applicable Exemption”). If Member chooses to purchase products or services at a later point in time after the launch of the Program Category, Member will then need to convert to one of the Program Agreements.

- **Needle Stick Act** – With respect to safety program Categories, Member may partner with a non-AscenDrive Program supplier if required to comply with the Needle Stick Act. In those instances, Member may file a Not Applicable Exemption and will not be required to use an AscenDrive Program contract.

**5) Environmentally Preferred Purchasing (EPP)** – If Member has elected not to use a Program Agreement due to such supplier or products not meeting the requirements outlined in the member's EPP Policy, Member is required to file an EPP exemption (“EPP Exemption”) to officially document the request and eliminate the EPP spend from Compliance Requirements. Member must provide a copy of their EPP policy, demonstrating where the supplier or products do not meet the requirements outlined in the policy and a copy of the Member's local agreement with the request.

**6) Price Increases** – We do not expect Program participants to experience price increases with Program Agreements. However, we have encountered some situations where this may occur for a variety of reasons.

In order to facilitate resolution, the following process is in place:

1. The Member and/or Region Director (“RD”) performs an analysis comparing the Program Agreements to the incumbent agreement and believes there is a price increase for the Program Agreements.
2. The Member and/or RD is required to send Premier their analysis for validation – common issues we have found are:
  - a. Cross references are not always valid (crosses can be supplier provided, Premier provided, member amended)
  - b. Unit of measure (UOM) issues, or other anomaly or assumption
3. Premier resource reviews the analysis to determine if Member’s pricing is better than pricing under the Program Agreement and if so, what specifically accounts for the difference.
4. If in fact Member’s pricing is better, Premier also needs that info for market intelligence and to approach the Program Suppliers about possible price reductions to mitigate or eliminate the price increase.
5. By providing any of the above information, Member represents that it is authorized to do so.

Rules based on specific scenarios:

1. In the event that a Member’s current pricing with one of the Program Suppliers is better than the pricing under the Program Agreement due to a current local deal, the Program Supplier is requested to grandfather the Member’s current pricing under their Program Agreement. Premier will assist Member in resolving this issue with the Program Supplier.
2. Since the dual award design of the Program Categories should allow for the awarding committee to select options for both maximum value and clinical preference of Program Suppliers, a Program Participant utilizing a non-awarded Program Supplier will be expected to convert to one of the Program Suppliers regardless of pricing impact against existing pricing or file a C-Suite Approved Exemption.
3. Cost of conversion varies by Member and by Program Category. While the AscenDrive Strategy Committee will take cost of conversion into account with each award decision, the cost ultimately varies by Member and by Program Category and is not easily defined as a specific percentage or dollar threshold. In the event a Member believes the cost of conversion exceeds the value available from the Program Agreements in the Program Category, Members may submit a C-Suite Approved Exemption documenting the rationale for the request. C-Suite Approved Exemptions will be counted against the Member in the overall 90% participation metric along with category conversions overdue. Exceeding a 10% non-participation rate of the Program Categories subjects the Member to termination from AscenDrive with thirty (30) days’ advance written notice if not cured within the period as outlined in the Performance Improvement Plan in Appendix D.

**7) Price Activations** – Members are encouraged not to price activate Program Agreements unless they intend to move to the Program Supplier and plan to complete conversion within 90 days. By price activating, this signals to the Program Supplier that Member intends to convert to the Program Agreement and needs support from the Program Supplier’s sales team.

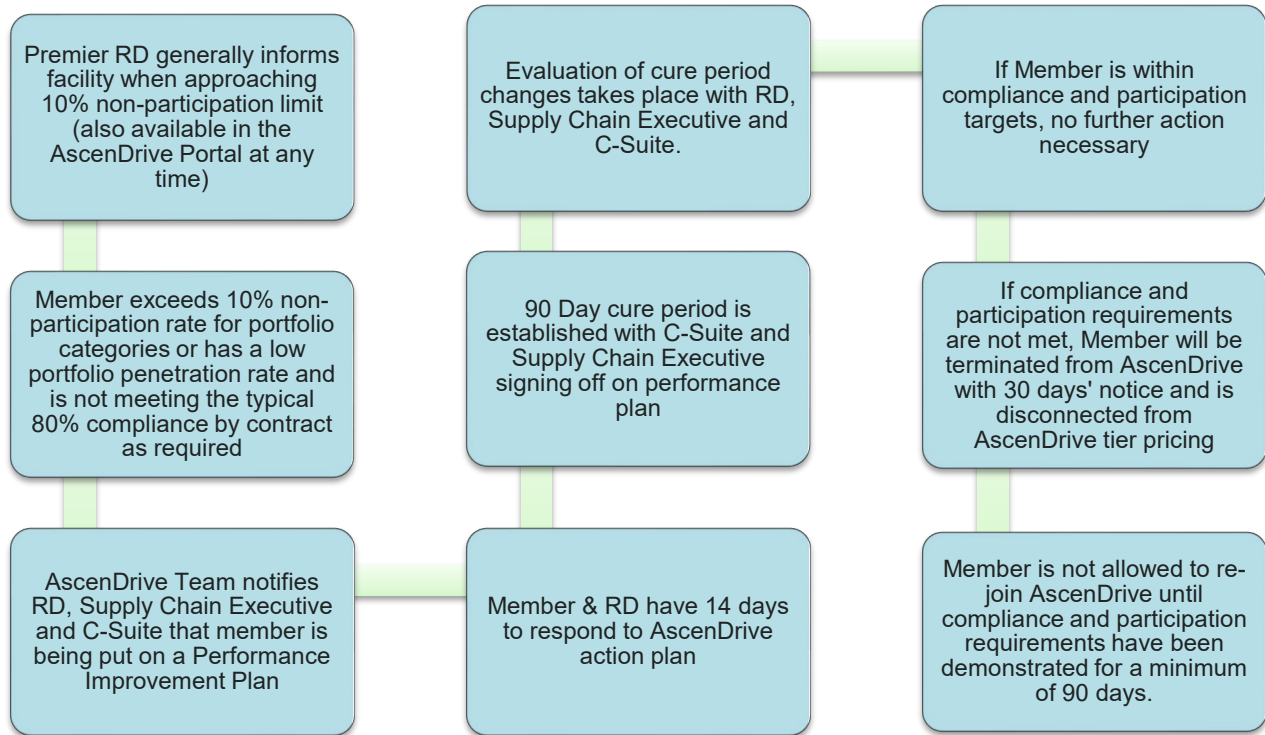


In order to maximize clarity, Premier will provide to Program Suppliers a list of Program participants that have an approved exemption relative to a particular category. Price activations may be updated after this time.

Member will need to validate UOMS and current pricing to validate cross spend variance opportunity.

**APPENDIX D**  
**COMPLIANCE PROCESS / PERFORMANCE IMPROVEMENT PLAN**

**PROCESS OUTLINE FOR WHEN MEMBER FALLS OUT OF COMPLIANCE.**



## APPENDIX E

### ASCENDRIVE EXEMPTION REQUEST FORM

<b>Health System Name:</b>		<b>Contact Name:</b>	
<b>Contract #:</b>		<b>Category Name:</b>	

Type of Request	Description	Counts Against 90% Category Compliance?	Form Section
<b>C-SUITE APPROVED EXEMPTION</b>	For members who elect not to use an AscenDrive contract for reasons other than the exemption types below.	<b>YES</b>	<b>1</b>
<b>NOT APPLICABLE EXEMPTION</b>	For members who do not currently purchase the products or services of that contract (e.g. outsourced lab) or other extenuating circumstances.	<b>NO</b>	<b>2</b>
<b>DIVERSITY EXEMPTION</b>	For members using a certified diverse supplier (Minority Owned, Veteran Owned or Woman Owned).	<b>NO</b>	<b>3</b>
<b>EPP / ENVIRONMENTAL EXEMPTION</b>	For members with an EPP policy that conflicts with an AscenDrive contract.	<b>NO</b>	<b>4</b>

#### SECTION 1: C-Suite Approved Exemption

Member has elected not to use a Program Category as it is not an optimal fit for their organization. This could be for (but is not limited to) reasons such as the use of a local community supplier, internal clinical or physician preference, desire to utilize the specific features of another supplier's product, organizational standardization efforts, or generic ties to distribution programs.

This exemption must be signed by the Member's C-Suite sponsor. Additionally, a copy of the Member's local agreement being utilized as an alternative must be submitted along with this form in the AscenDrive portal. The following must be documented:

1. Rationale for Member not participating in Program Category:

2. AscenDrive savings identified for the category:

3. Alternative Supplier chosen:

4. Alternative Supplier savings identified:

5. Alternative Supplier contract term and termination date of the Member's contract:

C-Suite Signature: \_\_\_\_\_ Title: \_\_\_\_\_

C-Suite Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 2: Not Applicable Exemption

Member does not use or purchase the supplies or services associated with the Program Agreement. The member is required to use the Program Agreement if their organization begins to use the supplies/services and must submit a new form each contract cycle to validate the suppliers or services are not utilized.

1. Reason for Not Applicable Exemption

AscenDrive Leader Signature: \_\_\_\_\_ Title: \_\_\_\_\_

AscenDrive Leader Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 3: Diversity Exemption

Member has elected to not use a Program Agreement due to preference to support a certified diverse supplier (Minority Owned, Veteran Owned or Woman Owned). A copy of the local member agreement and the supplier's diversity status certification must be submitted along with this form in the AscenDrive portal. The following must be documented:

1. Reason for Diversity Exemption

2. AscenDrive savings identified for the category:

3. Alternative Supplier chosen:

4. Alternative Supplier Savings Identified:

5. Term and Termination Date of the Member's contract:

### NOTE:

- If the diverse supplier spend accounts for less than or equal to 20% of a member's category spend, then the member IS eligible to price activate the AscenDrive agreement.
- If the diverse supplier spend accounts for more than 20% of a member's category spend, then the member IS NOT eligible to price activate the Program Agreement and will need to access the national Premier portfolio or a local pricing agreement.

AscenDrive Leader Signature: \_\_\_\_\_ Title: \_\_\_\_\_

AscenDrive Leader Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### SECTION 4: EPP Exemption

Member has elected to not use an AscenDrive contract due to the supplier or products not meeting the requirements outlined in the member's EPP Policy. A copy of the member's EPP policy, documentation demonstrating where the supplier or products do not meet the requirements outlined in the policy and a copy of the members local agreement must be submitted along with this form in the AscenDrive portal. The following must be documented:

1. Reason for EPP Exemption

2. AscenDrive savings identified for the category:

3. Alternative Supplier chosen:

4. Alternative Supplier Savings Identified:

5. Term and termination date of the Member's contract:

AscenDrive Leader Signature: \_\_\_\_\_ Title: \_\_\_\_\_

AscenDrive Leader Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_