



Agenda

Mangum City Hospital Authority Meeting

April 26, 2022 at 5:00 PM
City Administration Building at 130 N Oklahoma Ave.

The Trustees of the Mangum City Hospital Authority will meet in regular session on April 26, 2022, at 5:00 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 3-22-2022 MCHA meeting minutes.
2. Approve 3-10-2022 Quality meeting minutes.
3. Approve 3-17-2022 Medical Staff meeting minutes.
4. Approve March 2022 claims and May 2022 estimated claims.
5. Approve March 2022 Mangum Family Clinic report.
6. Approve March 2022 Quality report.
7. Approve March 2022 CCO report.
8. Approve March 2022 CEO report.
9. Approve the following policies and procedures previously approved through April 2022 by Corporate, on 4/14/2022 by Quality Control and on 4/21/2022 by Med Staff.

Revised Patient Consent for COVID-19 Emergency Use Medications and Treatment

Standing Orders: Bebtelovimab

Revised COVID-19 Standing Orders

Standing Orders: Sotrovimab

Revised Patient Consent for COVID-19 Emergency Use Medications and Treatment

Standing Orders: Bebtelovimab

Revised COVID-19 Standing Orders

Standing Orders: Sotrovimab

Rehabilitation Services Policies (*Manual*)– Table of Contents

- o Professional Standards
- o Scope of Services
- o Staffing Plan
- o Prioritization of Patient Treatment
- o Continuum of Care
- o Changing of Linen
- o Timeliness of Services and Documentation
- o Scheduling of Patients
- o Therapy Screening
- o Evaluation, Treatment, and Discharge General Procedures for Physical Therapy
- o Evaluation, Treatment, and Discharge General Procedures for Occupational Therapy
- o Evaluation, Treatment, and Discharge General Procedures for Speech Therapy
- o Initiating Treatment and Care Plan
- o Treating in Groups
- o Criteria for Discharge from Therapy
- o Patient Hold
- o Treatment Refusal
- o Change in Patient Medical Status
- o Communication Between Rehabilitation Services and Nursing
- o Rehabilitation Input to Interdisciplinary Care Team
- o Precautions
- o Cancel and No-Show Policy
- o Therapy Documentation
- o Physician's Orders
- o Discharge Procedure
- o Rehabilitation Services Approved Abbreviations
- o Positioning and Draping
- o Manual Therapy Techniques
- o Therapeutic Exercise
- o Therapeutic Activity
- o Activities of Daily Living and Self Care Techniques
- o Neuromuscular Re-education
- o Gait Training
- o Patient Education
- o Paraffin
- o Ultrasound
- o Use of Moist Hot Packs
- o Cold Packs
- o Electrical Stimulation Treatments
- o High Voltage Galvanic Stimulator
- o High Voltage Galvanic Stimulator with Ultrasound
- o Wound Debridement
- o Dressing Preparation and Application
- o Physical Therapy Services – Vacuum Assisted Closure (VAC)/Negative Pressure Wound Therapy (NPWT)
- o Iontophoresis
- o Phonophoresis
- o Continuous Passive Motion

- o Vibration for Muscle Re-education
- o Cleaning of Hydrocollator
- o Utilization and Handling of Patient's Individual Reusable Equipment
- o Paraffin Temperature/Maintenance Log
- o Freezer Temperature/Maintenance Log
- o Hydrocollator Temperature/ Maintenance Log

FURTHER DISCUSSION

REMARKS

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

REPORTS

- [10.](#) March 2022 Financial Report.

OTHER ITEMS

- [11.](#) Discussion and action regarding renewal of Philadelphia Property & Business Income Insurance Policy.
- [12.](#) Discussion and action regarding renewal of Allied World Employment Practices Liability Insurance Policy.
- 13. Discussion and action regarding the 2016 Cost Report ERS loan application approval.
- 14. Discussion and action regarding recognizing Phase 4 Covid grant funding and ARPA grant funding.
- 15. Discussion and action regarding Mangum Regional Medical Center 3-Year Strategic Plan (2022-2025).

STAFF AND BOARD REMARKS

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

NEW BUSINESS

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

ADJOURN

Motion to Adjourn

Duly filed and posted at 2:00 p.m. on the 22nd day of April 2022, by the Secretary of the Mangum City Hospital Authority.

Billie Chilson, Secretary



Minutes

Mangum City Hospital Authority Meeting Session

March 22, 2022, at 5:00 PM

City Administration Building at 130 N Oklahoma Ave.

The Trustees of the Mangum City Hospital Authority will meet in regular session on March 22, 2022, at 5:00 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 5:04 pm

ROLL CALL AND DECLARATION OF A QUORUM

PRESENT

Trustee Carson Vanzant
Trustee Cheryl Lively
Trustee Ilka Heiskell
Trustee LaRetha Vincent arrived at 5:12 pm

ALSO PRESENT

Billie Chilson, Secretary
Corry Kendall, Attorney

CONSENT AGENDA

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

Motion to approve the Consent Agenda as presented.

Motion made by Trustee Vanzant, Seconded by Trustee Heiskell.

Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Heiskell

1. Approve 2-22-2022 MCHA meeting minutes.
2. Approve 2-10-2022 Quality meeting minutes.
3. Approve 2-17-2022 Medical Staff meeting minutes.
4. Approve February 2022 claims and April 2022 estimated claims.
5. Approve February 2022 Mangum Family Clinic report.
6. Approve February 2022 Quality report.
7. Approve February 2022 CCO report.
8. Approve February 2022 CEO report.

9. Approve the following policies and procedures previously approved through March 2022 by Corporate, on 3/10/2022 by Quality Control and on 3/17/2022 by Medical Staff.

Compliance Manual

FURTHER DISCUSSION

None

REMARKS

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

None.

REPORTS

10. February 2022 financial report.

Andrea Snider gave the financial report for February 22

- Statistics
 - The average daily census in February was 8.43. This is a 5.12 decrease from January, averaging a YTD ADC of 11.12. Total Medicare days decreased 169 days from January, as a result March cash receipts are estimated to decrease correspondingly as well.
 - Cash receipts for the month of January totaled \$1.6M. Of this amount, \$255K is related to COVID grant funds received from OSU for SHIP COVID Testing and Mitigation ARP.
 - Some examples for these funds include:
 - COVID Testing Education
 - Establishment of Alt testing sites
 - Test Result Arrangement and/or Processing
- Balance Sheet Highlights
 - The operating cash balance as of February 28th is \$1.6M, and the Restricted Cash balance increased to \$877K for a total of \$2.4M.
 - Patient Accounts Receivable of \$1.7M is \$624K lower from prior month due to the combination of a lower census in January and collections on patient receivables of \$1.3M.
 - February includes a breakout in the Due from Medicare asset account to track estimated receivables from Medicare separately from the Payables schedule. Current estimated Medicare receivable reflects \$300K.
 - Account Payable reflects an increased balance by \$185K primarily due to timing as a result of the increased cash balance.
 - Due to Medicare saw a net decrease of \$152K reflective of the payment on the principal balance of the ERS loans.
 - Restricted liabilities reflect the amount of restricted cash as no funds have yet been recognized at this time. This balance increased \$255K due to the receipt of COVID grant funds in February.
 -
- Income Statement Highlights
 - February gross revenue was down \$810K from January due to the material decrease in census days with Net patient revenue reflecting a balance of \$1.2M.

- Accordingly with the drop in patient days, operating expenses for the month were \$1.4M compared to previous months of \$1.5M primarily in labor costs. Purchased services saw an increase of \$94K for the month due to a missed accrual of the January RevOps invoice of \$56K.
- Net loss for the month was (297K).

OTHER ITEMS

11. Discussion and action regarding a renewal contract with Lippincott Solutions.

Motion to approve the contract for a three (3) year term in the amount of \$5,279.61 for the first term, \$5,554.59 for the second term and \$5,820.77 for the third term.

Motion made by Trustee Vanzant, Seconded by Trustee Lively.

Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Heiskell, Vincent

12. Discussion and action regarding a renewal contract with Blue Cross and Blue Shield.

Motion to approve the renewal contract with Blue Cross and Blue Shield.

Motion made by Trustee Heiskell, Seconded by Trustee Lively.

Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Heiskell, Trustee Vincent

13. Discussion and action regarding renewal of Directors and Officers Liability insurance coverage.

Motion to approve the renewal of Directors and Officers Liability insurance coverage.

Motion made by Trustee Heiskell, Seconded by Trustee Vanzant.

Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Heiskell, Trustee Vincent

14. Discussion and action regarding renewal of General Liability and Professional Liability insurance coverage.

Two quotes were received. The first one is MedPro in the amount of \$66,076 for a 0 deductible and \$61,533 with a \$5,000.00 deductible. The second one is THIE (Texas Hospital Insurance Exchange) in the amount of \$64,910.00 for a \$0 Deductible and \$60,499 for a \$5,000 deductible.

Motion to approve MedPro with the \$5,000 deductible.

Motion made by Trustee Vanzant, Seconded by Trustee Lively.

Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Heiskell, Trustee Vincent

15. Discussion and action regarding adding additional authorized signers on the current Hospital bank account.

Current signers are Billie Chilson, Cheryl Lively, Ilka Heiskell.

Motion made by Vanzant to add Vanzant and Vincent to the signers.

Vincent said she would rather not be a signer.

Amended motion to add Vanzant as a signer to the current Hospital bank account.

Motion made by Trustee Heiskell, Seconded by Trustee Vincent.

Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Heiskell, Trustee Vincent

16. Discussion and action regarding adding authorized signers to complete set up of the new ARPA interest bearing bank account.

Motion to use the same signers as the regular bank account.

Billie Chilson, Cheryl Lively, Ilka Heiskell, Carson Vanzant.

Motion made by Trustee Heiskell, Seconded by Trustee Vanzant.

Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Heiskell, Trustee Vincent

17. Discussion and action regarding adding Andrea Snider with online view only access to the new ARPA interest bearing bank account.

Motion to approve adding Andrea Snider the online view only access to the new ARPA interest bearing bank account.

Motion made by Trustee Heiskell, Seconded by Trustee Vanzant.

Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Heiskell, Trustee Vincent

18. Discussion and possible action to make a recommendation to the City Commissioners to fill the vacancy on the Mangum City Hospital Authority Board. This vacancy can create a hardship for the board to meet if someone else is unable to be at the meetings. The board should have (5) members and only has four (4) and has been that way for a number of months.

Vanzant recommends Dr. Shane Booth and gave a little background on him.

Vincent recommends Carolyn Hooley and gave a little background on her.

Table

EXECUTIVE SESSION

19. Discussion and possible action regarding the review and approval of medical staff privileges/credentials/contracts of the following providers with possible executive session in accordance with 25 O.S. § 307(B) (1):

Motion to approve the following privileges/credentials/contracts. (No executive session needed)

Motion made by Trustee Vanzant, Seconded by Trustee Vincent.

Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Heiskell, Trustee Vincent

OPEN SESSION

20. Discussion and possible action with regard to executive session, if any.

No executive session needed.

STAFF AND BOARD REMARKS

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

Jamal from Cohesive asked when would you like to meet on the Strategic Planning?

It was decided to put it on the April 26th meeting.

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 at 5:50 pm

Motion made by Trustee Vanzant, Seconded by Trustee Lively.
Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Heiskell, Trustee Vincent

Carson Vanzant, Chairman

Billie Chilson, City Clerk

Quality Committee Meeting Minutes							
CONFIDENTIALITY STATEMENT: These minutes contain privileged and confidential information. Distribution, reproduction, or any other use of this information by any party other							
Date: 03/10/2022		Time: 12:30		Recorder: Denise Jackson		Reporting Period Discussed: Feb 2022	
Members Present							
Chairperson:				CEO: Dale Clayton		Medical Representative: Dr. Chiaffitelli	
Name	Title	Name	Title	Name	Title	Name	Title
Heather Larson	Respiratory	Josey Kenmore	Mat.	Tonya Bowen	Lab Manager	Jared Ballard	IT
Sarah Dillahunt	Dietary	Daniel Coffin	CCO	Kaye Hamilton	Credentialing		Infection
Pam Esparza	Radiology	Jennifer Dryer	HIM	Kasi Hiley	Bus./RCM Dir		Clinic Manager
	Case Management	Shelly Bowman	HR	Chealsea Church	Pharmacy	Lynda James	Pharmacy LPN
TOPIC	FINDINGS/CONCLUSIONS			ACTIONS/RECOMMENDATIONS			FOLLOW-UP
Call to Order	first/second			Karli Bowles./Daniel Coffin			
Review of Minutes	review/approve Feb min for Jan			Mary Barnes/Dr C			
Review of Committee Meetings							
A. EOC/Patient Safety Committee	flooring in med room/nurse area scheduled, amp replacement started, glass on double doors to be installed week of the 17th, sink/stained ceiling in er replace. Mark appointed safety officer 01/2022						
B. Infection Control Committee	no hospital aquired infections to report for the the month						
C. Pharmacy & Therapeutics Committee	contiune to monitor meds for back order/contiune to be consious of those meds in short supply. Pharmacy cost decrease for Feb						
D. HIM/Credentials Committee	Re-credentialing D Arles/Dr Nogi (pathologist)						
E. Utilization Review Committee	tot ER 114, 2 OBS, 12 acute, 3 swing, tot admit 15, tot d/c 17, tot pt days 236, avg daily census 8						
F. Compliance Committee	working on schedule of meetings						
Old Business	Hand-Off Communication Form Enteral Tube Management Policy			Compliance policies not taken to the Feb board meeting, will take in March per Cohesive			
New Business	none						
Quality Assurance/Performance Improvement							
Volume & Utilization							

A. Hospital Activity	tot ER 114, 2 OBS, 12 acute, 3 swing, tot admit 15, tot d/c 17, tot pt days 236, avg daily census 8		
B. Blood Utilization	none		
Care Management			
A. CAH/ER Re-Admits	1- 30 day readmission . Patient discharged to home on 02/08/2022 with home health referral. Patient returned to ER on 02/17/0222 with diagnosis of PE which was unrelated to the previous admission.	No follow up necessary due to readmission being unavoidable due to new onset of Pulmonary Embolus.	
B. Discharge Follow Up Phone	6		
C. Patient Discharge Safety	5		
D. IDT Meeting Documentation	0% Various departments charted on day of IDT. ALL IDT notes audited were incomplete by various departments	Interim case manager will educate staff on new quality indicator at next IDT meeting.	
E. Case Management Assessment	100%	No action required.	
Risk Management			
A. Incidents	AMA - 1) pt to er after physician assessment, pt declined futher treatment/testing. Risk/benefits explained. pt signed ama. 2) pt to the er, under went treatment and testing. pt became tired of waiting for additional testing and wanted to leave. risks/benefits explained, pt signed ama 3)pt to the er, under went treatment and testing. pt became tired of waiting for additional testing and wanted to leave. risks/benefits explained, pt signed ama Notifications for police - pt to er via ems, extented family member came to er, became beligerant to staff/PD called to escort family member off grounds. This family member was not POA nor had involvment in decision making for patient. Other - pt attempting to reposition bi-pap on face, scratched face. scratch cleaned/assisted pt in reposition of bi-pap	AMA - all ama pt had risks/benefits presented at time of ama, encouraged to return to ed as needed. Police notification - monitor current processes. Other - encouraged pt to call for assist with bi-pap as needed, cleaned scratch, monitor nails/file as needed	
B. Reported Complaints	0		
C. Reported Grievances	1 - family grievance, currently under investigative process	under investigation, will monitor outcome for necessary follow up/actions to be taken	

D. Patient Falls Without Injury	during pt transfer, pt abducted legs and staff was unable to complete transfer. Pt slid to the floor. Assessed with no injury or c/o noted	staff education on proper transfers and using assist for transfer with this pt	
E. Patient Falls With Minor Injury	none		
F. Patient Falls With Major	0		
G. Fall Risk Assessment	1		
H. Mortality Rate	tot 6; 1 ER/5 in-pt - 1 er - pt to er with cpr in progress, cpr unsuccessful, pt expired. 4 in-pt all expected due to disease process/decline. 1 in-pt coded, cpr initiated pt intubated/family declined futher heroic efforts. Pt expired		
I. Deaths Within 24 Hours of	none	none	
J. OPO Notification/Tissue Donation	5 notifications, 1 pt death - had to be sent to ME/not applicable for tissue donation	none	
M. EDTC Measures	100%		
Nursing			
A. Critical Tests/Labs	100		
B. Restraints	0		
C. RN Assessments	85%	education provided to nurses as needed on documentation expectations	
D. Code Blue	2		
Emergency Department			
A. ED Log & Visits	114		
B. MSE	n/a		
C. EMTALA Form	9		
D. Triage	95%		
E. Triage ESI Accuracy	90%		
F. ED Discharge/ Transfer	90%		
G. ED Readmit	1		
H. ED Transfers	9		
I. Stroke Management Measures	0		
J. Stroke Brain CT Scan	0		

K. Suicide Management Measures	1 patient brought into the ED for SI, evaluation completed by LMHP. Pt transferred to in-pt psych care.		
L. STEMI Management Measures	100%	some delay due to difficulty finding accepting hospital, air/ground transport.	
M. Chest Pain Measures	57% noted delay in ekg/chest xray when patient presents with vague chest pain, non-typical cardiac. MD will often order as a rule out measure	monitor current process, monitor patterns in care	
N. ED Departure	n/a		
Pharmacy & Medication Safety			
A. After Hours Access	109		
B. Adverse Drug Reactions	0		
C. Medication Errors	3		
D. Bar Code Scanning	awaiting install of new scanners		
Respiratory Care Services			
A. Ventilator Days	5		
B. Ventilator Wean Rate	0		
C. Patient Self-Decannulation	0		
D. Respiratory Care Equipment	HMEs 3, inner cannulas 0, suction set up 0, neb/masks 21, trach collars 0, vent circuits 0, trach 0, closed suction 0		
Wound Care Services			
A. Development of Pressure Ulcer	0		
B. Wound Healing Improvement	7		
C. Wound Care Documentation	100%		
Radiology			
A. Radiology Films	150/7 repeated - Technologist error, poor	No action needed.	
B. Imaging	13 / 0 repeated		
C. Radiation Dosimeter Report	6		
Lab			
A. Lab Reports	1888, 1 rejected due to Qunatity not sufficient	Lab Manger will instruct lab staff to obtain greater quantities for specimens	

B. Blood Culture Contaminants	1	Lab Manager re-educated staff member regarding collection procedure.	
Infection Control & Employee Health			
A. CAUTI's	0		
B. CLABSI'S	0		
C. HA MDROs	0		
D. HA C. diff	0		
E. Hospital Acquired Infections	0		
F. Hand Hygiene/PPE & Isolation Surveillance	100% - patients in isolation 18, total isolation days 52		
H. Patient Vaccinations	0		
I. Ventilator Associated Events	0		
J. Employee Health	One lower back injury for the month of Febuary. Employee was seen in ER and released back to work. No follow up needed. First incident report sent to WC. 4 COVID-19 vaccinations administered. 6 employee illness days.		
K. Employee COVID 19 Vaccination Indicators	4 administered this reporting period		
HIM			
A. H&P's	100%		
B. Discharge Summaries	87%	These are in the Dr.'s boxes and emails have been sent out.	
C. Progress Notes (Swing &	100%		
D. Consent to Treat	86%	There have been many discussions about this. We are still working on a way to fix this issue. It has been discussed with Kasi and Daniel.	
E. Swing bed Indicators	100%		
F. E-prescribing System	97%		
G. Legibility of Records	100%		
H. Transition of Care	100%		
Dietary			
A.	100%		
B.	100%		
Therapy			

A. Therapy Indicators	100%		
B. Therapy Visits	74		
C. Standardized Assessment Outcomes	63% - Not compliant in either category secondary to increased # of patient deaths at facility.	None taken. Patient's that were not at PLOF or discharged with higher assesement scores were from patients that had expired.	
Human Resources			
A. Compliance	100%		
Registration Services			
Registration Services	100%		
Environmental Services			
A. Terminal Room Cleans	7		
Materials Management			
A. Materials Management Indicators	29 orders for the month - 15 ORDERS ON BACKORDER		
Plant Operations			
A. Fire Safety Management	100%		
B. Transfer Switch Monthly	100%		
C. Generator Monthly Checks	100%		
Information Technology			
A. IT Indicators	3 malfunctions/ 1 internet outage/1 server outage/40 other	CPSI went down at 20+ hospitals, fixed within 4 hrs	
Outpatient Services			
A. Outpatient Therapy Services	21 sessions		
B. Outpatient Wound Services	9		
Contract Services			
Contract Services	none		
Credentialing/New Appointments			
A. Credentialing/New	none		
Adjournment			
A. Adjournment	03/10/2022 at 12:38	Karli Bowles/Chealsea Church	

Mangum Regional Medical Center
Medical Staff Meeting
March 17, 2022

MEMBERS PRESENT:

John Chiaffitelli, DO, Medical Director
William Gregory Morgan, III, MD

Absent:
Guest:

ALLIED HEALTH PROVIDER PRESENT:

Mary Barnes, APRN
David Arles, APRN

NON-MEMBERS PRESENT:

Chelsea Church, PhD
Dale Clayton, CEO
Daniel Coffin, CCO
Denise Jackson, RN, Quality Director
Karlie Bowles, RN, Utilization Review
Lynda James, LPN, Drug Tech
Kaye Hamilton, Medical Staff Coordinator

1. Call to order
 - a. The meeting was called to order at 11:25 am by Dr. John Chiaffitelli, Medical Director.
2. Acceptance of minutes
 - a. The minutes of the February 17, 2022, 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
 - a. CEO report – Dale Clayton, CEO
Region 3 Merc briefings are continuing

- Leadership continues to update staff and providers regarding new policies and regulations pertaining to Covid-19.
- Covid continues to be a concern however the number of cases are decreasing.
- Hospital Staff and Operations Overview
 - Patient care continues to be outstanding.
 - Open positions include RT, CNA, LPN, and RN.
 - Recently hired core staff include an Infection Prevention RN and a LPN.
 - Tiffany Forster, APRN started at the Clinic on 2/7/2022.
 - Covid equipment installations to date. GE Revolution Maxima CT Scanner, GE Ultrasound, GE Portable X-Ray, GE X-Ray Suite, Spacelabs Telemetry system, Electrical upgrades, Tytocare Telehealth, Critical Alert Nurse call system, Apex Med Gas Headboards in process.
 - Our average daily census for the month was 8.
 - Emergency Department assisted 114 patients.
 - Employees continue to receive free meals thanks to Cohesive.
 - A Marketing Plan has been implemented with a strong focus on social media.
- Contracts, Agreements and Appointments to be presented to the Governing Board:
 - Lippincott Solutions renewal.
 - Blue Cross and Blue Shield renewal.
 - Directors and Officers Liability insurance renewal.
 - Employment Practices Liability insurance renewal.
 - General Liability and Professional Liability insurance renewal.
 - Property insurance renewal.
 - Adding additional authorized signers on the current Hospital bank account.
 - Adding authorized signers to the new ARPA interest bearing bank account.
 - Adding Andrea Snider with online view only access to the new ARPA interest bearing bank account.
 - Tiffany Forster, APRN, Courtesy Privileges
 - David Arles, APRN, Allied Health/Courtesy Privileges
 - Ildiko Nagy, MD, Courtesy Privileges.

Written report remains in the minutes.

5. Committee / Departmental Reports

a. Medical Records

- i. Written report remains in the minutes.

a. Nursing

Excellent Patient Care

- Monthly Education topics included: Sterile Water for Injections
- MRMC continued installation of the New Critical Alert Call System.
- MRMC also continued installation and inspections of the new Head Wall Systems.
- Patients continue to rely on MRMC as their local hospital. Patient days decreased from 420 days in January to 236 days in February. This represents an average daily census of 8. In addition, MRMC Emergency Department provided care to 114 patients in February.
- February COVID-19 Stats at MRMC: Swabs (56-PCR & 77-Antigen) with 15 Positive PCR & 5 Positive Antigen.

Preserve Rural Jobs

- Open Positions include Full Time RT, RN, LPN and CNA.
- MRMC has new updates to the Core Staff! CNA transferred back and RN for Infection Prevention hired!
- For the clinical team MRMC continues to pursue core staff members from the area.
- Recruiting efforts included posting of positions on mangumregional.net and Facebook as well as indeed.

Written report remains in minutes.

c. Infection Control

- New Business:
 - a. Respiratory Protection Program Evaluation.
- Data:
 - a. N/A
- Policy & Procedures:
 - a. N/A
- Education/In Services
 - a. Staff Education – N95 Mask Guidance – Continue on spot education as well as staff training.
- Updates: No updates at this time.
- Annual Items:
 - a. Annual Infection Control Risk Assessment and Annual Infection Control Program Evaluation was completed on 2/7/2022. Approved by IP, Quality, Medical Staff and Governing Board on 2/22/2022.
- Any additional recommendations from committee:
 - a. Evaluation due to be done annually.

Written report remains in minutes.

d. Environment of Care and Safety Report

- i. Evaluation and Approval of Annual Plans –
 - i.i. Old Business - -
 - a. Evaluation and approval of Annual Plans-Plans will be presented in February meeting.
Continuing to work on the building. Flooring in Nurses break area and Med Prep room – Rescheduled - additional tile will need to be ordered. New oxygen/suction headwall needed in ER1, Apex completed site visit 2-25-2021 – Quote Received 3-15-2021 – Purchase Request Completed 4-12-2021 ticket # 36447593- Approved -Headwall ordered 5-31-2021– orders were delayed – installation scheduled for first part of November – Installation will begin in November 15th - - Headwall installed 12-9-2021— needs piping rerouted to complete installation.
 - b. 15 AMP Receptacles – all 15 AMP Receptacles will be replaced with 20 AMP Receptacles throughout Hospital – replacement has started.
 - c. Ceiling in SW Room of Lab needs repaired.
 - d. Replace all receptacles on generator circuit at Clinic with red receptacles.
 - e. Glass on double door of main hall cracked – Glass will be replaced the week of the 17th
 - f. Glass on west hallway entry cracked- glass will be installed the week of the 17th
 - g. ER Provider office flooring needing replaced
 - h. Appoint safety officer for 2022 – Mark Chapman appointed Safety Officer 1/12/2022.
 - i.i.i. New Business
 - a. None
Written report remains in minutes.
- e. Laboratory
 - i. Tissue Report – Approved – February, 2022
 - i.i. Transfusion Report – Approved – February, 2022
- f. Radiology
 - i. There was a total of – 196 X-Rays/CT/US
 - i.i. Nothing up for approval
 - i.i.i. Updates:
 - o Removal of CT has started. New CT will arrive 3/8/2022.
Applications training of new CT will start March 14-18, 2022.
Written report remains in minutes.
- g. Pharmacy
 - i. Verbal Report by Pharmacist.
 - i.i. Formulary approved at P & T Committee Meeting
 - i.i.i. Clinimix received

- i.v. Saline flushes are still on backorder.
 - h. Physical Therapy
 - i. No report.
 - i. Emergency Department
 - i. No report
 - j. Quality Assessment Performance Improvement Risk
 - Risk Management
 1. Grievance – 1
 2. 1 Fall with no injury
 3. 0 Fall with minor injury
 4. Death – In Patient 5 (29%)
 - Emergency Department 1 (1%)
 5. AMA/LWBS – 3/0
 - Quality
 - Quality Minutes from previous month included as attachment.
 - Policy Revisions:
 - HIM – H&P – Completion 17/17 = 100%. Discharge Summary – Completion 20/23 = 87%
 - Med event – 3
 - Afterhours access was 109.
 - Compliance
 - Written report remains in minutes.
 - k. Utilization Review
 - i. Total Patient days for February: 236
 - i.i. Total Medicare days for February: 197
 - i.i.i. Total Medicaid days for February: 8
 - i.v. Total Swing Bed days for January: 182
 - v. Total Medicare SB days for December: 182
 - Written report remains in the minutes.
- Motion made by Dr. John Chiaffitelli, Medical Director to approve Committee Reports.

6. New Business

- a. None.

7. Adjourn

- a. Dr. Chiaffitelli made a motion to adjourn the meeting at 11:45 pm.

Medical Director/Chief of Staff

Date

**Mangum Regional Medical Center
Claims List
March 2022**

Check#	Ck Date	Amount	Paid To	Expense Description
17027	3/8/2022	13.26	AARP	Patient Refund
17028	3/8/2022	7.72	AARP	Patient Refund
17029	3/8/2022	9.11	AARP	Patient Refund
17060	3/15/2022	564.23	ANESTHESIA SERVICE INC	Patient Supplies
17091	3/22/2022	1,177.79	ANESTHESIA SERVICE INC	Patient Supplies
17114	3/29/2022	316.78	ANESTHESIA SERVICE INC	Patient Supplies
16975	3/1/2022	2,294.42	ARAMARK	Linens - rental
17010	3/8/2022	2,203.47	ARAMARK	Linens - rental
17090	3/15/2022	2,335.65	ARAMARK	Linens - rental
17092	3/22/2022	2,335.65	ARAMARK	Linens - rental
17115	3/29/2022	4,671.30	ARAMARK	Linens - rental
16976	3/1/2022	3,187.33	AT&T	Fax lines
17093	3/22/2022	3,164.68	AT&T	Fax lines
17030	3/8/2022	12.14	BANKERS FIDELITY	Patient Refund
17031	3/8/2022	12.14	BANKERS FIDELITY	Patient Refund
16977	3/1/2022	5,760.00	BARRY DAVENPORT	1099 Provider
17062	3/15/2022	5,835.00	BARRY DAVENPORT	1099 Provider
17116	3/29/2022	1,938.47	BIO-RAD LABORATORIES INC	Lab Supplies
17011	3/8/2022	20,605.00	BKD LLP	Financial Purch svcs
16978	3/1/2022	2,400.00	BLUTH FAMILY MEDICINE, LLC	1099 Provider
17063	3/15/2022	75.00	BLUTH FAMILY MEDICINE, LLC	1099 Provider
17009	3/1/2022	5,801.41	CARNEGIE TRI-COUNTY MUN. HOSP	Pharmacy Supplies
17117	3/29/2022	2,047.66	CARNEGIE TRI-COUNTY MUN. HOSP	Pharmacy Supplies
901179	3/10/2022	3,190.44	CENTERPOINT ENERGY ARKLA	Gas
17032	3/8/2022	37.43	CHAMPVA	Patient Refund
17033	3/8/2022	12.14	CHAMPVA	Patient Refund
17034	3/8/2022	12.14	CHAMPVA	Patient Refund
17035	3/8/2022	12.14	CHAMPVA	Patient Refund
16980	3/1/2022	885.60	CINTAS CORPORATION #628	Housekeeping supply rental
17012	3/8/2022	887.51	CINTAS CORPORATION #628	Housekeeping supply rental
17064	3/15/2022	887.51	CINTAS CORPORATION #628	Housekeeping supply rental
17094	3/22/2022	887.51	CINTAS CORPORATION #628	Housekeeping supply rental
17118	3/29/2022	1,775.02	CINTAS CORPORATION #628	Housekeeping supply rental
16981	3/1/2022	5,410.61	CITY OF MANGUM	Utilities
17119	3/29/2022	2,522.00	CLIA LABORATORY PROGRAM	Lab cert fee
16982	3/1/2022	305,000.00	COHESIVE HEALTHCARE MGMT	Payment on Old Debt
17065	3/15/2022	305,000.00	COHESIVE HEALTHCARE RESOURCES	Payment on Old Debt
17120	3/29/2022	185,000.00	COHESIVE HEALTHCARE RESOURCES	Payment on Old Debt
17095	3/22/2022	75,258.40	COHESIVE REVOPS INTEGRATION	Payment on Old Debt
17013	3/8/2022	125,000.00	COHESIVE STAFFING SOLUTIONS	Payment on Old Debt
17096	3/22/2022	124,621.33	COHESIVE STAFFING SOLUTIONS	Payment on Old Debt
17121	3/29/2022	120,000.00	COHESIVE STAFFING SOLUTIONS	Payment on Old Debt
17122	3/29/2022	730.00	COMMERCIAL MEDICAL ELECTRONICS	Swing repair/maint
17066	3/15/2022	6,770.00	CONEXUS SOLUTIONS LLC	Payment on Old Debt-contract labor
17097	3/22/2022	4,851.75	CONEXUS SOLUTIONS LLC	Payment on Old Debt-contract labor
16983	3/1/2022	7,500.00	CONTEMPORARY HEALTHCARE SVCS	1099 provider
17067	3/15/2022	6,850.00	CONTEMPORARY HEALTHCARE SVCS	1099 provider
17123	3/29/2022	9,050.00	CONTEMPORARY HEALTHCARE SVCS	1099 provider
17014	3/8/2022	31,955.00	CPSI	EHR payable and monthly support
17068	3/15/2022	3,546.00	CPSI	EHR payable and monthly support
17098	3/22/2022	32,025.70	CPSI	EHR payable and monthly support

Check#	Ck Date	Amount	Paid To	Expense Description
16984	3/1/2022	12.00	CULLIGAN WATER CONDITIONING	RHC purch svcs
17124	3/29/2022	34.00	CULLIGAN WATER CONDITIONING	RHC purch svcs
17037	3/8/2022	569.68	DENVER HEALTH	Patient Refund
17015	3/8/2022	1,809.00	DOBSON TECHNOLOGIES TRANSPORT	Internet
17008	3/1/2022	4,766.67	DR W. GREGORY MORGAN III	1099 Provider
17069	3/15/2022	150.00	DR W. GREGORY MORGAN III	1099 Provider
17099	3/22/2022	2,928.00	F1 INFORMATION TECHNOLOGIES IN	Software license fee
17016	3/8/2022	72.02	FEDEX	Postage
901174	3/4/2022	25.00	FIRST NATIONAL BANK OF MANGUM	Bank fee
16985	3/1/2022	9,615.38	FIRSTCARE MEDICAL SERVICES, PC	1099 Provider
17070	3/15/2022	9,765.38	FIRSTCARE MEDICAL SERVICES, PC	1099 Provider
17125	3/29/2022	9,615.38	FIRSTCARE MEDICAL SERVICES, PC	1099 Provider
17113	3/22/2022	254.94	GLOBAL EQUIPMENT COMPANY INC.	Supplies
17126	3/29/2022	571.81	GLOBAL EQUIPMENT COMPANY INC.	Supplies
901180	3/10/2022	850.74	GLOBAL PAYMENTS INTEGRATED	CC processing
17088	3/15/2022	1,240.67	GRAINGER	supplies
16986	3/1/2022	4,876.50	GREER COUNTY TREASURER	Property Taxes
16987	3/1/2022	243.31	HAC INC	Dietary Food
17127	3/29/2022	271.53	HAC INC	Dietary Food
17128	3/29/2022	771.23	HEALTH CARE LOGISTICS	Pharmacy Supplies
17038	3/8/2022	12.14	HEALTHCHOICE	Patient Refund
17039	3/8/2022	7.72	HEALTHCHOICE	Patient Refund
17040	3/8/2022	12.14	HEALTHCHOICE	Patient Refund
17041	3/8/2022	7.72	HEALTHCHOICE	Patient Refund
17042	3/8/2022	7.72	HEALTHCHOICE	Patient Refund
17043	3/8/2022	16.79	HEALTHCHOICE	Patient Refund
17044	3/8/2022	12.14	HEALTHCHOICE	Patient Refund
17045	3/8/2022	12.14	HEALTHCHOICE	Patient Refund
17046	3/8/2022	10.14	HEALTHCHOICE	Patient Refund
17047	3/8/2022	24.64	HEALTHCHOICE	Patient Refund
17048	3/8/2022	12.14	HEALTHCHOICE	Patient Refund
17049	3/8/2022	12.14	HEALTHCHOICE	Patient Refund
17050	3/8/2022	12.14	HEALTHCHOICE	Patient Refund
17051	3/8/2022	17.45	HEALTHCHOICE	Patient Refund
17052	3/8/2022	34.97	HEALTHCHOICE	Patient Refund
17017	3/8/2022	1,000.00	HEARTLAND PATHOLOGY CONSULTANT	Lab purch svcs
17129	3/29/2022	1,000.00	HEARTLAND PATHOLOGY CONSULTANT	Lab purch svcs
17130	3/29/2022	95.00	HENGST PRINTING	Supplies
17018	3/8/2022	3,902.74	HENRY SCHEIN	Lab supplies
17132	3/29/2022	7,056.92	HENRY SCHEIN	Lab supplies
901173	3/1/2022	9,805.00	HOSPITAL EQUIPMENT RENTAL COMP	Equipment Lease
16988	3/1/2022	2,500.00	HSI	Safety Data Service
16990	3/1/2022	90.15	IMPERIAL, LLC.-LAWTON	Dietary Purchased Svcs
17071	3/15/2022	90.15	IMPERIAL, LLC.-LAWTON	Dietary Purchased Svcs
17133	3/29/2022	90.15	IMPERIAL, LLC.-LAWTON	Dietary Purchased Svcs
16991	3/1/2022	839.59	JANUS SUPPLY CO	Cleaning Supplies
17019	3/8/2022	626.91	JANUS SUPPLY CO	Cleaning Supplies
17072	3/15/2022	635.29	JANUS SUPPLY CO	Cleaning Supplies
17134	3/29/2022	483.54	JANUS SUPPLY CO	Cleaning Supplies
17073	3/15/2022	75.00	JNP MEDICAL SERVICES	1099 Provider
17135	3/29/2022	11,965.52	LABCORP	Lab purch svcs
17020	3/8/2022	1,205.73	LAMPTON WELDING SUPPLY	Patient Supplies
17101	3/22/2022	1,386.20	LAMPTON WELDING SUPPLY	Patient Supplies
17074	3/15/2022	130.00	LANGUAGE LINE SERVICES INC	Transcription svcs

Check#	Ck Date	Amount	Paid To	Expense Description
17136	3/29/2022	850.00	MATT MONROE	House rent
901176	3/4/2022	9,421.96	MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies
901182	3/10/2022	9,460.11	MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies
901186	3/18/2022	2,507.99	MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies
901189	3/31/2022	4,485.44	MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies
16992	3/1/2022	3,072.01	MEDICAL DEVICE DEPOT, INC	Patient Supplies
17022	3/8/2022	5,942.49	MEDLINE INDUSTRIES	Patient Care Supplies
17075	3/15/2022	2,846.63	MEDLINE INDUSTRIES	Patient Care Supplies
17103	3/22/2022	6,950.78	MEDLINE INDUSTRIES	Patient Care Supplies
17138	3/29/2022	4,718.92	MEDLINE INDUSTRIES	Patient Care Supplies
17053	3/8/2022	10.14	MUTUAL OF OMAHA	Patient Refund
17054	3/8/2022	22.10	MUTUAL OF OMAHA	Patient Refund
17055	3/8/2022	8.62	MUTUAL OF OMAHA	Patient Refund
901177	3/4/2022	67.50	NATIONAL DATA BANK	Credentialing
901183	3/16/2022	5.00	NATIONAL DATA BANK	Credentialing
17023	3/8/2022	2,054.47	NEXTIVA, INC.	Phone service
17076	3/15/2022	75.00	NP RESOURCES	1099 Provider
17077	3/15/2022	2,160.55	OFFICE DEPOT	Office Supplies
17104	3/22/2022	2,551.00	OKLAHOMA BLOOD INSTITUTE	Lab supplies
16993	3/1/2022	13,188.00	OKLAHOMA HOSPITAL ASSOCIATION	OHA Dues
17078	3/15/2022	60.00	OKLAHOMA MEDICAL LICENSURE	Credentialing
17139	3/29/2022	60.00	OKLAHOMA MEDICAL LICENSURE	Credentialing
16994	3/1/2022	1,096.48	ORTHO-CLINICAL DIAGNOSTICS INC	Lab supplies
16995	3/1/2022	50.00	OSU PROFESSIONAL DEVELOPMENT	Employee Training
16996	3/1/2022	638.80	PHILIPS HEALTHCARE	Patient Supplies
17079	3/15/2022	1,455.00	PHILIPS HEALTHCARE	Patient Supplies
16997	3/1/2022	347.00	PITNEY BOWES GLOBAL FINANCIAL	Postage Rental
17080	3/15/2022	65.52	PUCKETT DISCOUNT PHARMACY	Pharmacy Supplies
17105	3/22/2022	3,500.00	RADIATION CONSULTANTS	Radiology Maintenance
17140	3/29/2022	1,975.00	RESPIRATORY MAINTENANCE INC	Respiratory Maintenance
17081	3/15/2022	16,600.00	REYES ELECTRIC LLC	COVID Capital
16998	3/1/2022	8,250.00	SBM MOBILE PRACTICE, INC	1099 Provider
17082	3/15/2022	9,750.00	SBM MOBILE PRACTICE, INC	1099 Provider
17141	3/29/2022	8,200.00	SBM MOBILE PRACTICE, INC	1099 Provider
17142	3/29/2022	1,750.00	SCHAPEN LLC	RHC rent
16999	3/1/2022	2,387.50	SIZEWISE	Swing bed rental exp
17000	3/1/2022	212.00	SMARTSIGN	supplies
17001	3/1/2022	4,800.00	SOMSS LLC	1099 Provider
17083	3/15/2022	4,875.00	SOMSS LLC	1099 Provider
17143	3/29/2022	5,000.00	SOMSS LLC	1099 Provider
17106	3/22/2022	350.00	SOUTHWEST HOT STEAM CLEANING	Dietary Purchased Svs
17002	3/1/2022	451.94	SPARKLIGHT BUSINESS	Cable
17084	3/15/2022	301.43	SPARKLIGHT BUSINESS	Cable
17107	3/22/2022	445.94	SPARKLIGHT BUSINESS	Cable
17056	3/8/2022	64.27	PATIENT REFUND	Patient Refund
17003	3/1/2022	2,319.39	STANDLEY SYSTEMS LLC	printer lease
17144	3/29/2022	2,158.54	STANDLEY SYSTEMS LLC	printer lease
17004	3/1/2022	175.85	STAPLES ADVANTAGE	Office Supplies
17108	3/22/2022	1,501.07	STAPLES ADVANTAGE	Office Supplies
17057	3/8/2022	7.72	STATE FARM HEALTH	Patient Refund
17024	3/8/2022	573.71	STERICYCLE / SHRED-IT	Secure doc disposal
17109	3/22/2022	578.51	STERICYCLE / SHRED-IT	Secure doc disposal
17025	3/8/2022	3,473.07	STERICYCLE INC	Waste Disposal
17110	3/22/2022	4,998.22	STERICYCLE INC	Waste Disposal

Check#	Ck Date	Amount	Paid To	Expense Description
17026	3/8/2022	4,431.65	STRYKER INSTRUMENTS	old surgery supplies
17005	3/1/2022	1,905.00	TECUMSEH OXYGEN & MEDICAL SUPP	Swing bed rental exp
17111	3/22/2022	1,350.00	TECUMSEH OXYGEN & MEDICAL SUPP	Swing bed rental exp
17145	3/29/2022	968.00	TECUMSEH OXYGEN & MEDICAL SUPP	Swing bed rental exp
17006	3/1/2022	3,092.00	TELEFLEX	Patient Supplies
17085	3/15/2022	75.00	TRENT ELLIOTT	1099 provider
17146	3/29/2022	4,760.00	TRENT ELLIOTT	1099 provider
901187	3/22/2022	4,310.82	UMPQUA BANK VENDOR FINANCE	Lab eq note payable
17059	3/8/2022	1.00	UNITED AMERICAN	Patient Refund
901178	3/4/2022	1,394.19	US FOODSERVICE-OKLAHOMA CITY	Dietary Food
901184	3/18/2022	3,539.30	US FOODSERVICE-OKLAHOMA CITY	Dietary Food
901190	3/31/2022	2,546.77	US FOODSERVICE-OKLAHOMA CITY	Dietary Food
17112	3/22/2022	3,081.24	US MED-EQUIP LLC	Swing bed rental exp
17007	3/1/2022	855.00	VITAL SYSTEMS OF OKLAHOMA, INC	Patient purch svcs
TOTAL		<u>1,709,260.34</u>		

**Mangum Regional Medical Center
May 2022 Estimated Claims**

Vendor	Description	Estimated Amount
ADCRAFT	Plant Ops Supplies	500.00
ALIMED	Misc supplies	9,312.19
AMBS CALL CENTER	Hotline	100.00
ANESTHESIA SERVICE INC	Service	5,500.00
APEX	COVID Capital	105,000.00
ARAMARK	Linens purch svcs	14,000.00
ASD HEALTHCARE	Pharmacy Supplies	15,000.00
AT&T	Fax Service	6,300.00
Avanan, INC	COVID Capital	16,800.00
BARRY DAVENPORT	1099 Provider	20,000.00
BAXTER HEALTHCARE	Pharmacy Supplies	7,500.00
BIO-RAD LABORATORIES INC	Supplies	3,500.00
BKD LLP	Finance purch svcs	2,000.00
BLUTH FAMILY MEDICINE	1099 Provider	5,000.00
C & C	Supplies	1,500.00
C&S INSTRUMENTS LLC	Supplies	200.00
CABLES AND SENSORS	Supplies	500.00
CARDINAL 110 LLC	Pharmacy Supplies	80,000.00
CARNEGIE TRI-COUNTY MUN. HOSP	Pharmacy Supplies	6,000.00
CARRIER CORP	Repairs/maintenance	2,700.00
CENTERPOINT ENERGY ARKLA	Utilities	2,500.00
CINTAS CORPORATION #628	Supplies	8,500.00
CITY OF MANGUM	Utilities & property taxes	15,000.00
CLIFFORD POWER SYSTEMS INC	Plant Ops Compliance	3,300.00
COHESIVE HEALTHCARE MGMT	Mgmt and provider Fees	400,000.00
COHESIVE HEALTHCARE RESOURCES	Payroll	650,000.00
COHESIVE MEDIRYDE LLC	Mgmt Transportation Service	10,000.00
COHESIVE REVOPS	Billing purch svcs	80,000.00
COHESIVE STAFFING SOLUTIONS	Mgmt Staffing Service	400,000.00
COMMERCIAL MEDICAL ELECTRONICS	Quarterly PM service	2,600.00
COMPLIANCE CONSULTANTS	Lab Consultant	1,000.00
CONEXUS SOLUTIONS LLC	Agency Staffing	70,000.00
CONTEMPORARY HEALTHCARE SVCS	1099 Provider	34,000.00
CONTROL FIRE SYSTEMS CO	Repairs/maintenance	260.00
CONTROL SOLUTIONS	Supplies	500.00
CORRY KENDALL, ATTORNEY AT LAW	Legal Fees	8,500.00
CPSI	EHR software	43,000.00
CULLIGAN WATER CONDITIONING	RHC purch svcs	150.00
DAN'S HEATING & AIR CONDITIONI	maintenance	2,000.00
DOBSON TECHNOLOGIES TRANSPORT	Internet	3,900.00
DOERNER SAUNDERS DANIEL ANDERS	Legal Fees	25,000.00
DR. MORGAN	1099 Provider	9,532.00
F1 INFORMATION TECHNOLOGIES IN	IT Support Services	5,300.00
FEDEX	Postage	500.00
FFF ENTERPRISES	Pharmacy Supplies	2,000.00

Vendor	Description	Estimated Amount
FIRE EXTINGUISHER SALES & SERV	Repairs/maintenance	200.00
FIRSTCARE MEDICAL SERVICES, PC	1099 Provider	28,848.00
FOX BUILDING SUPPLY	Plant Ops Supplies	1,500.00
GEORGE BROS TERMITE & PEST CON	Pest Control Service	600.00
GLOBAL EQUIPMENT COMPANY INC.	Supplies	2,000.00
GRAINGER	Maintenance Supplies	4,500.00
HAC INC	Dietary Supplies	1,500.00
HAMILTON MEDICAL INC.	Patient Supplies	1,200.00
HEALTH CARE LOGISTICS	Patient Supplies	800.00
HEALTHSTREAM	Employee education/training	841.75
HEARTLAND PATHOLOGY CONSULTANT	Lab Consultant	2,000.00
HENGST PRINTING	Pharmacy Supplies	250.00
HENRY SCHEIN	Lab Supplies	20,000.00
HICKS MEDIA	Advertising	279.00
HILL-ROM COMPANY, INC	Patient Supplies	1,500.00
HOSPITAL EQUIPMENT RENTAL COMP	Equipment rental	9,805.00
ICU MEDICAL SALES INC.	COVID Capital, misc supplies	1,000.00
IMPERIAL, LLC.-LAWTON	Dietary Purchased Service	500.00
INQUIREEK	RHC consulting service	500.00
INSIGHT DIRECT USA INC.	Supplies	750.00
J. & K. LOFTIS	Rent house	850.00
JANUS SUPPLY CO	Housekeeping Supplies, based in Altus	2,700.00
JNP MEDICAL SERVICES LLC	1099 Provider	7,000.00
KAY ELECTRIC	Repairs/maintenance	1,000.00
KCI USA	Patient Supplies	2,500.00
LABCORP	Lab purch svcs	30,000.00
LAMPTON WELDING SUPPLY	Patient Supplies	6,500.00
LANGUAGE LINE SERVICES INC	Translation service	260.00
LOCKE SUPPLY	Plant Ops Supplies	1,500.00
LOWES	Supplies	1,500.00
MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies	35,000.00
MEDICAL DEVICE DEPOT, INC	COVID equip list	3,000.00
MEDLINE INDUSTRIES	Patient Care Supplies	45,000.00
MEDTOX DIAGNOSTICS, INC	Lab supplies	1,500.00
MISC EMPLOYEE REIMBURSEMENTS	To reimburse employees for travel and sup	5,000.00
MOUNTAINEER MEDICAL	Patient Supplies	1,100.00
NEXTIVA, INC.	Phone utility	6,000.00
NOVITAS SOLUTIONS - PART A	ERS loan monthly payment	11,115.08
NP RESOURCES	1099 Provider	5,000.00
NUANCE COMMUNICATIONS INC	Supplies	600.00
OFFICE DEPOT	Office Equipment	1,000.00
OK STATE BOARD	Credentialing	300.00
OKLAHOMA BLOOD INSTITUTE	Blood bank	7,500.00
ORGANOGENESIS INC	skin graph contract	25,000.00
ORTHO-CLINICAL DIAGNOSTICS INC	Laboratory Supplies	2,500.00
PARA HEALTHCARE	CDM Review service	7,500.00
PARTSSOURCE INC,	Misc Supplies	1,234.30

Vendor	Description	Estimated Amount
PATIENT REFUNDS	Credits due to payors	5,500.00
PHILADELPHIA INSURANCE COMPANY	Property ins	6,000.00
PHILIPS HEALTHCARE	Supplies	1,200.00
PIPETTE COM	Lab maintenance/repair	500.00
PITNEY BOWES GLOBAL FINANCIAL	Postage rental	347.00
PRESS GANEY ASSOCIATES, INC	Purchased Service	1,600.00
PUCKETT DISCOUNT PHARMACY	Pharmacy Supplies	500.00
RAMSEY AND GRAY, PC	Legal Fees	6,270.00
Reyes Electric	COVID Capital/Repairs	25,000.00
ROCHE DIAGNOSTICS CORPORATION	Patient Supplies	2,400.00
RUSSELL ELECTRIC & SECURITY	Repairs/maintenance	3,500.00
SBM MOBILE PRACTICE INC.	1099 Provider	37,000.00
SCHAPEN LLC	RHC rent	1,750.00
SCRUBS AND SPORTS	Employee appreciation	273.94
SECURITY CHECK	Backgrounds check svcs	1,500.00
SHRED-IT	Secure doc disposal	2,500.00
SIZEWISE	equipment rental	5,000.00
SMAART MEDICAL SYSTEMS INC	Radiology interface/Radiologist provider	7,500.00
SMARTSIGN	Patient Supplies	212.00
SOMSS LLC	JEFF BRAND 1099 Provider	32,000.00
SOUTHWEST HOT STEAM CLEANING	Quarterly PM service	375.00
SPARKLIGHT BUSINESS	Cable service	1,200.00
STANDLEY	Printer Lease	500.00
STANDLEY SYSTEMS LLC	Printer Lease	6,000.00
STAPLES ADVANTAGE	Office Supplies	2,500.00
STERICYCLE INC	Waste Disposal svcs	15,000.00
STRYKER INSTRUMENTS	Surgery Supplies	5,000.00
STRYKER SALES CORPORATION	ISTAT PM	1,200.00
SYSMEX AMERICA INC	Lab PM Contract	8,439.00
TECUMSEH OXYGEN & MEDICAL SUPP	Supplies	8,000.00
TELEFLEX	Supplies	2,500.00
THE COMPLIANCE TEAM	RHC Consultant	500.00
TOUCHPOINT MEDICAL, INC	pharmacy purch svcs	9,500.00
TRENT ELLIOTT	1099 Provider	20,000.00
TSYS	CC processing service	2,000.00
ULINE	Supplies	116.00
ULTRA-CHEM INC	housekeeping supplies	600.00
UMPQUA	Lab Eq Note	4,400.00
US FOODSERVICE-OKLAHOMA CITY	Food and supplies	12,000.00
US MED-EQUIP LLC	Swing bed eq rental	12,000.00
VITAL SYSTEMS OF OKLAHOMA, INC	Swing bed purch service	6,000.00
WESTERN COMMERCE BANK	Insurance	25,000.00
TOTAL Estimated		<u>2,652,570.26</u>



Clinic Operations Report

Mangum Family Clinic

March 2022

Clinic Operations

- Tiffany Forster is diligently working on increasing efficiency in documentation.
- Tiffany Forster is actively participating in decisions to increase productivity.
- Introduced new Manager Brittany Wilson.

Quality Report

- RHC Managers were tasked with reviewing policies and protocols for:
 - Blood Borne Pathogens. Policy 230
 - Infection Control. Policy 235
 - Disinfection and Sterilization. Policy 238
- No chart deficiencies noted, no reportable events.

Outreach

- Actively preparing for marketing of clinic for upcoming Derby Days.
- Several Covid Test Kits remain.

Summary

- Provider out 4 days on emergent PTO.
- Significant increase in volume indicates adjusting provider.

	Jan	Feb	Mar	Apr	May	June	July	YTD Avg
Total Clinic Visits	154	97	150					133.66
Total Clinic Productive Hours	NA	128	133					130.5
Total Visits per Productive Hour		.76	1.13					.95
New Patient Clinic Encounters	13	12	27					17.33
Walk-Ins	29	18	24					23.66
Nurse Only Visits	11	3	0					7
Telehealth Visits Completed	0	0	0					0
Annual Well Visits	0	1	0					.33
No Shows	22	28	22					24

	Mar 21	Mar 22
Total Clinic Visits	213	150
Total Clinic Productive Hours	168	133
Total Visits per Productive Hour	1.26	1.13
New Patient Clinic Encounters	22	27
Walk-Ins	95	24
Nurse Only Visits	16	0
Telehealth Visits Completed	3	0
Annual Well Visits	6	0
No Shows	13	22

Providers by the number: March 2022

Forster: 150

Lagniappe:

- Preparing a booth and marketing strategies for the upcoming Mangum Rattlesnake Derby.

Mangum Regional Medical Center
Governing Board Summary
Quality Data 03/10/2022

Hospital Activity

- Hospital Admission
 - Acute Care Admits: 12 – down from Jan (23)
 - Swing-Bed Admits: 3 – down from Jan (16)
 - Total Discharges: 17 – down from Jan (36)
- Total Patient Days, ED Visits, ADC
 - Total Patient: 236 – down from Jan (420)
 - ED Visits: 114– down from Jan (187)
 - Average Daily Census: 8 – down from Jan (14)

AMA/LWBS

- AMA: 3 – up from Jan (1)
- LWBS: 0– down from Jan (1)

Type of Count (AMA/LWBS)	Count	Brief Description of Event	Actions
AMA	3	AMA - 1) pt to er after physician assessment, pt declined further treatment/testing. Risk/benefits explained. pt signed ama. 2) pt to the er, underwent treatment and testing. pt became tired of waiting for additional testing and wanted to leave. risks/benefits explained, pt signed ama 3)pt to the er, underwent treatment and testing. pt became tired of waiting for additional testing and wanted to leave. risks/benefits explained, pt signed ama	continue to education patient's on risks and benefits of medical eval/further testing/admit as needed
LWBS	0	none	none

Care Management

- 30 Day Readmissions
 - 1 for February

Event	Count	Comments	Actions
Readmit	1	1 - 30-day readmission. Patient discharged to home with home health referral. Patient returned to ER with diagnosis of PE which was unrelated to the previous admission. Returned within	Readmit unavoidable due to new dx

		30 day for admission under other primary dx	

Risk Management

- Incidents
 - Falls without Injury
 - AMA/LWBS
 - Other Events

Incident Type	Count	Brief Description of Event & Outcome	Actions
Falls without injury	1	See below	
AMA/LWBS	3/0	See above	
Other events	1	Other; 1- abrasion, during bed reposition, noted abrasion to knee	OTHER - 1. padding/pillows used for pressure areas

- Complaints and Grievances
 - 1 grievance

Brief Description of Complaint/Grievance & Outcome	Actions
1 reported grievance, currently still under investigation	under investigation, will monitor outcome for necessary follow up/actions to be taken

- Patient Falls
 - Fall with no injury – 1
 - Fall with minor injury – 0
 - Fall with major injury – 0

Count	Brief Description of Event & Outcome	Actions
1 FWOI	during pt transfer, pt abducted legs and staff was unable to complete transfer. Pt slid to the floor. Assessed with no injury or c/o noted	staff education on proper transfers and using assist for transfer with this pt
0 Fall w/minor injury	none	none

- Mortality Rate
 - Acute/Swing-Bed Deaths
 - 5 (29%) (YTD = 17%)

- Emergency Department Deaths
 - 1 (1%) (YTD = (0%))

Count	Brief Description of Event & Outcome	Actions
1 acute 4 swing	4 in-pt all expected due to disease process/decline. 1 in-pt coded, cpr initiated pt intubated/family declined further heroic efforts. Pt expired	Continue operating capacities for this CAH.
1 ER	1 er - pt to er with cpr in progress, cpr unsuccessful, pt expired	Continue operating capacities for this CAH.

- Organ Bank Notifications within 60 minutes of Death (Benchmark 100%)
 - 5 notification within 60 minutes of death/ 6 death for reporting period

Count	Compliance	Action
5	83%	1 pt death - had to be sent to ME/not applicable for tissue donation

Infection Control

- Catheter Associated Urinary Tract Infections (CAUTIs) – 0
- Central Line Associated Primary Bloodstream Infections (CLABSIs) – 0

Type of Event (CLABSI/CAUTI)	Count	Brief Description of Event & Outcome	Actions
None			
None			

Health Information Management

- History & Physical Completion (Benchmark 100%)
 - 17/17= 100 %
- Discharge Summary Completion (Benchmark 100%)
 - 20/23 = 87 %

Type of Documentation (H&P/Discharge)	Count	Actions
H&P	17	none
Discharge Summary	20	These are in the Dr.'s boxes and emails have been sent out

Nursing

- Code Blue
 - 2
- Transfers

- Acute Transfers – 0
- ED Transfers – 9

Event	Count	Comments	Actions
Acute Transfers	0	none	none
ED Transfers	9	9 - transferred for higher level of care	Continue operating capacities for this CAH.



Chief Clinical Officer Report March 2022

Excellent Patient Care

- Monthly Education topics included a Skills Fair for Vasopressors and Inotropes, CVC and CLABSI, Foley Catheters and CAUTI and Respiratory Competencies
- MRMC continued installation of the New Critical Alert Call System.

Excellent Client Service

- Patients continue to rely on MRMC as their local hospital. Patient days increased from 236 days in February to 256 days in March. This represents an average daily census of 8. In addition, MRMC Emergency Department provided care to 144 patients in March.
- March COVID-19 Stats at MRMC: Swabs (30-PCR & 69-Antigen) with 0 Positive PCR & 2 Positive Antigen.

Preserve Rural Healthcare

Mangum Regional Medical Center												
2021 Monthly Census Comparison												
	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec/21
Inpatient	39	15	21									30
Swing Bed	16	3	9									17
Observation	1	2	0									1
Emergency Room	187	114	144									166
Lab Completed	2833	1888	2031									3082
Rad Completed	264	196	215									267
Ventilator Days	4	5	0									10

Preserve Rural Jobs

- Open Positions include Full Time RT, RN, LPN, and CNA.
- MRMC has new updates to the Core Staff! LPN for Case Management!
- For the clinical team MRMC continues to pursue core staff members from the area.
- Recruiting efforts included positing of positions on mangumregional.net and Facebook as well Indeed.



Chief Executive Officer Report March 2022

COVID Overview

- ✓ Leadership continues to update staff and providers regarding new policies and regulations.
- ✓ Covid is less of a concern however vigilance is still the focus.

Staff and Operations Overview

- ✓ Patient care continues to be outstanding.
- ✓ Open positions include RT, CNA, LPN and RN.
- ✓ Recently hired core staff include and Infection Prevention RN and an LPN.
- ✓ Tiffany Forster, APRN started at the Mangum Family Clinic on 2/7/22. 30 new patients recorded in March.
- ✓ Critical Alert nurse call system close to completion. This is the final major improvement enabled by grant funds.
- ✓ Our average daily census for the month was 8.
- ✓ Emergency Department assisted 144 patients.
- ✓ Employees continue to receive free meals thanks to Cohesive.
- ✓ We have put an emphasis on social media presence and other outreach efforts for the both the Hospital and the Clinic.

Contracts, Agreements and Appointments for Governing Board Approval

- ✓ EPL Renewal
- ✓ Property Renewal
- ✓ Strategic Plan

Mangum Regional Medical Center
Comparative Balance Sheet - Unaudited
Fiscal Year 2022

	<u>January</u>	<u>February</u>	<u>March</u>	<u>Prior Month Variance</u>
Cash And Cash Equivalents	1,497,994	1,556,994	590,056	(966,938)
Reserved Funds	622,161	876,787	876,787	-
Patient Accounts Receivable, Net	2,369,734	1,727,478	1,549,843	(177,635)
Due From Medicare	-	300,000	600,000	300,000
Inventory	48,093	63,860	72,778	8,919
Prepays And Other Assets	1,566,841	1,558,637	1,526,432	(32,205)
Capital Assets, Net	2,852,888	2,838,094	2,807,195	(30,899)
Total Assets	<u>8,957,712</u>	<u>8,921,849</u>	<u>8,023,091</u>	<u>(898,758)</u>
Accounts Payable	15,843,303	16,028,473	15,692,392	(336,081)
Due To Medicare	2,618,696	2,466,835	2,313,656	(153,179)
Covid Grant Funds	622,161	876,787	876,787	-
Due To Cohesive - PPP Loans	-	-	-	-
Notes Payable - Cohesive	242,500	242,500	242,500	-
Notes Payable - Other	160,790	137,918	115,046	(22,872)
Alliantz Line Of Credit	-	-	-	-
Leases Payable	319,392	315,647	311,882	(3,765)
Total Liabilities	<u>19,806,841</u>	<u>20,068,160</u>	<u>19,552,263</u>	<u>(515,897)</u>
Net Assets	<u>(10,849,129)</u>	<u>(11,146,311)</u>	<u>(11,529,172)</u>	<u>(382,861)</u>
Total Liabilities and Net Assets	<u>8,957,712</u>	<u>8,921,849</u>	<u>8,023,091</u>	<u>(898,758)</u>

**Mangum Regional Medical Center
Medicare Payables by Year
April 26, 2022 Board Meeting**

Year	Original Balance	Balance as of 03/31/22	Total Interest Paid as of 03/31/22
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 <i>Estimate</i>	1,614,760.00	-	7,053.79
2017 12/31/17-C/R Settlement <i>Estimate</i>	(535,974.00)	1,868,409.39	81,607.91
2017 C/R Settlement Overpayment <i>Estimate</i>	3,539,982.21	-	-
2018 C/R Settlement	1,870,870.00	54,223.87	240,345.90
2019 Interim Rate Review - 1st	323,765.00	-	5,637.03
2019 Interim Rate Review - 2nd	1,802,867.00	391,022.47	264,180.86
2019 C/R Settlement	(967,967.00)	-	-
2020 C/R Settlement	(3,145,438.00)	-	-
<i>FY21 MCR pay (rec) estimate per 7/31/21 Interim Rate Review</i>	(1,631,036.00)	-	-
<i>FY22 MCR pay (rec) estimate</i>	(600,000.00)	(600,000.00)	-
Total	5,115,513.21	1,713,655.72	973,999.92

Mangum Board Meeting Financial Reports

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



April 26, 2022

Board of Directors
Mangum Regional Medical Center

March 2022 Financial Statement Overview

- Statistics
 - The average daily census in March was 8.26. Although actual Medicare days increased by 53 days from February, this is a slight decrease of .17 due to the difference in total days in March vs February, bringing the YTD ADC to 10.13.
 - Cash receipts for the month of March totaled \$790K. The nearly \$400K decrease from our almost \$1.2M 6-month average in cash receipts is a primary result of consistently lower census through both February and March.

- Balance Sheet Highlights
 - The operating cash balance as of March 31st is \$590K, and the Restricted Cash balance remained the same at \$877K for a total of \$1.5M.
 - Patient Accounts Receivable of \$1.5M is \$178K lower from prior month primarily due to the previously mentioned low census from February and March.
 - The Due from Medicare asset account reflects an increase in the receivable balance of \$300K, bringing the YTD total to \$600K.
 - Accounts Payable reflects a decreased balance by \$336K as a result of increased cash disbursements for the month.
 - Due to Medicare saw a net decrease of \$153K reflective of the payment on the principal balance of the ERS loans.
 - Restricted liabilities reflect the amount of restricted cash as no funds have yet been recognized at this time.



- Income Statement Highlights

- March gross revenue totaled \$1.3M primarily due to the continued decrease in census days with Net patient revenue reflecting a balance of \$1.1M.
- Operating expenses for the month of March were near identical to February at \$1.4M.
- Net loss for the month was (\$383K).

Mangum Regional Medical Center
Admissions, Discharges & Days of Care
Fiscal Year 2022

				12/31/2022	12/31/2021
	January	February	March	YTD	PY Comparison
Admissions					
Inpatient	23	13	12	48	41
Swingbed	16	12	9	37	43
Observation	1	2	0	3	0
	40	27	21	88	84
Discharges					
Inpatient	21	13	12	46	40
Swingbed	15	8	8	31	23
Observation	1	1	0	2	0
	37	22	20	79	63
Days of Care					
Inpatient-Medicare	50	15	32	97	64
Inpatient-Other	36	39	6	81	56
Swingbed-Medicare	316	182	218	716	547
Swingbed-Other	18	0	0	18	83
Observation	1	2	0	3	0
	421	238	256	915	750
Calendar days	31	28	31	90	90
ADC - (incl OBS)	13.58	8.50	8.26	10.17	8.33
ADC	13.55	8.43	8.26	10.13	8.33
ER	187	114	121	422	
Outpatient	365	191	247	803	
RHC	163	102	153	418	

**Mangum Regional Medical Center
Cash Receipts & Disbursements by Month
April 26, 2022 Board Meeting**

2019		2020			2021				2022			
Month	Receipts	Month	Receipts	Stimulus Funds	Month	Receipts	Stimulus Funds	Disbursements	Month	Receipts	Stimulus Funds	Disbursements
January-19	417,231	January-20	1,183,307		January-21	830,598		695,473	January-22	2,163,583		1,435,699
February-19	242,680	February-20	750,899		February-21	609,151		1,472,312	February-22	1,344,463	254,626	1,342,080
March-19	1,357,203	March-20	843,213		March-21	910,623	49,461	866,387	March-22	789,800		1,709,260
April-19	1,299,323	April-20	617,307	778,925	April-21	742,500		999,127	April-22			
May-19	1,289,344	May-20	605,061	3,405,872	May-21	816,551		1,528,534	May-22			
June-19	559,288	June-20	562,725		June-21	936,092		1,455,892	June-22			
July-19	1,576,072	July-20	521,080	78,499	July-21	1,009,037		1,774,932	July-22			
August-19	346,302	August-20	611,529		August-21	1,292,886	100,000	2,156,724	August-22			
September-19	876,966	September-20	785,446		September-21	278,972		753,559	September-22			
October-19	1,148,666	October-20	1,168,624	11,577	October-21	1,954,204		1,343,425	October-22			
November-19	957,993	November-20	836,014		November-21	1,113,344	316,618	1,800,166	November-22			
December-19	1,500,316	December-20	1,940,134		December-21	1,794,349	305,543	1,325,063	December-22			
			10,425,338	4,274,873		12,288,308	771,623	16,171,592		4,297,846	254,626	4,487,039
Subtotal FY 2019	11,571,384	Subtotal FY 2020	14,700,211		Subtotal FY 2021	13,059,930			Subtotal FY 2022	4,552,472		

MRMC AP AGING SUMMARY
For Month Ending
3/31/2022

VENDOR - Under Litigation	Description	0-30	31-60	61-90	Over 90	3/31/2022	2/28/2022	1/31/2022
ADP INC	QMI Payroll Service Provider				4,276.42	4,276.42	4,276.42	4,276.42
ADP SCREENING AND SELECTION	QMI Payroll Service Provider				1,120.00	1,120.00	1,120.00	1,120.00
ALLIANCE HEALTH SOUTHWEST OKLA	Old Mgmt Fees				698,000.00	698,000.00	698,000.00	698,000.00
ELISE ALDUINO	1099 consultant				12,000.00	12,000.00	12,000.00	12,000.00
HEADRICK OUTDOOR MEDIA INC	Advertising				25,650.00	25,650.00	25,650.00	25,650.00
MEDSURG CONSULTING LLC	Equipment Rental Agreement				98,670.36	98,670.36	98,670.36	98,670.36
QUARTZ MOUNTAIN RESORT	Alliance Travel				9,514.95	9,514.95	9,514.95	9,514.95
SUBTOTAL-Vendor Under Litigation		-	-	-	849,231.73	849,231.73	849,231.73	849,231.73
VENDOR	Description	0-30	31-60	61-90	Over 90	3/31/2022	2/28/2022	1/31/2022
ALIMED	COVID Capital				9,312.19	9,312.19	9,312.19	9,312.19
AMERICAN HEALTH TECH	Rental Equipment-Old				22,025.36	22,025.36	22,025.36	22,025.36
ANESTHESIA SERVICE INC	Patient Supplies	607.37				607.37	1,618.21	564.23
APEX MEDICAL GAS SYSTEMS, INC	COVID Capital				104,521.08	104,521.08	104,521.08	176,716.80
ARAMARK	Linen Services	11,476.52	7,219.58			18,696.10	23,083.09	18,274.87
ASD HEALTHCARE	Pharmacy Supplies				2,421.08	2,421.08	2,421.08	2,421.08
AT&T	Fax Service	-				-	3,187.33	3,183.92
AVANAN, INC.	COVID Capital				16,800.00	16,800.00	16,800.00	16,800.00
BARRY DAVENPORT	1099 Provider	-				-	5,760.00	-
BAXTER HEALTHCARE	Pharmacy Supplies	1,060.11	517.14		(701.95)	875.30	(184.81)	3,698.70
BIO-RAD LABORATORIES INC	Lab Supplies	2,538.64				2,538.64	-	(457.73)
BKD LLP	Cost report preparer	338.00				338.00	20,605.00	20,605.00
BLUTH FAMILY MEDICINE, LLC	1099 Provider	-				-	2,400.00	1,650.00
C & C	Plant Ops supplies					-	-	1,358.40
C&S INSTRUMENTS LLC	Patient Supplies		178.47			178.47	178.47	-
C.R. BARD INC.	Surgery Supplies-Old				3,338.95	3,338.95	3,338.95	3,338.95
CABLES AND SENSORS	Supplies				-	-	-	519.00
CARNEGIE TRI-COUNTY MUN. HOSP	Pharmacy Supplies	-		-		-	5,801.41	-
CARRIER CORP	Repairs/maintenance							2,796.72
CENTERPOINT ENERGY ARKLA	Utilities	2,471.08			315.92	2,787.00	3,190.44	277.72
CINTAS CORPORATION #628	Linen Services	4,373.80	1,766.62			6,140.42	7,089.77	7,047.38
CITY OF MANGUM	Utilities	5,774.65				5,774.65	5,410.61	5,959.38
CLIFFORD POWER SYSTEMS INC	Plant Ops compliance				-	-	-	3,316.88
COHESIVE HEALTHCARE MGMT	Mgmt Fees	225,112.50	225,762.55	225,929.08	3,227,231.85	3,904,035.98	3,983,923.48	4,009,329.93
COHESIVE HEALTHCARE RESOURCES	Payroll	412,166.64	406,136.37	349,113.74	4,605,305.39	5,772,722.14	5,978,413.22	6,209,305.10
COHESIVE MEDIRYDE LLC	Mgmt Transportation Service		984.25	1,096.50	5,600.25	7,681.00	7,681.00	7,681.00
COHESIVE STAFFING SOLUTIONS	Mgmt Staffing Service	119,659.04	374,775.99	461,835.47	2,258,737.90	3,215,008.40	3,464,970.69	2,401,129.32
COMMERCIAL MEDICAL ELECTRONICS	Quarterly Maintenance			2,450.00		2,450.00	3,180.00	5,635.00
COMPLIANCE CONSULTANTS	Lab Consultant				1,000.00	1,000.00	1,000.00	1,000.00
CONEXUS SOLUTIONS LLC	Agency Staffing				403,130.75	403,130.75	415,832.50	415,832.50
CONTEMPORARY HEALTHCARE SVCS	1099 Provider	-				-	7,500.00	7,950.00
CORRY KENDALL, ATTORNEY AT LAW	Legal Fees		4,000.00	2,000.00	24,819.80	30,819.80	-	-
CPSI	EHR Software	3,191.00				3,191.00	35,051.00	35,051.00
CULLIGAN WATER CONDITIONING	Clinic Purchased Service	12.00				12.00	46.00	11.00

VENDOR	Description	0-30	31-60	61-90	Over 90	3/31/2022	2/28/2022	1/31/2022	Item 10.
DOBSON TECHNOLOGIES TRANSPORT	Internet	-				-	1,809.00	-	
DOERNER SAUNDERS DANIEL ANDERS	Legal Fees		8,087.77		332,728.25	340,816.02	340,816.02	332,728.25	
DR W. GREGORY MORGAN III	1099 Provider	4,766.67				4,766.67	4,766.67	4,766.67	
DR. JOHN CHIAFFIETELLI	1099 Provider				-	-	-	9,615.38	
F1 INFORMATION TECHNOLOGIES IN	IT Support Services	2,928.00				2,928.00	2,928.00	-	
FEDEX	Postage service	145.55				145.55	72.02	603.11	
FIRSTCARE MEDICAL SERVICES, PC	1099 Provider	-				-	9,615.38	-	
FLOWERS UNLIMITED	Patient Other				-	-	-	26.23	
FOX BUILDING SUPPLY	Plant Ops supplies				-	-	-	254.86	
FRIENDSHIP INN RESTAURANT	Employee Appreciation				-	-	-	500.00	
GEORGE BROS TERMITE & PEST CON	Pest Control Service	160.00	320.00			480.00	320.00	520.00	
GLOBAL EQUIPMENT COMPANY INC.	Minor Equipment			-	-	-	1,357.72	1,357.72	
GRAINGER	Maintenance Supplies	203.71	326.84			530.55	1,567.51	977.10	
GREER COUNTY TREASURER	Property taxes			-		-	4,876.50	4,876.50	
HAC INC	Dietary Supplies	330.50				330.50	455.86	696.24	
HAMILTON MEDICAL INC.	Ventilator Supplies		1,199.60			1,199.60	1,199.60	-	
HEALTH CARE LOGISTICS	Pharmacy Supplies		-			-	771.23	-	
HEALTHSTREAM	Employee Training Purchased Service	841.75				841.75	-	841.75	
HEARTLAND PATHOLOGY CONSULTANT	Lab Consultant	1,000.00				1,000.00	1,000.00	2,000.00	
HENGST PRINTING	Pharmacy Supplies	-				-	95.00	110.00	
HENRY SCHEIN	Lab Supplies	-	-			-	4,085.07	3,404.78	
HERC RENTALS-DO NOT USE	Old Rental Service				7,653.03	7,653.03	7,653.03	7,653.03	
HILL-ROM COMPANY, INC	Supplies				1,464.29	1,464.29	1,464.29	1,464.29	
HSI	Materials Purch svs			-		-	2,500.00	2,500.00	
ICU MEDICAL SALES INC.	COVID Capital				-	-	47,523.87	-	
IMEDICAL INC	Supplies				1,008.29	1,008.29	1,008.29	1,008.29	
IMPERIAL, LLC.-LAWTON	Dietary Purchased Service	102.15				102.15	270.45	360.60	
INQUISEEK LLC	RHC purch svs				225.00	225.00	-	-	
JANUS SUPPLY CO	Housekeeping Supplies, based in Altus	1,002.12				1,002.12	2,585.33	1,905.72	
KCI USA	Supplies				-	-	-	(6.72)	
LABCORP	Lab purch svs		4,491.98			4,491.98	16,457.50	32,680.64	
LAMPTON WELDING SUPPLY	Patient Supplies	1,373.44	1,307.91			2,681.35	3,899.84	2,822.49	
LANGUAGE LINE SERVICES INC	Translation service		130.00			130.00	260.00	260.00	
LOCKE SUPPLY	Plant Ops supplies				-	-	-	373.64	
LOWES	Supplies	1,016.51				1,016.51	-	236.03	
MARY BARNES, APRN	Employee Reimbursement	160.00				160.00	-	-	
MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies	12,435.88				12,435.88	21,258.94	24,677.32	
MEASUREMENT SPECIALTIES INC	Supplies	175.00				175.00	-	-	
MEDICAL DEVICE DEPOT, INC	Patient Care Supplies				-	-	3,072.01	-	
MEDLINE INDUSTRIES	Patient Care/Lab Supplies	11,456.89	14,167.00	2,020.52		27,644.41	33,554.34	30,945.87	
MEMORIAL NURSING CENTER	minor lab equip	750.00				750.00	-	-	
MICROSURGICAL MST	Surgery Supplies				2,233.80	2,233.80	2,233.80	2,233.80	
MID-AMERICA SURGICAL SYSTEMS	Surgery Supplies				3,607.60	3,607.60	3,607.60	3,607.60	
NEXTIVA, INC.	Phones	2,054.47				2,054.47	2,054.47	2,054.47	
NINJA RMM	IT Service				2,625.00	2,625.00	2,625.00	2,625.00	
OFFICE DEPOT	Office Supplies				-	-	2,160.55	-	
OKLAHOMA BLOOD INSTITUTE	Lab Supplies	510.20	4,542.30			5,052.50	7,093.30	12,151.63	
OKLAHOMA HOSPITAL ASSOCIATION	OHA dues		-			-	13,188.00	-	

VENDOR	Description	0-30	31-60	61-90	Over 90	3/31/2022	2/28/2022	1/31/2022	Item 10.
OKLAHOMA MEDICAL LICENSURE	Credentialing	-				-	60.00	-	
ORGANOGENESIS INC	Wound care supplies	12,750.00				12,750.00	-	-	
ORTHO-CLINICAL DIAGNOSTICS INC	Lab purch svcs	797.84	398.92	420.23	419.60	2,036.59	2,335.23	1,936.31	
OSU PROFESSIONAL DEVELOPMENT	Employee Training	-				-	50.00	-	
PARA HEALTHCARE ANALYTICS, LLC	CMD Review	1,959.00	1,959.00	2,909.00		6,827.00	4,868.00	4,868.00	
PARTSSOURCE INC,	Lab repair/maint				1,234.30	1,234.30	1,234.30	1,234.30	
PHILIPS HEALTHCARE	Supplies		-			-	2,093.80	-	
PIPETTE COM	Lab maintenance				-	-	-	257.00	
PITNEY BOWES GLOBAL FINANCIAL	Postage rental			-		-	347.00	347.00	
PRESS GANEY ASSOCIATES, INC	Purchased Service		1,365.52	682.76		2,048.28	682.76	1,365.52	
PUCKETT DISCOUNT PHARMACY	Pharmacy Supplies	57.64				57.64	65.52	-	
RADIATION CONSULTANTS	Radiology maintenance	-				-	3,500.00	-	
RAMSEY AND GRAY, PC	Legal Fees				6,270.00	6,270.00	6,270.00	6,270.00	
REYES ELECTRIC LLC	Repairs/maintenance				75,000.00	75,000.00	91,600.00	75,000.00	
ROCHE DIAGNOSTICS CORPORATION	Patient Supplies				2,314.00	2,314.00	2,314.00	-	
ROYAL MEDIA NETWORK, INC	Lab Supplies	2,160.00				2,160.00	-	-	
RUSSELL ELECTRIC & SECURITY	Repair and Maintenance	95.00				95.00	-	-	
SBM MOBILE PRACTICE, INC	1099 Provider	-				-	8,250.00	5,200.00	
SCRUBS AND SPORTS	Employee Appreciation				273.94	273.94	273.94	273.94	
SECURITY CHECK	Background check service				840.00	840.00	840.00	840.00	
SHRED-IT USA LLC	Secure Doc disposal service				-	-	-	457.69	
SIEMENS HEALTHCARE DIAGNOSTICS	Service Contract				-	-	-	3,890.68	
SIZEWISE	Swing bed purch service				-	-	2,387.50	3,731.50	
SMAART MEDICAL SYSTEMS INC	Radiology interface/Radiologist provider		1,735.00	3,470.00	1,735.00	6,940.00	6,940.00	6,940.00	
SMARTSIGN	Supplies			-		-	212.00	212.00	
SOMSS LLC	1099 Provider	-				-	4,800.00	13,200.00	
SOUTHWEST TAB & COMMISSIONING	Maintenance				-	-	-	1,800.00	
SPARKLIGHT BUSINESS	Cable service	-			-	-	451.94	500.81	
STANDLEY SYSTEMS LLC	Printer lease	-				-	4,477.93	2,323.94	
STAPLES ADVANTAGE	Office Supplies	895.54	77.20			972.74	1,676.92	1,164.02	
STERICYCLE / SHRED-IT	Secure Doc disposal service	-			-	-	1,152.22	-	
STERICYCLE INC	Waste Disposal Service	10,415.86				10,415.86	8,471.29	10,570.15	
STERIS CORPORATION	Old surgery supplies				(1,762.89)	(1,762.89)	(1,762.89)	(1,762.89)	
STRYKER INSTRUMENTS	Surgery Supplies				9,687.40	9,687.40	14,119.05	18,550.70	
STRYKER SALES CORPORATION	PM contract for ISTAT				1,200.00	1,200.00	1,200.00	1,200.00	
SYSMEX AMERICA INC	Lab eq svcs contract				8,439.00	8,439.00	8,439.00	8,439.00	
TECUMSEH OXYGEN & MEDICAL SUPP	Patient Supplies	1,320.00	1,290.00	1,590.00		4,200.00	7,103.00	10,343.00	
TELEFLEX	Supplies				-	-	3,092.00	6,543.81	
TOUCHPOINT MEDICAL, INC	Med Dispense Monitor Support				3,285.00	3,285.00	3,285.00	3,285.00	
TRENT ELLIOTT	1099 Provider				-	-	-	6,440.00	
ULINE	COVID Minor Eq				115.07	115.07	115.07	115.07	
ULTRA-CHEM INC	Housekeeping Supplies	227.67				227.67	-	-	
US FOODSERVICE-OKLAHOMA CITY	Food and supplies	2,115.23				2,115.23	4,933.49	7,383.54	
US MED-EQUIP LLC	Swing bed eq rental		3,014.16	5,036.54		8,050.70	11,131.94	8,523.57	
VITAL SYSTEMS OF OKLAHOMA, INC	Swing bed purch service		3,420.00	1,710.00	5,130.00	10,260.00	11,115.00	10,260.00	
WELCH ALLYN, INC.	Supplies				(628.66)	(628.66)	(628.66)	(628.66)	
WESTERN COMMERCE BANK (OHA INS	Insurance			7,102.92		7,102.92	7,102.92	7,102.92	
WOLTERS KLUWER HEALTH	Clinical Education	5,279.61				5,279.61	-	-	

VENDOR	Description	0-30	31-60	61-90	Over 90	3/31/2022	2/28/2022	1/31/2022	Item 10.
WORTH HYDROCHEM	semi-annual water treatment				-	-	-	482.00	
WRIGHT COMFORT SOLUTIONS, INC	Repairs/maintenance				-	-	-	472.50	
Vendor Subtotal		868,267.58	1,069,174.17	1,067,366.76	11,148,955.59	14,153,764.10	14,908,961.53	14,114,298.41	
Grand Total		868,267.58	1,069,174.17	1,067,366.76	11,998,187.32	15,002,995.83	15,758,193.26	14,963,530.14	
					Conversion Variance	(13,340.32)	(13,340.32)	(13,340.32)	
					AP Control	14,989,655.51	15,744,852.94	14,950,189.82	
					Accrued AP	702,736.98	283,620.08	893,112.71	
					TOTAL AP	15,692,392.49	16,028,473.02	15,843,302.53	

Mangum Regional Medical Center
Statement of Revenue and Expense
For The Month and Year To Date Ended March 31, 2022
Unaudited

Item 10.

MTD				YTD		
Actual	Prior Year	Prior Yr Variance		Actual	Prior Year	Prior Yr Variance
178,480	107,948	70,531	Inpatient revenue	688,270	626,000	62,269
477,011	875,957	(398,947)	Swing Bed revenue	1,747,520	2,278,323	(530,803)
482,757	731,837	(249,080)	Outpatient revenue	1,537,413	1,753,333	(215,921)
143,553	84,730	58,823	Professional revenue	493,280	371,943	121,337
1,281,801	1,800,472	(518,672)	Total patient revenue	4,466,482	5,029,600	(563,117)
527,997	589,844	(61,847)	Contractual adjustments	1,038,331	1,702,857	(664,526)
(300,000)	-	(300,000)	Contractual adjustments: MCR Settlement	(600,000)	(150,000)	(450,000)
(23,898)	100,979	(124,877)	Bad debts	310,275	433,986	(123,712)
204,099	690,823	(486,724)	Total deductions from revenue	748,606	1,986,844	(1,238,238)
1,077,701	1,109,649	(31,948)	Net patient revenue	3,717,877	3,042,756	675,121
3,728	342	3,386	Other operating revenue	16,456	115,304	(98,848)
1,081,430	1,109,991	(28,562)	Total operating revenue	3,734,333	3,158,060	576,273
			Expenses			
310,640	414,777	(104,137)	Salaries and benefits	942,501	1,127,544	(185,043)
128,408	100,926	27,482	Professional Fees	389,287	353,995	35,292
471,826	197,257	274,569	Contract labor	1,448,174	663,557	784,617
72,951	41,721	31,230	Purchased/Contract services	279,091	206,882	72,210
225,000	225,000	-	Management expense	675,000	675,000	-
90,578	122,172	(31,594)	Supplies expense	268,012	321,780	(53,768)
29,486	21,845	7,641	Rental expense	112,116	58,382	53,734
16,087	16,688	(601)	Utilities	52,030	38,990	13,041
619	325	293	Travel & Meals	1,872	1,013	859
9,179	2,965	6,214	Repairs and Maintenance	38,243	9,773	28,470
11,042	11,660	(619)	Insurance expense	34,676	34,981	(306)
47,667	70,971	(23,303)	Other Expense	95,342	126,441	(31,098)
1,413,483	1,226,308	187,175	Total expense	4,336,344	3,618,337	718,007
(332,053)	(116,316)	(215,737)	EBIDA	(602,011)	(460,277)	(141,734)
-30.7%	-10.5%	-20.2%	EBIDA as percent of net revenue	-16.1%	-14.6%	-1.5%
19,909	12,002	7,907	Interest	63,160	43,398	19,762
30,899	25,083	5,816	Depreciation	93,020	75,249	17,772
(382,861)	(153,401)	(229,460)	Operating margin	(758,191)	(578,924)	(179,267)
-	-	-	Other	-	-	-
-	-	-	Total other nonoperating income	-	-	-
(382,861)	(153,401)	(229,460)	Excess (Deficiency) of Revenue Over Expenses	(758,191)	(578,924)	(179,267)
-35.40%	-13.82%	-21.58%	Operating Margin %	-20.30%	-18.33%	-1.97%

Mangum Regional Medical Center
March 2022

	Current Month	COVID	Total Less COVID	Year-To-Date	Year-To-Date Less COVID
Cash Receipts	\$ 789,800	\$ -	\$ 789,800	\$ 4,552,472	\$ 4,297,846
Cash Disbursements	\$ (1,709,260)	\$ (16,600)	\$ (1,692,660)	\$ (4,487,039)	\$ (4,311,557)
NET	\$ (919,460)	\$ (16,600)	\$ (902,860)	\$ 65,433	\$ (13,710)

Mangum Regional Medical Center
Statement of Revenue and Expense Trend - Unaudited
Fiscal Year 2022

Item 10.

	January	February	March	YTD
Inpatient revenue	310,831	198,959	178,480	688,270
Swing Bed revenue	830,106	440,403	477,011	1,747,520
Outpatient revenue	631,725	422,930	482,757	1,537,413
Professional revenue	224,946	124,781	143,553	493,280
Total patient revenue	1,997,609	1,187,073	1,281,801	4,466,482
Contractual adjustments	403,881	106,453	527,997	1,038,331
Contractual adjustments: MCR Settlement	-	(300,000)	(300,000)	(600,000)
Bad debts	110,208	223,965	(23,898)	310,275
Total deductions from revenue	514,089	30,418	204,099	748,606
Net patient revenue	1,483,520	1,156,655	1,077,701	3,717,877
Other operating revenue	-	12,728	3,728	16,456
Total operating revenue	1,483,520	1,169,383	1,081,430	3,734,333
	95.0%	78.9%	73.6%	82.8%
Expenses				
Salaries and benefits	336,275	295,586	310,640	942,501
Professional Fees	143,762	117,117	128,408	389,287
Contract labor	549,651	426,697	471,826	1,448,174
Purchased/Contract services	56,015	150,125	72,951	279,091
Management expense	225,000	225,000	225,000	675,000
Supplies expense	93,932	83,502	90,578	268,012
Rental expense	42,114	40,517	29,486	112,116
Utilities	17,555	18,389	16,087	52,030
Travel & Meals	697	556	619	1,872
Repairs and Maintenance	15,500	13,564	9,179	38,243
Insurance expense	11,042	12,592	11,042	34,676
Other	16,775	30,900	47,667	95,342
Total expense	1,508,317	1,414,544	1,413,483	4,336,344
EBIDA	\$ (24,797)	\$ (245,161)	\$ (332,053)	\$ (602,011)
EBIDA as percent of net revenue	-1.7%	-21.0%	-30.7%	-16.1%
Interest	22,624	20,626	19,909	63,160
Depreciation	30,727	31,394	30,899	93,020
Operating margin	\$ (78,148)	\$ (297,182)	\$ (382,861)	\$ (758,191)
Other	-	-	-	-
Total other nonoperating income	\$ -	\$ -	\$ -	\$ -
Excess (Deficiency) of Revenue Over Expenses	(78,148)	(297,182)	(382,861)	(758,191)
Operating Margin % (excluding other misc. reve	-5.27%	-25.41%	-35.40%	-20.30%

An Insurance Proposal

Prepared For:

*Mangum City Hospital Authority
1 Wickersham Street
Mangum, OK 73554-9117*

OHA Insurance Agency, Inc.
4000 Lincoln Blvd.
Oklahoma City, Oklahoma 73105

OHA Insurance Agency

Mangum City Hospital Authority

Property Proposal

Property Policy	Policy Period 4/21/2022-2023 Philadelphia	Policy Period 4/21/2021-2022 Philadelphia
Policy Limits		
Blanket Real Property	\$64,400	\$64,600
Blanket Personal Property	\$5,625,000	\$5,560,000
Business Income	\$9,171,771	\$6,399,000
Earth Movement	\$2,000,000	\$2,000,000
Flood	\$1,000,000	\$1,000,000
Deductibles		
Property	\$10,000	\$10,000
Wind and Hail	2%	2%
Earth Movement	\$50,000	\$50,000
Flood	\$50,000	\$50,000
Hospital Bldg - 1 Wickersham St		
Business Personal Property Limit	\$5,000,000	\$5,000,000
Business Income Limit	\$7,818,272	\$5,454,685
Lab Building 2 – 1 Wickersham St		
Building Limit	\$64,400	\$64,400
Business Personal Property Limit	\$550,000	\$500,000
Business Income Limit	\$402,797	\$281,025
Clinic Building – 118 S Louis Tittle Ave		
Business Personal Property Limit	\$75,000	\$60,000
Business Income Limit	\$950,702	\$663,290
Endorsement – Extend Policy to 5/1/2022		
	\$501	
Policy Premium Expires 5/1/2023		
	\$23,567	
Total Renewal Premium		
	\$24,068	\$18,977

POLICY CHANGE DOCUMENT

POLICY NO.: PHPK2264046

Philadelphia Indemnity Insurance Company | 18820 Acrisure, LLC dba Frates Insurance & Ris

NAMED INSURED Mangum City Hospital Authority
dba Magum Regional Medical Center

MAILING ADDRESS PO Box 280
Mangum, OK 73554-0280

POLICY PERIOD: FROM 04/21/2021 TO 05/01/2022 at
12:01 A.M. Standard Time at your mailing address shown above.

CHANGE EFFECTIVE 04/21/2021 CHANGE # 1 REVISION # 1

DESCRIPTION

In consideration of the premium reflected, the policy is amended as indicated below:

Amended:
Policy expiration date to 5/1/2022

Path ID 15498956

Total Annual Additional/Return Premium \$	0.00	Total Prorate Additional/Return Premium \$	501.00
	NO CHANGE		ADDITIONAL

COUNTERSIGNED (Date) BY (Authorized Representative)



PHILADELPHIA INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

Proposal Date: 03/31/2022

Quotation Number: 15214003

Named Insured: Manguam City Hospital Authority

ULTIMATECOVER

Total: \$ 23,567.00

BLANKET LIMITS

Blanket No	Limit
1	\$ 64,400
2	\$ 5,625,000
3	\$ 9,171,771

LOCATION COVERAGES

Loc/Bldg	Coverage	Blanket #	Limit	Premium
1-1	BUSINESS PERSONAL PROPERTY Deductible: 10000, Coinsurance: 90%, Wind/Hail Ded: 2% W/H, Agreed Value: NO	2	\$ 5,000,000	\$ 7,650.00
1-1	BUS INCOME Deductible (hours): 72, Coinsurance: 90%, Agreed Value: , Agreed Value Limit: NONE, Extra Expense: YES, Extended Period: NONE, Monthly Limitation: NONE, Ordinary Payroll: FULL	3	\$ 7,818,272	\$ 8,522.00
1-1	TERRORISM			\$ 485.00
1-2	BUILDING Deductible: 10000, Coinsurance: 90%, Wind/Hail Ded: 2% W/H, Agreed Value: NO	1	\$ 64,400	\$ 99.00
1-2	BUSINESS PERSONAL PROPERTY Deductible: 10000, Coinsurance: 90%, Wind/Hail Ded: 2% W/H, Agreed Value: NO	2	\$ 550,000	\$ 842.00
1-2	BUS INCOME Deductible (hours): 72, Coinsurance: 90%, Agreed Value: , Agreed Value Limit: NONE, Extra Expense: YES, Extended Period: NONE, Monthly Limitation: NONE, Ordinary Payroll: FULL	3	\$ 402,797	\$ 439.00
1-2	TERRORISM			\$ 41.00
2-1	BUSINESS PERSONAL PROPERTY Deductible: 10000, Coinsurance: 90%, Wind/Hail Ded: 2% W/H, Agreed Value: NO	2	\$ 75,000	\$ 115.00
2-1	BUS INCOME Deductible (hours): 72, Coinsurance: 90%, Agreed Value: , Agreed Value Limit: NONE, Extra Expense: YES, Extended Period: NONE, Monthly Limitation: NONE, Ordinary Payroll: FULL	3	\$ 950,702	\$ 1,036.00
2-1	TERRORISM			\$ 35.00

PROP ELITE - NURSE HOMES/MED FAC/HOSP

**Mangum City Hospital Authority
DBA
Mangum Regional Medical Center**

Statement of Values

Address	Occupancy	Year Built	Construction	Square Footage	Item	Limit for the 22-23 Term
1 Wickersham Dr. Mangum, OK 73554	Hospital	1966	Non-Combustible	25,000	Building	\$ -
					Contents	\$ 5,000,000
					Business Income	\$ 7,818,272
118 S. Louis Tittle Mangum, OK 73554	Lab	1999	Modular Building	1,288	Building	\$ 64,400
					Contents	\$ 550,000
					Business Income	\$ 402,797
118 S. Louis Tittle Mangum, OK 73554	Clinic	2008	Non-Combustible	3,040	Building	\$ -
					Contents	\$ 75,000
					Business Income	\$ 950,702

Blanket Building Limit	64,400
Blanket Contents Limit	5,625,000
Blanket Business Income	9,171,771

Dale Clayton

Authorized Signature

1/27/2022

Date

Business Interruption Worksheet
Hospital

Zurich

Name: Mangum City Hospital Authority
Location of Property: Mangum, OK

Date: 1/27/2022
Zip Code: 73554

	Column 1 Actual Values For Year Ended 12/31/2021	Column 2 Estimated Values For Year Ended 12/31/2022
A. Income From Following Sources:		
1. Inpatient	<u>12,341,560.81</u>	<u>12,300,000.00</u>
2. Outpatient	<u>9,419,991.03</u>	<u>9,000,000.00</u>
3. Grants and Research Contracts	<u> </u>	<u> </u>
4. Schools	<u> </u>	<u> </u>
5. Rents	<u>2,387.00</u>	<u>2,604.00</u>
6. Cafeteria	<u>4,107.90</u>	<u> </u>
7. Ambulance	<u> </u>	<u> </u>
8. Fund Raising and Donations	<u>3,550.00</u>	<u> </u>
9. Other Income	<u>16,955.10</u>	<u>15,000.00</u>
B. Total Income	<u>21,788,551.84</u>	<u>21,317,604.00</u>
C. Deduct Cost of:		
1. Contractual Adjs, Bad Debt, & Free Service	<u>7,164,026.85</u>	<u>7,100,000.00</u>
2. Supplies consumed directly in services	<u>1,209,247.08</u>	<u>1,150,000.00</u>
3. Merchandise Sold	<u> </u>	<u> </u>
4. Services Purch from 3rd party for resale	<u> </u>	<u> </u>
D. Total Deductions	<u>8,373,273.93</u>	<u>8,250,000.00</u>
E. Total Insurable Income	<u>13,415,277.91</u>	<u>13,067,604.00</u>
F. Annual Ordinary Payroll	<u>4,399,848.31</u>	<u>4,250,000.00</u>
G. Insurable Income (E, minus F)	<u>9,015,429.61</u>	<u>8,817,604.00</u>
H. Largest Ordinary Payroll Expense <u>30</u>	<u>366,654.03</u>	<u>354,166.67</u>
(For 30,60,90,120,or 180 days)		
I. Total Amount of Insurance (H, plus G)	<u>9,382,083.64</u>	<u>9,171,770.67</u>



PHILADELPHIA INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

PROPOSAL FOR INSURANCE

Quotation Number: 15214003

Proposal Date: 03/31/2022

Named Insured and Mailing Address:
Mangum City Hospital Authority
dba Mangum Regional Medical Center
PO Box 280
Mangum, OK 73554-0280

Producer: 18820
Acrisure, LLC dba Frates Irwin Risk Mana
103 Dean A McGee Ave Ste 700
Oklahoma City, OK 73102

Contact: Phillip Williams
Phone: (405)290-5600
Fax: (405)290-5701

Insurer: Philadelphia Indemnity Insurance Company

Policy Period From: 04/21/2022
Proposal Valid Until: 04/21/2022

To: 04/21/2023
at 12:01 A.M. Standard Time at your mailing address shown above.

Product: Medical Facilities/Hospitals

Submission Type: Renewal Business

PHLY Representative: Boyack, Brandon R. LUTCF
PHLY Representative Phone: (913) 333-4996
Underwriter: Barnaba, Demetri P.
Underwriter Phone: (610) 538-2685

Email: brandon.boyack@phly.com
Email: Demetri.Barnaba@phly.com

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE WITH YOU TO EXTEND INSURANCE AS STATED IN THIS PROPOSAL.

THIS PROPOSAL CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS
INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
UltimateCover Coverage Part	\$ 23,567.00

The Total Premium includes Federal Terrorism Risk Insurance Act Premium	TOTAL	\$ 23,567.00
in the amount of:		\$ 561.00

- Bill Plan Options:***
- _25% Down and 9 Consecutive Monthly Installments - Combined minimum premium must be \$6,000
 - _25% Down and 5 Consecutive Monthly Installments - Combined minimum premium must be \$3,333
 - _25% Down and 3 Consecutive Monthly Installments - Combined minimum premium must be \$2,000
 - _50% Down and 2 Consecutive Monthly Installments - Combined minimum premium must be \$2,000
 - _30% Down and 3 Quarterly Installments - Combined minimum premium must be \$2,150
 - _Premiums under \$2,000 are Fixed Annual billing
- *Bill plan options are only available for Direct Bill customers. All others require Fixed Annual billing

The premium shown is subject to the following terms and conditions:

A signed UM/UIM Selection/Rejection form is required upon binding. (If applicable.)
Any taxes, fees or surcharges included in the total premium shown on the proposal are not subject to installment billing.



**PHILADELPHIA
INSURANCE COMPANIES**

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

Proposal Date: 03/31/2022

Quotation Number: 15214003

Named Insured: Mangum City Hospital Authority

The premium shown is subject to the following terms and conditions:

A maximum per installment fee of \$5.00 may be included (some states may vary).



PHILADELPHIA INSURANCE COMPANIES

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The producer placing this policy may receive commission and additional underwriting profit share incentives. These incentives are based on the underwriting performance of this producer's book of business. Any questions about the nature of this compensation should be directed to the producer.

In order to complete the underwriting process, we require that you send us the additional information requested in the "conditions" section of this proposal. We are not required to bind coverage prior to our receipt, review and underwriting approval, of said additional information. However, if we do bind coverage, it shall be for a temporary period of not more than 30 days. Such temporary binding of coverage shall be void ab initio ("from the beginning") if we have not received, reviewed and approved in writing such materials within 15 days from the effective date of the temporary binder. This 30 day temporary conditional binder may be extended only in writing signed by the Insurer. Payment of premium shall not operate to extend the binding period or nullify the automatic voiding as described above.

This quotation is strictly conditioned upon no material change in the risk occurring between the date of this proposal and the inception date of the proposed policy (including any claim or notice of circumstances that which may reasonably expected to give rise to a claim under any policy of which the policy being proposed by this letter is a renewal or replacement). In the event of such change in risk, the Insurer may in its sole discretion, whether or not this quotation has been already accepted by the Insured, modify and/or withdraw this quotation.

Subject to the terms and conditions outlined above and prior to the quote expiration date, this quote may be bound by signing and dating below and by initialing, on the previous page, the option to be bound. This form will then act as the binder of coverage for 30 days from the date signed and may be distinguished by the Quotation number on page 1. This binder is only valid for 30 days.

No coverage is afforded or implied unless shown in this proposal.

This proposal does not constitute a binder of insurance.

This proposal is strictly limited to the terms and conditions herein. Any other coverage extensions, deletions or changes requested in the submission are hereby rejected.

Signature of Authorized Insurance Representative

Date

PI-TER-DN1 (1/21)

Policy Number: 15214003 Named Insured: Mangum City Hospital Authority



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Terrorism Premium (Certified Acts) \$ 561.00

DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE REJECTION OPTION

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act:* The term “act of terrorism” means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT’S FEDERAL SHARE OF TERRORISM LOSSES IS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Your attached proposal (or policy) includes a charge for terrorism. We will issue (or have issued) your policy with terrorism coverage unless you decline by placing an “X” in the box below.

NOTE 1: If “included” is shown on your proposal (or policy) for terrorism you WILL NOT have the option to reject the coverage.

NOTE 2: You will want to check with entities that have an interest in your organization as they may require that you maintain terrorism coverage (e.g. mortgagees).

EXCEPTION: If you have property coverage on your policy, the following Standard Fire Policy states do not permit an Insured to reject fire ensuing from terrorism: CA, CT, GA, HI, IA, IL, MA, ME, MO, NJ, NY, NC, OR, RI, VA, WA, WV, WI. Therefore, if you are domiciled in the above states and reject terrorism coverage, you will still be charged for fire ensuing from terrorism as separately designated on your proposal.

	I decline to purchase terrorism coverage. I understand that I will have no coverage for losses arising from "certified" acts of terrorism, EXCEPT as noted above.
--	---

You, as the Insured, have 30 days after receipt of this notice to consider the selection/rejection of "terrorism" coverage. After this 30 day period, any request for selection or rejection of terrorism coverage WILL NOT be honored.

REQUIRED IN GA – LIMITATION ON PAYMENT OF TERRORISM LOSSES (applies to policies which cover terrorism losses insured under the federal program, including those which only cover fire losses)
 The provisions of the Terrorism Risk Insurance Act, as amended, can limit our maximum liability for payment of losses from certified acts of terrorism. That determination will be based on a formula set forth in the law involving the national total of federally insured terrorism losses in an annual period and individual insurer participation in payment of such losses. If one or more certified acts of terrorism in an annual period causes the maximum liability for payment of losses from certified acts of terrorism to be reached, and we have satisfied our required level of payments under the law, then we will not pay for the portion of such losses above that maximum. However, that is subject to possible change at that time, as Congress may, under the Act, determine that payments above the cap will be made.

INSURED'S SIGNATURE _____
 DATE _____



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LOCATION SCHEDULE

Loc #	Bldg #	Address #1	Address #2	City	St	Zip
0001	0001	1 Wickersham St		Mangum	OK	73554-9117
0001	0002	1 Wickersham St		Mangum	OK	73554-9117
0002	0001	118 S Louis Tittle Ave		Mangum	OK	73554-4441



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FORM SCHEDULE

Form	Edition	Description
BJP-190-1	1298	Commercial Lines Policy Jacket
OK Fracking Notice	1215	OK Notice: Earthquakes From Oil And Gas Activities
PI-FEES-NOTICE 1	1119	Notice Late/Non-Sufficient Funds/Reinstatement Fee
PP2020	0220	Privacy Notice For Commercial Lines
CPD-PIIC	0614	Common Policy Declarations
Location Schedule	0100	Location Schedule
Named Insured Sched	0100	Named Insured Schedule
PI-BELL-1	1109	Bell Endorsement
PI-CME-1	1009	Crisis Management Enhancement Endorsement
IL0017	1198	Common Policy Conditions
IL0174	0702	Oklahoma Changes - Appraisal
IL0179	1002	Oklahoma Notice
IL0236	0907	Oklahoma Changes - Cancellation and Nonrenewal
PI-ACL-001 OK	1218	Absolute Cyber Liability And Electronic Exclusion
PI-TER-DN1	0121	Disclosure Notice Of Terrorism Ins Coverage Rejection
CP P 003	0706	Excl of Loss Due to Virus or Bacteria Advisory Notice
PI-ULTD-002	1198	Property Coverage Part Declarations
PI-ULTD-005	0513	Additional Coverage Summary Declarations
PI-ULTD-006	1198	UltimateCover Program Blanket Limits
CP0090	0788	Commercial Property Conditions
CP0140	0706	Exclusion of Loss Due to Virus or Bacteria
PI-SP-M-B	1005	Exclusion of Certain Earthquake Coverage
PI-SP-M-C	1005	Exclusion of Certain Flood Coverage
PI-ULT-007	1198	Property Coverage Form
PI-ULT-008	1198	Causes of Loss Form
PI-ULT-009	1198	Crime Coverage Form
PI-ULT-010	1198	Business Income with Extra Expense Coverage Form
ULT10COV	1198	Business Income with Extra Expense Coinsurance Sched
ULT10OPT	1198	Business Income with Extra Expense Optional Cov Sched
PI-ULT-018	0216	Windstorm Or Hail Percentage Deductible
PI-ULT-019	0906	Earthquake Endorsement
PI-ULT-021	1198	Flood Endorsement
PI-ULT-021A	0110	Flood Endorsement Location Schedule
PI-ULT-023	0701	Boiler and Machinery Endorsement
PI-ULT-056	0599	Oklahoma Changes - Replacement Cost Endorsement
PI-ULT-072	1010	Limitations On Fungus,Wet Rot, Dry Rot And Bacteria
PI-ULT-83	0401	Loss of Income due to Workplace Violence
PI-ULT-085	0516	Cap On Losses From Certified Acts Of Terrorism
PI-ULT-088	0419	Changes - Electronic Data



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FORM SCHEDULE

Form	Edition	Description
PI-ULT-089	0605	Multiple Deductible Form
PI-ULT-104	0908	Elite Property Enhancement: Nursing Homes/Medical Fac
PI-ULT-142	0814	Collapse - Exclusion And Additional Coverage Re-Stated
PI-ULT-148	1016	Boiler And Machinery - Separate Deductible Endorsement
PI-ULT-238	0119	Continuous Or Repeated Water Damage Exclusion



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ULTIMATECOVER

Coverage	Limit/Ded	Premium
FLOOD		\$ 2,081.00
ANY ONE PREMISES LIMIT	1,000,000	
ALL PREMISES IN ANY SINGLE POLICY YEAR LIMIT	1,000,000	
DEDUCTIBLE	50,000	
Coverage Applies at Locations:1-1, 1-2, 2-1		
 EARTHQUAKE		 \$ 892.00
ANY ONE COVERED PREMISES LIMIT	2,000,000	
ALL COVERED PREMISES IN ANY SINGLE POLICY YEAR LIMIT	2,000,000	
DOLLAR DEDUCTIBLE	50,000	
(See Deductible Exceptions Schedule, If applicable)		
Coverage Applies at Locations:1-1, 1-2, 2-1		
 BOILER MACHINERY/EQUIPMENT BREAKDOWN (SEE FORM)		 \$ 1,330.00



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ULTIMATECOVER

CRIME

For the Additional Coverages and Coverage Extensions shown below, if a Superceding Limit of Insurance is shown, that Superceding Limit is the applicable Limit of Insurance

Coverage	Limit of Ins	Deductible	Superceding Limit	Superceding Deductible	Premium
Money & Securities (inside)	\$ 5,000	\$ 500			
Money & Securities (outside)	\$ 5,000	\$ 500			
Money Order/Counterfeit Currency	\$ 5,000	\$ 500			
Kidnap, Ransom, Extortion	\$ 25,000	None			
Forgery or Alteration					
Computer Fraud					
Employee Dishonesty					

ADDITIONAL POLICY COVERAGES – subject to the Limit of Insurance shown below:

Coverage	Limit of Insurance
Brands and Labels	Included in Policy Limits
Claims Expense	\$ 10,000
Contract Penalty Clause	\$ 25,000
Computer Property	Included in Personal Property Limits
Excavation & Landscaping	\$ 25,000
Fine Arts	\$ 25,000
Fines for False Alarms	\$ 5,000
Fire Department Service Charge	\$ 50,000
Fire, Sprinkler or Burglar Alarm Upgrade	\$ 50,000
Fish in Aquariums	\$ 1,000
Glass	Included in Policy Limits
Guard Dogs	\$ 1,000
Lost Key Replacement	\$ 2,500
Newly Acquired Property	\$ 1,000,000 Blanket Limit Real & Personal
New Construction	\$ 500,000
Ordinance or Law – Undamaged Portion	Included in Building Limit
Ordinance or Law – Demolition	\$ 250,000
Ordinance or Law – Incr. Cost or Construction	\$ 250,000
Personal Effects – Portable Electronic Equip away from premises	\$ 1,000
Personal Effects – Premises	\$ 25,000
Personal Effects – Spouses	\$ 500
Personal Effects – Worldwide	\$ 1,000
Pollutant Cleanup & Removal	\$ 25,000
Precious Metals	\$ 2,500
Signs	Included in Personal Property Limits
Theft Damage to Building	Included in Personal Property Limits
Utility Service – Direct Damage	\$ 10,000
Voluntary Parting	\$ 10,000

For the Additional Coverages and Coverage Extensions shown below, if a Superceding Limit of Insurance is shown, that Superceding Limit is the applicable Limit of Insurance

Coverage	Limit of Insurance	Superceding Limit	Premium
Accounts Receivable	\$ 250,000		
Arson Reward	\$ 25,000		
Computer Virus	\$ 2,500		
Consequential Damage	\$ 25,000		
Debris Removal	\$ 250,000		
Pers Prop at Unspecified Premises	\$ 100,000		
Pers Prop in Transit	\$ 50,000		
Valuable Papers	\$ 250,000		

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BOILER AND MACHINERY ENDORSEMENT

This endorsement modifies insurance provided under the following:

- Property Coverage Form
- Causes of Loss Form
- Business Income and Extra Expense Coverage Form
- Business Income Coverage Form
- Extra Expenses Coverage Form

SCHEDULE

Coverage Description	Limit of Insurance
Property Damage	\$ 5,624,400
Property Damage and Business Income/Extra Expense	\$
Business Income and Extra Expense	\$ 6,399,000
Business Income	\$
Extra Expense	\$

Sublimits of Insurance applicable to each covered location. These sublimits are part of and not in addition to the Limits of Insurance shown above.

Coverage	Sublimit of Insurance
Ammonia Contamination	\$ 100,000
Water Damage	\$ 100,000
Hazardous Substances	\$ 100,000
Spoilage	\$ 100,000
Expediting Expense	\$ 250,000
Newly Acquired Location Coverage	\$ 1,000,000
Off Premises Service Interruption	
Business Income	\$
Business Income and Extra Expense	\$ 6,399,000
Extra Expense	\$
Spoilage	\$ 25,000
Ordinance or Law	\$ 300,000

Deductibles

Coverage	Deductible
Property Damage	\$ 5,000
Business Income and Extra Expense	72 hours
Business Income	hours
Extra Expense	\$ N/A
Spoilage	COMBINED W/PD
Off Premises Service Interruption	72 hours
Ammonia Contamination	COMBINED W/PD
Other (DIAGNOSTIC EQUIP)	\$ 2XPD DED
Premium	\$ 1,330

A. Coverage

For the purposes of this endorsement, the following exclusions and limitations, or parts thereof, are deleted as respects to the Boilers, Pressure Vessels and Machinery and Equipment at the described premises:

- | | |
|---------------------|---|
| Exclusion B.2.a. | Artificially generated electric current, including electric arcing, that disturbs electrical devices, wiring or wires. |
| Exclusion B.2.d.(2) | The word latent is deleted. |
| Exclusion B.2.d.(6) | Mechanical breakdown, including rupture or bursting caused by centrifugal force. |
| Exclusion B.2.e. | Explosion of steam boilers, steam pipes, steam engines, steam turbines owned or leased by your, or operated under your control. |
| Limitation C.1.a. | Steam boilers, steam pipes, steam engines or steam turbines caused by or resulting from a condition or event inside such equipment. |
| Limitation C.1.b. | Hot water boilers or other water heating equipment caused by or resulting from any condition or event inside such boilers or equipment. |

B. Exclusions

As respects the Boiler and Machinery coverage provided by this endorsement, coverage shall not include **"loss"** caused by or resulting from:

1. Damage while any boiler, fired or unfired vessel or electrical steam generator is undergoing a hydrostatic or gas pressure test;
2. Damage while any type of electrical or electronic equipment is undergoing an insulation breakdown test;
3. Damage to or destruction of media, however caused, and regardless of the function of that media;
- 4/ Depletion, deterioration, corrosion, erosion or wear or tear, and other gradually developing conditions. But if **"loss"** or damage otherwise covered by this endorsement ensues, we will pay for such ensuing **"loss"**;

C. Limits

The most we will pay under this endorsement for direct **"loss"** to Covered Property is the Property Damage Limit of Insurance shown in the schedule of this endorsement. If Business Income Coverage, Extra Expense Coverage, or Business Income and Extra Expense Coverage is included in the policy to which this endorsement is a part, the most we will pay for those extensions of coverage under this endorsement are the respective Limits of Insurance shown in the schedule of this endorsement.

All losses covered by this endorsement occurring at any one location which manifests themselves at the same time and are the result of the same cause will be considered a single loss. If an initial loss covered by this endorsement causes other losses covered by this endorsement, all will be considered a single loss.

D. Extra Expediting

This endorsement is extended to cover the reasonable extra cost of temporary repair and of expediting repair or replacement of Covered Property as a direct result of loss otherwise covered by this endorsement. The most we will pay under this extension is the amount shown as the Expediting Expense Sublimit in the schedule of this endorsement.

E. Ammonia Contamination

If Covered Property is contaminated by ammonia as a direct result of loss otherwise covered by this endorsement, the most we will pay for this kind of damage, including salvage expense, is the amount shown as the Ammonia Contamination Sublimit in the schedule of this endorsement.

F. Water Damage

If Covered Property is damaged by water as a direct result of loss otherwise covered by this endorsement, the most we will pay for this kind of damage, including salvage expense, is the amount shown as the Water Damage Sublimit in the schedule of this endorsement.

G. Hazardous Substances

If covered Property is contaminated by a hazardous substance as the direct result of loss otherwise covered by this endorsement, the most we will pay for expenses to clean up or dispose of such property is the amount shown as the Hazardous Substances Sublimit in the schedule of this endorsement.

H. Spoilage

If Covered Property spoils from lack of power, light, heat, steam, or refrigeration as a direct result of the Breakdown of the insured's Boilers, Pressure Vessels, Machinery or Equipment, the most we will pay for this kind of damage, including salvage expenses, is the amount shown as the Spoilage Sublimit in the schedule of this endorsement.

I. Newly Acquired Locations

The coverages of this endorsement are extended to the interest of the named insured in Boilers, Pressure Vessels, Machinery and Equipment, not otherwise insured, at newly constructed, acquired, or leased locations within the policy coverage territory and which have been previously undeclared. The most we will pay under this extension for loss or damage at any one location is the amount shown as the Newly Acquired Location Coverage Sublimit in the schedule of this endorsement.

J. Off Premises Service Interruption

If Off Premises Service Interruption Coverage is included in the policy of which this endorsement is a part, the coverage extensions of this endorsement for Business Income and/or Extra Expense and/or Spoilage are further extended to include loss caused by Boilers, Pressure Vessels, Machinery and Equipment, whether or not they are located on Insured's premises, owned by a public utility or other company and used to directly supply electrical power, communications services, heating, gas, water, steam or air conditions to the described premises.

K. Deductibles

There shall be liability under this endorsement only when the amount of loss exceeds the Boiler and Machinery Deductibles shown in the schedule of this endorsement. If no Boiler and Machinery Deductibles are shown, coverage under this endorsement is subject to the policy deductible.

If an hour deductible is shown in the schedule, we will only pay for loss or damage you sustain after the first specified number of hours immediately following the physical loss to the Covered Property.

If a multiplier is shown in the schedule of this endorsement, the deductible is determined by multiplying the One Hundred Percent Average Daily Value (100% ADV) times the multiplier. The 100% ADV will be obtained by dividing the total net profits, fixed charges and expenses for the entire location that would have been earned had no physical loss occurred during the period of interruption of business by the number of working days in that period. No reduction shall be made for net profits, fixed charges and expenses not being earned, or in the number of working days, because of the physical loss or damage or any other scheduled or unscheduled shutdowns during the period of interruptions.

If a percent of loss deductible is indicated in the schedule of this endorsement, we will not be liable for the indicated percentage of loss or damage insured under this endorsement. If the dollar amount of such percentage is less than the indicated minimum deductibles, the minimum deductible will be the applicable deductible.

L. Suspension

If any Boiler, Pressure Vessel, Machinery or Equipment covered by this endorsement is found to be in, or exposed to, a dangerous condition, any of our representatives may immediately suspend the coverage provided by this endorsement for that equipment by written notice mailed or delivered to:

1. Your last known address; or
2. The address where the affected equipment is located.

Once suspended in this way, your insurance can be reinstated only by endorsement.

If we suspend your insurance, you will get a pro rata refund for the affected equipment. But the suspension will be effective even if we have not yet made or offered a refund.

M. Mechanical or Electrical Breakdown

With respect to coverage provided by this endorsement, Mechanical or Electrical Breakdown means a sudden and accidental breakdown of covered Boilers, Pressure Vessels, Machinery and Equipment. At the time breakdown occurs, it must become apparent by physical damage that requires repair or replacement of the affected equipment or part of the affected equipment.

Mechanical or Electrical Breakdown does not mean or include any of the following:

1. Breakdown of any structure or foundation.
2. Breakdown of any boiler setting, insulating or refractory material.
3. Breakdown of a power shovel, dragline, excavator, vehicle, aircraft, floating vessel or structure, well casing, penstock or draft tube.
4. Breakdown of any elevator, crane, hoist, escalator or conveyor, but not including any pressure vessel or electrical equipment used with such a machine.
5. Breakdown of Boilers, Pressure Vessels, Machinery or Equipment manufactured or held for sale by you.
6. Breakdown of catalyst.

7. Breakdown of any oven, stove, furnace, incinerator, pot or kiln.
8. Breakdown of any buried vessel or piping.
9. Breakdown of a felt, wire, screen, die, mold, form, pattern, extrusion plate, swing hammer, grinding disc, cutting blade, chain, cable, belt, rope, clutch plate, brake pad, nonmetallic part or any part or tool subject to frequent, periodic replacement.
10. Breakdown, of any nonmetallic vessel, unless it is constructed and used in accordance with the American Society of Engineers (A.S.M.E.) code.
11. Breakdown of sewer piping, piping forming a part of a fire protection system or water piping other than:
 - a. Feed water piping between any boiler and its feed pump or injector; or
 - b. Boiler condensate return piping; or
 - c. Water piping forming a part of refrigerating and air conditioning vessels and piping used for cooling, humidifying or space heating purposes.
12. Breakdown of a part of a Boiler, Pressure Vessel or Electric Steam Generator that:
 - a. Does not contain steam or water; or
 - b. Is not under pressure of contents of the vessel; or
 - c. Is not under internal vacuum.
13. The functioning of any safety or protective devices.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**ELITE PROPERTY ENHANCEMENT:
NURSING HOMES / MEDICAL FACILITIES / HOSPITALS**

This endorsement modifies insurance provided under the following:

**PROPERTY COVERAGE FORM
CAUSES OF LOSS FORM
CRIME COVERAGE FORM**

I. Schedule of Coverages and Limits

The following is a summary of increased Limits of Insurance, additional coverages and/or coverage extensions provided by this endorsement. This endorsement is subject to the provisions of your policy.

Coverage Applicable	Limit of Insurance	Page #
Covered Property		
Fine Arts	\$50,000	2
Additional Coverages		
Alternative Key Systems	\$100,000	2
Automated External Defibrillators (AEDs)	\$5,000	3
Earthquake Sprinkler Leakage	\$10,000	3
Lease Cancellation Moving Expenses	\$2,500	3
Pollutant Clean up and Removal	\$100,000	3
Transition to Replacement Premises	Included	3
Coverage Extensions		
Business Income and Extra Expense	\$100,000	4
Civil Authority	Included in BI/EE limit	4
Contingent Business Property	Included in BI/EE limit	4
Ingress or Egress	\$5,000	4
Newly Acquired Premises	\$100,000	5
Emergency Vacating Expense	\$15,000	6
Expediting Expense	\$25,000	6
Garages	\$5,000	6
Money Orders and Counterfeit Paper Currency	\$25,000	7
Non-Owned Detached Trailers	\$5,000	7
Ordinance or Law – Demolition Cost	\$300,000	7
Ordinance or Law – Increased Cost of Construction	\$300,000	7
Personal Property of Residents:		
Residents' Property Personal Effects		
Any One Resident	\$5,000	7
Any One Occurrence	\$25,000	7
Policy Aggregate	\$100,000	7
Residents' Money and Securities		
Any One Resident	\$500	8
Any One Occurrence	\$5,000	8
Policy Aggregate	\$50,000	8
Reward Reimbursement	\$5,000	8
Spoilage	\$50,000	8
Limitations		
Furs	\$5,000	9
Precious Metals	\$5,000	9

II. Conditions

A. Applicability of Coverage

Coverage provided in forms attached to your policy is amended by this endorsement where applicable.

B. Limits of Insurance

1. When coverage is provided by this form and another coverage form attached to this policy, the greater Limits of Insurance will apply. In no instance will multiple limits apply to coverages which may be duplicated within this policy.
2. Limits of Insurance identified in this endorsement are not excess of, or in addition to, Limits of Insurance provided by the **PROPERTY COVERAGE FORM**, the **CAUSES OF LOSS FORM** or the **CRIME COVERAGE FORM** unless otherwise stated.
3. Coverage is considered to be on an occurrence basis (not on a per location basis) unless otherwise stated.

C. Applicability of Exclusions

Specific exclusionary endorsements attached to the policy supersede coverage provisions contained in this coverage enhancement.

D. Requirement for Covered Causes of Loss

Except where a specific Covered Cause of Loss is identified in this coverage enhancement, coverage for the "losses" described herein are applicable only for Covered Causes of Loss as designated in the **CAUSES OF LOSS FORM** attached to the policy.

III. Covered Property

A. Section A. Coverage, 1. Covered Property, a. Your Business Personal Property, (d) "Fine Arts" in the **PROPERTY COVERAGE FORM** is amended as follows:

If the total value of "Fine Arts" is over \$50,000, they must be listed in a schedule on file with us;

B. Section A. Coverage, 2. Property Not Covered, o. "Fine Arts" in the **PROPERTY COVERAGE FORM** is amended as follows:

"Fine Arts," if the total value of such property is greater than \$50,000, unless such property is listed in a schedule on file with us;

IV. Additional Coverages

The following are added to or amend the **PROPERTY COVERAGE FORM** under Section A. Coverage, 4. Additional Coverages:

A. Alternative Key Systems

We will pay for "loss" or damage to, or cost to reprogram, "alternative key systems," including card programmers, card-readers, computers, related alarms, transceivers, power supplies and any other electronic or mechanical apparatus needed to make the card keys work. The "loss" must be caused by a Covered Cause of Loss and take place at a covered location.

The most we will pay for “loss” or damage under this coverage is \$100,000.

B. Automated External Defibrillators

Automated external defibrillators (AEDs) are considered covered property.

The most we will pay for “loss” or damage under this coverage is limited to \$5,000 per occurrence, which is in addition to the Business Personal Property Limit stated in the Declarations.

C. Earthquake Sprinkler Leakage

We will pay up to \$10,000 for damages resulting from sprinkler leakage which is caused by earth movement.

D. Lease Cancellation Moving Expenses

We will reimburse you for any moving expenses necessitated by your need to relocate due to the cancellation of the lease at your premises listed in the Declarations. The lease cancellation must occur as a result of a Covered Cause of Loss.

The limit for this coverage will be \$2,500 for all insureds combined. No deductible applies to this coverage.

E. Pollutant Clean Up and Removal

Section A. Coverage, 4. Additional Coverages, f. Pollutant Clean Up and Removal is amended as follows:

The Limit of Insurance for this additional coverage for each described premises is increased to \$100,000 for the sum of all covered expenses arising out of a Covered Cause of Loss occurring during each separate 12 month period of this policy.

F. Transition to Replacement Premises

If Covered Property is moved to a new premises from a scheduled premises that is being vacated, the Limit of Insurance applicable to that vacated premises will apply proportionately to both premises as the property is moved. This coverage ends when any one of the following first occurs:

1. 90 days after the move begins;
2. The move is completed; or
3. This policy expires.

V. Coverage Extensions

With the exception of Item E. **Money Orders and Counterfeit Paper Currency** below, the following are added to or amend the **PROPERTY COVERAGE FORM** under Section A. Coverage, 5. Coverage Extensions:

A. Business Income and Extra Expense

1. Coverage is extended to include the actual “loss” of Business Income you sustain, and

necessary Extra Expense you incur when your covered **“building”** or Business Personal Property listed in the Declarations is damaged by a Covered Cause of Loss.

We pay any Extra Expense you incur:

- a. To continue your normal **“operations”** at the described premises; or
- b. To continue your normal **“operations”** at replacement premises or temporary locations; including:
 - (1) Relocation expenses; and
 - (2) The costs to equip or operate the replacement premises or temporary locations; or
- c. To minimize the suspension of your normal **“operations”** if you cannot continue them.

2. Civil Authority

We will pay for the actual **“loss”** of Business Income you sustain, and necessary Extra Expense you incur that is caused by action of civil authority that prohibits access to the described premises due to direct physical **“loss”** of or damage to property, other than at the described premises, caused by or resulting from any Covered Cause of Loss. The coverage for Business Income will begin 72 hours after the time of that action and will apply for a period of up to 3 consecutive weeks after coverage begins. The coverage for Extra Expense will begin immediately after the time of that action and will end:

- a. 3 consecutive weeks after the time of that action; or
- b. When your Business Income coverage ends; whichever comes first.

3. Contingent Business Property

We will pay for the actual **“loss”** of Business Income you sustain, and necessary Extra Expense you incur when Contingent Business Property is damaged by a Covered Cause of Loss. We will reduce the amount of your Business Income **“loss,”** other than Extra Expense, to the extent you can resume **“operations,”** in whole or in part, by using any other available:

- a. Source of materials; or
- b. Outlet for your products.

The most we will pay under these sections **A. 1., 2. and 3.** combined is \$100,000 for any one occurrence.

4. Ingress or Egress Coverage

We will pay for the actual **“loss”** of Business Income you sustain, and necessary Extra Expense you incur due to the necessary suspension of your **“operations”** in the event that ingress or egress is prevented at the described premises as a result of a Covered Cause of Loss. The **“loss”** or damage by a Covered Cause of Loss preventing ingress or egress must occur within one mile of the described premises. This coverage will apply for up to 30 consecutive days from the date when the ingress or egress is denied.

The most we will pay for this coverage is \$5,000 for any one occurrence.

This additional coverage does not apply in the event that access is denied by action of civil

authority. Such coverage is provided subject to Item 2. above.

5. Newly Acquired Premises

We will pay for the actual “loss” of Business Income you sustain, and necessary Extra Expense you incur when property at a newly acquired premises is damaged by a Covered Cause of Loss.

Coverage under this extension will end when any of the following first occurs:

- a. This policy expires;
- b. 90 days expire after you acquire the property that would qualify as covered property; or
- c. You report values to us.

We will charge you additional premium for values reported from the date you acquire the property that would qualify as covered property.

The most we will pay under this extension is \$100,000 in any one occurrence at each newly acquired premises. This limit is in addition to the Business Income and Extra Expense limit provided above.

6. The following, when used in this section, are defined as follows:

- a. Business Income means net income (net profit or loss before income taxes) that would have been earned or incurred during the period of restoration and continuing normal operating expenses including payroll.
- b. Extra Expense means necessary expenses you incur during the period of restoration that you would not have incurred if there had been no direct physical “loss” or damage to property caused by or resulting from a Covered Cause of Loss.
- c. Contingent Business Property means property operated by others on whom you depend to:
 - (1) Deliver materials or services to you or to others for your account (Contributing Locations);
 - (2) Accept your products or services (Recipient Locations);
 - (3) Manufacture products for delivery to your customers under contract of sale (Manufacturing Locations); or
 - (4) Attract customers to your business (Leader Locations).
- d. Period of restoration means the period of time that:
 - (1) Begins with the date of physical “loss” or damage caused by or resulting from any Covered Cause of Loss; and
 - (2) Ends on the date when the property should be repaired, rebuilt or replaced with reasonable speed and similar quality.

Period of restoration does not include any increased period required due to the enforcement of any ordinance or law that:

- (1) Regulates the construction, use or repair, or requires the tearing down of any property; or
- (2) Requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of “pollutants.”

The expiration date of this policy will not cut short the period of restoration.

B. Emergency Vacating Expense

1. The coverage provided by this policy is extended to apply to the reasonable expenses that you incur in the “**emergency**” vacating of the premises of your facility described in the Declarations, provided that vacating is necessary due to an “**emergency**” situation resulting from a Covered Cause of Loss.
2. We will not pay for any expenses under this extension arising out of:
 - a. A strike, bomb threat or false fire alarm, unless vacating is ordered by a civil authority;
 - b. A planned vacating drill; or
 - c. The vacating of one or more individuals that is solely due to their individual medical condition.
3. The most we will pay in any one occurrence for the evacuation of residents, regardless of the number of residents evacuated is \$15,000. The deductible for emergency vacating expenses is \$1,000 per occurrence.

C. Expediting Expense

The coverage provided by this policy is extended to apply to your reasonable and necessary expense of temporary repairs to your business property or the extra costs of expediting the permanent repair or replacement of your property, whichever is less. These expenses include overtime wages and extra costs for rapid means of transportation. However, we will not pay for the temporary rental of property or the temporary replacement of damaged property.

The most we will pay under this extension is \$25,000.

D. Garages

“**Building**” coverage is extended to apply to any garage or storage shed located at the premises described in the Declarations.

The most we will pay under this extension is \$5,000.

E. Money Orders and Counterfeit Paper Currency

The Basic Limit of Insurance that is provided for Money Orders and Counterfeit Paper Currency under the **CRIME COVERAGE FORM** is increased to \$25,000.

F. Non-Owned Detached Trailers

You may extend the insurance that applies to your Business Personal Property to apply to “loss” or damage to trailers that you do not own, provided that:

1. The trailer is used in your business;
2. The trailer is in your care, custody or control at the premises described in the Declarations; and
3. You have a contractual responsibility to pay for “loss” or damage to the trailer.

We will not pay for any “loss” or damage that occurs:

1. While the trailer is attached to any motor vehicle or motorized conveyance, whether or not the motor vehicle or motorized conveyance is in motion;
2. During hitching or unhitching, or when a trailer becomes accidentally unhitched from a motor vehicle or motorized conveyance.

The most we will pay under this extension is \$5,000.

G. Ordinance or Law

Section A. Coverage, 5. Coverage Extensions, j. Ordinance or Law is amended as follows:

1. The Limit of Insurance for demolition costs is increased to \$300,000 in any one occurrence.
2. The Limit of Insurance for increased cost of construction is increased to \$300,000 in any one occurrence.

H. Personal Property of Residents

1. Residents’ Property – Personal Effects

- a. The Business Personal Property coverage is extended to apply to the personal effects of the residents of your facility while at a premises described in the Declarations.
- b. (1) The most we will pay for “loss” or damage to the property of any one resident is \$5,000.
 - (2) The most we will pay for “loss” or damage in any one occurrence, regardless of the number of residents who had property lost or damaged is \$25,000 subject to the any one resident limit shown in 1.b.(1) above.
 - (3) The most we will pay for the sum of all such “loss” or damage during each separate policy period is \$100,000, regardless of the number of occurrences.
- c. We will not pay for a “loss” under this coverage until the amount of “loss” exceeds a \$1,000 deductible. We will then pay the amount of “loss” in excess of the deductible up to the applicable Limit of Insurance.
- d. Residents’ Personal Effects do not include “money” or “securities.” Such coverage is provided subject to Item 2. below.

2. Residents' Money and Securities

- a. We cover "money" and "securities" belonging to the residents of your facility while at a covered location. We cover such property against "loss" from a Covered Cause of Loss applying to your business personal property at the location. We do not cover any "loss" caused by or resulting from forgery, alterations, the giving or surrendering of checks or "money" in exchange or purchase, or accounting or arithmetic errors and omissions.
- b. (1) The most we will pay for "loss" or damage to the "money" and "securities" of any one resident is \$500.
 - (2) The most we will pay for "loss" or damage in any one occurrence, regardless of the number of residents who had "money" and "securities" lost or damaged is \$5,000 subject to the any one resident limit in 2.b.(1) above.
 - (3) The most we will pay for the sum of all such "loss" or damage during each separate policy period is \$50,000, regardless of the number of occurrences.
- c. We will not pay for a "loss" under this coverage until the amount of "loss" exceeds a \$500 deductible. We will then pay the amount of "loss" in excess of the deductible up to the applicable Limit of Insurance.

I. Reward Reimbursement

We will pay a reward for information that leads to a criminal conviction in connection with "loss" or damage to covered property by a Covered Cause of Loss; provided that the reward is pre-approved by us.

The most we will pay for "loss" or damage under this extension is \$5,000 regardless of the number of persons who provide information. No deductible shall apply to this coverage.

This extension does not include arson reward, as arson reward is included in Section 4.

Additional Coverages of the PROPERTY COVERAGE FORM.

J. Spoilage

1. We will pay for direct physical "loss" or damage to your perishable business personal property, and perishable personal property of others while at or within 1000 feet of the described premises caused by spoilage due to changes in temperature or humidity resulting from:
 - a. Complete or partial interruption of electrical power to the described premises due to conditions beyond your control; or
 - b. Mechanical breakdown or failure of heating, cooling or humidity control equipment or apparatus at the described premises.
2. Coverage does not apply to:
 - a. The disconnection of any heating, cooling or humidity control equipment or apparatus from the source of power.
 - b. The deactivation of electrical power or current caused by the manipulation of any switch or other device used to control the flow of electrical power or current.
 - c. The inability of an electric utility company or other power source to provide sufficient

power due to:

- (1) Lack of fuel; or
 - (2) Governmental order.
- d. The inability of a power source at the described premises to provide sufficient power due to insufficient generating capacity to meet demand.
3. The most we will pay for "loss" or damage in any one occurrence is \$50,000.

VI. Limitations

A. Section C. **Limitations** in the **CAUSES OF LOSS FORM** is amended as follows:

2. a. The limit for furs, fur garments and garments trimmed with fur is increased to \$5,000.
- b. The limit for jewelry, watches, watch movements, jewels, pearls, precious and semi-precious stones, bullion, gold, silver, platinum and other precious alloys or metals is increased to \$5,000. This Limit of Insurance does not apply to jewelry and watches worth \$100 or less per item.

VII. Definitions

- A. "**Alternative key systems**" means programmable keying systems, such as mechanically or electronically coded key cards.
- B. "**Counterfeit money**" means an imitation of "**money**" that is intended to deceive and to be taken as genuine.
- C. "**Emergency**" means imminent danger arising from an external event or a condition in the facility which would cause loss of life or harm to occupants.



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group.

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

Taxes, Surcharges, and Fees Notice

*Note: The above proposal may not account for local taxes, Surcharges, and/or fees mandated by the State in which you/your business operate(s). The final policy will include a description of how local taxes, surcharges and fees, if applicable, have been allocated as determined by the risk location. Please contact a PHLY representative if you have any questions.

PREMIUM SUMMARY
Mangum City Hospital Authority

	<u>Premium</u> <u>2022-23</u>	<u>Premium</u> <u>2021-22</u>
Philadelphia Property Policy	\$24,068*	\$18,977

*Includes the Endorsement Premium of \$501 to extend the policy to 5/1/2022

Hospital Vendor Contract – Summary Sheet

1. Existing Vendor New Vendor

2. **Name of Contract:** Insurance Quote Proposal

3. **Contract Parties:** Allied World

4. **Contract Type Services:**
 - Property insurance coverage
 - a. **Impacted hospital departments:** All

5. **Contract Summary:**

Insurance policy provides coverage for Hospital building, Hospital lab building (modular building) and Clinic.

Coverage areas: Building, business income, business personal property, flood, earthquake, and boiler machinery.

The insurance carrier needed additional time to provide a quote for the hospital’s property insurance coverage; therefore, the current property insurance policy was extended to April 27, 2022 at no charge.

Insurance carrier recommends changing termination date to renew on May 1st so that insurance carrier can provide quotes within the 30-day timeframe.

6. **Cost:**
 - Allied World 2022-2023 premium is \$24,068.

7. **Prior Cost:**
 - Allied World 2021-2022 premium \$18,977.
 - Allied World 2020-2021 was \$26,954.

8. **Termination Clause:** Policy coverage is April 21, 2022 to May 1, 2023.
 - a. **Term:** 12 Months

9. **Other:**



ALLIED WORLD SPECIALTY INSURANCE COMPANY
 311 South Wacker Drive, Suite 1100
 Chicago, IL 60606
 USA

T. 312-646-7700
 F. 312-922-1159

To:	Ryan Roth Pro Access, L.L.C. 120 S. Riverside Plaza, Suite 2160 Chicago, IL 60606	Date:	04/06/2022
		rroth@apspecialty.com	
From:	Chelsea Cerruto	Account #:	2099359
Re:	Mangum City Hospital Authority - Healthcare Forcefield EPL		

QUOTATION VIA: EMAIL

Quote Expiration Date	04/21/2022		
Insured	Mangum City Hospital Authority		
Address	1 Wickersham Drive Mangum, OK 73554		
Policy Period	From: 04/21/2022	To: 04/21/2023	

Quote #	1
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Limits of Liability	
Policy Per Claim Limit	\$1,000,000
Policy Aggregate Limit of Liability	\$1,000,000

Sublimits of Liability	
Third Party Wrongful Acts Coverage	N/A
FLSA Defense Only Coverage	N/A
Punitive Damages Coverage	\$1,000,000

Retention	
Each and every Claim	\$25,000
Policy Premium	\$4,500
Pending and Prior Date	06/30/2017

Discovery Period	
1 Year	150%
2 Years	N/A
3 Years	N/A
4 Years	N/A
5 Years	N/A
6 Years	N/A

Insurer	Allied World Specialty Insurance Company - Admitted
Policy Form	
HC EP 00004 00 (12/15) - Employment Practices Liability Policy	
Premium Due Date	30 Days from effective date of policy

Endorsements

1. HC DOEP 00010 35 (07/10) - Oklahoma State Amendatory Endorsement
2. HC DOEP 00023 00 (07/10) - Prior Acts Exclusion (6/30/2017)
3. HC DOEP 00033 00 (07/10) - Specific Entity Exclusion Claims Brought by or Against (*NEW* Management Company)
4. HC DOEP 00056 35 (5/12) - Allocations of Loss (HC FF Stand Alone Forms)
5. HC DOEP 00063 35 (10/16) - Amend Discovery Period Provision (Standalone)
6. HC EP 00012 00 (07/10) - FLSA Coverage Deleted (Fair Labor Standards Act)
7. HC EP 00019 00 (07/10) - Delete Third Party Coverage
8. HC EP 00020 00 (07/10) - Duty to Defend Coverage, Subject to Hammer Clause (80/20)
9. HC EP 00031 35 - Violation of Employee Privacy (Defense Costs Only, Subject to Sublimit of Liability) (\$25k)
10. HC EP 00035 35 (07/13) - Newly Acquired Entities, Notice to Insurer Required
11. HC EP 00062 00 (06/18) - Separate Retention for Claims Brought by High Wage Earners Endorsement (\$100k salary threshold; \$100k retention)
12. HC EP 00065 00 (07/18) - Amend Other Insurance Clause (Excess Over All Other Policies)
13. HC EP 00066 00 (07/18) - Employee Privacy Wrongful Act Endorsement - Include Biometric Data; Defense Costs Only; Sublimit (\$25k Sublimit)

Subjectivities**Quotation subject to Insurer's receipt, review and acceptance of:**

1. Name of Insured's management company

TERMS AND CONDITIONS

This quote is strictly conditioned upon no material change in the risk, including a submission being made to the insurer of a claim or circumstance that might give rise to a claim, between the date of this quote and the policy inception date. In the event of such a change in risk, the insurer may, in its sole discretion, amend or withdraw this quote.

All other terms and conditions as per our Policy Form and any applicable endorsements referenced herein.

Thank you for choosing Allied World Specialty Insurance Company a member company of Allied World Assurance company Holding Ltd.

Hospital Vendor Contract – Summary Sheet

1. Existing Vendor New Vendor

2. **Name of Contract:** Insurance Quote Proposal

3. **Contract Parties:** Allied World

4. **Contract Type Services:**

- Employment Practices Liability (EPL) insurance

a. **Impacted hospital departments:** All

5. **Contract Summary:**

The EPL insurance coverage provides coverage for employment-related claims for subcontractors at the Hospital.

The insurance carrier needed additional time to provide a quote for the hospital's EPL insurance coverage; therefore, the current EPL insurance policy was extended to April 27, 2022 at no charge.

6. **Cost:**

- Allied World 2022-2023 premium is \$4,500.

7. **Prior Cost:**

- Allied World 2021-2022 premium \$6,231.

8. **Termination Clause:** Policy coverage is April 21, 2022 to April 21, 2023

a. **Term:** 12 Months

9. **Other:**