



Agenda

Mangum City Hospital Authority Meeting

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

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 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

REMARKS

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

REPORTS

- [10.](#) February 2022 financial report.

OTHER ITEMS

- [11.](#) Discussion and possible action regarding a renewal contract with Lippincott Solutions.
- [12.](#) Discussion and possible action regarding a renewal contract with Blue Cross and Blue Shield.

13. Discussion and possible action regarding renewal of Directors and Officers Liability insurance coverage.
14. Discussion and possible action regarding renewal of General Liability and Professional Liability insurance coverage.
15. Discussion and possible action regarding adding additional authorized signers on the main Hospital operating bank account. This addition is requested to ensure we have plenty of signers, in the event any signers aren't available.
16. Discussion and possible action regarding designating authorized signers in order to complete set up of the new ARPA interest bearing bank account.
17. Discussion and possible action regarding adding Andrea Snider with online view only access to the new ARPA interest bearing bank account.
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.

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):
 - Tiffany Forster, APRN, Allied Health/Courtesy Privileges
 - David Arles, APRN, Allied Health/Courtesy Privileges
 - Ildiko Nagy, MD, Courtesy Privileges

OPEN SESSION

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

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 1:30 p.m. on the 18th day of March 2022, by the Secretary of the Mangum City Hospital Authority.

Billie Chilson, Secretary



Minutes

Mangum City Hospital Authority Meeting

Session

February 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 February 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 5:05 pm

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.

Trustee Lively wanted to know what is the COVID paid leave policy? Cohesive answered that they will up pay up to 3 shifts in a 7-day period for Full time only.

Motion made by Trustee Heiskell, Seconded by Trustee Vanzant.

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

1. Approve 12-28-21 MCHA meeting minutes.
2. Approve 12-16-21 Quality meeting minutes.
3. Approve 01-13-22 Quality meeting minutes.
4. Approve 12-21-21 Medical Staff meeting minutes.
5. Approve 01-20-22 Medical Staff meeting minutes.
6. Approve Claims for December 2021.
7. Approve Claims for January 2022, Estimated Claims for February 2022 and Estimated Claims for March 2022.
8. Approve Mangum Family Clinic reports.
9. Approve MRMC Quality reports.
10. Approve CCO reports.
11. Approve CEO reports.
12. Approve the following policies and procedures previously approved by Corporate (1/22), Quality Control (1/13/22) and Med Staff (1/20/22).

Patient Consent Form for COVID-19 Treatment Purpose of Informed Consent
 Sotrovimab Emergency Use Authorization (EUA) Standing Orders
 Do Not Resuscitate (DNR) Policy
 Oklahoma Do Not Resuscitate (DNR) Consent Form
 COVID-19 Standing Orders
 COVID-19 Paid Leave Policy

13. Approve the following policies and procedures previously approved by Corporate (2/22), Quality Control (2/10/22) and Med Staff (2/17/22).

2021 Annual Infection Control Risk Assessment & Infection Control Program Evaluation
 Enteral Tube Management Policy

FURTHER DISCUSSION

None

REMARKS

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

David Dillahunt stated that he had fallen while being taken over to physical therapy and filed a complaint and as of yet has not been contacted.

He also has a complaint about the care of his mother received while in the hospital. She went in January 21 and passed away on January 29th.

He feels like it was negligent and wants to file a formal complaint.

Heiskell asked what procedure was to file an incident. It was explained to them.

Motion to recess at 5:32 pm.

Motion made by Trustee Lively, Seconded by Trustee Heiskell.

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

Motion to reconvene at 5:39 pm.

Motion made by Trustee Vanzant, Seconded by Trustee Heiskell.

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

REPORTS

14. Financial Reports.

Dennis gave a report on where the Hospital is at currently.

A step through history:

Previous Management Company has about 8 million dollars in ERS Loans, which have been almost paid off in full. The million-dollar interest on these loans are not able to be put on the cost report.

For the last 6 months of 2017 the hospital lost about 3.5 million dollars. For 2018 it was 2.6 million.

Cohesive started in late December 2018.

It was about 1.1 million in 2021. We are moving in the right direction.

In Sept 2021 you will remember that Novitas cut our money off. We worked 24/7 for weeks to get it fixed. In October 2022 we were able to start receiving payments from Novitas. They paid us back for what was owed up to the point of being cut off and current. The cash was back up to 1.67 million again.

Trustee Heiskell asked what the difference between Purchase Contract Labor and Contract Labor is. Dennis answered that Purchase services or Purchase Contract Labor is where you outsource a department such as House Keeping, Billing, Dietary. Contract Labor is when you hire just 1 or two people such a nurse, therapist, but most of the time it is nursing.

Corry asked where are we on a budget? Dennis said that they are working it and it should be either the next meeting or the one after that.

OTHER ITEMS

15. Discussion and action regarding a new contract with AirEvac.

Motion to approve a new contract with AirEvac.

Motion made by Trustee Heiskell, Seconded by Trustee Lively.

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

16. Discussion and action regarding proposals for an audit.

Only two proposals came in. The First one is REDW who did the audit for 2017 for the amount of \$50,300.00 and the second on is CLA LLP who came in at \$45,900.00. Andrea said after speaking with CLA she was very impressed and recommends going with them.

Motion to approve the proposal with CLA LLP for an audit.

Motion made by Trustee Lively, Seconded by Trustee Vincent.

Corry asked if they are doing just 2020 and 2021. What about 2018 and 2019. Andrea said by auditing the balance sheet of 2020 you are basically auditing 2018 and 2019 so everything is good forward.

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

17. Discussion and action regarding PharmaForce agreement.

Motion to approve items 17,18, 19 in one motion as they are all interrelated to the 340b program.

Motion made by Trustee Heiskell, Seconded by Trustee Vanzant.

Amend the motion to approve items 17, 18, 21, and 22 as they are interrelated to the 340b program.

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

18. Discussion and action regarding McKesson agreement.

Approved with item #17.

19. Discussion and action regarding Organogenesis agreement.

Motion to approve the Organogenesis agreement.

This agreement is to assist with getting wound care supplies specially graphs.

Motion made by Trustee Vanzant, Seconded by Trustee Heiskell.

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

20. Discussion and action regarding OHA membership dues for 2022.

Motion to approve the OHA membership dues for 2022.

Motion made by Trustee Lively, Seconded by Trustee Heiskell.

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

21. Discussion and action regarding the HIBCC HIN application for Mangum Regional Medical Center.

This item was approved in item #17.

22. Discussion and action regarding the HIBCC HIN application for Mangum Family Clinic.

This item was approved with item #17.

23. Discussion and action regarding BKD providing the MRMC 2021 Cost Report.

Motion to approve the contract with BDK CPA's & Advisors, to prepare the Medicare Cost Report for the Year Ended December 31, 2021.

Motion made by Trustee Heiskell, Seconded by Trustee Vanzant.

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

24. Discussion and action regarding employee bonuses.

We still recommend the \$150.00 employee bonuses as to the current financial status.

Motion made by Trustee Vanzant, Seconded by Trustee Vincent.

Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Vincent

Voting Abstaining: Trustee Heiskell

25. Discussion and possible action regarding Strategic Planning.

Information only. Would like to set up a meeting to go over the Strategic Planning.

No Action.

EXECUTIVE SESSION

26. Discussion and action with regard to bad debt, if discussed publicly, may hinder the matter with possible executive session in accordance with 25 OS 307 (B)(4)..

Motion to enter into executive session at 6:53 pm

Motion made by Trustee Vanzant, Seconded by Trustee Vincent.
 Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Heiskell, Trustee Vincent
 Chairman Vanzant declared out at 7:18 pm

OPEN SESSION

27. Discussion with regard to executive session, if any.
 No Action.

EXECUTIVE SESSION

28. Discussion and action regarding provider supervisory agreement between Brian Bluth, MD and Jeff Phillips, PA.
 Motion to approve the supervisory agreement between Brian Bluth, MD and Jeff Phillips, PA.
 Motion made by Trustee Heiskell, Seconded by Trustee Vanzant.
 Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Heiskell, Trustee Vincent

OPEN SESSION

29. Discussion with regard to executive session, if any.
 No executive session was held.

STAFF AND BOARD REMARKS

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

Put on next agenda to amend the trust to allow another person from outside the City Limits.

NEW BUSINESS

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

None

ADJOURN

Motion to Adjourn

Motion to adjourn at 7:22 pm.

Motion made by Trustee Vanzant, Seconded by Trustee Heiskell.
 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

Date: 02/10/2022	Time: 12:22	Recorder: Denise Jackson		
Members Present				
Chairperson:		CEO: Dale Clayton		
Name	Title	Name	Title	Name
Heather Larson	Respiratory	Josey Kenmore	Mat. Mangement	Tonya Bowen
Sarah Dillahunty	Dietary	Daniel Coffin	CCO	Kaye Hamilton
Pam Esparza	Radiology	Jennifer Dryer	HIM	Kasi Hilley
Chasity Howell	Case Management	Shelly Bowman	HR	Chealsea Church
TOPIC	FINDINGS/CONCLUSIONS			ACTION
Call to Order	first/second			Dr. Chiaffitelli/Dar
Review of Minutes	review/approve Jan min for Dec			Dr. Chiaffitelli/Cha
Review of Committee Meetings				
A. EOC/Patient Safety Committee	flooring in nurse break room rescheduled, receptacle replacement has			
B. Infection Control Committee	no hospital aquired infections to report for the the month			
C. Pharmacy & Therapeutics Committee	Due to computer issues - no P&T at this this time. Pharmacist to enter data as			
D. HIM/Credentials Committee	Credentialing - Tiffany Forster ARNP, HIM working on missing concents and			
E. Utilization Review Committee	tot ER 181, 1 OBS, 23 acute, 16 swing, tot admit 39, tot d/c 36, tot pt days 420,			
F. Compliance Committee	working on schedule of meetings			
Old Business	PATIENT CONSENT FORM FOR COVID-19 TREATMENT PURPOSE OF			
New Business	Hand-Off Communication Form			Dr. Chiaffitelli/Dar
Quality Assurance/Performance Improvement				
Volume & Utilization				
A. Hospital Activity	tot ER 181, 1 OBS, 23 acute, 16 swing, tot admit 39, tot d/c 36, tot pt days 420,			
B. Blood Utilization	10 units ordered and administered without issue			
Care Management				
A. CAH/ER Re-Admits	2 readmits – 1) pt admitted with primary dx, transferred to higher level of care			Continue to educat
B. Discharge Follow Up Phone Calls	14			
C. Patient Discharge Safety Checklist	14			
D. IDT Meeting Documentation	33%			issues with CPSI /
E. Case Management Assessment	92%			issues with CPSI /
Risk Management				
A. Incidents	AMA - 1.) 1 ama – pt in the er for treatment, left the er without notice prior to			AMA/LWBS - con

B. Reported Complaints	0	
C. Reported Grievances	0	
D. Patient Falls Without Injury	1, pt assisted to floor during therapy session d/t weakness, pt was able to rest for	therapy to offer res
E. Patient Falls With Minor Injury	1 pt became weak during transfer, slid to floor before able to sit back in seat,	increased assistanc
F. Patient Falls With Major Injury	0	
G. Fall Risk Assessment	2	
H. Mortality Rate	total 4 /0 ED /4 inpatient – all expected due to disease process/decline	
I. Deaths Within 24 Hours of Admit	1, pt admitted in very poor health, expired w/I 24 hrs of admit	
J. OPO Notification/Tissue Donation	4 notifications, 2 declined	
M. EDTC Measures	100%	
Nursing		
A. Critical Tests/Labs	64 % - nursing and lab logs not matching	lab requesting nurs
B. Restraints	14	
C. RN Assessments	85%	education provided
D. Code Blue	1	
Emergency Department		
A. ED Log & Visits	187	
B. MSE	n/a	
C. EMTALA Form	7	
D. Triage	90%	
E. Triage ESI Accuracy	95%	
F. ED Discharge/ Transfer Nursing Assessment	85%	
G. ED Readmit	2	
H. ED Transfers	7	
I. Stroke Management Measures	0	
J. Stroke Brain CT Scan	0	
K. Suicide Management Measures	3 pts to the er for psych issues, 2 pt transferred for in-pt treatment, 1 pt sent	
L. STEMI Management Measures	100%	some delay due to
M. Chest Pain Measures	0	
N. ED Departure	x	
Pharmacy & Medication Safety		
A. After Hours Access	Due to computer issues - no P&T at this this time. Pharmacist to enter data as	
B. Adverse Drug Reactions	Due to computer issues - no P&T at this this time. Pharmacist to enter data as	
C. Medication Errors	7	

D. Bar Code Scanning	Due to computer issues - no P&T at this this time. Pharmacist to enter data as	
Respiratory Care Services		
A. Ventilator Days	4	
B. Ventilator Wean Rate	0	
C. Patient Self-Decannulation Rate	0	
D. Respiratory Care Equipment	HMEs 3, inner cannulas 0, suction set up 0, neb/masks 37, trach collars 0, vent	
Wound Care Services		
A. Development of Pressure Ulcer	1	
B. Wound Healing Improvement	8	
C. Wound Care Documentation	100%	
Radiology		
A. Radiology Films	193 / 10 repeated due to transformer issue	transformer switch
B. Imaging	23 / 0 repeated	
C. Radiation Dosimeter Report	6	
Lab		
A. Lab Reports	2833, 2 rejected due to QNS	
B. Blood Culture Contaminants	2 - same patient/tech	education provided
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 By Source	0	
F. Hand Hygiene/PPE & Isolation Surveillance	100% - patients in isolation 18, total isolation days 140	
H. Patient Vaccinations	0	
I. Ventilator Associated Events	0	
J. Employee Health	1 TB admin, 29 missed work days (9 employees; 3 uri/25 covid/1 non-work	
K. Employee COVID 19 Vaccination Indicators	COVID vaccine status - we are working on figuring out all staff and where to find these records (MRMC employees only; fully 32, partial 1, med exemp 2 (submitted), religious 16(submitted))	
HIM		
A. H&P's	98%	in providers box fo
B. Discharge Summaries	84%	now complete, del
C. Progress Notes (Swing bed & Acute)	100%	

D. Consent to Treat	83%	
E. Swing bed Indicators	94%	
F. E-prescribing System	100%	
G. Legibility of Records	100%	
H. Transition of Care	100%	
Dietary		
A.	100%	
B.	100%	
Therapy		
A. Therapy Indicators	100%	
B. Therapy Visits	179	
C. Standardized Assessment Outcomes	75% - 2 pt transferred, 1 expired	
Human Resources		
A. Compliance	100%	
Registration Services		
Registration Services	100%	
Environmental Services		
A. Terminal Room Cleans	8	
Materials Management		
A. Materials Management Indicators	45 orders for the month - 8 ORDERS ON BACKORDER (18 ITEMS TOTAL)	
Plant Operations		
A. Fire Safety Management	100%	
B. Transfer Switch Monthly Checks	100%	
C. Generator Monthly Checks	100%	
Information Technology		
A. IT Indicators	56 malfunctions/ 1 power failure/ 4 other	most were passwor
Outpatient Services		
A. Outpatient Therapy Services	5 evals / 19 sessions	
B. Outpatient Wound Services	8	
Contract Services		
Contract Services	none	
Credentialing/New Appointments		
A. Credentialing/New Appointment Updates	Tiffany Forster ARNP	
Adjournment		

A. Adjournment	02/10/2022 at 12:32	Dr. Chiaffitelli/Kay
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party other than the intended recipient is strictly prohibited.		
Reporting Period Discussed: Jan 2022		
Medical Representative: Dr. Chiaffitelli		
Title	Name	Title
Lab Manager	Jared Ballard	IT
Credentialing		Infection Prevention
Bus./RCM Director	Grace Smith	Clinic Manager
Pharmacy	Lynda James	Pharmacy LPN
DNS/RECOMMENDATIONS		FOLLOW-UP
Daniel Coffin		
Massey Howell		
Daniel Coffin		
e patient and family on dx/dx processes as		
CM out		
CM out		
continue to education patient's on risks and		

st periods	
e to complete transfer and cold pack	
ing fax info daily	
l to nurses as needed on documentation	
difficulty finding accepting hospital,	

[illegible]

[illegible]

ye Hamilton	
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Mangum Regional Medical Center
Medical Staff Meeting
February 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
Tiffany Forster, APRN

NON-MEMBERS PRESENT:

Chelsea Church, PhD
Dale Clayton, CEO
Daniel Coffin, CCO
Denise Jackson, RN, Quality Director
Chasity Howell, 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 12:04 pm by Dr. John Chiaffitelli, Medical Director.
2. Acceptance of minutes
 - a. The minutes of the January 20, 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 cases appear to be decreasing.
- Hospital Staff and Operations Overview
 - Patient care continues to be outstanding.
 - Open positions include RT, CNA, LPN, and RN.
 - Recently hired local core staff AP
 - Recently hired a core LPN with a start date of 3/15/22.
 - Tiffany Forster, APRN start date for the Mangum Family Clinic is 2/7/2022.
 - Covid equipment installations to date. GE Ultrasound, GE Portable X-Ray, GE X-Ray, Spacelabs Telemetry system in process, Electrical Upgrades in process, Tytocare Telehealth, Critical Alert Nurse call system, Apex Med Gas Headboards in process. Expecting new GE 64 slice CT soon.
 - Our average daily census is currently 13.6.
 - Emergency Department assisted 187 patients.
 - Employees continue to receive free meals thanks to Cohesive.
 - A Marketing Plan is under development with a strong focus on Social Media.
- Contracts, Agreements and Appointments to be presented to the Governing Board:
 - AirEvac Agreement
 - Check signature process
 - Audit Agreement
 - Employee Bonuses
 - Organogenesis Agreement
 - PharmaForce Agreement
 - McKesson Agreement
 - Oklahoma Hospital Association membership dues for 2022
 - BKD 2021 Cost Report preparation agreement

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: Implementation of the Spacelab Telemetry System.

- 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 422 days in December to 420 days in January. This represents an average daily census of 13.6. In addition, MRMC Emergency Department provided care to 187 patients in January.
- January COVID-19 Stats at MRMC: Swabs (133-PCR & 282-Antigen) with 47 Positive PCR & 90 Positive Antigen.

Preserve Rural Jobs

- Open Positions include Full Time RT, RN, LPN and CNA.
- MRMC has new updates to the Core Staff! Local LPN and CNA 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.
- Incentive Bonuses for Core Staff are now equal to those of agency staff.

Written report remains in minutes.

c. Infection Control

- New Business:
 - a. No new business.
- 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. N/A
- Any additional recommendations from committee:
 - a. N/A

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 January 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 ordered.
- f. New dish machine will be installed 11-10-2021- Installation complete 11-13-2021
- g. Glass on west hallway entry cracked- glass cut needs installed
- h. Sanitizer in hopper sinks when cleaning the area – implemented 12-20-2021

i.i.i. New Business

- a. ER Provider Office flooring needing replaced.
- b. Stained ceiling tile in ER needing replaced.
- c. Sink surround in ER restroom is needing repaired.
- d. Appoint Safety Officer for 2022.

Written report remains in minutes.

e. Laboratory

- i. Tissue Report – Approved – January, 2021
- i.i. Transfusion Report – Approved – January, 2021

f. Radiology

- i. There was a total of – 264 X-Rays/CT/US
- i.i. Nothing up for approval
- i.i.i. Updates:
 - o New CT will be arriving 2/22. De-install of old CT is planned for 2/21.

Written report remains in minutes.

g. Pharmacy

- i. Verbal Report by Pharmacist.
- i.i. Reviewing the Formulary to be presented for approval at next P&T Committee Meeting
- i.i.i. Clinimix is on backorder.
- 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. Complaints – 0
 - 2. 1 Fall with no injury
 - 3. 1 Fall with minor injury
 - 4. Death – In Patient 4 (11%)
Emergency Department 0 (0%)
 - 5. AMA/LWBS – 1/1
 - Quality
 - Quality Minutes from previous month included as attachment.
 - Policy Revisions:
 - Enteral Tube Management Policy
 - Compliance Policy & Procedures Manual
 - 2021 Annual Infection Control Risk Assessment & Infection Control Program Evaluation
 - HIM – H&P – Completion 39/40 = 98%. Discharge Summary – Completion 31/37 = 84%
 - Med event – 7
 - Afterhours access was unable to report at this time due to computer issues.
 - Compliance
 - Written report remains in minutes.
 - k. Utilization Review
 - i. Total Patient days for January: 420
 - i.i. Total Medicare days for January: 366
 - i.i.i. Total Medicaid days for January: 8
 - i.v. Total Swing Bed days for January: 334
 - v. Total Medicare SB days for December: 316
 - Written report remains in the minutes.
- Motion made by Dr. John Chiaffitelli, Medical Director to approve Committee Reports.

6. New Business

- a. Review & Consideration of Approval of Policy: Enteral Tube Management Policy

- i.Motion:** made by Dr. Chiaffitelli to approve Policy: Enteral Tube Management Policy.
- b. Review & Consideration of Approval of Table of Contents: Compliance Policies Table of Contents
i.Motion: made by Dr. Chiaffitelli to approve Policy - Compliance Policies Table of Contents.
- c. Review & Consideration of Approval of Appendix A: Appendix A – Compliance Laws and Rules
i.Motion: made by Dr. Chiaffitelli to approve Appendix A – Compliance Laws and Rules
- d. Review & Consideration of Approval of Appendix B: Agencies and Resources
i.Motion: made by Dr. Chiaffitelli to approve Appendix B: Agencies and Resources.
- e. Review & Consideration of Approval of Appendix C: Terms and Definitions
i.Motion: made by Dr. Chiaffitelli to approve Appendix C: Terms and Definitions
- f. Review & Consideration of Approval of Appendix D: Quarterly Compliance
i.Motion: made by Dr. Chiaffitelli to approve Appendix D: Quarterly Compliance.
- g. Review & Consideration of Approval of Appendix E: Annual Compliance Risk Assessment
i.Motion: made by Dr. Chiaffitelli to approve Appendix E: Annual Compliance Risk Assessment.
- h. Review & Consideration of Approval of Appendix F: Compliance Work Plan
i.Motion: made by Dr. Chiaffitelli to approve Appendix F: Compliance Program Work Plan
- i. Review & Consideration of Approval of Plan Policy: Compliance Program and Plan Policy
i.Motion: made by Dr. Chiaffitelli to approve Compliance Program and Plan Policy.
- j. Review & Consideration of Approval of Policy: Compliance Officer Policy
i.Motion: made by Dr. Chiaffitelli to approve Compliance Officer Policy.
- k. Review & Consideration of Approval of Policy: Compliance Committee Policy
i.Motion: made by Dr. Chiaffitelli to approve Compliance Committee Policy.
- l. Review & Consideration of Approval of Policy: Governing Board Role Policy
i.Motion: made by Dr. Chiaffitelli to approve Governing Board Role Policy
- m. Review & Consideration of Approval of Policy: Annual Review of Compliance Program Policy
i.Motion: made by Dr. Chiaffitelli to approve Annual Review of Compliance Program Policy
- n. Review & Consideration of Approval of Policy: Compliance Hotline Policy
i.Motion: made by Dr. Chiaffitelli to approve Compliance Hotline Policy.
- o. Review & Consideration of Approval of Policy: Non-Retaliation Policy
i.Motion: made by Dr. Chiaffitelli to approve Non-Retaliation Policy.
- p. Review & Consideration of Approval of Policy: Business Associates and Contract Agreements Policy
i.Motion: made by Dr. Chiaffitelli to approve Business Associates and Contract Agreements Policy.
- q. Review & Consideration of Approval of Policy: Compliance Investigation Response Policy
i.Motion: made by Dr. Chiaffitelli to approve Compliance Investigation Response Policy

- r. Review & Consideration of Approval of Policy: Billing Compliance Responsibilities Policy
i.Motion: made by Dr. Chiaffitelli to approve Billing Compliance Responsibilities Policy
- s. Review & Consideration of Approval of Policy: Entertainment and Gifts Policy
i.Motion: made by Dr. Chiaffitelli to approve Entertainment and Gifts Policy.
- t. Review & Consideration of Approval of Policy: Compliance Education Policy
i.Motion: made by Dr. Chiaffitelli to approve Compliance Education Policy.
- u. Review & Consideration of Approval of Policy: Communication About Compliance Issues Policy
i.Motion: made by Dr. Chiaffitelli to approve Communication About Compliance Issues Policy.
- v. Review & Consideration of Approval of Policy: Auditing and Monitoring Policy
i.Motion: made by Dr. Chiaffitelli to approve Auditing and Monitoring Policy.
- w. Review & Consideration of Approval of Form: Compliance Program Initiation Form
i.Motion: made by Dr. Chiaffitelli to approve Compliance Program Initiation Form.
- X. Review & Consideration of Approval of Form: Compliance Officer Appointment Form
i.Motion: made by Dr. Chiaffitelli to approve Compliance Officer Appointment Form.
- y. Review & Consideration of Approval of Form: Quarterly Compliance Committee Member Certification Form
i.Motion: made by Dr. Chiaffitelli to approve Quarterly Compliance Committee Member Certification Form.
- z. Review & Consideration of Approval of Form: Annual Review and Evaluation of the Compliance Program Form
i.Motion: made by Dr. Chiaffitelli to approve Annual Review and Evaluation of the Compliance Program Form.
- aa. Review & Consideration of Approval of Sign: Compliance Hotline Post Sign
i.Motion: made by Dr. Chiaffitelli to approve Compliance Hotline Post Sign.
- bb. Review & Consideration of Approval of Form: Business Associates Contract Review and Evaluation Form
i.Motion: made by Dr. Chiaffitelli to approve Business Associates Contract Review and Evaluation Form.
- cc. Review & Consideration of Approval of Log: Business Associates and Contract Log
i.Motion: made by Dr. Chiaffitelli to approve Business Associates and Contract Log.
- dd. Review & Consideration of Approval of Form: Employee Compliance Complaint Form
i.Motion: made by Dr. Chiaffitelli to approve Employee Compliance Complaint Form.
- ee. Review & Consideration of Approval of Form: Investigation and Response Form
i.Motion: made by Dr. Chiaffitelli to approve Investigation and Response Form.
- ff. Review & Consideration of Approval of Log: Investigation and Response Log
i.Motion: made by Dr. Chiaffitelli to approve Investigation and Response Log.
- gg. Review & Consideration of Approval of Summary: Disposition and Complaint Summary
i.Motion: made by Dr. Chiaffitelli to approve Disposition and Complaint Summary.
- hh. Review & Consideration of Approval of Notice: Administrative Leave Notice
i.Motion: made by Dr. Chiaffitelli to approve Administrative Leave Notice.
- ii. Review & Consideration of Approval of Log: Non-Monetary Compensation & Gift Log
i.Motion: made by Dr. Chiaffitelli to approve Non-Monetary Compensation & Gift Log
- jj. Review & Consideration of Approval of Form: Vendor Promotional Training Approval Form
i.Motion: made by Dr. Chiaffitelli to approve Vendor Promotional Training Approval Form.

kk. Review & Consideration of Approval of Form: Approval of Gifts in Recognition of Volunteer Efforts Form

i.Motion: made by Dr. Chiaffitelli to approve Approval of Gifts in Recognition of Volunteer Efforts Form.

ll. Review & Consideration of Approval of Form: Compliance Education Verification Form

i.Motion: made by Dr. Chiaffitelli to approve Compliance Education Verification Form.

mm. Review & Consideration of Approval of Form: Auditing and Monitoring Form

i.Motion: made by Dr. Chiaffitelli to approve Auditing and Monitoring Form.

nn. Review & Consideration of Approval of Survey: Compliance Survey Hospital Staff

i.Motion: made by Dr. Chiaffitelli to approve Compliance Survey Hospital Staff.

oo. Review & Consideration of Approval of Evaluation: 2021 Annual Infection Control Risk Assessment & Infection Control Program Evaluation.

i.Motion: made by Dr. Chiaffitelli to approve 2021 Annual Infection Control Risk Assessment & Infection Control Program Evaluation.

7. Adjourn

a. Dr. Chiaffitelli made a motion to adjourn the meeting at 12:21 pm.

Medical Director/Chief of Staff

Date

Mangum Regional Medical Center
Claims List
February 2022

Check#	Ck Date	Amount	Paid To	Expense Description
16941	2/22/2022	103.60	ADCRAFT SIGNS OF MANGUM	Other supplies
16842	2/9/2022	19.00	AMBS CALL CENTER	Compliance Hotline
16843	2/9/2022	72,195.72	APEX MEDICAL GAS SYSTEMS, INC	COVID Capital
16829	2/1/2022	2,203.47	ARAMARK	Linens - rental
16844	2/9/2022	2,253.19	ARAMARK	Linens - rental
16878	2/16/2022	2,322.42	ARAMARK	Linens - rental
16942	2/22/2022	2,294.42	ARAMARK	Linens - rental
16845	2/9/2022	3,183.92	AT&T	Fax lines
16846	2/9/2022	994.13	BAXTER HEALTHCARE	Pharmacy Supplies
16879	2/16/2022	1,159.59	BAXTER HEALTHCARE	Pharmacy Supplies
16943	2/22/2022	1,544.98	BAXTER HEALTHCARE	Pharmacy Supplies
16944	2/22/2022	266.57	BIO-RAD LABORATORIES INC	Lab Supplies
16848	2/9/2022	1,650.00	BLUTH FAMILY MEDICINE, LLC	1099 Provider
16830	2/1/2022	1,358.40	C & C	Other supplies
16945	2/22/2022	519.00	CABLES AND SENSORS	Patient Supplies
16831	2/1/2022	10,000.00	CARDINAL HEALTH 110, LLC	Pharmacy Supplies
16849	2/9/2022	10,000.00	CARDINAL HEALTH 110, LLC	Pharmacy Supplies
16946	2/22/2022	4,381.99	CARNEGIE TRI-COUNTY MUN. HOSP	Pharmacy Supplies
16880	2/16/2022	2,796.72	CARRIER CORP	Repairs/Maintenance
901158	2/18/2022	2,912.99	CENTERPOINT ENERGY ARKLA	Gas
16832	2/1/2022	885.60	CINTAS CORPORATION #628	Housekeeping supply rental
16850	2/9/2022	885.60	CINTAS CORPORATION #628	Housekeeping supply rental
16881	2/16/2022	885.60	CINTAS CORPORATION #628	Housekeeping supply rental
16947	2/22/2022	842.45	CINTAS CORPORATION #628	Housekeeping supply rental
16851	2/9/2022	5,959.38	CITY OF MANGUM	Utilities
16882	2/16/2022	3,316.88	CLIFFORD POWER SYSTEMS INC	Maintenance
16948	2/22/2022	150.00	CMRE FINANCIAL SERVICES, INC	Employee Health
16852	2/9/2022	125,000.00	COHESIVE HEALTHCARE MGMT	Payment on Old Debt
16949	2/22/2022	126,394.00	COHESIVE HEALTHCARE MGMT	Payment on Old Debt
16883	2/16/2022	308,500.00	COHESIVE HEALTHCARE RESOURCES	Payment on Old Debt
901155	2/2/2022	301,500.00	COHESIVE HEALTHCARE RESOURCES	Payment on Old Debt
16884	2/16/2022	58,432.47	COHESIVE REVOPS INTEGRATION	Payment on Old Debt
16853	2/9/2022	2,455.00	COMMERCIAL MEDICAL ELECTRONICS	Swing repair/maint
16834	2/1/2022	7,950.00	CONTEMPORARY HEALTHCARE SVCS	1099 provider
16885	2/16/2022	8,400.00	CONTEMPORARY HEALTHCARE SVCS	1099 provider
16835	2/1/2022	31,955.00	CPSI	EHR payable and monthly support
16950	2/22/2022	3,096.00	CPSI	EHR payable and monthly support
16854	2/9/2022	11.00	CULLIGAN WATER CONDITIONING	RHC purch svcs
16855	2/9/2022	160.21	DALE CLAYTON	employee reimbursement
16856	2/9/2022	770.78	DENISE CATO	employee reimbursement
16886	2/16/2022	1,809.00	DOBSON TECHNOLOGIES TRANSPORT	Internet
16857	2/9/2022	4,766.67	DR W. GREGORY MORGAN III	1099 Provider
16836	2/1/2022	9,615.38	DR. JOHN CHIAFFIETELLI	1099 Provider
16887	2/16/2022	9,615.38	DR. JOHN CHIAFFIETELLI	1099 Provider
16888	2/16/2022	532.03	FEDEX	Postage
16951	2/22/2022	106.86	FEDEX	Postage
901156	2/2/2022	15.00	FIRST NATIONAL BANK OF MANGUM	Bank fee
901163	2/9/2022	25.00	FIRST NATIONAL BANK OF MANGUM	Bank fee

Check#	Ck Date	Amount	Paid To	Expense Description
16952	2/22/2022	26.23	FLOWERS UNLIMITED	patient other supply
16858	2/9/2022	185.90	FOX BUILDING SUPPLY	plant ops supplies
16953	2/22/2022	68.96	FOX BUILDING SUPPLY	plant ops supplies
16889	2/16/2022	500.00	FRIENDSHIP INN RESTAURANT	employee appreciation
16890	2/16/2022	360.00	GEORGE BROS TERMITE & PEST CON	plant ops purch svcs
901172	2/9/2022	1,251.81	GLOBAL PAYMENTS INTEGRATED	CC processing
16859	2/9/2022	977.10	GRAINGER	supplies
16891	2/16/2022	332.47	HAC INC	Dietary Food
16954	2/22/2022	250.59	HAC INC	Dietary Food
16892	2/16/2022	841.75	HEALTHSTREAM	Employee Training
16837	2/1/2022	1,000.00	HEARTLAND PATHOLOGY CONSULTANT	Lab purch svcs
16955	2/22/2022	110.00	HENGST PRINTING	Supplies
16860	2/9/2022	3,294.44	HENRY SCHEIN	Lab supplies
901154	2/1/2022	9,805.00	HOSPITAL EQUIPMENT RENTAL COMP	Equipment Lease
16861	2/9/2022	180.30	IMPERIAL, LLC.-LAWTON	Dietary Purchased Svcs
16956	2/22/2022	90.15	IMPERIAL, LLC.-LAWTON	Dietary Purchased Svcs
16862	2/9/2022	701.57	JANUS SUPPLY CO	Cleaning Supplies
16957	2/22/2022	577.24	JANUS SUPPLY CO	Cleaning Supplies
16958	2/22/2022	400.61	KCI USA	Patient Supplies
16863	2/9/2022	7,875.17	LABCORP	Lab purch svcs
16959	2/22/2022	12,839.95	LABCORP	Lab purch svcs
16893	2/16/2022	1,616.76	LAMPTON WELDING SUPPLY	Patient Supplies
16864	2/9/2022	130.00	LANGUAGE LINE SERVICES INC	Transcription svcs
16865	2/9/2022	373.64	LOCKE SUPPLY	supplies
16973	2/22/2022	925.22	LOCKE SUPPLY	supplies
16866	2/9/2022	236.03	LOWES	supplies
16960	2/22/2022	400.45	LOWES	supplies
16961	2/22/2022	850.00	MATT MONROE	House rent
901169	2/21/2022	15,095.31	MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies
16867	2/9/2022	1,602.70	MEDLINE INDUSTRIES	Patient Care Supplies
16894	2/16/2022	2,180.70	MEDLINE INDUSTRIES	Patient Care Supplies
16962	2/22/2022	4,683.13	MEDLINE INDUSTRIES	Patient Care Supplies
901157	2/2/2022	32.50	NATIONAL DATA BANK	Credentialing
16868	2/9/2022	2,054.47	NEXTIVA, INC.	Phone service
16895	2/16/2022	5,058.33	OKLAHOMA BLOOD INSTITUTE	Lab supplies
16963	2/22/2022	380.00	OKLAHOMA HEALTH CARE AUTHORITY	Request for Remits
16896	2/16/2022	60.00	OKLAHOMA MEDICAL LICENSURE	Credentialing
16897	2/16/2022	1,959.00	PARA HEALTHCARE ANALYTICS, LLC	Charge master svcs
901170	2/4/2022	1,550.41	PHILADELPHIA INSURANCE COMPANY	Property insurance
16898	2/16/2022	257.00	PIPETTE COM	Lab maintenance
16899	2/16/2022	682.76	PRESS GANEY ASSOCIATES, INC	Patient Quality svcs
16964	2/22/2022	35.98	PUCKETT DISCOUNT PHARMACY	Pharmacy Supplies
16839	2/1/2022	5,200.00	SBM MOBILE PRACTICE, INC	1099 Provider
16900	2/16/2022	8,200.00	SBM MOBILE PRACTICE, INC	1099 Provider
16965	2/22/2022	1,750.00	SCHAPEN LLC	RHC rent
16869	2/9/2022	457.69	SHRED-IT USA LLC	Secure doc disposal service
16870	2/9/2022	3,890.68	SIEMENS HEALTHCARE DIAGNOSTICS	Lab svcs contract
16901	2/16/2022	1,344.00	SIZewise	Swing bed rental exp
16966	2/22/2022	1,735.00	SMAART MEDICAL SYSTEMS INC	Radiology purch svcs
16840	2/1/2022	13,200.00	SOMSS	1099 Provider
16902	2/16/2022	10,300.00	SOMSS	1099 Provider

Check#	Ck Date	Amount	Paid To	Expense Description
16871	2/9/2022	1,800.00	SOUTHWEST TAB & COMMISSIONING	Maintenance
16872	2/9/2022	449.94	SPARKLIGHT BUSINESS	Cable
16903	2/16/2022	302.04	SPARKLIGHT BUSINESS	Cable
16967	2/22/2022	2,323.94	STANDLEY SYSTEMS LLC	printer lease
16873	2/9/2022	375.40	STAPLES ADVANTAGE	Office Supplies
16904	2/16/2022	254.06	STAPLES ADVANTAGE	Office Supplies
16968	2/22/2022	534.56	STAPLES ADVANTAGE	Office Supplies
16874	2/9/2022	4,431.65	STRYKER INSTRUMENTS	old surgery supplies
16875	2/9/2022	1,830.00	TECUMSEH OXYGEN & MEDICAL SUPP	Swing bed rental exp
16969	2/22/2022	2,700.00	TECUMSEH OXYGEN & MEDICAL SUPP	Swing bed rental exp
16876	2/9/2022	2,006.31	TELEFLEX	Patient Supplies
16970	2/22/2022	1,445.50	TELEFLEX	Patient Supplies
16841	2/1/2022	6,440.00	TRENT ELLIOTT	1099 provider
16905	2/16/2022	6,440.00	TRENT ELLIOTT	1099 provider
901165	2/21/2022	6,446.72	UMPQUA BANK VENDOR FINANCE	Lab eq note payable
901161	2/28/2022	11,215.26	US FOODSERVICE-OKLAHOMA CITY	Dietary Food
901166	2/21/2022	3,757.25	US FOODSERVICE-OKLAHOMA CITY	Dietary Food
901171	2/4/2022	4,238.81	US FOODSERVICE-OKLAHOMA CITY	Dietary Food
16906	2/16/2022	3,133.84	US MED-EQUIP LLC	Swing bed rental exp
16877	2/9/2022	855.00	VITAL SYSTEMS OF OKLAHOMA, INC	Patient purch svcs
16971	2/22/2022	1,710.00	VITAL SYSTEMS OF OKLAHOMA, INC	Patient purch svcs
901162	2/21/2022	7,102.92	WESTERN COMMERCE BANK (OHA INS	OHA Insurance
16972	2/22/2022	482.00	WORTH HYDROCHEM	Water softener
16907	2/16/2022	472.50	WRIGHT COMFORT SOLUTIONS, INC	Repairs
TOTAL		<u>1,334,854.10</u>		

Mangum Regional Medical Center
April 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	10,000.00
BLUTH FAMILY MEDICINE	1099 Provider	5,000.00
C & C	Supplies	1,358.40
C&S INSTRUMENTS LLC	Supplies	200.00
CABLES AND SENSORS	Supplies	519.00
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	450,000.00
COHESIVE HEALTHCARE RESOURCES	Payroll	750,000.00
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	3,180.00
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	5,000.00
CPSI	EHR software	43,000.00
CULLIGAN WATER CONDITIONING	RHC purch svcs	150.00
DAN'S HEATING & AIR CONDITIONI	maintenance	3,500.00
DOBSON TECHNOLOGIES TRANSPORT	Internet	3,900.00
DOERNER SAUNDERS DANIEL ANDERS	Legal Fees	25,000.00
DR. JOHN CHIAFFIETELLI	1099 Provider	28,848.00
DR. MORGAN	1099 Provider	9,532.00
F1 INFORMATION TECHNOLOGIES IN	IT Support Services	5,300.00
FEDEX	Postage	500.00

Vendor	Description	Estimated Amount
FFF ENTERPRISES	Pharmacy Supplies	2,000.00
FIRE EXTINGUISHER SALES & SERV	Repairs/maintenance	200.00
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
INQUIREE	RHC consulting service	500.00
INSIGHT DIRECT USA INC.	Supplies	750.00
JANUS SUPPLY CO	Housekeeping Supplies, based in Altus	2,700.00
JNP MEDICAL SERVICES LLC	1099 Provider	7,000.00
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
MATT MONROE	Rent	850.00
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
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
ORTHO-CLINICAL DIAGNOSTICS INC	Laboratory Supplies	2,500.00
PARA HEALTHCARE	CDM Review service	7,500.00
PARTSSOURCE INC,	Misc Supplies	1,234.30
PATIENT REFUNDS	Credits due to payors	5,500.00
PHILADELPHIA INSURANCE COMPANY	Property ins	6,000.00
PHILIPS HEALTHCARE	Supplies	1,200.00

Vendor	Description	Estimated Amount
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	50,000.00
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	840.00
SHRED-IT	Secure doc disposal	2,500.00
SIZEWISE	equipment rental	8,000.00
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	20,000.00
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	6,500.00
US FOODSERVICE-OKLAHOMA CITY	Food and supplies	14,000.00
US MED-EQUIP LLC	Swing bed eq rental	10,000.00
VITAL SYSTEMS OF OKLAHOMA, INC	Swing bed purch service	6,000.00
WESTERN COMMERCE BANK	Insurance	25,000.00
TOTAL Estimated		<u>2,806,352.58</u>



Clinic Operations Report

Mangum Family Clinic

March 2022

Clinic Operations

- New Clinic Manager abruptly resigned. Tried to change her mind but to no avail. Interviewing started immediately.
- Significant EMR training provided to Tiffany Forster.

Quality Report

- RHC Managers were tasked with reviewing policies and protocols for:
 - Physical Plant Safety. Policy 200
 - Required and Preventative Maintenance. Policy 210
 - Building Sanitation Cleanliness. Policy 215
- No chart deficiencies noted, no reportable events.

Outreach

- Preparing marketing plan for the upcoming Rattle Snake Days. Need to get Tiffany out in the public eye.
- Several Covid Test Kits remain.

Summary

- New provider plus snow days account for a decrease in visits.
- Perfect storm of new provider and departure of manager leaves unanswered stats.

	Jan	Feb	Mar	Apr	May	June	July	YTD Avg
Total Clinic Visits	154	97						127
Total Clinic Productive Hours	NA	128						128
Total Visits per Productive Hour		.76						.76
New Patient Clinic Encounters	13	12						12.5
Walk-Ins	29	18						23.5
Nurse Only Visits	11	3						7
Telehealth Visits Completed	0	0						0
Annual Well Visits	0	1						.5
No Shows	22	28						25

	Feb21	Feb22
Total Clinic Visits	185	97
Total Clinic Productive Hours	156	128
Total Visits per Productive Hour	1.19	.76
New Patient Clinic Encounters	15	12.5
Walk-Ins	100	23.5
Nurse Only Visits	17	7
Telehealth Visits Completed	5	0
Annual Well Visits	1	.5
No Shows	26	25

Providers by the number: February 2022

Brand: 5

Forster: 92

Lagniappe:

- Good working relationship between hospital and clinic developing.

Mangum Regional Medical Center
Governing Board Summary
Quality Data 02/10/2022

Hospital Activity

- Hospital Admission
 - Acute Care Admits: 23 – down from Dec (30)
 - Swing-Bed Admits: 16 – down from Dec (17)
 - Total Discharges: 36 – down from Dec (48)
- Total Patient Days, ED Visits, ADC
 - Total Patient: 420 – down from Dec (422)
 - ED Visits: 187 – up from Dec (166)
 - Average Daily Census: 14 – up from Dec (13.6)

AMA/LWBS

- AMA: 1 – down from Dec (2)
- LWBS: 1 – no change from Dec (1)

Type of Count (AMA/LWBS)	Count	Brief Description of Event	Actions
AMA	1	AMA - 1.) 1 ama – pt in the er for treatment, left the er without notice prior to testing. Did not sign ama	continue to education patient's on risks and benefits of medical eval/further testing/admit as needed
LWBS	1	LWBS – 1.) pt in the er for treatment, prior to eval pt left without notifying staff	continue to education patient's on risks and benefits of medical eval/further testing/admit as needed

Care Management

- 30 Day Readmissions
 - 2 for January

Event	Count	Comments	Actions
Readmit	2	2 readmits – 1) pt admitted with primary dx, transferred to higher level of care due to change in condition. Readmitted with another primary dx. 2) Pt admitted with primary ddx, treated and released. Returned within 30 day for admission under other primary dx	Continue to educate patient and family on dx/dx processes as need. CM to continue to provide resources as needed for patient d/c home

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	1/1	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
 - 0 complaint

Brief Description of Complaint/Grievance & Outcome	Actions
None to report	None to report

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

Count	Brief Description of Event & Outcome	Actions
1 FWOI	1, pt assisted to floor during therapy session d/t weakness, pt was able to rest for a few min and complete session.	Therapy to offer rest periods during sessions
1 Fall w/minor injury	1 pt became weak during transfer, slid to floor before able to sit back in seat, bump on head, no change in LOC	increased assistance to complete transfer and cold pack applied

- Mortality Rate
 - Acute/Swing-Bed Deaths
 - 4 (11%) (YTD = 11%)
 - Emergency Department Deaths
 - 0 (0%) (YTD = (0%))

Count	Brief Description of Event & Outcome	Actions
2 acute 2 swing	2 acute/2swb deaths in the reporting period due to patients' condition, all anticipated	Continue operating capacities for this CAH.
0 ER	none	Continue operating capacities for this CAH.

- Organ Bank Notifications within 60 minutes of Death (Benchmark 100%)
 - 4 notification within 60 minutes of death/ 4 death for reporting period

Count	Compliance	Action
4	100%	Continue operating capacities for this CAH

Infection Control

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

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

Health Information Management

- History & Physical Completion (Benchmark 100%)
 - 39/40 = 98 %
- Discharge Summary Completion (Benchmark 100%)
 - 31/37 = 84 %

Type of Documentation (H&P/Discharge)	Count	Actions
H&P	39	Missing one, in provider box for completion
Discharge Summary	31	Provider out for several/1 missed. At reporting time all have been completed

Nursing

- Code Blue
 - 1
- Transfers
 - Acute Transfers – 1
 - ED Transfers – 7

Event	Count	Comments	Actions
Acute Transfers	1	1 transferred for higher level of care	Continue operating capacities for this CAH.

ED Transfers	7	7 - transferred for higher level of care	Continue operating capacities for this CAH.
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Chief Clinical Officer Report February 2022

Excellent Patient Care

- Monthly Education topics included: Sterile Water for Injections
- MRMC continued installation of the New Critical Alert Call System.
- MRMC Coordinated with HERC rentals for CT de-install in preparation for CT upgrade.
- MRMC also continued installation and inspections of the new Head Wall Systems.

Excellent Client Service

- 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 January.
- February COVID-19 Stats at MRMC: Swabs (56-PCR & 77-Antigen) with 15 Positive PCR & 5 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	23	15										30
Swing Bed	16	3										17
Observation	1	2										1
Emergency Room	187	114										166
Lab Completed	2833	1888										3082
Rad Completed	264	196										267
Ventilator Days	4	5										10

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 positing of positions on mangumregional.net and Facebook as well Indeed.



Chief Executive Officer Report February 2022

COVID Overview

- ✓ Region 3 MERC briefings are continuing.
- ✓ Leadership continues to update staff and providers regarding new policies and regulations.
- ✓ Covid continues to be a concern however the number of cases are decreasing.

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 a LPN.
- ✓ Tiffany Forster, APRN started at the Mangum Family Clinic on 2/7/22.
- ✓ Covid equipment installations to date include a 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 for Governing Board Approval

- ✓ Lippincott Solutions renewal.
- ✓ Blue Cross and Blue Shield renewal.
- ✓ Directors and Officers Liability insurance renewal.
- ✓ General Liability and Professional Liability 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



March 22, 2022

Board of Directors
Mangum Regional Medical Center

February 2022 Financial Statement Overview

- 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 \$642K 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.



- Accounts 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).

Mangum Regional Medical Center
Claims List
February 2022

Check#	Ck Date	Amount	Paid To	Expense Description
16941	2/22/2022	103.60	ADCRAFT SIGNS OF MANGUM	Other supplies
16842	2/9/2022	19.00	AMBS CALL CENTER	Compliance Hotline
16843	2/9/2022	72,195.72	APEX MEDICAL GAS SYSTEMS, INC	COVID Capital
16829	2/1/2022	2,203.47	ARAMARK	Linens - rental
16844	2/9/2022	2,253.19	ARAMARK	Linens - rental
16878	2/16/2022	2,322.42	ARAMARK	Linens - rental
16942	2/22/2022	2,294.42	ARAMARK	Linens - rental
16845	2/9/2022	3,183.92	AT&T	Fax lines
16846	2/9/2022	994.13	BAXTER HEALTHCARE	Pharmacy Supplies
16879	2/16/2022	1,159.59	BAXTER HEALTHCARE	Pharmacy Supplies
16943	2/22/2022	1,544.98	BAXTER HEALTHCARE	Pharmacy Supplies
16944	2/22/2022	266.57	BIO-RAD LABORATORIES INC	Lab Supplies
16848	2/9/2022	1,650.00	BLUTH FAMILY MEDICINE, LLC	1099 Provider
16830	2/1/2022	1,358.40	C & C	Other supplies
16945	2/22/2022	519.00	CABLES AND SENSORS	Patient Supplies
16831	2/1/2022	10,000.00	CARDINAL HEALTH 110, LLC	Pharmacy Supplies
16849	2/9/2022	10,000.00	CARDINAL HEALTH 110, LLC	Pharmacy Supplies
16946	2/22/2022	4,381.99	CARNEGIE TRI-COUNTY MUN. HOSP	Pharmacy Supplies
16880	2/16/2022	2,796.72	CARRIER CORP	Repairs/Maintenance
901158	2/18/2022	2,912.99	CENTERPOINT ENERGY ARKLA	Gas
16832	2/1/2022	885.60	CINTAS CORPORATION #628	Housekeeping supply rental
16850	2/9/2022	885.60	CINTAS CORPORATION #628	Housekeeping supply rental
16881	2/16/2022	885.60	CINTAS CORPORATION #628	Housekeeping supply rental
16947	2/22/2022	842.45	CINTAS CORPORATION #628	Housekeeping supply rental
16851	2/9/2022	5,959.38	CITY OF MANGUM	Utilities
16882	2/16/2022	3,316.88	CLIFFORD POWER SYSTEMS INC	Maintenance
16948	2/22/2022	150.00	CMRE FINANCIAL SERVICES, INC	Employee Health
16852	2/9/2022	125,000.00	COHESIVE HEALTHCARE MGMT	Payment on Old Debt
16949	2/22/2022	126,394.00	COHESIVE HEALTHCARE MGMT	Payment on Old Debt
16883	2/16/2022	308,500.00	COHESIVE HEALTHCARE RESOURCES	Payment on Old Debt
901155	2/2/2022	301,500.00	COHESIVE HEALTHCARE RESOURCES	Payment on Old Debt
16884	2/16/2022	58,432.47	COHESIVE REVOPS INTEGRATION	Payment on Old Debt
16853	2/9/2022	2,455.00	COMMERCIAL MEDICAL ELECTRONICS	Swing repair/maint
16834	2/1/2022	7,950.00	CONTEMPORARY HEALTHCARE SVCS	1099 provider
16885	2/16/2022	8,400.00	CONTEMPORARY HEALTHCARE SVCS	1099 provider
16835	2/1/2022	31,955.00	CPSI	EHR payable and monthly support
16950	2/22/2022	3,096.00	CPSI	EHR payable and monthly support
16854	2/9/2022	11.00	CULLIGAN WATER CONDITIONING	RHC purch svcs
16855	2/9/2022	160.21	DALE CLAYTON	employee reimbursement
16856	2/9/2022	770.78	DENISE CATO	employee reimbursement
16886	2/16/2022	1,809.00	DOBSON TECHNOLOGIES TRANSPORT	Internet
16857	2/9/2022	4,766.67	DR W. GREGORY MORGAN III	1099 Provider
16836	2/1/2022	9,615.38	DR. JOHN CHIAFFIETELLI	1099 Provider
16887	2/16/2022	9,615.38	DR. JOHN CHIAFFIETELLI	1099 Provider
16888	2/16/2022	532.03	FEDEX	Postage
16951	2/22/2022	106.86	FEDEX	Postage
901156	2/2/2022	15.00	FIRST NATIONAL BANK OF MANGUM	Bank fee
901163	2/9/2022	25.00	FIRST NATIONAL BANK OF MANGUM	Bank fee

Check#	Ck Date	Amount	Paid To	Expense Description
16952	2/22/2022	26.23	FLOWERS UNLIMITED	patient other supply
16858	2/9/2022	185.90	FOX BUILDING SUPPLY	plant ops supplies
16953	2/22/2022	68.96	FOX BUILDING SUPPLY	plant ops supplies
16889	2/16/2022	500.00	FRIENDSHIP INN RESTAURANT	employee appreciation
16890	2/16/2022	360.00	GEORGE BROS TERMITE & PEST CON	plant ops purch svcs
901172	2/9/2022	1,251.81	GLOBAL PAYMENTS INTEGRATED	CC processing
16859	2/9/2022	977.10	GRAINGER	supplies
16891	2/16/2022	332.47	HAC INC	Dietary Food
16954	2/22/2022	250.59	HAC INC	Dietary Food
16892	2/16/2022	841.75	HEALTHSTREAM	Employee Training
16837	2/1/2022	1,000.00	HEARTLAND PATHOLOGY CONSULTANT	Lab purch svcs
16955	2/22/2022	110.00	HENGST PRINTING	Supplies
16860	2/9/2022	3,294.44	HENRY SCHEIN	Lab supplies
901154	2/1/2022	9,805.00	HOSPITAL EQUIPMENT RENTAL COMP	Equipment Lease
16861	2/9/2022	180.30	IMPERIAL, LLC.-LAWTON	Dietary Purchased Svcs
16956	2/22/2022	90.15	IMPERIAL, LLC.-LAWTON	Dietary Purchased Svcs
16862	2/9/2022	701.57	JANUS SUPPLY CO	Cleaning Supplies
16957	2/22/2022	577.24	JANUS SUPPLY CO	Cleaning Supplies
16958	2/22/2022	400.61	KCI USA	Patient Supplies
16863	2/9/2022	7,875.17	LABCORP	Lab purch svcs
16959	2/22/2022	12,839.95	LABCORP	Lab purch svcs
16893	2/16/2022	1,616.76	LAMPTON WELDING SUPPLY	Patient Supplies
16864	2/9/2022	130.00	LANGUAGE LINE SERVICES INC	Transcription svcs
16865	2/9/2022	373.64	LOCKE SUPPLY	supplies
16973	2/22/2022	925.22	LOCKE SUPPLY	supplies
16866	2/9/2022	236.03	LOWES	supplies
16960	2/22/2022	400.45	LOWES	supplies
16961	2/22/2022	850.00	MATT MONROE	House rent
901169	2/21/2022	15,095.31	MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies
16867	2/9/2022	1,602.70	MEDLINE INDUSTRIES	Patient Care Supplies
16894	2/16/2022	2,180.70	MEDLINE INDUSTRIES	Patient Care Supplies
16962	2/22/2022	4,683.13	MEDLINE INDUSTRIES	Patient Care Supplies
901157	2/2/2022	32.50	NATIONAL DATA BANK	Credentialing
16868	2/9/2022	2,054.47	NEXTIVA, INC.	Phone service
16895	2/16/2022	5,058.33	OKLAHOMA BLOOD INSTITUTE	Lab supplies
16963	2/22/2022	380.00	OKLAHOMA HEALTH CARE AUTHORITY	Request for Remits
16896	2/16/2022	60.00	OKLAHOMA MEDICAL LICENSURE	Credentialing
16897	2/16/2022	1,959.00	PARA HEALTHCARE ANALYTICS, LLC	Charge master svcs
901170	2/4/2022	1,550.41	PHILADELPHIA INSURANCE COMPANY	Property insurance
16898	2/16/2022	257.00	PIPETTE COM	Lab maintenance
16899	2/16/2022	682.76	PRESS GANEY ASSOCIATES, INC	Patient Quality svcs
16964	2/22/2022	35.98	PUCKETT DISCOUNT PHARMACY	Pharmacy Supplies
16839	2/1/2022	5,200.00	SBM MOBILE PRACTICE, INC	1099 Provider
16900	2/16/2022	8,200.00	SBM MOBILE PRACTICE, INC	1099 Provider
16965	2/22/2022	1,750.00	SCHAPEN LLC	RHC rent
16869	2/9/2022	457.69	SHRED-IT USA LLC	Secure doc disposal service
16870	2/9/2022	3,890.68	SIEMENS HEALTHCARE DIAGNOSTICS	Lab svcs contract
16901	2/16/2022	1,344.00	SIZewise	Swing bed rental exp
16966	2/22/2022	1,735.00	SMAART MEDICAL SYSTEMS INC	Radiology purch svcs
16840	2/1/2022	13,200.00	SOMSS	1099 Provider
16902	2/16/2022	10,300.00	SOMSS	1099 Provider

Check#	Ck Date	Amount	Paid To	Expense Description
16871	2/9/2022	1,800.00	SOUTHWEST TAB & COMMISSIONING	Maintenance
16872	2/9/2022	449.94	SPARKLIGHT BUSINESS	Cable
16903	2/16/2022	302.04	SPARKLIGHT BUSINESS	Cable
16967	2/22/2022	2,323.94	STANDLEY SYSTEMS LLC	printer lease
16873	2/9/2022	375.40	STAPLES ADVANTAGE	Office Supplies
16904	2/16/2022	254.06	STAPLES ADVANTAGE	Office Supplies
16968	2/22/2022	534.56	STAPLES ADVANTAGE	Office Supplies
16874	2/9/2022	4,431.65	STRYKER INSTRUMENTS	old surgery supplies
16875	2/9/2022	1,830.00	TECUMSEH OXYGEN & MEDICAL SUPP	Swing bed rental exp
16969	2/22/2022	2,700.00	TECUMSEH OXYGEN & MEDICAL SUPP	Swing bed rental exp
16876	2/9/2022	2,006.31	TELEFLEX	Patient Supplies
16970	2/22/2022	1,445.50	TELEFLEX	Patient Supplies
16841	2/1/2022	6,440.00	TRENT ELLIOTT	1099 provider
16905	2/16/2022	6,440.00	TRENT ELLIOTT	1099 provider
901165	2/21/2022	6,446.72	UMPQUA BANK VENDOR FINANCE	Lab eq note payable
901161	2/28/2022	11,215.26	US FOODSERVICE-OKLAHOMA CITY	Dietary Food
901166	2/21/2022	3,757.25	US FOODSERVICE-OKLAHOMA CITY	Dietary Food
901171	2/4/2022	4,238.81	US FOODSERVICE-OKLAHOMA CITY	Dietary Food
16906	2/16/2022	3,133.84	US MED-EQUIP LLC	Swing bed rental exp
16877	2/9/2022	855.00	VITAL SYSTEMS OF OKLAHOMA, INC	Patient purch svcs
16971	2/22/2022	1,710.00	VITAL SYSTEMS OF OKLAHOMA, INC	Patient purch svcs
901162	2/21/2022	7,102.92	WESTERN COMMERCE BANK (OHA INS	OHA Insurance
16972	2/22/2022	482.00	WORTH HYDROCHEM	Water softener
16907	2/16/2022	472.50	WRIGHT COMFORT SOLUTIONS, INC	Repairs
TOTAL		<u>1,334,854.10</u>		

Mangum Regional Medical Center
Statement of Revenue and Expense
For The Month and Year To Date Ended Feb 28, 2022
Unaudited

Item 10.

MTD				YTD		
Actual	Prior Year	Prior Yr Variance		Actual	Prior Year	Prior Yr Variance
198,959	260,085	(61,125)	Inpatient revenue	509,790	518,052	(8,262)
440,403	975,902	(535,499)	Swing Bed revenue	1,270,509	1,402,366	(131,856)
422,930	540,309	(117,379)	Outpatient revenue	1,054,655	1,021,496	33,159
124,781	157,240	(32,459)	Professional revenue	349,727	287,214	62,513
1,187,073	1,933,535	(746,462)	Total patient revenue	3,184,682	3,229,127	(44,446)
106,453	908,030	(801,578)	Contractual adjustments	510,334	1,113,014	(602,680)
(300,000)	-	(300,000)	Contractual adjustments: MCR Settlement	(300,000)	(150,000)	(150,000)
223,965	121,036	102,929	Bad debts	334,173	333,007	1,165
30,418	1,029,066	(998,649)	Total deductions from revenue	544,506	1,296,021	(751,514)
1,156,655	904,469	252,187	Net patient revenue	2,640,175	1,933,106	707,069
12,728	59,867	(47,139)	Other operating revenue	12,728	114,962	(102,234)
1,169,383	964,336	205,047	Total operating revenue	2,652,903	2,048,068	604,835
			Expenses			
295,586	344,011	(48,425)	Salaries and benefits	631,861	712,767	(80,906)
117,117	140,725	(23,608)	Professional Fees	260,880	253,069	7,810
426,697	192,165	234,532	Contract labor	976,348	466,300	510,048
150,125	62,920	87,205	Purchased/Contract services	206,140	165,161	40,979
225,000	225,000	-	Management expense	450,000	450,000	-
83,502	62,321	21,181	Supplies expense	177,434	199,608	(22,175)
40,517	19,756	20,761	Rental expense	82,630	36,537	46,093
18,389	9,506	8,883	Utilities	35,943	22,302	13,641
556	353	204	Travel & Meals	1,253	687	566
13,564	2,278	11,285	Repairs and Maintenance	29,064	6,807	22,256
12,592	11,660	932	Insurance expense	23,634	23,321	313
30,900	32,969	(2,069)	Other Expense	47,675	55,470	(7,795)
1,414,544	1,103,665	310,879	Total expense	2,922,861	2,392,029	530,832
(245,161)	(139,329)	(105,832)	EBIDA	(269,958)	(343,961)	74,003
-21.0%	-14.4%	-6.5%	EBIDA as percent of net revenue	-10.2%	-16.8%	6.6%
20,626	12,779	7,847	Interest	43,250	31,396	11,854
31,394	25,083	6,311	Depreciation	62,121	50,166	11,956
(297,182)	(177,191)	(119,991)	Operating margin	(375,330)	(425,523)	50,193
-	-	-	Other	-	-	-
-	-	-	Total other nonoperating income	-	-	-
(297,182)	(177,191)	(119,991)	Excess (Deficiency) of Revenue Over Expenses	(375,330)	(425,523)	50,193
-25.41%	-18.37%	-7.04%	Operating Margin %	-14.15%	-20.78%	6.63%

**Mangum Regional Medical Center
April 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	10,000.00
BLUTH FAMILY MEDICINE	1099 Provider	5,000.00
C & C	Supplies	1,358.40
C&S INSTRUMENTS LLC	Supplies	200.00
CABLES AND SENSORS	Supplies	519.00
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	450,000.00
COHESIVE HEALTHCARE RESOURCES	Payroll	750,000.00
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	3,180.00
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	5,000.00
CPSI	EHR software	43,000.00
CULLIGAN WATER CONDITIONING	RHC purch svcs	150.00
DAN'S HEATING & AIR CONDITIONI	maintenance	3,500.00
DOBSON TECHNOLOGIES TRANSPORT	Internet	3,900.00
DOERNER SAUNDERS DANIEL ANDERS	Legal Fees	25,000.00
DR. JOHN CHIAFFIETELLI	1099 Provider	28,848.00
DR. MORGAN	1099 Provider	9,532.00
F1 INFORMATION TECHNOLOGIES IN	IT Support Services	5,300.00
FEDEX	Postage	500.00

Vendor	Description	Estimated Amount
FFF ENTERPRISES	Pharmacy Supplies	2,000.00
FIRE EXTINGUISHER SALES & SERV	Repairs/maintenance	200.00
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
INQUIREE	RHC consulting service	500.00
INSIGHT DIRECT USA INC.	Supplies	750.00
JANUS SUPPLY CO	Housekeeping Supplies, based in Altus	2,700.00
JNP MEDICAL SERVICES LLC	1099 Provider	7,000.00
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
MATT MONROE	Rent	850.00
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
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
ORTHO-CLINICAL DIAGNOSTICS INC	Laboratory Supplies	2,500.00
PARA HEALTHCARE	CDM Review service	7,500.00
PARTSSOURCE INC,	Misc Supplies	1,234.30
PATIENT REFUNDS	Credits due to payors	5,500.00
PHILADELPHIA INSURANCE COMPANY	Property ins	6,000.00
PHILIPS HEALTHCARE	Supplies	1,200.00

Vendor	Description	Estimated Amount
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	50,000.00
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	840.00
SHRED-IT	Secure doc disposal	2,500.00
SIZEWISE	equipment rental	8,000.00
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	20,000.00
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	6,500.00
US FOODSERVICE-OKLAHOMA CITY	Food and supplies	14,000.00
US MED-EQUIP LLC	Swing bed eq rental	10,000.00
VITAL SYSTEMS OF OKLAHOMA, INC	Swing bed purch service	6,000.00
WESTERN COMMERCE BANK	Insurance	25,000.00
TOTAL Estimated		<u>2,806,352.58</u>

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

Item 10.

	<u>January</u>	<u>February</u>	<u>Prior Month Variance</u>
Cash And Cash Equivalents	1,497,994	1,556,994	59,000
Reserved Funds	622,161	876,787	254,626
Patient Accounts Receivable, Net	2,369,734	1,727,478	(642,257)
Due From Medicare	-	300,000	300,000
Inventory	48,093	63,860	15,766
Prepays And Other Assets	1,566,841	1,558,637	(8,204)
Capital Assets, Net	2,852,888	2,838,094	(14,794)
Total Assets	<u>8,957,712</u>	<u>8,921,849</u>	<u>(35,862)</u>
Accounts Payable	15,843,303	16,028,473	185,170
Due To Medicare	2,618,696	2,466,835	(151,860)
Covid Grant Funds	622,161	876,787	254,626
Due To Cohesive - PPP Loans	-	-	-
Notes Payable - Cohesive	242,500	242,500	-
Notes Payable - Other	160,790	137,918	(22,872)
Alliantz Line Of Credit	-	-	-
Leases Payable	319,392	315,647	(3,745)
Total Liabilities	<u>19,806,841</u>	<u>20,068,160</u>	<u>261,319</u>
Net Assets	<u>(10,849,129)</u>	<u>(11,146,311)</u>	<u>(297,182)</u>
Total Liabilities and Net Assets	<u>8,957,712</u>	<u>8,921,849</u>	<u>(35,862)</u>

MRMC AP AGING SUMMARY
For Month Ending
2/28/2022

Item 10.

VENDOR - Under Litigation	Description	0-30	31-60	61-90	Over 90	2/28/2022	1/31/2022	12/31/2021
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	2/28/2022	1/31/2022	12/31/2021
ABC BIOMEDICAL	IV Pump rental				-	-	-	4,050.00
ALIMED	COVID Capital				9,312.19	9,312.19	9,312.19	9,312.19
ALPHACARD	Supplies				-	-	-	396.15
AMERICAN HEALTH TECH	Rental Equipment-Old				22,025.36	22,025.36	22,025.36	22,025.36
ANESTHESIA SERVICE INC	Patient Supplies		1,618.21			1,618.21	564.23	2,744.35
APEX MEDICAL GAS SYSTEMS, INC	COVID Capital				104,521.08	104,521.08	176,716.80	178,069.34
ARAMARK	Linen Services	9,342.60	13,740.49			23,083.09	18,274.87	15,564.96
ASD HEALTHCARE	Pharmacy Supplies				2,421.08	2,421.08	2,421.08	2,421.08
AT&T	Fax Service	3,187.33				3,187.33	3,183.92	6,356.31
AVANAN, INC.	COVID Capital				16,800.00	16,800.00	16,800.00	16,800.00
BARRY DAVENPORT	1099 Provider	5,760.00				5,760.00	-	7,260.00
BAXTER HEALTHCARE	Pharmacy Supplies	(184.81)				(184.81)	3,698.70	3,732.64
BENISH AND ASSOCIATES	1099 Provider				-	-	-	7,225.81
BIO-RAD LABORATORIES INC	Lab Supplies				-	-	(457.73)	4,522.99
BKD LLP	Cost report preparer		221.00	104.00	20,280.00	20,605.00	20,605.00	26,897.00
BLUTH FAMILY MEDICINE, LLC	1099 Provider	2,400.00				2,400.00	1,650.00	3,841.94
C & C	Plant Ops supplies				-	-	1,358.40	-
C&S INSTRUMENTS LLC	Patient Supplies	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	519.00
CARNEGIE TRI-COUNTY MUN. HOSP	Pharmacy Supplies	4,400.16		1,401.25		5,801.41	-	1,070.19
CARRIER CORP	Repairs/maintenance				-	-	2,796.72	-
CENTERPOINT ENERGY ARKLA	Utilities	3,190.44	-			3,190.44	277.72	398.45
CINTAS CORPORATION #628	Linen Services	3,541.64	3,548.13			7,089.77	7,047.38	6,917.40
CITY OF MANGUM	Utilities	5,410.61				5,410.61	5,959.38	5,727.23
CLIFFORD POWER SYSTEMS INC	Plant Ops compliance				-	-	3,316.88	-
COHESIVE HEALTHCARE MGMT	Mgmt Fees	225,762.55	225,929.08	225,787.50	3,306,444.35	3,983,923.48	4,009,329.93	3,871,422.08
COHESIVE HEALTHCARE RESOURCES	Payroll	404,918.25	294,831.08	308,919.80	4,969,744.09	5,978,413.22	6,209,305.10	6,240,593.84
COHESIVE MEDIRYDE LLC	Mgmt Transportation Service	984.25	1,096.50	400.75	5,199.50	7,681.00	7,681.00	5,600.25
COHESIVE REVOPS INTEGRATION	Billing Purch svcs				-	-	-	51,437.07
COHESIVE STAFFING SOLUTIONS	Mgmt Staffing Service	374,775.99	361,366.33	827,891.91	1,900,936.46	3,464,970.69	2,401,129.32	2,075,936.46
COMMERCIAL MEDICAL ELECTRONICS	Quarterly Maintenance		2,450.00	730.00		3,180.00	5,635.00	6,029.54
COMPLIANCE CONSULTANTS	Lab Consultant				1,000.00	1,000.00	1,000.00	1,000.00
CONEXUS SOLUTIONS LLC	Agency Staffing				415,832.50	415,832.50	415,832.50	462,209.00

									Item 10.
VENDOR	Description	0-30	31-60	61-90	Over 90	2/28/2022	1/31/2022	12/31/2021	
CONTEMPORARY HEALTHCARE SVCS	1099 Provider	7,500.00				7,500.00	7,950.00		4,600.00
CORRY KENDALL, ATTORNEY AT LAW	Legal Fees				-	-	-		2,000.00
CPSI	EHR Software	35,051.00				35,051.00	35,051.00		37,064.40
CULLIGAN WATER CONDITIONING	Clinic Purchased Service	34.00	12.00			46.00	11.00		11.00
DAN'S HEATING & AIR CONDITIONI	COVID Capital				-	-	-		10,968.00
DELL INC	COVID Capital				-	-	-		0.00
DOBSON TECHNOLOGIES TRANSPORT	Internet	1,809.00				1,809.00	-		-
DOERNER SAUNDERS DANIEL ANDERS	Legal Fees	8,087.77		15,196.47	317,531.78	340,816.02	332,728.25		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		9,615.38
ELKVIEW GENERAL HOSPITAL	Swing purch svcs								1,648.96
ETC	Swing bed purch service				-	-	-		1,474.00
F1 INFORMATION TECHNOLOGIES IN	IT Support Services	2,928.00				2,928.00	-		2,928.00
FEDEX	Postage service	72.02				72.02	603.11		63.62
FFF ENTERPRISES INC	Pharmacy Supplies				-	-	-		0.00
FIRSTCARE MEDICAL SERVICES, PC	1099 Provider	9,615.38				9,615.38	-		-
FLOWERS UNLIMITED	Patient Other				-	-	26.23		26.23
FOX BUILDING SUPPLY	Plant Ops supplies				-	-	254.86		646.31
FRIENDSHIP INN RESTAURANT	Employee Appreciation				-	-	500.00		-
GEORGE BROS TERMITE & PEST CON	Pest Control Service	320.00				320.00	520.00		160.00
GEORGE KING BIO-MEDICAL, INC.	Supplies								804.34
GLOBAL EQUIPMENT COMPANY INC.	Minor Equipment			253.94	1,103.78	1,357.72	1,357.72		1,357.72
GLOBAL PAYMENTS INTEGRATED	CC processing svcs				-	-	-		849.22
GRAINGER	Maintenance Supplies	1,567.51				1,567.51	977.10		2,818.48
GREER COUNTY TREASURER	Property taxes			4,876.50		4,876.50	4,876.50		4,876.50
HAC INC	Dietary Supplies	212.55	243.31			455.86	696.24		332.47
HAMILTON MEDICAL INC.	Ventilator Supplies				1,199.60	1,199.60	-		-
HEALTH CARE LOGISTICS	Pharmacy Supplies		771.23			771.23	-		33.33
HEALTHSTREAM	Employee Training Purchased Service				-	-	841.75		-
HEARTLAND PATHOLOGY CONSULTANT	Lab Consultant	1,000.00				1,000.00	2,000.00		2,000.00
HENGST PRINTING	Pharmacy Supplies	95.00				95.00	110.00		238.22
HENRY SCHEIN	Lab Supplies	3,974.73	110.34			4,085.07	3,404.78		16,402.67
HERC RENTALS-DO NOT USE	Old Rental Service				7,653.03	7,653.03	7,653.03		7,653.03
HICKS MEDIA	Advertising				-	-	-		319.00
HILL-ROM COMPANY, INC	Supplies				1,464.29	1,464.29	1,464.29		1,464.29
HOBART SERVICE	Repair/Maintenance				-	-	-		2,179.00
HSI	Materials Purch svcs			2,500.00		2,500.00	2,500.00		2,500.00
ICU MEDICAL SALES INC.	COVID Capital				47,523.87	47,523.87	-		47,523.87
IMEDICAL INC	Supplies				1,008.29	1,008.29	1,008.29		1,008.29
IMPERIAL, LLC.-LAWTON	Dietary Purchased Service	180.30	90.15			270.45	360.60		270.45
JANUS SUPPLY CO	Housekeeping Supplies, based in Altus	1,118.83	626.91		839.59	2,585.33	1,905.72		2,930.25
JNP MEDICAL SERVICES LLC	1099 Provider				-	-	-		1,200.00
KCI USA	Supplies				-	-	(6.72)		(6.72)
LABCORP	Lab purch svcs	11,965.52	4,491.98			16,457.50	32,680.64		17,897.99
LAMPTON WELDING SUPPLY	Patient Supplies	2,436.93	1,462.91			3,899.84	2,822.49		2,529.07
LANGUAGE LINE SERVICES INC	Translation service	130.00	130.00			260.00	260.00		130.00
LANDAUER	Radiology supplies								1,632.40

VENDOR	Description	0-30	31-60	61-90	Over 90	2/28/2022	1/31/2022	12/31/2021	Item 10.
LOCKE SUPPLY	Plant Ops supplies				-	-	373.64	-	-
LOWES	Supplies				-	-	236.03	236.03	
LUCKINBILL, INC	Supplies				-	-	-	1,116.48	
MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies	7,873.90	13,385.04			21,258.94	24,677.32	38,318.03	
MEDICAL DEVICE DEPOT, INC	Patient Care Supplies				3,072.01	3,072.01	-	-	
MEDLINE INDUSTRIES	Patient Care/Lab Supplies	11,762.93	18,445.97	3,345.44		33,554.34	30,945.87	31,652.00	
MEDTOX DIAGNOSTICS, INC	Lab Supplies				-	-	-	1,500.00	
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	2,067.89	
NINJA RMM	IT Service				2,625.00	2,625.00	2,625.00	2,625.00	
NUANCE COMMUNICATIONS INC	RHC purch svcs				-	-	-	312.24	
OFFICE DEPOT	Office Supplies				2,160.55	2,160.55	-	-	
OKLAHOMA BLOOD INSTITUTE	Lab Supplies	4,542.30	2,551.00			7,093.30	12,151.63	8,634.73	
OKLAHOMA HOSPITAL ASSOCIATION	OHA dues		13,188.00			13,188.00	-	-	
OKLAHOMA MEDICAL LICENSURE	Credentialing	60.00				60.00	-	-	
ORTHO-CLINICAL DIAGNOSTICS INC	Lab purch svcs	398.92	420.23	419.60	1,096.48	2,335.23	1,936.31	1,516.08	
OSU PROFESSIONAL DEVELOPMENT	Employee Training	50.00				50.00	-	-	
PARA HEALTHCARE ANALYTICS, LLC	CMD Review	1,959.00	2,909.00			4,868.00	4,868.00	3,918.00	
PARTSSOURCE INC,	Lab repair/maint				1,234.30	1,234.30	1,234.30	1,234.30	
PHILADELPHIA INSURANCE COMPANY	OHA Insurance				-	-	-	1,550.41	
PHILIPS HEALTHCARE	Supplies		2,093.80			2,093.80	-	-	
PIPETTE COM	Lab maintenance				-	-	257.00	250.00	
PITNEY BOWES GLOBAL FINANCIAL	Postage rental			347.00		347.00	347.00	347.00	
PRESS GANEY ASSOCIATES, INC	Purchased Service	682.76				682.76	1,365.52	682.76	
PUCKETT DISCOUNT PHARMACY	Pharmacy Supplies	65.52				65.52	-	151.48	
RADIATION CONSULTANTS	Radiology maintenance	3,500.00				3,500.00	-	2,550.00	
RAMSEY AND GRAY, PC	Legal Fees				6,270.00	6,270.00	6,270.00	6,270.00	
REYES ELECTRIC LLC	Repairs/maintenance	16,600.00			75,000.00	91,600.00	75,000.00	103,195.00	
ROCHE DIAGNOSTICS CORPORATION	Patient Supplies		266.00	2,048.00		2,314.00	-	-	
RUSSELL ELECTRIC & SECURITY	Repair and Maintenance				-	-	-	4,226.00	
SBM MOBILE PRACTICE, INC	1099 Provider	8,250.00				8,250.00	5,200.00	9,446.25	
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	573.71	
SIEMENS HEALTHCARE DIAGNOSTICS	Service Contract				-	-	3,890.68	16,490.68	
SIZEWISE	Swing bed purch service				2,387.50	2,387.50	3,731.50	4,428.44	
SMAART MEDICAL SYSTEMS INC	Radiology interface/Radiologist provider	1,735.00	3,470.00		1,735.00	6,940.00	6,940.00	3,470.00	
SMARTSIGN	Supplies			212.00		212.00	212.00	-	
SOMSS LLC	1099 Provider	4,800.00				4,800.00	13,200.00	12,900.00	
SOUTHWEST TAB & COMMISSIONING	Maintenance				-	-	1,800.00	-	
SPARKLIGHT BUSINESS	Cable service	451.94			-	451.94	500.81	50.87	
STANDLEY SYSTEMS LLC	Printer lease	4,477.93				4,477.93	2,323.94	2,264.26	
STAPLES ADVANTAGE	Office Supplies	1,501.07	238.54		(62.69)	1,676.92	1,164.02	1,779.92	
STERICYCLE / SHRED-IT	Secure Doc disposal service	122.71			1,029.51	1,152.22	-	-	
STERICYCLE INC	Waste Disposal Service	3,928.87	3,968.71	573.71		8,471.29	10,570.15	2,700.55	
STERIS CORPORATION	Old surgery supplies				(1,762.89)	(1,762.89)	(1,762.89)	(1,762.89)	

									Item 10.
VENDOR	Description	0-30	31-60	61-90	Over 90	2/28/2022	1/31/2022	12/31/2021	
STRYKER INSTRUMENTS	Surgery Supplies				14,119.05	14,119.05	18,550.70	22,982.35	
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	1,290.00	1,590.00	488.00	3,735.00	7,103.00	10,343.00	8,033.00	
TELEFLEX	Supplies				3,092.00	3,092.00	6,543.81	4,537.50	
THE COMPLIANCE TEAM	RHC purch svcs				-	-	-	2,684.29	
TOTAL MEDICAL PERSONNEL STAFF.	Agency Staffing				-	-	-	2,843.75	
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	1,610.00	
ULINE	COVID Minor Eq				115.07	115.07	115.07	115.07	
US FOODSERVICE-OKLAHOMA CITY	Food and supplies	4,933.49				4,933.49	7,383.54	10,450.29	
US MED-EQUIP LLC	Swing bed eq rental	3,014.16	5,036.54	3,081.24		11,131.94	8,523.57	8,713.50	
VITAL SYSTEMS OF OKLAHOMA, INC	Swing bed purch service	3,420.00	1,710.00	855.00	5,130.00	11,115.00	10,260.00	12,735.00	
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	
WORTH HYDROCHEM	semi-annual water treatment				-	-	482.00	482.00	
WRIGHT COMFORT SOLUTIONS, INC	Repairs/maintenance				-	-	472.50	-	
Vendor Subtotal		1,224,007.66	989,115.40	1,399,432.11	11,296,406.36	14,908,961.53	14,114,298.41	13,937,299.98	
Grand Total		1,224,007.66	989,115.40	1,399,432.11	12,145,638.09	15,758,193.26	14,963,530.14	14,786,531.71	
Conversion Variance						(13,340.32)	(13,340.32)	(13,340.32)	
AP Control						15,744,852.94	14,950,189.82	14,773,191.39	
Accrued AP						283,620.08	893,112.71	972,378.42	
TOTAL AP						16,028,473.02	15,843,302.53	15,745,569.81	

Mangum Regional Medical Center
Medicare Payables by Year
March 22, 2022 Board Meeting

Year	Original Balance	Balance as of 02/28/22	Total Interest Paid as of 02/28/22
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)	1,938,941.05	66,459.93
2017 C/R Settlement Overpayment <i>Estimate</i>	3,539,982.21	-	-
2018 C/R Settlement	1,870,870.00	82,864.97	239,686.38
2019 Interim Rate Review - 1st	323,765.00	-	5,637.03
2019 Interim Rate Review - 2nd	1,802,867.00	445,029.01	260,425.93
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>	(300,000.00)	(300,000.00)	
Total	5,115,513.21	2,166,835.03	954,437.50

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

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

	12/31/2022		12/31/2021
	January	February	PY Comparison
Admissions			
Inpatient	23	13	36
Swingbed	16	12	28
Observation	1	2	3
	40	27	67
			60
Discharges			
Inpatient	21	13	34
Swingbed	15	8	23
Observation	1	1	2
	37	22	59
			44
Days of Care			
Inpatient-Medicare	50	15	65
Inpatient-Other	36	39	75
Swingbed-Medicare	316	182	498
Swingbed-Other	18	0	18
Observation	1	2	3
	421	238	659
			507
Calendar days	31	28	59
ADC - (incl OBS)	13.58	8.50	11.17
ADC	13.55	8.43	11.12
			8.59

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

Item 10.

	January	February	YTD
Inpatient revenue	310,831	198,959	509,790
Swing Bed revenue	830,106	440,403	1,270,509
Outpatient revenue	631,725	422,930	1,054,655
Professional revenue	224,946	124,781	349,727
Total patient revenue	1,997,609	1,187,073	3,184,682
Contractual adjustments	403,881	106,453	510,334
Contractual adjustments: MCR Settlement	-	(300,000)	(300,000)
Bad debts	110,208	223,965	334,173
Total deductions from revenue	514,089	30,418	544,506
Net patient revenue	1,483,520	1,156,655	2,640,175
Other operating revenue	-	12,728	12,728
Total operating revenue	1,483,520	1,169,383	2,652,903
	95.0%	78.9%	87.2%
Expenses			
Salaries and benefits	336,275	295,586	631,861
Professional Fees	143,762	117,117	260,880
Contract labor	549,651	426,697	976,348
Purchased/Contract services	56,015	150,125	206,140
Management expense	225,000	225,000	450,000
Supplies expense	93,932	83,502	177,434
Rental expense	42,114	40,517	82,630
Utilities	17,555	18,389	35,943
Travel & Meals	697	556	1,253
Repairs and Maintenance	15,500	13,564	29,064
Insurance expense	11,042	12,592	23,634
Other	16,775	30,900	47,675
Total expense	1,508,317	1,414,544	2,922,861
EBIDA	\$ (24,797)	\$ (245,161)	\$ (269,958)
EBIDA as percent of net revenue	-1.7%	-21.0%	-10.2%
Interest	22,624	20,626	43,250
Depreciation	30,727	31,394	62,121
Operating margin	\$ (78,148)	\$ (297,182)	\$ (375,330)
Other	-	-	-
Total other nonoperating income	\$ -	\$ -	\$ -
Excess (Deficiency) of Revenue Over Expenses	(78,148)	(297,182)	(375,330)
Operating Margin % (excluding other misc. reve	-5.27%	-25.41%	-14.15%

Mangum Regional Medical Center
February 2022

	Current Month	COVID	Total Less COVID	Year-To-Date	Year-To-Date Less COVID
Cash Receipts	\$ 1,599,089	\$ 254,626	\$ 1,344,463	\$ 3,762,672	\$ 3,508,046
Cash Disbursements	\$ (1,342,080)	\$ (72,196)	\$ (1,269,884)	\$ (2,777,779)	\$ (2,618,896)
NET	\$ 257,009	\$ 182,430	\$ 74,579	\$ 984,893	\$ 889,150

Mangum Regional Medical Center
Cash Receipts & Disbursements by Month
March 22, 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			
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		3,508,046	254,626	2,777,779
Subtotal FY 2019	<u>11,571,384</u>	Subtotal FY 2020	<u>14,700,211</u>		Subtotal FY 2021	<u>13,059,930</u>			Subtotal FY 2022	<u>3,762,672</u>		

Hospital Vendor Contract Summary Sheet

1. ☒ Existing Vendor ☐ New Vendor
2. **Name of Contract:** Wolters Kluwer, Health – Lippincott Solutions
3. **Contract Parties:** Wolters Kluwer and MRMC
4. **Contract Type Services:** Subscription
5. **Impacted Hospital Departments:** All
6. **Contract Summary:** Vendor will provide online platform for up-to-date, best practice procedures and educational material; as well as remain the official reference for many policies and procedures currently in use at MRMC.
7. **Cost:** ☐ 1st -\$5279.61; 2nd- \$5543.59; 3rd – \$5820.77
8. **Prior Cost:** ☐ \$4866.00
9. **Term:** 1,2 or 3 years
10. **Termination Clause:** 30 days with written notice for identified purposes only.
11. **Other:**



Wolters Kluwer

Wolters Kluwer Health, Inc.

Item 11.

Two Commerce Square
2001 Market Street
Philadelphia, PA 19103 USA
Tel: 844-303-4860
eFax: 301-560-5423
Federal ID # 13-2932696
ACH Routing: 071000039
Account: 5801001438

Quote # 632651
Date 31-Jan-2022
Page 1 of 3

Bill To:

Customer#: 124335
Mangum Regional Medical Center
Attention: Accounts Payable
1 Wickersham Drive
Mangum, OK 73554
Phone #: 580-782-3353
Fax #:
Email: ap@mangumregional.org

Sold To:

Customer#: 124335
Mangum Regional Medical Center
Dale Clayton
1 Wickersham Drive
Mangum, OK 73554
UNITED STATES
Phone #: (580) 782-3353
Fax #:
Email: dale@cohesivehealthcare.net

Quote#: 632651

Product	Usage Level	Qty	Item \$	Total \$
WKLP-CS-PHH Lippincott Procedures Order#: 1276917 Access Type: Site Authorized Sites: All Authorized Sites Listed Product Type: Subscription PRODUCT CODE MAY CHANGE FROM TERM TO TERM Term 1: 01-Mar-2022 - 01-Mar-2023 Term 2: 01-Mar-2023 - 01-Mar-2024 Term 3: 01-Mar-2024 - 01-Mar-2025	SITE	1	Term 1: 5,279.61 Term 2: 5,543.59 Term 3: 5,820.77	Term 1: 5,279.61 Term 2: 5,543.59 Term 3: 5,820.77

REMITTANCE & PAYMENT METHODS: EFT and ACH are the preferred payment modes for Wolters Kluwer Health, Inc.
Payment by credit card may be subject to additional processing fees.
EFT Routing: 026009593 | ACH Routing: 071000039 | Account: 5801001438
ACH payment portal: <https://portal.ovid.com/payments>

Pay by Check: Wolters Kluwer Health, 4603 Paysphere Circle, Chicago, IL 60674

*Prices valid for 30 Days from Quote Date

*Plus Applicable Sales Tax: If tax exempt, please attach a copy of your state tax exempt certificate.

THE PAYMENT INSTRUCTIONS SET FORTH ON THIS QUOTE ARE THE ONLY INSTRUCTIONS AUTHORIZED BY WOLTERS KLUWER HEALTH, INC OR OVID TECHNOLOGIES, INC. OR ITS APPLICABLE AFFILIATE FOR USE. IF YOU RECEIVE ANY COMMUNICATIONS TRANSMITTING DIFFERENT PAYMENT INSTRUCTIONS OR REQUESTING OR REQUIRING ALTERNATE PAYMENT ARRANGEMENTS, DO NOT RESPOND TO SUCH COMMUNICATIONS, AND CONTACT SUPPORT IMMEDIATELY AT +1-844-303-4860.



Wolters Kluwer

Wolters Kluwer Health, Inc.

Two Commerce Square
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Philadelphia, PA 19103 USA
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Item 11.

Quote # 632651
Date 31-Jan-2022
Page 2 of 3

Term 1 Total:	\$5,279.61
Term 2 Total:	\$5,543.59
Term 3 Total:	\$5,820.77
Total S&H (Term 1):	\$0.00
Total Tax (Term 1):	\$0.00
Grand Total (Term 1):	\$5,279.61

Authorized Sites:

Key	Institution / Site	Address
1	Mangum Regional Medical Center (#124335) / (#1)	1 Wickersham Drive, Mangum, OK, UNITED STATES, 73554
2	Mangum Regional Medical Center (#124335) / Mangum Family Clinic (#2)	118 S Louis Tittle Ave, Mangum, OK, UNITED STATES, 73554

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Item 11.

Quote # 632651
Date 31-Jan-2022
Page 3 of 3

By signing this quote, you represent and warrant that you are authorized to sign this quote and to bind the Customer set forth on this quote to the terms and conditions of this quote, provided that, as of the date of this quote, the Customer is agreeing to pay to WKH only the Term 1 Total. If the Customer elects to renew its license to the Products for Term 2, the Customer agrees to pay to WKH the Term 2 Total, and if the Customer elects to renew its license to the Products for Term 3, the Customer agrees to pay to WKH the Term 3 Total, each pursuant to the invoicing procedures set forth below.

WKH will deliver to Customer an invoice for the fees set forth on this quote for each applicable subscription term set forth in this quote, plus any applicable tax and shipping and handling fees. Each invoice for a certain subscription year will be delivered by WKH to Customer after the commencement of the applicable subscription year.

Customer acknowledges and agrees that WKH's right to provide access to each Product to Customer is contingent upon the grant of rights to the Product to WKH by the owner of the Product and the Product owner may terminate WKH's right to provide such Product owner's Product to Customer at any time. Should any Product owner terminate WKH's right to provide such Product owner's Product to Customer, WKH will adjust the Customer fees accordingly.

Signature: _____

Date: _____

Printed Name: _____

REMITTANCE & PAYMENT METHODS: EFT and ACH are the preferred payment modes for Wolters Kluwer Health, Inc.
Payment by credit card may be subject to additional processing fees.
EFT Routing: 026009593 | ACH Routing: 071000039 | Account: 5801001438
ACH payment portal: <https://portal.ovid.com/payments>

Pay by Check: Wolters Kluwer Health, 4603 Paysphere Circle, Chicago, IL 60674

*Prices valid for 30 Days from Quote Date

*Plus Applicable Sales Tax: If tax exempt, please attach a copy of your state tax exempt certificate.

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Hospital Vendor Contract Summary Sheet☒ **Existing Vendor**☐ **New Vendor**

1. **Name of Contract:** Amendment to the Blue Traditional Network Participating Hospital Agreement, the Blue Choice PPO, Blue Preferred PPO, BlueLines HMO, Blue Advantage PPO, and NativeBlue Network Addendums to the Blue Traditional Network Participating Hospital Agreement.
2. **Contracted Parties:** Blue Cross and Blue Shield of Oklahoma and Mangum City Hospital Authority d/b/a Mangum Regional Medical Center.
3. **Contract Services:** Insurance Reimbursement
4. **Impacted Departments:** Revenue Operations
5. **Summary:**

Addendum and extension to our existing agreement dated 4/1/2020 through 3/31/2024 primarily involving an increased in reimbursement rates for inpatient and outpatient. See attached summary of revised rates.
6. **Costs:** None
7. **Term:** April 1, 2022 through March 31, 2024.
8. **Termination Clause:** N/A
9. **Other:**

Mangum Regional Medical Center*BCBSOK Proposed Hospital Extension Agreement**Summary of Rates*

		Rates Per Proposed BCBSOK Extension Agreement								
		Current Rates (4/1/2021 - 3/31/2022)			(4/1/2022 - 3/31/2023)			(4/1/2023 - 3/31/2024)		
Product Line of Business	Product Name/Type	Inpatient MS-DRG Rate	OP EAPG Rate	Ancillary	Inpatient MS-DRG Rate	OP EAPG Rate	Ancillary	Inpatient MS-DRG Rate	OP EAPG Rate	Ancillary
Commercial	Blue Traditional	\$10,343	\$265.25	\$358.00	\$10,550	\$276.00	\$358.00	\$10,761	\$281.50	\$358.00
	Blue Choice PPO	\$8,994	\$230.75	\$358.00	\$9,174	\$240.00	\$358.00	\$9,357	\$244.75	\$358.00
	Blue Preferred PPO	\$7,645	\$196.00	\$358.00	\$7,798	\$204.00	\$358.00	\$7,954	\$208.00	\$358.00
	Blue Lincs HMO Blue Advantage PPO Native Blue	\$6,297	\$161.50	\$358.00	\$6,423	\$168.00	\$358.00	\$6,551	\$171.25	\$358.00

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:**
 - Directors and officers (D&O) liability insurance
 - a. **Impacted hospital departments:** Governing Board

5. **Contract Summary (description of services, purpose and justification --- describe each):**

The hospital's D&O insurance policy expires on April 21, 2022.

D&O insurance coverage provides protection for individuals serving as a director or an officer of the hospital.

6. **Cost:**
 - Allied World 2022-2023 premium is \$18,811.
 - Slight increase due to market adjustments.

7. **Prior Cost:**
 - Allied World 2021-2022 premium \$15,925.

8. **Termination Clause:** Policy coverage is April 21, 2022 to April 21, 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:	03/03/2022
From:		Account #:	2099359
Re:	Mangum City Hospital Authority - Healthcare Forcefield D&O		

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
----------------	---

Limits of Liability	
Policy Per Claim Limit	\$1,000,000
Policy Aggregate Limit of Liability	\$1,000,000
Dedicated Excess Coverage for all Insured Persons	N/A

Sublimits of Liability	
Anti-Trust Claims Coverage	\$1,000,000
Regulatory Claims Coverage	\$250,000
HIPAA Fines and Penalties Coverage	\$25,000
Crisis Event Coverage/Response Costs	\$10,000
EMTALA Coverage	\$50,000
IRS Actions, Defense Only Coverage	\$25,000
Excess Benefits Transactions Excise Tax Coverage	\$100,000
Punitive Damages Coverage	\$1,000,000

Retention	
Each and every Claim (not applicable to Insuring Agreement A, D, E, G and H)	\$25,000
Each and every Antitrust Claim under Insuring Agreement D	\$100,000
Each and every Regulatory Claim under Insuring Agreement E	\$250,000
Policy Premium	\$18,811
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 DO 00004 00 (12/15)	- Directors and Officers Liability Policy
Premium Due Date	30 Days from effective date of policy

Endorsements

1. [HC DO 00015 00 \(07/10\)](#) - Duty to Defend Coverage, Subject to Hammer Clause (80/20)
2. [HC DO 00024 00 \(07/10\)](#) - Major Security Holder Claims Exclusion (5%)
3. [HC DO 00036 00 \(07/10\)](#) - Pre-Approved Crisis Management Firm(s)
4. [HC DO 00043 00 \(07/10\)](#) - Full Securities Exclusion
5. [HC DO 00056 00 \(07/10\)](#) - Antitrust Coverage Subject to Co-Insurance (20%)
6. [HC DO 00059 35 \(01/13\)](#) - Plcy Clarifictn No Reten Applicable To Insrgr Agrmet G,Ciris Event Cvrge
7. [HC DO 00061 35 \(03/13\)](#) - Newly Acquired Entities Asset/Revenue Threshold (10%)
8. [HC DO 00068 35 \(04/13\)](#) - Regulatory Coverage-Coinsurance Basis (D&O Standalone) (20%)
9. [HC DO 00120 00 \(06/18\)](#) - Separate Retention For Claims Brought By High Wage Earners Endorsement (\$100k salary threshold; \$100k retention)
10. [HC DO 00124 00 \(06/18\)](#) - TCPA Exclusion (*NEW*)
11. [HC DO 00126 00 \(04/21\)](#) - Amend HIPAA Coverage (Revised 2021)
12. [HC DO 00138 00 \(04/21\)](#) - Amend Loss Definition (Restitution/Disgorgement Excluded)
13. [HC DO 00139 00 \(04/21\)](#) - Amend Regulatory Wrongful Act (CARES Act)
14. [HC DOEP 00010 35 \(07/10\)](#) - Oklahoma State Amendatory Endorsement
15. [HC DOEP 00023 00 \(07/10\)](#) - Prior Acts Exclusion (6/30/2017)
16. [HC DOEP 00056 35 \(5/12\)](#) - Allocations of Loss (HC FF Stand Alone Forms)
17. [HC DOEP 00058 35 \(04/13\)](#) - Workplace Violence Expenses Covge,W Sublimit (D&O,EPL Standalone)
18. [HC DOEP 00063 35 \(10/16\)](#) - Amend Discovery Period Provision (Standalone)
19. [HC FF 00005 35 \(05/13\)](#) - Amend Retention Provision Rvsd (D&O,EPL,FID,EMP Law Standalone Forms)
20. [PN 9001 \(01/15\)](#) - Terrorism Policyholder Notice
21. Z-FFHCDO 00029 00 (05/20) - Bankruptcy Exclusion - Defense Costs Coverage Only; Sublimit Applies (*NEW* \$50k Sublimit)

Subjectivities

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

1. PRIOR TO BIND: Year End 2021 Financials

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.

Hospital Vendor Contract – Summary Sheet

1. ☒ Existing Vendor ☒ New Vendor
2. **Name of Contract:** Insurance Quote Proposal
3. **Contract Parties:** MedPro or THIE (Texas Hospital Insurance Exchange)
4. **Contract Type Services:**
 - General Liability, Professional Liability, Employee Benefits Liability, Cyber Liability insurance coverages
 - a. **Impacted hospital departments:** All
5. **Contract Summary (description of services, purpose and justification --- describe each):**

The hospital's GL/PL, EBL, Cyber Liability insurance policy expires on April 21, 2022. We have obtained two quotes for review and consideration.

Please see attached comparison sheet for coverage limit details.
6. **Cost:**

MedPro - Professional/General Liability Proposal premium with \$0 Deductible is **\$66,076**.
MedPro - Professional/General Liability Proposal premium with \$5,000 deductible the premium is **\$61,533**.
THIE Professional/General Liability Proposal premium with \$0 Deductible is **\$64,910**.
THIE Professional/General Liability Proposal premium with \$5,000 deductible the premium is **\$60,499**.
7. **Prior Cost:**
 - MedPro - 2021-2022 premium was \$69,078.
8. **Termination Clause:** Policy coverage is April 21, 2022 to April 21, 2023
 - a. **Term:** 12 Months
9. **Other:**

**OHA Insurance Agency
Mangum City Hospital Authority
Healthcare Liability Coverage**

Item 14.

	CURRENT	PREFERRED			
Carrier	MedPro	MedPro	MedPro	THIE	THIE
Policy Period	4/21/2021-2022	4/21/2022-2023	4/21/2022-2023	4/21/2022-2023	4/21/2022-2023
Professional Liability					
Per Event	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Aggregate Limit	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000
Claims Expenses	Defense Outside the Limits	Defense Outside the Limits	Defense Outside the Limits	Defense Outside the Limits	Defense Outside the Limits
General Liability					
Per Event	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Aggregate Limit	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000
Products Completed Operations Aggregate Limit	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000
Personal and Advertising Injury Limit	\$1,000,000 Each Person	\$1,000,000 Each Person	\$1,000,000 Each Person	\$1,000,000 Each Person	\$1,000,000 Each Person
Damage to Premises Rented to an Insured	\$50,000 Any One Premises	\$50,000 Any One Premises	\$50,000 Any One Premises	\$100,000 Any One Premises	\$100,000 Any One Premises
Medical Expense	\$5,000 Each Person	\$5,000 Each Person	\$5,000 Each Person	\$5,000 Each Person	\$5,000 Each Person
Claims Expenses	Defense Outside the Limits	Defense Outside the Limits	Defense Outside the Limits	Defense Outside the Limits	Defense Outside the Limits
Employee Benefits Liability					
Per Event	\$1,000,000	\$1,000,000	\$1,000,000	\$500,000	\$500,000
Aggregate Limit	\$3,000,000	\$3,000,000	\$3,000,000	\$500,000	\$500,000
Claims Expenses	Defense Outside the Limits	Defense Outside the Limits	Defense Outside the Limits	Defense Outside the Limits	Defense Outside the Limits
Cyber Liability					
Coverage	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
Aggregate Limit	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
Claims Expenses	Defense Within Limits	Defense Within Limits	Defense Within Limits	Defense Within Limits	Defense Within Limits
Retention					
Professional Liability	\$0	\$0	\$5,000	\$0	\$5,000
General Liability	\$0	\$0	\$5,000	\$0	\$5,000
Employee Benefits Liability	\$1,000	\$1,000	\$1,000	\$2,500	\$2,500
Cyber Liability	\$0	\$0	\$0	\$2,500	\$2,500
Hired and Non-Owned Auto	Yes	Yes	Yes	Yes	Yes
Premium	\$69,078	\$66,076	\$61,533	64,910	60,499

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



QUOTATION

NOTICE:

Actual terms, conditions and pricing provided by a subsequent quote may differ from that provided herein as the result of additional information provided to us. Coverage is not bound by this quote and may be made effective only by an authorized agent of the Issuing Company. Please review this quote carefully and advise us if you have any questions.

Issued By: Underwriter: Maegan Plante **Quotation Date:** March 1, 2022
Phone: Maegan.Plante@medpro.com
Email:

Issued To: Producer: OHA Insurance Agency Inc
Address: 4000 N Lincoln Blvd
Oklahoma City, OK 73105-5207

PREMIUM SUMMARY

Total Premium:	Primary Total Policy Premium \$ 66,076 Total Premium \$ 66,076
Commission:	Primary Policy:
Payment Terms:	Payment must be received by Medical Protective within 28 days from date of billing invoice or the offer of coverage is subject to withdrawal. Payment Schedule – Primary Policy: Full Pay If a patient compensation fund surcharge is included in the amount quoted, payment for such surcharge will be due in full with the initial premium payment.

HEALTHCARE LIABILITY COVERAGE TERMS

ISSUING COMPANY: The Medical Protective Company
Fort Wayne, Indiana

QUOTE NUMBER: H003788

EXPIRING POLICY NUMBER: H003788

FIRST NAMED INSURED:	Mangum City Hospital Authority
ADDRESS:	1 Wickersham St

☐ Administrative First Named Insured

POLICY PERIOD: From 04/21/2022 to 04/21/2023 both days at 12:01 a.m. at the address of the First Named Insured stated herein.

COVERAGE PARTS SELECTED:

(please refer to the applicable Schedule of Named Insureds for detailed Retroactive Dates, Limits of Liability, Retentions, etc.)

Professional Liability: Claims-Made and Reported

General Liability: Occurrence

Employee Benefits Liability: Claims-Made and Reported

Cyber Liability and Breach Response: Claims-Made and Reported

RETROACTIVE DATE:

Professional Liability: 10/01/2004

General Liability: n/a

Employee Benefits Liability: 10/01/2004

Cyber Liability and Breach Response:
04/21/2018

All days at 12:01 a.m. at the address of the First Named Insured stated herein.

LIMITS OF LIABILITY:

Professional Liability:

Per Event Limit
\$1,000,000

Aggregate Limit \$3,000,000

Claims Expenses	Defense Outside Limits

General Liability:

Per Event Limit	\$1,000,000
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General Aggregate Limit	\$3,000,000
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Products Completed Operations Hazard Aggregate Limit	\$3,000,000

Personal and Advertising Injury Limit	\$1,000,000 Each Person
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Damage to Premises Rented to an Insured	\$ 50,000 Any One Premises
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Medical Expense Limit	\$ 5,000 Each Person
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Claims Expenses	Defense Outside Limits
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Employee Benefits Liability:

Employee Benefits Liability Per Event Limit	\$1,000,000

Employee Benefits Liability Aggregate Limit	\$3,000,000
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[illegible]

Cyber Liability and Breach Response:

Coverage A - Multimedia Liability	\$ 100,000 each claim/aggregate
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Coverage B - Security and Privacy Liability	\$ 100,000 each claim/aggregate
Coverage C - Privacy Regulatory Defense and Penalties	\$ 100,000 each claim/aggregate
Coverage D - Privacy Breach Response Costs, Customer Notification Expenses, and Customer Support and Credit Monitoring Expenses	\$ 100,000 each claim/aggregate
Coverage E - Network Asset Protection	\$ 100,000 each claim/aggregate
Coverage F - Cyber Extortion	\$ 100,000 each claim/aggregate
Coverage G - Cyber Terrorism	\$ 100,000 each claim/aggregate
Coverage H - Regulatory Proceeding	\$ 100,000 each claim/aggregate
Coverage I - Evacuation Expense Reimbursement	\$ 100,000 each claim/aggregate
Coverage J - Disinfection Expense Reimbursement	\$ 100,000 each claim/aggregate
Coverage K - Public Relations Expense Reimbursement	\$ 100,000 each claim/aggregate
Coverage L - E-Discovery Claim Expenses and E-Discovery Regulatory Investigation Expenses	\$ 100,000 each claim/aggregate
Coverage M - Data Protection Reputational Harm	\$ 100,000 each claim/aggregate
Aggregate Limit	\$ 100,000
Claims Expenses	Defense Within Limits
RETENTION:	
Professional Liability:	\$Nil Per Event / \$Nil Aggregate
General Liability:	\$Nil Per Event / \$Nil Aggregate
Employee Benefits Liability:	\$1,000 Per Event / \$Nil Aggregate Deductible - Loss Only
Cyber Liability and Breach Response:	\$Nil Each Claim Self-Insured Retention 8 hours' Time Retention (Coverages E.2. and G) 180 consecutive days Period of Indemnity (Coverage M)
PREMIUM:	
Policy Premium	\$65,876
Terrorism Premium (TRIA)	\$ 200
Total Premium	\$66,076
FORMS & ENDORSEMENTS: Refer to attached Schedule of Forms and Endorsements	

ADDITIONAL TERMS AND CONDITIONS

Expiration Date of Quotation:	This quote is valid until the requested Policy Effective Date.
Subjectivities:	<p>This quote is provided in reliance upon the representations made prior to the Quotation Date, is contingent upon the underwriting of a completed application and is also subject to the following:</p> <ul style="list-style-type: none">• N/A
Significant Coverage Provisions:	<p>In addition to the standard policy conditions and terms, the following significant coverage provisions or endorsements will be added to the policy:</p> <ul style="list-style-type: none">• N/A
Additional Notes:	<ul style="list-style-type: none">• For a \$5,000 per occurrence deductible eroded by indemnity and expense premium is \$61,533.



Issuing Company:
The Medical Protective Company
Fort Wayne, Indiana

THIS NOTICE IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS NOTICE DOES NOT GRANT ANY COVERAGE OR CHANGE THE POLICY.

Forming Part of Policy No.:	H003788 (Primary Policy)
Issued to:	Mangum City Hospital Authority
Policy Period:	From 04/21/2022 to 04/21/2023 at 12:01 a.m. at the address of the First Named Insured stated herein.

**DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
SCHEDULE***

Terrorism Premium Quoted – Primary Policy (for Certified Acts)	\$ 200
Terrorism Premium Quoted – Excess Policy (for Certified Acts)	\$ N/A
<u>The portion of premium that is attributable to coverage for certified acts of terrorism is shown in the Schedule of this endorsement if such coverage is purchased, and does not include any charges for the portion of losses covered by the United States Government under the Act.</u>	
Additional information, if any, concerning the terrorism premium: Coverage for acts of terrorism is included in your policy unless you sign and return this document indicating that you are declining coverage for certified acts of terrorism.	
* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.	

You are hereby notified that under the Terrorism Risk Insurance Act, as amended and reauthorized, 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 GENERALLY REIMBURSES 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS SET FORTH ABOVE 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.

By receipt of this Disclosure, you have been notified that under the Terrorism Risk Insurance Act, as extended on December 22, 2005, amended on December 31, 2007 and January 12, 2015, and reauthorized on December 20, 2019, any losses resulting from certified acts of terrorism under this policy coverage may be partially reimbursed by the United States Government, and may be subject to a \$100 billion cap that may reduce the coverage provided. By receipt of this Disclosure, you have been notified of the portion of the premium attributable to such coverage.

ELECTION TO PURCHASE TERRORISM COVERAGE:

IF YOU ELECT TO PURCHASE THE TERRORISM COVERAGE DESCRIBED IN THIS DISCLOSURE NOTICE, YOU NEED DO NOTHING FURTHER. COVERAGE FOR ACTS OF TERRORISM WILL BE AUTOMATICALLY ADDED TO YOUR POLICY FOR THE PREMIUM SET FORTH ABOVE.

DECLINATION OF TERRORISM COVERAGE:

IN ORDER TO DECLINE TO PURCHASE COVERAGE, I UNDERSTAND THAT I MUST SIGN BELOW AND RETURN THIS DISCLOSURE FORM TO MY AUTHORIZED REPRESENTATIVE OR INSURANCE COMPANY. I FURTHER UNDERSTAND THAT IF I FAIL TO SIGN THIS DISCLOSURE FORM AND RETURN IT, I HAVE ELECTED TO PURCHASE TERRORISM COVERAGE AND THE PREMIUM AMOUNT(S) SET FORTH ABOVE WILL BE ADDED TO MY POLICY PREMIUM, AND COVERAGE FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WILL BE ADDED TO MY POLICY.

Policyholder / Applicant's Signature – Declination of Terrorism Coverage Only

Print Name

Date



Issuing Company:
The Medical Protective Company
Fort Wayne, Indiana

Forming Part of Policy No.: H003788

Issued to: Mangum City Hospital Authority

Policy Period: From 04/21/2022 to 04/21/2023 at 12:01 a.m. at the address of the First Named Insured stated herein.

SCHEDULE OF FORMS AND ENDORSEMENTS

Forms and Endorsements attached to this Policy:

FORM NAME	FORM NUMBER	ENDORSEMENT NUMBER
Healthcare Liability Policy Declarations	0001-PXX-OK-0618	
Schedule of Forms and Endorsements	0002-PXX-00-1215	
Schedule of Named Insureds - Professional Liability	0006-PPX-00-1215	
Schedule of Named Insureds - General Liability	0007-PGX-00-0717	
Schedule of Named Insureds - Cyber Liability and Breach Response	0008-PCX-00-1215	
Schedule of Trade, Fictitious and/or Business Names	0009-PXX-00-1215	
Healthcare Liability Policy Common Policy Provisions and Conditions	0010-PXX-00-1215	
Healthcare Liability Policy - Professional Liability Coverage Part	0011-PPH-00-1215	
Healthcare Liability Policy - General Liability Coverage Part	0012-PGH-00-1215	
Healthcare Liability Policy - Cyber Liability and Breach Response Coverage Part	0013-PCX-00-1215	
Manuscript Endorsement	1102-PXX-00-1215	
Schedule of Additional Insureds - Management Company Endorsement	1124-PXX-00-1215	
Disciplinary, Licensing and Credentialing Actions Endorsement (Professional Liability)	1303-PPX-00-1215	
Employee Benefits Liability Endorsement (General Liability) (Claims-Made and Reported Coverage)	1504-PGX-00-1215	
Blanket Waiver of Subrogation Endorsement (General Liability)	1512-PGX-00-1215	
Blanket Additional Insured - Premises and Equipment Lessors Endorsement (General Liability)	1514-PGX-00-1215	
Blanket Hired and Non-Owned Auto Liability Limited Coverage Endorsement (General Liability)	1517-PGX-00-1215	
Cap on Losses from Certified Acts of Terrorism Endorsement (General Liability)	1536-PGX-00-0520	
Healthcare Liability Policy Oklahoma Amendatory Endorsement	1802-PXX-OK-1215	



Issuing Company:
The Medical Protective Company
Fort Wayne, Indiana

Forming Part of Policy No.:	H003788
Issued to:	Mangum City Hospital Authority
Policy Period:	From 04/21/2022 to 04/21/2023 at 12:01 a.m. at the address of the First Named Insured stated herein.

SCHEDULE OF NAMED INSUREDS – PROFESSIONAL LIABILITY

Only with respect to coverage provided under the Professional Liability Coverage Part, and in consideration of the premium due, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree the organizations and persons listed below are designated as **named insureds** and the Retroactive Dates, Limits of Liability and Retentions shown on the Declarations are amended as follows, but only with respect to the designated **named insureds**.

SCHEDULE OF NAMED INSURED						
NAMED INSURED	ID NUMBER	RETRO-ACTIVE DATE	TERMIN-ATION DATE	LIMITS OF LIABILITY (PER EVENT LIMIT/ AGGREGATE LIMIT)	RETENTION (PER EVENT/ AGGREGATE)	PREMIUM
Mangum City Hospital Authority	221619	10/01/2004		\$1,000,000 / \$3,000,000	\$Nil / \$Nil	\$55,493
Physicians :						
Byron Carpenter MD	1361770	05/01/2020	11/01/2020	FNI	\$Nil / \$Nil	Included

* Indicates any applicable surcharges, taxes or fees.

As used in this Schedule, "FNI" means the **first named insured**.

All other terms and conditions of the policy remain unchanged.



Issuing Company:
The Medical Protective Company
Fort Wayne, Indiana

Forming Part of Policy No.:	H003788
Issued to:	Mangum City Hospital Authority
Policy Period:	From 04/21/2022 to 04/21/2023 at 12:01 a.m. at the address of the First Named Insured stated herein.

SCHEDULE OF NAMED INSUREDS – GENERAL LIABILITY

Only with respect to coverage provided under the General Liability Coverage Part, and in consideration of the premium due, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree the organizations and persons listed below are designated as **named insureds** and the Retroactive Dates, Limits of Liability and Retentions shown on the Declarations are amended as follows, but only with respect to the designated **named insureds**.

LIMITS OF LIABILITY:

Per Event Limit	\$1,000,000
General Aggregate Limit	\$3,000,000
Products Completed Operations Hazard Aggregate Limit	\$3,000,000
Personal and Advertising Injury Limit	\$1,000,000 Each Person
Damage to Premises Rented to an Insured	\$ 50,000 Any One Premises
Medical Expense Limit	\$ 5,000 Each Person
Claims Expenses	Defense Outside Limits
RETENTION:	
\$ NIL Per Event / \$ NIL Aggregate	

SCHEDULE OF NAMED INSUREDS				
NAMED INSURED	ID NUMBER	RETRO-ACTION DATE	TERMIN-ATION DATE	PREMIUM
Mangum City Hospital Authority	221619	n/a		\$10,383

* Indicates any applicable surcharges, taxes or fees.

All other terms and conditions of the policy remain unchanged.



Issuing Company:
The Medical Protective Company
Fort Wayne, Indiana

Forming Part of Policy No.:	H003788
Issued to:	Mangum City Hospital Authority
Policy Period:	From 04/21/2022 to 04/21/2023 at 12:01 a.m. at the address of the First Named Insured stated herein.

SCHEDULE OF NAMED INSUREDS – CYBER LIABILITY AND BREACH RESPONSE

Only with respect to coverage provided under the Cyber Liability and Breach Response Coverage Part, and in consideration of the premium due, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree the organizations and persons listed below are designated as **named insureds** and the Retroactive Dates, Limits of Liability and Retentions shown on the Declarations are amended as follows, but only with respect to the designated **named insureds**.

LIMITS OF LIABILITY:

Coverage A - Multimedia Liability	\$100,000 each claim/aggregate
Coverage B - Security and Privacy Liability	\$100,000 each claim/aggregate
Coverage C - Privacy Regulatory Defense and Penalties	\$100,000 each claim/aggregate
Coverage D - Privacy Breach Response Costs, Customer Notification Expenses, and Customer Support and Credit Monitoring Expenses	\$100,000 each claim/aggregate
Coverage E - Network Asset Protection	\$100,000 each claim/aggregate
Coverage F - Cyber Extortion	\$100,000 each claim/aggregate
Coverage G - Cyber Terrorism	\$100,000 each claim/aggregate
Coverage H - Regulatory Proceeding	\$100,000 each claim/aggregate
Coverage I - Evacuation Expense Reimbursement	\$100,000 each claim/aggregate
Coverage J - Disinfection Expense Reimbursement	\$100,000 each claim/aggregate
Coverage K - Public Relations Expense Reimbursement	\$100,000 each claim/aggregate
Coverage L - E-Discovery Claim Expenses and E-Discovery Regulatory Investigation Expenses	\$100,000 each claim/aggregate
Coverage M - Data Protection Reputational Harm	\$100,000 each claim/aggregate
Annual Aggregate Limit	\$100,000
Claims Expenses	Defense Within Limits

RETENTION:

- \$Nil Each Claim Self-Insured Retention
- 8 hours Time Retention (Coverages E.2. and G)
- 180 consecutive days Period of Indemnity (Coverage M)

SCHEDULE OF NAMED INSURED

NAMED INSURED	ID NUMBER	RETRO- ACTIVE DATE	TERMIN- ATION DATE	PREMIUM
Mangum City Hospital Authority	221619	04/21/2018		Included

* Indicates any applicable surcharges, taxes or fees.

All other terms and conditions of the policy remain unchanged.

Draft



Issuing Company:
The Medical Protective Company
Fort Wayne, Indiana

Forming Part of Policy No.:	H003788
Issued to:	Mangum City Hospital Authority
Policy Period:	From 04/21/2022 to 04/21/2023 at 12:01 a.m. at the address of the First Named Insured stated herein.

HEALTHCARE LIABILITY POLICY
SCHEDULE OF TRADE, FICTITIOUS AND/OR BUSINESS NAMES

In consideration of the payment of the premium due, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree that any trade, fictitious, and/or business name listed in the Schedule of Trade, Fictitious and/or Business Names below and any other trade, fictitious and/or business name by which any **named insured** operates or trades as are by reference included in the coverage afforded to the associated **named insured**. Any such trade, fictitious and/or business name shares the Limits of Liability and any other terms and conditions applicable to the associated **named insured**, regardless of the number of **named insured(s)** scheduled below or on the policy.

SCHEDULE OF TRADE, FICTITIOUS AND/OR BUSINESS NAMES		
NAMED INSURED	ID NUMBER	TRADE, FICTITIOUS OR BUSINESS (D/B/A) NAME
Mangum City Hospital Authority	221619	Mangum Family Clinic
Mangum City Hospital Authority	221619	Mangum Regional Medical Center

All other terms and conditions of the policy remain unchanged.



Issuing Company:
The Medical Protective Company
Fort Wayne, Indiana

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Endorsement No.:

Forming Part of Policy No.: H003788

Issued to: Mangum City Hospital Authority

Effective Date of Endorsement: 04/21/2022 at 12:01 a.m. at the address of the First Named Insured stated herein.

**HEALTHCARE LIABILITY POLICY
SCHEDULE OF ADDITIONAL INSUREDS – MANAGEMENT COMPANY ENDORSEMENT**

Only with respect to coverage provided under this endorsement and only under the Coverage Part(s) listed in the Schedule of Additional Insureds – Management Company below, and in consideration of the payment of the additional premium due, if any, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree to amend the policy as follows:

The definition of **additional insured** in the Definitions section of the Common Policy Provisions and Conditions is deleted and replaced with the following:

Additional insured means a **management company** named in a **claim** or **potential claim** that arises from a **health care event, event, offense or accident** resulting from the management of a **named insured** or **location** listed in a Schedule of Additional Insureds – Management Company.

The following definition is added to the Definitions section of the Common Policy Provisions and Conditions:

Management company means any person or organization listed in a Schedule of Additional Insureds – Management Company who has a signed management company agreement with a **named insured** that is in effect at the time of the **health care event, event, offense or accident**.

The following subparagraph is added to the Insuring Clause(s) of the Coverage Part(s) listed in the Schedule of Additional Insureds – Management Company below:

The **company's** duty to defend and pay **losses** or **claims expense** on behalf of any **insured** shall extend to any **additional insured** meeting the terms and conditions of this policy, but only with respect to liability arising out of the management of a **named insured** or **location** listed in a Schedule of Additional Insureds – Management Company.

However, the coverage provided to an **additional insured** shall not be broader than that which an **insured** is required by written contract or agreement to provide to that **additional insured**.

The following provision is added to the Limits of Liability section of the Coverage Part(s) listed in the Schedule of Additional Insureds – Management Company below:

ADDITIONAL INSUREDS

With respect to any **claim** arising from the acts and omissions of a **management company**, the **management company** shares the Limits of Liability of the applicable Coverage Part with the corresponding Named Insured/Location listed in a Schedule of Additional Insureds – Management Company, and with any **insured** who is acting within the

scope of their duties for the corresponding Named Insured/Location.

SCHEDULE OF ADDITIONAL INSUREDS – MANAGEMENT COMPANY		
MANAGEMENT COMPANY	NAMED INSURED/LOCATION	COVERAGE PART
Cohesive Healthcare Management & Consulting, LLC	Mangum Cnty Hospital Authority	Professional Liability & General Liability

All other terms and conditions of the policy remain unchanged.

Draft



Issuing Company:
The Medical Protective Company
Fort Wayne, Indiana

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Endorsement No.:	
Forming Part of Policy No.:	H003788
Issued to:	Mangum City Hospital Authority
Effective Date of Endorsement:	04/21/2022 at 12:01 a.m. at the address of the First Named Insured stated herein.

**HEALTHCARE LIABILITY POLICY
 DISCIPLINARY, LICENSING AND CREDENTIALING ACTIONS ENDORSEMENT
 (PROFESSIONAL LIABILITY)**

In consideration of the payment of the additional premium due, if any, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree to amend the policy as follows:

The following provision is added to the Insuring Clause section of the Professional Liability Coverage Part:
DISCIPLINARY, LICENSING, AND CREDENTIALING ACTIONS

The **company's** duty to defend a **claim** includes the defense of any disciplinary, licensing, or credentialing action brought against an **insured** by (1) a state board of medical examiners or state dental board responsible for investigating and disciplining licensees, (2) a hospital or facility professional review board or committee through formally adopted, written procedures, or (3) the United States Drug Enforcement Administration, subject to the following additional conditions:

- A. If the policy provides coverage to an **insured** on a Claims-Made and Reported basis:
 1. the action must arise from the **insured's** rendering of, or failure to render, **professional services**, after the **retroactive date**, but before the end of the **policy period**, and for which there is no other insurance available; and
 2. the action must be first initiated against the **insured** during the **policy period**.
 - B. If the policy provides coverage to an **insured** on an Occurrence basis, the action must arise from the **insured's** rendering of, or failure to render, **professional services** during the **policy period**, and for which there is no other insurance available.
 - C. The payment of **claims expense** for such actions will be in addition to the applicable Limit of Liability. However, the **company** will not pay more than \$25,000 in **claims expense** on behalf of an **insured** for any single action. Furthermore, the **company** will not pay more than \$100,000 for **claims expense** on behalf of all **insureds** for all such actions covered under the policy.
 - D. The **company** has no duty to pay any fines, penalties, or other costs assessed against an **insured** as a result of any such action.
- However, payments for **claims** under this Insuring Clause shall not be subject to any Deductible or Self-Insured Retention.

All other terms and conditions of the policy remain unchanged.



Issuing Company:
The Medical Protective Company
Fort Wayne, Indiana

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Endorsement No.:	
Forming Part of Policy No.:	H003788
Issued to:	Mangum City Hospital Authority
Effective Date of Endorsement:	04/21/2022 at 12:01 a.m. at the address of the First Named Insured stated herein.

**HEALTHCARE LIABILITY POLICY
EMPLOYEE BENEFITS LIABILITY ENDORSEMENT
(GENERAL LIABILITY)
(CLAIMS-MADE AND REPORTED COVERAGE)**

NOTICE:

This endorsement contains claims-made and reported coverage. Please read this endorsement carefully.

In consideration of the payment of the additional premium due, if any, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree to amend the policy as follows:

The following provision is added to the Insuring Clauses section of the General Liability Coverage Part:

EMPLOYEE BENEFITS LIABILITY

1. Claims-Made and Reported

If "Claims-Made and Reported" is shown on the Declarations with respect to this Coverage Part, the following provisions apply:

a. The **company** will pay on behalf of any **insured** all **loss** and **claims expense**, subject to any applicable Deductible or Self-Insured Retention, and up to the Limits of Liability shown on the Declarations with respect to this Insuring Clause, arising from an **event** related to the **administration** of **employee benefits** that took place on or after the applicable retroactive date shown on the Declarations. Moreover, to be covered under this policy, the **loss** or **claims expense** must arise from:

(1) a **claim** that was first made against, and received by, an **insured** during the **policy period**, and reported to the **company**, in writing, during the **policy period** or within any applicable **extended reporting period**; or

(2) a **potential claim** that was first known about or discovered by an **insured** during the **policy period**, and reported to the **company**, in writing, during the **policy period** or within the automatic limited **extended reporting period**.

b. All **claims** and **potential claims** for damages arising out of, or in connection with, the same **event** will be deemed to have been first made on the date that the first of those **claims** is made against any **insured**, or the date the first of such **potential claims** is discovered by an **authorized insured**, whichever date is earlier. Only the policy in effect when the first such **claim** is made and reported to the **company**, or the first such **potential claim** is discovered and reported to the **company**, whichever is earlier, will apply to all related **claims** and **potential claims**, no matter when those related **claims** are made or reported, or **potential claims** are discovered and reported. If, prior to the effective date of this policy, the first such **claim** is made, or the first such **potential claim** is discovered, this policy will not apply to that **claim** or

potential claim, nor to any related claim or potential claim made during this policy period or any extended reporting period.

Only with respect to coverage provided under this endorsement, the following definitions are added to the Definitions section of the Common Policy Provisions and Conditions:

Administration means:

1. providing information to **employees**, including their dependents and beneficiaries, with respect to eligibility for or scope of an **employee benefits** program;
2. handling records in connection with an **employee benefits** program; or
3. effecting, continuing, or terminating any **employee's** participation in any **employee benefits** program.

Administration does not include handling payroll deductions.

Employee benefits means any group benefits administered on behalf of a **named insured's employees**, including:

1. group insurance plans or programs, such as life, health, accident, dental, or legal advice;
2. Individual retirement accounts, salary reduction plans under I.R.S. Code 401(k), or any amendment thereto, savings plans, or employee stock subscription plans;
3. travel or vacation plans; or
4. workers' compensation, occupational disease, unemployment, Social Security, or disability benefits insurance.

Only with respect to coverage provided under this endorsement, the **EMPLOYEE BENEFITS LIABILITY** exclusion is deleted from the Exclusions section of the Common Policy Provisions and Conditions.

The following provisions are added to the Exclusions section of the General Liability Coverage Part:

EXCLUSIONS APPLICABLE TO THE EMPLOYEE BENEFITS LIABILITY INSURING CLAUSE

The coverage provided under the Employee Benefits Liability Insuring Clause does not apply to:

1. **BODILY INJURY, PROPERTY DAMAGE AND PERSONAL AND ADVERTISING INJURY**

Any **claim** arising from, or in connection with, **bodily injury, property damage, or personal and advertising injury**.

2. **CLAIM FOR BENEFITS WHERE FUNDS AVAILABLE WITH REASONABLE COOPERATION**

Any **claim** for benefits to the extent that such benefits are available, with reasonable effort and cooperation of the **insured**, from the applicable funds accrued or other collectible insurance.

3. **COLLECTIVE BARGAINING**

Any **claim** arising from, or in connection with, the breach of any collective bargaining agreement.

4. **ERISA**

Any **claim** arising from, or in connection with, an **insured's** duty as a sponsor of an employee benefit plan under the Employee Retirement Income Security Act of 1974 (ERISA), or any amendment or regulation that applies thereto. However, this exclusion is limited to:

- a. an **insured's** failure or inability to fund the plan in accordance with the plan document or any applicable law or regulation; and
- b. liability for the payment of benefits owed to a participant or beneficiary of the plan that have been paid or may lawfully be paid from the plan's funds or those of other employee programs.

5. FAILURE TO PERFORM UNDER A CONTRACT
Damages arising out of the failure of an insurer to perform under a contract.
6. HEALTH CARE EVENT
Any **claim** arising from, or in connection with, any **health care event**.
7. PERFORMANCE OF INVESTMENTS AND ADVICE GIVEN REGARDING EMPLOYEE BENEFITS
Any **claim** arising from, or in connection with:
 - a. errors in providing information on past performance of investment vehicles; or
 - b. advice given to any person with respect to that person's decision to participate or not to participate in any **employee benefits** plan.
8. UNPAID OBLIGATIONS UNDER EMPLOYEE BENEFIT PLAN
Any **claim** arising from, or in connection with, damages arising out of an insufficiency of funds to meet any obligations under any plan included as an **employee benefit**.

The following provisions are added to the Limits of Liability Section of the General Liability Coverage Part:

EMPLOYEE BENEFITS LIABILITY PER EVENT LIMIT

The Employee Benefits Liability Per Event Limit shown on the Declarations is the most the **company** will pay for **loss** and **claims expense**, if shown on the Declarations as "Defense Within Limits," under the Employee Benefits Liability Insuring Clause because of **bodily injury** arising out of any one **event**.

EMPLOYEE BENEFITS LIABILITY AGGREGATE LIMIT

The Employee Benefits Liability Aggregate Limit shown on the Declarations is the most the **company** will pay for **loss** and **claims expense**, if shown on the Declarations as "Defense Within Limits," because of **bodily injury** included in the Employee Benefits Liability Insuring Clause.

Only with respect to the Employee Benefits Liability Insuring Clause, the Settlement condition in the Conditions section of the Common Policy Provisions and Conditions is deleted and replaced by the following:

SETTLEMENT

The **company** may settle any **claim**, **potential claim**, or other matter brought against an **insured** as the **company** deems expedient. However, the **company** shall first provide written notice to the **first named insured**.

All other terms and conditions of the policy remain unchanged.



Issuing Company:
The Medical Protective Company
Fort Wayne, Indiana

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Endorsement No.:	
Forming Part of Policy No.:	H003788
Issued to:	Mangum City Hospital Authority
Effective Date of Endorsement:	04/21/2022 at 12:01 a.m. at the address of the First Named Insured stated herein.

**HEALTHCARE LIABILITY POLICY
 BLANKET WAIVER OF SUBROGATION ENDORSEMENT
 (GENERAL LIABILITY)**

In consideration of the payment of the additional premium due, if any, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree to amend the policy as follows:

Only with respect to coverage provided under the General Liability Coverage Part, the following condition is added to the Conditions section of the Common Policy Provisions and Conditions:

WAIVER OF SUBROGATION

The **company** shall waive any right of recovery the **company** may have against a person or organization to the extent that the **insured** has agreed in writing prior to the date of loss to waive the **insured's** rights of recovery against that person or organization.

All other terms and conditions of the policy remain unchanged.



Issuing Company:
The Medical Protective Company
Fort Wayne, Indiana

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Endorsement No.:	
Forming Part of Policy No.:	H003788
Issued to:	Mangum City Hospital Authority
Effective Date of Endorsement:	04/21/2022 at 12:01 a.m. at the address of the First Named Insured stated herein.

**HEALTHCARE LIABILITY POLICY
BLANKET ADDITIONAL INSURED – PREMISES AND EQUIPMENT LESSORS ENDORSEMENT
(GENERAL LIABILITY)**

Only with respect to coverage provided under this endorsement and under the General Liability Coverage Part, and in consideration of the payment of the additional premium due, if any, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree to amend the policy as follows:

The definition of **additional insured** in the Definitions section of the Common Policy Provisions and Conditions is deleted and replaced with the following:

Additional insured means a **premises lessor or equipment lessor** named in a **claim or potential claim** that arises from an **event**, offense or accident that results from the acts or omissions of an **insured** in the maintenance, operation or use of premises or equipment leased to a **named insured** that took place during the term of the lease for those premises or equipment. However, such **premises lessor or equipment lessor** is not an **additional insured** with respect to **losses** arising from, or in connection with, any acts or omissions alleged to have been committed by that **premises lessor or equipment lessor**.

The following definition is added to the Definitions section of the Common Policy Provisions and Conditions:

Premises lessor or equipment lessor means any person or organization who provides premises and/or equipment to an organization that is a **named insured** pursuant to a written lease agreement during the **policy period**.

The following subparagraph is added to all Insuring Clauses of the General Liability Coverage Part:

The **company's** duty to defend and pay **losses or claims expense** on behalf of any **insured** shall extend to any **additional insured** meeting the terms and conditions of this policy, but only with respect to any **loss or claims expense** payable as the result of the **additional insured's** vicarious liability for the acts or omissions of an **insured** otherwise covered under this Coverage Part.

However, the coverage provided to an **additional insured** shall not be broader than that which an **insured** is required by written contract or agreement to provide to that **additional insured**. Additionally, coverage shall not apply to structural alterations, new construction or demolition operations performed by or on behalf of an **additional insured**.

The following provision is added to the Limits of Liability section of the General Liability Coverage Part:

ADDITIONAL INSUREDS

All **additional insureds** share the Limits of Liability applicable to any **claim** with any **insured** for which the **additional insured** is alleged to be vicariously liable with respect to that same **claim**.

All other terms and conditions of the policy remain unchanged.



Issuing Company:
The Medical Protective Company
Fort Wayne, Indiana

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Endorsement No.:	
Forming Part of Policy No.:	H003788
Issued to:	Mangum City Hospital Authority
Effective Date of Endorsement:	04/21/2022 at 12:01 a.m. at the address of the First Named Insured stated herein.

**HEALTHCARE LIABILITY POLICY
 BLANKET HIRED AND NON-OWNED AUTO LIABILITY LIMITED COVERAGE ENDORSEMENT
 (GENERAL LIABILITY)**

In consideration of the payment of the additional premium due, if any, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree to amend the policy as follows:

Only with respect to coverage provided under this endorsement, the following provisions are added to the Bodily Injury and Property Damage Liability Insuring Clause of the General Liability Coverage Part:

The **company** will pay on behalf of an **insured** all **loss** and **claims expense**, subject to any applicable Deductible or Self-Insured Retention, and up to the Limits of Liability shown on the Declarations with respect to this Insuring Clause, arising from an **event** resulting in **bodily injury** or **property damage** that, notwithstanding any provision to the contrary in this Insuring Clause, occurred during the **policy period**, and resulting from:

1. the maintenance or use by any **insured** of a **hired auto** in the course of the **insured's** business; or
2. the use of a **non-owned auto** by a person or entity other than an **insured** arising from the **insured's** operations.

Only with respect to coverage provided under this endorsement, the Aircraft, Auto or Watercraft, Liquor Liability and Mobile Equipment exclusions in the Exclusions section of the General Liability Coverage Part are deleted.

Only with respect to coverage provided under this endorsement, the following exclusion applies:

Bodily injury to an **employee** of an **insured** arising out of and in the course of:

1. employment by an **insured**; and
 2. where an **insured** is liable either as an employer or in any other capacity, or if there is an obligation to fully or partially reimburse a third person for damages arising out of **bodily injury** to an **employee** of the **insured** if the **bodily injury** occurs in the course of employment by the **insured**.
- This exclusion does not apply to:
1. liability assumed by an **insured** under **insured contract**; or
 2. **bodily injury** arising out of and in the course of domestic employment unless benefits for such injury are in whole or in part either payable or required to be provided under any workers' compensation benefits.

Only with respect to coverage provided under this endorsement, the Damage to Property exclusion in the Exclusions section of the General Liability Coverage Part is deleted and replaced with the following:

DAMAGE TO PROPERTY

Property damage to:

1. property owned or being transported by, or rented leased, or loaned to any **insured**.
2. property in the care, custody, or control of any **insured**.

Only with respect to coverage provided under this endorsement, the following persons and organizations are added to the definition of **insureds** in the Definition section of the Common Policy Provisions and Conditions:

1. any person using a **hired auto** with an **insured's** permission;
2. with respect to a **non-owned auto**, any partner or executive officer of an **insured**, but only while such **non-owned auto** is being used on behalf of the **insured**; and
3. any other person or organization, but only with respect to their liability because of acts or omissions of an **insured** otherwise covered under the Bodily Injury and Property Damage Insuring Clause, or the acts of **insured** as defined under subparagraphs 1 and 2 above.

Only with respect to coverage provided under this endorsement, the following persons and organizations are not **insureds**, notwithstanding any provision to the contrary in the Definition section of the Common Policy Provisions and Conditions:

1. any person engaged in the business of his or her employer with respect to **bodily injury** to any co-employee of such person injured in the course of employment, or consequential injury to any relative of such co-employee, or for any obligation to reimburse a third party as the result of the **bodily injury** to the co-employee;
2. any partner, executive officer or manager (if the **insured** is a limited liability company) with respect to any **auto** owned by such partner or officer or a member of his or her household;
3. any person while employed in or otherwise engaged in performing duties related to the conduct of an **auto business** other than an **auto business** operated by the **insured**;
4. the owner or lessee (of whom the **insured** is a sublessee) of a **hired auto** or the owner of a **non-owned auto** or any agent of **employee** of any such owner or lessee; or
5. any person or organization with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not an **insured**.

Only with respect to coverage provided under this endorsement, the following definitions apply:

Auto business means the business or occupation of selling, repairing, servicing, storing or parking **autos**.

Hired auto means any **auto** an **insured** leases, hires, rents or borrows on a temporary, occasional or infrequent basis. It does not include any **auto** the **insured** leases, hires, rents or borrows from:

1. any of the **insured's employees** or members of their households; or
2. partners, executive officers or managers (if the **insured** is a limited liability company) or members of their households.

Non-owned auto means any **auto** the **insured** does not own, lease, hire or borrow which is used in connection with the **insured's** operations. However, if the **insured** is a partnership, a **non-owned auto** does not include any **auto** owned by any partner.

Tort liability means liability that would have been imposed by law in the absence of any contract or agreement.

All other terms and conditions of the policy remain unchanged.



Issuing Company:
The Medical Protective Company
Fort Wayne, Indiana

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Endorsement No.:	
Forming Part of Policy No.:	H003788
Issued to:	Mangum City Hospital Authority
Effective Date of Endorsement:	04/21/2022 at 12:01 a.m. at the address of the First Named Insured stated herein.

**HEALTHCARE LIABILITY POLICY
 CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM ENDORSEMENT
 (GENERAL LIABILITY)**

In consideration of the payment of the additional premium due, if any, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree to amend the policy as follows:

The following provision is added to the Limits of Liability section of the General Liability Coverage Part:

CERTIFIED ACTS OF TERRORISM

If losses covered by insurance that are attributable to **certified acts of terrorism** in a calendar year exceed \$100 billion in the aggregate, and the **company** has met its deductible amount under the **TRIA Act** for that calendar year, the **company** shall not be liable for the payment of ~~any~~ portion of the amount of such losses that exceeds \$100 billion. In such case, the losses are subject to pro rata allocation in accordance with the procedures established by the Secretary of the Treasury.

Only with respect to coverage provided under the General Liability Coverage Part, the following definitions are added to the Definitions section of the Common Policy Provisions and Conditions:

Certified act of terrorism means an act that is certified by the Secretary of the Treasury in accordance with the provisions of the **TRIA Act**, to be an act of terrorism pursuant to the **TRIA Act**. The **TRIA Act** sets forth the following criteria for a **certified act of terrorism**:

1. The act resulted in losses covered by insurance in excess of \$5,000,000 in the aggregate, attributable to all types of insurance subject to the **TRIA Act**;
 2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals 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. The act must have resulted in damage within the United States including its territories and possessions and Puerto Rico, or outside the United States in cases of an air carrier or vessel meeting the definitions of such as provided in the **TRIA Act**, or the premises of a United States mission; and
 3. No act of terrorism shall be certified if the act is committed as a part of the course of a war declared by Congress.
- TRIA Act** means the federal Terrorism Risk Insurance Act of 2002, as extended on December 22, 2005, and amended on December 31, 2007 and January 12, 2015, and reauthorized on December 20, 2019.

All other terms and conditions of the policy remain unchanged.



Issuing Company:
The Medical Protective Company
Fort Wayne, Indiana

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Endorsement No.:

Forming Part of Policy No.: H003788

Issued to: Mangum City Hospital Authority

Effective Date of Endorsement: 04/21/2022 at 12:01 a.m. at the address of the First Named Insured stated herein.

**HEALTHCARE LIABILITY POLICY
 OKLAHOMA AMENDATORY ENDORSEMENT**

In consideration of the payment of the additional premium due, if any, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree to amend the policy as follows:

The Economic Sanctions Exclusion in the Exclusions section of the Common Policy Provisions and Conditions is deleted and replaced with the following:

ECONOMIC SANCTIONS EXCLUSION

Whenever coverage provided by this policy would be in violation of any U.S. economic trade sanctions such as, but not limited to, those sanctions administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control, such coverage shall be null and voidable. Similarly, any coverage relating to or referred to in any certificates or other evidences of insurance or any **claim** or **potential claim** that would be in violation of U.S. economic or trade sanctions as described above shall also be null and voidable.

The Fraudulent Claims Exclusion in the Exclusions section of the Common Policy Provisions and Conditions is deleted and replaced with the following:

FRAUDULENT CLAIMS

Any **claim** or **potential claim** made by an **insured** who knows that the **claim** or **potential claim** is false or fraudulent, as regards to amount or otherwise; additionally, this policy shall become voidable and all **claims** and **potential claims** hereunder shall be forfeited.

The Cancellation, Nonrenewal and/or Termination of Coverage condition in the Conditions section of the Common Policy Provisions and Conditions is deleted and replaced with the following:

CANCELLATION, NONRENEWAL AND/OR TERMINATION OF COVERAGE

1. This policy may be canceled by the **first named insured**. The **first named insured** shall provide written notice to the **company** requesting cancellation. The cancellation shall be effective on the date requested by the **first named insured** or the date the notice is received by the **company**, whichever is later.
2. Any coverage contained within this policy may be terminated by the **first named insured**. The **first named insured** shall provide written notice to the **company** requesting the coverage termination. The termination shall be effective on the date requested by the **first named insured** or the date the notice is received by the **company**, whichever is later.
3. If the **first named insured** cancels this policy, or terminates any coverage contained therein, earned premium shall be computed in accordance with the standard short rate tables and procedure. If the **company** cancels this policy, or terminates any coverage contained therein, earned premium shall be computed pro rata. Premium

adjustments shall be made within a reasonable period of time after cancellation. However, payment or tender of unearned premium shall not be a condition of cancellation.

4. This policy, or any coverage contained therein, may also be canceled or terminated by the **company**. The **company** will provide written notice to the **first named insured** at the last address on record with the **company** not less than 10 days prior to the effective date of such cancellation if the reason for cancellation is nonpayment of premium. If the cancellation is for any reason other than nonpayment of premium, the **company** will provide written notice to the **first named insured** at the last address on record with the **company** not less than 45 days prior to the effective date of such cancellation.

5. If the policy is in place for less than 45 business days and is not a renewal policy, the **company** may cancel the policy for any reason. If the policy is in place for 45 business days or longer, or is a renewal policy, the **company** may only cancel the policy for one or more of the following reasons:

- a. nonpayment of premium;
 - b. discovery of fraud or material misrepresentation in the procurement of the insurance or with respect to any **claims** or **potential claims** submitted thereunder;
 - c. discovery of willful or reckless acts or omissions by an **insured** which increases any hazard insured against;
 - d. the occurrence of a change in the risk which substantially increases any hazard insured against after the coverage has been issued or renewed;
 - e. a violation of any federal, state or local fire, health, safety, building or construction regulation or ordinance with respect to any insured property or the occupancy thereof which substantially increases any hazard insured against;
 - f. a determination by the Oklahoma Commissioner of Insurance that the continuation of the policy would place the **company** in violation of the state's insurance laws;
 - g. an **insured's** conviction of a crime having as one of its necessary elements an act increasing any hazard insured against; or
 - h. **loss** or substantial changes in the **company's** reinsurance.
6. This policy may be nonrenewed by the **company** by providing written notice of the nonrenewal to the **first named insured** at the last known address not less than 45 days prior to the expiration date provided in the policy. If the notice is provided less than 45 days before the end of the **policy period**, the **policy period** shall be extended until 45 days after the notice was provided. Earned premium for such an extension of coverage shall be calculated pro rata based upon the rate applicable at the beginning of the **policy period**. However, no notice is required if:
 - a. the **company** has offered to renew the policy;
 - b. the **insured** obtained replacement coverage;
 - c. the **insured** has agreed in writing to obtain replacement coverage; or
 - d. the **insured** has agreed in writing to obtain replacement coverage.

7. The **company** will provide notice to the **first named insured** at least 45 days prior to the end of the **policy period** if the **company** intends to condition renewal upon:

- a. an increase in premium;
- b. a change in the deductible;
- c. a reduction in the limits of insurance; or
- d. a reduction in the coverage offered.

If the notice required under this subparagraph is provided less than 45 days prior to the end of the **policy period**, the policy shall remain in effect without change until 45 days after the notice is given, or the effective date of any replacement coverage obtained by the **insured**, whichever occurs first. If the **insured** elects not to renew, earned premium for any extension of the **policy period** shall be calculated pro rata based upon the rate applicable at the beginning of the **policy period**. If the **insured** accepts the change(s), the change(s) shall become effective at the beginning of the new **policy period**. However, no advance notice shall be required for changes:

- a. in a rate or plan filed with or approved by the Insurance Commissioner, or filed pursuant to the Property and Casualty Competitive Loss Cost Rating Act and applicable to an entire class of business;
 - b. based upon the altered nature of the extent of the risk insured; or
 - c. in policy forms filed with or approved by the Oklahoma Insurance Commissioner and applicable to an entire class of business.
8. If the **company** cancels or nonrenews an **insured's** policy, the **insured's** coverage under that policy shall terminate on the earlier of:
 - a. the date stated on the cancellation or nonrenewal notice; or
 - b. the date the **insured** procures replacement coverage.

The Fraud Warning condition in the Conditions section of the Common Policy Provisions and Conditions is deleted and replaced with the following:

OKLAHOMA FRAUD WARNING

WARNING: Any person who knowingly, and with an intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

The Representations condition in the Conditions section of the Common Policy Provisions and Conditions is deleted and replaced with the following:

REPRESENTATIONS

1. By acceptance of this policy, each **insured** agrees and represents that the statements and particulars made in all applications, including any **statements and particulars made in any and all documents, supplemental pages or other attachments for the purposes of any application**, are true and correct. It is further understood and agreed that any application and attachments are incorporated into, and shall form a part of, this policy. Therefore, this policy and any endorsements hereto, and all applications and attachments, embody all agreements between the **company** and any of its authorized representatives, and all **insureds** relating to this insurance.
2. In the event any application was executed or endorsed by an **insured's** insurance producer, the **insured** acknowledges that the insurance producer has acted under the **insured's** express authority and that the **insured** has thoroughly reviewed the information contained on any application.
3. The representations made by an **insured** in the applications and attachments are the basis for the coverage provided, as well as the **company's** calculation of the applicable premium. Therefore, it is understood and agreed that, to the extent permitted by law, the **company** reserves all rights, including the right to rescind this policy, or deny any coverage provided for a **claim or potential claim**, based upon any material misrepresentation made by any **insured**. As used in this condition, "material misrepresentation" means concealment, misrepresentation, omission or fraud which, if known by the **company**, would have led to refusal by the **company** to make this contract or provide coverage, or to make this contract or provide coverage on different terms or conditions.
4. No knowledge or information possessed by any **insured** shall be imputed to any other **insured**, except for material facts or information known to the person or persons who signed the application. In the event of any material misrepresentation in connection with any of the particulars or statements in the application, this policy shall be voidable with respect to any **insured** who knew of such material misrepresentation or to whom such knowledge is imputed.

The following condition is added to the Conditions section of the Common Policy Provisions and Conditions:

ADDRESS OF COMPANY

The **company** is located at 5814 Reed Road, Fort Wayne, Indiana, 46835.

The following provision is added to the Optional Extended Reporting Period provision of the Extended Reporting Period condition of the Conditions section of the Common Policy Provisions and Conditions:

The **company** has no duty to make an offer for an **extended reporting period** if the policy is cancelled for material misrepresentation, fraud or nonpayment of premium.

All other terms and conditions of the policy remain unchanged.

Draft



Coverage for the following is provided at no additional cost:

Disciplinary Proceedings Legal Expense	\$10,000 Aggregate
Emergency Evacuation Expense	\$25,000 Aggregate
Media Expense	\$25,000 Aggregate

Cyber Liability has been included with limits of \$100,000 each claim/aggregate. This coverage form will require a \$2,500 deductible and is provided at no additional cost. Higher limits of liability may be obtained for additional premium through the THIE partnership with Tokio Marine Houston Casualty Company; 800/792-0060.

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Payment Information:

1. Premiums are financed interest free through First Insurance Funding (FIF).
2. All premium payments will be made to FIF, see attachment for payment options, including paperless billing.
3. Signed *Premium Finance Agreement* with 15% down payment OR payment in full is due to FIF by April 21, 2022.
4. Deductibles will be billed separately and payable to THIE.

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SUBJECTIVITIES

1. Copy of current policy with MedPro and all endorsements prior to binding.

COMMENTS

- 1 This quote is valid until April 21, 2022.
- 2 Risk management services are provided to THIE insureds free of charge. Please see attached information on education for employed physicians through the THIE partnership with Med-IQ.
- 3 Defense costs are in addition to the limits of liability. THIE allows the insured choice of counsel. THIE uses ISO Commercial General Liability forms. THIE will have a duty to defend Sexual Misconduct under Coverage B – Personal and Advertising Injury Liability. Our duty to defend will cease if the conduct is eventually proven to be criminal and intentional.
- 4 The Medical Professional policy includes a consent to settle clause which can be found in the Insuring Agreement Section, Page 1 – 1.B. “... We may conduct an investigation and, with your written consent, settle any claim or suit as we deem expedient.”
- 5 The Medical Professional policy provides coverage for physicians serving as medical director and or other administrative services listed. Coverage is extended to employed mid-levels (PA,CRNA,...) at no additional charge.
- 6 Deductibles will not apply to General Liability Coverage.

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Professional Liability Forms:

PL0 00 00 05 17 – Common Declarations, PLO 01 05 17 – MPL Declarations, PLO 00 02 04 20 – Medical Professional Liability Coverage Part, PL 00 03 05 17 – Cancellation Non-Renewal Premium Increase, PL 00 04 05 17 – Excluded Patients, PL 00 05 01 14 – No Contingent Liability, PL 00 08 05 16 – Disciplinary Proceedings Legal Expense, PL 00 09 09 17 – Emergency Evacuation Expenses, PLO 00 10 05 17 – Participating Subscriber, PLO 00 11 05 17 Media Expenses, THIE Cyber



Mangum Pg 3

General Liability (ISO) Forms:

CG 00 01 04 13 – Insuring Agreement, CG 01 09 11 85 – Oklahoma Changes, CG 04 35 12 07 – Employee Benefits, CG21 06 05 14 – Exclusion – Access or Disclosure of Confidential Data, CG 21 47 12 07 – Employment related practices Exclusion, CG 22 11 01 12 – Patient Exclusion, CG 22 69 04 13 – Druggists, CG 24 07 01 96 – Products & Completed Operations, CG 25 08 07 98 – Oklahoma Changes Per Claimant limits, CG P 015 04 13 – Multistate forms revision, IL 00 17 11 98 – Common Policy Conditions, IL 00 21 09 08 – Nuclear Energy Liability Exclusion, IL 01 79 10 02 – Oklahoma Notice, IL 02 36 09 07 – Oklahoma changes – Cancellation and non-renewal, OK IL 00 07 17 Common Policy Declarations.

PREPARED BY:

Date:

Dan Andersen

February 18, 2022

Dan Andersen
Vice President—Underwriting
dandersen@thie.com

- ☐ Employee Benefits Liability Coverage is requested.
- ☐ Optional Terrorism Coverage is requested.
- ☐ Optional Terrorism Coverage is not needed.

Deductible option # _____ premium \$ _____

General Liability premium \$ _____

Optional Employee Benefits Coverage \$ _____

Optional Terrorism Coverage premium \$ _____

Total Premium \$ _____

PROPOSAL ACCEPTED BY:

Date:

Named Insured Representative

Signature

WHO WE ARE

For over 40 years, THIE has delivered exceptional insurance coverage to medical professionals, hospitals, and other healthcare facilities.

As a reciprocal exchange, THIE is owned by its subscribers. This ensures a mutual commitment to **lowering costs, limiting claims and maintaining a safe workplace.**

Subscribers share profits and losses in the same proportion as the amount of insurance they purchase, so premiums paid become an investment.

We are more than just an insurance company, **we are a partner.**

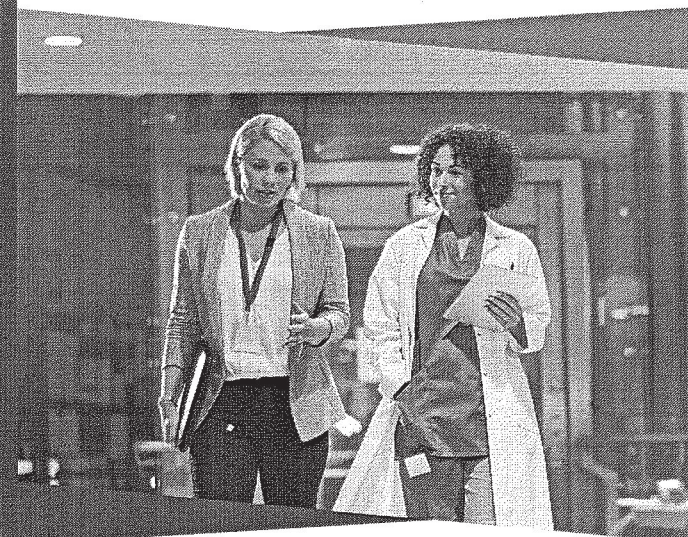
CONTACT US

Contact us today to learn how THIE can help your healthcare facility lower costs, limit claims, and create a safer workplace.

8310 N. Capital of Texas Hwy
Building 1, Suite 250
Austin, TX 78731

(512) 451-5775

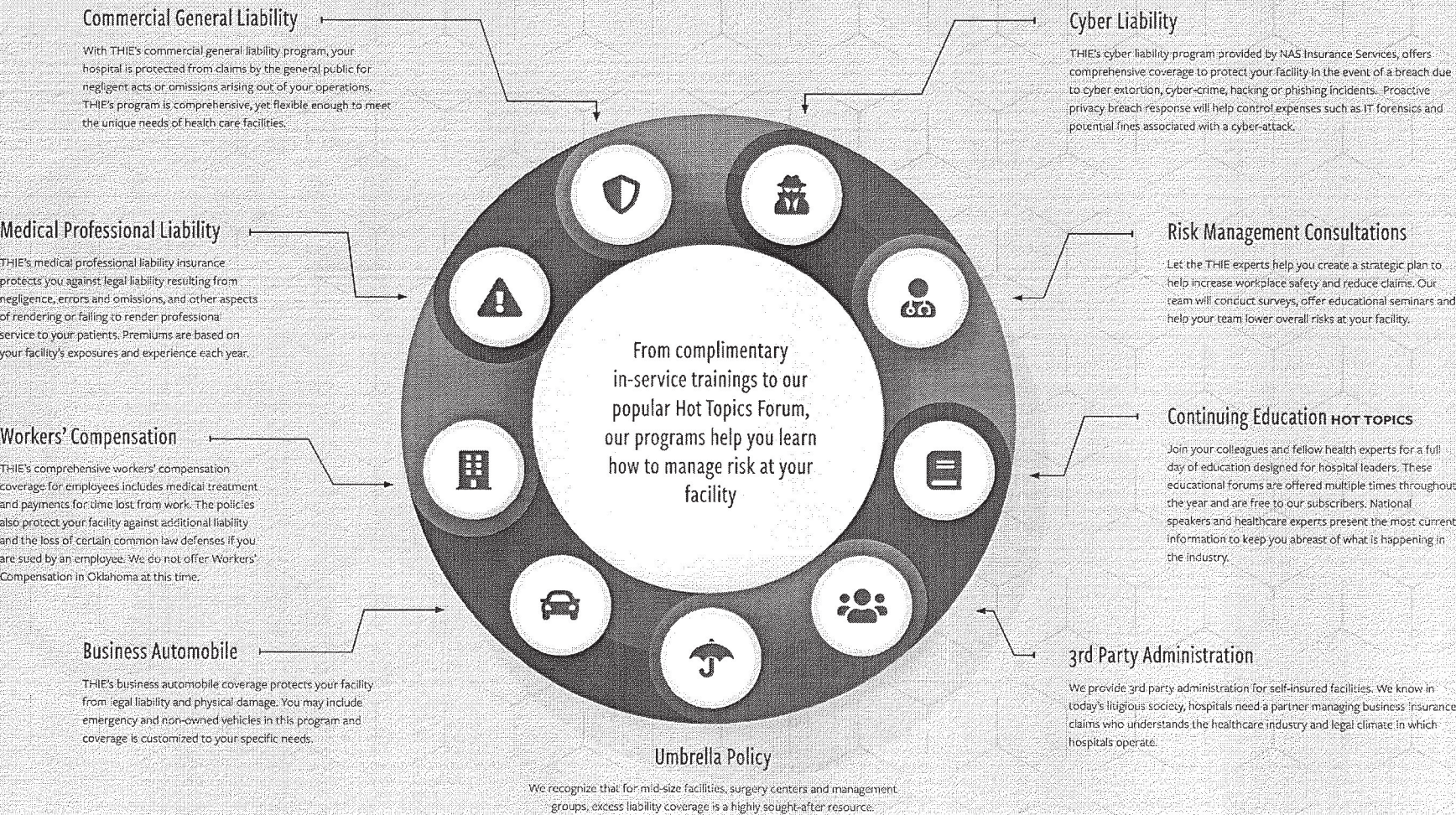
thie.com



*Insurance coverage
you deserve
from the insurance company
you own.*

WHAT WE OFFER

When a crisis arises, we offer protection and guidance. All recommendations are based on leading-edge research and data analysis used to track trends and apply best practices. We know you can't do it alone, that's why **we offer education to our subscribers at no cost.**



SUBSCRIBER'S AGREEMENT AND POWER OF ATTORNEY

TEXAS HOSPITAL INSURANCE EXCHANGE

of which

TEXAS HOSPITAL INSURANCE NETWORK is ATTORNEY-IN-FACT

PREAMBLE

WHEREAS, Mangum City Hospital Authority (hereinafter referred to as the Subscriber), a Subscriber of Texas Hospital Insurance Exchange (hereinafter referred to as the "Exchange"), in order to provide for the management of its business as such Subscriber, subject to the right of the Board of Directors to exercise all powers and authority given the Board of Directors by this Agreement, the Exchange Bylaws, and by law to direct the activities of the Exchange, considers it wise and to its advantage to adopt these articles and enter into this Subscriber's Agreement and Power of Attorney (hereinafter referred to as the "Subscriber's Agreement" or the "Agreement"); and

WHEREAS, the Subscriber is desirous of participating in a program of insurance coverage which provides for policy formulation by subscribers through their Board of Directors in the areas of rates, policies and procedures in accordance with the demonstrated needs and requirements of the insureds through the reciprocal exchange of indemnity or insurance contracts; and

WHEREAS, the Subscriber recognizes a need to provide a program of adequate and acceptable insurance coverage at a cost which is realistic and reasonable; and

WHEREAS, the Subscriber recognizes that this Agreement constitutes the charter and governing document of the Exchange and agrees that the Exchange shall be governed by a Board of Directors as set forth herein.

ADDITIONAL DOCUMENTS THAT FORM THE AGREEMENT

The Subscriber agrees that the following documents are incorporated in their entirety and made a part of this Subscriber's Agreement and Power of Attorney by reference as if fully set forth herein, and Subscriber further agrees to follow and be bound by the following documents in their entirety and as they may be amended from time to time by the Board of Directors of the Exchange: 1) Texas Hospital Insurance Exchange Bylaws; 2) Texas Hospital Insurance Exchange Policy on Subscriber Accounts and Distributions from Subscriber Savings Credit Accounts to Discontinuing Subscribers Resolution of the Board of Directors. A copy of these documents shall be provided to any Subscriber upon written request.

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ARTICLE I APPOINTMENT OF ATTORNEY-IN-FACT

NOW, THEREFORE, the Subscriber hereby agrees to the terms of this Agreement and appoints Texas Hospital Insurance Network, a Texas corporation, with its principal place of business in Austin, Travis County, Texas, as its Attorney-in-Fact, to carry out the purposes and objectives set forth in this Agreement, and to sign contracts of indemnity or insurance in the name of the Exchange, in its behalf. The Subscriber also agrees that in case of the dissolution, resignation, removal or withdrawal of said corporation as Attorney-in-Fact, the Board of Directors hereinafter provided for, shall nominate and appoint a successor Attorney-in-Fact for and on behalf of each Subscriber and this Agreement will be binding on Subscriber as to any successor Attorney-in-Fact.

ARTICLE II CONTRACTS OF INSURANCE

The Attorney-in-Fact shall, while acting in such capacity as Attorney-in-Fact, have power for the Exchange to insure hospitals, hospital and healthcare systems, and other hospital-affiliated entities and healthcare providers, and such other entities, organizations or persons as may be authorized under the Bylaws or by the Board of Directors against loss or liability of every kind, nature or description, as may be authorized and permitted by law, and to issue contracts of indemnity or insurance in our behalf covering any or all such loss, liability or liabilities, subject to the provisions contained herein.

ARTICLE III DUTIES OF ATTORNEY-IN-FACT

The Attorney-in-Fact shall have the following duties and is hereby authorized, empowered, and directed to perform such duties in accordance with policies established by the Board of Directors, as may be changed from time to time:

1. To sign contracts of indemnity or insurance and any other documents by one signature of its own name as acting for all the subscribers of the Exchange; to make such contracts subject to such terms as it shall deem proper, change or modify such terms and cancel 2014 SAPOA

all or any part of such contracts, subject to such underwriting standards as may be adopted by the Board of Directors or appropriate committee thereof; to bind risks by temporary binder; to issue such contracts to subscribers only; and to accept reinsurance, to retrocede reinsurance or to cede reinsurance.

2. To provide and/or supervise all insurance claims handling, including the payment, compromise of and/or denial thereof, to receive and give all notices, accept service of process for the Exchange, receive proofs of loss, recover amounts due under all insurance or reinsurance agreements, and enforce payment by suit, in its own name or otherwise, of any premium or other payment due the Exchange, and institute, defend, arbitrate, mediate and settle any suit or other proceeding as directed by the Board of Directors.

3. To endorse all checks, drafts and other papers drawn to the order of the Exchange and deposit the same to its account as such Attorney-in-Fact, and disburse from such funds of the Exchange all amounts necessary to administer the Exchange, including but not limited to the costs of securing, issuing, exchanging and administering contracts of indemnity, insurance or reinsurance, the cost of reinsurance, agency or broker fees and commissions, risk management and loss prevention expenses, collection expenses, investment expenses, loss adjustment expenses, damages, judgments, court costs, legal expenses, license fees, taxes, inspection expenses and expenses of annual and special meetings, audits, examinations, rating bureaus, insurance trade and service organizations, and bonds as required herein, and all other operating expenses of the Exchange and its compensation as hereinafter provided.

4. To invest and reinvest assets of the Exchange as may from time to time be required or desirable in accordance with policies established by the Board of Directors, and to maintain necessary reserve funds of not less than legal requirements in cash or securities as provided by law.

5. To appoint the Commissioner of Insurance of Texas and his/her successor or successors in office, and persons in other states, as may be required under applicable law, to accept on his/her behalf service of process in

any suit or proceeding arising out of the contracts of indemnity or insurance.

6. To execute and file any and all instruments and papers, and do any and all acts required by the laws of the State of Texas and any other jurisdiction where the Exchange may be licensed or registered to transact business.

7. To keep in its principal office a current list of all Subscribers, which shall be available to the Board of Directors.

8. To maintain all of the Exchange's books and records, including the minutes of all meetings of the Board of Directors, and to maintain all insurance records customary to the operation of the insurance business, and to keep a separate account, in the name of the Exchange, of all financial transactions conducted by it on behalf of the Exchange, and to render to the Board of Directors when required by the Board of Directors, an account of all transactions and the financial condition of the Exchange and to provide for an annual audit certified by an independent certified public accountant.

9. To pay to each member of the Board of Directors' expenses for to the affairs of the Exchange and such other expenses or allowances as may be prescribed by the Board of Directors.

10. To file with the Commissioner of Insurance of Texas a bond payable to the State of Texas, executed by the Attorney-In-Fact and by a duly authorized corporate surety, or deposit securities in such amount and containing such terms and conditions, as may be required by applicable law, and to post bonds or deposits in other states as may be required by applicable law.

11. In general, to do and perform for the Subscriber and the Exchange, every other act and thing and execute any and all papers in relation to any transaction made by it by virtue hereof or by direction of the Board of Directors, which the Subscriber or the Exchange could do or execute personally.

ARTICLE IV

COMPENSATION OF ATTORNEY-IN-FACT AND EXPENSE REIMBURSEMENT

1. The Attorney-in-Fact shall be reimbursed for the actual expenses and costs it incurs in performing the services for and on behalf of the Exchange required herein and in addition shall receive a fixed management fee in an amount determined by the Board of Directors in its discretion and as may be amended from time to time as set out in the Management Agreement of Attorney-In-Fact for the Texas Hospital Insurance Exchange, provided that, in no event shall the Attorney-in-Fact receive more than 20% of all the gross written premiums of the Exchange in any one calendar year.

The Attorney-in-Fact is specifically authorized to contract, subcontract, or otherwise enter into contracts or agreements for the purpose of securing and obtaining such services, consultation, and advice, as it may deem necessary or desirable in fulfilling its obligations under this agreement and power of attorney, subject to the approval or disapproval of the Board of Directors.

ARTICLE V DEFINITION OF SUBSCRIBER; SUBSCRIBER CLASSES

1. **Subscriber.** The term "Subscriber" is defined in Ch. 942 of the Texas Insurance Code and can include any entities, organizations, and persons that are authorized under the Bylaws or otherwise approved or allowed by the Board of Directors, which have executed a Subscriber's Agreement and Power of Attorney, which are insured by the exchange of contracts of indemnity or insurance with others through the Exchange, and which are identified as the "First Named Insured" on the insurance agreement or policy. The term "Subscriber" shall include a "Discontinuing Subscriber" (also referred to in the Exchange Bylaws as Inactive Participating Subscribers) and "Withdrawn Subscriber" as defined in the Policy on Subscriber Accounts and Distributions from Subscriber Savings Credit Accounts to Discontinuing Subscribers Resolution of the Board of Director; provided however, Discontinuing Subscribers and Withdrawn Subscribers shall not have all of the rights of Subscribers and shall have only those rights as set forth specifically herein and in the aforementioned Policy. Discontinuing

Subscribers and Withdrawn Subscribers shall continue to be obligated as Subscribers hereunder as set forth herein. If a Subscriber is a corporate or governmental entity, it shall be represented by the duly designated representative selected by the corporate or governmental entity.

2. Subscribership Classes. The Subscribers of the Exchange are divided into two classes. "Participating Subscribers" shall consist of those entities, organizations or persons defined as such in the Bylaws, as may be amended from time to time. "Non-Participating Subscribers" shall consist of those persons, entities or organizations defined as such in the Bylaws, as may be amended from time to time. Subscriptions for Participating Subscribers shall be maintained for Participating Subscribers. Subscriber equity accounts shall not be maintained for Non-Participating Subscribers and Non-Participating Subscribers agree to waive and hereby do waive any rights to have savings credited to subscriber equity accounts on their behalf. Participating Subscribers and Non-Participating Subscribers hereby acknowledge and agree that any and all profits and losses attributable to Non-Participating Subscribers may be allocated among the Participating Subscribers pursuant to an equity allocation plan or formula adopted by the Board of Directors of the Exchange, as may be amended from time to time. Participating Subscribers that are not Discontinuing Subscribers or Withdrawn Subscribers shall be entitled to vote for directors and on all other matters they are authorized to vote upon under the Bylaws. Non-Participating Subscribers and any Participating Subscriber that becomes a Discontinuing Subscriber or a Withdrawn Subscriber shall not be entitled to vote for directors or on any matter.

3. Term of Subscribership. An entity, organization or person becomes or became a Subscriber of the Exchange at the time and on the date such Subscriber executes or executed an Exchange Subscriber's Agreement and Power of Attorney. Such Subscriber remains a Subscriber until (1) such time as such Subscriber is no longer insured as a First Named Insured under an Exchange then current policy year issued in force insurance policy and (2) all policy years for which such Subscriber was issued an insurance policy and which were subject to adjustment have been deemed final 2014 SAPOA

and closed by the Exchange's Board of Directors, in which case such Subscriber shall no longer be a Subscriber and shall no longer be subject to the Subscriber's Agreement and Power of Attorney which shall be terminated. An entity, organization or person which signs a Subscriber's Agreement and Power of Attorney but is not issued a policy within 60 days thereafter shall not be a Subscriber and such Subscriber's Agreement shall be void.

ARTICLE VI SUBSCRIBER ACCOUNT PROVISIONS

1. Subscriber Equity Accounts. The Exchange may maintain the following three equity accounts for Participating Subscribers: (1) a Capital Account that is comprised of the surplus contributions made by a Subscriber; (2) a Subscriber Savings Account that will be comprised of the statutory savings of the Exchange credited to a Subscriber pursuant to section 832(f) of the Internal Revenue Code; and (3) a Surplus Account that will be comprised of allocations of credits and debits not otherwise reflected in the Capital Account or Subscriber Savings Account. All three accounts are accounting entries on the books and records of the Exchange and are not separate financial accounts. All three accounts may reflect such allocation and reallocation of credits and debits made by the Board of Directors from time to time in its discretion. Subscriber understands and agrees that it is not entitled to be paid or withdraw any amounts from Subscriber Equity Accounts and has no right to demand funds from such accounts except when and in such amounts specifically declared and approved by the Board of Directors of the Exchange or as otherwise allowed by the Policy on Subscriber Accounts and Distributions from Subscriber Savings Credit Accounts to Discontinuing Subscribers. Subscriber understands and agrees that its equity accounts are subject to risk of partial or total diminution, total loss, and reduction, absorption or adjustment for future losses, or due to the results of the Exchange's underwriting, investment or other business activity, including losses of the Exchange and/or Subscribers. All subscriber equity accounts of a Subscriber may be debited for negative balances resulting in other subscriber equity accounts of such Subscriber or other Subscribers of the Exchange. In addition, all subscriber equity accounts of a Subscriber may be debited for any amount due and owing to the

Exchange by such Subscriber, including but not limited to unpaid premiums, unpaid deductibles, and as otherwise determined by the Board in its sole discretion. Further details regarding these accounts and the rights and duties of the Subscribers are set forth in the Policy on Subscriber Accounts and Distributions from Subscriber Savings Credit Accounts to Discontinuing Subscribers.

ARTICLE VII **GENERAL PROVISIONS**

1. Attorney-in-Fact shall not bind the Subscriber by the obligations of any other Subscriber, but for itself alone, and shall have no power to make the Subscriber jointly liable with any other Subscriber and every liability of whatever nature which is authorized to be insured for Subscriber hereunder is in every case separate and not joint.

2. It is expressly understood that Subscribers incur no financial obligation relating to this reciprocal insurance exchange except as follows: (a) insurance premiums as determined by the Exchange, and, in the case of Participating Subscribers (b) a surplus contribution under such provisions and in such amounts as may be approved by the Board of Directors, but in no event to exceed 100% of the annual premiums payable for insurance, and (c) amounts for unpaid deductibles arising under the insurance, any amounts provided in the Policy on Subscriber Accounts and Distributions from Subscriber Savings Credit Accounts to Discontinuing Subscribers, and such other amounts specifically authorized in this Agreement, provided that, there will be no liability for surplus contributions if the unencumbered surplus of the Exchange does not fall below the amount required by Section 942.152 of the Texas Insurance Code, as amended.

3. This Agreement is expressly limited to the use and purposes herein defined and specified and no other. The power of attorney to the Attorney-in-Fact shall be and hereby is limited to uses contemplated, expressed, and related to matters in this Agreement.

4. Proposed modification of the terms of the Subscriber's Agreement and Power of

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Attorney shall be made by the Board of Directors.

5. Each Subscriber shall make prompt payment of all contributions, premiums and assessments as required by the Exchange. The term "premium" as used herein means the amount payable by the Subscriber under the terms of indemnity or insurance contracts issued to the Subscriber, including all fees.

6. Subject to the laws of Texas and notwithstanding any provision in this Agreement to the contrary, if the exchange of contracts of indemnity or insurance is discontinued, the Attorney-in-Fact shall pay each Subscriber insured by the Exchange an equitable share of all assets after the full satisfaction of all liabilities of the Exchange, and after the payment of the Capital Accounts, Subscriber Savings Accounts, and Surplus Accounts which payment to Subscriber shall be in full satisfaction of all rights and interest of Subscriber. Any savings or credits to be paid subscribers shall be distributed on an equitable basis and at such time as may be determined by the Board of Directors and in compliance with Texas law.

7. Subscribers, by the Board of Directors, may be divided into classes or groups in accordance with the nature of their business, the geographic location of their business, the risk or liabilities assumed, their loss experiences, or such other criteria deemed appropriate by the Board of Directors. The premiums charged and the losses and expenses incurred may be allocated on a group or class basis under the direction and at the discretion of the Board of Directors.

8. Each Subscriber agrees to initiate and maintain a safety and loss control program and agrees to follow the general recommendations of the Exchange and the Attorney-In-Fact in that regard. However, each Subscriber shall remain solely responsible for all decisions concerning its safety and loss control program and practices.

9. Indemnification. Directors of the Exchange shall be indemnified by the Exchange to the fullest extent now or hereafter permitted by law in connection with any actual or threatened action or proceedings (including civil, criminal, administrative, or investigative proceedings) arising out of their service to the

Exchange or to another organization at the Exchange's request and as more fully set out in the Bylaws of the Exchange.

10. The Subscriber, by execution hereof, does hereby agree to accept and be bound by all the terms and conditions hereof and to comply with, and make payment as required by, all contracts of indemnity or insurance issued by the Attorney-in-Fact pursuant to the authority delegated hereunder.

11. Returns of capital and savings distributions declared to be made by the Exchange to a Subscriber are subject to and contingent upon receiving any and all approvals necessary from the Texas Department of Insurance and any and all other regulatory and other approvals required by law.

12. In any suit or other proceeding arising from or related to this Agreement or Subscriber's participation in the Exchange, (that is not a dispute concerning coverage under an

insurance policy issued by the Exchange, which such dispute shall not be governed by this provision), the prevailing party(ies), as applicable, shall recover all reasonable costs and expenses, including without limitation reasonable attorneys', accountants', experts' and consulting fees, incurred by the prevailing party(ies) in and/or related to such legal action or other legal proceeding.

13. Subscriber agrees that the execution of this Subscriber's Agreement and Power of Attorney supersedes any previously executed Subscriber's Agreement and Power of Attorney executed in favor of the Exchange. The terms and conditions hereof shall take effect upon execution by the Subscriber.

IN CONSIDERATION OF THE PREMISES, the undersigned Subscriber does hereby covenant and agree that it will fully and faithfully carry out, execute and perform everything which the Attorney-in-Fact shall by virtue hereof bind it, and in the same manner hereby ratifies all that it may lawfully do or cause to be done by virtue hereof.

PARTICIPATING SUBSCRIBER

IN WITNESS WHEREOF, the Subscriber has caused these presents to be executed by its proper officer effective 21st day of April 2022.

Mangum City Hospital Authority

Name (Subscriber)

By: _____

Signature _____

Name and Title

TEXAS HOSPITAL INSURANCE NETWORK

By: _____

Date: April 21, 2022

President
Subscriber's Agreement and Power of Attorney



Commercial Auto Proposal

Please note this is a brief overview of the coverage provided by the THE Commercial Auto coverage. For a complete description of coverage and or exclusions, please refer to the policy

First Named Insured: Mangum City Hospital Authority.

Carrier: THE, an Oklahoma Admitted Carrier since 2017

Agent: OHA Insurance Agency

Policy Period: April 21, 2022 TO April 21, 2023

New Business: QOAL004506-01

Limits of Liability:

Hired & Non-Owned Liability \$ 1,000,000 Combined Single Limits

Annual Premium: \$ 761.00

COMMENTS

1. This quote is valid until April 21, 2022.
2. Interest-Free Premium Payment Plan available via First Insurance Funding.
3. Subject to acceptable MVRs. We encourage you to run MVRs on all prospective employees who may drive for you prior to an offer for employment and to establish a policy on acceptable driving record. MVRs should be reviewed periodically for any employee who drives on hospital business.

PREPARED BY:

Dan Andersen

Date: February 23, 2022

Dan Andersen, Vice President - Underwriting
dandersen@thie.com

 We accept this proposal to be effective April 21, 2022 .

By: _____

Named Insured Representative

_____ Date