



Agenda

Mangum City Hospital Authority

August 23, 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 August 23, 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 July 26, 2022 MCHA meeting minutes.
2. Approve July 14, 2022 Quality meeting minutes.
3. Approve July 21, 2022 Medical Staff meeting minutes.
4. Approve July 2022 claims and September 2022 estimated claims.

FURTHER DISCUSSION

REMARKS

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

REPORTS

5. July 2022 Financial Report
6. July 2022 Quality Report
7. July 2022 Clinic Report
8. July 2022 CCO Report
9. July 2022 CEO Report

OTHER ITEMS

10. Discussion and possible action to approve the BCBS Medicare Advantage HMO Amendment.
11. Discussion and possible action to approve the BCBS Medicare Advantage PPO Addendum.

- [12.](#) Discussion and possible action to approve the LifeShare Transplant Donor Services of Oklahoma, Inc. Amendment.
- [13.](#) Discussion and possible action to approve payment for the emergency purchase of a Locke 100 gallon commercial hot water heater.
- [14.](#) Discussion and possible action to approve the renewal of the Port 53 Technologies Meraki License and Support Agreement.
- [15.](#) Discussion and possible action to approve the Sysmex America, Inc. Agreement.
16. Discussion and possible action to develop related party relationship and monitoring activities reporting as recommended by Auditor's from December 31, 2017.
17. Discussion and possible action on the Budget. Corry asked on February 22, 2022 "Where are we on the budget?" Dennis answered "They are working on it and should be ready either the next meeting or the one after that."

EXECUTIVE SESSION

18. Discussion and possible action with regard to the ongoing investigation concerning Alliance Health Southwest Oklahoma's management of the Mangum Regional Medical Center with, advice of counsel, the discussions, if public, would inhibit the hospital from prosecuting or defending a claim, with possible executive session in accordance with 25 O.S. 307(B)(4).

OPEN SESSION

19. Discussion and possible action as a result of the executive session, if needed..

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

20. Motion to adjourn.

Duly filed and posted at **3:00 p.m. on the 19th day of August 2022**, by the Secretary of the Mangum City Hospital Authority.

Billie Chilson, Secretary



Minutes

Mangum City Hospital Authority Amended Session

July 26, 2022 at 5:00 PM

City Administration Building at 130 N Oklahoma Ave.

The Trustees of the Mangum City Hospital Authority will meet in regular session on July 26, 2022, at 5:00 PM, in the City Administration Building at 130 N. Oklahoma Ave, Mangum, OK for such business as shall come before said Trustees.

CALL TO ORDER

Called to order at 5:05 pm

PRESENT

Trustee Carson Vanzant
Trustee Cheryl Lively
Trustee Ilka Heiskell
Trustee LaRetha Vincent

ALSO PRESENT

Billie Chilson, city Clerk
Corry Kendall, City attorney
Mary Jane Scott, Mayor

ROLL CALL AND DECLARATION OF A QUORUM

SWEARING IN AND SEATING OF NEW TRUSTEE

1. Swearing in of Ronnie Webb for Trustee of Mangum City Hospital Authority.
Mayor Scott swore in Robbie Webb as Trustee of Mangum City Hospital Authority.
2. Welcoming and seating of new Trustee Ronnie Webb.
Ronnie Webb was welcomed by board members.

ROLL CALL AND DECLARATION OF A QUORUM

PRESENT

Trustee Carson Vanzant
Trustee Cheryl Lively
Trustee Ilka Heiskell
Trustee LaRetha Vincent
Trustee Ronnie Webb

CONSENT AGENDA

The following items are considered to be routine and will be enacted by one motion. There will be no separate discussion of these items unless a Board member (or a community member through a Board

member) so requests, in which case the item will be removed from the Consent Agenda and considered separately. If any item involves a potential conflict of interest, Board members should so note before adoption of the Consent Agenda.

Motion to 3 through 15 and remove 16 and 17

Motion made by Trustee Vanzant, Seconded by Trustee Vincent.

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

Voting Abstaining: Trustee Webb

1. Approve May 24, 2022 MCHA meeting minutes.
2. Approve June 28, 2022 minutes
3. Approve May 12, 2022 Quality meeting minutes.
4. Approve June 16, 2022 Quality meeting minutes.
5. Approve June 21, 2022 Medical Staff meeting minutes.
6. Approve May 19, 2022 Medical Staff meeting minutes.
7. Approve May 2022 claims and July 2022 estimated claims.
8. Approve June 2022 claims and August 2022 estimated claims.
9. Approve May 2022 Quality report.
10. Approve June 22 Quality report.
11. Approve May 2022 Clinic report.
12. Approve May 2022 CCO report.
13. Approve May 2022 CEO report.

FURTHER DISCUSSION

14. Approve the following forms, policies and procedures previously approved through May 2022 by Corporate, on 6/16/2022 by Quality Control and on 6/21/2022 by Med Staff.

Dietary Manual:

- Food & Nutrition Services Table of Contents
- Introduction of Philosophy & Standards
- General Employee Information
- Sanitation Schedules
- Infection Control for Food & Nutrition Services
- Fire & Prevention for Food & Nutrition Services
- Pest Control & Prevention for Food & Nutrition Services
- Dish Care: Dish Machine and Manual Warewashing
- Food Handling & Kitchen Safety
- General Storage
- Food from Outside Sources
- Nourishment Room
- Accepting Food Deliveries
- Mealtimes & Guest Trays
- Menu & Recipes
- Diet Orders
- Nutritional (oral) Supplementation
- Emergency Operation Plan
- Nutrition Assessment & Documentation
- Authorization of Nutrition Order Writing

Nutrition Screening Process
 Contracted Meal Service (Seiling only)
 Competency Based Orientation
 Daily Cleaning Schedule
 Weekly Cleaning Schedule
 Dish Machine Temperature & Sanitizer Log
 Sanitizer Bucket Test Strip
 Food Temperature Log
 Refrigerator Temperature Log
 Freezer Temperature Log
 Inventory Form*
 Guest Tray Approval Form
 Menu Substitution Log
 Nutrition Initial Assessment
 Nutrition Progress Note
 Nutrition Screening Tool

Credentialing Manual:

MRMC Pre-Authorization Form
 Primary Source Verification
 Credentialing Checklist
 Application for Temporary Privileges (Used for Care of Specific Patients)
 Credentialing Packet
 Telephone Contact Report Form
 Continuing Medical Education Record
 Application for Reappointment
 Emergency Privileges Form
 HICS -253 Volunteer Registration
 Credentialing and Privileging Process (Mangum Specific)
 Medical Staff Membership and Categories
 Basic Credentialing File and Maintenance
 Application to the Medical Staff
 Physician Assistance and APRNs
 Professional Education
 Adverse Credentialing Decisions
 Fair Hearing Appeals Process for Privileging
 Expedited Appointment and Reappointment Process
 Privileging Process
 Peer Recommendations for Privileging Decisions
 Emergency Privileging

Respiratory Protection Program Evaluation Check list

Respiratory Protection Program Evaluation Summary for 2021

Respiratory Protection Program Hazard Assessment

Motion to approve the Dietary Manual and the Credentialing Manual and the Respiratory Protection Program Evaluation Checklist, Respiratory Protection Program Evaluation Summary for 2021 and Respiratory Protection Program Hazard Assessment.

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

Voting Nay: Trustee Lively
 Voting Abstaining: Trustee Heiskell

15. Approve the following forms, policies and procedures previously approved through June 2022 by Corporate, on 7/14/2022 by Quality Control and on 7/21/2022 by Med Staff.
 Swing Bed Policy Manual/Case Management Policy Manual
 Incomplete Records Policy
 Patient Request for Restrictions on Use/Disclosure of PHI and Request for Confidential Communications
 340B Program Policy
 Mangum Quality Review Evaluation Plan 2022
 Paid Time Off (PTO) Policy
 PTO Donation Authorization Form
- Motion to approve as presented.
- Motion made by Trustee Vanzant, Seconded by Trustee Vincent.
 Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Heiskell, Trustee Vincent, Trustee Webb

REMARKS

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

Chairman Vanzant stated that he received the best care while in the hospital at Mangum City Regional Hospital. He said he would put this Hospital against any Hospital. Thank you to all who work at the hospital.

REPORTS

16. June 2022 Financial Report

Financial Highlights reported by Andrea Snider

Statistics

The average daily census in June was 9.73. This is a slight increase of .31 from the previous month and brings our YTD ADC to 9.94

Cash receipts for the month of June totaled \$1.15M. This is an increase of \$249K from May. (Generally speaking, there is approximately a one-month lag between the net revenue generated each month & the majority of the cash collected.).

Balance Sheet Highlights

The operating cash balance as of June 30th is \$42K. The Restricted cash balance reflects \$602K for a total of \$644K in cash.

Accounts Receivable reflects an increase of \$65K, this is primarily driven by the timing of the cash collections. The payor mix census in June saw an increased volume in Medicare Advantage which has a longer turnaround time than Medicare and is driving the overall increase in accounts Receivable.

The Due from Medicare asset accounts reflects \$638K, which is a decrease of \$136K primarily driven by the Physical count audit adjustment.

Inventory saw a large increase due to a semi-annual Physical Count audit resulting in a balance increase of \$123K.

Due to Medicare saw a decrease of \$155K reflective of the payment on the principal balance of the ERS loans. As a reminder the 2018 Cost Report ERS loans. as a reminder the 2018 Cost Report ERS loan was paid off in May.

Income Statement Highlights

Net patient revenues resulted in \$1.2M in June.

Operating expenses for the month of June resulted in \$1.2M driven primarily by the Physical Count Audit adjustment to supplies expense.

Earnings before interest and depreciation reflect a loss of \$(33K), with June totals resulting in an operating loss of (\$120K)

Additional Notes

Cohesive has initiated a request with Novitas to submit an interim rate review based on the 4/30/22 Financials in which we estimate a receivable owed to the hospital. Normally, an interim review is not initiated until around the 8/31 time frame but considering the large receivable already estimated, having an earlier interim rate review completed is more favorable for the facility.

17. Approve June 2022 Clinic Report

Jeff Cleveland gave the Clinic Operations Report with the following highlights.

Clinic Operations

ECW implementation progressing. Data migration set to begin soon.

Clinic's desire to see all patient's same day. If for some reason not able, Provider has the final say.

Quality Report

Metrics continue to be monitored. All within good standing.

Outreach

Over 50+ sports physicals performed in clinic within 2 days. More to come.

Continue with social media and advertisement in local paper.

Summary

Numbers stable despite primary provider out for surgery.

Staff working to improve "no Show" rate of 22%

18. June 2022 CCO Report

Daniel gave the Chief Clinical Officer Report for June with the following highlights.

Excellent Patient Care

Monthly Education included a skills fair with topics covered included: TPN, Transmission Based Precautions, PPE and G-tube feeding. Air Evac provided Stroke education.

MRMC Emergency Services coordinated with Greer EMS and Air Evac to conduct a mock cod STROKE. Through coordinated efforts, the mock patient received prompt assessment in the field, rapid imaging and was transferred to flight team in 36 minutes!

MRMC Infection Prevention proudly reports continued excellent performance as evidence by **Zero** prevalence of Hospital Acquired Infections, Catheter Associated Urinary Track Infections or Central Line Associated Blood Stream Infections.

There have been zero hospital acquired wounds. The wound care team continues to ensure overall wound progression.

Excellent Client Service

Patients continue to rely on MRMC as their local hospital. Patient days increased from 303 days in April to 320 days in May. This represents an average daily census of 10. In addition, MRMC Emergency Department provided care to 144 patients in May.

May COVID-19 Stats at MRMC: Swabs (26-PCR & 46-Antigen) with 0 Positive PCR and 6 Positive Antigen.

100% of the discharged patients from MRMC Outpatient Therapy Services exhibited improvement in standardized assessment scores. This scoring relates to the patient's functional ability.

Case management received a report from patient and family member. They claim that they have been to many other facilities but have never received the personal, compassionate care that they have been given while at MRMC.

Preserve Rural Jobs

Open Positions include Full Time RT, RN, LPN, and CNA.

For the clinical team MRMC continues to pursue core staff members from the area.

New core staff members have been added to the dietary team. MRMC receives compliments daily regarding the enhanced service and quality of meals served.

Recruiting efforts included posting of position on mangumregional.net and Facebook as well as Indeed.

19. June 2022 CEO Report

Dale Clayton gave his report with the following highlights.

COVID Overview

Leadership continues to update staff and providers regarding new policies and regulations.

Covid is less of a concern however vigilance is still a focus.

Staff and Operations Overview

Patient care continues to be outstanding thanks to an outstanding staff.

Open positions include Dietary, CNA, LPN, RN and RT.

Recently hired staff include CNA, LPN, Monitor Techs and Dietary staff.

Critical Alert nurse call system is close to completion This is the final major improvement enabled by grant funds.

Our average daily census for the month was 10.

Emergency Department assisted 144 patients.

Employees continued to receive free meals compliments of Cohesive.

We continue to put an emphasis on social media presence and other outreach efforts for the Hospital and the Clinic.

Contracts, Agreements and Appointment for Governing Board approval.

PharmaForce Mangum Drug Configuration agreement.

Cardinal Health 340B agreement.

Eli Lilly, Novo Nordisk and AstraZeneca 340B manufacturing agreements.

Critical Alert nurse call system change order.

Greer County Health Department X-Ray services agreement.

Oklahoma Blood Institute blood bank contract.

OKCH Medicare/Medicaid reimbursement contract.

Stericycle addendum for pharmaceutical Hazardous Waste disposal.

Discussion and possible action to approve a credit card for MRMC operations.

Discussion and possible action to approve the lease agreement between the City of Mangum and the Mangum City Hospital Authority for the David Caley Memorial Medical Annex.

Discussion and possible action to approve the CPSI-Evident interface agreement.

OTHER ITEMS

20. Discussion and possible action on the Cardinal Health 340B agreement.

Motion to approve the Cardinal Health 340B agreement.

Motion made by Trustee Webb, Seconded by Trustee Heiskell.

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

21. Discussion and possible action on the Eli Lilly, Novo Nordisk and AstraZeneca 340B manufacturing agreements.

Motion to approve the Eli Lilly, Novo Nordisk and AstraZeneca 340B manufacturing agreements.

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

22. Discussion and possible action on the Mangum Drug Co. PharmaForce Contract Pharmacy Configuration agreement.

Motion to approve the Mangum Drug Co. PharmaForce Contract Pharmacy Configuration agreement.

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

23. Discussion and possible action to approve the Puckett's Discount Pharmacy PharmaForce Contract Pharmacy Configuration agreement.

Motion to approve the Puckett's Discount Pharmacy PharmaForce Contract Pharmacy Configuration agreement.

Motion made by Trustee Webb and seconded by Trustee Lively
 Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Heiskell, Trustee Vincent, Trustee Webb

24. Discussion and possible action on the Critical Alert nurse call system change order.

Motion to approve the Critical Alert nurse call system change order.

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

25. Discussion and possible action on the renewal of the Greer County Health Department X-Ray services agreement.

Motion to approve the renewal of the Greer County Health Department X-Ray services agreement.

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

26. Discussion and possible action on the Oklahoma Blood Institute blood bank contract.

Motion to approve the Oklahoma Blood Institute blood bank contract.

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

27. Discussion and possible action on an OKCH reimbursement agreement.

Motion to approve the OKCH reimbursement agreement.

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

28. Discussion and possible action on a Stericycle agreement.
 Motion to approve the Stericycle agreement.
 Motion made by Trustee Heiskell, Seconded by Trustee Vincent.
 Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Heiskell, Trustee Vincent, Trustee Webb
29. Discussion and Possible action to approve the lease agreement between the City of Mangum and Mangum City Hospital Authority for the David Caley Memorial Medical Annex.
 Motion to approve the lease agreement between the City of Mangum and Mangum City Hospital Authority for the David Caley Memorial Medical Annex.
 Motion made by Trustee Vanzant, Seconded by Trustee Heiskell.
 Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Heiskell, Trustee Vincent
 Voting Abstaining: Trustee Webb
30. Discussion and possible action to approve the CPSI-Evident interface agreement.
 Motion to approve the CPSI-Evident interface agreement.
 Motion made by Trustee Vanzant, Seconded by Trustee Heiskell.
 Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Heiskell, Trustee Vincent, Trustee Webb

EXECUTIVE SESSION

31. 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):
 Jeff Phillips, PA - Allied Health Professional - Courtesy Privileges
 No executive session needed.
 Motion to approve the credentialing for Jeff Phillips, PA - Allied Health Professional - Courtesy Privileges
 Motion made by Trustee Vanzant, Seconded by Trustee Heiskell.
 Voting Yea: Trustee Vanzant, Trustee Lively, Trustee Heiskell, Trustee Vincent, Trustee Webb

OPEN SESSION

32. Discussion and possible action in regard to executive session, if needed.
 Not needed.

STAFF AND BOARD REMARKS

Remarks or inquiries by the governing body members, City Manager, City Attorney or City Employees
 None

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 at 6:35 pm

Motion made by Trustee Vanzant, Seconded by Trustee Lively.

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

Carson Vanzant, Chairman

Billie Chilson, City Clerk

Quality Committee Meeting Minutes						
CONFIDENTIALITY STATEMENT: These minutes contain privileged and confidential information. Distribution, reproduction, or any other use of this information by any party ot						
Date: 07/14/2022	11:52	Recorder: Denise Jackson			Reporting Period Discussed: June 2022	
Members Present						
Chairperson:			CEO: Dale Clayton		Medical Representative: Dr. Chiaffitelli	
Name	Title	Name	Title	Name	Title	Name
Heather Larson	Respiratory	Josey Kenmore	Mat.	Tonya Bowen	Lab Manager	Jared Ballard
Caitlin / Rachel	Dietary	Daniel Coffin	CCO	Kaye Hamilton	Credentialing	Claudia Collard
Pam Esparza	Radiology	Jennifer Dryer	HIM - off	Kasi Hiley	Bus./RCM Dir	Brittany W.
Chasity Howell	Case Management	Shelly Bowman	HR	Chealsea Church	Pharamcy	Lynda James
TOPIC	FINDINGS/CONCLUSIONS			ACTIONS/RECOMMENDATIONS		
Call to Order	first/second			Daniel Coffin/Claudia Collard		
Review of Minutes	review/approve May min for June			Shelly Bowman/Claudia Collard		
Review of Committee Meetings						
A. EOC/Patient Safety Committee	flooring in the med room/nurse break area scheduled, glass was replaced in the west hall way, shelving in cafeteria no longer needed, pt area celing tiles has began and will be on-going					
B. Infection Control Committee	no hospital aquired infections to report for the the month					
C. Pharmacy & Therapeutics Committee	drug shortages - clinimix, Intralipids, IV fluids, Optiray, lorazepam inj., furosemide inj. Total drug cost - \$ 17607.22					
D. HIM/Credentials Committee	No credentialing for the month, HIM contiunes to track concents/discharges, working on cleaning out storage records					
E. Utilization Review Committee	tot ER 144, 0 OBS, 17 acute, 12 swing, tot admit 29, tot d/c 24, tot pt days 292, avg daily census 10					
F. Compliance Committee	working on schedule of meetings					

Old Business	Dietary Manual: <ul style="list-style-type: none">•Food & Nutrition Services Table of Contents•Introduction of Philosophy & Standards•General Employee Information•Sanitation Schedules•Infection Control for Food & Nutrition Services•Fire & Prevention for Food & Nutrition Services•Pest Control & Prevention for Food & Nutrition Services•Dish Care: Dish Machine and Manual Warewashing•Food Handling & Kitchen Safety•General Storage•Food from Outside Sources•Nourishment Room•Accepting Food Deliveries•Mealtimes & Guest Trays•Menu & Recipes•Diet Orders•Nutritional (oral) Supplementation•Emergency Operation Plan•Nutrition Assessment & Documentation•Authorization of Nutrition Order Writing•Nutrition Screening Process•Contracted Meal Service (Seiling only)•Competency Based Orientation•Daily Cleaning Schedule•Weekly Cleaning Schedule•Dish Machine Temperature & Sanitizer Log•Sanitizer Bucket Test Strip•Food Temperature Log•Refrigerator Temperature Log	Approved in June 2022
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<p>New Business</p>	<p>Case Management Policy Manual: <ul style="list-style-type: none"> •Case Management Policy Manuel TOC •Case Management Program •Case Management Admission & Discharge •Notification and Hospital Discharge Appeal Rights •Detailed Notice of Discharge <p>Swing Bed Policy Manuel: <ul style="list-style-type: none"> •Swing Bed Policy Manuel TOC •Swing Bed Admission Policy •Swing Bed Admission Criteria •Swing Bed Comprehensive Assessment •Swing Bed Coordinator •Admission Discharge Transfer Rights •Dental Services Policy •Discharge Plan •Quality of Life •Social Services •Interdisciplinary Team Meeting Note •Important Message from Medicare •Patient Discharge Safety Checklist •Swing Bed Program Patient Orientation Packet <p>Incomplete Records Policy Patient Request for Restrictions on Use/Disclosure of PHI and Request for Confidential Communications 340B Program Policy Mangum Quality Review Evaluation Plan 2022</p> </p></p>	
<p>Quality Assurance/Performance Improvement</p>		
<p>Volume & Utilization</p>		
<p>A. Hospital Activity</p>	<p>tot ER 144, 0 OBS, 17 acute, 12 swing, tot admit 29, tot d/c 24, tot pt days 292, avg daily census 10</p>	
<p>B. Blood Utilization</p>	<p>no blood administered for the month</p>	
<p>Care Management</p>		

A. CAH/ER Re-Admits	1) Patient readmitted after discharge to OU Medical for Nephrostomy tube replacement and was unable to be inpatient to have procedure completed. 2) Patient's family requested discharge to home with family and Triad Home Health. Patient stable when discharged and returned 5 days later with differing diagnosis of left-sided abdominal/flank pain.	
B. Discharge Follow Up Phone Calls	8/8 - 100%	
C. Patient Discharge Safety Checklist	8/8 - 100%	
D. IDT Meeting Documentation	8/10 - 80%, idt notes incomplete by various dept	IDT are a required documentation, in order to maintain compliance they must be done on time. CM notified each dept today that they are due today.
E. Case Management Assessment	18/24 - 75%, CM staff change over during the month	will note improvement with new CM
Risk Management		
A. Incidents	3 AMA; 1 ER - 1.) pt to ed for generalized concerns, patient became anxious and tired of waiting. Pt left AMA, did not sign AMA. 2 in-pt - 1.) pt admitted to in-pt for IV ABT, after 1 day pt reports feeling better and requested to go home. Provider educated on risks and benefits AMA signed. 2.) pt admitted to in-pt for hyperglycemia, uncontrolled. education attempts by staff for patient non-compliance with hospital prescribed regime were met with resistance/agression/beligerance. Patient became very upset after staff education and demanded to leave, education provided to patient on risks/benefits/complinace, ama signed. Police notification; police were notified to assist patient out of facility for patient behaviore after unsuccessful attempt to deescalate patient's behavior	AMA - all ama pt had risks/benefits presented at time of ama, encouraged to return to ed as needed, discharge education will contiune to be provided to pt based on specific dx/needs.
B. Reported Complaints	0	
C. Reported Grievances	0	

D. Patient Falls Without Injury	1 - Pt was being assisted by PT during a transfer, prior to completing the transfer. Patient went to sit in the chair, chair began to move out from under the patient. Patient was assisted to the floor with no reported injury or pain.	PT to check to ensure DME is properly ensure prior to all transfers
E. Patient Falls With Minor Injury	patient taken outside by family member, family reported that when they were returning inside that patient fell back and hit head. Pt was assessed by nurse, noted to have a small raised area to the back of the right side of head. No change in LOC noted, provider made aware of patient fall with head CT ordered. CT normal.	pt/family education on safe transfers/ambulation
F. Patient Falls With Major Injury	0	
G. Fall Risk Assessment	2	
H. Mortality Rate	none	
I. Deaths Within 24 Hours of Admit	none	
J. OPO Notification/Tissue Donation	none	
M. EDTC Measures	69% (9/13) - Noted the charts with specific documentation not sent were the same nurse, 1 instance of home meds reported as see list with no list scanned	CNO provided education to agency nurse on documentation expectaions/format for transfers
Nursing		
A. Critical Tests/Labs	68% (13/19)	
B. Restraints	none	
C. RN Assessments	100% (20/20)	
D. Code Blue	none	
Emergency Department		
A. ED Log & Visits	144	
B. MSE	99% (143/144)	
C. EMTALA Form	12	
D. Triage	85% (17/20)	
E. Triage ESI Accuracy	100% (20/20)	
F. ED Discharge/ Transfer Nursing	100% (20/20)	
G. ED Readmit	0	

H. ED Transfers	12 - transferred to higher level of care for: resp distress, AMS/dialysis, NSTEMI, appendicitis, Septic shock, LE fxr, Resp distress/peds, Anaphylaxis, oncology, hypoxia/meth abuse, GI bleed, TIA v CVA	
I. Stroke Management Measures	0	
J. Stroke Brain CT Scan	0	
K. Suicide Management Measures	1 pt to the er for psych issues, 1 pt transferred for in-pt treatment per LMPH evaluation/recommendations	
L. STEMI Management Measures	100%	some delay due to difficulty finding accepting hospital,
M. Chest Pain Measures	5/10 ECG w/i 5 minutes = 50 %; 5/10 = 50 % chest xray w/i 30 min - Noted delay in testing with non-typical chest pain. Delay in chest x-ray noted with no pattern	education to providers regarding chest pain policy
N. ED Departure	x	
Pharmacy & Medication Safety		
A. After Hours Access	62 times after hours: 8 times for topicals/inhalers; 3 times for bulk medications; 20 times for ER patient medications; 10 times for IV medications/fluids; 6 times to restock MedDispense; 1 time to restock RT box; 4 times for vaccines; 6 times for medications not stocked in MedDispense; 1 time for COVID-19 medication; and 4 times for no reason when medications were in MedDispense	
B. Adverse Drug Reactions	none	
C. Medication Errors	2 variances in which nurse omitted dose without orders.. 1 variance in which nurse administered wrong dose of medication	CCO re-educated staff members regarding 6 rights of medication administration.
Respiratory Care Services		
A. Ventilator Days	none	
B. Ventilator Wean Rate	none	
C. Patient Self-Decannulation Rate	none	

D. Respiratory Care Equipment	HMEs 0, inner cannulas 0, suction set up 0, neb/masks 21, trach collars 0, vent circuits 0, trach 0, closed suction 0	
Wound Care Services		
A. Development of Pressure Ulcer	1 - 1 patient developed a PU during the month of June. Educated nurses on PU prevention.	
B. Wound Healing Improvement	6 wounds	
C. Wound Care Documentation	100%	
Radiology		
A. Radiology Films	135 / 2 repeated due to patient wearing jewelry, removed and film retaken	
B. Imaging	17 / 0 repeated	
C. Radiation Dosimeter Report	5	
Lab		
A. Lab Reports	2653 labs for the reporting period	
B. Blood Culture Contaminants	none	
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	0	
F. Hand Hygiene/PPE & Isolation Surveillance	88% (21/24)- patients in isolation 19, total isolation days 109	1. Continue monitoring staff for adherence to protocols. 2. Monitoring mask compliance
H. Patient Vaccinations	Out of flu season, 1 pneumonia vaccine administered to eligible patient	
I. Ventilator Associated Events	0	
J. Employee Health	1. Employee events/injuries: 1 emp event: employee struck by cognitively-impaired patient without reported injury; 1 ongoing W/C case. 2. Employee health: 1 Covid vaccine declination in new hire; 63 N95 fit tests performed; 1 employee Hep B series started; 4 TSTs for new hires. 3. Employee illness: 3 days lost due to upper-respiratory syndrome.	

K. Employee COVID 19 Vaccination Indicators	COVID vaccine status - 100%	
HIM		
A. H&P's	96% (27/28) provider aware of need for H&P completion	
B. Discharge Summaries	88% (23/26) - 3 acute missing d/c summary, providers aware of need for completion	
C. Progress Notes (Swing & Acute)	100% (51/51 SWB - 43/43 Acute)	
D. Consent to Treat	85% (146/172) 13 ER/ 3 Acute - monitoring missing consents, packets are together for weekends ad after hours.	
E. Swing bed Indicators	100% (11/11)	
F. E-prescribing System	100%	
G. Legibility of Records	100%	
H. Transition of Care	100%	
Dietary		
A.	93% (84/93) - Three temps were scratched out on the log with no new temp written; Two temps were <150 degrees F per manufacture recs; One temp was missing.	Will discuss temp log with dietary employee as initials indicate one particular employee. Will do verbal training with her.
B.	99% - (89/90) One value missing - breakfast on 06/23.	
Therapy		
A. Therapy Indicators	100%	
B. Therapy Visits	PT - 138, OT - 122, ST - 9	
C. Standardized Assessment Outcomes	86% (6/7) - Patient was noncompliant with Therapy despite interventions from various staff members, no discharged at PLOF	
Human Resources		
A. Compliance	Hired - dietary, LPN. Resigned - CM, Hskg	
Registration Services		

Registration Services	Noted a few registration errors for the month, corrected when possible	
Environmental Services		
A. Terminal Room Cleans	8	
Materials Management		
A. Materials Management Indicators	40 orders for the month - 24 ORDERS ON BACKORDER, 0 late order from vendor, 1 recall (4 oz Medline alcohol, product returned)	
Plant Operations		
A. Fire Safety Management	100%	
B. Transfer Switch Monthly Checks	100%	
C. Generator Monthly Checks	100%	
Information Technology		
A. IT Indicators	1 malfunctions/ 1 power failure/ 1 server failure/ 43 other - CSPI tickets and smal things like password resets	
Outpatient Services		
A. Outpatient Therapy Services	28 treatments preformed/36 planned treatments	
B. Outpatient Wound Services	none	
Contract Services		
Contract Services	none	
Credentialing/New Appointments		
A. Credentialing/New Appointment	none	
Adjournment		
A. Adjournment	07/14/2022 at 12:02	Dr. C / Shelly Bowman

Mangum Regional Medical Center
Medical Staff Meeting
July 21, 2022

MEMBERS PRESENT:

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

Absent:
Guest:

ALLIED HEALTH PROVIDER PRESENT:

Mary Barnes, APRN
David Arles, APRN

NON-MEMBERS PRESENT:

Dale Clayton, CEO
Cindy Tillman,
Daniel Coffman, CCO
Chelsea Church, PhD
Denise Jackson, RN, Quality Director
Chasity Howell, RN Utilization Review
Lynda James, LPN
Kaye Hamilton, Medical Staff Coordinator

1. Call to order
 - a. The meeting was called to order at 12:12 pm by Dr. John Chiaffitelli, Medical Director.
2. Acceptance of minutes
 - a. The minutes of the June 21, 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

- Leadership continues to update staff and Providers regarding new policies and regulations.
- Covid is less of a concern however vigilance is still the focus.
- Hospital Staff and Operations Overview
 - Patient care continues to be outstanding thanks to an outstanding staff.
 - Open positions include Dietary, CNA, LPN, RN and RT.
 - Recently hired core staff include a CNA, LPN, Monitor Techs and Dietary staff.
 - Critical Alert nurse call system is close to completion. This is the final major improvement enabled by grant funds.
 - Our average daily census for the month was 10.
 - Emergency Department assisted 144 patients.
 - Employees continued to receive free meals compliments of Cohesive.
 - We continue to put an emphasis on social media presence and other outreach efforts for the Hospital and the Clinic.
- Contracts, Agreements and Appointments to be presented to the Governing Board:
 - PharmaForce Mangum Drug Configuration agreement
 - Cardinal Health 340B agreement
 - Eli Lilly, Novo Nordisk and AstraZeneca 340B manufacturing agreements.
 - Critical Alert nurse call system change order.
 - Greer County Health Department X-Ray services agreement.
 - Oklahoma Blood Institute blood bank contract.
 - OKCH Medicare/Medicaid reimbursement contract
 - Stericycle addendum for pharmaceutical Hazardous Waste disposal

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 a skills fair with topics covered included: TPN, Transmission Based Precautions, PPE and G-tube feeding. Air Evac provided Stroke education.
- MRMC Emergency Services coordinated with Greer EMS and Air Evac to conduct a mock code STROKE. Through coordinated efforts,

the mock patient received prompt assessment in the field, rapid imaging and was transferred to flight team in 36 minutes.

- MRMC Infection Prevention proudly reports continued excellent performance as evidenced by Zero prevalence of Hospital Acquired Infections, Catheter Associated Urinary Tract Infections or Central Line Associated Blood Stream Infections.
- There have been zero hospital acquired wounds. The wound care team continues to ensure overall wound progression.

Excellent Client Service

- Patients continue to rely on MRMC as their local hospital. Patient days decreased from 320 days in May to 292 days in June. This still represents an average daily census of 10. In addition, MRMC Emergency Department provided care to 144 patients in June.
- June COVID-19 Stats at MRMC: Swabs (28-PCR & 49-Antigen) with 1 Positive PCR & 1 Positive Antigen.
- 100% of the discharged patients from MRMC Outpatient Therapy Services exhibited improvement in standardized assessment scores. This scoring relates to the patient's functional ability.
- Case Management received a report from a patient and family member. They claim that they have been to many other facilities but have never received the personal, compassionate care that they have been given while at MRMC.

Preserve Rural Jobs

- Open Positions include Full Time RT, RN, LPN and CNA.
- For the clinical team MRMC continues to pursue core staff members from the area.
- New Core staff members have been added to the dietary team. MRMC compliments daily regarding the enhanced service and quality of the meals served.
- Recruiting efforts included posting of positions on mangumregional.net and Facebook as well as indeed.

Written report remains in minutes.

c. Infection Control

- New Business:
 - a. None
- Data:
 - a. N/A
- Policy & Procedures:
 - a. N/A
- Education/In Services
 - a. Staff Education – 2nd-Quarter Skills Fair to start week of June 20th.
- Updates: No updates at this time.
- Annual Items:

- a. Annual Infection Control Risk Assessment and Annual Infection Control Program Evaluation.
 - 1. Require Two Infection Control Initiatives for this year:
 - a. PPE/Mask Compliance
 - b. To be determined
 - b. Annual Review of TB Risk Assessment/Fit testing of N95 masks
 - o Annual Fit testing scheduled 6/28/2022 and 6/30/2022.
 - Any additional recommendations from committee:
 - a. Evaluation due to be done annually.
Written report remains in minutes.
- d. Environment of Care and Safety Report
 - i. Evaluation and Approval of Annual Plans –
 - i.i. Old Business - -
 - a. Evaluation and approval of Annual Plans-Plans will be presented in June meeting.
 - b. Continuing to work on the building. Flooring in Nurses break area and Med Prep room – Rescheduled - additional tile will need to be ordered.
 - c. 15 AMP Receptacles – all 15 AMP Receptacles will be replaced with 20 AMP Receptacles throughout Hospital – replacement has started.
 - d. Replace all receptacles on generator circuit at Clinic with red receptacles.
 - e. Glass on west hallway entry cracked-glass cut ready to install-will be installed 6/14/2022.
 - f. ER Provider office flooring needing replaced
 - g. Covers needed for shelving in Cafeteria - backordered
 - i.i.i. New Business
 - a. Damaged ceiling tile in patient area due to electrical upgrade-replacement started
 - b. Ceiling tile above ac in Xray has water spots
 - c. Nurse call in room 23 malfunction due to roof leak and water inside the wall.
 - d. Hot water issues 6-12-2022 due to broken pipe in boiler room—repairs made 6-12-2022. Hot water was back on.
Written report remains in minutes.
- e. Laboratory
 - i. Tissue Report – Approved – June, 2022
 - i.i. Transfusion Report – Approved – June, 2022
- f. Radiology
 - i. There was a total of – 216 X-Rays/CT/US

- i.i. Nothing up for approval
 - i.i.i. Updates:
 - o There aren't any updates
- Written report remains in minutes.

g. Pharmacy

- i. Verbal Report by Pharmacist.
- i.i. Bebtelovimab is in house
- i.i.i. Clinimix received and in the Pharmacy
- i.v. Drug Shortage/Outages are as follows: Clinimix, Intralipids, IV Fluids, Optiray (all Contrast), lorazepam injection, furosemide injection. Can substitute LR if appropriate for NS. DRS and PIC to monitor on a routine basis.

Written report remains in minutes.

h. Physical Therapy

- i. No report.

i. Emergency Department

- i. No report

j. Quality Assessment Performance Improvement

Risk

- Risk Management
 - o Grievance – 0
 - o 1 - Fall with no injury
 - o 1 - Fall with minor injury
 - o Death – In Patient (0%) - Emergency Department 0 (0%)
 - o AMA/LWBS – 3/0
- Quality
 - o Quality Minutes from previous month included as attachment.
 - o Policy Revisions:
 - MRMC – Case Management Policy Manual – Policies listed as follows: Case Management Policy Manual Table of Contents, Case Management Program, Case Management Admission & Discharge, Notification and Hospital Discharge Appeal Rights, Detailed Notice of Discharge
 - MRMC – Swing Bed Policy Manual – Policies listed as follows: Swing Bed Policy Manual Table of Contents, Swing Bed Admission Policy, Swing Bed Admission Criteria, Swing Bed Comprehensive Assessment, Swing Bed Coordinator, Admission Discharge Transfer Rights, Dental Services Policy, Discharge Plan, Quality of Life, Social Services, Interdisciplinary Team Meeting Note, Important

Message from Medicare, Patient Discharge Safety Checklist,
Swing Bed Program Patient Orientation Packed,

- MRMC – Incomplete Records Policy
 - MRMC – Patient Request for Restrictions on Use/Disclosure of PHI and Request for Confidential Communications
 - MRMC – 340B Program Policy
 - Mangum Quality Review Evaluation Plan 2022
- HIM – H&P – Completion 27/28 = 96%. Discharge Summary – Completion 23/26 = 88%
 - Med event – 2
 - Afterhours access was 62.
 - Compliance
Written report remains in minutes.

k. Utilization Review

- i. Total Patient days for June: 292
 - i.i. Total Medicare days for June: 211
 - i.i.i. Total Medicaid days for June: 9
 - i.v. Total Swing Bed days for June: 244
 - v. Total Medicare SB days for May: 179
- Written report remains in the minutes.

Motion made by Dr. John Chiaffitelli, Medical Director to approve Committee Reports for June, 2022.

6. New Business

- a. Review & Consideration of Approval of Policy & Procedures: MRMC - Case Management Policy Manual – Table of Contents for Manual is attached.
i.Motion: made by John Chiaffitelli, DO, Medical Director, to approve MRMC - Case Management Policy Manual and Table of Contents for MRMC Case Management Policy Manual.
- b. Review & Consideration of Approval of Policies & Procedures: MRMC – Swing Bed Policy Manual – Table of Contents is attached
i.Motion: made by John Chiaffitelli, DO, Medical Director, to approve MRMC - Swing Bed Policy Manual and Table of Contents for the Swing Bed Policy Manual.
- c. Review & Consideration of Approval of Policy & Procedure: MRMC – Incomplete Records Policy
i.Motion: made by John Chiaffitelli, DO, Medical Director, to approve MRMC - Incomplete Records Policy.
- d. Review & Consideration of Approval of Policies & Procedures: MRMC – Patient Request for Restrictions on Use/Disclosure of PHI and Request for Confidential Communications
i.Motion: made by John Chiaffitelli, DO, Medical Director, to approve the MRMC – Patient Request for Restrictions on Use/Disclosure of PHI and Request For Confidential Communications.
- e. Review & Consideration of Policy & Procedure – MRMC: 340B Program Policy
i.Motion: made by John Chiaffitelli, DO, Medical Director, to approve the

MRMC – 340B Program Policy.

- f. Review & Consideration of Evaluation Plan: Mangum Quality Review Evaluation Policy Plan 2022
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the Mangum Quality Review Evaluation Policy Plan 2022.

7. Adjourn

- a. Dr. Chiaffitelli made a motion to adjourn the meeting at 12:34 pm.

Medical Director/Chief of Staff

Date

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

Check#	Ck Date	Amount	Paid To	Expense Description
17487	7/12/2022	50.95	AMBS CALL CENTER	Compliance Hotline
17488	7/12/2022	266.99	ANESTHESIA SERVICE INC	Patient Supplies
17455	7/5/2022	21,492.55	APEX MEDICAL GAS SYSTEMS, INC	COVID Capital
17489	7/12/2022	21,492.55	APEX MEDICAL GAS SYSTEMS, INC	COVID Capital
17456	7/5/2022	2,222.45	ARAMARK	Linens - rental
17490	7/12/2022	2,222.45	ARAMARK	Linens - rental
17506	7/20/2022	2,222.45	ARAMARK	Linens - rental
17529	7/27/2022	2,222.45	ARAMARK	Linens - rental
17473	7/12/2022	40.74	ASSET PROTECTION UNIT	Patient Refund
17474	7/12/2022	22.34	ASSET PROTECTION UNIT	Patient Refund
17475	7/12/2022	17.14	ASSET PROTECTION UNIT	Patient Refund
17491	7/12/2022	3,320.68	AT&T	Fax lines
17530	7/27/2022	3,370.23	AT&T	Fax lines
17507	7/20/2022	5,760.00	BARRY DAVENPORT	1099 Provider
17457	7/5/2022	566.93	BAXTER HEALTHCARE	Pharmacy Supplies
17492	7/12/2022	2,649.32	BIO-RAD LABORATORIES INC	Lab Supplies
17508	7/20/2022	1,483.76	BIO-RAD LABORATORIES INC	Lab Supplies
17531	7/27/2022	1,075.70	BIO-RAD LABORATORIES INC	Lab Supplies
17509	7/20/2022	2,400.00	BLUTH FAMILY MEDICINE, LLC	1099 Provider
17458	7/5/2022	15,000.00	CARDINAL HEALTH 110, LLC	Pharmacy Supplies
17510	7/20/2022	5,000.00	CARDINAL HEALTH 110, LLC	Pharmacy Supplies
17532	7/27/2022	586.24	CARNEGIE TRI-COUNTY MUN. HOSP	Pharmacy Supplies
901234	7/11/2022	854.92	CENTERPOINT ENERGY ARKLA	Gas
17459	7/5/2022	876.36	CINTAS CORPORATION #628	Housekeeping supply rental
17493	7/12/2022	876.36	CINTAS CORPORATION #628	Housekeeping supply rental
17511	7/20/2022	876.36	CINTAS CORPORATION #628	Housekeeping supply rental
17533	7/27/2022	876.36	CINTAS CORPORATION #628	Housekeeping supply rental
17460	7/5/2022	6,021.29	CITY OF MANGUM	Utilities
17461	7/5/2022	180,000.00	COHESIVE HEALTHCARE RESOURCES	Payment on Old Debt
17512	7/20/2022	175,000.00	COHESIVE HEALTHCARE RESOURCES	Payment on Old Debt
17534	7/27/2022	250,000.00	COHESIVE STAFFING SOLUTIONS	Payment on Old Debt
17462	7/5/2022	3,400.00	CONEXUS SOLUTIONS LLC	Payment on Old Debt-contract labor
17494	7/12/2022	3,400.00	CONEXUS SOLUTIONS LLC	Payment on Old Debt-contract labor
17513	7/20/2022	2,340.00	CONEXUS SOLUTIONS LLC	Payment on Old Debt-contract labor
17535	7/27/2022	2,340.00	CONEXUS SOLUTIONS LLC	Payment on Old Debt-contract labor
17463	7/5/2022	9,250.00	CONTEMPORARY HEALTHCARE SVCS	1099 provider
17514	7/20/2022	7,800.00	CONTEMPORARY HEALTHCARE SVCS	1099 provider
17495	7/12/2022	6,939.00	CPSI	EHR payable and monthly support
17536	7/27/2022	33,016.70	CPSI	EHR payable and monthly support
17515	7/20/2022	1,809.00	DOBSON TECHNOLOGIES TRANSPORT	Internet
17464	7/5/2022	4,766.67	DR W. GREGORY MORGAN III	1099 Provider
17516	7/20/2022	65,047.77	EQUALIZE RCM REVOPS	Billing service provider
17517	7/20/2022	40.69	FEDEX	Postage
17537	7/27/2022	38.78	FEDEX	Postage
17465	7/5/2022	9,615.38	FIRSTCARE MEDICAL SERVICES, PC	1099 Provider
17518	7/20/2022	9,615.38	FIRSTCARE MEDICAL SERVICES, PC	1099 Provider
901235	7/11/2022	934.05	GLOBAL PAYMENTS INTEGRATED	CC processing
17538	7/27/2022	842.13	GRAINGER	supplies

Check#	Ck Date	Amount	Paid To	Expense Description
17496	7/12/2022	110.57	HAC INC	Dietary Food
17519	7/20/2022	92.29	HAC INC	Dietary Food
17539	7/27/2022	310.49	HAC INC	Dietary Food
17476	7/12/2022	1,000.00	PATIENT REFUND	Patient Refund
17540	7/27/2022	1,614.18	HEALTH CARE LOGISTICS	Pharmacy Supplies
17477	7/12/2022	7.72	HEALTHCHOICE	Patient Refund
17520	7/20/2022	1,947.35	HENRY SCHEIN	Patient supplies
901232	7/5/2022	3,155.00	HOSPITAL EQUIPMENT RENTAL COMP	Equipment Lease
17497	7/12/2022	608.15	JANUS SUPPLY CO	Cleaning Supplies
17521	7/20/2022	443.44	JANUS SUPPLY CO	Cleaning Supplies
17541	7/27/2022	712.66	JANUS SUPPLY CO	Cleaning Supplies
17542	7/27/2022	850.00	JIMALL & KANISHA' LOFTIS	Rent House
17498	7/12/2022	1,099.85	LAMPTON WELDING SUPPLY	Patient Supplies
17522	7/20/2022	379.24	LAMPTON WELDING SUPPLY	Patient Supplies
17543	7/27/2022	1,064.17	LAMPTON WELDING SUPPLY	Patient Supplies
17523	7/20/2022	97.89	LOWES	Late fees
901239	7/22/2022	10,639.30	MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies
901243	7/29/2022	3,350.61	MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies
17466	7/5/2022	4,019.54	MEDLINE INDUSTRIES	Patient Care Supplies
17500	7/12/2022	3,585.51	MEDLINE INDUSTRIES	Patient Care Supplies
17524	7/20/2022	2,028.15	MEDLINE INDUSTRIES	Patient Care Supplies
17544	7/27/2022	2,286.54	MEDLINE INDUSTRIES	Patient Care Supplies
901233	7/5/2022	37.50	NATIONAL DATA BANK	Credentialing
17467	7/5/2022	2,055.39	NEXTIVA, INC.	Phone service
17468	7/5/2022	5,400.00	NP RESOURCES	1099 Provider
17478	7/12/2022	21.80	OHCA	Patient Refund
17479	7/12/2022	21.80	OHCA	Patient Refund
17480	7/12/2022	16.00	OHCA	Patient Refund
17481	7/12/2022	17.00	OHCA	Patient Refund
17482	7/12/2022	17.00	OHCA	Patient Refund
17483	7/12/2022	17.00	OHCA	Patient Refund
17484	7/12/2022	16.00	OHCA	Patient Refund
17485	7/12/2022	16.00	OHCA	Patient Refund
17486	7/12/2022	17.00	OHCA	Patient Refund
17545	7/27/2022	60.00	OKLAHOMA MEDICAL LICENSURE	Credentialing
901236	7/11/2022	1,968.92	PHILADELPHIA INSURANCE COMPANY	Property Insurance
17469	7/5/2022	8,400.00	SBM MOBILE PRACTICE, INC	1099 Provider
17525	7/20/2022	8,400.00	SBM MOBILE PRACTICE, INC	1099 Provider
17546	7/27/2022	1,750.00	SCHAPEN LLC	RHC rent
17547	7/27/2022	2,926.53	SHRED-IT USA LLC	Secure Doc Disposal
17526	7/20/2022	6,000.00	SOMSS LLC	1099 Provider
17470	7/5/2022	8,400.00	SOMSS LLC	1099 Provider
17548	7/27/2022	360.36	SPACELABS HEALTHCARE LLC	Telemetry Supplies
17501	7/12/2022	303.53	SPARKLIGHT BUSINESS	Cable
17502	7/12/2022	444.56	STAPLES ADVANTAGE	Office Supplies
17527	7/20/2022	451.37	STAPLES ADVANTAGE	Office Supplies
17549	7/27/2022	830.92	STAPLES ADVANTAGE	Office Supplies
17503	7/12/2022	2,028.56	STERICYCLE INC	Waste Disposal
901240	7/22/2022	4,310.82	UMPQUA BANK VENDOR FINANCE	Lab eq note payable
901241	7/22/2022	3,993.85	US FOODSERVICE-OKLAHOMA CITY	Dietary Food
901244	7/29/2022	4,798.50	US FOODSERVICE-OKLAHOMA CITY	Dietary Food

Check#	Ck Date	Amount	Paid To	Expense Description
17504	7/12/2022	855.00	VITAL SYSTEMS OF OKLAHOMA, INC	Purch svcs
901242	7/22/2022	6,512.77	WESTERN COMMERCE BANK (OHA INS	OHA Insurance
TOTAL		<u>979,913.95</u>		

**Mangum Regional Medical Center
September 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 MEDICAL GAS SYSTEMS, INC	COVID Capital	43,000.00
ARAMARK	Linens purch svcs	18,000.00
ASD HEALTHCARE	Pharmacy Supplies	15,000.00
AT&T	Fax Service	3,500.00
AVANAN, INC.	COVID Capital	16,800.00
BADGE BUDDIES LLC	Supplies	142.56
BARRY DAVENPORT	1099 Provider	20,000.00
BAXTER HEALTHCARE	Pharmacy Supplies	3,500.00
BIO-RAD LABORATORIES INC	Supplies	3,500.00
BLUTH FAMILY MEDICINE, LLC	1099 Provider	5,300.00
C & C	Supplies	1,500.00
C&S INSTRUMENTS LLC	Supplies	200.00
CABLES AND SENSORS	Supplies	500.00
CARDINAL 110 LLC	Pharmacy Supplies	60,000.00
CARNEGIE TRI-COUNTY MUN. HOSP	Pharmacy Supplies	6,000.00
CARRIER CORP	Repairs/maintenance	2,000.00
CENTERPOINT ENERGY ARKLA	Utilities	2,500.00
CINTAS CORPORATION #628	Supplies	8,500.00
CITY OF ERICK	Transport svcs	2,048.00
CITY OF MANGUM	Utilities & property taxes	12,000.00
CLIFFORD POWER SYSTEMS INC	Plant Ops Compliance	1,000.00
CliftonLarsonAllen LLP	FS Audit firm	4,200.00
COHESIVE HEALTHCARE MGMT	Mgmt and provider Fees	250,000.00
COHESIVE HEALTHCARE RESOURCES	Payroll	550,000.00
COHESIVE MEDIRYDE LLC	Mgmt Transportation Service	10,000.00
COHESIVE STAFFING SOLUTIONS	Mgmt Staffing Service	350,000.00
COMMERCIAL MEDICAL ELECTRONICS	Quarterly PM service	2,500.00
COMPLIANCE CONSULTANTS	Lab Consultant	1,000.00
CONEXUS SOLUTIONS LLC	Agency Staffing	50,000.00
CONTEMPORARY HEALTHCARE SVCS	1099 Provider	34,000.00
CONTROL FIRE SYSTEMS CO	Repairs/maintenance	325.00
CONTROL SOLUTIONS	Supplies	500.00
CORRY KENDALL, ATTORNEY AT LAW	Legal Fees	8,500.00
CPSI	EHR software	40,000.00
CULLIGAN WATER CONDITIONING	RHC purch svcs	150.00
DAN'S HEATING & AIR CONDITIONI	maintenance	1,000.00
DOBSON TECHNOLOGIES TRANSPORT	Internet	1,809.00
DOERNER SAUNDERS DANIEL ANDERS	Legal Fees	6,000.00

Vendor	Description	Estimated Amount
DR. MORGAN	1099 Provider	9,532.00
eCLINICAL WORKS, LLC	RHC EMR	250.00
EMD MILLIPORE CORPORATION	lab supplies	300.00
EQUALIZE RCM REVOPS	Billing purch svcs	70,000.00
F1 INFORMATION TECHNOLOGIES IN	IT Support Services	5,856.00
FEDEX	Postage	500.00
FFF ENTERPRISES	Pharmacy Supplies	500.00
FIRE EXTINGUISHER SALES & SERV	Repairs/maintenance	200.00
FIRSTCARE MEDICAL SERVICES, PC	1099 Provider	28,848.00
FLOWERS UNLIMITED	Other	198.18
FORVIS	Finance purch svcs(Formerly BKD)	7,296.00
FOX BUILDING SUPPLY	Plant Ops Supplies	1,500.00
GEORGE BROS TERMITE & PEST CON	Pest Control Service	600.00
GLOBAL EQUIPMENT COMPANY INC.	Supplies	1,000.00
GRAINGER	Maintenance Supplies	4,500.00
GREER COUNTY CHAMBER OF	Hwy Sign	400.00
HAC INC	Dietary Supplies	1,000.00
HAMILTON MEDICAL INC.	Patient Supplies	1,900.00
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	10,000.00
HICKS MEDIA	Advertising	279.00
HILL-ROM COMPANY, INC	Patient Supplies	1,500.00
HOSPITAL EQUIPMENT RENTAL COMP	Equipment rental	3,155.00
ICU MEDICAL SALES INC.	COVID Capital, misc supplies	1,000.00
IMPERIAL, LLC.-LAWTON	Dietary Purchased Service	500.00
INQUIREEK	RHC consulting service	500.00
INSIGHT DIRECT USA INC.	Supplies	962.76
JANUS SUPPLY CO	Housekeeping Supplies, based in Altus	2,700.00
JIMALL & KANISHA' LOFTIS	Rent house	850.00
JNP MEDICAL SERVICES LLC	1099 Provider	2,500.00
KAY ELECTRIC	Repairs/maintenance	1,000.00
KCI USA	Patient Supplies	1,100.00
KING GUIDE PUBLICATIONS INC	Advertising	100.00
LABCORP	Lab purch svcs	15,000.00
LAMPTON WELDING SUPPLY	Patient Supplies	6,500.00
LANGUAGE LINE SERVICES INC	Translation service	260.00
LOCKE SUPPLY	Plant Ops Supplies	8,000.00
LOWES	Supplies	500.00
MANGUM DRUG CO.	Pharmacy Supplies	200.00
MCABEE FOX ROOFING LLC	Roof Replacement	11,000.00
MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies	30,000.00

Vendor	Description	Estimated Amount
MEASUREMENT SPECIALTIES INC	supplies	175.00
MEDICAL DEVICE DEPOT, INC	COVID equip list	1,000.00
MEDLINE INDUSTRIES	Patient Care Supplies	35,000.00
MEDTOX DIAGNOSTICS, INC	Lab supplies	1,500.00
MISC EMPLOYEE REIMBURSEMENTS	To reimburse employees for travel and sup	3,500.00
MOUNTAINEER MEDICAL	Patient Supplies	500.00
NATIONAL RECALL ALERT CENTER	Safety and Compliance Data sheets	1,190.00
NEXTIVA, INC.	Phone utility	6,000.00
NP RESOURCES	1099 Provider	2,500.00
NUANCE COMMUNICATIONS INC	Supplies	600.00
OFFICE DEPOT	Office Equipment	500.00
OK STATE BOARD	Credentialing	300.00
OKLAHOMA BLOOD INSTITUTE	Blood bank	7,500.00
ORGANOGENESIS INC	skin graph contract	12,000.00
ORTHO-CLINICAL DIAGNOSTICS INC	Laboratory Supplies	2,000.00
PARA HEALTHCARE ANALYTICS, LLC	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
PIPETTE COM	Lab maintenance/repair	500.00
PITNEY BOWES GLOBAL FINANCIAL	Postage rental	360.00
PRESS GANEY ASSOCIATES, INC	Purchased Service	2,400.00
PUCKETT DISCOUNT PHARMACY	Pharmacy Supplies	500.00
RAMSEY AND GRAY, PC	Legal Fees	6,270.00
REYES ELECTRIC LLC	COVID Capital/Repairs	25,000.00
RESPIRATORY MAINTENANCE INC	Repairs/maintenance	1,625.00
ROCHE DIAGNOSTICS CORPORATION	Patient Supplies	2,400.00
ROYAL MEDIA NETWORK, INC	Lab Supplies	1,370.00
RUSSELL ELECTRIC & SECURITY	Repairs/maintenance	1,000.00
SBM MOBILE PRACTICE, INC	1099 Provider	32,000.00
SCHAPEN LLC	RHC rent	1,750.00
SCRUBS AND SPORTS	Employee appreciation	273.94
SECURITY CHECK	Backgrounds check svcs	1,500.00
SHRED-IT	Secure doc disposal	2,500.00
SIEMENS HEALTHCARE DIAGNOSTICS	Lab maintenance/repair	12,600.00
SIZEWISE	equipment rental	1,000.00
SMAART MEDICAL SYSTEMS INC	Radiology interface/Radiologist provider	7,500.00
SMARTSIGN	Patient Supplies	212.00
SOMSS LLC	JEFF BRAND 1099 Provider	25,000.00
SOUTHWEST HOT STEAM CLEANING	Quarterly PM service	375.00
SPACELABS HEALTHCARE LLC	Patient Supplies	1,117.99
SPARKLIGHT BUSINESS	Cable service	1,200.00
STANDLEY	Printer Lease	500.00

Vendor	Description	Estimated Amount
STANDLEY SYSTEMS LLC	Printer Lease	7,000.00
STAPLES ADVANTAGE	Office Supplies	2,500.00
STERICYCLE INC	Waste Disposal svcs	8,000.00
STRYKER SALES CORPORATION	ISTAT PM	1,200.00
SYSMEX AMERICA INC	Lab PM Contract	8,439.00
TECUMSEH OXYGEN & MEDICAL SUPP	Supplies	5,000.00
TELEFLEX	Supplies	500.00
THE COMPLIANCE TEAM	RHC Consultant	500.00
TOUCHPOINT MEDICAL, INC	pharmacy purch svcs	6,000.00
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 BANK VENDOR FINANCE	Lab Eq Note	4,400.00
US FOODSERVICE-OKLAHOMA CITY	Food and supplies	10,000.00
US MED-EQUIP LLC	Swing bed eq rental	10,000.00
VITAL SYSTEMS OF OKLAHOMA, INC	Swing bed purch service	8,000.00
WESTERN COMMERCE BANK (OHA INS	Insurance	6,800.00
WOLTERS KLUWER HEALTH	Employee education/training	5,279.61
WORTH HYDROCHEM	Water Treatment	686.00
TOTAL Estimated		<u><u>2,108,027.09</u></u>

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
July 2022

	Current Month	COVID	Total Less COVID	Year-To-Date	Year-To-Date Less COVID
Cash Receipts	\$ 892,142	\$ -	\$ 892,142	\$ 8,532,612	\$ 8,277,986
Cash Disbursements	\$ (979,914)	\$ (42,985)	\$ (936,929)	\$ (9,376,147)	\$ (8,928,033)
NET	<u>\$ (87,772)</u>	<u>\$ (42,985)</u>	<u>\$ (44,787)</u>	<u>\$ (843,535)</u>	<u>\$ (650,048)</u>



August 23, 2022

**Board of Directors
Mangum Regional Medical Center**

July 2022 Financial Statement Overview

- **Statistics**
 - The average daily census in July was 10.94. This is an increase of 1.20 from the previous month and brings our YTD ADC to 10.08. As a reminder our target remains 11 ADC.
 - Cash receipts for the month of June totaled \$892K. This is a decrease of \$255K from June. (Generally speaking, there is approximately a one-two month lag between the net revenue generated each month & the majority of the cash collected).

- **Balance Sheet Highlights**
 - The operating cash balance as of July 31st is \$153K. The Restricted Cash balance reflects \$402K for a total of \$556K in cash.
 - Accounts Receivable reflects an increase of \$187K, this is primarily driven by the increase in Aging of accounts over 30 days.
 - The Due from Medicare asset account reflects \$895K. This balance is per the latest Medicare Interim Rate review letter received 7/27/22.
 - Accounts Payable saw an increase of \$471K primarily due to the decrease in cash disbursements for the month.
 - The COVID grant liability account reflects a balance of \$402K due to the recognition of \$200K in ARPA/Phase 4 funds in the month of July.



- Income Statement Highlights

- Net patient revenue reflects \$1.5M primarily due to the net adjustment from the \$895K Medicare Interim Rate Review previously mentioned.
- Other operating Revenue reflects the recognition of \$200K in COVID grant funds in the month of July, bringing total operating revenues to \$1.7M
- Operating expenses for the month of July reflect \$1.4M which is in line with our current monthly trend.
- July net income resulted in a positive amount of \$196K.

- Additional Notes

- Regarding the \$895K interim rate receivable, we are currently awaiting a rebuttal letter from Novitas in order to submit a request to have the receivable paid directly to the hospital rather than applied to any of the hospitals outstanding ERS loans.
- The note payable to CPSI for the hospital EHR was paid in full in July as well.

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

Item 5.

	January	February	March	April	May	June	July	12/31/2022 YTD	12/31/2021 PY Comparison
Admissions									
Inpatient	23	13	12	14	13	17	11	103	115
Swingbed	16	12	9	11	13	12	6	79	103
Observation	1	2	0	0	0	0	1	4	0
	40	27	21	25	26	29	18	186	218
Discharges									
Inpatient	21	13	12	14	14	16	11	101	102
Swingbed	15	8	8	8	13	8	7	67	61
Observation	1	1	0	0	0	0	1	3	0
	37	22	20	22	27	24	19	171	163
Days of Care									
Inpatient-Medicare	50	15	32	40	21	32	18	208	205
Inpatient-Other	36	39	6	5	12	16	17	131	132
Swingbed-Medicare	316	182	218	258	259	179	262	1,674	1,597
Swingbed-Other	18	0	0	0	0	65	42	125	145
Observation	1	2	0	0	0	0	1	4	0
	421	238	256	303	292	292	340	2,142	2,079
Calendar days	31	28	31	30	31	30	31	212	212
ADC - (incl OBS)	13.58	8.50	8.26	10.10	9.42	9.73	10.97	10.10	9.81
ADC	13.55	8.43	8.26	10.10	9.42	9.73	10.94	10.08	9.81
ER	188	114	122	119	148	145	144	980	
Outpatient	368	191	254	235	270	240	217	1,775	
RHC	162	97	153	162	181	166	166	1,087	

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

Item 5.

	<u>January</u>	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>Prior Month Variance</u>
Cash And Cash Equivalents	1,497,994	1,556,994	590,056	394,769	119,461	41,936	153,669	111,733
Reserved Funds	622,161	876,787	876,787	876,787	601,641	601,725	402,412	(199,313)
Patient Accounts Receivable, Net	2,369,734	1,727,478	1,549,843	1,555,517	1,670,365	1,735,446	1,922,751	187,305
Due From Medicare	-	300,000	600,000	775,000	775,000	638,500	894,803	256,303
Inventory	48,093	63,860	72,778	78,954	68,332	191,167	188,137	(3,030)
Prepays And Other Assets	1,566,841	1,558,637	1,526,432	1,540,836	1,555,616	1,528,202	1,620,409	92,207
Capital Assets, Net	2,852,888	2,838,094	2,807,195	2,616,336	2,585,799	2,489,776	2,442,958	(46,818)
Total Assets	8,957,712	8,921,849	8,023,091	7,838,199	7,376,214	7,226,751	7,625,138	398,387
Accounts Payable	15,843,303	16,028,473	15,692,392	15,815,949	15,867,267	16,019,513	16,490,793	471,280
Due To Medicare	2,618,696	2,466,835	2,313,656	2,497,068	2,318,118	2,163,338	2,120,607	(42,732)
Covid Grant Funds	622,161	876,787	876,787	876,787	601,634	601,634	402,169	(199,465)
Due To Cohesive - PPP Loans	-	-	-	-	-	-	-	-
Notes Payable - Cohesive	242,500	242,500	242,500	242,500	242,500	242,500	242,500	-
Notes Payable - Other	160,790	137,918	115,046	92,174	69,302	46,430	23,558	(22,872)
Alliantz Line Of Credit	-	-	-	-	-	-	-	-
Leases Payable	319,392	315,647	311,882	308,096	304,289	300,462	296,613	(3,849)
Total Liabilities	19,806,841	20,068,160	19,552,263	19,832,574	19,403,110	19,373,877	19,576,240	202,363
Net Assets	(10,849,129)	(11,146,311)	(11,529,172)	(11,994,375)	(12,026,895)	(12,147,125)	(11,951,102)	196,024
Total Liabilities and Net Assets	8,957,712	8,921,849	8,023,091	7,838,199	7,376,214	7,226,751	7,625,138	398,387

**Mangum Regional Medical Center
Cash Receipts & Disbursements by Month
August 23, 2022 Board Meeting**

2019		2020			2021				2022			
Month	Receipts	Month	Receipts	Stimulus Funds	Month	Receipts	Funds	Disbursements	Month	Receipts	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	1,285,377
March-19	1,357,203	March-20	843,213		March-21	910,623	49,461	866,387	March-22	789,800		1,756,782
April-19	1,299,323	April-20	617,307	778,925	April-21	742,500		999,127	April-22	1,042,122		1,244,741
May-19	1,289,344	May-20	605,061	3,405,872	May-21	816,551		1,528,534	May-22	898,311		1,448,564
June-19	559,288	June-20	562,725		June-21	936,092		1,455,892	June-22	1,147,564		1,225,070
July-19	1,576,072	July-20	521,080	78,499	July-21	1,009,037		1,774,932	July-22	892,142		979,914
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		8,277,986	254,626	9,376,147
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>8,532,612</u>		

**Mangum Regional Medical Center
Medicare Payables by Year
August 23, 2022 Board Meeting**

Year	Original Balance	Balance as of 07/31/22	Total Interest Paid as of 07/31/22
2016 C/R Settlement	1,397,906.00	-	205,415.96
2017 Interim Rate Review - 1st	723,483.00	-	149,425.59
2017 Interim Rate Review - 2nd	122,295.00	-	20,332.88
2017 6/30/17-C/R Settlement <i>Estimate</i>	1,614,760.00	-	7,053.79
2017 12/31/17-C/R Settlement <i>Estimate</i>	(535,974.00)	1,580,729.26	136,646.32
2017 C/R Settlement Overpayment <i>Estimate</i>	3,539,982.21	-	-
2018 C/R Settlement	1,870,870.00	-	241,040.31
2019 Interim Rate Review - 1st	323,765.00	-	5,637.03
2019 Interim Rate Review - 2nd	1,802,867.00	170,400.87	274,605.18
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>	(781,518.00)	(781,518.00)	-
2016 C/R Audit - Bad Debt Adj	348,895.00	256,191.43	7,088.33
Total	5,115,513.21	1,225,803.56	1,047,245.38

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

Item 5.

MTD				YTD		
Actual	Prior Year	Prior Yr Variance		Actual	Prior Year	Prior Yr Variance
138,426	246,806	(108,380)	Inpatient revenue	1,273,941	1,593,544	(319,603)
654,568	914,026	(259,458)	Swing Bed revenue	4,230,744	6,026,090	(1,795,346)
517,736	684,030	(166,294)	Outpatient revenue	3,831,554	4,341,948	(510,394)
142,101	178,773	(36,672)	Professional revenue	1,048,511	1,128,384	(79,873)
<u>1,452,832</u>	<u>2,023,636</u>	<u>(570,804)</u>	Total patient revenue	<u>10,384,749</u>	<u>13,089,966</u>	<u>(2,705,217)</u>
89,063	762,278	(673,215)	Contractual adjustments	1,621,958	4,636,457	(3,014,499)
(143,018)	-	(143,018)	Contractual adjustments: MCR Settlement	(432,623)	(167,366)	(265,257)
8,024	437,819	(429,795)	Bad debts	521,419	1,446,584	(925,165)
<u>(45,930)</u>	<u>1,200,097</u>	<u>(1,246,027)</u>	Total deductions from revenue	<u>1,710,754</u>	<u>5,915,675</u>	<u>(4,204,921)</u>
1,498,762	823,539	675,223	Net patient revenue	8,673,995	7,174,291	1,499,704
199,797	3,479	196,318	Other operating revenue	505,820	3,660,454	(3,154,634)
<u>1,698,559</u>	<u>827,018</u>	<u>871,541</u>	Total operating revenue	<u>9,179,815</u>	<u>10,834,744</u>	<u>(1,654,929)</u>
			Expenses			
330,181	117,986	212,195	Salaries and benefits	2,235,637	2,595,355	(359,717)
140,135	161,152	(21,017)	Professional Fees	958,594	911,456	47,139
496,092	394,683	101,409	Contract labor	3,270,914	1,837,021	1,433,893
99,380	124,304	(24,924)	Purchased/Contract services	678,777	549,090	129,687
225,000	225,000	-	Management expense	1,575,000	1,575,000	-
71,185	74,370	(3,185)	Supplies expense	515,487	706,459	(190,972)
28,898	22,164	6,733	Rental expense	232,543	133,511	99,032
14,947	6,770	8,177	Utilities	110,740	87,092	23,649
752	33	719	Travel & Meals	8,269	1,364	6,905
11,485	1,149	10,335	Repairs and Maintenance	84,047	27,926	56,121
13,536	14,171	(635)	Insurance expense	84,280	82,901	1,379
6,682	24,442	(17,761)	Other Expense	138,718	286,802	(148,084)
<u>1,438,271</u>	<u>1,166,225</u>	<u>272,046</u>	Total expense	<u>9,893,007</u>	<u>8,793,975</u>	<u>1,099,033</u>
<u>260,288</u>	<u>(339,206)</u>	<u>599,495</u>	EBIDA	<u>(713,193)</u>	<u>2,040,769</u>	<u>(2,753,962)</u>
<u>15.3%</u>	<u>-41.0%</u>	<u>56.3%</u>	EBIDA as percent of net revenue	<u>-7.8%</u>	<u>18.8%</u>	<u>-26.6%</u>
17,447	10,276	7,171	Interest	137,604	88,279	49,325
46,818	25,083	21,735	Depreciation	329,324	175,580	153,744
<u>196,024</u>	<u>(374,565)</u>	<u>570,589</u>	Operating margin	<u>(1,180,121)</u>	<u>1,776,910</u>	<u>(2,957,031)</u>
-	-	-	Other	-	-	-
-	-	-	Total other nonoperating income	-	-	-
<u>196,024</u>	<u>(374,565)</u>	<u>570,589</u>	Excess (Deficiency) of Revenue Over Expenses	<u>(1,180,121)</u>	<u>1,776,910</u>	<u>(2,957,031)</u>
<u>11.54%</u>	<u>-45.29%</u>	<u>56.83%</u>	Operating Margin %	<u>-12.86%</u>	<u>16.40%</u>	<u>-29.26%</u>

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

Item 5.

	January	February	March	April	May	June	July	YTD
Inpatient revenue	310,831	198,959	178,480	128,458	110,324	208,463	138,426	1,273,941
Swing Bed revenue	830,106	440,403	477,011	549,824	673,947	604,885	654,568	4,230,744
Outpatient revenue	631,725	422,930	482,757	578,245	632,060	566,101	517,736	3,831,554
Professional revenue	224,946	124,781	143,553	132,657	149,758	130,715	142,101	1,048,511
Total patient revenue	1,997,609	1,187,073	1,281,801	1,389,183	1,566,088	1,510,164	1,452,832	10,384,749
Contractual adjustments	403,881	106,453	527,997	109,975	237,443	147,146	89,063	1,621,958
Contractual adjustments: MCR Settlement	-	(300,000)	(300,000)	173,895	-	136,500	(143,018)	(432,623)
Bad debts	110,208	223,965	(23,898)	59,784	132,103	11,233	8,024	521,419
Total deductions from revenue	514,089	30,418	204,099	343,654	369,546	294,878	(45,930)	1,710,754
Net patient revenue	1,483,520	1,156,655	1,077,701	1,045,529	1,196,543	1,215,285	1,498,762	8,673,995
Other operating revenue	-	12,728	3,728	13,234	275,899	435	199,797	505,820
Total operating revenue	1,483,520	1,169,383	1,081,430	1,058,762	1,472,441	1,215,720	1,698,559	9,179,815
	95.0%	78.9%	73.6%	68.6%	79.5%	91.0%	99.7%	83.7%
Expenses								
Salaries and benefits	336,275	295,586	310,640	321,429	332,039	309,488	330,181	2,235,637
Professional Fees	143,762	117,117	128,408	127,533	149,659	151,981	140,135	958,594
Contract labor	549,651	426,697	471,826	455,452	452,171	419,026	496,092	3,270,914
Purchased/Contract services	56,015	150,125	72,951	88,451	123,274	88,581	99,380	678,777
Management expense	225,000	225,000	225,000	225,000	225,000	225,000	225,000	1,575,000
Supplies expense	93,932	83,502	90,578	130,142	80,876	(34,728)	71,185	515,487
Rental expense	42,114	40,517	29,486	36,420	22,462	32,647	28,898	232,543
Utilities	17,555	18,389	16,087	14,453	14,499	14,811	14,947	110,740
Travel & Meals	697	556	619	1,495	2,929	1,222	752	8,269
Repairs and Maintenance	15,500	13,564	9,179	11,339	11,170	11,811	11,485	84,047
Insurance expense	11,042	12,592	11,042	11,042	11,515	13,511	13,536	84,280
Other	16,775	30,900	47,667	7,687	13,691	15,315	6,682	138,718
Total expense	1,508,317	1,414,544	1,413,483	1,430,443	1,439,286	1,248,665	1,438,271	9,893,007
EBIDA	\$ (24,797)	\$ (245,161)	\$ (332,053)	\$ (371,680)	\$ 33,155	\$ (32,945)	\$ 260,288	\$ (713,193)
EBIDA as percent of net revenue	-1.7%	-21.0%	-30.7%	-35.1%	2.3%	-2.7%	15.3%	-7.8%
Interest	22,624	20,626	19,909	18,704	20,237	18,057	17,447	137,604
Depreciation	30,727	31,394	30,899	74,819	45,439	69,228	46,818	329,324
Operating margin	\$ (78,148)	\$ (297,182)	\$ (382,861)	\$ (465,203)	\$ (32,521)	\$ (120,230)	\$ 196,024	\$ (1,180,121)
Other	-	-	-	-	-	-	-	-
Total other nonoperating income	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Excess (Deficiency) of Revenue Over Expenses	(78,148)	(297,182)	(382,861)	(465,203)	(32,521)	(120,230)	196,024	(1,180,121)
Operating Margin % (excluding other misc. reve)	-5.27%	-25.41%	-35.40%	-43.94%	-2.21%	-9.89%	11.54%	-12.86%

MRMC AP AGING SUMMARY
For Month Ending
7/31/2022

VENDOR - Under Litigation	Description	0-30	31-60	61-90	Over 90	7/31/2022	6/30/2022	5/31/2022
ADP INC	QMI Payroll Service Provider				4,276.42	4,276.42	4,276.42	4,276.42
ADP SCREENING AND SELECTION	QMI Payroll Service Provider				1,120.00	1,120.00	1,120.00	1,120.00
ALLIANCE HEALTH SOUTHWEST OKLA	Old Mgmt Fees				698,000.00	698,000.00	698,000.00	698,000.00
ELISE ALDUINO	1099 consultant				12,000.00	12,000.00	12,000.00	12,000.00
HEADRICK OUTDOOR MEDIA INC	Advertising				25,650.00	25,650.00	25,650.00	25,650.00
MEDSURG CONSULTING LLC	Equipment Rental Agreement				98,670.36	98,670.36	98,670.36	98,670.36
QUARTZ MOUNTAIN RESORT	Alliance Travel				9,514.95	9,514.95	9,514.95	9,514.95
SUBTOTAL-Vendor Under Litigation		-	-	-	849,231.73	849,231.73	849,231.73	849,231.73
VENDOR	Description	0-30	31-60	61-90	Over 90	7/31/2022	6/30/2022	5/31/2022
ALIMED	COVID Capital				9,331.54	9,331.54	9,312.19	9,312.19
AMBS CALL CENTER	Hotline	-				-	19.00	-
AMERICAN HEALTH TECH	Rental Equipment-Old				22,025.36	22,025.36	22,025.36	22,025.36
ANESTHESIA SERVICE INC	Patient Supplies	1,000.50	317.87			1,318.37	584.86	390.09
APEX MEDICAL GAS SYSTEMS, INC	COVID Capital			900.00	42,085.08	42,985.08	85,970.18	105,421.08
ARAMARK	Linen Services	8,111.43	8,893.80	2,222.45		19,227.68	20,006.05	17,779.60
AT&T	Fax Service	-				-	3,320.68	-
AVANAN, INC.	COVID Capital				16,800.00	16,800.00	16,800.00	16,800.00
BADGE BUDDIES LLC	HR Supplies		142.56			142.56	142.56	-
BARRY DAVENPORT	1099 Provider	5,760.00				5,760.00	-	-
BAXTER HEALTHCARE	Pharmacy Supplies	298.09	298.09			596.18	865.02	-
BIO-RAD LABORATORIES INC	Lab Supplies	-				-	5,208.78	745.96
BKD LLP	Cost report preparer		-			-	15,593.00	16,093.00
C&S INSTRUMENTS LLC	Patient Supplies				178.47	178.47	178.47	178.47
C.R. BARD INC.	Surgery Supplies-Old				3,338.95	3,338.95	3,338.95	3,338.95
CARNEGIE TRI-COUNTY MUN. HOSP	Pharmacy Supplies	-				-	-	428.37
CENTERPOINT ENERGY ARKLA	Utilities	948.28				948.28	854.92	903.16
CINTAS CORPORATION #628	Linen Services	3,451.84	4,319.06			7,770.90	7,824.50	6,134.52
CITY OF MANGUM	Utilities	8,319.89				8,319.89	6,021.29	6,091.14
CliftonLarsonAllen LLP	Audit firm	4,200.00				4,200.00	-	-
COHESIVE HEALTHCARE MGMT	Mgmt Fees	226,350.00	226,459.12		3,859,554.69	4,312,363.81	4,086,013.81	3,634,554.69
COHESIVE HEALTHCARE RESOURCES	Payroll	433,760.56	344,552.32	353,217.10	4,453,981.23	5,585,511.21	5,636,812.35	5,855,266.63
COHESIVE MEDIRYDE LLC	Mgmt Transportation Service	902.00	2,040.75	801.00	9,457.50	13,201.25	12,299.25	10,153.50
COHESIVE STAFFING SOLUTIONS	Mgmt Staffing Service	471,853.44	400,412.79	393,190.41	2,910,964.78	4,176,421.42	3,766,760.59	3,810,633.40
COMMERCIAL MEDICAL ELECTRONICS	Quarterly Maintenance	2,450.00			2,450.00	4,900.00	2,450.00	2,450.00
COMPLIANCE CONSULTANTS	Lab Consultant				1,000.00	1,000.00	1,000.00	1,000.00
CONEXUS SOLUTIONS LLC	Agency Staffing				327,702.05	327,702.05	339,182.05	356,902.05
CONTEMPORARY HEALTHCARE SVCS	1099 Provider	6,750.00				6,750.00	9,250.00	4,750.00
CORRY KENDALL, ATTORNEY AT LAW	Legal Fees		2,000.00	6,000.00	21,900.00	29,900.00	29,900.00	29,226.15
CPSI	EHR Software	3,110.00				3,110.00	3,843.00	-
CULLIGAN WATER CONDITIONING	Clinic Purchased Service		-			-	-	26.00
DAN'S HEATING & AIR CONDITIONI	COVID Capital	109.00				109.00	-	-
DOERNER SAUNDERS DANIEL ANDERS	Legal Fees				340,816.02	340,816.02	340,816.02	340,816.02
DR W. GREGORY MORGAN III	1099 Provider	4,766.67				4,766.67	4,766.67	4,766.67

VENDOR	Description	0-30	31-60	61-90	Over 90	7/31/2022	6/30/2022	5/31/2022	Item 5.
DR. JOHN CHIAFFIETELLI	1099 Provider				-	-	9,615.38	-	
eCLINICAL WORKS, LLC	RHC EHR set up		250.00			250.00	250.00	-	
EMD MILLIPORE CORPORATION	Lab Supplies				269.00	269.00	269.00	269.00	
F1 INFORMATION TECHNOLOGIES IN	IT Support Services	2,928.00	2,928.00			5,856.00	2,928.00	2,928.00	
FEDEX	Postage service	82.73	44.93			127.66	79.47	-	
FIRSTCARE MEDICAL SERVICES, PC	1099 Provider	9,615.38				9,615.38	-	9,615.38	
FLOWERS UNLIMITED	Patient Other	140.60		54.73	72.27	267.60	-	-	
FORVIS LLP	Finance Purch Svs(Formerly BKD)	7,296.00		15,593.00		22,889.00	-	-	
FOX BUILDING SUPPLY	Plant Ops supplies		478.41			478.41	478.41	-	
GEORGE BROS TERMITE & PEST CON	Pest Control Service	200.00				200.00	-	320.00	
GRAINGER	Maintenance Supplies	1,096.20				1,096.20	842.13	2,546.63	
GREER COUNTY CHAMBER OF	Advertising			400.00		400.00	400.00	400.00	
HAC INC	Dietary Supplies	431.28	29.96			461.24	543.31	513.64	
HAMILTON MEDICAL INC.	Ventilator Supplies			688.32	1,199.60	1,887.92	1,887.92	1,772.22	
HEALTH CARE LOGISTICS	Pharmacy Supplies		521.04			521.04	2,135.22	22.47	
HEALTHSTREAM	Employee Training Purchased Service		841.75			841.75	841.75	-	
HEARTLAND PATHOLOGY CONSULTANT	Lab Consultant	1,000.00				1,000.00	-	1,000.00	
HENGST PRINTING	Pharmacy Supplies		81.00			81.00	-	-	
HENRY SCHEIN	Lab Supplies		6,960.39			6,960.39	4,616.63	298.23	
HERC RENTALS-DO NOT USE	Old Rental Service				7,653.03	7,653.03	7,653.03	7,653.03	
HICKS MEDIA	Advertising		367.50	78.75	40.00	486.25	118.75	-	
HILL-ROM COMPANY, INC	Supplies				1,464.29	1,464.29	1,464.29	1,464.29	
IMEDICAL INC	Supplies				1,008.29	1,008.29	1,008.29	1,008.29	
IMPERIAL, LLC.-LAWTON	Dietary Purchased Service	102.15	102.15	204.30		408.60	204.30	272.40	
INSIGHT DIRECT USA INC.	COVID Capital	962.76				962.76	-	-	
JANUS SUPPLY CO	Housekeeping Supplies, based in Altus	2,274.55	543.52			2,818.07	2,307.77	1,051.95	
KAY ELECTRIC	Repairs/maintenance	-				-	-	995.06	
KCI USA	Supplies		173.43	914.49		1,087.92	914.49	-	
KING GUIDE PUBLICATIONS INC	Advertising			100.00		100.00	100.00	-	
LABCORP	Lab purch svcs	4,697.80				4,697.80	-	8,369.67	
LAMPTON WELDING SUPPLY	Patient Supplies	2,515.88				2,515.88	1,462.85	2,266.41	
LANGUAGE LINE SERVICES INC	Translation service	130.00	130.00	130.00		390.00	130.00	260.00	
LOCKE SUPPLY	Plant Ops supplies	209.20				209.20	-	133.60	
MANGUM LIONS CLUB	Invoice Credited in May					-	-	35.00	
MATT MONROE	Credit future month rent	(3,400.00)				(3,400.00)	(4,250.00)	(5,100.00)	
MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies	13,330.65	661.14			13,991.79	14,245.77	18,930.38	
MEASUREMENT SPECIALTIES INC	Supplies				175.00	175.00	175.00	175.00	
MEDLINE INDUSTRIES	Patient Care/Lab Supplies	4,098.46	5,461.34			9,559.80	17,142.23	5,903.43	
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	
NATIONAL RECALL ALERT CENTER	Safety and Compliance				1,190.00	1,190.00	1,190.00	1,190.00	
NEXTIVA, INC.	Phones	-				-	2,055.39	2,055.39	
NINJA RMM	IT Service				2,625.00	2,625.00	2,625.00	2,625.00	
NP RESOURCES	1099 Provider				-	-	5,400.00	-	
NUANCE COMMUNICATIONS INC	RHC purch svcs		123.00	123.00	123.00	369.00	246.00	123.00	
OKLAHOMA BLOOD INSTITUTE	Lab Supplies			2,040.80	2,551.00	4,591.80	4,591.80	5,102.00	
OKLAHOMA DEPARTMENT OF LABOR	Repairs/maintenance	-				-	-	75.00	
OKLAHOMA MEDICAL LICENSURE	Credentialing	-				-	-	60.00	

Item 5.

VENDOR	Description	0-30	31-60	61-90	Over 90	7/31/2022	6/30/2022	5/31/2022
ORGANOGENESIS INC	Wound care supplies			2,700.00		2,700.00	2,700.00	6,460.00
ORTHO-CLINICAL DIAGNOSTICS INC	Lab purch svcs	401.32	401.24	401.24	1,199.08	2,402.88	2,001.56	1,600.32
PARA HEALTHCARE ANALYTICS, LLC	CMD Review	2,909.00	1,959.00		1,959.00	6,827.00	3,918.00	4,868.00
PARTSSOURCE INC,	Lab repair/maint				1,234.30	1,234.30	1,234.30	1,234.30
PETE'S GLASS & UPHOLSTERY	Repairs/maintenance	245.00				245.00	-	-
PHILADELPHIA INSURANCE COMPANY	OHA Insurance	-				-	1,968.92	6,417.75
PHILIPS HEALTHCARE	Supplies				337.12	337.12	337.12	337.12
PITNEY BOWES GLOBAL FINANCIAL	Postage rental				347.00	347.00	347.00	347.00
PRESS GANEY ASSOCIATES, INC	Purchased Service		682.76	682.76	682.76	2,048.28	1,365.52	1,365.52
RAMSEY AND GRAY, PC	Legal Fees				6,270.00	6,270.00	6,270.00	6,270.00
RESPIRATORY MAINTENANCE INC	Repairs/maintenance		675.00			675.00	-	-
REYES ELECTRIC LLC	Repairs/maintenance				7,105.00	7,105.00	7,105.00	20,205.00
ROCHE DIAGNOSTICS CORPORATION	Patient Supplies				2,314.00	2,314.00	2,314.00	2,314.00
ROYAL MEDIA NETWORK, INC	Lab Supplies		1,370.00			1,370.00	-	2,160.00
SBM MOBILE PRACTICE, INC	1099 Provider	9,600.00				9,600.00	8,400.00	8,200.00
SCRUBS AND SPORTS	Employee Appreciation				382.58	382.58	382.58	328.26
SECURITY CHECK	Background check service				1,120.00	1,120.00	1,120.00	1,120.00
SHELLY BOWMAN	Employee Reimbursement	109.90				109.90	-	-
SHRED-IT USA LLC	Secure Doc disposal service	3,032.33	1,572.86			4,605.19	-	-
SIEMENS HEALTHCARE DIAGNOSTICS	Service Contract	12,600.00				12,600.00	-	-
SIZEWISE	Swing bed purch service	8,507.98	5,663.46			14,171.44	5,663.46	-
SMAART MEDICAL SYSTEMS INC	Radiology interface/Radiologist provider		1,735.00	1,735.00	5,205.00	8,675.00	8,675.00	6,940.00
SOMSS LLC	1099 Provider	4,800.00				4,800.00	8,400.00	9,800.00
SPACELABS HEALTHCARE LLC	Telemetry Supplies		1,117.99			1,117.99	360.36	-
STANDLEY SYSTEMS LLC	Printer lease		2,365.16			2,365.16	2,365.16	-
STAPLES ADVANTAGE	Office Supplies	160.28				160.28	1,726.85	811.21
STERICYCLE / SHRED-IT	Secure Doc disposal service	-	-	-	-	-	-	497.14
STERICYCLE INC	Waste Disposal Service	1,728.89				1,728.89	3,757.45	4,930.72
STERIS CORPORATION	Old surgery supplies				(1,762.89)	(1,762.89)	(1,762.89)	(1,762.89)
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	1,230.00	850.00	570.00	4,200.00	6,850.00	5,620.00	4,200.00
TOUCHPOINT MEDICAL, INC	Med Dispense Monitor Support				3,285.00	3,285.00	3,285.00	3,285.00
ULINE	Patient Supplies	1,287.07			301.53	1,588.60	301.53	301.53
US FOODSERVICE-OKLAHOMA CITY	Food and supplies	3,360.29				3,360.29	5,656.92	3,136.51
US MED-EQUIP LLC	Swing bed eq rental		1,224.10	479.34	9,570.68	11,274.12	9,570.68	9,570.68
VITAL SYSTEMS OF OKLAHOMA, INC	Swing bed purch service	5,985.00		4,275.00	9,405.00	19,665.00	14,535.00	10,260.00
WELCH ALLYN, INC.	Supplies				(628.66)	(628.66)	(628.66)	(628.66)
WOLTERS KLUWER HEALTH	Clinical Education				5,279.61	5,279.61	5,279.61	5,279.61
WORTH HYDROCHEM	semi-annual water treatment		686.00			686.00	-	-
Vendor Subtotal		1,285,810.40	1,029,436.49	787,501.69	12,113,242.66	15,215,991.24	14,642,581.60	14,465,849.99
Grand Total		1,285,810.40	1,029,436.49	787,501.69	12,962,474.39	16,065,222.97	15,491,813.33	15,315,081.72

Conversion Variance	(13,340.32)	(13,340.32)	(13,340.32)
AP Control	16,051,882.65	15,478,473.01	15,301,741.40
Accrued AP	438,910.45	541,039.62	565,525.29
TOTAL AP	16,490,793.10	16,019,512.63	15,867,266.69

Mangum Regional Medical Center
Governing Board Summary
July Quality Data 08/11/2022

Hospital Activity

- Hospital Admission
 - Acute Care Admits: 11 – down from June (17)
 - Swing-Bed Admits: 6 – down from June (12)
 - Total Discharges: 18 – down from June (24)
- Total Patient Days, ED Visits, ADC
 - Total Patient: 339 - up from June (292)
 - ED Visits: 141 – down from June (144)
 - Average Daily Census: 11 – up from June (10)

AMA/LWBS

- AMA: 6 – up from June (3)
- LWBS: 0 – no change from June (0)

Type of Count (AMA/LWBS)	Count	Brief Description of Event	Actions
AMA	6	(5 ER/1 in-pt.) ER: 1.) pt. to ed for back pain, meds given. Pt. became upset that they were having to wait. Staff explained that they would return as soon as possible (with a Level 1) pt. became upset and left without signing AMA. 2.) Pt arrived to ed via ems, states they want to go to another ED, advised this is the closest. Risks/benefits discussed. Pt sign out AMA with family transferring in private vehicle to ER of choice. 3.) Pt to er for SHOB, after evaluation provider recommended admit and additional testing, pt. declined/does not want any further care. Risks and benefits discussed, pt. signed AMA. 4.) Pt to er for wound, triage preformed and pt. advised there would be a short wait. Pt did not want to wait, risks/benefits discussed. 5.) Pt to ed with n/v, after stable symptoms, pt. expressed the desire to leave and no further testing. Risks/benefits discussed, ama signed. IN-PT 1) Pt admitted to in-pt., pt. was found attempting to smoke with O2 on. Education provided on not smoking with O2 as well as not smoking	AMA - all ama pt had risks/benefits presented at time of ama, encouraged to return to ed as needed, discharge education will continue to be provided to pt based on specific dx/needs.

		in the hospital and use of illegal substances in the hospital.	
LWBS	0	none	none

Care Management

- 30 Day Readmissions
 - 1 for July

Event	Count	Comments	Actions
Readmit	1	1) Patient readmitted after leaving AMA during previous stay, readmitted for same dx	None

Risk Management

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

Incident Type	Count	Brief Description of Event & Outcome	Actions
Falls without injury	5	See below	
AMA/LWBS	6/0	See above	
Other events	0		

- Complaints and Grievances
 - 0 grievance

Brief Description of Complaint/Grievance & Outcome	Actions
None for July	None

- Patient Falls
 - Fall with no injury – 5
 - Fall with minor injury – 1
 - Fall with major injury – 1

Count	Brief Description of Event & Outcome	Actions
5 FWOI	5 w/o injury - pts transferred independently w/o calling for assistance, fall precautions in place as appropriate for each pt.	education provided to all fall pts to call for assist with all transfers, additional bed/chair alarms added as needed per pt.
1 Fall w/minor injury	1 fall w/minor injury, pt. fall while transferring independently, received skin tear.	education provided to all fall pt. to call for assist with all transfers, additional bed/chair alarms added as needed per pt., first aide provided to skin tear and dressed appropriately
1 Fall w/major injury	1 Fall w/major injury. Pt fall while transferring w/o calling for assist, c/o pain to wrist and back, sustained wrist and 9th rib fracture.	Fx. to wrist placed in splint per md orders, additional bed/chair alarm added to pt. education provided to all fall pt to call for assist with all transfers

- Mortality Rate
 - Acute/Swing-Bed Deaths
 - 0 (0%) (YTD = 7%)
 - Emergency Department Deaths
 - 1 (1%) (YTD = (0%))

Count	Brief Description of Event & Outcome	Actions
0 acute 0 swing	None for the reporting period	none
1 ER	1 Pulseless/PEA Pt via EMS with ACLS and intubation initiated prior to Arrival. Attempts unsuccessful, pt. expired.	none

- Organ Bank Notifications within 60 minutes of Death (Benchmark 100%)
 - 1 notification within 60 minutes of death/ 1 death for reporting period

Count	Compliance	Action
1	100%	none

Infection Control

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

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

Health Information Management

- History & Physical Completion (Benchmark 100%)
 - 19/19= 100%
- Discharge Summary Completion (Benchmark 100%)
 - 22/22 = 100 %

Type of Documentation (H&P/Discharge)	Count	Actions
H&P	19	none
Discharge Summary	22	none

Nursing

- Code Blue
 - 1
- Transfers
 - Acute Transfers – 0
 - ED Transfers – 9

Event	Count	Comments	Actions
Acute Transfers	0	none	Continue operating capacities for this CAH.
ED Transfers	9	9 - transferred to higher level of care for: STEMI, NSTEMI, DKA, COPD exacerbation, Psych in-pt., femur fx., OD, Acute MI, Endocarditis/sepsis	Continue operating capacities for this CAH.



Clinic Operations Report

Mangum Family Medical Clinic

July 2022

Clinic Operations

- ECW implementation continues. No significant delays noted at this time. Soft go live week of 8/12.
- Provider back up and running. New staffing noted in front.

Quality Report

- Metrics continue to be monitored. All within good standing

Outreach

- Approx. 75 sports physicals performed in Eldorado and Blair.
- Continue to advertise in local paper and on social media.

Summary

- Communicated with Cardiology Group to increase patient experience.
- “no show” percentage decreased from 22% to 17%

	Jan	Feb	Mar	Apr	May	June	July	YTD Avg
Total Clinic Visits	154	97	150	160	180	160	158	151
Total Clinic Productive Hours	NA	128	133	135	140	151.5	132	134
Total Visits per Productive Hour		.76	1.13	1.19	1.28	1.05	1.20	1.13
New Patient Clinic Encounters	13	12	27	22	39	33	30	25
Walk-Ins	29	18	24	31	80	48	27	37
Nurse Only Visits	11	3	0	0	3	0	5	3
Telehealth Visits Completed	0	0	0	0	0	0	0	0
Annual Well Visits	0	1	0	0	0	0	0	0
No Shows	22	28	22	23	33	35	27	27

Year At A Glance	July 21	July 22
Total Clinic Visits	261	158
Total Clinic Productive Hours	155	132
Total Visits per Productive Hour	1.68	1.2
New Patient Clinic Encounters	28	30
Walk-Ins	119	27
Nurse Only Visits	22	5
Telehealth Visits Completed	0	0
Annual Well Visits	10	0
No Shows	17	27

Providers by the number:

Forster: 158 18 days = 9 pts per day



Chief Clinical Officer Report July 2022

Excellent Patient Care

- Monthly Education included Hand Hygiene, Mask Guidance, Fall Documentation and Pain Assessment
- MRMC Emergency Management and Administration coordinated with Greer EMS, Air Evac, Mangum Police, Fire and City Manager to begin preparations for an active shooter drill.
- MRMC Infection Prevention proudly reports sustained outstanding performance as evidenced by **ZERO** prevalence of Hospital Acquired Infections, Catheter Associated Urinary Tract Infections or Central Line Associated Blood Stream Infections.
- Out of 10,908 doses of medication administration, there were **ZERO** adverse reactions.
- On average, there were **ZERO** medication errors per 1000 doses.

Excellent Client Service

- Patients continue to rely on MRMC as their local hospital. Patient days decreased from 292 days in June to 339 days in July. This represents an increase in average daily census from 10 to 11. In addition, MRMC Emergency Department provided care to 141 patients in July.
- July COVID-19 Stats at MRMC: Swabs (39-PCR & 67-Antigen) with 4 Positive PCR & 11 Positive Antigen.
- Our Laboratory completed 2108 tests with 0 repeat labs required.

Preserve Rural Healthcare

Mangum Regional Medical Center												
2022 Monthly Census Comparison												
	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec/21
Inpatient	39	15	21	26	26	29	17					30
Swing Bed	16	3	9	11	13	12	6					17
Observation	1	2	0	0	0	0	1					1
Emergency Room	187	114	121	118	144	144	141					166
Lab Completed	2833	1888	2031	2154	2459	2653	2108					3082
Rad Completed	264	196	215	238	256	216	207					267
Ventilator Days	4	5	0	0	0	0	0					10

Preserve Rural Jobs

- Open Positions include Full Time RT, RN, LPN, and CNA.
- The New and Improved Dietary Team along with Cohesive Healthcare Management provide delicious meals free of charge to on-duty staff. Patients and Visitors continue to rave about the quality meals being provided.
- Recruiting efforts included interviewing regional professionals. Offers are being considered!



Chief Executive Officer Report July 2022

COVID Overview

- ✓ Leadership continues to update staff and providers regarding new policies and regulations.
- ✓ Covid concerns have increased slightly along with Monkey Pox and vigilance continues to be key.

Staff and Operations Overview

- ✓ Patient care continues to be outstanding.
- ✓ Open positions include, CNA, LPN, RN and RT.
- ✓ Recently hired staff include CNA, LPN, Monitor Tech, Clinic Receptionist and Dietary staff.
- ✓ Critical Alert nurse call system is close to completion. This is the final major improvement enabled by grant funds.
- ✓ Our average daily census for the month was 11.
- ✓ Emergency Department assisted 141 patients.
- ✓ Employees continued to receive free meals compliments of Cohesive.
- ✓ We continue to put an emphasis on social media presence and other outreach efforts for the Hospital and the Clinic.
- ✓ Consideration and planning is underway for the increased use of the space in the David Caley Memorial Annex.

Contracts, Agreements and Appointments for Governing Board Approval

- ✓ LifeShare Transplant Donor Services of Oklahoma, Inc. Renewal Agreement
- ✓ Commercial Water Heater Purchase Approval
- ✓ Port 53 Technologies Meraki License and Cloud-based Support Service Renewal
- ✓ Premier-Sysmex Coag & Hematology Analyzer Agreement Renewal
- ✓ Blue Cross and Blue Shield HMO and PPO Payor Agreements

Hospital Vendor Contract Summary Sheet

1. Existing Vendor New Vendor
2. **Name of Contract: BCBS Medicare Advantage HMO Amendment**
3. **Contract Parties: BCBS MA and MCHA dba MRMC**
4. **Contract Type Services: Blue Choice Medicare Advantage reimbursement agreement.**
5. **Impacted Hospital Departments: Rev Ops**
6. **Contract Summary: Establishes new higher rates of reimbursement effective 1/05/2022. See chart below.**
7. **Cost: N/A**
8. **Prior Cost: N/A**
9. **Term: Next cost report review.**
10. **Termination Clause: N/A**
11. **Other:**

<i>Lump Sum/Rate Change Summary</i>	
Provider Name:	MANGUM REGIONAL MEDICAL CENTER
Provider Number:	371330
Fiscal Year End:	12/31/2021
Auditor:	Haley Aguilar
PS&R thru date:	12/09/2021
Determination Date:	12/22/2021
Workpaper Ref #:	IR.3.1

	Provider Name:	Payment Type	Effective Date	New Rate	Previous Rate	LSA	CCN #:
Main	MANGUM REGIONAL MEDICAL CENTER	Part A Per Diem	01/05/2022	\$ 3,356.00	\$ 3,021.00		371330
				*	\$ -	\$ 115,905	
		Part B Percentage		*	48%	\$ (10,570)	
		LSA SUBTOTAL				\$ 105,335	
SWB	MANGUM REGIONAL MEDICAL CENTER	Part A Per Diem	01/05/2022	\$ 3,231.00	\$ 2,967.00	\$ 841,590	372330
		LSA SUBTOTAL				\$ 841,590	
TOTAL LUMP SUM ADJUSTMENT						\$ 946,925	

cc: Rate Review File
 * = No Change



**Blue Cross Medicare AdvantageSM HMO Amendment
to the BlueLincs HMOSM Network Addendum to the
Blue Traditional Network Participating Hospital Agreement**

This Blue Cross Medicare Advantage HMO Amendment (“Blue Cross MA HMO Amendment”) to the BlueLincs HMO Network Addendum (“BlueLincs Addendum”) to the Blue Traditional Network Participating Hospital Agreement (“Agreement”) is made and entered into by and among GHS Health Maintenance Organization, Inc., d/b/a BlueLincs HMO (“BlueLincs HMO”), a Subsidiary of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association (“HCSC”), and HCSC’s subsidiaries and affiliates, and the undersigned (“Hospital”), including the entities listed on Exhibit B to the Agreement. This Blue Cross MA HMO Amendment supplements and amends the terms of the BlueLincs HMO Addendum and the Agreement with respect to the provision of Covered Services to Blue Cross Medicare Advantage HMO Members enrolled in Blue Cross Medicare Advantage HMO Plans, as the term is defined below.

As of the date executed, this Blue Cross Medicare Advantage HMO Amendment includes the following:

- Blue Cross Medicare Advantage HMO Amendment
- Attachment A, Compensation/Claims Submission
- Attachment B, Attestation

The undersigned hereby agree to the terms and conditions contained in this Blue Cross MA HMO Amendment. This Blue Cross MA HMO Amendment shall be effective beginning on _____.

MANGUM CITY HOSPITAL AUTHORITY D/B/A
MANGUM REGIONAL MEDICAL CENTER

BLUELINCS HMO, A SUBSIDIARY OF HEALTH
CARE SERVICE CORPORATION, A MUTUAL
LEGAL RESERVE COMPANY

Authorized Signature

Authorized Signature

Name of Signatory

RICK KELLY

Name of Signatory

Title of Signatory

**VICE PRESIDENT HEALTH CARE DELIVERY
PROVIDER NETWORK OPERATIONS**

Title of Signatory

Date Signed

Date Signed

RECITALS

WHEREAS, the Parties entered into the Agreement and the BlueLincs HMO Addendum to provide Covered Services to BlueLincs HMO Members;

WHEREAS, the Parties mutually desire to supplement and amend the Agreement and BlueLincs HMO Addendum to include the provision of Covered Services to BlueLincs HMO Members who are enrolled in Blue Cross Medicare Advantage HMO and Part D Plans (collectively, “Blue Cross Medicare Advantage HMO Members”); and

WHEREAS, CMS requires that specific terms and conditions be incorporated into the agreement between a Medicare Advantage Organization and Provider to comply with the Medicare laws, regulations, and CMS instructions; and

WHEREAS, the Parties agree to supplement and amend the Agreement and BlueLincs HMO Addendum to include the requirements applicable to BlueLincs HMO Network Providers, as the term is defined below, participating in the BlueLincs HMO Provider Network, as the term is defined below.

NOW THEREFORE, in consideration of the terms and conditions set forth in the Agreement, the BlueLincs HMO Addendum and this Blue Cross MA HMO Amendment, and for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree to the following:

ARTICLE I - DEFINITIONS

All capitalized terms not defined in this Blue Cross MA HMO Amendment shall have the meanings ascribed to them in the Agreement and the BlueLincs HMO Addendum.

- 1.0 Blue Cross Medicare Advantage HMO Members: means BlueLincs HMO Members who are enrolled in a Medicare Advantage HMO Plan offered by BlueLincs HMO.
- 1.1 Blue Cross Medicare Advantage HMO Network Provider: means a person or entity that contracts with BlueLincs to deliver health care services, including Covered Services, to Blue Cross Medicare Advantage HMO Members.
- 1.2 Blue Cross Medicare Advantage HMO Plan(s): means the Blue Cross Medicare Advantage HMO Plan(s) and Part D Plan(s) sponsored by BlueLincs HMO or its affiliates pursuant to the CMS Contract.
- 1.3 Blue Cross Medicare Advantage HMO Provider Network: means the network of Participating Providers maintained by BlueLincs HMO to provide Covered Services to Blue Cross Medicare Advantage HMO Members pursuant to the terms of their Blue Cross Medicare Advantage HMO Plan.
- 1.4 Centers for Medicare and Medicaid Services (“CMS”): means the agency within the Department of Health and Human Services that administers the Medicare program.
- 1.5 CMS Contract: means all the contracts between BlueLincs or its affiliates and CMS pursuant to which BlueLincs HMO or its affiliates sponsors Blue Cross Medicare Advantage HMO and Part D Plans
- 1.6 Completion of Any Audit: means completion of audit by the Department of Health and Human Services, the Government Accountability Office, or their designees of a Medicare Advantage Organization, Medicare Advantage Organization contractor or related entity.
- 1.7 Covered Services: means those Services which are covered under a Blue Cross Medicare Advantage HMO Plan.
- 1.8 Downstream Entity: has the same definition that in 42 CFR §§ 422.2 and 423.4, which, at the time of execution of this Blue Cross MA HMO Amendment, means any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the MA benefit, below the level of the arrangement

between BlueLincs HMO and a First-Tier Entity, such as Hospital. These written arrangements continue down to the level of the ultimate provider of both health and administrative services.

- 1.9 Final Contract Period: means the final term of the contract between CMS and BlueLincs HMO.
- 1.10 First Tier Entity: has the same definition as in 42 CFR §§ 422.2 and 423.4, which, at the time of execution of this Blue Cross MA HMO Amendment, means any person or entity that enters into a written arrangement with BlueLincs HMO to provide administrative and/or health care services, including Covered Services, to Blue Cross Medicare Advantage HMO Members.
- 1.11 HHS: means the U.S. Department of Health and Human Services.
- 1.12 Laws: means any and all applicable laws, rules, regulations, statutes, orders, and standards of the United States of America, the states or any department or agency thereof with jurisdiction over any or all of the Parties, as such laws, rules, regulations, statutes, orders and standards are adopted, amended or issued from time to time, including all applicable Medicare laws, regulations, and CMS instructions. Laws include, without limitation, the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and its implementing regulations, including the HIPAA administrative simplification rules at 45 CFR parts 160, 162, and 164; all CMS guidance and instructions relating to the Medicare Advantage and Medicare Prescription Drug Programs; Title VI of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; the Rehabilitation Act of 1973; the Americans with Disabilities Act; the requirements applicable to individuals and entities receiving federal funds; the federal False Claims Act; any applicable state false claims statute, the federal anti-kickback statute; and the federal regulations prohibiting the offering of beneficiary inducements.
- 1.13 Medicare Advantage (“MA”): an alternative to the traditional Medicare program in which private plans run by health insurance companies provide health care benefits that eligible beneficiaries would otherwise receive directly from the Medicare program.
- 1.14 Medicare Advantage Organization (“MA Organization”): a public or private entity organized and licensed by a state as a risk-bearing entity (with the exception of provider-sponsored organizations receiving waivers) that is certified by CMS as meeting the MA contract requirements.
- 1.15 Medicare Advantage Plan or MA Plan: means a Medicare Advantage Plan sponsored by a Medicare Advantage Organization, as the term is defined in Laws, pursuant to the Medicare Advantage Program.
- 1.16 Medicare Advantage Program (MA Program): means the Medicare managed care program established and maintained under Laws.
- 1.17 Medicare Prescription Drug Plan or Part D Plan: means a Medicare prescription drug benefit plan sponsored by a Part D Plan Sponsor, as the term is defined in Laws, pursuant to the Part D Program.
- 1.18 Medicare Prescription Drug Program (“Part D Program”): means the Medicare prescription drug benefit program established and maintained under Laws.
- 1.19 Member or Enrollee: a Medicare Advantage or Part D eligible individual who has enrolled in or elected coverage through a Medicare Advantage Organization or Part D Plan Sponsor.
- 1.20 Provider: (1) any individual who is engaged in the delivery of health care services in a State and is licensed or certified by the State to engage in that activity in the State; and (2) any entity that is engaged in the delivery of health care services in a State and is licensed or certified to deliver those services if such licensing or certification is required by State law or regulation.
- 1.21 Related Entity: means any entity that is related to the MA organization or Part D Sponsor by common ownership or control and (1) performs some of the MA organization’s management functions under contract or delegation; (2) furnishes services to Medicare enrollees under an oral or written agreement; or (3) leases

real property or sells materials to the MA organization at a cost of more than \$2500 during the contract period.

ARTICLE II - BLUELINCS HMO OVERSIGHT AND ACCOUNTABILITY

- 2.0 BlueLincs HMO Oversight: The Parties acknowledge and agree that BlueLincs HMO shall oversee, and ultimately remain responsible and accountable to CMS for, those functions and responsibilities required of BlueLincs HMO pursuant to Laws and its CMS Contract. BlueLincs HMO shall provide ongoing monitoring and oversight of all aspects of Hospital's performance of its obligations under the Agreement, BlueLincs HMO Addendum and this Blue Cross MA HMO Amendment.
- 2.1 Cooperation with CMS: The Parties acknowledge and agree that either Party's failure to cooperate with CMS or its designees may result in a referral of BlueLincs HMO and/or Hospital to law enforcement and/or implementation of other remedial action by CMS, including, without limitation, imposition of intermediate sanctions.

ARTICLE III - COVERED SERVICES

- 3.0 Provision of Covered Services: Hospital shall furnish Covered Services to Blue Cross Medicare Advantage HMO Members and otherwise perform other activities under the Agreement, the BlueLincs Addendum and this Blue Cross MA HMO Amendment in a manner consistent and in compliance with the requirements of all Laws; BlueLincs HMO's contractual obligations under its Medicare Advantage Contract with CMS; all applicable BlueLincs HMO policies, procedures and guidelines, including, but not limited to, BlueLincs HMO's compliance plan and such policies, procedures and initiatives for combating fraud, waste and abuse; and professionally recognized standards of health care. Hospital shall ensure that Covered Services are provided to Blue Cross Medicare Advantage HMO Members in a culturally competent manner, including for those Blue Cross Medicare Advantage HMO Members with limited English proficiency and/or reading skills, diverse cultural and ethnic backgrounds, physical disabilities, and mental disabilities. Hospital shall discuss all treatment options with Blue Cross Medicare Advantage HMO Members, including the option of no treatment, as well as related risks, benefits and consequences of such options. As applicable, Hospital shall provide to Blue Cross Medicare Advantage HMO Members instructions regarding follow-up care and training regarding self-care.
- 3.1 Direct Access to Certain Benefits: Hospital shall comply with all referral and Preauthorization procedures set forth in the Provider section of BlueLincs HMO's website at www.bcbsok.com, provided that no referral or prior authorization obligations shall be required for or imposed upon a Blue Cross Medicare Advantage HMO Member to obtain (1) a screening mammography, (2) an influenza vaccine, or (3) women who receive routine and preventive Covered Services from an in-network women's health care specialist. In addition, no cost sharing obligation shall be required for or imposed upon a Blue Cross Medicare Advantage HMO Member to obtain an influenza vaccine or a pneumococcal vaccine.
- 3.2 Non-Discrimination: Hospital shall not deny, limit, or condition coverage or the furnishing of health care services or Benefits, including Covered Services, to Blue Cross Medicare Advantage HMO Members based on any factor related to health status, including, but not limited to, medical condition (including mental and/or physical illness or disability), claims experience, receipt of health care, medical history, genetic information, or evidence of insurability (including conditions arising out of acts of domestic violence).
- 3.3 Advance Directives: Hospital shall comply with advance directive requirements in accordance with Laws and shall document in a prominent part of each Blue Cross Medicare Advantage HMO Member's current medical record whether or not such individual has executed an advance directive as required by Laws. Hospital shall not condition the provision of health care services or benefits, including Covered Services, or otherwise discriminate against any Blue Cross Medicare Advantage HMO Member based on whether or not the individual has executed an advance directive.

ARTICLE IV - RECORDS AND FACILITIES

- 4.0 Maintenance of Records: Hospital shall maintain adequate operational, financial, and administrative records, medical and prescription records, contracts, books, files and other documentation involving transactions related to the CMS Contract and/or the administration or delivery of Covered Services to Blue Cross Medicare Advantage HMO Members under the Agreement, the BlueLincs Addendum and this Blue Cross MA HMO Amendment (“Records”). At minimum, such Records shall be sufficient to enable BlueLincs to (1) evaluate Hospital’s performance, including accuracy of data submitted to BlueLincs HMO, and (2) enforce BlueLincs HMO’s rights under the Agreement, the BlueLincs HMO Addendum and this Blue Cross MA HMO Amendment and in accordance with Laws.
- 4.1 Inspection of Records: HHS, the Comptroller General, BlueLincs HMO, or their designees have the right to audit, evaluate, and inspect, and Hospital, at Hospital’s sole cost and expense, shall provide BlueLincs HMO, HHS, the Comptroller General, and/or their authorized designees with direct access to any pertinent information for any particular Contract Period, including, but not limited to, any Records, books, contracts, computer or other electronic systems (including medical records and documentation of the First Tier, Downstream, and entities related to CMS’ contract with the MA organization) through 10 years from the date of the Final Contract Period or from the date of Completion of Any Audit, whichever is later. Hospital, at Hospital’s sole cost and expense, shall provide all reasonable facilities and assistance for the safety and convenience of the personnel conducting any such inspection, copying, evaluation or audit, and Hospital shall not require HHS, the Comptroller General or their designees to sign any confidentiality statement or agreement prior to the start of any inspection, copying, evaluation or audit. Hospital shall provide BlueLincs HMO with copies of any and all (1) Records requested by BlueLincs HMO, and (2) Records inspected, copied, evaluated and/or audited by HHS, the Comptroller General and/or their authorized designees. Hospital shall notify BlueLincs HMO immediately by telephone, to be followed with written notice within three (3) business days, of any request from HHS, the Comptroller General and/or their authorized designees to inspect Hospital’s premises, physical facilities, computers or other electronic systems, or equipment or to confer with Hospital’s personnel, and Hospital shall permit BlueLincs HMO to participate in any such inspection or conference.

ARTICLE V - PRIVACY, SECURITY AND CONFIDENTIALITY

- 5.0 Hospital shall obtain, analyze, store, transmit and report Protected Health Information, as defined under Laws, in accordance with all Laws. As applicable, Hospital shall abide by all Laws and BlueLincs HMO procedures regarding privacy, confidentiality, and accuracy of Blue Cross Medicare Advantage HMO Members’ medical and prescription records and other health and enrollment information, including (1) abiding by all Federal and State laws regarding confidentiality and disclosure of medical records, or other health and enrollment information, (2) ensuring that medical information is released only in accordance with applicable Federal or State law, or pursuant to court orders or subpoenas, (3) maintaining the records and information in an accurate and timely manner, and (4) ensuring timely access by enrollees to the records and information that pertain to them.

ARTICLE VI - PAYMENT

- 6.0 Claims Payment: BlueLincs HMO shall pay Hospital for Covered Services rendered to Blue Cross Medicare Advantage HMO Members pursuant to this Blue Cross MA HMO Amendment in accordance with Attachment A to this Blue Cross MA HMO Amendment.
- 6.1 Claims to Federal Government Prohibited: Hospital shall not request payment for Covered Services provided under the Agreement, the BlueLincs HMO Addendum or this Blue Cross MA HMO Amendment in any form from CMS, HHS, or any other agency of the United States of America or their designees for items and services furnished in accordance with this Blue Cross MA HMO Amendment, except as may be approved in advance by BlueLincs HMO and CMS.

- 6.2 **Overpayment:** Hospital shall provide notice to BlueLincs HMO of any overpayment(s) identified by Hospital, including duplicate payments, within ten (10) calendar days of identifying such overpayment, and, unless otherwise instructed by BlueLincs HMO in writing, Hospital shall refund any amounts due to BlueLincs HMO within thirty (30) calendar days of identifying such overpayment.
- 6.3 Notwithstanding the provisions above, in the event of any overpayment, duplicate payment, or other payment in excess of that to which Hospital is entitled for Covered Services furnished to a Blue Cross Medicare Advantage HMO Member under the Agreement, the BlueLincs HMO Addendum and/or this Blue Cross MA HMO Amendment, BlueLincs HMO may recover the amounts owed by way of offset or recoupment from current or future amounts due from BlueLincs HMO to Hospital.

ARTICLE VII - HOLD HARMLESS

- 7.0 **Blue Cross Medicare Advantage HMO Member Hold Harmless:** Hospital hereby agrees that in no event, including, but not limited to, non-payment by BlueLincs HMO, insolvency of BlueLincs HMO, or breach of the Agreement, the BlueLincs HMO Addendum or this Blue Cross MA HMO Amendment by BlueLincs HMO, shall Hospital bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against Blue Cross Medicare Advantage HMO Members or persons other than BlueLincs HMO acting on such Blue Cross Medicare Advantage HMO Member's behalf for fees that are the legal obligation of BlueLincs HMO. This provision shall not prohibit Hospital from collecting charges for non-Covered Services or cost-sharing obligations for Covered Services imposed on Blue Cross Medicare Advantage HMO Member pursuant to the terms of such Blue Cross Medicare Advantage HMO Member's Blue Cross Medicare Advantage HMO Plan.

Hospital further agrees that: (1) this provision shall survive the termination of this Blue Cross MA HMO Amendment regardless of the cause giving rise to termination and shall be construed to be for the benefit of the Blue Cross Medicare Advantage HMO Member; and (2) this provision supersedes any oral or written contrary agreement now existing or hereafter entered into between Hospital and the Blue Cross Medicare Advantage HMO Member or persons other than BlueLincs acting on such Blue Cross Medicare Advantage HMO Member's behalf.

- 7.1 **Dual-Eligible Cost-Sharing:** Hospital agrees that, to the extent Hospital provides Covered Services to Blue Cross Medicare Advantage HMO Members who are eligible for benefits under both the Medicare and Medicaid Programs ("Dual-Eligible Member"), and unless otherwise instructed by BlueLincs in writing:
- 7.1.0 Hospital shall not bill, charge, collect a deposit from or seek compensation, remuneration or reimbursement from or have any recourse against any Dual-Eligible Member for payment of Medicare Part A and/or Part B cost-sharing when the state Medicaid program is responsible for payment of such amounts; furthermore, Hospital shall not impose cost-sharing that exceeds the amount of cost-sharing that would be permitted with respect to the individual under Title XIX if the individual were not enrolled in such a plan.
- 7.1.1 Hospital shall accept payment under the Agreement, the BlueLincs Addendum and this Blue Cross MA HMO Amendment as payment in full for the Covered Service provided to a Dual-Eligible Member or submit a claim to the state Medicaid source for payment of any cost-sharing amount that is the obligation of the state Medicaid program.
- 7.2 **Dual-Eligible Benefits:** Hospital shall coordinate with BlueLincs HMO to ensure that Hospital is informed of Medicare and Medicaid benefits available to Dual-Eligible Members, including cost-sharing obligations of such Dual Eligible Members as well as any applicable eligibility requirements or other rules.

**ARTICLE VIII - COMPLIANCE WITH QUALITY IMPROVEMENT
AND GRIEVANCE AND APPEAL REQUIREMENTS**

- 8.0 Quality Improvement: Hospital shall cooperate and comply with BlueLincs HMO medical policies as well as Blue Cross Medicare Advantage HMO Plan policies, procedures and programs for quality improvement, performance improvement and medical management, including, as applicable, drug utilization management, medication therapy management, and e-prescribing programs. Such cooperation and compliance shall include, but not be limited to, making all information regarding medical policy, medical management and quality improvement available to BlueLincs HMO and CMS upon request, and providing to BlueLincs HMO such data as may be necessary for BlueLincs HMO to implement and operate any and all quality improvement and medical management programs and credentialing and recredentialing requirements.
- 8.1 Grievances, Coverage Determinations and Appeals: Hospital shall cooperate and comply with all requirements of BlueLincs HMO regarding the processing of Blue Cross Medicare Advantage HMO Member grievances, coverage determinations and appeals relating to such Blue Cross Medicare Advantage HMO Members' Blue Cross Medicare Advantage HMO Plans, including the obligation to provide to BlueLincs HMO any and all information within the time frame reasonably requested by BlueLincs HMO to ensure BlueLincs HMO's compliance with Laws.

ARTICLE IX - DATA COLLECTION

- 9.0 Data Reporting: Hospital acknowledges that BlueLincs HMO collects, analyzes and integrates data relating to the provision of Covered Services to Blue Cross Medicare Advantage HMO Members in order for BlueLincs HMO to meet its obligations under Laws, including, without limitation, 42 CFR §§ 422.310, 422.516, 423,329, and 423.514, the CMS Contract and BlueLincs HMO policies, procedures and programs. Hospital agrees to provide to BlueLincs HMO any and all data, without limitation, including encounter data, diagnosis codes, and medical and prescription records, relating to the provision of health care services and benefits, including Covered Services, by Hospital to Blue Cross Medicare Advantage HMO Members pursuant to the Agreement, the BlueLincs HMO Addendum and this Blue Cross MA HMO Amendment as BlueLincs HMO so requests, and to submit such data to BlueLincs HMO, or such other party designated by BlueLincs HMO, in the format and within such time frames as may be prescribed by BlueLincs HMO. Hospital agrees that all data Hospital submits to BlueLincs HMO under this Blue Cross MA HMO Amendment shall conform to all relevant national standards and to the requirements for equivalent data for Medicare fee-for-service, as applicable.
- 9.1 Acknowledgement of Data Used to Obtain Payment Under Federal Program: Hospital acknowledges and agrees that data furnished by Hospital to BlueLincs HMO in connection with the provision of Covered Services under the Agreement, the BlueLincs HMO Addendum and this Blue Cross MA HMO Amendment will be used by BlueLincs HMO to obtain payment from CMS under the CMS Contract and to support BlueLincs HMO's participation in the MA and Part D Programs, including submission of bids for renewal of the CMS Contract in future years and for risk-adjusting Blue Cross Medicare Advantage HMO Plan payments from CMS. Furthermore, Hospital acknowledges and agrees that BlueLincs HMO and CMS will rely on the accuracy, completeness and truthfulness of any data Hospital submits to BlueLincs HMO under the Agreement, the BlueLincs HMO Addendum and this Blue Cross MA HMO Amendment.
- 9.2 Certification of Data Accuracy: Hospital shall, upon request by BlueLincs HMO, have its CEO or CFO or an individual delegated the authority to sign on behalf of one of these officers and who reports directly to such officer, certify to the accuracy, completeness and truthfulness of all data submitted under the Agreement, the BlueLincs HMO Addendum or this Blue Cross MA HMO Amendment in the form and format set out in Attachment B to this Blue Cross MA HMO Amendment.
- 9.3 Potential Financial Penalties: BlueLincs reserves the right to adopt, upon notice to Hospital, a schedule of financial penalties to be imposed on Hospital, in BlueLincs HMO's sole discretion, for Hospital's failure to comply with the terms and conditions of this section.

ARTICLE X - DELEGATION AND SUBCONTRACTING

- 10.0 Delegation of Activities: The Parties agree that to the extent that BlueLincs HMO delegates to Hospital performance of any function, duty, obligation, or responsibility, including reporting responsibilities, imposed on BlueLincs HMO under the CMS Contract (“Delegated Activity”):
- 10.0.0 The Delegated Activity shall be set out in writing, and if such Delegated Activity includes credentialing of Blue Cross Medicare Advantage HMO Network Hospitals and/or selection of Blue Cross Medicare Advantage HMO Network Hospitals, such written arrangement shall address BlueLincs HMO’s right to review on an ongoing basis, approve and audit Hospital’s credentialing process and/or right to review on an ongoing basis, approve, suspend and terminate such providers, as applicable;
- 10.0.1 BlueLincs HMO shall conduct on-going monitoring and review of Hospital’s performance of the Delegated Activity;
- 10.0.2 Hospital’s performance of the Delegated Activity shall comply with Laws, the Agreement, the BlueLincs HMO Addendum and this Blue Cross MA HMO Amendment; and
- 10.0.3 Such delegation shall be subject to the requirements of Laws.
- 10.1 Termination of Delegated Activities: The Parties agree that, with respect to any Delegated Activity delegated to Hospital, CMS and BlueLincs HMO may revoke the delegation in whole or in part or specify such other remedies as CMS or BlueLincs HMO, in its reasonable discretion, deems appropriate, where CMS, in its sole discretion, or BlueLincs HMO, in its reasonable discretion, determine that Hospital is not performing such Delegated Activity in a satisfactory manner.
- 10.2 Subcontracting: The Parties acknowledge that all vendors involved in the provision of a Delegated Activity and Blue Cross Medicare Advantage HMO Network Providers are considered First Tier or Downstream Entities and that all First Tier and Downstream Entities must comply with all provisions contained in this Blue Cross MA HMO Amendment. Accordingly, Hospital, as a First-Tier Entity, agrees that it will not contract with any entity (“Subcontractor”) to administer or deliver Covered Services to Blue Cross Medicare Advantage HMO Members unless (1) such arrangement is approved by BlueLincs HMO in writing in advance; (2) such Subcontractor is specifically obligated, through a written agreement between Subcontractor and BlueLincs HMO or Subcontractor and Hospital, to comply with all of the provisions contained in this Blue Cross MA HMO Amendment; and (3) such written arrangement specifically permits BlueLincs HMO and CMS to suspend or terminate the subcontractor or specify such other remedies as CMS or BlueLincs HMO, in its reasonable discretion, deems appropriate, upon determination by CMS, in its sole discretion, or BlueLincs HMO, in its reasonable discretion, that such Subcontractor is not performing the services satisfactorily.

ARTICLE XI - COMPLIANCE, FRAUD, WASTE, AND ABUSE PROGRAM AND REPORTING

- 11.0 Compliance Program: Hospital shall implement and maintain a compliance program that, at a minimum, meets the standards for an effective compliance program set forth in Laws, including, without limitation, the Federal Sentencing Guidelines, and that addresses the scope of services under the Agreement, the BlueLincs HMO Addendum and this Blue Cross MA HMO Amendment. Such compliance program shall require cooperation with BlueLincs HMO’s compliance plan and policies and shall include, without limitation, the following:
- 11.0.0 A code of conduct particular to Hospital that reflects a commitment to preventing, detecting and correcting fraud, waste, and abuse in the administration or delivery of Covered Services to Blue Cross Medicare Advantage HMO Members. BlueLincs HMO’s code of conduct is available upon request.

- 11.0.1 Compliance training for all employees, Subcontractors, any affiliated party or any Downstream Entity involved in the administration or delivery of Covered Services to Blue Cross Medicare Advantage HMO Members or involved in the provision of Delegated Activities.
- 11.0.2 Hospital shall provide general compliance training to employees, Subcontractors, any affiliated party or any Downstream Entity involved in the administration or delivery of Covered Services to Blue Cross Medicare Advantage HMO Members or involved in the provision of Delegated Activities at the time of initial hiring (or contracting) and annually thereafter. Such general compliance training shall address matters related to Hospital's compliance responsibilities, including, without limitation, (1) Hospital's code of conduct, applicable compliance policies and procedures, disciplinary and legal penalties for non-compliance, and procedures for addressing compliance questions and issues; (2) Hospital's obligations to comply with Laws; (3) common issues of non-compliance in connection with the provision of health care services to Medicare beneficiaries; and (4) common fraud, waste and abuse schemes and techniques in connection with the provision of health care services to Medicare beneficiaries.
- 11.0.3 Hospital also shall provide specialized compliance training to personnel whose job function directly relates to the administration or delivery of Covered Services to Blue Cross Medicare Advantage HMO Members on issues particular to such personnel's job function. Such specialized training shall be provided (1) upon each individual's initial hire (or contracting); (2) annually; (3) upon any change in the individual's job function or job requirements; and (4) upon Hospital's determination that additional training is required because of issues of non-compliance.
- 11.0.4 Hospital shall maintain records of the date, time, attendance, topics, training materials, and results of all training and related testing. Hospital shall, upon request, provide to BlueLincs HMO annually and upon request a written attestation certifying that Hospital has provided compliance training in accordance with this section. Such training shall be subject to BlueLincs HMO review/prior approval and shall incorporate those provisions that BlueLincs HMO determines to be important.
- 11.0.5 Policies and procedures that promote communication and disclosure of potential incidents of non-compliance or other questions or comments relating to compliance with Laws and Hospital's compliance and anti-fraud, anti-waste, and anti-abuse initiatives. Such program shall include implementation and publication to Hospital's directors, officers, employees, agents and contractors of a compliance hotline, which provides for anonymous reporting of issues of non-compliance with Laws or other questions or comments relating to compliance with Laws and Hospital's anti-fraud, anti-waste, and anti-abuse initiatives;
- 11.0.6 Annual compliance risk assessments, performed at Hospital's sole expense. Hospital shall, upon request, share the results of such assessments with BlueLincs HMO to the extent any part of the assessment directly or indirectly relates to the Agreement, the BlueLincs Addendum and/or this Blue Cross MA HMO Amendment.
- 11.0.7 Routine monitoring and auditing of Hospital's responsibilities and activities with respect to the administration or delivery of Covered Services to Blue Cross Medicare Advantage HMO Members and the Agreement, the BlueLincs HMO Addendum and this Blue Cross MA HMO Amendment. Hospital hereby represents and warrants to BlueLincs HMO that Hospital has an adequate work plan in place to perform such monitoring and audit activities. Hospital shall take corrective action to remedy any deficiencies found as appropriate.
- 11.0.8 Upon request, provision of a report to BlueLincs HMO of the activities of Hospital's compliance program required by this Blue Cross MA HMO Amendment, including, without limitation, reports and investigations, if any, of alleged failures to comply with laws, regulations, the terms and conditions of the CMS Contract, or the Agreement, or the BlueLincs HMO Addendum, or this Blue Cross MA HMO Amendment so that BlueLincs HMO can fulfill its reporting obligations under Laws. Upon request, Hospital shall provide to BlueLincs HMO the results of any audits related to the administration or delivery of Covered services to Blue Cross Medicare Advantage HMO

Members. Hospital shall make appropriate personnel available for interviews related to any audit or monitoring activity.

- 11.1 Incidents of Suspected Non-Compliance, Fraud, Waste or Abuse: Hospital shall promptly investigate any potential and/or suspected incidents of non-compliance with Laws, fraud, waste, or abuse in connection with the Agreement, the BlueLincs HMO Addendum, this Blue Cross MA HMO Amendment, and/or the administration or delivery of Covered Services to Blue Cross Medicare Advantage HMO Members (“Incident”) and report any such Incident to BlueLincs as soon as reasonably possible, but in no instance later than thirty (30) calendar days after Hospital becomes aware of such Incident. Such notice to BlueLincs HMO shall include a statement regarding Hospital’s efforts to conduct a timely, reasonable inquiry into the Incident, proposed or implemented corrective actions in response to the Incident, and any other information that may be relevant to BlueLincs HMO in making its decision regarding self-reporting of such Incident.

Hospital shall cooperate with any investigation by BlueLincs HMO, HHS or its authorized designees relating to such Incident, and Hospital acknowledges that its failure to cooperate with any such investigation may result in a referral to law enforcement and/or other implementation of corrective actions permitted under Laws.

Hospital shall cause its Downstream Entities to promptly report to Hospital, who shall report to BlueLincs HMO, any Incidents in accordance with this section.

- 11.2 Compliance Reviews: In addition to any other audits or reviews agreed to pursuant to the Agreement, the BlueLincs HMO Addendum or this Blue Cross MA HMO Amendment, Hospital shall provide BlueLincs with access to Hospital’s records, physical premises and facilities, equipment and personnel in order for BlueLincs, in its sole discretion and at its sole cost and expense, to conduct compliance reviews in connection with the terms of the Agreement, the BlueLincs HMO Addendum and this Blue Cross MA HMO Amendment.
- 11.3 Conflicts of Interest: Hospital shall require any manager, officer, director or employee associated with the administration or delivery of Covered Services to Blue Cross Medicare Advantage HMO Members to sign a conflict of interest statement, attestation or certification at the time of hire and annually thereafter certifying that such individual is free from any conflict of interest in administering or delivering Covered Services to Blue Cross Medicare Advantage HMO Members. Hospital shall supply the form of such statement, attestation or certification to BlueLincs upon request.
- 11.4 Exclusion of Certain Individuals: Hospital certifies that neither Hospital nor its employees, any Subcontractor, any affiliated party or any Downstream Entity involved in the provision of a Delegated Activity under this Blue Cross MA HMO Amendment has been: (1) charged with a criminal offense in connection with obtaining, attempting to obtain, or performing of a public (Federal, state or local) contract or subcontract, (2) listed by a federal governmental agency as debarred, (3) proposed for debarment or suspension or otherwise excluded from federal program participation, (4) been convicted of or had a civil judgment rendered against them regarding dishonesty or breach of trust, including but not limited to, the commission of a fraud including mail fraud or false representations, violation of a fiduciary relationship, violation of Federal or state antitrust statutes, securities offenses, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property; or (5) within a three (3) year period preceding the date of this Blue Cross MA HMO Amendment, had one or more public transactions (federal, state or local) terminated for cause or default.

Hospital shall check appropriate databases at least annually to determine whether any of Hospital’s employees, Subcontractors or affiliated parties or Downstream Entities involved in the provision of a Delegated Activity under this Blue Cross MA HMO Amendment have been suspended or excluded from participation in the Medicare Program, any other Federal health care program, state contracts or state medical assistance programs. Databases include, without limitation, the HHS Office of Inspector General List of Excluded Individuals-Entities (<http://exclusions.oig.hhs.gov/>), the Healthcare Integrity and Protection Data Bank (<http://www.npdb-hipdb.hrsa.gov/>), and the General Service Administration List of Parties Excluded from Federal Procurement and Non-procurement Programs (<https://www.epls.gov/>).

Hospital acknowledges and agrees that it has a continuing obligation to notify BlueLincs HMO in writing within seven (7) business days if any of the above-referenced representations change. Hospital further acknowledges and agrees that any misrepresentation of its status or any change in its status at any time during the term of this Blue Cross MA HMO Amendment may be grounds for immediate termination of this Blue Cross MA HMO Amendment, at the sole discretion of BlueLincs HMO.

ARTICLE XII - OFF-SHORE OPERATIONS

- 12.0 Hospital shall not itself nor directly or indirectly through another person or entity, undertake any functions, activities, or services in connection with the Agreement, the BlueLincs HMO Addendum or this Blue Cross MA HMO Amendment, including without limitation, storage of Medicare Member information, outside of the United States of America without the prior written consent of BlueLincs HMO.

ARTICLE XIII – MEDICARE PARTICIPATION

- 13.0 Consistent with 42 CFR § 422.204 which requires that basic benefits be provided through Section 1861(u) providers (i.e., hospitals critical access hospitals, SNFs, CORFs, HHAs), Hospital shall ensure that it maintains a provider agreement with CMS to participate in original Medicare.

ARTICLE XIV - TERM AND TERMINATION

In addition to the termination provisions in Article XII of the Agreement, the following provisions shall apply to this Blue Cross MA HMO Amendment:

- 14.0 Term: The Parties agree that this Blue Cross MA HMO Amendment is effective as stated on the cover page of this Blue Cross MA HMO Amendment and shall remain in effect for the duration of the term of the Agreement and the BlueLincs HMO Addendum unless otherwise terminated according to the terms specified herein.
- 14.1 Termination Upon Termination of CMS Contract: The Parties agree that this Blue Cross MA HMO Amendment is conditioned upon the CMS Contract and shall terminate automatically upon termination of the CMS Contract. BlueLincs HMO shall, to the extent practical and feasible, undertake commercially reasonable efforts to advise Hospital in advance of the termination of the CMS Contract.
- 14.2 Termination Upon CMS Request: The Parties agree that this Blue Cross MA HMO Amendment shall terminate immediately upon the request of CMS.
- 14.3 Termination Without Cause: Either Party may terminate this Blue Cross MA HMO Amendment without cause by providing the other Party with advance written notice of termination at least ninety (90) days prior to the effective date of such termination.
- 14.4 Notice of Termination to Blue Cross Medicare Advantage HMO Members: Upon termination of this Blue Cross MA HMO Amendment for any reason, BlueLincs HMO, and not Hospital, shall, as required by Laws, notify Blue Cross Medicare Advantage HMO Members treated by Hospital in the six (6) months prior to the effective date of the termination of this Blue Cross MA HMO Amendment and Hospital's participation in the Blue Cross Medicare Advantage HMO Hospital Network. Hospital shall cooperate with and assist BlueLincs HMO in identifying such Blue Cross Medicare Advantage HMO Members.
- 14.5 Continuation of Benefits: Upon termination of this Blue Cross MA HMO Amendment for any reason, Hospital shall continue to provide Covered Services to Blue Cross Medicare Advantage HMO Members through the date of such Blue Cross Medicare Advantage HMO Member's discharge or when medically appropriate alternative care is arranged for the Blue Cross Medicare Advantage HMO Member.

(“Continuation Services”). Such Continuation Services shall be provided in accordance with the terms and conditions of the Agreement, the BlueLincs HMO Addendum and this Blue Cross MA HMO Amendment, including, but not limited to, the compensation rates and terms set forth herein, unless the Parties otherwise agree in writing.

- 14.6 Transition of Blue Cross Medicare Advantage HMO Members: Upon either Party’s provision of notice of termination of this Blue Cross MA HMO Amendment to the other Party, Hospital shall cooperate fully with BlueLincs HMO and BlueLincs HMO protocols, if any, in the transfer of Blue Cross Medicare Advantage HMO Members to other Blue Cross Medicare Advantage HMO Network Providers.

The terms of this section shall survive the termination of this Blue Cross MA HMO Amendment.

ARTICLE XV - CONFLICT AND PREEMPTION

- 15.0 Conflict: To the extent any provision of this Blue Cross MA HMO Amendment conflicts with any provision in the Agreement or the BlueLincs HMO Addendum, this Blue Cross MA HMO Amendment shall control with respect to the provision of Covered Services or Hospital’s obligation or duty under the Agreement, the BlueLincs HMO Addendum or this Blue Cross MA HMO Amendment as the same relates to Blue Cross Medicare Advantage HMO Members, Blue Cross Medicare Advantage HMO Plans, or the CMS Contract.
- 15.1 Preemption: The Parties acknowledge and agree that the standards established by the Medicare Advantage Program and Part D Program supersede any state law or regulation, other than state licensing laws or state laws relating to the solvency of sponsors of MA Plans or Part D Plans, with respect to Blue Cross Medicare Advantage HMO Plans.

ARTICLE XVI - AMENDMENT DUE TO LEGAL OR REGULATORY CHANGES

- 16.0 The Parties acknowledge and agree that this Blue Cross MA HMO Amendment shall supersede any previous amendment or addendum to the Agreement or the BlueLincs HMO Addendum regarding the subject matter herein. Further, the Parties agree that this Blue Cross MA HMO Amendment shall automatically be amended as necessary to conform to Laws and to include any additional terms and conditions as CMS and/or BlueLincs HMO may find necessary and appropriate in order to implement and comply with the requirements of Laws.

ARTICLE XVII - COUNTERPARTS

- 17.0 This Blue Cross MA HMO Amendment may be executed in one or more counterparts, each of which shall be deemed an original and all of which together shall constitute one and the same instrument.

ATTACHMENT A
COMPENSATION/CLAIMS SUBMISSION

COMPENSATION.

Hospital agrees to accept as payment in full for the provision of a Covered Service to a Blue Cross Medicare Advantage HMO Member the lesser of (1) billed charges, or (2) one hundred percent (100%) of the reimbursement rate posted on the Centers for Medicare and Medicaid Services (CMS) web site (www.cms.hhs.gov) for all procedures for which CMS has a reimbursement rate in effect at the time the Covered Service is provided, less any applicable cost-sharing amount that is the responsibility of the Blue Cross Medicare Advantage HMO Member pursuant to the terms of such Blue Cross Medicare Advantage HMO Member's Blue Cross Medicare Advantage HMO Plan. Services that do not have a reimbursement rate posted on the CMS web site will be reimbursed based upon the applicable Blue Cross Medicare Advantage HMO Plan fee schedule in effect at the time the Covered Service is provided, less any applicable Copayments, Coinsurance or Deductible amounts. Payment of compensation shall be in accordance with Blue Cross Medicare Advantage HMO applicable policies and procedures. Such fees shall be payment in full for services rendered except for applicable Copayments, Coinsurance or Deductible amounts. It is acknowledged by the parties that the fee schedule is not updated at the same time as the CMS reimbursement rate update. Changes to the fee schedule shall be applied prospectively beginning on the effective date of the update and will not be applied retroactively.

Entities listed on the Exhibit B to the Agreement shall be reimbursed the lesser of (1) billed charges, or (2) one hundred percent (100%) of the reimbursement rate posted on the Centers for Medicare and Medicaid Services (CMS) web site (www.cms.hhs.gov) for all procedures for which CMS has a reimbursement rate in effect at the time the Covered Service is provided, less any applicable cost-sharing amount that is the responsibility of the Blue Cross Medicare Advantage HMO Member pursuant to the terms of such Blue Cross Medicare Advantage HMO Member's Blue Cross Medicare Advantage HMO Plan. Services that do not have a reimbursement rate posted on the CMS web site will be reimbursed based upon the applicable Blue Cross Medicare Advantage HMO Plan fee schedule in effect at the time the Covered Service is provided, less any applicable Copayments, Coinsurance or Deductible amounts. Such fees shall be payment in full for services rendered except for applicable Copayments, Coinsurance or Deductible amounts. It is acknowledged by the parties that the fee schedule is not updated at the same time as the CMS reimbursement rate update. Changes to the fee schedule shall be applied prospectively beginning on the effective date of the update and will not be applied retroactively.

Both parties acknowledge and agree that certain reductions to Medicare provider payments are mandated pursuant to the Budget Control Act of 2011 and its implementing rules, regulations, and guidance as amended from time to time ("Sequestration"). Both parties further acknowledge and agree that additional reductions to Medicare provider payments may be implemented pursuant to similar regulatory authority enacted on or after the effective date of this Blue Cross MA HMO Amendment. Accordingly, both parties agree that the rates payable under this Blue Cross MA HMO Amendment shall be adjusted by the amount proportionally equal to any reductions under Sequestration and such other regulatory authority.

CLAIMS SUBMISSION.

Hospital shall submit complete and properly executed claims for a Covered Service to BlueLincs HMO or its designee within one hundred eighty (180) calendar days of the date the Covered Service is rendered. Claims shall be submitted in accordance with the claim filing provisions of the Agreement. If Hospital fails to submit a claim within one hundred eighty (180) calendar days of the date the Covered Service is rendered, Hospital forfeits the right to payment from BlueLincs HMO or Blue Cross Medicare Advantage HMO Member.

CLAIMS PAYMENT.

BlueLincs HMO shall make payment on a clean claim, as defined in Laws and/or the Provider section of BlueLincs HMO's website at www.bcbsok.com, to Hospital within forty-five (45) days of BlueLincs HMO's receipt of such claim.

ATTACHMENT B
ATTESTATION

THIS ATTESTATION SHALL BE COMPLETED ONLY UPON REQUEST BY BLUELINCS

_____ acknowledges that the information described below directly affects the calculation of payments to BlueLincs HMO in connection with its sponsorship of Blue Cross Medicare Advantage HMO Plans pursuant to the CMS Contract and/or additional benefit obligations of BlueLincs HMO. _____ acknowledges that misrepresentations to BlueLincs and/or CMS about the accuracy of such information may result in federal civil action and/or criminal prosecution.

_____ has reported to BlueLincs, for transmission to CMS, and for the period of _____ to _____, all data requested by BlueLincs available to _____ with respect to the Blue Cross Medicare Advantage HMO Plans. Based on best knowledge, information, and belief as of the date indicated below, all information submitted to BlueLincs and/or CMS via this report is accurate, complete, and truthful.

Authorized Signature

Indicate title (CEO, CFO, or delegate)

on behalf of

Name of Hospital

Date

Lump Sum/Rate Change Summary

Provider Name: MANGUM REGIONAL MEDICAL CENTER
Provider Number: 371330
Fiscal Year End: 12/31/2021
Auditor: Haley Aguilar
PS&R thru date: 12/09/2021
Determination Date: 12/22/2021
Workpaper Ref #: IR.3.1

	<i>Provider Name:</i>	<i>Payment Type</i>	<i>Effective Date</i>	<i>New Rate</i>	<i>Previous Rate</i>	<i>LSA</i>	<i>CCN #:</i>
Main	MANGUM REGIONAL MEDICAL CENTER	Part A Per Diem	01/05/2022	\$ 3,356.00 *	\$ 3,021.00 \$ -	\$ 115,905 \$ (10,570)	371330
		Part B Percentage		*	48%		
		LSA SUBTOTAL				\$ 105,335	
SWB	MANGUM REGIONAL MEDICAL CENTER	Part A Per Diem	01/05/2022	\$ 3,231.00	\$ 2,967.00	\$ 841,590	372330
		LSA SUBTOTAL				\$ 841,590	
		TOTAL LUMP SUM ADJUSTMENT					

cc: Rate Review File
 * = No Change



**BlueCross BlueShield
of Oklahoma**

**Blue Cross Medicare AdvantageSM PPO Addendum
to the Blue Traditional Network Participating Hospital Agreement
including the Blue Choice PPO Network Addendum**

This Blue Cross Medicare Advantage PPO Addendum (“Blue Cross MA PPO Addendum”) to Blue Traditional Network Participating Hospital Agreement (“Agreement”) is made and entered into by and between Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association (“HCSC”), and its subsidiaries and affiliates, and the undersigned, (“Hospital”) including the entities listed on Exhibit B to the Agreement. This Blue Cross MA PPO Addendum includes and incorporates all applicable terms and conditions of the Agreement and the Blue Choice PPO Network Addendum (“Blue Choice PPO Addendum”) with respect to the provision of Covered Services to Blue Cross Medicare Advantage PPO Members enrolled in Blue Cross Medicare Advantage PPO Plans, offered by HCSC or its subsidiaries or affiliates (“The MA Plan”).

As of the date executed, this Blue Cross Medicare Advantage PPO Addendum includes the following:

- Blue Cross Medicare Advantage PPO Addendum
- Attachment A, Compensation/Claims Submission
- Attachment B, Attestation

The undersigned hereby agree to the terms and conditions contained in this Blue Cross MA PPO Addendum. This Blue Cross MA PPO Addendum shall be effective beginning on _____.

MANGUM CITY HOSPITAL AUTHORITY D/B/A
MANGUM REGIONAL MEDICAL CENTER

BLUE CROSS AND BLUE SHIELD OF
OKLAHOMA, A DIVISION OF HEALTH CARE
SERVICE CORPORATION, A MUTUAL LEGAL
RESERVE COMPANY

Authorized Signature

Authorized Signature

Name of Signatory

RICK KELLY

Name of Signatory

Title of Signatory

**VICE PRESIDENT HEALTH CARE DELIVERY
PROVIDER NETWORK OPERATIONS**

Title of Signatory

Date Signed

Date Signed

RECITALS

WHEREAS, the Parties entered into the Agreement and Blue Choice PPO Addendum to provide Covered Services to The MA Plan's Members;

WHEREAS, the Parties mutually desire to supplement the Agreement and the Blue Choice PPO Addendum to include the provision of Covered Services to The MA Plan's PPO Members who are enrolled in Blue Cross Medicare Advantage PPO and Part D Plans (collectively, "Blue Cross Medicare Advantage PPO Members"); and

WHEREAS, CMS requires that specific terms and conditions be incorporated into the agreement between a Medicare Advantage Organization and Provider to comply with the Medicare laws, regulations, and CMS instructions; and

WHEREAS, the Parties agree to supplement the Agreement and the Blue Choice PPO Addendum to include the requirements applicable to Blue Cross Medicare Advantage PPO Network Providers, as the term is defined below, participating in the Blue Cross Medicare Advantage PPO Provider Network, as the term is defined below.

NOW THEREFORE, in consideration of the terms and conditions set forth in the Agreement, the Blue Choice PPO Addendum and this Blue Cross MA PPO Addendum, and for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree to the following:

ARTICLE I - DEFINITIONS

All capitalized terms not defined in this Blue Cross MA PPO Addendum shall have the meanings ascribed to them in the Agreement and the Blue Choice PPO Addendum.

- 1.0 Blue Cross Medicare Advantage PPO Members: means Medicare eligible Members who are enrolled in a Medicare Advantage PPO Plan offered by HCSC or its subsidiaries or affiliates.
- 1.1 Blue Cross Medicare Advantage PPO Network Provider: means a person or entity that contracts with The MA Plan to deliver health care services, including Covered Services, to Blue Cross Medicare Advantage PPO Members.
- 1.2 Blue Cross Medicare Advantage PPO Plan(s): means the Blue Cross Medicare Advantage PPO Plan(s) and Part D Plan(s) sponsored by The MA Plan or its affiliates pursuant to the CMS Contract.
- 1.3 Blue Cross Medicare Advantage PPO Provider Network: means the network of Participating Providers maintained by The MA Plan to provide Covered Services to Blue Cross Medicare Advantage PPO Members pursuant to the terms of their Blue Cross Medicare Advantage PPO Plan.
- 1.4 Centers for Medicare and Medicaid Services ("CMS"): means the agency within the Department of Health and Human Services that administers the Medicare program.
- 1.5 CMS Contract: means all the contracts between The MA Plan or its affiliates and CMS pursuant to which The MA Plan or its affiliates sponsors Blue Cross Medicare Advantage PPO and Part D Plans
- 1.6 Completion of Any Audit: means completion of audit by the Department of Health and Human Services, the Government Accountability Office, or their designees of a Medicare Advantage Organization, Medicare Advantage Organization contractor or related entity.
- 1.7 Covered Services: means those Services which are covered under a Blue Cross Medicare Advantage PPO Plan.
- 1.8 Downstream Entity: has the same definition that in 42 CFR §§ 422.2 and 423.4, which, at the time of execution of this Blue Cross MA PPO Addendum, means any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the MA benefit, below the level of the arrangement

between The MA Plan and a First-Tier Entity, such as Hospital. These written arrangements continue down to the level of the ultimate provider of both health and administrative services.

- 1.9 Final Contract Period: means the final term of the contract between CMS and The MA Plan
- 1.10 First Tier Entity: has the same definition as in 42 CFR §§ 422.2 and 423.4, which, at the time of execution of this Blue Cross MA PPO Addendum, means any person or entity that enters into a written arrangement with The MA Plan to provide administrative and/or health care services, including Covered Services, to Blue Cross Medicare Advantage PPO Members.
- 1.11 HHS: means the U.S. Department of Health and Human Services.
- 1.12 Laws: means any and all applicable laws, rules, regulations, statutes, orders, and standards of the United States of America, the states or any department or agency thereof with jurisdiction over any or all of the Parties, as such laws, rules, regulations, statutes, orders and standards are adopted, amended or issued from time to time, including all applicable Medicare laws, regulations, and CMS instructions. Laws include, without limitation, the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and its implementing regulations, including the HIPAA administrative simplification rules at 45 CFR parts 160, 162, and 164; all CMS guidance and instructions relating to the Medicare Advantage and Medicare Prescription Drug Programs; Title VI of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; the Rehabilitation Act of 1973; the Americans with Disabilities Act; the requirements applicable to individuals and entities receiving federal funds; the federal False Claims Act; any applicable state false claims statute, the federal anti-kickback statute; and the federal regulations prohibiting the offering of beneficiary inducements.
- 1.13 Medicare Advantage (“MA”): an alternative to the traditional Medicare program in which private plans run by health insurance companies provide health care benefits that eligible beneficiaries would otherwise receive directly from the Medicare program.
- 1.14 Medicare Advantage Organization (“MA Organization”): a public or private entity organized and licensed by a state as a risk-bearing entity (with the exception of provider-sponsored organizations receiving waivers) that is certified by CMS as meeting the MA contract requirements.
- 1.15 Medicare Advantage Plan or MA Plan: means a Medicare Advantage Plan sponsored by a Medicare Advantage Organization, as the term is defined in Laws, pursuant to the Medicare Advantage Program.
- 1.16 Medicare Advantage Program (MA Program): means the Medicare managed care program established and maintained under Laws.
- 1.17 Medicare Prescription Drug Plan or Part D Plan: means a Medicare prescription drug benefit plan sponsored by a Part D Plan Sponsor, as the term is defined in Laws, pursuant to the Part D Program.
- 1.18 Medicare Prescription Drug Program (“Part D Program”): means the Medicare prescription drug benefit program established and maintained under Laws.
- 1.19 Member or Enrollee: a Medicare Advantage or Part D eligible individual who has enrolled in or elected coverage through a Medicare Advantage Organization or Part D Plan Sponsor.
- 1.20 Provider: (1) any individual who is engaged in the delivery of health care services in a State and is licensed or certified by the State to engage in that activity in the State; and (2) any entity that is engaged in the delivery of health care services in a State and is licensed or certified to deliver those services if such licensing or certification is required by State law or regulation.
- 1.21 Related Entity: means any entity that is related to the MA organization or Part D Sponsor by common ownership or control and (1) performs some of the MA organization’s management functions under

contract or delegation; (2) furnishes services to Medicare enrollees under an oral or written agreement; or (3) leases real property or sells materials to the MA organization at a cost of more than \$2500 during the contract period.

ARTICLE II - THE MA PLAN'S OVERSIGHT AND ACCOUNTABILITY

- 2.0 Oversight by The MA Plan: The Parties acknowledge and agree that The MA Plan shall oversee, and ultimately remain responsible and accountable to CMS for, those functions and responsibilities required of The MA Plan pursuant to Laws and its CMS Contract. The MA Plan shall provide ongoing monitoring and oversight of all aspects of Hospital's performance of its obligations under the Agreement, Blue Choice PPO Addendum and this Blue Cross MA PPO Addendum.
- 2.1 Cooperation with CMS: The Parties acknowledge and agree that either Party's failure to cooperate with CMS or its designees may result in a referral of The MA Plan and/or Hospital to law enforcement and/or implementation of other remedial action by CMS, including, without limitation, imposition of intermediate sanctions.

ARTICLE III - COVERED SERVICES

- 3.0 Provision of Covered Services: Hospital shall furnish Covered Services to Blue Cross Medicare Advantage PPO Members and otherwise perform other activities under the Agreement, the Blue Choice PPO Addendum and this Blue Cross MA PPO Addendum in a manner consistent and in compliance with the requirements of all Laws; The MA Plan's contractual obligations under its Medicare Advantage Contract with CMS; all of The MA Plan's applicable policies, procedures and guidelines, including, but not limited to, The MA Plan's compliance plan and such policies, procedures and initiatives for combating fraud, waste and abuse; and professionally recognized standards of health care. Hospital shall ensure that Covered Services are provided to Blue Cross Medicare Advantage PPO Members in a culturally competent manner, including for those Blue Cross Medicare Advantage PPO Members with limited English proficiency and/or reading skills, diverse cultural and ethnic backgrounds, physical disabilities, and mental disabilities. Hospital shall discuss all treatment options with Blue Cross Medicare Advantage PPO Members, including the option of no treatment, as well as related risks, benefits and consequences of such options. As applicable, Hospital shall provide to Blue Cross Medicare Advantage PPO Members instructions regarding follow-up care and training regarding self-care.
- 3.1 Direct Access to Certain Benefits: Hospital shall comply with all referral and Preauthorization procedures set forth in the Provider section of The MA Plan's website at www.bcbsok.com, provided that no referral or prior authorization obligations shall be required for or imposed upon a Blue Cross Medicare Advantage PPO Member to obtain (1) a screening mammography, (2) an influenza vaccine, or (3) women who receive routine and preventive Covered Services from an in-network women's health care specialist. In addition, no cost sharing obligation shall be required for or imposed upon a Blue Cross Medicare Advantage PPO Member to obtain an influenza vaccine or a pneumococcal vaccine.
- 3.2 Non-Discrimination: Hospital shall not deny, limit, or condition coverage or the furnishing of health care services or Benefits, including Covered Services, to Blue Cross Medicare Advantage PPO Members based on any factor related to health status, including, but not limited to, medical condition (including mental and/or physical illness or disability), claims experience, receipt of health care, medical history, genetic information, or evidence of insurability (including conditions arising out of acts of domestic violence).
- 3.3 Advance Directives: Hospital shall comply with advance directive requirements in accordance with Laws and shall document in a prominent part of each Blue Cross Medicare Advantage PPO Member's current medical record whether or not such individual has executed an advance directive as required by Laws. Hospital shall not condition the provision of health care services or benefits, including Covered Services, or otherwise discriminate against any Blue Cross Medicare Advantage PPO Member based on whether or not the individual has executed an advance directive.

ARTICLE IV - RECORDS AND FACILITIES

- 4.0 Maintenance of Records: Hospital shall maintain adequate operational, financial, and administrative records, medical and prescription records, contracts, books, files and other documentation involving transactions related to the CMS Contract and/or the administration or delivery of Covered Services to Blue Cross Medicare Advantage PPO Members under the Agreement, the Blue Choice PPO Addendum and this Blue Cross MA PPO Addendum (“Records”). At minimum, such Records shall be sufficient to enable The MA Plan to (1) evaluate Hospital’s performance, including accuracy of data submitted to The MA Plan, and (2) enforce The MA Plan’s rights under the Agreement, the Blue Choice PPO Addendum and this Blue Cross MA PPO Addendum and in accordance with Laws.
- 4.1 Inspection of Records: HHS, the Comptroller General, The MA Plan, or their designees have the right to audit, evaluate, and inspect, and Hospital, at Hospital’s sole cost and expense, shall provide The MA Plan, HHS, the Comptroller General, and/or their authorized designees with direct access to any pertinent information for any particular Contract Period, including, but not limited to, any Records, books, contracts, computer or other electronic systems (including medical records and documentation of the First Tier, Downstream, and entities related to CMS’ contract with the MA organization) through 10 years from the date of the Final Contract Period or from the date of Completion of Any Audit, whichever is later. Hospital, at Hospital’s sole cost and expense, shall provide all reasonable facilities and assistance for the safety and convenience of the personnel conducting any such inspection, copying, evaluation or audit, and Hospital shall not require HHS, the Comptroller General or their designees to sign any confidentiality statement or agreement prior to the start of any inspection, copying, evaluation or audit. Hospital shall provide The MA Plan with copies of any and all (1) Records requested by The MA Plan, and (2) Records inspected, copied, evaluated and/or audited by HHS, the Comptroller General and/or their authorized designees. Hospital shall notify The MA Plan immediately by telephone, to be followed with written notice within three (3) business days, of any request from HHS, the Comptroller General and/or their authorized designees to inspect Hospital’s premises, physical facilities, computers or other electronic systems, or equipment or to confer with Hospital’s personnel, and Hospital shall permit The MA Plan to participate in any such inspection or conference.

ARTICLE V - PRIVACY, SECURITY AND CONFIDENTIALITY

- 5.0 Hospital shall obtain, analyze, store, transmit and report Protected Health Information, as defined under Laws, in accordance with all Laws. As applicable, Hospital shall abide by all Laws and The MA Plan procedures regarding privacy, confidentiality, and accuracy of Blue Cross Medicare Advantage PPO Members’ medical and prescription records and other health and enrollment information, including (1) abiding by all Federal and State laws regarding confidentiality and disclosure of medical records, or other health and enrollment information, (2) ensuring that medical information is released only in accordance with applicable Federal or State law, or pursuant to court orders or subpoenas, (3) maintaining the records and information in an accurate and timely manner, and (4) ensuring timely access by enrollees to the records and information that pertain to them.

ARTICLE VI - PAYMENT

- 6.0 Claims Payment: The MA Plan shall pay Hospital for Covered Services rendered to Blue Cross Medicare Advantage PPO Members pursuant to this Blue Cross MA PPO Addendum in accordance with Attachment A to this Blue Cross MA PPO Addendum.
- 6.1 Claims to Federal Government Prohibited: Hospital shall not request payment for Covered Services provided under the Agreement, the Blue Choice PPO Addendum or this Blue Cross MA PPO Addendum in any form from CMS, HHS, or any other agency of the United States of America or their designees for items and services furnished in accordance with this Blue Cross MA PPO Addendum, except as may be approved in advance by The MA Plan and CMS.

- 6.2 Overpayment: Hospital shall provide notice to The MA Plan of any overpayment(s) identified by Hospital, including duplicate payments, within ten (10) calendar days of identifying such overpayment, and, unless otherwise instructed by The MA Plan in writing, Hospital shall refund any amounts due to The MA Plan within thirty (30) calendar days of identifying such overpayment.
- 6.3 Notwithstanding the provisions above, in the event of any overpayment, duplicate payment, or other payment in excess of that to which Hospital is entitled for Covered Services furnished to a Blue Cross Medicare Advantage PPO Member under the Agreement, the Blue Choice PPO Addendum and/or this Blue Cross MA PPO Addendum, The MA Plan may recover the amounts owed by way of offset or recoupment from current or future amounts due from The MA Plan to Hospital.

ARTICLE VII - HOLD HARMLESS

- 7.0 Blue Cross Medicare Advantage PPO Member Hold Harmless: Hospital hereby agrees that in no event, including, but not limited to, non-payment by The MA Plan, insolvency of The MA Plan, or breach of the Agreement, the Blue Choice PPO Addendum or this Blue Cross MA PPO Addendum by The MA Plan, shall Hospital bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against Blue Cross Medicare Advantage PPO Members or persons other than The MA Plan acting on such Blue Cross Medicare Advantage PPO Member's behalf for fees that are the legal obligation of The MA Plan. This provision shall not prohibit Hospital from collecting charges for non-Covered Services or cost-sharing obligations for Covered Services imposed on Blue Cross Medicare Advantage PPO Member pursuant to the terms of such Blue Cross Medicare Advantage PPO Member's Blue Cross Medicare Advantage PPO Plan.

Hospital further agrees that: (1) this provision shall survive the termination of this Blue Cross MA PPO Addendum regardless of the cause giving rise to termination and shall be construed to be for the benefit of the Blue Cross Medicare Advantage PPO Member; and (2) this provision supersedes any oral or written contrary agreement now existing or hereafter entered into between Hospital and the Blue Cross Medicare Advantage PPO Member or persons other than The MA Plan acting on such Blue Cross Medicare Advantage PPO Member's behalf.

- 7.1 Dual-Eligible Cost-Sharing: Hospital agrees that, to the extent Hospital provides Covered Services to Blue Cross Medicare Advantage PPO Members who are eligible for benefits under both the Medicare and Medicaid Programs ("Dual-Eligible Member"), and unless otherwise instructed by The MA Plan in writing:
- 7.1.0 Hospital shall not bill, charge, collect a deposit from or seek compensation, remuneration or reimbursement from or have any recourse against any Dual-Eligible Member for payment of Medicare Part A and/or Part B cost-sharing when the state Medicaid program is responsible for payment of such amounts; furthermore, Hospital shall not impose cost-sharing that exceeds the amount of cost-sharing that would be permitted with respect to the individual under Title XIX if the individual were not enrolled in such a plan.
- 7.1.1 Hospital shall accept payment under the Agreement, the Blue Choice PPO Addendum and this Blue Cross MA PPO Addendum as payment in full for the Covered Service provided to a Dual-Eligible Member or submit a claim to the state Medicaid source for payment of any cost-sharing amount that is the obligation of the state Medicaid program.
- 7.2 Dual-Eligible Benefits: Hospital shall coordinate with The MA Plan to ensure that Hospital is informed of Medicare and Medicaid benefits available to Dual-Eligible Members, including cost-sharing obligations of such Dual Eligible Members as well as any applicable eligibility requirements or other rules.

**ARTICLE VIII - COMPLIANCE WITH QUALITY IMPROVEMENT
AND GRIEVANCE AND APPEAL REQUIREMENTS**

- 8.0 Quality Improvement: Hospital shall cooperate and comply with The MA Plan's medical policies as well as Blue Cross Medicare Advantage PPO Plan policies, procedures and programs for quality improvement, performance improvement and medical management, including, as applicable, drug utilization management, medication therapy management, and e-prescribing programs. Such cooperation and compliance shall include, but not be limited to, making all information regarding medical policy, medical management and quality improvement available to The MA Plan and CMS upon request, and providing to The MA Plan such data as may be necessary for The MA Plan to implement and operate any and all quality improvement and medical management programs and credentialing and recredentialing requirements.
- 8.1 Grievances, Coverage Determinations and Appeals: Hospital shall cooperate and comply with all requirements of The MA Plan regarding the processing of Blue Cross Medicare Advantage PPO Member grievances, coverage determinations and appeals relating to such Blue Cross Medicare Advantage PPO Members' Blue Cross Medicare Advantage PPO Plans, including the obligation to provide to The MA Plan any and all information within the time frame reasonably requested by The MA Plan to ensure The MA Plan's compliance with Laws.

ARTICLE IX - DATA COLLECTION

- 9.0 Data Reporting: Hospital acknowledges that The MA Plan collects, analyzes and integrates data relating to the provision of Covered Services to Blue Cross Medicare Advantage PPO Members in order for The MA Plan to meet its obligations under Laws, including, without limitation, 42 CFR §§ 422.310, 422.516, 423,329, and 423.514, the CMS Contract and The MA Plan's policies, procedures and programs. Hospital agrees to provide to The MA Plan any and all data, without limitation, including encounter data, diagnosis codes, and medical and prescription records, relating to the provision of health care services and benefits, including Covered Services, by Hospital to Blue Cross Medicare Advantage PPO Members pursuant to the Agreement, the Blue Choice PPO Addendum and this Blue Cross MA PPO Addendum as The MA Plan so requests, and to submit such data to The MA Plan, or such other party designated by The MA Plan, in the format and within such time frames as may be prescribed by The MA Plan. Hospital agrees that all data Hospital submits to The MA Plan under this Blue Cross MA PPO Addendum shall conform to all relevant national standards and to the requirements for equivalent data for Medicare fee-for-service, as applicable.
- 9.1 Acknowledgement of Data Used to Obtain Payment Under Federal Program: Hospital acknowledges and agrees that data furnished by Hospital to The MA Plan in connection with the provision of Covered Services under the Agreement, the Blue Choice PPO Addendum and this Blue Cross MA PPO Addendum will be used by The MA Plan to obtain payment from CMS under the CMS Contract and to support The MA Plan's participation in the MA and Part D Programs, including submission of bids for renewal of the CMS Contract in future years and for risk-adjusting Blue Cross Medicare Advantage PPO Plan payments from CMS. Furthermore, Hospital acknowledges and agrees that The MA Plan and CMS will rely on the accuracy, completeness and truthfulness of any data Hospital submits to The MA Plan under the Agreement, the Blue Choice PPO Addendum and this Blue Cross MA PPO Addendum.
- 9.2 Certification of Data Accuracy: Hospital shall, upon request by The MA Plan, have its CEO or CFO or an individual delegated the authority to sign on behalf of one of these officers and who reports directly to such officer, certify to the accuracy, completeness and truthfulness of all data submitted under the Agreement, the Blue Choice PPO Addendum or this Blue Cross MA PPO Addendum in the form and format set out in Attachment B to this Blue Cross MA PPO Addendum.
- 9.3 Potential Financial Penalties: The MA Plan reserves the right to adopt, upon notice to Hospital, a schedule of financial penalties to be imposed on Hospital, in The MA Plan's sole discretion, for Hospital's failure to comply with the terms and conditions of this section.

ARTICLE X - DELEGATION AND SUBCONTRACTING

- 10.0 Delegation of Activities: The Parties agree that to the extent that The MA Plan delegates to Hospital performance of any function, duty, obligation, or responsibility, including reporting responsibilities, imposed on The MA Plan under the CMS Contract (“Delegated Activity”):
- 10.0.0 The Delegated Activity shall be set out in writing, and if such Delegated Activity includes credentialing of Blue Cross Medicare Advantage PPO Network Hospitals and/or selection of Blue Cross Medicare Advantage PPO Network Hospitals, such written arrangement shall address The MA Plan’s right to review on an ongoing basis, approve and audit Hospital’s credentialing process and/or right to review on an ongoing basis, approve, suspend and terminate such providers, as applicable;
- 10.0.1 The MA Plan shall conduct on-going monitoring and review of Hospital’s performance of the Delegated Activity;
- 10.0.2 Hospital’s performance of the Delegated Activity shall comply with Laws, the Agreement, the Blue Choice PPO Addendum and this Blue Cross MA PPO Addendum; and
- 10.0.3 Such delegation shall be subject to the requirements of Laws.
- 10.1 Termination of Delegated Activities: The Parties agree that, with respect to any Delegated Activity delegated to Hospital, CMS and The MA Plan may revoke the delegation in whole or in part or specify such other remedies as CMS or The MA Plan, in its reasonable discretion, deems appropriate, where CMS, in its sole discretion, or The MA Plan, in its reasonable discretion, determine that Hospital is not performing such Delegated Activity in a satisfactory manner.
- 10.2 Subcontracting: The Parties acknowledge that all vendors involved in the provision of a Delegated Activity and Blue Cross Medicare Advantage PPO Network Providers are considered First Tier or Downstream Entities and that all First Tier and Downstream Entities must comply with all provisions contained in this Blue Cross MA PPO Addendum. Accordingly, Hospital, as a First-Tier Entity, agrees that it will not contract with any entity (“Subcontractor”) to administer or deliver Covered Services to Blue Cross Medicare Advantage PPO Members unless (1) such arrangement is approved by The MA Plan in writing in advance; (2) such Subcontractor is specifically obligated, through a written agreement between Subcontractor and The MA Plan or Subcontractor and Hospital, to comply with all of the provisions contained in this Blue Cross MA PPO Addendum; and (3) such written arrangement specifically permits The MA Plan and CMS to suspend or terminate the subcontractor or specify such other remedies as CMS or The MA Plan, in its reasonable discretion, deems appropriate, upon determination by CMS, in its sole discretion, or The MA Plan, in its reasonable discretion, that such Subcontractor is not performing the services satisfactorily.

ARTICLE XI - COMPLIANCE, FRAUD, WASTE, AND ABUSE PROGRAM AND REPORTING

- 11.0 Compliance Program: Hospital shall implement and maintain a compliance program that, at a minimum, meets the standards for an effective compliance program set forth in Laws, including, without limitation, the Federal Sentencing Guidelines, and that addresses the scope of services under the Agreement, the Blue Choice PPO Addendum and this Blue Cross MA PPO Addendum. Such compliance program shall require cooperation with The MA Plan’s compliance plan and policies and shall include, without limitation, the following:
- 11.0.0 A code of conduct particular to Hospital that reflects a commitment to preventing, detecting and correcting fraud, waste, and abuse in the administration or delivery of Covered Services to Blue Cross Medicare Advantage PPO Members. The MA Plan’s code of conduct is available upon request.

- 11.0.1 Compliance training for all employees, Subcontractors, any affiliated party or any Downstream Entity involved in the administration or delivery of Covered Services to Blue Cross Medicare Advantage PPO Members or involved in the provision of Delegated Activities.
- 11.0.2 Hospital shall provide general compliance training to employees, Subcontractors, any affiliated party or any Downstream Entity involved in the administration or delivery of Covered Services to Blue Cross Medicare Advantage PPO Members or involved in the provision of Delegated Activities at the time of initial hiring (or contracting) and annually thereafter. Such general compliance training shall address matters related to Hospital's compliance responsibilities, including, without limitation, (1) Hospital's code of conduct, applicable compliance policies and procedures, disciplinary and legal penalties for non-compliance, and procedures for addressing compliance questions and issues; (2) Hospital's obligations to comply with Laws; (3) common issues of non-compliance in connection with the provision of health care services to Medicare beneficiaries; and (4) common fraud, waste and abuse schemes and techniques in connection with the provision of health care services to Medicare beneficiaries.
- 11.0.3 Hospital also shall provide specialized compliance training to personnel whose job function directly relates to the administration or delivery of Covered Services to Blue Cross Medicare Advantage PPO Members on issues particular to such personnel's job function. Such specialized training shall be provided (1) upon each individual's initial hire (or contracting); (2) annually; (3) upon any change in the individual's job function or job requirements; and (4) upon Hospital's determination that additional training is required because of issues of non-compliance.
- 11.0.4 Hospital shall maintain records of the date, time, attendance, topics, training materials, and results of all training and related testing. Hospital shall, upon request, provide to The MA Plan annually and upon request a written attestation certifying that Hospital has provided compliance training in accordance with this section. Such training shall be subject to The MA Plan review/prior approval and shall incorporate those provisions that The MA Plan determines to be important.
- 11.0.5 Policies and procedures that promote communication and disclosure of potential incidents of non-compliance or other questions or comments relating to compliance with Laws and Hospital's compliance and anti-fraud, anti-waste, and anti-abuse initiatives. Such program shall include implementation and publication to Hospital's directors, officers, employees, agents and contractors of a compliance hotline, which provides for anonymous reporting of issues of non-compliance with Laws or other questions or comments relating to compliance with Laws and Hospital's anti-fraud, anti-waste, and anti-abuse initiatives;
- 11.0.6 Annual compliance risk assessments, performed at Hospital's sole expense. Hospital shall, upon request, share the results of such assessments with The MA Plan to the extent any part of the assessment directly or indirectly relates to the Agreement, the Blue Choice PPO Addendum and/or this Blue Cross MA PPO Addendum.
- 11.0.7 Routine monitoring and auditing of Hospital's responsibilities and activities with respect to the administration or delivery of Covered Services to Blue Cross Medicare Advantage PPO Members and the Agreement, the Blue Choice PPO Addendum and this Blue Cross MA PPO Addendum. Hospital hereby represents and warrants to The MA Plan that Hospital has an adequate work plan in place to perform such monitoring and audit activities. Hospital shall take corrective action to remedy any deficiencies found as appropriate.
- 11.0.8 Upon request, provision of a report to The MA Plan of the activities of Hospital's compliance program required by this Blue Cross MA PPO Addendum, including, without limitation, reports and investigations, if any, of alleged failures to comply with laws, regulations, the terms and conditions of the CMS Contract, or the Agreement, or the Blue Choice PPO Addendum, or this Blue Cross MA PPO Addendum, so that The MA Plan can fulfill its reporting obligations under Laws. Upon request, Hospital shall provide to The MA Plan the results of any audits related to the

administration or delivery of Covered services to Blue Cross Medicare Advantage PPO Members. Hospital shall make appropriate personnel available for interviews related to any audit or monitoring activity.

- 11.1 Incidents of Suspected Non-Compliance, Fraud, Waste or Abuse: Hospital shall promptly investigate any potential and/or suspected incidents of non-compliance with Laws, fraud, waste, or abuse in connection with the Agreement, the Blue Choice PPO Addendum, this Blue Cross MA PPO Addendum, and/or the administration or delivery of Covered Services to Blue Cross Medicare Advantage PPO Members (“Incident”) and report any such Incident to The MA Plan as soon as reasonably possible, but in no instance later than thirty (30) calendar days after Hospital becomes aware of such Incident. Such notice to The MA Plan shall include a statement regarding Hospital’s efforts to conduct a timely, reasonable inquiry into the Incident, proposed or implemented corrective actions in response to the Incident, and any other information that may be relevant to The MA Plan in making its decision regarding self-reporting of such Incident.

Hospital shall cooperate with any investigation by The MA Plan, HHS or its authorized designees relating to such Incident, and Hospital acknowledges that its failure to cooperate with any such investigation may result in a referral to law enforcement and/or other implementation of corrective actions permitted under Laws.

Hospital shall cause its Downstream Entities to promptly report to Hospital, who shall report to The MA Plan, any Incidents in accordance with this section.

- 11.2 Compliance Reviews: In addition to any other audits or reviews agreed to pursuant to the Agreement, the Blue Choice PPO Addendum or this Blue Cross MA PPO Addendum, Hospital shall provide The MA Plan with access to Hospital’s records, physical premises and facilities, equipment and personnel in order for The MA Plan, in its sole discretion and at its sole cost and expense, to conduct compliance reviews in connection with the terms of the Agreement, the Blue Choice PPO Addendum and this Blue Cross MA PPO Addendum.

- 11.3 Conflicts of Interest: Hospital shall require any manager, officer, director or employee associated with the administration or delivery of Covered Services to Blue Cross Medicare Advantage PPO Members to sign a conflict of interest statement, attestation or certification at the time of hire and annually thereafter certifying that such individual is free from any conflict of interest in administering or delivering Covered Services to Blue Cross Medicare Advantage PPO Members. Hospital shall supply the form of such statement, attestation or certification to The MA Plan upon request.

- 11.4 Exclusion of Certain Individuals: Hospital certifies that neither Hospital nor its employees, any Subcontractor, any affiliated party or any Downstream Entity involved in the provision of a Delegated Activity under this Blue Cross MA PPO Addendum has been: (1) charged with a criminal offense in connection with obtaining, attempting to obtain, or performing of a public (Federal, state or local) contract or subcontract, (2) listed by a federal governmental agency as debarred, (3) proposed for debarment or suspension or otherwise excluded from federal program participation, (4) been convicted of or had a civil judgment rendered against them regarding dishonesty or breach of trust, including but not limited to, the commission of a fraud including mail fraud or false representations, violation of a fiduciary relationship, violation of Federal or state antitrust statutes, securities offenses, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property; or (5) within a three (3) year period preceding the date of this Blue Cross MA PPO Addendum, had one or more public transactions (federal, state or local) terminated for cause or default.

Hospital shall check appropriate databases at least annually to determine whether any of Hospital’s employees, Subcontractors or affiliated parties or Downstream Entities involved in the provision of a Delegated Activity under this Blue Cross MA PPO Addendum have been suspended or excluded from participation in the Medicare Program, any other Federal health care program, state contracts or state medical assistance programs. Databases include, without limitation, the HHS Office of Inspector General List of Excluded Individuals-Entities (<http://exclusions.oig.hhs.gov/>), the Healthcare Integrity and Protection Data Bank (<http://www.npdb-hipdb.hrsa.gov/>), and the General Service Administration List of Parties Excluded from Federal Procurement and Non-procurement Programs (<https://www.epls.gov/>).

Hospital acknowledges and agrees that it has a continuing obligation to notify The MA Plan in writing within seven (7) business days if any of the above-referenced representations change. Hospital further acknowledges and agrees that any misrepresentation of its status or any change in its status at any time during the term of this Blue Cross MA PPO Addendum may be grounds for immediate termination of this Blue Cross MA PPO Addendum, at the sole discretion of The MA Plan.

ARTICLE XII - OFF-SHORE OPERATIONS

- 12.0 Hospital shall not itself nor directly or indirectly through another person or entity, undertake any functions, activities, or services in connection with the Agreement, the Blue Choice PPO Addendum or this Blue Cross MA PPO Addendum, including without limitation, storage of Medicare Member information, outside of the United States of America without the prior written consent of The MA Plan.

ARTICLE XIII – MEDICARE PARTICIPATION

- 13.0 Consistent with 42 CFR § 422.204 which requires that basic benefits be provided through Section 1861(u) providers (i.e., hospitals critical access hospitals, SNFs, CORFs, HHAs), Hospital shall ensure that it maintains a provider agreement with CMS to participate in original Medicare.

ARTICLE XIV - TERM AND TERMINATION

In addition to the termination provisions in Article XII of the Agreement, the following provisions shall apply to this Blue Cross MA PPO Addendum:

- 14.0 Term: The Parties agree that this Blue Cross MA PPO Addendum is effective as stated on the cover page of this Blue Cross MA PPO Addendum and shall remain in effect for the duration of the term of the Agreement and the Blue Choice PPO Addendum unless otherwise terminated according to the terms specified herein.
- 14.1 Termination Upon Termination of CMS Contract: The Parties agree that this Blue Cross MA PPO Addendum is conditioned upon the CMS Contract and shall terminate automatically upon termination of the CMS Contract. The MA Plan shall, to the extent practical and feasible, undertake commercially reasonable efforts to advise Hospital in advance of the termination of the CMS Contract.
- 14.2 Termination Upon CMS Request: The Parties agree that this Blue Cross MA PPO Addendum shall terminate immediately upon the request of CMS.
- 14.3 Termination Without Cause: Either Party may terminate this Blue Cross MA PPO Addendum without cause by providing the other Party with advance written notice of termination at least ninety (90) days prior to the effective date of such termination.
- 14.4 Notice of Termination to Blue Cross Medicare Advantage PPO Members: Upon termination of this Blue Cross MA PPO Addendum for any reason, The MA Plan, and not Hospital, shall, as required by Laws, notify Blue Cross Medicare Advantage PPO Members treated by Hospital in the six (6) months prior to the effective date of the termination of this Blue Cross MA PPO Addendum and Hospital's participation in the Blue Cross Medicare Advantage PPO Hospital Network. Hospital shall cooperate with and assist The MA Plan in identifying such Blue Cross Medicare Advantage PPO Members.
- 14.5 Continuation of Benefits: Upon termination of this Blue Cross MA PPO Addendum for any reason, Hospital shall continue to provide Covered Services to Blue Cross Medicare Advantage PPO Members through the date of such Blue Cross Medicare Advantage PPO Member's discharge or when medically appropriate alternative care is arranged for the Blue Cross Medicare Advantage PPO Member ("Continuation Services"). Such Continuation Services shall be provided in accordance with the terms and conditions of the Agreement,

the Blue Choice PPO Addendum and this Blue Cross MA PPO Addendum, including, but not limited to, the compensation rates and terms set forth herein, unless the Parties otherwise agree in writing.

- 14.6 Transition of Blue Cross Medicare Advantage PPO Members: Upon either Party's provision of notice of termination of this Blue Cross MA PPO Addendum to the other Party, Hospital shall cooperate fully with The MA Plan and The MA Plan protocols, if any, in the transfer of Blue Cross Medicare Advantage PPO Members to other Blue Cross Medicare Advantage PPO Network Providers.

The terms of this section shall survive the termination of this Blue Cross MA PPO Addendum.

ARTICLE XV - CONFLICT AND PREEMPTION

- 15.0 Conflict: To the extent any provision of this Blue Cross MA PPO Addendum conflicts with any provision in the Agreement or the Blue Choice PPO Addendum, this Blue Cross MA PPO Addendum shall control with respect to the provision of Covered Services or Hospital's obligation or duty under the Agreement, the Blue Choice PPO Addendum or this Blue Cross MA PPO Addendum as the same relates to Blue Cross Medicare Advantage PPO Members, Blue Cross Medicare Advantage PPO Plans, or the CMS Contract.
- 15.1 Preemption: The Parties acknowledge and agree that the standards established by the Medicare Advantage Program and Part D Program supersede any state law or regulation, other than state licensing laws or state laws relating to the solvency of sponsors of MA Plans or Part D Plans, with respect to Blue Cross Medicare Advantage PPO Plans.

ARTICLE XVI - AMENDMENT DUE TO LEGAL OR REGULATORY CHANGES

- 16.0 The Parties acknowledge and agree that this Blue Cross MA PPO Addendum shall supersede any previous amendment or addendum to the Agreement or the Blue Choice PPO Addendum regarding the subject matter herein. Further, the Parties agree that this Blue Cross MA PPO Addendum shall automatically be amended as necessary to conform to Laws and to include any additional terms and conditions as CMS and/or The MA Plan may find necessary and appropriate in order to implement and comply with the requirements of Laws.

ARTICLE XVII - COUNTERPARTS

- 17.0 This Blue Cross MA PPO Addendum may be executed in one or more counterparts, each of which shall be deemed an original and all of which together shall constitute one and the same instrument.

ATTACHMENT A
COMPENSATION/CLAIMS SUBMISSION

COMPENSATION.

Hospital agrees to accept as payment in full for the provision of a Covered Service to a Blue Cross Medicare Advantage PPO Member the lesser of (1) billed charges, or (2) one hundred percent (100%) of the reimbursement rate posted on the Centers for Medicare and Medicaid Services (CMS) web site (www.cms.hhs.gov) for all procedures for which CMS has a reimbursement rate in effect at the time the Covered Service is provided, less any applicable cost-sharing amount that is the responsibility of the Blue Cross Medicare Advantage PPO Member pursuant to the terms of such Blue Cross Medicare Advantage PPO Member's Blue Cross Medicare Advantage PPO Plan. Services that do not have a reimbursement rate posted on the CMS web site will be reimbursed based upon the applicable Blue Cross Medicare Advantage PPO Plan fee schedule in effect at the time the Covered Service is provided, less any applicable Copayments, Coinsurance or Deductible amounts. Payment of compensation shall be in accordance with Blue Cross Medicare Advantage PPO applicable policies and procedures. Such fees shall be payment in full for services rendered except for applicable Copayments, Coinsurance or Deductible amounts. It is acknowledged by the parties that the fee schedule is not updated at the same time as the CMS reimbursement rate update. Changes to the fee schedule shall be applied prospectively beginning on the effective date of the update and will not be applied retroactively.

Entities listed on the Exhibit B to the Agreement shall be reimbursed the lesser of (1) billed charges, or (2) one hundred percent (100%) of the reimbursement rate posted on the Centers for Medicare and Medicaid Services (CMS) web site (www.cms.hhs.gov) for all procedures for which CMS has a reimbursement rate in effect at the time the Covered Service is provided, less any applicable cost-sharing amount that is the responsibility of the Blue Cross Medicare Advantage PPO Member pursuant to the terms of such Blue Cross Medicare Advantage PPO Member's Blue Cross Medicare Advantage PPO Plan. Services that do not have a reimbursement rate posted on the CMS web site will be reimbursed based upon the applicable Blue Cross Medicare Advantage PPO Plan fee schedule in effect at the time the Covered Service is provided, less any applicable Copayments, Coinsurance or Deductible amounts. Such fees shall be payment in full for services rendered except for applicable Copayments, Coinsurance or Deductible amounts. It is acknowledged by the parties that the fee schedule is not updated at the same time as the CMS reimbursement rate update. Changes to the fee schedule shall be applied prospectively beginning on the effective date of the update and will not be applied retroactively.

Both parties acknowledge and agree that certain reductions to Medicare provider payments are mandated pursuant to the Budget Control Act of 2011 and its implementing rules, regulations, and guidance as amended from time to time ("Sequestration"). Both parties further acknowledge and agree that additional reductions to Medicare provider payments may be implemented pursuant to similar regulatory authority enacted on or after the effective date of this Blue Cross MA PPO Addendum. Accordingly, both parties agree that the rates payable under this Blue Cross MA PPO Addendum shall be adjusted by the amount proportionally equal to any reductions under Sequestration and such other regulatory authority.

CLAIMS SUBMISSION.

Hospital shall submit complete and properly executed claims for a Covered Service to The MA Plan or its designee within one hundred eighty (180) calendar days of the date the Covered Service is rendered. Claims shall be submitted in accordance with the claim filing provisions of the Agreement. If Hospital fails to submit a claim within one hundred eighty (180) calendar days of the date the Covered Service is rendered, Hospital forfeits the right to payment from The MA Plan or Blue Cross Medicare Advantage PPO Member.

CLAIMS PAYMENT.

The MA Plan shall make payment on a clean claim, as defined in Laws and/or the Provider section of The MA Plan's website at www.bcbsok.com, to Hospital within forty-five (45) days of The MA Plan's receipt of such claim.

ATTACHMENT B

ATTESTATION

THIS ATTESTATION SHALL BE COMPLETED ONLY UPON REQUEST BY THE MA PLAN

_____ acknowledges that the information described below directly affects the calculation of payments to The MA Plan in connection with its sponsorship of Blue Cross Medicare Advantage PPO Plans pursuant to the CMS Contract and/or additional benefit obligations of The MA Plan. _____ acknowledges that misrepresentations to The MA Plan and/or CMS about the accuracy of such information may result in federal civil action and/or criminal prosecution.

_____ has reported to The MA Plan, for transmission to CMS, and for the period of _____ to _____, all _____ data requested by The MA Plan available to _____ with respect to the Blue Cross Medicare Advantage PPO Plans. Based on best knowledge, information, and belief as of the date indicated below, all information submitted to The MA Plan and/or CMS via this report is accurate, complete, and truthful.

Authorized Signature

Indicate title (CEO, CFO, or delegate)

on behalf of

Name of Hospital

Date

Lump Sum/Rate Change Summary

Provider Name: MANGUM REGIONAL MEDICAL CENTER
Provider Number: 371330
Fiscal Year End: 12/31/2021
Auditor: Haley Aguilar
PS&R thru date: 12/09/2021
Determination Date: 12/22/2021
Workpaper Ref #: IR.3.1

	<i>Provider Name:</i>	<i>Payment Type</i>	<i>Effective Date</i>	<i>New Rate</i>	<i>Previous Rate</i>	<i>LSA</i>	<i>CCN #:</i>
Main	MANGUM REGIONAL MEDICAL CENTER	Part A Per Diem	01/05/2022	\$ 3,356.00 *	\$ 3,021.00 \$ -	\$ 115,905 \$ (10,570)	371330
		Part B Percentage		*	48%		
		LSA SUBTOTAL				\$ 105,335	
SWB	MANGUM REGIONAL MEDICAL CENTER	Part A Per Diem	01/05/2022	\$ 3,231.00	\$ 2,967.00	\$ 841,590	372330
		LSA SUBTOTAL				\$ 841,590	
		TOTAL LUMP SUM ADJUSTMENT					

cc: Rate Review File
 * = No Change

Hospital Vendor Contract – Summary Sheet

1. Existing Vendor New Vendor
2. Name of Contract: **First Amendment to Organ and Tissue Recovery Agreement**
3. Contract Parties: **LifeShare Transplant Donor Services of Oklahoma, Inc. and Mangum Regional Medical Center**
4. Contract Type Services: **Organ and Tissue procurement**
 - a. Impacted hospital departments: **Hospital**

5. Contract Summary (description of services, purpose and justification --- describe each): **LifeShare needs to amend section 3.14 to meet CMS requirements. CMS made changes only allowing LifeShare to accept invoices from Hospital for donor evaluation and recovery-related charges based on the Hospital's CMS-determined Cost-to-Charge Ratio**
6. Cost: **\$NA** (monthly)
7. Prior Cost: **\$NA** (monthly)
8. Termination Clause: **NA**
 - a. Term: **NA** Months
9. Other: **3.14 Upon pronouncement of death and consent for organ donation, LifeShare will assume and pay the donor evaluation, maintenance and surgical recovery costs associated with donor organs and tissues based on the Hospital's CMS determined CCR and Hospital shall send invoices to LifeShare based on the Hospital's CMS-determined CCR.**

**FIRST AMENDMENT
TO
ORGAN AND TISSUE RECOVERY AGREEMENT**

This FIRST AMENDMENT TO THE ORGAN AND TISSUE RECOVERY AGREEMENT (this “**First Amendment**”) is made and entered on the 24th day of June, 2022 (“**Execution Date**”) to be effective for all purposes as of February 22, 2022 (the “**Effective Date**”), between Mangum Regional Medical Center with its principal place of business at PO Box 280, Mangum, OK 73554-0280 (“**Hospital**”) and LifeShare Transplant Donor Services of Oklahoma, Inc., an Oklahoma not-for-profit 501(c)3 corporation, with its principal place of business at 4705 NW Expressway, Oklahoma City, Oklahoma 73132-5213, (“**LifeShare**”), with respect to the following circumstances:

WHEREAS, Hospital, being required by 42 CFR Part 482.45 to notify an organ procurement organization designated by the Secretary of the Department of Health and Human Services or third party designated by LifeShare, in a timely manner, of individuals for whom death is imminent or who have died at Hospital,

WHEREAS, LifeShare, being the Organ Procurement Organization (“**OPO**”) designated by the Secretary of the Department of Health and Human Services for procurement of transplantable organs in Oklahoma,

WHEREAS, Hospital and LifeShare, entered into that certain Organ and Tissue Recovery Agreement effective as of January 1, 2021 (the “**Original Agreement**”) to facilitate the procurement of organs and tissues for transplantation,

WHEREAS, the Fiscal Year 2022 Inpatient Prospective Payment Systems (“**IPPS**”) Final Rule, promulgated by the Center for Medicare and Medicaid Services (“**CMS**”) at 86 FR 73416, which was published December 27, 2021 and was effective February 25, 2022, provides that an OPO, such as LifeShare, will only be allowed to accept invoices from Hospital for donor evaluation and recovery-related charges based on the Hospital’s CMS-determined Cost-to-Charge Ratio (“**CCR**”);

WHEREAS, LifeShare and Hospital agree to amend Section 3.14 of the Original Agreement to comply with the Fiscal Year 2022 IPPS effective as of the February 25, 2022 effective date thereof;

WHEREAS, Capitalized terms used in this First Amendment without further definition have the meanings ascribed to them in the Original Agreement.

NOW, THEREFORE, in consideration of the recitals stated above and the benefit to be derived from the mutual observance of the covenants contained herein, the parties agree as follows:

Confidential

1. Section 3.14. Section 3.14 of the Original Agreement is amended and restated in its entirety to read as follows:

3.14 Upon pronouncement of death and consent for organ donation. LifeShare will assume and pay the donor evaluation, maintenance and surgical recovery costs associated with donor organs and tissues based on the Hospital's CMS-determined CCR and Hospital shall send invoices to LifeShare calculated based on the Hospital's CMS-determined CCR.

2. Effective Date. This First Amendment and all the changes set forth herein shall be effective as of the Effective Date set forth above and shall be applicable to all the invoices from the Hospital to LifeShare after the Effective Date.

3. No Other Amendments. Except as provided in this First Amendment, all other provisions of the Original Agreement shall continue in full force and effect unless and until amended pursuant to the Original Agreement.

(Signatures on next page)

Confidential

IN WITNESS WHEREOF, the parties have caused this First Amendment to be executed by their duly authorized officers as of the Execution Date.

"HOSPITAL"

Mangum Regional Medical Center

By: _____

Name: _____

Title: _____

Date: _____

"LIFESHARE"

LifeShare Transplant Donor Services of Oklahoma, Inc.

By: _____

Name: Jeffrey P. Orłowski

Title: President and Chief Executive Officer

Date: _____

Confidential

Hospital Vendor Contract Summary Sheet

1. Existing Vendor New Vendor
2. **Name of Contract: Locke Supply**
3. **Contract Parties: Locke Supply and MCHA dba MRMC**
4. **Contract Type Services: 100 Gallon Commercial Hot Water Heater**
5. **Impacted Hospital Departments: All**
6. **Contract Summary: This was an emergency purchase. Mark and his crew removed and replaced the 750# unit saving installation costs and valuable time.**
7. **Cost: \$7,403.49**
8. **Prior Cost: N/A**
9. **Term: N/A**
10. **Termination Clause: N/A**
11. **Other: 2 Year Warranty**



*** DUPLICATE ***

Invoice Item 13.

UPC Vendor	Invoice Date	Order Number
000000	08/11/2022	47244554-00
PO Date	PO Number	Page #
08/11/2022		1 of 1

Correspondence To Locke Supply Co.
P.O. BOX 24980
Oklahoma City, OK 73124
TEL: 405-631-9701

Cust # 51554

Bill To MANGUM CITY HOSPITAL AUTHORIT
ONE WICKERSHAM DR
MANGUM, OK 73554 US

Selling Branch 020 PL ALTUS
1624 N MAIN ST
Locke Supply
ALTUS, OK 73521
TEL: 580-477-1430

Ship To MANGUM CITY HOSPITAL AUTHORIT
ONE WICKERSHAM DR
MANGUM, OK 73554 US

<i>Instructions</i>	<i>Taken By</i>	<i>Currency</i>	
	6417		
<i>Ship Point</i>	<i>Via</i>	<i>Shipped</i>	<i>Terms</i>
020 PL ALTUS	Customer PU	08/11/2022	5%10thNT25th
<i>Reference</i>	<i>Sales Rep In/Out</i>	<i>Freight Terms Description</i>	
	001 / 001		

Line #	Product And Description	Quantity Ordered	Quantity B/O	Quantity Shipped	Qty UM	Unit Price	Amount (Net)
1	E0200 D100L1993N-877 COMM NG 100 GALLON 82.1% EFF. HT Serial #: YD49708469	1	0	1	each	7,403.49474	7,403.49
1	Lines Total	Qty Shipped Total		1		Subtotal	7,403.49
						Taxes	0.00
						Down Payment	0.00
						Total Due	7,403.49

Discount 370.17 If Paid By 09/10/2022.

Hospital Vendor Contract Summary Sheet

1. Existing Vendor New Vendor
2. **Name of Contract: Meraki License and Support Agreement**
3. **Contract Parties: Port 53 Technologies and MCHA dba MRMC**
4. **Contract Type Services: MRMC Network Backbone**
5. **Impacted Hospital Departments: All**
6. **Contract Summary: Under this licensing agreement pricing is locked in for 3 years with better service. Port 53 is an existing vendor on other software in the hospital, however, Insight provided this Meraki licensing previously. Insight however will only provide pricing for 1 year periods. This licensing agreement combines three licensing agreements into one as well. Descriptions and lists are on the attached quote.**
7. **Cost: \$10,201.74 (Includes a 35% discount)**
8. **Prior Cost: N/A**
9. **Term: 3 Years**
10. **Termination Clause: N/A**
11. **Other:**

Date	Quote No.	Expiration date	Payment	Contract Length
Jul 28, 2022	Quote 15987	August 30, 2022	Upfront	36 Months

Mangum Regional Medical Center
1 Wickersham Dr
Mangum, OK, 73554

Software Subscription	Price	Qty	Years	Discount	Subtotal
Meraki MR Enterprise License, 3YR <i>Meraki MR Series License LIC-ENT-3YR</i>	\$118.11	16	3	35.00%	\$3,685.03
Meraki MS120-24P Enterprise License and Support, 3 Year <i>Meraki MS Series License LIC-MS120-24P-3YR</i>	\$112.21	4	3	35.00%	\$875.24
Meraki MS120-48LP Enterprise License and Support, 3 Year <i>Meraki MS Series License LIC-MS120-48LP-3YR</i>	\$175.20	3	3	35.00%	\$1,024.92
Meraki MS120-48FP Enterprise License and Support, 3 Year <i>Meraki MS Series License LIC-MS120-48FP-3YR</i>	\$208.66	2	3	35.00%	\$813.77
Meraki MX64W Advanced Security License and Support, 3YR <i>Meraki MX Series License LIC-MX64W-SEC-3YR</i>	\$478.34	1	3	35.00%	\$932.76
Meraki MX84 Advanced Security License and Support, 3YR <i>Meraki MX Series License LIC-MX84-SEC-3YR</i>	\$1,471.80	1	3	35.00%	\$2,870.01

Total Discount -\$5,493.24

***Total \$10,201.74**

**plus applicable state and local sales tax*

Tax exempt business

Accepted by

Date

EXHIBIT A-2
PARTICIPATING MEMBER DESIGNATION FORM

SELLER: Sysmex America, Inc.
 CONTRACT NUMBER: PP-LA-625
 CONTRACT DATES: August 1, 2022 – July 31, 2025
 PRODUCT CATEGORY: Hematology Analyzers, Automation, Reagents, Consumables and Service

1. Tier. The undersigned Participating Member hereby designates the following desired tier under the above-referenced Premier Healthcare Alliance, L.P. Group Purchasing Agreement:

a. Select one Tier by initialing below

Member Initials	VOLUME TIERS	TOTAL PRODUCT PURCHASES (\$ PER CALENDAR YEAR)
	TIER 1	No commitment required; PMDF required
	TIER 2	\$150,000 to < \$500,000*
	TIER 3	Aggregation or \$500,000 to < \$3,500,000*
	TIER 4	Aggregation or \$3,500,000 to < \$5,000,000*
	TIER 5	Highest Aggregation or ≥ \$5,000,000*
	TIER 6	IHN 80% + Compliant < \$1,000,000*
	TIER 7	IHN 80% + Compliant \$1,000,000 to < \$3,500,000*
	TIER 8	IHN 80% + Compliant ≥ \$3,500,000*
	TIER 9	IHN 100% Compliant ≥ \$5,000,000*

*Includes Annual Spend on 1/5 Capital, Reagents, Controls and Service

Participating Members may be eligible for additional discounts or rebates as set forth in Exhibits I.

b. Seller shall not reduce a Participating Member’s tier level without first (i) notifying the Participating Member and Premier in writing that the Participating Member’s purchase volume is below the tier level selected by the Participating Member (the “Tier Reduction Notice”) and (ii) providing the Participating Member sixty (60) calendar days from the date of notice to remedy the purchasing volume issues described in the Tier Reduction Notice. If the Participating Member does not remedy the issues described in the Tier Reduction Notice within sixty (60) days, Seller may move the Participating Member to the appropriate tier based on the Participating Member’s Product purchases. Any tier adjustment pursuant to this paragraph that results in a less favorable tier for the Participating Member will apply for Products purchased from the effective date of the tier reduction.

2. Aggregation Pricing Option. By initialing where indicated below, the undersigned Participating Member or Participating Member group purchasing organization (“GPO”) hereby elects to invoke the Aggregation Pricing Option whereby such Participating Member which operates multi-facility systems and has the ability to manage and control the purchasing decisions of such facilities, or such entity that has an established network of facilities for purposes of group purchasing, shall be entitled to aggregate the purchasing volume within their respective systems and networks in order to meet the tier designated in Item 1 above. In order to invoke this election, the undersigned must be a Participating Member that is able to coordinate the purchasing decisions of the facilities it wishes to aggregate or a GPO with members that are Participating Members. Attached hereto as Schedule 1 is a list of such facilities. Seller shall be responsible for checking the Membership Roster for updates as specified in Section 3.0 of the Agreement. The undersigned Participating Member or GPO hereby elects to invoke the Aggregation Pricing Option: **Participating Member’s (or GPO’s) Initials:** _____.

SELLER SHALL ONLY PROVIDE INDEMNIFICATION TO THE PARTICIPATING MEMBER SO LONG AS THE PARTICIPATING MEMBER INDEMNIFIES SELLER. THE INDEMNIFICATION OBLIGATION BELOW MATCHES THE INDEMNIFICATION THAT PREMIER IS PROVIDING TO SELLER. PARTICIPATING MEMBER’S INDEMNIFICATION IS SUBJECT TO NEGOTIATION BY PARTICIPATING MEMBER.

Participating Member hereby agrees to indemnify, defend and hold harmless Seller and its affiliates, directors, officers, employees, agents, and insurers from and against any and all Claims arising out of the negligent acts or omissions of Participating Member and its employees and agents acting under its control or supervision constituting gross negligence or willful misconduct.

Seller hereby agrees to indemnify, defend and hold harmless Participating Member and its respective parents, subsidiaries, affiliates, directors, officers, employees, agents, and insurers from and against any and all claims, demands, actions, losses, expenses, damages, liabilities, costs (including, without limitation, interest, penalties and reasonable experts’ and attorneys’ fees) and judgments (each, a “Claim,” and collectively, “Claims”), in whatever jurisdiction brought, under either federal or state law, arising out of or substantially related to: (a) alleged bodily injury, wrongful death, or property damage

EXHIBIT A-2
PARTICIPATING MEMBER DESIGNATION FORM

SELLER: Sysmex America, Inc.
 CONTRACT NUMBER: PP-LA-625
 CONTRACT DATES: August 1, 2022 – July 31, 2025
 PRODUCT CATEGORY: Hematology Analyzers, Automation, Reagents, Consumables and Service

or any other physical damage or personal injury allegedly caused by in whole or in part, contributed to, by, or associated with any of the Products covered by this Agreement; failing to perform in accordance with its Specifications, failing to comply with applicable laws or regulations, or due to a manufacturer's defect, design defect, workmanship defect, or any other defect or claim arising under a strict liability theory, provided that such injury or damage is not attributable to the negligence or willful misconduct of the indemnified party, (b) any alleged acts or omissions of Seller or its employees and agents acting under its control or supervision constituting gross negligence or willful misconduct, (c) the alleged direct or contributory infringement of any intellectual property right, including any patent, trademark, copyright or trade secret right, by (i) any of the Products; (ii) the labels, labeling, packaging, instructions and other materials supplied therewith; or (iii) their contemplated uses; and (d) the alleged inducement of infringement of any such intellectual property right by Premier's inclusion of any of the Products in its approved list of products and its other normal business conduct related thereto.

Participating Member's Primary Distributor: _____ Secondary Distributor: _____

The undersigned Participating Member hereby acknowledges and confirms the above designations.

Participating Member/GPO

Print Name of Person Signing _____
 Signature _____
 Title of Person Signing _____
 Phone Number _____
 E-mail Address _____
 Date Signed _____
 Entity Code _____
 Print Name of Participating Member/GPO _____
 Address _____
 City and State _____

Seller

Print Name of Person Signing _____
 Signature _____
 Title of Person Signing _____
 Phone Number _____
 E-mail Address _____
 Date Signed _____

Upon completion, please submit this form to both Seller and Premier.

Seller Information –
 Fax: 224.513.4649
 Email: SalesAccountAnalysts@Sysmex.com

Premier Healthcare Alliance, L.P.–
 Fax: 704.816.3509
 Email: PremierPMDF@PremierInc.com

SCHEDULE 1

LIST OF PARTICIPATING MEMBER'S (or GPO's) FACILITIES
(For Purposes of Implementing the Aggregation Pricing Option)

[TO BE COMPLETED BY THE PARTICIPATING MEMBER OR GPO]

Participating Member/GPO name: _____

Premier Entity Code	Participating Facility Name	City	ST	Phone Number	Contact Name

EXHIBIT A-2

PARTICIPATING MEMBER DESIGNATION FORM

SELLER: Sysmex America, Inc.
CONTRACT NUMBER: PP-LA-625
CONTRACT DATES: August 1, 2022 – July 31, 2025
PRODUCT CATEGORY: Hematology Analyzers, Automation, Reagents,
Consumables and Service

Hospital Vendor Contract Summary Sheet

1. Existing Vendor New Vendor
2. **Name of Contract: Participating Member Designation Form**
3. **Contract Parties: Sysmex America, Inc. and MCHA dba MRMC**
4. **Contract Type Services: Hematology Analyzers, Automation, Reagents, Consumables and Service**
5. **Impacted Hospital Departments: Lab**
6. **Contract Summary: MRMC now qualifies for Tier 8 pricing in comparison to the Tier 3 pricing that is currently in effect. This will drop prices for the consumable items that are needed to run the Coag and Hematology analyzers.**
7. **Cost: Tier 8 Pricing – \$6,312.67 Per Year**
8. **Prior Cost: Tier 3 Pricing – \$6,499.90 Per Year**

							Material Usage	
							MANGUM CITY HOSPITAL AUTHORITY;	
							Date Range: 01-Aug-2021 to 01-Aug-2022	
OLD PRICING UNDER INITIAL 2017 PROPOSAL- EXPIRES 8/26/22								
Item #	MFG	Mfr #	Description	UOM	SHIP QTY	Price Per Each	Total Ext Purchase(\$)	
1066131	SYSMEX	213569	QC KIT, XN-L CHECK PACK 3LVL 12X3ML D/S	EA	8	\$ 375.00	\$ 3,000.00	
1086166	SYSMEX	BL551785	CLEANER, XW-100 CELL CLEAN (20VL/BX)	BX	3	\$ 107.05	\$ 321.15	
1192822	SYSMEX	BJ350971	REAGENT, HEMATOLOGY SULFOLYSER1.5L (2/BX)	BX	6	\$ 131.77	\$ 790.62	
1195265	SYSMEX	CV377552	REAGENT, HEMATOLOGY FLUOROCELLWDF 42ML (2/BX)	BX	2	\$ 457.88	\$ 915.76	
639958	SYSMEX	SLS-220A	REAGENT, SULFOLYSER SLS-220A 5L	EA	3	\$ 132.18	\$ 396.54	
942801	SYSMEX	ZA900001	REAGENT, HEMATOLOGY LYSERCELL WDF 1X5L	EA	11	\$ 27.03	\$ 297.33	
953155	SYSMEX	DCL-310A	REAGENT, CELLPACK DCL 10LITER	EA	30	\$ 25.95	\$ 778.50	
							YTD TOTAL:	\$ 6,499.90
NEW PRICING EFFECTIVE 8/01/2022 THORUGH 07/31/2025								
1066131	SYSMEX	213569	SET CONTROL HEMATOLOGY 4X3X3ML TRI-LEVEL	PK	8	\$ 375.00	\$ 3,000.00	
1086166	SYSMEX	BL551785	CLEANER, XW-100 CELL CLEAN (20VL/BX)	BX	3	\$ 107.05	\$ 321.15	
1192822	SYSMEX	BJ350971	REAGENT HEM ANALYZER SULFOLYSER 2X1.5L	BX	6	\$ 123.57	\$ 741.42	
1195265	SYSMEX	CV377552	REAGENT HEM ANALYZER FLUORESCENT 2X42ML	BX	2	\$ 429.39	\$ 858.78	
639958	SYSMEX	SLS-220A	REAGENT HEM ANALYZER SULFOLYSER 5L	EA	3	\$ 127.56	\$ 382.68	
942801	SYSMEX	ZA900001	REAGENT ANALYZER 5L LYSERCELL WDF	EA	11	\$ 25.34	\$ 278.74	
953155	SYSMEX	DCL-310A	REAGENT HEM ANALYZER 10L CELLPACK DCL	EA	30	\$ 24.33	\$ 729.90	
							NEW TOTAL:	\$ 6,312.67
							SAVINGS PER YEAR:	\$ 187.23

9. **Term: August 1, 2022 – July 31, 2025**
10. **Termination Clause: N/A**
11. **Other: Price lock through July 31, 2025**