



# Agenda

## Mangum City Hospital Authority

### January 28, 2025, at 5:30 PM

City Administration Building at 130 N Oklahoma Ave.

---

*The Trustees of the Mangum City Hospital Authority will meet in regular session on January 28th, 2025 at 5:30 PM, in the City Administration Building at 130 N. Oklahoma Ave, Mangum, OK for such business as shall come before said Trustees.*

#### CALL TO ORDER

#### ROLL CALL AND DECLARATION OF A QUORUM

#### CONSENT AGENDA

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

1. Approve December 17, 2024, regular meeting minutes as present.
2. Approve December 2024 Clinic Report.
3. Approve November 2024 Medical Staff Minutes
4. Approve November 2024 Quality Report
5. Approve December 2024 Quality Report
6. Approve December 2024 CCO Report.
7. Approve December 2024 CEO Report.
8. Approve the following forms, policies, appointments, and procedures previously approved, on 01/16/2025 Quality Committee and on 01/23/2024 Medical Staff.

**Discussion and Possible Action to Approve the Policy and Procedure:** MRMC-2025 Hazard Vulnerability Assessment

**Discussion and Possible Action to Approve the Policy and Procedure:** MRMC-2024 Security Risk Assessment

**Discussion and Possible Action to Approve the Policy and Procedure:** MRMC-2024 HIPAA Security Walkthrough.

**Discussion and Possible Action to Approve the Policy and Procedure:** MRMC-2024 SAFER Guides

**Discussion and Possible Action to Approve the Policy and Procedure:** MRMC-ITS-041-Secure Messaging Policy

**Discussion and Possible Action to Approve the Policy and Procedure:** MRMC-BSO-0XX-Self-Administered Drug Policy

**Discussion and Possible Action to Approve the Policy and Procedure:** MRMC-CLP-006- Pain Screening, Assessment and Management Policy

**Discussion and Possible Action to Approve the Policy and Procedure:** MRMC-FMNR-013-Consent/Declination for Blood & Blood Products

**Discussion and Possible Action to Approve the Policy and Procedure:** MRMC-FMNR-030-Patient Post-Fall Review Form

**Discussion and Possible Action to Approve the Policy and Procedure:** MRMC-NUR-009\_Blood Product Administration Policy

**Discussion and Possible Action to Approve the Policy and Procedure:** MRMC-NUR-010-Emergency Release of Blood Policy.

**Discussion and Possible Action to Approve the Policy and Procedure:** MRMC-FMHP-018- Patient Privacy

**Discussion and Possible Action to Approve the Policy and Procedure:** RHC-039-School Physicals.

**Discussion and Possible Action to Approve the Policy and Procedure:** RHC-038- Clinic Financial Assistance Policy

**Discussion and Possible Action to Approve the Policy and Procedure:** FMED-014-Inclusion/Exclusion Criteria for IV Thrombolytic Therapy in Ischemic Stroke.

**Discussion and Possible Action to Approve the Policy and Procedure:** FMED-014 Inclusion/Exclusion Criteria for IV Tenecteplase in Ischemic Stroke

**Discussion and Possible Action to Approve the Policy and Procedure:** FMED-015-Nursing Bedside Swallow Screen

**Discussion and Possible Action to Approve the Policy and Procedure:** FMED-016- Emergency Department Stroke Alert Audit.

**Discussion and Possible Action to Approve the Policy and Procedure:** EDPR-002- Stroke Alert Standing Orders

**Discussion and Possible Action to Approve the Policy and Procedure:** EMD-009 Stroke Alert and Management Policy

**Discussion and Possible Action to Approve the Policy and Procedure:** EMD-045- Administration of Tenecteplase in Acute Ischemic Stroke.

**Discussion and Possible Action to Approve the Policy and Procedure:** EMD-021- Administration of Intravenous (IV) Thrombolytic Therapy in Acute Ischemic Stroke

**Discussion and Possible Action to Approve the Policy and Procedure:** FMED-013- VAN Emergent Large Vessel Occlusion Screening Tool

**Discussion and Possible Action to Approve the Policy and Procedure:** FMED-045- Tenecteplase in Acute Ischemic Stroke Dosing Recommendations

**Discussion and Possible Action to Approve the Policy and Procedure:** FMED-046- Vital Signs and Neuro Check Flow Sheet

**Discussion and Possible Action to Approve the Policy and Procedure:** FMED-047-Stroke Alert Protocol/Algorithm

**Discussion and Possible Action to Approve the Policy and Procedure:** Tenecteplase in Acute Ischemic Stroke Recommendations Reconstitution, Administration & Dosing.

**Discussion** related to HIM Delinquencies-none to report.

## **FURTHER DISCUSSION**

## **REMARKS**

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

## **REPORTS**

[9.](#) Financial Report for November 2024

[10.](#) Financial Report for December 2024

## **OLD BUSINESS**

[11.](#) **Discussion and Possible Action to Approve** the Agreement for provision & maintenance of Durable Medical Equipment between Tecumseh Oxygen & Medical Supply a Holding of Cohesive Health Care and Mangum Regional Medical Center.

## **OTHER ITEMS**

[12.](#) **Discussion and Possible Action to Approve** 2025 MRMC Budget.

[13.](#) **Discussion and Possible Action to Approve** 340B Compliance Partners-Consulting Agreement to provide a yearly 340B mock audit, assist with policy and procedure review with recommendations based on the 340B program.

**14.** **Discussion and Possible Action** to terminate the 340B Contract Pharmacy Services Agreement between MRMC and Granite Drug Co.

[15.](#) **Discussion and Possible Action to Approve** the Mangum Family Clinic/Sparklight renewal agreement for internet services

[16.](#) **Discussion and Possible Action to Approve** the Part-time Lease of the Mangum Family Clinic between the Mangum Family Clinic and Integris Cardiovascular Physicians, LLC.

**17.** **Discussion and Possible Action** with regard to the operations of Mangum Family Clinic

18. **Discussion** on whether the roof repair to the Mangum Regional Medical Center constitutes an "emergency" for purposes of the notice and bid requirements under the Public Competitive Bidding Act of 1974.
19. Discussion and possible action to approve the contract between Fox, Drechler, and Brickley, Inc., and the Mangum City Hospital Authority to provide engineering and inspection services related to the repair and replacement of the Mangum Regional Medical Center's Roof. Such services include ensuring compliance with Oklahoma's Public Competitive Bid Act, including handling all bid packets, statutory notices, and inspection of the project to ensure compliance with the approved building plans and relevant laws or regulations.
20. Discussion and possible action to authorize Fox, Drecherl, and Brickley, Inc., or other designated representative, to solicit bids in accordance with the building specifications approved by the insurance adjuster and set a date certain for bids to be received and approved.

#### **EXECUTIVE SESSION**

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

#### **OPEN SESSION**

22. Discussion and possible action to come out of executive session.

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

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

#### **NEW BUSINESS**

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

#### **ADJOURN**

*Motion to Adjourn*

Duly filed and posted at 4:30 **p.m. on the 24th day of January 2025**, by the Secretary of the Mangum City Hospital Authority.

---

*Erma Mora Secretary*



# Clinic Operations Report

Mangum Family Clinic

December 2024

Monthly Stats	December 23	December 24
Total Visits	177	166
Provider Prod	134	93
RHC Visits	151	166
Nurse Visits	1	0
Televisit	0	0
Swingbed	25	15

Provider Numbers	RHC	TH	SB
Barnes	14		
Ogembo	48		
Dr. Sanda	104		
Chiaffitelli			15

Payor Mix	
Medicare	56
Medicaid	47
Self	6
Private	57

Visits per Geography	
Mangum	132
Granite	10
Altus	4
Duke	3

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Visits	177	178	150	129	124	141	193	161	140	201	133	166	1893

**Clinic Operations:**

- Nelson Ogembo was out on PTO during most of December. Some days in clinic were not covered.

**Quality Report:**

Improvement Measure	Actual	Goal	Comments
Reg Deficiencies	0	0	10 audited
Patient Satisfaction	0	5	
New Patients	27	10	Impressive given the circumstances
No Show	9.7%	<12%	17 No Shows for the month
Expired Medications	0	0	None noted.

**Outreach:**

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

**Summary :**

MFC looks forward to the new year and looks forward to assessing and implementing service lines to accommodate our patient's healthcare needs.

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

Mangum Regional Medical Center  
 Medical Staff Meeting  
 Thursday  
 November 21, 2024

MEMBERS PRESENT:

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

ALLIED HEALTH PROVIDER PRESENT:

David Arles, APRN-CNP  
 Mary Barnes, APRN-CNP

NON-MEMBERS PRESENT:

Kelley Martinez, RN, CEO  
 Chelsea Church, PharmD  
 Nick Walker, RN, CCO  
 Meghan Smith, RN, Infection Preventionist  
 Denise Jackson, RN, Quality  
 Chasity Howell, RN – Utilization Review

1. Call to order
  - a. The meeting was called to order at 12:25 pm by Dr. John Chiaffitelli, Medical Director.
2. Acceptance of minutes
  - a. The minutes of the October 17, 2024, 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. Patient Rounds continue to provide positive feedback from our patients..
    - Operations Overview
      - Looking at clinic collections for October we collected a total of \$2,477.09 down from \$2,066.18 at time of service.
      - In the Month of October the hospital collected \$17989.41 total patient payments of which \$467.25 was upfront collections.

- We continue to move forward on the roof our public adjuster and the insurance adjuster has been to the facility.
- The PRN MD for the Emergency Department is not going to be starting in November, it looks like he is going to be starting in December.
- Clinic numbers continue to be at the low end due to insurance credentialing with Dr. Sanda he is only able to see Medicare Patients currently.
- We are continuing to look for a Licensed Professional Counselor to head our Strong Minds program.
- We are starting to repair patient rooms. We are repairing walls, paint and flooring.
- We received notification that our Title VI Grant was approved. We are going to start moving forward with that Program.

Written report remains in the minutes.

## 5. Committee / Departmental Reports

### a. Medical Records – August Report

1. Auditing charts to make sure that signatures are on all dis-charge instructions. Also, reviewing charts to make sure all the consents have been signed including the Conditions of Admission forms.
2. Completion of an ER chart that needed to have HP completed with adequate information.

### b. Nursing

#### Patient Care

- MRMC Education included:
  1. Nursing documentation/updates are communicated to Nursing staff weekly.
  2. Skills fair for nursing and RT staff completed 10/23/2024!
  3. Pyxis education will begin over the course of the next few weeks.
- MRMC Emergency Department reports 0 patients Left Without Being Seen (LWBS).
- MRMC Laboratory reports 0 contaminated blood culture set(s).
- MRMC Infection Prevention reports 0 CAUTI.
- MRMC Infection Prevention report 0 CLABSI.
- MRMC Infection Prevention reports 0 HAI, or 0 MDRO for the month of September.

#### Client Service



- Total Patient Days decreased with 227 patient days in October 2024 as compared to 214 patient days in September 2024. This represents an average daily census of 8. In addition, MRMC Emergency Department provided care to 130 patients in October 2024.
- MRMC Case Management reports 20 Total Admissions for the month of October 2024.
- September 2024 COVID-19 Statistics at MRMC: Swabs (0 PCR & 43 Antigen) with 3 Positive.

#### Preserve Rural Jobs

- MRMC has hired two “core” RN-House Supervisor positions and will hire and additional three more. We have one CNA position open currently.
- Patients continue to voice their praise and appreciation for the care received at MRMC. We continue to strive for excellence and improving patient/community relations.

Written report remains in minutes.

#### c. Infection Control

- Old Business
  - a. None
- New Business
  - a. N/A
- Data:
  - a, N/A
- Policy & Procedures Review:
  - a. N/A
- Education/In Services
  - a. Monthly EPIC meeting for IP education.
  - b. Skills Fair scheduled for October 2024
  - c. Weekly Call with Corp. IP.
  - d. Weekly Lunch and Learns.
  - e. Staff education
- Updates: Employees are offered flu shots through the influenza vaccine program. Vaccination program will start October 1<sup>st</sup>, 2024. Two annual Fit test completed.
- Annual Items:
  - a. Completed March 2023
  - b. ICRA approved by Board March, 2024.
  - c. 1 ICRA for July 2024

Written report remains in the minutes.

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

- i. Evaluation and Approval of Annual Plans –
  - i.i. Old Business - -
    - a. Chrome pipe needs cleaned and escutcheons replaced on hopper

- in ER – could not replace escutcheons due to corroded piping in wall – capped off leaking pipe under the floor to stop leak – hopper will be covered – remodel postponed.
- b. ER Provider office flooring needing replaced. Tile is onsite.- remodel is postponed.
  - c. EOC, and Life Safety Plans will be evaluated and approved in the November EOC meeting.
- i.i.i. New Business
- a. None.  
Written report remains in minutes.
- e. Laboratory
- i. Tissue Report – None – October, 2024 – Approved
  - i.i. Transfusion Report – None – October, 2024 – Approved  
Written report remains in minutes.
- f. Radiology
- i. There was a total of – 170 X-Rays/CT/US
  - i.i. Nothing up for approval
  - i.i.i. Updates:
    - o PM was completed on the Xray Room.  
Written report remains in minutes.
- g. Pharmacy
- i. Verbal Report by PharmD.
  - i.i. P & T Committee Meeting –  
The next P&T Committee Meeting will be held in December, 2024.
  - i.i.i. Sterile Cipro IV and Levaquin 750mh IV has been added to the shortage list.  
Written report remains in the minutes.
- h. Physical Therapy
- i. No report.
- i. Emergency Department
- i. No report
- j. Quality Assessment Performance Improvement
- Risk Management
    - o Grievance – 1
    - o Fall with no injury – 0
    - o Fall with minor injury – 1
    - o Fall with major injury – 0
    - o Death – 1
    - o AMA/LWBS – 4

- Quality
  - Quality Minutes
- HIM – H&P – Completion –  
Progress Note completion –
- Med event – 0
- After hours access was – 57
- Compliance

Written reports remain in the minutes.

k. Utilization Review

- i. Total Patient days for September: 214
  - i.i. Total Medicare days for September: 175
  - i.i.i. Total Medicaid days for September: 1
  - iv. Total Swing Bed days for September: 164
  - v. Total Medicare SB days for September: 156
- Written report remains in the Minutes.

Motion made by Dr. John Chiaffitelli, Medical Director to approve Committee Reports for October, 2024.

6. New Business

- a. Review & Consideration of Approval of Policy & Procedures: MRMC –  
340B Drug Discount Purchasing Program  
**i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve MRMC – 340B Drug Discount Purchasing Program.
- b. Review & Consideration of Approval of Policy & Procedure: : MRMC –  
Compliance Manual with Table of Contents Attached  
**i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve MRMC –  
Compliance Manual with Table of Contents Attached.

7. Adjourn

- a. Dr Chiaffitelli made a motion to adjourn the meeting at 12:52

---

Medical Director/Chief of Staff

Date



**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for Nov 2024 and Meeting Minutes for Nov 2024**

<b>Meeting Location: OR</b>	<b>Reporting Period: October 2024</b>	
<b>Chairperson: Dr Gilmore</b>	<b>Meeting Date: 11/14/24</b>	<b>Meeting Time: 14:00</b>
<b>Medical Representative: Dr Gilmore</b>	<b>Actual Start Time: 1402</b>	<b>Actual Finish Time: 1434</b>
<b>Hospital Administrator/CEO: Kelley Martinez</b>	<b>Next Meeting Date/Time: 12/12/2024 @ 14:00</b>	

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

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

<b>I. CALL TO ORDER</b>				
<b>Agenda Item</b>	<b>Presenter</b>	<b>Time Allotted</b>	<b>Discussion/Conclusions</b>	<b>Decision/Action Items</b>
A. Call to Order	QM	<b>1 min</b>	Called to order at 1402	Approval: First –Brittany, Second – Chasity
<b>II. COMMITTEE MEETING REPORTS &amp; APPROVAL OF MINUTES</b>				
<b>Agenda Item</b>	<b>Presenter</b>	<b>Time Allotted</b>	<b>Discussion/Conclusions</b>	<b>Decision/Action Items</b>
A. Quality and Patient Safety Committee <i>1. Approval of Meeting Minutes</i>	Denise Jackson	<b>2 min</b>	Meeting minutes - Oct 2024	Approval: First – Brittany, Second – Meghan
B. Environment of Care (EOC) Committee <i>1. Approval of Meeting Minutes</i>	Mark Chapman	<b>2 min</b>	Meeting minutes – Oct 2024	Approval: First – Brittany, Second – Chasity
C. Infection Control Committee <i>1. Approval of Meeting Minutes</i>	Meghan Smith	<b>2 min</b>	Meeting minutes – Oct 2024	Approval; First – Chasity, Second - Brittany
D. Pharmacy & Therapeutics (P&T) Committee <i>1. Approval of Meeting Minutes</i>	Chelsea Church/ Lynda James	<b>2 min</b>	Next Meeting – Dec 2024	
E. Health Information Management (HIM)/Credentialing Committee <i>1. Approval of Meeting Minutes</i>	Jennifer Dryer/ Kaye Hamilton	<b>2 min</b>	Meeting minutes – Oct 2024	Approval: First – Brittany, Second – Danielle
D. Utilization Review (UR) Committee <i>1. Approval of Meeting Minutes</i>	Chasity Howell	<b>2 min</b>	Meeting minutes – Oct 2024	Approval; First – Danielle, Second –

**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for Nov 2024 and Meeting Minutes for Nov 2024**

<b>III. DEPARTMENT REPORTS</b>				
<b>Agenda Item</b>	<b>Presenter</b>	<b>Time Allotted</b>	<b>Discussion/Conclusions</b>	<b>Decision/Action Items</b>
A. Nursing/Emergency Department	Nick Walker	<b>5 min</b>	0 restraints 9 PRBC with no reactions 0 code blue	
B. Radiology	Pam Esparza	<b>2 min</b>	3 films repeated	2 for clipped anatomy/1 for artifact, repeated with no further issues
C. Laboratory	Tonya Bowan	<b>8 min</b>	42 rejected labs Coag analyzer cog done 10/22/24 1 unit of blood signed out by nurse w/o date	Education on signing out blood, on paperwork needed when QC new lots of RDV/COVID/STREP/Flu tests, GFR education and we do not use DLO here, pt have to go to Altus
D. Respiratory Care	Heather Larson	<b>2 min</b>	26 neb changes for the month 0 vent days	
E. Therapy	Chrissy Smith	<b>2 min</b>	Pt with assistive needs – 14  Total sessions for the month; 122 -PT 96 -OT 0 -ST Improved Standard Assessment Scores: 7 - PT 7 - OT 0 - ST	OT license renewal for the month completed
F. Materials Management	Brittany Gray	<b>2 min</b>	1 back orders, 0 late orders, 0 recalls	All dept except Nursing are submitting requisitions for needed items
G. Business Office	Dannille Cooper	<b>2 min</b>	98% on DL, 99% on Ins Card	7 ED visits after BO hours that are missing id/ins or note by nursing, noted trend with PM nurses (6 instances) BO manager will notify CNO of these instances

**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for Nov 2024 and Meeting Minutes for Nov 2024**

H. Human Resources	Bethany Moore	2 min	0 background checks completed for new employees this month	
I. Environmental Services	Mark Chapman	2 min	100% terminal room cleans	
J. Facility/Plant Operations	Mark Chapman	2 min	24 extinguishers checked  Boiler pump failure on 10/31 that was repaired the next day 11/1  1 generator/transfer switch inspection	
K. Dietary	Treva Durr	2 min	100% on all logs for the month	
L. Information Technology	Tim Hopen	2 min	No present	
<b>IV. OLD BUSINESS</b>				
<b>V. NEW BUSINESS</b>				
<b>Agenda Item</b>	<b>Presenter</b>	<b>Time Allotted</b>	<b>Discussion/Conclusions</b>	<b>Decision/Action Items</b>
A. New Business	QM	2 min	See Policy Information Below	
<b>VI. QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT DASHBOARD REPORT</b>				
<b>Agenda Item</b>	<b>Presenter</b>	<b>Time Allotted</b>	<b>Discussion/Conclusions</b>	<b>Decision/Action Items</b>
A. Volume & Utilization	CM	5 min	AMA – 1 1 inpt(acute) pt admitted to inpt via ER Pt began requesting to be transferred to another hospital to be closer to family, no complaints with MRMC just preferred to be closer to family. The charge nurse and CEO met with pt to discuss pt desire for transfer to another facility, after conversation with pt/family, provider	

**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for Nov 2024 and Meeting Minutes for Nov 2024**

			went to begin working on transfer. Pt decided 10 min after conversation that they wanted to sign out AMA. Pt and family members discussed options at length and decided to sign out AMA, all R&B of signing out AMA were discussed with pt and family member by provider, charge, CEO. Pt signed ama form.	
B. Case Management	CM	<b>8 min</b>	0 re-admits for the month	
C. Risk Management	QM	<b>10 min</b>	0 complaints  0 grievances  Falls – None  Mortality – None	
D. Nursing	CCO	<b>2 min</b>	Pain assessment in ER at 67% (1 iv)	Charge nurses are reviewing PRN pain medications reassessments to ensure completion, excluding the ER.  Pt was transferred out prior to follow up.
E. Emergency Department	CCO/QM	<b>5 min</b>	ER readmits - 4 1) The pt presented to the ED and was diagnosed prescribed ABX therapy and discharged home. The patient returned 2 days later due to AMS possibly related to familial/psychological issues. The patient was admitted for observation.	



**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for Nov 2024 and Meeting Minutes for Nov 2024**

			<p>2) Patient initially was examined for c/o and advised to f/u with their PCP for referral to Ortho. The patient returned the following day due to continued c/o pain, but also psychological issues. The patient was examined and transferred to Red Rock for behavioral health treatment.</p> <p>3) The patient was treated for c/o prescribed appropriate therapy and d/c home. The patient was brought in 2 days later after vomiting. The patient was afebrile with no vomiting in the ed, prescribed antiemetic and discharged home.</p> <p>4) The patient presented to the ED c/o. Treated and the patient was advised to f/u with their PCP. The patient went to their PCP the next day and treated in PCP office. The patient later returned to the ED with same initial c/o. The patient was advised to maintain treatment until specialist follow up.</p>	
F. Pharmacy & Therapeutics (P&T)	Pharmacy	<b>2 min</b>	<p>Next P&amp;T – Dec 2024</p> <p>After hours access - 62</p> <p>ADR - 0</p> <p>Med errors – 2 1-2) Medication dose omitted</p>	Med errors – nursing education to monitor MARS closely
G. Respiratory Care	RT	<b>2 min</b>	100% on chart checks	

**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for Nov 2024 and Meeting Minutes for Nov 2024**

H. Wound Care	WC	<b>2 min</b>	No wound development for reporting period	
I. Radiology	RAD	<b>2 min</b>	5 - delays in reads (2 xrays/3 CTs)	Staff remains in contact with DIA for delay reads, DIA reports multiple studies prior to MRMC xrays, CTs were read by residents and required Radiologist follow up before being signed off and reported back to MRMC
J. Laboratory	LAB	<b>5 min</b>	No blood culture contaminations  Stat turnaround time – 2 tests in the ER that did not meet the 1 hr time both instances were the same tech  1 duplicate orders deleted for the month	Turn around time – in service on 11/1, lab was short staffed during this time as well
K. Infection Control/Employee Health	IC/EH	<b>5 min</b>	No HAI, CAUTIs, CLASBI for the month	
L. Health Information Management (HIM)	HIM	<b>2 min</b>	H&P 100%  D/C summary 100%  Progress Notes 100%	
M. Dietary	Dietary	<b>2 min</b>	100%	
N. Therapy	Therapy	<b>2 min</b>	100%	
O. Human Resources (HR)	HR	<b>2 min</b>	90-day competency - None  Annual education – 100%	

**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for Nov 2024 and Meeting Minutes for Nov 2024**

P. Business Office	BOM	2 min	6 cost shares not collected	BO has noted trend and will monitor the following month for further issues
Q. Environmental Services	EVS	2 min	10/10 on room cleans	
R. Materials Management	MM	2 min	Requisitions – 100%	
S. Life Safety	PO	2 min	100%	
T. Emergency Preparedness	EP	2 min	3 employee oriented	
U. Information Technology	IT	2 min	Director not present, will differ	
V. Outpatient Services	Therapy	2 min	Data tool being added to workbook	Email out to creator regarding this still not on workbook
W. Strong Minds	N/A	N/A	N/A	Policies were approved in April 2024 for the SM program, looking for Councilor?

**VII. POLICIES & PROCEDURES**

Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Review and <i>Approve</i>	QM	10 min	<ol style="list-style-type: none"> <li>1. 340B Drug Discount Purchasing Program</li> <li>2. Compliance Manual (see TOC)</li> </ol>	<ol style="list-style-type: none"> <li>1.) approval – Kelley/Danielle</li> <li>2.) approval – Kelley/ Meghan</li> </ol>

**VIII. PERFORMANCE IMPROVEMENT PROJECTS**

**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for Nov 2024 and Meeting Minutes for Nov 2024**

IX. OTHER				
X. ADJOURNMENT				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Adjournment	QM	1 min	There being no further business, meeting adjourned at 1434 by Chasity seconded by Bethany	

MEMBERS & INVITED GUESTS				
<b>Voting MEMBERS</b>				
Kelley Martinez	Nick Walker	Heather Larson	Lynda James	Treva Derr
Chasity Howell	Jennifer Dreyer	Danielle Cooper	Meghan Smith	Pam Esparza
Brittany Gray		Bethany Moore	Kaye Hamilton (teams)	Dr G (teams)
Dianne (teams)	Mark Chapman	<input type="checkbox"/> Zack Powell	<input type="checkbox"/>	<input type="checkbox"/>
<b>Non-Voting MEMBERS</b>				
Denise Jackson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for Dec 2024 and Meeting Minutes for Dec 2024**

<b>Meeting Location: OR</b>	<b>Reporting Period: Nov 2024</b>	
<b>Chairperson: Dr Gilmore</b>	<b>Meeting Date: 12/19/24</b>	<b>Meeting Time: 14:00</b>
<b>Medical Representative: Dr Gilmore</b>	<b>Actual Start Time: 1403</b>	<b>Actual Finish Time: 1430</b>
<b>Hospital Administrator/CEO: Kelley Martinez</b>	<b>Next Meeting Date/Time: 01/16/2025 @ 14:00</b>	

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

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

<b>I. CALL TO ORDER</b>				
<b>Agenda Item</b>	<b>Presenter</b>	<b>Time Allotted</b>	<b>Discussion/Conclusions</b>	<b>Decision/Action Items</b>
A. Call to Order	QM	<b>1 min</b>	Called to order at 1403	Approval: First –Kelley, Second – Meghan
<b>II. COMMITTEE MEETING REPORTS &amp; APPROVAL OF MINUTES</b>				
<b>Agenda Item</b>	<b>Presenter</b>	<b>Time Allotted</b>	<b>Discussion/Conclusions</b>	<b>Decision/Action Items</b>
A. Quality and Patient Safety Committee <i>1. Approval of Meeting Minutes</i>	Denise Jackson	<b>2 min</b>	None	
B. Environment of Care (EOC) Committee <i>1. Approval of Meeting Minutes</i>	Mark Chapman	<b>2 min</b>	Meeting minutes – Nov 2024	Approval: First – Kelley, Second – Pam
C. Infection Control Committee <i>1. Approval of Meeting Minutes</i>	Meghan Smith	<b>2 min</b>	None	
D. Pharmacy & Therapeutics (P&T) Committee <i>1. Approval of Meeting Minutes</i>	Chelsea Church/ Lynda James	<b>2 min</b>	Meeting minutes – Sept 2024	Approval: First – Kelley, Second – Dr G
E. Health Information Management (HIM)/Credentialing Committee <i>1. Approval of Meeting Minutes</i>	Jennifer Dryer/ Kaye Hamilton	<b>2 min</b>	None	
D. Utilization Review (UR) Committee <i>1. Approval of Meeting Minutes</i>	Chasity Howell	<b>2 min</b>	Meeting minutes – Nov 2024	Approval; First – Meghan, Second – Kelley

**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for Dec 2024 and Meeting Minutes for Dec 2024**

<b>III. DEPARTMENT REPORTS</b>				
<b>Agenda Item</b>	<b>Presenter</b>	<b>Time Allotted</b>	<b>Discussion/Conclusions</b>	<b>Decision/Action Items</b>
A. Nursing/Emergency Department	Nick Walker	<b>5 min</b>	0 restraints 6 PRBC with no reactions 0 code blue	
B. Radiology	Pam Esparza	<b>2 min</b>	4 films repeated	clipped anatomy/artifact, repeated with no further issues
C. Laboratory	Tonya Bowan	<b>8 min</b>	71 rejected labs UDS changed to iCassette PM done on CA-660 (10/22/24) New thermal sensor installed on blood bank fridge CLIA survey done 12/14	
D. Respiratory Care	Heather Larson	<b>2 min</b>	17 neb changes for the month 0 vent days	
E. Therapy	Chrissy Smith	<b>2 min</b>	Director not present will defer	
F. Materials Management	Brittany Gray	<b>2 min</b>	Director not present will defer	
G. Business Office	Dannille Cooper	<b>2 min</b>	Director not present will defer	
H. Human Resources	Bethany Moore	<b>2 min</b>	1 background checks completed for new employees this month	
I. Environmental Services	Mark Chapman	<b>2 min</b>	100% terminal room cleans	
J. Facility/Plant Operations	Mark Chapman	<b>2 min</b>	24 extinguishers checked	

**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for Dec 2024 and Meeting Minutes for Dec 2024**

			Boiler pump failure on 10/31 that was repaired the next day 11/1	
			1 generator/transfer switch inspection	
K. Dietary	Treva Durr	<b>2 min</b>	100% on all logs for the month	
L. Information Technology	Tim Hopen	<b>2 min</b>	Director not present will defer	
<b>IV. OLD BUSINESS</b>				
<b>V. NEW BUSINESS</b>				
<b>Agenda Item</b>	<b>Presenter</b>	<b>Time Allotted</b>	<b>Discussion/Conclusions</b>	<b>Decision/Action Items</b>
A. New Business	QM	2 min	See Policy Information Below	
<b>VI. QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT DASHBOARD REPORT</b>				
<b>Agenda Item</b>	<b>Presenter</b>	<b>Time Allotted</b>	<b>Discussion/Conclusions</b>	<b>Decision/Action Items</b>
A. Volume & Utilization	CM	<b>5 min</b>	<p>AMA – 3</p> <p>1 obs; admitted to OBS via ER. pt was admitted about 24 hrs when they stated they wanted to go. Nurse/Provider provided education on R/B and the need for continued treatment, pt remains adamant that they were leaving. AMA signed.</p> <p>1 in-pt; admitted to Acute via ER for symptom management, pt reports there is a personal issue at home that has to be dealt with. Provider offered to assist or find pt assist with issue, however pt reports that it has to be them that handles the issue, and they need to</p>	Noted trend with same House Sup at the time of both in-pt AMAs, this is the first month operations with house sup

**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for Dec 2024 and Meeting Minutes for Dec 2024**

			<p>leave. The provider discussed R/B with pt, signed AMA.</p> <p>1 ER pt - pt to the ER with multiple c/o, including an injury from a domestic animal, willing to be tested/treated but when additional parties were contacted as required, pt became upset and left without treatment. Pt did not notify staff they were leaving, nor did they sign the AMA, follow up phone calls unsuccessful, additional party reports they will be following up at the pt home.</p>	
B. Case Management	CM	<b>8 min</b>	0 re-admits for the month	
C. Risk Management	QM	<b>10 min</b>	<p>0 complaint</p> <p>1 grievance – Patient reports that a non-professional conversation occurred between CNO/Nurse in the patient room. CEO/HR made aware of pt report, investigation occurred to include discussions with CNO, Nurse, Pt. Investigation concluded, and grievance letter mailed to patient on 12/03/24</p> <p>Falls – 2 w/o injury;</p> <p>1- 1 in pt; pt was found on the floor by BCS, denies any injuries. Not able to recall the events of fall. Fall precautions in place prior to fall; bed alarm, low bed,</p>	



**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for Dec 2024 and Meeting Minutes for Dec 2024**

			<p>call light in reach. Chair alarm added post fall.</p> <p>2- 1 in pt; pt was being assisted x 1 from BSC, during transfer pt legs started to buckle and pt was lowered to the floor, no injuries noted. Fall precautions in place prior to fall; low bed, call light in reach, non-skid socks. Verbal ques added post fall for all transfers.</p> <p>Mortality – 2</p> <p>1 SWB admitted for comfort care in-pt services. Pt was DNR upon arrival with admit for comfort care only. Pt expired, death expected.</p> <p>1 SWB pt admitted via the ER for overall decline at home. During the stay pt continued to decline. Family aware of decline and pt overall status prior to ER visit was poor. Family agreed to in-pt comfort care and pt expired while inpt on 11/18/24, expected death.</p>	
D. Nursing	CCO	<b>2 min</b>	Pain assessment in ER at 83% (1IV med)	Charge nurses are reviewing PRN pain medications reassessments to ensure completion, excluding the ER.
E. Emergency Department	CCO/QM	<b>5 min</b>	ER readmits - 1	

**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for Dec 2024 and Meeting Minutes for Dec 2024**

			The patient was initially evaluated in the ED for c/o, improved with treatment in the ED, and was discharged home. The patient returned later c/o same symptoms and the decision to admit was made due to failed outpatient/home treatment plan.	
F. Pharmacy & Therapeutics (P&T)	Pharmacy	<b>2 min</b>	<p>Next P&amp;T –2025</p> <p>After hours access - 43</p> <p>ADR - 0</p> <p>Med errors – 3</p> <p>1-2) The medications were administered to the patient but not scanned in the EMAR per the nurse. They are home medications, and a sticker must be printed and scanned.</p> <p>3) Insulin was administered to a patient who did not require coverage at the time. Provider notified; patient monitored with no adverse side effects noted. Discussion with the nurse as bedside scanning was not performed.</p>	
G. Respiratory Care	RT	<b>2 min</b>	100% on chart checks	
H. Wound Care	WC	<b>2 min</b>	No wound development for reporting period	
I. Radiology	RAD	<b>2 min</b>	1 - delays in reads (xray)	Staff remains in contact with DIA for delay reads, DIA reports multiple studies prior to MRMC xray
J. Laboratory	LAB	<b>5 min</b>	No blood culture contaminations	

**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for Dec 2024 and Meeting Minutes for Dec 2024**

			Stat turnaround time – 100%	
			3 duplicate orders deleted for the month	
K. Infection Control/Employee Health	IC/EH	<b>5 min</b>	1 HAI – wound patient with staph/pseudomonas to the wound culture, no IP recommendations for this as all orders were in place and appropriate.	
L. Health Information Management (HIM)	HIM	<b>2 min</b>	Director not present will defer	
M. Dietary	Dietary	<b>2 min</b>	100%	
N. Therapy	Therapy	<b>2 min</b>	Director not present will defer	
O. Human Resources (HR)	HR	<b>2 min</b>	90-day competency - None  Annual education – 100%	
P. Business Office	BOM	<b>2 min</b>	Director not present will defer	
Q. Environmental Services	EVS	<b>2 min</b>	10/10 on room cleans	
R. Materials Management	MM	<b>2 min</b>	Director not present will defer	
S. Life Safety	PO	<b>2 min</b>	100%	
T. Emergency Preparedness	EP	<b>2 min</b>	1 employee oriented	
U. Information Technology	IT	<b>2 min</b>	Director not present will defer	
V. Outpatient Services	Therapy	<b>2 min</b>	Data tool being added to workbook	Email out to creator regarding this still not on workbook
W. Strong Minds	N/A	N/A	N/A	Policies were approved in April 2024 for the SM program, looking for Councilor?

**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for Dec 2024 and Meeting Minutes for Dec 2024**

<b>VII. POLICIES &amp; PROCEDURES</b>				
<b>Agenda Item</b>	<b>Presenter</b>	<b>Time Allotted</b>	<b>Discussion/Conclusions</b>	<b>Decision/Action Items</b>
A. Review and <i>Approve</i>	QM	10 min	<ol style="list-style-type: none"> <li>1. Patient Privacy Notice (updated verbiage – MyHealth)</li> <li>2. Blood Pressure Management Protocol for Acute Stroke</li> <li>3. Stroke Alert Standing Orders</li> <li>4. Stroke Alert Policy</li> <li>5. Tenecteplase in Acute Stroke</li> <li>6. Administration of Thrombolytic Therapy</li> <li>7. VAN Screening Assessment Tool</li> <li>8. Thrombolytic Therapy Inclusion/Exclusion Criteria for Stroke</li> <li>9. Tenecteplase Inclusion/Exclusion Criteria for Stroke</li> </ol>	<p>First approval – Kelley</p> <p>Second approval – Nick</p>

**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for Dec 2024 and Meeting Minutes for Dec 2024**

			10. Nursing Bedside Swallow Screen  11. Emergency Department Stroke Alert Audit  12. Tenecteplase in AIS Dosing Recommendations  13. Vital Signs and Neuro Check Flow Sheet  14. ED Stroke Alert Protocol Algorithm  15. Tenecteplase AIS Dosing and Administration Instructions  16. RHC School Physicals  17. RHC Clinic Financial Assistance Policy	
--	--	--	--	--

**VIII. PERFORMANCE IMPROVEMENT PROJECTS**

**IX. OTHER**

**X. ADJOURNMENT**

Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Adjournment	QM	1 min	There being no further business, meeting adjourned at 1430 by Chasity seconded by Jennifer	

**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for Dec 2024 and Meeting Minutes for Dec 2024**

MEMBERS & INVITED GUESTS				
<b>Voting MEMBERS</b>				
Kelley Martinez	Nick Walker	Heather Larson	Lynda James	Treva Derr
Chasity Howell			Meghan Smith	Pam Esparza
		Zach Powell	Kaye Hamilton (teams)	Dr G (teams)
Dianne (teams)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Non-Voting MEMBERS</b>				
Denise Jackson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Chief Clinical Officer Report December 2024

### Patient Care

- MRMC Education included:
  1. Nursing documentation/updates are communicated to nursing staff weekly.
  2. The nurse meeting was held 12/19/2024.
  3. Pyxis integration and setup have commenced, go live date is scheduled for the end of January 2025.
- MRMC Emergency Department reports that there are 0 patients Left Without Being Seen (LWBS).
- MRMC Laboratory reports 0 contaminated blood culture set(s).
- MRMC Infection Prevention reports 0 CAUTI.
- MRMC Infection Prevention report 0 CLABSI.
- MRMC Infection Prevention reports 0 HAI and 0 MDRO for the month of December.

### Client Service

- Total Patient Days increased with 281 patient days in December 2024 as compared to 222 patient days in November 2024. This represents an average daily census of 9.
- December 2024 COVID-19 statistics at MRMC: Swabs (1 PCR & 82 Antigen) with 8 Positive.

Mangum Regional Medical Center												
Monthly Census Comparison												
	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Inpatient	30	36	25	20	30	34	27	28	22	20	23	46
Swing Bed	10	18	10	10	12	19	14	12	6	9	11	15
Observation	3	1	2	2	2	0	3	0	0	1	3	3
Emergency Room	175	182	131	125	144	142	132	144	143	130	112	152
Lab Completed	2377	2439	2004	1832	1961	1982	1987	2103	1895	2019	1723	2540
Rad Completed	128	199	151	182	165	160	143	199	189	170	147	229
Ventilator Days	0	0	0	0	0	0	0	0	0	0	0	0

### Preserve Rural Jobs and Culture Development

- MRMC continues to recruit for 2 PM RN-House Supervisor positions.
- MRMC hired one FT core CNA staff member.
- Patients continue to voice their praise and appreciation for the care received at MRMC. We continue to strive for excellence and improving patient/community relations.



## Chief Executive Officer Report December 2024

### Operations Overview

- Patient rounds continue to provide positive feedback from our patients.
- Our census is back up for the Month of December
- Flu and Covid numbers have increased.
- Looking at clinic collections for December we collected a total of \$563.96 down from \$1,587.49 at time of service.
- In the Month of December, the hospital collected \$9,460.87 total patient payments of which \$1021.26 were upfront collections.
- We have some reports that the roof project is looking good but still awaiting final approval from the insurance company.
- Our roof continues to leak in areas of concern. We had some more damaged ceiling tiles and the OR ceiling with the last little rain we had.
- The Strong Mind Nurse Practitioner has started for the Cohesive. She is training in the month of January with other facility counselors, and we are hoping to get our program going as soon as February.
- Room remodeling is ongoing.
- We continue to await our award letter from ODOT for our grant.



# Mangum Board Meeting Financial Reports

## November 30, 2024

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

Mangum Regional Medical Center  
Financial Summary  
November 30, 2024

	Current Month	Nov-24 Year-to-Date	12 Months Ended 12/31/23
<b>ADC (Average Daily Census)</b>	<b>7.40</b>	<b>10.22</b>	<b>11.32</b>
<b>Payer Mix % (Acute):</b>			
MCR	48.65%	53.64%	56.51%
MCR Mgd Care	29.73%	22.61%	22.06%
All Others	21.62%	23.75%	21.43%
Total	100.00%	100.00%	100.00%
<b>Payer Mix % (SWB):</b>			
MCR	92.97%	88.05%	90.29%
MCR Mgd Care	6.49%	10.92%	9.71%
All Others	0.54%	1.03%	0.00%
Total	100.00%	100.00%	100.00%
Operating margin	(113,963)	(1,015,698)	(1,374,264)
<i>Operating Margin (monthly average)</i>	(113,963)	(92,336)	(114,522)
NPR (Net Patient Revenue)	1,360,773	14,892,184	16,751,462
<i>NPR (monthly average)</i>	1,360,773	1,353,835	1,395,955
Operating Expenses	1,498,531	16,112,843	18,350,966
<i>Operating Expense (monthly average)</i>	1,498,531	1,464,804	1,529,247
NPR % of Oper Exp	<b>90.8%</b>	<b>92.4%</b>	<b>91.3%</b>
Patient Days	222	3,425	4,131
Oper Exp / PPD	\$ 6,750	\$ 4,704	\$ 4,442
# of Months	<b>1</b>	<b>11</b>	
Cash Receipts (rnd)	<b>770,820</b>	<b>14,169,692</b>	17,290,925
<i>Cash Receipts (monthly average)</i>	770,820	1,288,154	1,440,910
Cash as a % of NPR (s/b 100% min)	<b>56.6%</b>	<b>95.1%</b>	<b>103.2%</b>
Calendar Days	30	335	365
Operating Exp / Day	\$ 49,951	\$ 48,098	\$ 50,277
Cash - (unrestricted)	<b>544,629</b>	544,629	<b>892,487</b>
Days Cash-On-Hand	<b>10.9</b>	<b>11.3</b>	<b>17.8</b>
MCR Rec (Pay) - "as stated - but to be adjusted"	794,328	794,328	(1,396,069)
AP & Accrued Liab	<b>16,098,662</b>	16,098,662	<b>13,769,120</b>
Accounts Receivable (at net)	<b>1,000,629</b>	1,000,629	<b>1,410,015</b>
Per AP aging schedule (incl. accruals)	<b>Nov-24</b>	Net Change	<b>Dec-23</b>
Account Payable - Cohesive	14,020,455	66,010	11,279,970
Account Payable - Other	<b>1,185,484</b>	25,149	<b>1,596,426</b>
Total	15,205,938	91,159	12,876,396
Cohesive Loan	<b>4,931,665</b>	(31,017)	<b>5,272,849</b>

Mangum Regional Medical Center  
 Cash Receipts - Cash Disbursements Summary  
 11/30/24

	Current Month	COVID	Total Less COVID	Year-To-Date	COVID	Year-To-Date Less COVID
Cash Receipts	\$ 770,820	\$ -	\$ 770,820	\$ 14,169,692	\$ -	\$ 14,169,692
Cash Disbursements	\$ 1,370,620	\$ -	\$ 1,370,620	\$ (2,520,363)	\$ -	\$ (2,520,363)
NET	\$ 2,141,440	\$ -	\$ 2,141,440	\$ 11,649,329	\$ -	\$ 11,649,329

	Prior Month	COVID	Total Less COVID	Prior Month YTD	COVID	Prior Month YTD Less COVID
Cash Receipts	\$ 1,779,690	\$ -	\$ 1,779,690	\$ 13,398,872	\$ -	\$ 13,398,872
Cash Disbursements	\$ 1,154,658	\$ -	\$ 1,154,658	\$ (3,890,983)	\$ -	\$ (3,890,983)
NET	\$ 2,934,348	\$ -	\$ 2,934,348	\$ 9,507,889	\$ -	\$ 9,507,889



**Board of Directors  
Mangum Regional Medical Center**

November 2024 Financial Statement Overview

- Statistics
  - The average daily census (ADC) for November 2024 was **7.40** – (Year-To-Date **10.22** PY fiscal year end of **11.47**).
  - Year-To-Date Acute payer mix was approximately **76.25%** MCR/MCR Managed Care combined.
  - Year-To-Date Swing Bed payer mix was **88%** MCR & **11%** MCR Managed Care. For the prior year end those percentages were **90% & 10%**, respectively.
  
- Balance Sheet Highlights
  - The cash balance as of November 30, 2024, inclusive of both operating & reserves, was **\$545K**. This a decrease of **\$601K** from October 31, 2024, balance was primarily due to a decrease in receipts.
  - Days cash on hand, inclusive of reserves, was **10.9** based on November expenses.
  - Net AR increased by **\$217K** from October.
  - Payments of approximately **\$1.37M** were made on AP (prior 3-month avg was **\$1.55M**).
  - Cash receipts were **\$1M** less than in the previous month (**\$771K vs \$1.78M**).
  - The Medicare principal balance was completely paid off in the month of August.



- Income Statement Highlights

- Net patient revenue for November 2024 was **\$1.36M**, which is approximately a decrease of **\$143K** from the prior month.
- Operating expenses, exclusive of interest & depreciation, were **\$1.50M**.
- 340B revenue was **\$16K** in November, this is a decrease of **\$3K** from the prior month. YTD revenue was **\$179K**. Net profit from this service line YTD is **\$40K**.

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

- Current month average visits per day = **6.63**
- Projected operating revenues (YTD) = **\$406K**
- Projected operating expenses (YTD) = **\$862K**
- Projected operating loss (YTD) = **-\$456K**

**MANGUM REGIONAL MEDICAL CENTER**

**Admissions, Discharges & Days of Care**

**Fiscal Year 2024**

Item 9.

												12/31/2024	12/31/2023	
	January	February	March	April	May	June	July	August	September	October	November	YTD	YTD	
<b>Admissions</b>														
Inpatient	19	18	15	10	18	15	13	16	16	11	12	163	178	
Swingbed	10	18	10	10	12	18	14	12	6	9	11	130	137	
Observation	3	1	2	2	2	0	3	0	0	1	3	17	21	
	32	37	27	22	32	33	30	28	22	21	26	310	336	
<b>Discharges</b>														
Inpatient	20	17	12	12	18	17	11	17	15	10	13	162	178	
Swingbed	8	12	8	13	13	14	15	14	8	9	11	125	132	
Observation	3	1	2	2	2	0	3	0	0	1	3	17	21	
	31	30	22	27	33	31	29	31	23	20	27	304	331	
<b>Days of Care</b>														
Inpatient-Medicare	24	38	27	25	29	32	26	23	19	19	18	280	356	
Inpatient-Other	67	15	17	8	20	11	11	22	31	21	19	242	274	
Swingbed-Medicare	102	268	383	311	276	255	235	239	146	169	172	2,556	3,161	
Swingbed-Other	56	31	21	11	15	64	53	59	8	16	13	347	340	
Observation	4	1	3	3	4	0	3	0	0	1	6	25	21	
	253	353	451	358	344	362	328	343	204	226	228	3,450	4,152	
Calendar days	31	29	31	30	31	30	31	31	30	31	30	335	365	
ADC - (incl OBS)	8.16	12.17	14.55	11.93	11.10	12.07	10.58	11.06	6.80	7.29	7.60	10.30	11.38	
ADC	8.03	12.14	14.45	11.83	10.97	12.07	10.48	11.06	6.80	7.26	7.40	10.22	11.32	
ER	227	237	145	125	150	140	136	162	143	130	112	1,707	1,677	
Outpatient	106	98	103	127	134	118	137	126	143	159	127	1,378	1,832	
RHC	177	176	148	137	123	140	133	150	139	199	130	1,652	1,978	

**MANGUM REGIONAL MEDICAL CENTER**

Comparative Balance Sheet - Unaudited

Fiscal Year 2024

Item 9.

	January	February	March	April	May	June	July	August	September	October	November	12/31/23	Variance
<b>Cash And Cash Equivalents</b>	<b>928,483</b>	<b>646,998</b>	<b>809,154</b>	<b>996,013</b>	<b>1,230,088</b>	<b>966,740</b>	<b>733,502</b>	<b>661,771</b>	<b>522,262</b>	<b>1,145,664</b>	<b>544,629</b>	80,298	464,332
Reserved Funds	-	-	-	-	-	-	-	-	-	-	-	812,189	(812,189)
<b>Patient Accounts Receivable, Net</b>	<b>1,029,644</b>	<b>1,482,640</b>	<b>1,457,086</b>	<b>1,296,358</b>	<b>978,809</b>	<b>1,135,593</b>	<b>1,125,516</b>	<b>1,072,047</b>	<b>905,815</b>	<b>783,204</b>	<b>1,000,629</b>	1,410,015	(409,386)
<b>Due From Medicare</b>	<b>300,000</b>	<b>150,000</b>	<b>150,000</b>	<b>150,000</b>	<b>262,000</b>	<b>333,000</b>	<b>650,552</b>	<b>168,391</b>	<b>431,393</b>	<b>522,174</b>	<b>794,009</b>	0	794,009
Inventory	255,138	261,348	267,175	265,782	271,231	271,221	266,904	261,798	261,690	261,153	255,177	259,367	(4,190)
Prepays And Other Assets	1,866,039	1,838,554	1,801,875	1,782,687	1,837,325	1,789,629	1,732,244	1,698,945	1,682,707	1,669,774	1,674,828	1,897,615	(222,787)
Capital Assets, Net	1,829,169	1,799,080	1,768,991	1,738,903	1,708,814	1,678,726	1,651,307	1,621,218	1,591,130	1,572,641	1,544,116	1,859,246	(315,130)
<b>Total Assets</b>	<b>6,208,472</b>	<b>6,178,619</b>	<b>6,254,282</b>	<b>6,229,743</b>	<b>6,288,268</b>	<b>6,174,908</b>	<b>6,160,024</b>	<b>5,484,170</b>	<b>5,394,998</b>	<b>5,954,610</b>	<b>5,813,388</b>	<b>6,318,729</b>	<b>(505,341)</b>
Accounts Payable	13,278,998	13,580,039	13,938,685	13,839,576	14,215,610	14,379,350	14,482,354	14,738,134	14,736,817	15,114,779	15,205,938	12,876,396	2,329,542
AHSO Related AP	892,724	892,724	892,724	892,724	892,724	892,724	892,724	892,724	892,724	892,724	892,724	892,724	0
Deferred Revenue	-	-	-	226,129	113,064	-	169,940	127,112	-	226,129	113,064	0	113,064
<b>Due To Medicare</b>	<b>2,086,019</b>	<b>1,952,438</b>	<b>1,817,700</b>	<b>1,767,460</b>	<b>1,716,728</b>	<b>1,665,483</b>	<b>1,613,738</b>	<b>(319)</b>	<b>(319)</b>	<b>(319)</b>	<b>(319)</b>	2,218,453	(2,218,772)
Covid Grant Funds	-	-	-	-	-	-	-	-	-	-	-	0	0
Due To Cohesive - PPP Loans	-	-	-	-	-	-	-	-	-	-	-	0	0
Notes Payable - Cohesive	5,241,832	5,210,815	5,179,799	5,148,782	5,117,765	5,086,748	5,055,732	5,024,715	4,993,698	4,962,681	4,931,665	5,272,849	(341,184)
Notes Payable - Other	30,675	23,247	23,247	23,247	17,948	12,649	7,351	2,052	(3,247)	(8,546)	17,948	38,045	(20,097)
Alliantz Line Of Credit	-	-	-	-	-	-	-	-	-	-	-	0	0
Leases Payable	271,991	271,189	270,384	269,576	269,072	268,257	267,440	266,619	265,794	260,087	259,255	272,789	(13,534)
<b>Total Liabilities</b>	<b>21,802,238</b>	<b>21,930,451</b>	<b>22,122,538</b>	<b>22,167,493</b>	<b>22,342,911</b>	<b>22,305,212</b>	<b>22,489,277</b>	<b>21,051,036</b>	<b>20,885,468</b>	<b>21,447,536</b>	<b>21,420,276</b>	<b>21,571,256</b>	<b>(150,980)</b>
Net Assets	(15,593,766)	(15,751,832)	(15,868,256)	(15,937,750)	(16,054,644)	(16,130,304)	(16,329,253)	(15,566,866)	(15,490,470)	(15,492,925)	(15,606,888)	(15,252,526)	(354,362)
<b>Total Liabilities and Net Assets</b>	<b>6,208,472</b>	<b>6,178,619</b>	<b>6,254,282</b>	<b>6,229,743</b>	<b>6,288,268</b>	<b>6,174,908</b>	<b>6,160,024</b>	<b>5,484,170</b>	<b>5,394,998</b>	<b>5,954,610</b>	<b>5,813,388</b>	<b>6,318,729</b>	<b>(505,341)</b>

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

2022				2023			2024		
Month	Receipts	Funds	Disbursements	Month	Receipts	Disbursements	Month	Receipts	Disbursements
		Stimulus							
Jan-22	2,163,583		1,435,699	Jan-23	1,290,109	1,664,281	Jan-24	1,187,504	1,150,522
Feb-22	1,344,463	254,626	1,285,377	Feb-23	1,506,708	1,809,690	Feb-24	708,816	995,157
Mar-22	789,800		1,756,782	Mar-23	1,915,435	1,109,683	Mar-24	1,236,158	1,073,824
Apr-22	1,042,122		1,244,741	Apr-23	2,005,665	1,365,533	Apr-24	1,645,373	1,483,022
May-22	898,311		1,448,564	May-23	1,436,542	2,237,818	May-24	1,273,007	1,062,762
Jun-22	1,147,564		1,225,070	Jun-23	1,777,525	1,506,459	Jun-24	950,928	1,216,556
Jul-22	892,142		979,914	Jul-23	1,140,141	1,508,702	Jul-24	1,344,607	1,562,407
Aug-22	890,601		1,035,539	Aug-23	1,600,786	1,352,905	Aug-24	2,089,281	2,176,381
Sep-22	2,225,347		1,335,451	Sep-23	1,490,569	1,295,680	Sep-24	1,183,508	1,322,228
Oct-22	1,153,073		1,233,904	Oct-23	1,211,980	1,345,813	Oct-24	1,779,690	1,154,658
Nov-22	935,865		1,476,384	Nov-23	985,475	1,355,224	Nov-24	770,820	1,370,620
Dec-22	1,746,862		1,073,632	Dec-23	929,990	1,191,570	Dec-24		
	<u>15,229,733</u>	<u>254,626</u>	<u>15,531,057</u>		<u>17,290,925</u>	<u>17,743,359</u>		<u>14,169,692</u>	<u>14,568,137</u>
Subtotal FY 2022	<u><u>15,484,359</u></u>			Subtotal FY 2023	<u><u>17,290,925</u></u>		Subtotal FY 2024	<u><u>14,169,692</u></u>	



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

	Original Balance	Balance as of 11/30/24	Total Interest Paid as of 11/30/24
2016 C/R Settlement	1,397,906.00	-	205,415.96
2017 Interim Rate Review - 1st	723,483.00	-	149,425.59
2017 Interim Rate Review - 2nd	122,295.00	-	20,332.88
2017 6/30/17-C/R Settlement	1,614,760.00	-	7,053.79
2017 12/31/17-C/R Settlement	(535,974.00)	(318.61)	269,191.14
2017 C/R Settlement Overpayment	3,539,982.21	-	-
2018 C/R Settlement	1,870,870.00	-	241,040.31
2019 Interim Rate Review - 1st	323,765.00	-	5,637.03
2019 Interim Rate Review - 2nd	1,802,867.00	-	277,488.75
2019 C/R Settlement	(967,967.00)	-	-
2020 C/R Settlement	(3,145,438.00)	-	-
<i>FY21 MCR pay (rec) estimate</i>	(1,631,036.00)	-	-
<i>FY22 MCR pay (rec) estimate</i>	(318,445.36)	-	-
2016 C/R Audit - Bad Debt Adj	348,895.00	-	16,927.31
2018 MCR pay (rec) Audit est.	(34,322.00)	-	-
2019 MCR pay (rec) Audit est.	(40,612.00)	-	-
2020 MCR pay (rec) Audit	(74,956.00)	-	-
<i>FY23 (8-month IRR) L4315598</i>	95,225.46	-	7,038.71
<i>FY23 (8-month IRR) L4315599</i>	1,918,398.00	-	155,799.09
<i>FY23 MCR pay (rec) remaining estimate</i>	-	-	-
<i>FY24 MCR pay (rec) estimate</i>	-	(794,009.00)	-
<b>Total</b>	<b>7,009,696.31</b>	<b>(794,327.61)</b>	<b>1,355,350.56</b>

**Mangum Regional Medical Center**  
**Statement of Revenue and Expense**  
**For The Month and Year To Date Ended November 30, 2024**  
**Unaudited**

MTD				YTD				
Actual	Budget	Variance	% Change		Actual	Budget	Variance	% Change
293,556	255,404	38,153	15%	Inpatient revenue	3,165,684	2,576,248	589,436	23%
902,595	1,153,013	(250,419)	-22%	Swing Bed revenue	13,474,465	11,737,188	1,737,277	15%
491,529	588,602	(97,073)	-16%	Outpatient revenue	6,907,857	5,965,020	942,837	16%
146,397	163,304	(16,907)	-10%	Professional revenue	2,254,726	1,652,659	602,067	36%
<u>1,834,078</u>	<u>2,160,324</u>	<u>(326,246)</u>	<u>-15%</u>	Total patient revenue	<u>25,802,732</u>	<u>21,931,115</u>	<u>3,871,617</u>	<u>18%</u>
712,274	731,735	(19,461)	-3%	Contractual adjustments	13,206,362	7,487,347	5,719,015	76%
(271,835)	-	(271,835)	#DIV/0!	Contractual adjustments: MCR Settlement	(1,521,478)	-	(1,521,478)	#DIV/0!
32,866	78,595	(45,729)	-58%	Bad debts	(774,336)	796,948	(1,571,284)	-197%
<u>473,305</u>	<u>810,329</u>	<u>(337,025)</u>	<u>-42%</u>	Total deductions from revenue	<u>10,910,548</u>	<u>8,284,295</u>	<u>2,626,253</u>	<u>32%</u>
1,360,773	1,349,994	10,779	1%	Net patient revenue	14,892,184	13,646,820	1,245,364	9%
7,133	3,095	4,038	130%	Other operating revenue	25,636	30,959	(5,323)	-17%
16,662	12,607	4,056	32%	340B REVENUES	179,325	126,069	53,256	42%
<u>1,384,568</u>	<u>1,365,696</u>	<u>18,872</u>	<u>1%</u>	Total operating revenue	<u>15,097,145</u>	<u>13,803,849</u>	<u>1,293,296</u>	<u>9%</u>
				Expenses				
426,906	389,736	37,170	10%	Salaries and benefits	4,635,871	3,929,650	706,221	18%
76,368	143,994	(67,626)	-47%	Professional Fees	793,188	1,439,945	(646,757)	-45%
448,301	349,581	98,720	28%	Contract labor	4,515,347	3,575,629	939,718	26%
100,263	141,413	(41,151)	-29%	Purchased/Contract services	1,317,688	1,414,679	(96,991)	-7%
225,000	225,000	-	0%	Management expense	2,475,000	2,250,000	225,000	10%
78,352	95,038	(16,686)	-18%	Supplies expense	949,453	969,408	(19,955)	-2%
15,822	30,300	(14,479)	-48%	Rental expense	237,056	303,004	(65,947)	-22%
8,662	18,358	(9,696)	-53%	Utilities	149,827	183,579	(33,752)	-18%
833	1,085	(252)	-23%	Travel & Meals	10,132	10,851	(719)	-7%
17,658	12,130	5,528	46%	Repairs and Maintenance	129,326	121,300	8,026	7%
37,032	11,415	25,617	224%	Insurance expense	150,377	114,148	36,230	32%
21,187	20,773	414	2%	Other Expense	132,445	207,733	(75,287)	-36%
13,512	8,135	5,376	66%	340B EXPENSES	139,734	81,612	58,122	71%
<u>1,469,896</u>	<u>1,446,959</u>	<u>22,937</u>	<u>2%</u>	Total expense	<u>15,635,444</u>	<u>14,601,537</u>	<u>1,033,907</u>	<u>7%</u>
<u>(85,328)</u>	<u>(81,263)</u>	<u>(4,065)</u>	<u>5%</u>	EBIDA	<u>(538,299)</u>	<u>(797,689)</u>	<u>259,390</u>	<u>-33%</u>
<u>-6.2%</u>	<u>-6.0%</u>	<u>-0.21%</u>		EBIDA as percent of net revenue	<u>-3.6%</u>	<u>-5.8%</u>	<u>2.21%</u>	
110	22,835	(22,725)	-100%	Interest	147,988	260,807	(112,818)	-43%
28,525	49,698	(21,173)	-43%	Depreciation	329,411	496,979	(167,568)	-34%
<u>(113,963)</u>	<u>(153,795)</u>	<u>39,833</u>	<u>-26%</u>	Operating margin	<u>(1,015,698)</u>	<u>(1,555,475)</u>	<u>539,777</u>	<u>-35%</u>
-	-	-		Other	-	-	-	
-	-	-		Total other nonoperating income	-	-	-	
<u>(113,963)</u>	<u>(153,795)</u>	<u>39,833</u>	<u>-26%</u>	Excess (Deficiency) of Revenue Over Expenses	<u>(1,015,698)</u>	<u>(1,555,475)</u>	<u>539,777</u>	<u>-35%</u>
<u>-8.23%</u>	<u>-11.26%</u>	<u>3.03%</u>		Operating Margin %	<u>-6.73%</u>	<u>-11.27%</u>	<u>4.54%</u>	

**MANGUM REGIONAL MEDICAL CENTER**  
**Statement of Revenue and Expense Trend - Unaudited**  
**Fiscal Year 2024**

Item 9.

	January	February	March	April	May	June	July	August	September	October	November	YTD
Inpatient revenue	553,917	328,884	236,205	196,935	317,963	253,385	216,458	258,025	303,884	206,471	293,556	3,165,684
Swing Bed revenue	691,403	1,305,865	1,741,728	1,452,094	1,461,877	1,563,284	1,319,862	1,282,846	782,971	969,940	902,595	13,474,465
Outpatient revenue	745,496	798,546	552,340	675,619	606,736	538,539	588,027	675,787	620,249	614,988	491,529	6,907,857
Professional revenue	191,359	268,737	196,841	210,516	214,718	202,400	207,252	221,195	197,804	197,507	146,397	2,254,726
Total patient revenue	2,182,175	2,702,032	2,727,115	2,535,164	2,601,295	2,557,609	2,331,600	2,437,852	1,904,908	1,988,906	1,834,078	25,802,732
Contractual adjustments	1,194,669	1,354,471	1,363,095	1,126,715	2,317,722	1,268,964	1,051,072	1,399,239	742,526	675,616	712,274	13,206,362
Contractual adjustments: MCR Settlement	(300,000)	150,000	-	-	(112,000)	(71,000)	(317,552)	(34,158)	(263,002)	(301,931)	(271,835)	(1,521,478)
Bad debts	66,677	56,019	13,598	70,776	(866,928)	3,530	70,560	(362,743)	30,001	111,307	32,866	(774,336)
Total deductions from revenue	961,346	1,560,491	1,376,693	1,197,491	1,338,794	1,201,494	804,079	1,002,338	509,525	484,991	473,305	10,910,548
Net patient revenue	1,220,829	1,141,541	1,350,421	1,337,672	1,262,501	1,356,114	1,527,520	1,435,514	1,395,383	1,503,915	1,360,773	14,892,184
Other operating revenue	2,507	1,439	1,671	3,522	2,606	1,311	1,818	1,008	1,333	1,288	7,133	25,636
340B REVENUES	37,399	17,167	14,616	10,643	6,757	8,253	14,880	13,462	19,548	19,937	16,662	179,325
Total operating revenue	1,260,735	1,160,148	1,366,708	1,351,837	1,271,864	1,365,678	1,544,218	1,449,984	1,416,263	1,525,140	1,384,568	15,097,145
	84.7%	86.6%	91.1%	94.1%	90.9%	94.1%	87.6%	95.1%	104.1%	98.4%	90.8%	92.4%
Expenses												
Salaries and benefits	411,278	535,269	472,469	436,412	416,357	359,502	371,155	372,779	410,209	423,535	426,906	4,635,871
Professional Fees	158,386	(37,292)	62,832	64,972	36,261	94,261	112,557	65,923	89,469	69,452	76,368	793,188
Contract labor	298,317	291,650	364,102	320,557	345,990	390,056	712,751	440,549	413,382	489,693	448,301	4,515,347
Purchased/Contract services	91,358	88,301	119,963	141,455	146,479	158,021	126,147	183,984	50,544	111,174	100,263	1,317,688
Management expense	225,000	225,000	225,000	225,000	225,000	225,000	225,000	225,000	225,000	225,000	225,000	2,475,000
Supplies expense	88,273	75,565	103,550	86,191	101,981	97,324	75,175	103,159	46,941	92,943	78,352	949,453
Rental expense	33,505	28,767	26,139	36,564	13,147	18,683	17,006	14,310	14,084	19,029	15,822	237,056
Utilities	25,813	15,200	12,810	14,755	10,905	11,211	11,366	11,012	15,408	12,687	8,662	149,827
Travel & Meals	-	1,802	1,841	1,106	670	349	1,112	396	989	1,034	833	10,132
Repairs and Maintenance	12,246	10,628	10,277	11,356	8,198	9,414	15,646	12,477	10,728	10,697	17,658	129,326
Insurance expense	12,672	12,896	12,677	12,749	13,582	8,901	6,102	8,676	8,676	16,416	37,032	150,377
Other	10,525	8,288	11,834	11,225	11,611	12,932	12,233	12,346	11,264	9,000	21,187	132,445
340B EXPENSES	21,375	11,198	9,880	10,402	10,500	8,124	9,877	15,166	12,968	16,734	13,512	139,734
Total expense	1,388,748	1,267,272	1,433,374	1,372,743	1,340,679	1,393,776	1,696,127	1,465,775	1,309,661	1,497,393	1,469,896	15,635,444
EBIDA	\$ (128,013)	\$ (107,125)	\$ (66,665)	\$ (20,905)	\$ (68,815)	\$ (28,098)	\$ (151,908)	\$ (15,791)	\$ 106,602	\$ 27,748	\$ (85,328)	\$ (538,299)
EBIDA as percent of net revenue	-10.2%	-9.2%	-4.9%	-1.5%	-5.4%	-2.1%	-9.8%	-1.1%	7.5%	1.8%	-6.2%	-3.6%
Interest	22,090	20,853	19,670	18,500	17,990	17,474	16,952	14,117	117	115	110	147,988
Depreciation	30,089	30,089	30,089	30,089	30,089	30,089	30,089	30,089	30,089	30,088	28,525	329,411
Operating margin	\$ (180,192)	\$ (158,066)	\$ (116,424)	\$ (69,494)	\$ (116,893)	\$ (75,660)	\$ (198,949)	\$ (59,997)	\$ 76,396	\$ (2,456)	\$ (113,963)	\$ (1,015,698)
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total other nonoperating income	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Excess (Deficiency) of Revenue Over Expenses	(180,192)	(158,066)	(116,424)	(69,494)	(116,893)	(75,660)	(198,949)	(59,997)	76,396	(2,456)	(113,963)	(1,015,698)
Cumulative average monthly loss	(180,192)	(169,129)	(151,561)	(131,044)	(128,214)	(119,455)	(130,811)	(121,959)	(99,920)	(90,174)	(92,336)	
Operating Margin % (excluding other misc. reve	-14.29%	-13.62%	-8.52%	-5.14%	-9.19%	-5.54%	-12.88%	-4.14%	5.39%	-0.16%	-8.23%	

	11/30/2024
On-Site Visits -->	1,578
On-Site Visit / Bus Day -->	6.63

	"Annualized"
On-Site Visits -->	1,721
On-Site Visit / Bus Day -->	6.65

**Mangum Family Clinic**

One Month Ended 11/30/2024

Description	YTD FS Per General Ledger	Eliminate Rev Deduct & Other Inc	Adj Rev Deduct to RHC Calc	Cost Report Allocations	11	FY 2024
					RHC Financial Statements	"Annualized" RHC Financial Statements
Gross Patient Revenue	194,809	-	-	-	194,809	212,519
Less: Revenue deductions	158,304	(158,304)	177,797	-	177,797	193,960
Net Patient Revenue	353,113	(158,304)	177,797	-	372,606	406,479
Other Income (if any)	2,729	(2,729)	-	-	-	-
Operating revenue	355,843	(161,033)	177,797	-	372,606	406,479
<b>Operating Expenses:</b>						
Salaries	249,812	-	-	-	249,812	272,522
Benefits	35,386	-	-	-	35,386	38,603
Prof Fees	750	-	-	38,062	38,812	42,340
Contract Labor	19,425	-	-	-	19,425	21,191
Purch Serv	65,809	-	-	-	65,809	71,792
Supplies	11,225	-	-	-	11,225	12,245
Rent	21,950	-	-	-	21,950	23,946
Utilities	8,109	-	-	-	8,109	8,847
Repairs	1,196	-	-	-	1,196	1,305
Other	5,661	-	-	-	5,661	6,176
Insurance	2,480	-	-	-	2,480	2,705
Travels & Meals	987	-	-	-	987	1,076
Management Fee Direct Exp	-	-	-	126,943	126,943	138,483
Critical Access Hospital Overhead Allocation (a)	-	-	-	202,525	202,525	220,936
Total Operating Expenses	422,789	-	-	367,530	790,319	862,167
<b>Net Income (loss)</b>	<b>(66,946)</b>	<b>(161,033)</b>	<b>177,797</b>	<b>(367,530)</b>	<b>(417,713)</b>	<b>(455,688)</b>

MGMT Fee Allocation est. 2023	1 months	11,540
IP Rounding allocation based on 8/31/22 IRR estimate	8 months	27,681
CAH Overhead Allocation - from Chris based on last filed cost report ----->	12 months	220,936
Total allocation ----->		<u>260,157</u>

Mangum RHC Reimbursement Analysis

(a) Will experience increased volumes from swing-bed rounding in FY2023

One Month Ended 11/30/2024

6.5 6.5

Payer	VOLUMES: Current Month			
	Clinic (On-Site)	Telehealth	Swing-Bed (a)	TOTAL
MCR	37			37
MCR Managed Care	-			-
Medicaid	12			12
BCBS	26			26
Commercial	50			50
Self-Pay	5			5
Other				-
	130	-	-	130

Payer	VOLUMES: Year-To-Date 09-30-24			
	Clinic (On-Site)	Telehealth	Swing-Bed (a)	TOTAL
MCR	397		54	451
MCR Managed Care	46		17	63
Medicaid	342			342
BCBS	276			276
Commercial	449			449
Self-Pay	68		3	71
Other	-			-
	1,578	-	74	1,652

	Projected Reimbursement Rate			
MCR	\$ 367.66	\$ -	\$ 367.66	
MCR Managed Care	\$ 367.66	\$ -	\$ 367.66	
Medicaid	\$ 367.66	\$ -	\$ 367.66	
BCBS	\$ 73.00	\$ -	\$ -	
Commercial	\$ 73.00	\$ -	\$ -	
Self-Pay	\$ 73.00	\$ -	\$ -	
Other	\$ 73.00	\$ -	\$ -	

	Projected Reimbursement			
MCR	145,961	-	19,854	165,815
MCR Managed Care	16,912	-	6,250	23,163
Medicaid	125,740	-	-	125,740
BCBS	20,148	-	-	20,148
Commercial	32,777	-	-	32,777
Self-Pay	4,964	-	-	4,964
Other	-	-	-	-
	\$ 346,502	\$ -	\$ 26,104	\$ 372,606

Clinic (On-Site)	# of Accounts at + or - \$5 balance	Total Cash Received	Average Payment per Visit
MCR			<-- use RHC rate
MCR Managed Care			<-- use RHC rate
Medicaid			<-- use RHC rate
BCBS			#DIV/0!
Commercial			#DIV/0!
Self-Pay			#DIV/0!
Other			#DIV/0!

Telehealth	# of Accounts at + or - \$5 balance	Total Cash Received	Average Payment per Visit
MCR			
MCR Managed Care			
Medicaid			
BCBS			#DIV/0!
Commercial			#DIV/0!
Self-Pay			#DIV/0!
Other			#DIV/0!

	Latest filed cost report:		FY24 Proj	
Cost	\$ 790,319		\$ 862,167	
Visits	1,652		1,802	<-- excl Telehealth.
MCR rate	\$ 478.40		\$ 478.40	
<b>2024 CAP RATE</b>	<b>\$ 338.62</b>		<b>\$ 367.66</b>	
<b>12/19/23</b>	New Rate per (2024)		<b>\$ 282.65</b>	

VENDOR NAME	DESCRIPTION	0-30 Days	31-60 Days	61-90 Days	OVER 90 Days	11/30/2024	10/31/2024	9/30/2024	8/31/2024
ADVANCED MEDICAL SALES, INC	Patient Supplies	-	-	-	-	-	-	215.44	-
ALPHACARD	Supplies	-	-	-	-	-	-	-	245.98
AMERISOURCE RECEIVABLES (ARFC)	Pharmacy Supplies	1,899.84	-	-	-	1,899.84	186.04	-	-
ANESTHESIA SERVICE INC	Patient Supplies	-	-	-	-	-	-	-	926.00
ASD HEALTHCARE	Pharmacy Supplies	-	-	-	-	-	327.69	-	-
AT&T	Fax Service	-	-	-	-	-	2,147.88	295.53	1,892.76
AVANAN, INC.	COVID Capital	-	-	-	-	-	-	16,800.00	16,800.00
BARRY DAVENPORT	1099 Provider	4,680.00	-	-	-	4,680.00	-	-	-
BETHANY MOORE	Expense Reimbursement	71.26	-	-	-	71.26	-	-	-
BIO-RAD LABORATORIES INC	Lab Supplies	2,858.85	-	-	-	2,858.85	-	-	2,297.26
CARNEGIE TRI-COUNTY MUN. HOSP	Pharmacy Supplies	-	-	-	-	-	1,192.26	-	-
CENTRAL STATES RECOVERY	Collections	-	-	-	-	-	102.50	99.88	-
COHESIVE HEALTHCARE MGMT	Mgmt Fees	229,946.66	225,468.15	234,811.49	2,280,415.89	2,970,642.19	2,955,149.25	2,950,076.14	2,849,370.08
COHESIVE HEALTHCARE RESOURCES	Payroll	-	-	-	3,900,237.40	3,900,237.40	4,352,383.45	4,354,367.04	4,766,078.72
COHESIVE MEDIRYDE LLC	Patient Transportation Service	1,388.75	-	-	-	1,388.75	1,370.25	-	786.25
COHESIVE STAFFING SOLUTIONS	Agency Staffing Service	686,105.31	722,384.22	826,891.97	4,912,804.74	7,148,186.24	6,645,541.47	6,195,671.04	5,843,680.38
COMMERCIAL MEDICAL ELECTRONICS	Quarterly Maintenance	-	-	-	-	-	1,750.00	-	-
DAN'S HEATING & AIR CONDITIONI	Repairs/maintenance	-	-	-	-	-	4,880.00	-	-
DIAGNOSTIC IMAGING ASSOCIATES	Radiology Purch Svcs	2,150.00	-	-	-	2,150.00	2,150.00	2,150.00	2,150.00
DOERNER SAUNDERS DANIEL ANDERS	Legal Fees	-	-	-	-	-	358,558.16	358,558.16	358,558.16
DYNAMIC ACCESS	Vascular Consultant	-	-	-	-	-	750.00	1,400.00	-
eCLINICAL WORKS, LLC	RHC EHR	-	-	-	-	-	-	-	1,960.79
ENTRUSTED TRANSPORT, LLC	Patient Transportation Service	-	-	-	-	-	-	349.34	-
EOI INC	Patient Equipment	-	-	-	-	-	3,431.12	-	-
EQUALIZERCM REVOPS	Business Office Services	-	-	-	-	-	58,782.61	-	-
FEDEX	Shipping	-	-	-	-	-	84.77	-	90.18
FFF ENTERPRISES INC	Pharmacy Supplies	-	-	-	-	-	648.20	3,178.20	1,881.80
FIRE EXTINGUISHER SALES & SERV	Maintenance Supplies	-	-	-	-	-	182.50	-	-
FIRSTCARE MEDICAL SERVICES, PC	1099 Provider	11,910.44	-	-	-	11,910.44	-	-	-
FIRST DIGITAL COMMUNICATIONS	IT Support Services	-	-	-	-	-	1,634.92	-	-
FUCHS RADIO, LLC	Advertising	110.00	-	-	-	110.00	110.00	-	110.00
GEORGE BROS TERMITE & PEST CON	Pest Control Service	-	-	-	-	-	365.00	-	165.00
GRAINGER	Maintenance Supplies	1,321.07	-	-	-	1,321.07	-	-	-
HAC INC	Dietary Supplies	50.71	-	-	-	50.71	179.77	-	35.61
HEWLETT-PACKARD FINANCIAL SERV	Computer Services	307.10	-	-	-	307.10	307.10	307.10	307.10
HOSPITAL EQUIPMENT RENTAL COMP	Rental Equipment	3,155.00	-	-	-	3,155.00	3,155.00	3,155.00	3,155.00
HSI	Materials Purch svcs	-	-	-	-	-	3,000.00	-	-
INQUIREE LLC	RHC purch svcs	-	-	-	-	-	-	225.00	225.00
JANUS SUPPLY CO	Housekeeping Supplies, based in Altus	958.45	-	-	-	958.45	-	751.14	636.20
JIMALL & KANISHA' LOFTIS	Rent House	-	-	-	-	-	-	(850.00)	(850.00)
KCI USA	Rental Equipment	-	-	-	-	-	889.95	-	-
KELLEY MARTINEZ	Expense Reimbursement	-	-	-	-	-	344.59	-	-
LAMPTON WELDING SUPPLY	Patient Supplies	-	-	-	-	-	-	-	155.00
LG PRINT CO	Advertising	45.00	-	-	-	45.00	-	-	-
LOCKE SUPPLY	Plant Ops supplies	119.62	-	-	-	119.62	857.86	-	-
MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies	1,411.43	-	-	-	1,411.43	-	7,719.80	3,381.44
MCKESSON - 340 B	Pharmacy Supplies	-	-	-	-	-	1,093.24	3,704.41	319.35
MEDLINE INDUSTRIES	Patient Care/Lab Supplies	10,647.91	5,257.80	-	-	15,905.71	20,121.24	10,744.68	14,415.31
MYHEALTH ACCESS NETWORK, INC	Compliance purch svcs	758.95	-	-	-	758.95	758.95	758.95	758.95
NATIONAL DATA BANK	IT Service	110.00	-	-	-	110.00	-	-	-
NUANCE COMMUNICATIONS INC	RHC purch svcs	79.00	-	-	-	79.00	79.00	-	-
ORGANOGENESIS INC	Patient Care/Lab Supplies	1,615.00	-	-	-	1,615.00	-	-	-
PETE'S GLASS & UPHOLSTERY	Repairs/maintenance	4,250.00	-	-	-	4,250.00	-	-	-
PHARMA FORCE GROUP LLC	340B purch svcs	1,173.13	-	-	-	1,173.13	-	1,161.79	-
PHARMACY CONSULTANTS, INC.	PHARMACY CONSULTANTS, INC.	2,600.00	-	-	-	2,600.00	3,445.86	2,600.00	2,600.00
PHILADELPHIA INSURANCE COMPANY	OHA Insurance	-	-	-	-	-	7,720.50	-	-

VENDOR NAME	DESCRIPTION	0-30 Days	31-60 Days	61-90 Days	OVER 90 Days	11/30/2024	10/31/2024	9/30/2024	8/31/2024
PIPETTE COM	Lab maintenance	-	-	-	-	-	-	-	116.00
RADIATION CONSULTANTS	Radiology maintenance	-	-	-	-	-	-	-	3,250.00
REYES ELECTRIC LLC	COVID Capital	-	-	-	-	-	-	-	4,000.00
RUSSELL ELECTRIC & SECURITY	Repair and Maintenance	-	-	-	-	-	-	770.00	-
SCHAPEN LLC	Clinic Rent	-	-	-	-	-	-	(1,750.00)	(1,750.00)
SECURITY CHECK	Security	-	-	-	-	-	70.00	-	-
SHERWIN-WILLIAMS	Supplies	-	-	-	-	-	-	(11.78)	(11.78)
SIEMENS HEALTHCARE DIAGNOSTICS	Service Contract	3,052.76	-	-	-	3,052.76	9,299.30	(12,735.48)	18,620.66
SMAART MEDICAL SYSTEMS INC	Radiology interface/Radiologist provider	3,470.00	-	-	-	3,470.00	1,735.00	-	1,735.00
SOMSS LLC	1099 Provider	13,200.00	-	-	-	13,200.00	-	-	-
SPACELABS HEALTHCARE LLC	Telemetry Supplies	1,240.82	-	-	-	1,240.82	-	-	-
STANDLEY SYSTEMS LLC	Printer lease	-	-	-	-	-	-	587.10	-
STAPLES ADVANTAGE	Office Supplies	498.22	-	-	-	498.22	543.35	208.74	1,194.13
STERICYCLE / SHRED-IT	Waste Disposal Service	2,515.53	-	-	-	2,515.53	1,245.16	-	-
TECUMSEH OXYGEN & MEDICAL SUPP	Patient Supplies	2,540.00	-	-	-	2,540.00	-	-	-
THERMO FISHER SCIENTIFIC LLC	Lab Supplies	-	-	-	-	-	392.55	-	-
TOUCHPOINT MEDICAL, INC	Med Dispense Monitor Support	-	-	-	-	-	-	3,285.00	3,285.00
TRIOSE INC	Freight	121.20	-	-	-	121.20	116.70	-	40.14
TRUBRIDGE	Software license	-	-	-	-	-	-	-	234.00
ULINE	Patient Supplies	-	-	-	-	-	513.82	-	1,713.20
US FOODSERVICE-OKLAHOMA CITY	Food and supplies	736.06	-	-	(7.84)	728.22	(7.84)	(7.84)	(7.84)
CARDINAL HEALTH 110, LLC	Patient Supplies	2,253.90	-	-	-	2,253.90	3,752.42	-	5,098.09
CUSTOM MEDICAL SOLUTIONS	Equipment Rental Agreement	-	-	(948.00)	-	(948.00)	(948.00)	(948.00)	-
DIRECTV	Cable service	-	-	-	-	-	294.55	-	288.30
VESTIS	Housekeeping Service	13,028.52	-	-	-	13,028.52	9,771.39	9,771.39	13,028.52
DELL MARKETING L.P	Server Lease	-	-	-	-	-	-	830.00	-
FEDEX FREIGHT	Shipping	-	-	-	-	-	147.76	-	147.76
<b>Grand Total</b>		<b>1,012,380.49</b>	<b>953,110.17</b>	<b>1,060,755.46</b>	<b>11,093,450.19</b>	<b>14,119,696.31</b>	<b>14,460,607.29</b>	<b>13,913,437.77</b>	<b>13,923,113.50</b>
			<b>Reconciling Items:</b>		Conversion Variance	13,340.32	13,340.32	13,340.32	13,340.32
					AP Control	14,464,914.15	14,447,266.97	14,792,821.21	14,802,496.94
					Accrued AP	1,633,748.05	1,560,236.01	836,719.58	828,360.35
					AHSO Related AP	(892,723.76)	(892,723.76)	(892,723.76)	(892,723.76)
					<b>TOTAL AP</b>	<b>15,205,938.44</b>	<b>15,114,779.22</b>	<b>14,736,817.03</b>	<b>14,738,133.53</b>
						15,205,938.44	15,114,779.22	14,736,817.03	14,738,133.53
						-	-	-	-

# Mangum Board Meeting Financial Reports December 31, 2024

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



Mangum Regional Medical Center  
Financial Summary  
December 31, 2024

	Prior Month	Current Month	Dec-24 Year-to-Date	12 Months Ended 12/31/23
<b>ADC (Average Daily Census)</b>	<b>7.40</b>	<b>9.06</b>	<b>10.13</b>	<b>11.32</b>
<b>Payer Mix % (Acute):</b>				
MCR	48.65%	50.00%	53.01%	56.51%
MCR Mgd Care	29.73%	30.91%	24.05%	22.06%
All Others	21.62%	19.09%	22.94%	21.43%
Total	100.00%	100.00%	100.00%	100.00%
<b>Payer Mix % (SWB):</b>				
MCR	92.97%	81.29%	87.67%	90.29%
MCR Mgd Care	6.49%	18.71%	11.35%	9.71%
All Others	0.54%	0.00%	0.98%	0.00%
Total	100.00%	100.00%	100.00%	100.00%
Operating margin	(115,051)	343,304	(673,482)	(1,374,264)
<i>Operating Margin (monthly average)</i>	(58,927)	343,304	(56,124)	(114,522)
NPR (Net Patient Revenue)	1,360,876	1,816,550	16,708,837	16,751,462
<i>NPR (monthly average)</i>	(31,527)	1,816,550	1,392,403	1,395,955
Operating Expenses	1,499,722	1,497,600	17,611,634	18,350,966
<i>Operating Expense (monthly average)</i>	32,086	29,963	1,467,636	1,529,247
NPR % of Oper Exp	<b>90.7%</b>	<b>121.3%</b>	<b>94.9%</b>	<b>91.3%</b>
Patient Days	222	281	3,706	4,131
Oper Exp / PPD	\$ 6,756	\$ 5,330	\$ 4,752	\$ 4,442
# of Months	<b>1</b>	<b>1</b>	<b>12</b>	
Cash Receipts (rnd)	<b>770,820</b>	<b>888,776</b>	<b>15,058,468</b>	17,290,925
<i>Cash Receipts (monthly average)</i>	(484,053)	(366,096)	1,254,872	1,440,910
Cash as a % of NPR (s/b 100% min)	<b>56.6%</b>	<b>48.9%</b>	<b>90.1%</b>	<b>103.2%</b>
<b>Days Cash-On-Hand (Net of MCR Pay / Restrictions):</b>				
Calendar Days	30	31	366	365
Operating Exp / Day	\$ 49,991	\$ 48,310	\$ 48,119	\$ 50,277
Cash - (unrestricted)	<b>544,629</b>	<b>418,015</b>	418,015	<b>892,487</b>
Days Cash-On-Hand	<b>10.9</b>	<b>8.7</b>	<b>8.7</b>	<b>17.8</b>
<b>Days Cash-On-Hand: Minimum during month</b>	6.2	4.6	4.6	14.5
MCR Rec (Pay) - "as stated - but to be adjusted"	794,328	1,317,429	1,317,429	(1,396,069)
AP & Accrued Liab	16,099,854	16,520,455	16,520,455	13,769,120
Accounts Receivable (at net)	1,000,732	1,316,379	1,316,379	1,410,015
Per AP aging schedule (incl. accruals)	<b>Nov-24</b>	<b>Dec-24</b>	Net Change	<b>Dec-23</b>
Account Payable - Cohesive	14,020,455	14,328,203	307,748	11,279,970
Account Payable - Other	1,186,675	1,299,528	112,853	1,596,426
Total	15,207,130	15,627,731	420,602	12,876,396
Cohesive Loan	4,931,665	4,900,648	(31,017)	5,272,849

Mangum Regional Medical Center  
 Cash Receipts - Cash Disbursements Summary  
 12/31/24

	Current Month	COVID	Total Less COVID	Year-To-Date	COVID	Year-To-Date Less COVID
Cash Receipts	\$ 888,776	\$ -	\$ 888,776	\$ 15,058,468	\$ -	\$ 15,058,468
Cash Disbursements	\$ 1,027,058	\$ -	\$ 1,027,058	\$ (1,493,305)	\$ -	\$ (1,493,305)
NET	\$ 1,915,834	\$ -	\$ 1,915,834	\$ 13,565,163	\$ -	\$ 13,565,163

	Prior Month	COVID	Total Less COVID	Prior Month YTD	COVID	Prior Month YTD Less COVID
Cash Receipts	\$ 770,820	\$ -	\$ 770,820	\$ 14,169,692	\$ -	\$ 14,169,692
Cash Disbursements	\$ 1,370,620	\$ -	\$ 1,370,620	\$ (2,520,363)	\$ -	\$ (2,520,363)
NET	\$ 2,141,440	\$ -	\$ 2,141,440	\$ 11,649,329	\$ -	\$ 11,649,329



**Board of Directors  
Mangum Regional Medical Center**

December 2024 Financial Statement Overview

- Statistics
  - The average daily census (ADC) for December 2024 was **9.06** – (Year-To-Date **10.13** PY fiscal year end of **11.47**).
  - Year-To-Date Acute payer mix was approximately **77.06%** MCR/MCR Managed Care combined.
  - Year-To-Date Swing Bed payer mix was **88%** MCR & **11%** MCR Managed Care. For the prior year end those percentages were **90% & 10%**, respectively.
  
- Balance Sheet Highlights
  - The cash balance as of December 31, 2024, inclusive of both operating & reserves, was **\$418K**. This a decrease of **\$127K** from November 30, 2024.
  - Days cash on hand, inclusive of reserves, was **8.7** based on December expenses.
  - Net AR increased by **\$316K** from November.
  - Payments of approximately **\$1.03M** were made on AP (prior 3-month avg was **\$1.28M**).
  - Cash receipts were **\$118K** more than in the previous month (**\$889K vs \$771K**).
  - The Medicare principal balance was completely paid off in the month of August.



- Income Statement Highlights
  - Net patient revenue for December 2024 was **\$1.82M**, which is approximately an increase of **\$456K** from the prior month.
  - Operating expenses, exclusive of interest & depreciation, were **\$1.50M**.
  - 340B revenue was **\$12K** in December, this is a decrease of **\$4K** from the prior month. YTD revenue was **\$191K**. Net profit from this service line YTD is **\$42K**.
  
- Clinic (RHC) Income Statement Highlights - actual & projected (includes swing bed rounding):
  - Current month average visits per day = **6.73**
  - Operating revenues (YTD) = **\$336K**
  - Operating expenses (YTD) = **\$789K**
  - Operating loss (YTD) = **-\$453K**

**MANGUM REGIONAL MEDICAL CENTER**

**Admissions, Discharges & Days of Care**

**Fiscal Year 2024**

Item 10.

													12/31/2024	12/31/2023
	January	February	March	April	May	June	July	August	September	October	November	December	YTD	YTD
<b>Admissions</b>														
Inpatient	19	18	15	10	18	15	13	16	16	11	12	31	194	178
Swingbed	10	18	10	10	12	18	14	12	6	9	11	15	145	137
Observation	3	1	2	2	2	0	3	0	0	1	3	3	20	21
	32	37	27	22	32	33	30	28	22	21	26	49	359	336
<b>Discharges</b>														
Inpatient	20	17	12	12	18	17	11	17	15	10	13	31	193	178
Swingbed	8	12	8	13	13	14	15	14	8	9	11	14	139	132
Observation	3	1	2	2	2	0	3	0	0	1	3	2	19	21
	31	30	22	27	33	31	29	31	23	20	27	47	351	331
<b>Days of Care</b>														
Inpatient-Medicare	24	38	27	25	29	32	26	23	19	19	18	55	335	356
Inpatient-Other	67	15	17	8	20	11	11	22	31	21	19	55	297	274
Swingbed-Medicare	102	268	383	311	276	255	235	239	146	169	172	139	2,695	3,161
Swingbed-Other	56	31	21	11	15	64	53	59	8	16	13	32	379	340
Observation	4	1	3	3	4	0	3	0	0	1	6	3	28	21
	253	353	451	358	344	362	328	343	204	226	228	284	3,734	4,152
Calendar days	31	29	31	30	31	30	31	31	30	31	30	31	366	365
ADC - (incl OBS)	8.16	12.17	14.55	11.93	11.10	12.07	10.58	11.06	6.80	7.29	7.60	9.16	10.20	11.38
ADC	8.03	12.14	14.45	11.83	10.97	12.07	10.48	11.06	6.80	7.26	7.40	9.06	10.13	11.32
ER	227	237	145	125	150	140	136	162	143	130	112	195	1,902	1,677
Outpatient	106	98	103	127	134	118	137	126	143	159	127	116	1,494	1,832
RHC	177	176	148	137	123	140	133	150	139	199	130	166	1,818	1,978

**MANGUM REGIONAL MEDICAL CENTER**  
**Comparative Balance Sheet - Unaudited**  
**Fiscal Year 2024**

Item 10.

	January	February	March	April	May	June	July	August	September	October	November	December	12/31/23	Variance
<b>Cash And Cash Equivalents</b>	<b>928,483</b>	<b>646,998</b>	<b>809,154</b>	<b>996,013</b>	<b>1,230,088</b>	<b>966,740</b>	<b>733,502</b>	<b>661,771</b>	<b>522,262</b>	<b>1,145,664</b>	<b>544,629</b>	<b>418,015</b>	80,298	337,718
<b>Patient Accounts Receivable, Net</b>	<b>1,029,644</b>	<b>1,482,640</b>	<b>1,457,086</b>	<b>1,296,358</b>	<b>978,809</b>	<b>1,135,593</b>	<b>1,125,516</b>	<b>1,072,047</b>	<b>905,815</b>	<b>783,204</b>	<b>1,000,732</b>	<b>1,316,379</b>	1,410,015	(93,636)
<b>Due From Medicare</b>	<b>300,000</b>	<b>150,000</b>	<b>150,000</b>	<b>150,000</b>	<b>262,000</b>	<b>333,000</b>	<b>650,552</b>	<b>168,391</b>	<b>431,393</b>	<b>522,174</b>	<b>794,009</b>	<b>1,317,110</b>	0	1,317,110
Inventory	255,138	261,348	267,175	265,782	271,231	271,221	266,904	261,798	261,690	261,153	255,177	222,062	259,367	(37,305)
Prepays And Other Assets	1,866,039	1,838,554	1,801,875	1,782,687	1,837,325	1,789,629	1,732,244	1,698,945	1,682,707	1,669,774	1,674,828	1,642,491	1,897,615	(255,125)
Capital Assets, Net	1,829,169	1,799,080	1,768,991	1,738,903	1,708,814	1,678,726	1,651,307	1,621,218	1,591,130	1,572,641	1,544,116	1,516,213	1,859,246	(343,033)
<b>Total Assets</b>	<b>6,208,472</b>	<b>6,178,619</b>	<b>6,254,282</b>	<b>6,229,743</b>	<b>6,288,268</b>	<b>6,174,908</b>	<b>6,160,024</b>	<b>5,484,170</b>	<b>5,394,998</b>	<b>5,954,610</b>	<b>5,813,491</b>	<b>6,432,269</b>	<b>6,318,729</b>	<b>113,540</b>
Accounts Payable	13,278,998	13,580,039	13,938,685	13,839,576	14,215,610	14,379,350	14,482,354	14,738,134	14,736,817	15,114,779	15,207,130	15,627,731	12,876,396	2,751,335
AHSO Related AP	892,724	892,724	892,724	892,724	892,724	892,724	892,724	892,724	892,724	892,724	892,724	892,724	892,724	0
Deferred Revenue	-	-	-	226,129	113,064	-	169,940	127,112	-	226,129	113,064	-	0	0
<b>Due To Medicare</b>	<b>2,086,019</b>	<b>1,952,438</b>	<b>1,817,700</b>	<b>1,767,460</b>	<b>1,716,728</b>	<b>1,665,483</b>	<b>1,613,738</b>	<b>(319)</b>	<b>(319)</b>	<b>(319)</b>	<b>(319)</b>	<b>(319)</b>	2,218,453	(2,218,772)
Covid Grant Funds	-	-	-	-	-	-	-	-	-	-	-	-	0	0
Due To Cohesive - PPP Loans	-	-	-	-	-	-	-	-	-	-	-	-	0	0
Notes Payable - Cohesive	5,241,832	5,210,815	5,179,799	5,148,782	5,117,765	5,086,748	5,055,732	5,024,715	4,993,698	4,962,681	4,931,665	4,900,648	5,272,849	(372,201)
Notes Payable - Other	30,675	23,247	23,247	23,247	17,948	12,649	7,351	2,052	(3,247)	(8,546)	17,948	17,948	38,045	(20,097)
Alliantz Line Of Credit	-	-	-	-	-	-	-	-	-	-	-	-	0	0
Leases Payable	271,991	271,189	270,384	269,576	269,072	268,257	267,440	266,619	265,794	260,087	259,255	258,209	272,789	(14,580)
<b>Total Liabilities</b>	<b>21,802,238</b>	<b>21,930,451</b>	<b>22,122,538</b>	<b>22,167,493</b>	<b>22,342,911</b>	<b>22,305,212</b>	<b>22,489,277</b>	<b>21,051,036</b>	<b>20,885,468</b>	<b>21,447,536</b>	<b>21,421,467</b>	<b>21,696,942</b>	<b>21,571,256</b>	<b>125,686</b>
Net Assets	(15,593,766)	(15,751,832)	(15,868,256)	(15,937,750)	(16,054,644)	(16,130,304)	(16,329,253)	(15,566,866)	(15,490,470)	(15,492,925)	(15,607,976)	(15,264,672)	(15,252,526)	(12,146)
<b>Total Liabilities and Net Assets</b>	<b>6,208,472</b>	<b>6,178,619</b>	<b>6,254,282</b>	<b>6,229,743</b>	<b>6,288,268</b>	<b>6,174,908</b>	<b>6,160,024</b>	<b>5,484,170</b>	<b>5,394,998</b>	<b>5,954,610</b>	<b>5,813,491</b>	<b>6,432,269</b>	<b>6,318,729</b>	<b>113,540</b>

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

2022				2023			2024		
Month	Receipts	Funds	Disbursements	Month	Receipts	Disbursements	Month	Receipts	Disbursements
		Stimulus							
Jan-22	2,163,583		1,435,699	Jan-23	1,290,109	1,664,281	Jan-24	1,187,504	1,150,522
Feb-22	1,344,463	254,626	1,285,377	Feb-23	1,506,708	1,809,690	Feb-24	708,816	995,157
Mar-22	789,800		1,756,782	Mar-23	1,915,435	1,109,683	Mar-24	1,236,158	1,073,824
Apr-22	1,042,122		1,244,741	Apr-23	2,005,665	1,365,533	Apr-24	1,645,373	1,483,022
May-22	898,311		1,448,564	May-23	1,436,542	2,237,818	May-24	1,273,007	1,062,762
Jun-22	1,147,564		1,225,070	Jun-23	1,777,525	1,506,459	Jun-24	950,928	1,216,556
Jul-22	892,142		979,914	Jul-23	1,140,141	1,508,702	Jul-24	1,344,607	1,562,407
Aug-22	890,601		1,035,539	Aug-23	1,600,786	1,352,905	Aug-24	2,089,281	2,176,381
Sep-22	2,225,347		1,335,451	Sep-23	1,490,569	1,295,680	Sep-24	1,183,508	1,322,228
Oct-22	1,153,073		1,233,904	Oct-23	1,211,980	1,345,813	Oct-24	1,779,690	1,154,658
Nov-22	935,865		1,476,384	Nov-23	985,475	1,355,224	Nov-24	770,820	1,370,620
Dec-22	1,746,862		1,073,632	Dec-23	929,990	1,191,570	Dec-24	888,776	1,027,058
	<u>15,229,733</u>	254,626	<u>15,531,057</u>		<u>17,290,925</u>	<u>17,743,359</u>		<u>15,058,468</u>	
Subtotal FY 2022	<u><u>15,484,359</u></u>			Subtotal FY 2023	<u><u>17,290,925</u></u>		Subtotal FY 2024	<u><u>15,058,468</u></u>	

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

	Original Balance	Balance as of 12/31/24	Total Interest Paid as of 12/31/24
2016 C/R Settlement	1,397,906.00	-	205,415.96
2017 Interim Rate Review - 1st	723,483.00	-	149,425.59
2017 Interim Rate Review - 2nd	122,295.00	-	20,332.88
2017 6/30/17-C/R Settlement	1,614,760.00	-	7,053.79
2017 12/31/17-C/R Settlement	(535,974.00)	(318.61)	269,191.14
2017 C/R Settlement Overpayment	3,539,982.21	-	-
2018 C/R Settlement	1,870,870.00	-	241,040.31
2019 Interim Rate Review - 1st	323,765.00	-	5,637.03
2019 Interim Rate Review - 2nd	1,802,867.00	-	277,488.75
2019 C/R Settlement	(967,967.00)	-	-
2020 C/R Settlement	(3,145,438.00)	-	-
<i>FY21 MCR pay (rec) estimate</i>	(1,631,036.00)	-	-
<i>FY22 MCR pay (rec) estimate</i>	(318,445.36)	-	-
2016 C/R Audit - Bad Debt Adj	348,895.00	-	16,927.31
2018 MCR pay (rec) Audit est.	(34,322.00)	-	-
2019 MCR pay (rec) Audit est.	(40,612.00)	-	-
2020 MCR pay (rec) Audit	(74,956.00)	-	-
<i>FY23 (8-month IRR) L4315598</i>	95,225.46	-	7,038.71
<i>FY23 (8-month IRR) L4315599</i>	1,918,398.00	-	155,799.09
<i>FY23 MCR pay (rec) remaining estimate</i>	-	-	-
<i>FY24 MCR pay (rec) estimate</i>	-	(1,317,110.00)	-
<b>Total</b>	<b>7,009,696.31</b>	<b>(1,317,428.61)</b>	<b>1,355,350.56</b>



**Mangum Regional Medical Center**  
**Statement of Revenue and Expense**  
**For The Month and Year To Date Ended December 31, 2024**  
**Unaudited**

Item 10.

MTD					YTD			
Actual	Budget	Variance	% Change		Actual	Budget	Variance	% Change
731,574	266,508	465,066	175%	Inpatient revenue	3,897,259	3,098,160	799,098	26%
799,599	1,189,552	(389,953)	-33%	Swing Bed revenue	14,274,064	14,079,754	194,310	1%
741,894	619,187	122,707	20%	Outpatient revenue	7,649,854	7,172,809	477,045	7%
233,629	172,410	61,219	36%	Professional revenue	2,488,354	1,988,373	499,981	25%
<u>2,506,696</u>	<u>2,247,657</u>	<u>259,039</u>	<u>12%</u>	Total patient revenue	<u>28,309,531</u>	<u>26,339,096</u>	<u>1,970,435</u>	<u>7%</u>
1,155,750	793,935	361,815	46%	Contractual adjustments	14,362,112	9,013,017	5,349,096	59%
(523,101)	-	(523,101)	#DIV/0!	Contractual adjustments: MCR Settlement	(2,044,579)	-	(2,044,579)	#DIV/0!
57,497	81,595	(24,098)	-30%	Bad debts	(716,839)	957,137	(1,673,976)	-175%
<u>690,146</u>	<u>875,529</u>	<u>(185,384)</u>	<u>-21%</u>	Total deductions from revenue	<u>11,600,694</u>	<u>9,970,154</u>	<u>1,630,540</u>	<u>16%</u>
1,816,550	1,372,128	444,422	32%	Net patient revenue	16,708,837	16,368,942	339,895	2%
12,491	3,096	9,394	303%	Other operating revenue	38,127	37,151	976	3%
11,863	12,607	(744)	-6%	340B REVENUES	191,188	151,283	39,905	26%
<u>1,840,904</u>	<u>1,387,831</u>	<u>453,072</u>	<u>33%</u>	Total operating revenue	<u>16,938,152</u>	<u>16,557,376</u>	<u>380,776</u>	<u>2%</u>
				Expenses				
424,117	400,394	23,724	6%	Salaries and benefits	5,052,164	4,719,779	332,384	7%
85,946	143,994	(58,048)	-40%	Professional Fees	912,778	1,727,934	(815,156)	-47%
419,405	361,146	58,259	16%	Contract labor	4,909,235	4,286,356	622,879	15%
107,667	141,523	(33,855)	-24%	Purchased/Contract services	1,425,356	1,697,615	(272,259)	-16%
225,000	225,000	-	0%	Management expense	2,700,000	2,700,000	-	0%
96,133	97,944	(1,811)	-2%	Supplies expense	1,045,586	1,162,390	(116,804)	-10%
8,496	30,300	(21,805)	-72%	Rental expense	245,552	363,605	(118,052)	-32%
17,826	18,358	(532)	-3%	Utilities	167,653	220,295	(52,642)	-24%
407	1,085	(678)	-62%	Travel & Meals	10,539	13,021	(2,482)	-19%
10,742	12,130	(1,388)	-11%	Repairs and Maintenance	140,068	145,560	(5,492)	-4%
24,717	11,415	13,302	117%	Insurance expense	175,094	136,977	38,117	28%
39,331	20,773	18,558	89%	Other Expense	172,664	249,279	(76,615)	-31%
9,800	8,187	1,613	20%	340B EXPENSES	149,534	97,934	51,600	53%
<u>1,469,588</u>	<u>1,472,249</u>	<u>(2,661)</u>	<u>0%</u>	Total expense	<u>17,106,224</u>	<u>17,520,745</u>	<u>(414,522)</u>	<u>-2%</u>
<u>371,315</u>	<u>(84,418)</u>	<u>455,733</u>	<u>-540%</u>	EBIDA	<u>(168,072)</u>	<u>(963,369)</u>	<u>795,297</u>	<u>-83%</u>
<u>20.2%</u>	<u>-6.1%</u>	<u>26.25%</u>		EBIDA as percent of net revenue	<u>-1.0%</u>	<u>-5.8%</u>	<u>4.83%</u>	
108	22,295	(22,187)	-100%	Interest	148,096	305,937	(157,840)	-52%
27,903	49,698	(21,795)	-44%	Depreciation	357,314	596,375	(239,061)	-40%
<u>343,304</u>	<u>(156,411)</u>	<u>499,715</u>	<u>-319%</u>	Operating margin	<u>(673,482)</u>	<u>(1,865,681)</u>	<u>1,192,199</u>	<u>-64%</u>
-	-	-		Other	-	-	-	
-	-	-		Total other nonoperating income	-	-	-	
<u>343,304</u>	<u>(156,411)</u>	<u>499,715</u>	<u>-319%</u>	Excess (Deficiency) of Revenue Over Expenses	<u>(673,482)</u>	<u>(1,865,681)</u>	<u>1,192,199</u>	<u>-64%</u>
<u>18.65%</u>	<u>-11.27%</u>	<u>29.92%</u>		Operating Margin %	<u>-3.98%</u>	<u>-11.27%</u>	<u>7.29%</u>	

**MANGUM REGIONAL MEDICAL CENTER**  
**Statement of Revenue and Expense Trend - Unaudited**  
**Fiscal Year 2024**

Item 10.

	January	February	March	April	May	June	July	August	September	October	November	December	YTD
Inpatient revenue	553,917	328,884	236,205	196,935	317,963	253,385	216,458	258,025	303,884	206,471	293,556	731,574	3,897,259
Swing Bed revenue	691,403	1,305,865	1,741,728	1,452,094	1,461,877	1,563,284	1,319,862	1,282,846	782,971	969,940	902,595	799,599	14,274,064
Outpatient revenue	745,496	798,546	552,340	675,619	606,736	538,539	588,027	675,787	620,249	614,988	491,632	741,894	7,649,854
Professional revenue	191,359	268,737	196,841	210,516	214,718	202,400	207,252	221,195	197,804	197,507	146,397	233,629	2,488,354
Total patient revenue	2,182,175	2,702,032	2,727,115	2,535,164	2,601,295	2,557,609	2,331,600	2,437,852	1,904,908	1,988,906	1,834,181	2,506,696	28,309,531
Contractual adjustments	1,194,669	1,354,471	1,363,095	1,126,715	2,317,722	1,268,964	1,051,072	1,399,239	742,526	675,616	712,274	1,155,750	14,362,112
Contractual adjustments: MCR Settlement	(300,000)	150,000	-	-	(112,000)	(71,000)	(317,552)	(34,158)	(263,002)	(301,931)	(271,835)	(523,101)	(2,044,579)
Bad debts	66,677	56,019	13,598	70,776	(866,928)	3,530	70,560	(362,743)	30,001	111,307	32,866	57,497	(716,839)
Total deductions from revenue	961,346	1,560,491	1,376,693	1,197,491	1,338,794	1,201,494	804,079	1,002,338	509,525	484,991	473,305	690,146	11,600,694
Net patient revenue	1,220,829	1,141,541	1,350,421	1,337,672	1,262,501	1,356,114	1,527,520	1,435,514	1,395,383	1,503,915	1,360,876	1,816,550	16,708,837
Other operating revenue	2,507	1,439	1,671	3,522	2,606	1,311	1,818	1,008	1,333	1,288	7,133	12,491	38,127
340B REVENUES	37,399	17,167	14,616	10,643	6,757	8,253	14,880	13,462	19,548	19,937	16,662	11,863	191,188
Total operating revenue	1,260,735	1,160,148	1,366,708	1,351,837	1,271,864	1,365,678	1,544,218	1,449,984	1,416,263	1,525,140	1,384,672	1,840,904	16,938,152
	84.7%	86.6%	91.1%	94.1%	90.9%	94.1%	87.6%	95.1%	104.1%	98.4%	90.7%	121.3%	94.9%
Expenses													
Salaries and benefits	411,278	535,269	472,469	436,412	416,357	359,502	371,155	372,779	410,209	423,535	419,082	424,117	5,052,164
Professional Fees	158,386	(37,292)	62,832	64,972	36,261	94,261	112,557	65,923	89,469	69,452	110,012	85,946	912,778
Contract labor	298,317	291,650	364,102	320,557	345,990	390,056	712,751	440,549	413,382	489,693	422,784	419,405	4,909,235
Purchased/Contract services	91,358	88,301	119,963	141,455	146,479	158,021	126,147	183,984	50,544	111,174	100,263	107,667	1,425,356
Management expense	225,000	225,000	225,000	225,000	225,000	225,000	225,000	225,000	225,000	225,000	225,000	225,000	2,700,000
Supplies expense	88,273	75,565	103,550	86,191	101,981	97,324	75,175	103,159	46,941	92,943	78,352	96,133	1,045,586
Rental expense	33,505	28,767	26,139	36,564	13,147	18,683	17,006	14,310	14,084	19,029	15,822	8,496	245,552
Utilities	25,813	15,200	12,810	14,755	10,905	11,211	11,366	11,012	15,408	12,687	8,662	17,826	167,653
Travel & Meals	-	1,802	1,841	1,106	670	349	1,112	396	989	1,034	833	407	10,539
Repairs and Maintenance	12,246	10,628	10,277	11,356	8,198	9,414	15,646	12,477	10,728	10,697	17,658	10,742	140,068
Insurance expense	12,672	12,896	12,677	12,749	13,582	8,901	6,102	8,676	8,676	16,416	37,032	24,717	175,094
Other	10,525	8,288	11,834	11,225	11,611	12,932	12,233	12,346	11,264	9,000	22,075	39,331	172,664
340B EXPENSES	21,375	11,198	9,880	10,402	10,500	8,124	9,877	15,166	12,968	16,734	13,512	9,800	149,534
Total expense	1,388,748	1,267,272	1,433,374	1,372,743	1,340,679	1,393,776	1,696,127	1,465,775	1,309,661	1,497,393	1,471,088	1,469,588	17,106,224
EBIDA	\$ (128,013)	\$ (107,125)	\$ (66,665)	\$ (20,905)	\$ (68,815)	\$ (28,098)	\$ (151,908)	\$ (15,791)	\$ 106,602	\$ 27,748	\$ (86,416)	\$ 371,315	\$ (168,072)
EBIDA as percent of net revenue	-10.2%	-9.2%	-4.9%	-1.5%	-5.4%	-2.1%	-9.8%	-1.1%	7.5%	1.8%	-6.2%	20.2%	-1.0%
Interest	22,090	20,853	19,670	18,500	17,990	17,474	16,952	14,117	117	115	110	108	148,096
Depreciation	30,089	30,089	30,089	30,089	30,089	30,089	30,089	30,089	30,089	30,088	28,525	27,903	357,314
Operating margin	\$ (180,192)	\$ (158,066)	\$ (116,424)	\$ (69,494)	\$ (116,893)	\$ (75,660)	\$ (198,949)	\$ (59,997)	\$ 76,396	\$ (2,456)	\$ (115,051)	\$ 343,304	\$ (673,482)
Other	-	-	-	-	-	-	-	-	-	-	-	-	-
Total other nonoperating income	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Excess (Deficiency) of Revenue Over Expenses	(180,192)	(158,066)	(116,424)	(69,494)	(116,893)	(75,660)	(198,949)	(59,997)	76,396	(2,456)	(115,051)	343,304	(673,482)

12/31/2024

On-Site Visits -->

1,744
6.73

On-Site Visit / Bus Day -->

**Mangum Family Clinic**

12 Months Ended 12/31/2024

12

Description	YTD FS Per General Ledger	Eliminate Rev Deduct & Other Inc	Adj Rev Deduct to RHC Calc	Cost Report Allocations	RHC Financial Statements
Gross Patient Revenue	217,497	-	-	-	217,497
Less: Revenue deductions	173,563	(173,563)	118,420	-	118,420
Net Patient Revenue	391,060	(173,563)	118,420	-	335,917
Other Income (if any)	2,729	(2,729)	-	-	-
Operating revenue	393,790	(176,293)	118,420	-	335,917
<b>Operating Expenses:</b>					
Salaries	177,825	-	-	-	177,825
Benefits	49,899	-	-	-	49,899
Prof Fees	41,078	-	-	-	41,078
Contract Labor	8,191	-	-	-	8,191
Purch Serv	70,882	-	-	-	70,882
Supplies	11,788	-	-	-	11,788
Rent	23,700	-	-	-	23,700
Utilities	8,567	-	-	-	8,567
Repairs	1,239	-	-	-	1,239
Other	6,469	-	-	-	6,469
Insurance	2,705	-	-	-	2,705
Travels & Meals	987	-	-	-	987
Management Fee Direct Exp	-	-	-	135,000	135,000
Critical Access Hospital Overhead Allocation (a)	-	-	-	250,979	250,979
Total Operating Expenses	403,329	-	-	385,979	789,308
<b>Net Income (loss)</b>	<b>(9,539)</b>	<b>(176,293)</b>	<b>118,420</b>	<b>(385,979)</b>	<b>(453,391)</b>

	Annual	Monthly
MGMT Fee Allocation based on:		
Step Down Costs (provider)	135,000	11,250
CAH Overhead Allocation (net of benefit stepdown)	250,979	20,915
Total allocation ----->	385,979	32,165

Mangum RHC Reimbursement Analysis

Visits / business day	<b>7.9</b>	<b>0.0</b>	<b>0.1</b>	<b>8.0</b>
-----------------------	------------	------------	------------	------------

	<b>6.9</b>	<b>0.0</b>	<b>0.3</b>	<b>7.3</b>
--	------------	------------	------------	------------

VOLUMES: Current Month				
Payer	Clinic (On-Site)	Telehealth	Swing-Bed (a)	TOTAL
MCR	50		2	52
MCR Managed Care	5			5
Medicaid	15			15
BCBS	23			23
Commercial	66			66
Self-Pay	7			7
Other				-
	166	-	2	168

VOLUMES: Year-To-Date 12-31-24					
Payer	Clinic (On-Site)	Telehealth	Swing-Bed (a)	TOTAL	
MCR	447		56	503	28%
MCR Managed Care	51		17	68	4%
Medicaid	357			357	20%
BCBS	299			299	16%
Commercial	515			515	28%
Self-Pay	75		3	78	4%
Other	-			-	0%
	1,744	-	76	1,820	100%

	Projected Reimbursement Rate		
MCR	\$ 282.65	\$ -	\$ 282.65
(a) MCR Managed Care	\$ 282.65	\$ -	\$ 282.65
(b) Medicaid	\$ 282.65	\$ -	\$ 282.65
(c) BCBS	\$ 82.81	\$ -	\$ -
Commercial	\$ 82.81	\$ -	\$ -
Self-Pay	\$ 82.81	\$ -	\$ -
Other	\$ 82.81	\$ -	\$ -

	Projected Reimbursement			
MCR	126,345	-	15,828	142,173
(a) MCR Managed Care	14,415	-	4,805	19,220
(b) Medicaid	100,906	-	-	100,906
(c) BCBS	24,760	-	-	24,760
Commercial	42,647	-	-	42,647
Self-Pay	6,211	-	-	6,211
Other	-	-	-	-
	\$ 315,284	\$ -	\$ 20,633	\$ 335,917

<b>RHC Rate: (01.01.25)</b>	\$ 292.54
RHC Rate: Current	\$ 292.54
RHC Rate: FY 2024 CAP	\$ 282.65
<b>RHC Rate: FY 2025 CAP</b>	\$ 292.54
RHC: 2025 CAP vs 2025 RATE	\$ -

- (a) MCR Managed Care \$ 282.65 <--- not cost settled (rate currently being paid)
- (b) Medicaid \$ 282.65 <--- not cost settled (rate currently being paid)
- (c) BCBS \$ 82.81 <--- accts at \$0 balance (rate currently being paid)

Medicare Economic Index (MEI):	
2023	3.80%
2024	4.60%

VENDOR NAME	DESCRIPTION	0-30 Days	31-60 Days	61-90 Days	OVER 90 Days	12/31/2024	11/30/2024	10/31/2024	9/30/2024
ADVANCED MEDICAL SALES, INC	Patient Supplies	-	-	-	-	-	-	-	215.44
AMERISOURCE RECEIVABLES (ARFC)	Pharmacy Supplies	9,043.76	-	-	-	9,043.76	1,899.84	186.04	-
ANESTHESIA SERVICE INC	Patient Supplies	192.00	-	-	-	192.00	-	-	-
ASD HEALTHCARE	Pharmacy Supplies	-	-	-	-	-	-	327.69	-
AT&T	Fax Service	-	-	-	-	-	-	2,147.88	295.53
AVANAN, INC.	COVID Capital	-	-	-	-	-	-	-	16,800.00
BARRY DAVENPORT	1099 Provider	-	-	-	-	-	4,680.00	-	-
BETHANY MOORE	Expense Reimbursement	-	-	-	-	-	71.26	-	-
BIO-RAD LABORATORIES INC	Lab Supplies	-	-	-	-	-	2,858.85	-	-
CARNEGIE TRI-COUNTY MUN. HOSP	Pharmacy Supplies	-	-	-	-	-	-	1,192.26	-
CENTRAL STATES RECOVERY	Collections	-	-	-	-	-	-	102.50	99.88
CLIA LABORATORY PROGRAM	Lab Services	3,032.00	-	-	-	3,032.00	-	-	-
COHESIVE HEALTHCARE MGMT	Mgmt Fees	220,000.00	229,946.66	5,234.81	2,730,227.38	3,185,408.85	2,970,642.19	2,955,149.25	2,950,076.14
COHESIVE HEALTHCARE RESOURCES	Payroll	(14,207.59)	-	-	3,449,730.77	3,435,523.18	3,900,237.40	4,352,383.45	4,354,367.04
COHESIVE MEDIRYDE LLC	Patient Transportation Service	-	768.75	-	-	768.75	1,388.75	1,370.25	-
COHESIVE STAFFING SOLUTIONS	Agency Staffing Service	545,371.93	852,332.06	760,855.44	5,547,942.86	7,706,502.29	7,148,186.24	6,645,541.47	6,195,671.04
COMMERCIAL MEDICAL ELECTRONICS	Quarterly Maintenance	-	-	-	-	-	-	1,750.00	-
DAN'S HEATING & AIR CONDITIONI	Repairs/maintenance	-	-	-	-	-	-	4,880.00	-
DELL FINANCIAL SERVICES LLC	Server Lease	211.73	-	-	-	211.73	-	-	-
DIAGNOSTIC IMAGING ASSOCIATES	Radiology Purch Svs	2,150.00	-	-	-	2,150.00	2,150.00	2,150.00	2,150.00
DOERNER SAUNDERS DANIEL ANDERS	Legal Fees	-	-	-	-	-	-	358,558.16	358,558.16
DYNAMIC ACCESS	Vascular Consultant	2,250.00	-	-	-	2,250.00	-	750.00	1,400.00
eCLINICAL WORKS, LLC	RHC EHR	(411.14)	-	-	-	(411.14)	-	-	-
ENTRUSTED TRANSPORT, LLC	Patient Transportation Service	-	-	-	-	-	-	-	349.34
EOI INC	Patient Equipment	-	-	-	-	-	-	3,431.12	-
EQUALIZERCM REVOPS	Business Office Services	-	-	-	-	-	-	58,782.61	-
FEDEX	Shipping	89.50	-	-	-	89.50	-	84.77	-
FFF ENTERPRISES INC	Pharmacy Supplies	-	-	-	-	-	-	648.20	3,178.20
FIRE EXTINGUISHER SALES & SERV	Maintenance Supplies	-	-	-	-	-	-	182.50	-
FIRSTCARE MEDICAL SERVICES, PC	1099 Provider	-	-	-	-	-	11,910.44	-	-
FIRST DIGITAL COMMUNICATIONS	IT Support Services	-	-	-	-	-	-	1,634.92	-
FUCHS RADIO, LLC	Advertising	-	-	-	-	-	110.00	110.00	-
FUCHA RADIO, LLC	Advertising	110.00	-	-	-	110.00	-	-	-
GEORGE BROS TERMITES & PEST CON	Pest Control Service	170.00	-	-	-	170.00	-	365.00	-
GRAINGER	Maintenance Supplies	-	-	-	-	-	1,321.07	-	-
GREER COUNTY TREASURER	Insurance	21,037.00	-	-	-	21,037.00	-	-	-
HAC INC	Dietary Supplies	89.96	-	-	-	89.96	50.71	179.77	-
HEWLETT-PACKARD FINANCIAL SERV	Computer Services	307.10	-	-	-	307.10	307.10	307.10	307.10
HOSPITAL EQUIPMENT RENTAL COMP	Rental Equipment	3,155.00	-	-	-	3,155.00	3,155.00	3,155.00	3,155.00
HSI	Materials Purch svs	-	-	-	-	-	-	3,000.00	-
INQUIREE LLC	RHC purch svs	-	-	-	-	-	-	-	225.00
JANUS SUPPLY CO	Housekeeping Supplies, based in Altus	842.10	-	-	-	842.10	958.45	-	751.14
JIMALL & KANISHA' LOFTIS	Rent House	-	-	-	-	-	-	-	(850.00)
KCI USA	Rental Equipment	-	-	-	-	-	-	889.95	-
KELLEY MARTINEZ	Expense Reimbursement	108.52	-	-	-	108.52	-	344.59	-
LANDAUER	Radiology Purch Svs	1,805.10	-	-	-	1,805.10	-	-	-
LG PRINT CO	Advertising	115.00	-	-	-	115.00	45.00	-	-
LOCKE SUPPLY	Plant Ops supplies	-	-	-	-	-	119.62	857.86	-
MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies	585.12	(521.97)	-	-	63.15	1,411.43	-	7,719.80
MCKESSON - 340 B	Pharmacy Supplies	-	-	-	-	-	-	1,093.24	3,704.41
MEDLINE INDUSTRIES	Patient Care/Lab Supplies	7,370.24	5,865.00	-	-	13,235.24	15,905.71	20,121.24	10,744.68
MYHEALTH ACCESS NETWORK, INC	Compliance purch svs	758.95	-	-	-	758.95	758.95	758.95	758.95
NATIONAL DATA BANK	IT Service	-	110.00	-	-	110.00	110.00	-	-
NUANCE COMMUNICATIONS INC	RHC purch svs	123.00	79.00	-	-	202.00	79.00	79.00	-
ORGANOGENESIS INC	Patient Care/Lab Supplies	-	-	-	-	-	1,615.00	-	-
PETE'S GLASS & UPHOLSTERY	Repairs/maintenance	-	-	-	-	-	4,250.00	-	-

VENDOR NAME	DESCRIPTION	0-30 Days	31-60 Days	61-90 Days	OVER 90 Days	12/31/2024	11/30/2024	10/31/2024	9/30/2024
PHARMA FORCE GROUP LLC	340B purch svcs	-	-	-	-	-	1,173.13	-	1,161.79
PHARMACY CONSULTANTS, INC.	PHARMACY CONSULTANTS, INC.	3,849.20	-	-	-	3,849.20	2,600.00	3,445.86	2,600.00
PHILADELPHIA INSURANCE COMPANY	OHA Insurance	-	-	-	-	-	-	7,720.50	-
RUSSELL ELECTRIC & SECURITY	Repair and Maintenance	-	-	-	-	-	-	-	770.00
SCHAPEN LLC	Clinic Rent	-	-	-	-	-	-	-	(1,750.00)
SECURITY CHECK	Security	-	-	-	-	-	-	70.00	-
SHERWIN-WILLIAMS	Supplies	-	-	-	-	-	-	-	(11.78)
SIEMENS HEALTHCARE DIAGNOSTICS	Service Contract	877.31	-	-	-	877.31	3,052.76	9,299.30	(12,735.48)
SMAART MEDICAL SYSTEMS INC	Radiology interface/Radiologist provider	-	-	-	-	-	3,470.00	1,735.00	-
SOMSS LLC	1099 Provider	-	-	-	-	-	13,200.00	-	-
SPACELABS HEALTHCARE LLC	Telemetry Supplies	-	-	-	-	-	1,240.82	-	-
STANDLEY SYSTEMS LLC	Printer lease	-	-	-	-	-	-	-	587.10
STAPLES ADVANTAGE	Office Supplies	383.49	-	-	-	383.49	498.22	543.35	208.74
STERICYCLE / SHRED-IT	Waste Disposal Service	1,654.10	-	-	-	1,654.10	2,515.53	1,245.16	-
SUMMIT UTILITIES	Utilities	3,082.48	-	-	-	3,082.48	-	-	-
TECUMSEH OXYGEN & MEDICAL SUPP	Patient Supplies	-	-	-	-	-	2,540.00	-	-
THERMO FISHER SCIENTIFIC LLC	Lab Supplies	-	-	-	-	-	-	392.55	-
TOUCHPOINT MEDICAL, INC	Med Dispense Monitor Support	-	-	-	-	-	-	-	3,285.00
TRIOSE INC	Freight	-	-	-	-	-	121.20	116.70	-
ULINE	Patient Supplies	-	-	-	-	-	-	513.82	-
US FOODSERVICE-OKLAHOMA CITY	Food and supplies	(587.47)	-	-	(7.84)	(595.31)	728.22	(7.84)	(7.84)
CARDINAL HEALTH 110, LLC	Patient Supplies	10,424.49	-	-	-	10,424.49	2,253.90	3,752.42	-
CUSTOM MEDICAL SOLUTIONS	Equipment Rental Agreement	-	-	-	(948.00)	(948.00)	(948.00)	(948.00)	(948.00)
DIRECTV	Cable service	294.55	-	-	-	294.55	-	294.55	-
VESTIS	Housekeeping Service	3,257.13	-	-	-	3,257.13	13,028.52	9,771.39	9,771.39
DELL MARKETING L.P	Server Lease	-	-	-	-	-	-	-	830.00
FEDEX FREIGHT	Shipping	-	-	-	-	-	-	147.76	-
<b>Grand Total</b>		<b>827,534.56</b>	<b>1,088,579.50</b>	<b>766,090.25</b>	<b>11,726,945.17</b>	<b>14,409,149.48</b>	<b>14,119,696.31</b>	<b>14,460,607.29</b>	<b>13,913,437.77</b>
			<b>Reconciling Items:</b>		Conversion Variance	13,340.32	13,340.32	13,340.32	13,340.32
					AP Control	14,754,367.32	14,464,914.15	14,447,266.97	14,792,821.21
					Accrued AP	1,766,087.90	1,634,939.52	1,560,236.01	836,719.58
					AHSO Related AP	(892,723.76)	(892,723.76)	(892,723.76)	(892,723.76)
					<b>TOTAL AP</b>	<b>15,627,731.46</b>	<b>15,207,129.91</b>	<b>15,114,779.22</b>	<b>14,736,817.03</b>
						15,627,731.46	15,207,129.91	15,114,779.22	14,736,817.03
						-	-	-	-

**AGREEMENT FOR THE PROVISION & MAINTENANCE OF  
DURABLE MEDICAL EQUIPMENT**

*Tecumseh Oxygen & Medical Supply*

This agreement is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_ 2024, by and between **Tecumseh Oxygen & Medical Supply** (hereinafter referred to as “DME”) and **Mangum Regional Medical Center** (hereinafter referred to as “CLIENT”). The following shall be deemed an agreement between CLIENT and DME for the provision of various items of durable medical equipment and maintenance specifically related to same.

WHEREAS, DME is a durable medical equipment provider, is willing to make services available to CLIENT patients;

NOW THEREFORE, in consideration of the agreement set forth herein, the parties hereby agree as follows:

**A. RESPONSIBILITIES OF DME.** DME shall:

1. Deliver equipment by next business day of the request.
2. Assure, on a continuing basis that all equipment is in good clean condition and working order.
3. Instruct the patient and/or caregiver(s) on the safe and intended use of such equipment.
4. Pickup the equipment according to arrangement made with the CLIENT.
5. Pro-rate charges on a daily basis, per patient, according to fee schedule.
6. Develop preventive maintenance in accordance with DME policy pertaining to the equipment.
7. Notify CLIENT if care conference is necessary concerning patient’s equipment.
8. Submit monthly statements to CLIENT for authorized patients at the end of each month. Include the patient’s name, equipment ordered, fee, delivery date and pick-up date, if applicable.
9. Provide services to all patients regardless of diagnosis, race, age, sex, religion, national origin, disability, sexual preference and marital status.
10. If services provided under this agreement have an aggregate value of \$10,000.00 or more over a twelve month period, DME shall, until the

expiration of four years after the furnishing of such services, make available upon written request by the Secretary of Health and Human Services, Comptroller General of the United States, or by any of the Secretaries of the Comptroller Generals duly authorized representative this agreement and books, documents and records of DME that are necessary to verify the nature and extent of the cost of services provided.

11. DME agrees to maintain high standards of confidentiality for information relating to this Agreement including, but not limited to, information concerning CLIENT patients, in accordance with federal and state laws and specifically as specified in "Addendum A". DME acknowledges that all material and information including; but not limited to, descriptions of the arrangements between DME and CLIENT hereunder and Plans of Care which have or will come into the possession of DME in connection with the performance of the terms and conditions of this Agreement, consist of confidential and proprietary data, whose disclosure to or use by third parties will be damaging to CLIENT. DME agrees to hold such material and information in strictest confidence, and not to make use thereof except as required by applicable Federal or State Law and as expressly set forth in this Agreement.
12. DME at all times shall maintain liability insurance, including products' liability coverage, in the amount of One Million and Noll 00 Dollars (\$1,000,000.00) per occurrence, and Three Million and Noll 00 Dollars (\$3,000,000) annual aggregate and will provide evidence of such insurance to CLIENT. CLIENT assumes no responsibility to maintain or provide general liability insurance or workers' compensation insurance for DME or its agents, servants, and employees. DME agrees to hold CLIENT harmless and to indemnify CLIENT from any and all liability, costs, expenses, including attorney's fees and court costs, which arise or are incurred by CLIENT because of any act or omission by CLIENT, its agents, servants, and employees. CLIENT shall furnish evidence satisfactory to DME that it has obtained comprehensive general liability insurance covering any negligence of CLIENT or its agents or employees in connection with its operation.
13. DME agrees to indemnify and hold harmless CLIENT from any and all liability, loss, expenses, including reasonable attorney's fees, and claims for damages or injury arising from negligence or intentional acts or omissions by DME, its agent, servants, employees, or arising from any breach of default on the part of DME in the performance of this Agreement. DME, upon reasonable notice from CLIENT, shall assume the defense, at the expense of DME, or such action or proceeding with counsel reasonably satisfactory to CLIENT.



**B. RESPONSIBILITIES OF CLIENT.** CLIENT shall:

1. Evaluate and assess CLIENT patient equipment needs.
2. Coordinate and supervise the care plans of the CLIENT patient.
3. Develop, review and revise the care plans of CLIENT patients.
4. Address care conferences by telephone on an as needed basis, since the majority of CLIENT patient's equipment needs are short-term.
5. Telephone equipment request to DME giving patient's name and other information only to the extent required to insure prompt and safe delivery of equipment/supplies, equipment needed, date and preferred time of delivery.
6. Record all equipment requests in CLIENT DME log.
7. Notify DME within 24 hours following a patient discharge for a pickup date and time. If discharge occurs on a weekend or holiday, CLIENT will notify DME by the end of the next regular business day.
8. Communicate any equipment problems promptly.
9. Pay DME within 30 days of receipt of invoice.
10. CLIENT agrees to indemnify and hold harmless DME from any and all liability, loss, expenses, including reasonable attorney's fees, and claims for damages or injury arising from the negligent or intentional acts or omissions by CLIENT, its agents, servants and employees, or arising from any breach of default on the part of CLIENT in the performance of this Agreement. CLIENT, upon reasonable notice from DME shall assume the defense, at the expense of CLIENT, of such action or proceeding with counsel reasonable satisfactory to CLIENT.

**C. JOINT RESPONSIBILITIES OF DME AND CLIENT.** DME and CLIENT also agree to the following:

1. All notices shall be deemed received on the day personally delivered, or on the second day after mailing, certified or registered. Return receipt requested, to the address reflected on the signature page, or to such other address as the parties shall respectively by notice designate.
2. DME and CLIENT are separate and independent entities. Except as specifically provided in this Agreement, neither party is granted any express or implied right or authority by the other party to assume or create any obligation or responsibility on behalf of or in the name of the other party or to bind the other party in any manner or thing whatsoever. Each

party retains its own authority and responsibility for its respective organizations. Nothing herein shall be construed as creating a partnership or joint venture between CLIENT and DME.

3. This Agreement shall be governed by and interpreted in accordance with, the laws of the State of Oklahoma, without giving effect to its conflict of laws provisions. Greer County, Oklahoma, shall be the sole and exclusive venue for any arbitration, litigation, special proceeding or other proceeding as between the parties that may be brought under, or arise out of, this agreement.

4. The initial term of this Agreement shall be one year from the effective date. After the completion of the initial one (1) year term, this Agreement shall continue automatically for additional one (1) year terms unless notice of termination is given by either party in writing on or before ninety (30) days prior to the termination date. The extended term shall be subject to the same terms and conditions as set forth in this Agreement except for any mutually agreed written amendments, including any change of hourly payments. Either party may terminate this Agreement at any time without cause by providing the other party with thirty (30) day advance written notice of intent to terminate.

5. This agreement embodies the entire agreement between the Parties and supersedes all prior agreements and understandings, if any, relating to the subject matter hereof. and this Agreement may be amended only by and instrument in writing executed jointly by an officer duly authorized by the board of directors of the respective Parties.

6. This Agreement may not be assigned by either party without the prior written consent of the other party.

7. If any provision of this Agreement, or the application thereof to any person or circumstance, is held to be illegal, invalid, or unenforceable for any reason, such illegality, invalidity, or unenforceability shall not affect any other provision of this Agreement that can be given effect in the absence of the illegal, invalid, or unenforceable provision of application. To this end, all provisions of this Agreement are declared to be severable.

8. Until the expiration of four years after the furnishing of services pursuant to this Agreement, the DME and CLIENT shall make available, upon written request of the Secretary of the Department of Health and Human Services, the Comptroller General of the United States, or another duly authorized representative, this Agreement and the books, documents, and records that are necessary to certify the nature and the extent of the cost of services provided pursuant to this Agreement.

[SIGNATURE PAGE TO FOLLOW]

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed effective the date and year first mentioned in this Agreement.

Mangum Regional Medical Center

Tecumseh Oxygen & Medical Supply

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**Addendum A**  
**Business Associates Agreement**

**BUSINESS ASSOCIATE AGREEMENT**

THIS BUSINESS ASSOCIATE AGREEMENT (the "Agreement") is made as of the \_\_\_\_\_, 2024, ("Effective Date") by and between **Mangum Regional Medical Center** ("Covered Entity") and **Tecumseh Oxygen & Medical Supply** ("Business Associate").

**RECITALS**

A. Covered Entity and Business Associate are parties to an Agreement for the Provision & Maintenance of Durable Medical Equipment dated \_\_\_\_\_, 2024 (the "Agreement") pursuant to which Business Associate provides certain services to the Covered Entity and, in connection with those services, the Covered Entity discloses to Business Associate certain individually identifiable protected health information ("PHI") that is subject to protection under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the American Recovery and Reinvestment Act of 2009 ("ARRA") and the associated regulations, 45 CFR Parts 160 and 164 (the "Privacy Rule"), as amended from time to time.

B. The parties desire to comply with the HIPAA standards for the privacy and security of PHI of patients of the Covered Entity.

NOW, THEREFORE, for and consideration of the recitals above and the mutual covenants and conditions contained herein, the parties enter into this Agreement to provide a full statement of their respective responsibilities.

**SECTION 1 - Definitions**

1.01 Reference to HIPAA Rules.

The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required By Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

1.02 Specific definitions.

(a) Business Associate. "Business Associate" shall generally have the same meaning as the term "business associate" at 45 CFR 160.103, and in reference to the party to this agreement, shall mean **Tecumseh Oxygen & Medical Supply**.

(b) Covered Entity. “Covered Entity” shall generally have the same meaning as the term “covered entity” at 45 CFR 160.103, and in reference to the party to this agreement, shall mean **Mangum Regional Medical Center**.

(c) HIPAA Rules. “HIPAA Rules” shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

## **SECTION 2 - Obligations and Activities of Business Associate**

2.01 Performance of Services Agreement. Business Associate agrees to not use or disclose PHI other than as permitted or required by the Services Agreement or as required by law.

2.02 Safeguards for Protection of PHI. Business Associate agrees to use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic PHI, to prevent use or disclosure of PHI other than as provided for by the Services Agreement and this Agreement.

2.03 Mitigation of Harm of Unauthorized Use or Disclosure. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement.

2.04 Reporting of Unauthorized Use or Disclosure. As soon as practicable, but in no event later than ten (10) days, Business Associate agrees to report to Covered Entity in writing any use or disclosure of PHI not provided for by the Services Agreement or this Agreement of which it becomes aware, including breaches of unsecured protected health information as required at 45 CFR 164.410, and any security incident of which it becomes aware. Such report shall contain:

(a) A brief description of what happened, including the date of the unauthorized access or use of PHI and the date of the discovery of the unauthorized access or use of PHI;

(b) A description of the type of unsecured PHI that was involved in the unauthorized access or use;

(c) Any recommended steps the individual whose PHI was inappropriately disclosed should take to protect themselves from the potential harm; and

(d) A brief description of what the Business Associate is doing to investigate the unauthorized access or use of PHI.

Business Associate will report such incidents to the Covered Entity's Privacy Officer. Business Associate will, subject to the approval of the Covered Entity, provide breach notifications to affected individuals, the HHS Office for Civil Rights (OCR), and potentially the media, on behalf of the Covered Entity. If the Covered Entity elects to be responsible for

all required notifications, the Business Associate shall reimburse the Covered Entity for the costs associated with the notifications. Such costs will be paid to Covered Entity by Business Associate within thirty (30) days of receipt of an itemized invoice from the Covered Entity.

2.05 Use of Subcontractors. Business Associate agrees, in accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, to contract with any subcontractors that create, receive, maintain, or transmit PHI on behalf of the Business Associate whereby such subcontractors agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information.

2.06 Access to PHI. Business Associate shall make available PHI in a designated record set to the Covered Entity, or as directed by the Covered Entity to an individual or the individual's designee, for inspection and copying within ten (10) days of a request by Covered Entity as necessary to satisfy the Covered Entity's obligations under 45 CFR 164.524.

2.07 Amendment by Business Associate. Business Associate agrees to make any amendment(s) to PHI in a designated record set as directed or agreed to by the Covered Entity pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy Covered Entity's obligations under 45 CFR 164.526, within thirty (30) days of receipt of a request from Covered Entity.

2.08 Documentation of Disclosures. Business Associate agrees to maintain and make available the information required to provide an accounting of disclosures to the Covered Entity, or as directed by the Covered Entity, to an individual, as necessary to satisfy Covered Entity's obligations under 45 CFR 164.528. Business Associate shall provide such information to the Covered Entity within ten (10) days of a request by Covered Entity.

2.09 Compliance with Patient Right Provisions of Privacy Rule. To the extent Business Associate is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 CFR Part 164, Business Associate agrees to comply with the requirements of Subpart E that apply to the Covered Entity in the performance of such obligation(s).

2.10 Opportunity to Object. Business Associate agrees that, if it has a legal obligation to disclose any PHI, it will notify the Covered Entity as soon as reasonably practical after it learns of such obligation, and in any event within a time sufficiently in advance of the proposed release date such that Covered Entity's rights would not be prejudiced, as to the legal requirement pursuant to which it believes the PHI must be released. If the Covered Entity objects to the release of such PHI, Business Associate will allow the Covered Entity to exercise any legal rights or remedies the Covered Entity might have to object to the release of PHI, and Business Associate agrees to provide such assistance to Covered Entity, at Covered Entity's expense, as Covered Entity may reasonably request in connection therewith.

2.11 Access to Books and Records. Business Associate agrees to make its internal practices, books, and records available to the Secretary for purposes of determining

compliance with the HIPAA Rules.

### **SECTION 3 - Permitted Uses and Disclosures by Business Associate**

3.01 Services Agreement. Business Associate may use or disclose PHI as necessary to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the Services Agreement, provided that such use or disclosure would not violate the HIPAA Rules if done by the Covered Entity.

3.02 Other Permitted Uses and Disclosures.

(a) Business Associate may use or disclose PHI to de-identify the information in accordance with 45 CFR 164.514(a)-(c).

(b) Business Associate may use or disclose PHI as required by law.

(c) Business Associate agrees to make uses and disclosures and requests for PHI consistent with the Covered Entity's minimum necessary policies and procedures.

(d) Business Associate may not use or disclose PHI in a manner that would violate Subpart E of 45 CFR Part 164 if done by the Covered Entity, except for the specific uses and disclosures set forth below.

### **SECTION 4 – Obligations of Covered Entity**

4.01 Inform of NPP. The Covered Entity shall notify Business Associate of any limitation(s) in the Covered Entity's notice of privacy practices under 45 CFR 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of PHI.

4.02 Notification of Revocation. The Covered Entity shall notify Business Associate of any changes in, or revocation of, the permission by an individual to use or disclose his or her PHI, to the extent that such changes may affect Business Associate's use or disclosure of PHI.

4.03 Notification of Restriction. The Covered Entity shall notify Business Associate of any restriction on the use or disclosure of PHI that the Covered Entity has agreed to or is required to abide by under 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

4.04 Permissible Requests by Covered Entity. Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the HIPAA Regulations if done by Covered Entity, except as permitted pursuant to the provisions of Sections 2(b), 2(c), 2(d) and 2(e) of this BAA.

4.05 Notice of Amendments. Covered Entity shall notify Business Associate of any

amendments made by an Individual to Protected Health Information that Covered Entity has agreed to in accordance with 45 C.F.R. § 164.526, to the extent that Business Associate relies or could foreseeably rely on such amended Protected Health Information. Covered Entity shall provide such notice no later than fifteen (15) days prior to the effective date of the change.

4.06 Notice of Potential Problems. Covered Entity shall provide notice to Business Associate of any pattern of activity or practice of Business Associate that Covered Entity believes constitutes a material breach or violation of Business Associate's obligation under the Underlying Agreement or Agreement or other arrangement within five (5) calendar days of discovery and shall meet with Business Associate to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.

4.07 Notification of Security Incidents. Covered Entity shall immediately notify Business Associate of any Security Incidents or other security issues/concerns with Covered Entity's environment, including, but not limited to, ransomware, where Business Associate performs services. Provided, however, that Covered Entity shall not be required to report an immaterial incident consisting solely of an unsuccessful attempt to improperly access Electronic PHI that is stored in an information system under its control.

4.08 Privacy/Security. Covered Entity shall ensure that it follows all generally accepted industry practices for privacy and security of its systems, including, but not limited to, the requirement for complex passwords, unique user ids, password resets, and the timely granting of systematic access and termination of said access when notified. Further, Covered Entity shall only provide to Business Associate access to the minimum necessary PHI required to perform the services under the Agreement.

## **SECTION 5 - Term and Termination**

5.01 Term. This Agreement shall become effective on the Effective Date and shall terminate on the same date that the Service Agreement terminates, or on the date Covered Entity terminates for cause as authorized in paragraph (b) of this Section, whichever is sooner. In addition, certain provisions and requirements of this Agreement shall survive its expiration or other termination in accordance with Section 7.04 herein.

5.02 Termination for Cause. The Covered Entity may immediately terminate this Agreement and any related Service Agreement if the Covered Entity makes the determination that the Business Associate has breached a material term of this Agreement, provided an opportunity for Business Associate to cure the breach or end the violation and terminate this Agreement and the Service Agreement if Business Associate does not cure the breach or end the violation within the time specified by the Covered Entity, except that the Covered Entity will immediately terminate this Agreement and the Service Agreement if Business Associate has breached a material term of this Agreement and cure is not possible.

5.03 Obligations of Business Associate Upon Termination. Upon termination of this



Agreement for any reason, Business Associate, with respect to PHI received from the Covered Entity, or created, maintained, or received by Business Associate on behalf of Covered Entity, shall:

- (a) Retain only that PHI which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities;
- (b) Return to the Covered Entity or, if agreed to by the Covered Entity, destroy, the remaining PHI that the Business Associate still maintains in any form;
- (c) Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic PHI to prevent use or disclosure of the PHI, other than as provided for in this Section, for as long as Business Associate retains the PHI;
- (d) Not use or disclose the PHI retained by Business Associate other than for the purposes for which such PHI was retained and subject to the same conditions set out at Section 3.02(e) and (f) above which applied prior to termination;
- (e) Return to Covered Entity or, if agreed to by Covered Entity, destroy the PHI retained by Business Associate when it is no longer needed by Business Associate for its proper management and administration or to carry out its legal responsibilities; and;
- (g) Obtain or ensure the destruction of PHI created, received, or maintained by any of the Business Associate's subcontractors.

## **SECTION 6 – Indemnification and Disclaimer**

6.01 Indemnification. Business Associate shall indemnify, defend and hold Covered Entity and its [parent corporation] and affiliates, their directors, officers, agents, servants, and employees (collectively "the Indemnitees") harmless from and against all claims, causes of action, liabilities, judgments, fines, assessments, penalties, damages, awards or other expenses of any kind or nature whatsoever, including, without limitation, attorney's fees, expert witness fees, and costs of investigation, litigation or dispute resolution, incurred by the Indemnitees and relating to or arising out of breach or alleged breach of the terms of this Agreement, or a violation of the HIPAA Rules, by Business Associate.

Covered Entity shall indemnify, defend and hold Business Associate and its parent corporation and affiliates, their directors, officers, agents, servants, and employees (collectively "the Indemnitees") harmless from and against all claims, causes of action, liabilities, judgments, fines, assessments, penalties, damages, awards or other expenses of any kind or nature whatsoever, including, without limitation, attorney's fees, expert witness fees, and costs of investigation, litigation or dispute resolution, incurred by the Indemnitees and relating to or arising out of breach or alleged breach of the terms of this Agreement, or a violation of the HIPAA Rules, by Covered Entity.

6.02 Disclaimer. COVERED ENTITY MAKES NO WARRANTY OR REPRESENTATION THAT COMPLIANCE BY BUSINESS ASSOCIATE WITH THIS AGREEMENT OR THE HIPAA RULES WILL BE ADEQUATE OR SATISFACTORY FOR BUSINESS ASSOCIATE'S OWN PURPOSES. BUSINESS ASSOCIATE IS SOLELY RESPONSIBLE FOR ALL DECISIONS MADE BY BUSINESS ASSOCIATE REGARDING THE SAFEGUARDING OF PHI.

## **SECTION 7 - Miscellaneous**

7.01 Regulatory References. A reference in this Agreement to a section in the HIPAA Rules means the section as in effect or as amended.

7.02 Amendment. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for compliance with the requirements of the HIPAA Rules and any other applicable law. This Agreement may not be modified, nor shall any provision hereof be waived or amended, except in a writing duly signed by authorized representatives of the Parties.

7.03 Interpretation. Any ambiguity in this Agreement shall be interpreted to permit compliance with the HIPAA Rules.

7.04 Survival. The respective rights and obligations of Business Associate and Covered Entity under the provisions of Sections 2.01, 2.02, 2.03, 2.04, 2.10, 5.03 and 6.01, to the extent applicable, shall survive termination of this Agreement indefinitely. In addition, Sections 2.06 and 2.07 shall survive termination of this Agreement, provided that the Covered Entity determines that the PHI being retained pursuant to Section 5.03 herein constitutes a Designated Record Set.

7.05 No Third Party Beneficiaries. Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than the Parties and the respective successors or assigns of the Parties, any rights, remedies, obligations, or liabilities whatsoever.

7.06 Notices. Any notices to be given hereunder to a Party shall be made via U.S. Mail or express courier to such Party's address given below, and/or (other than for the delivery of fees) via facsimile to the facsimile telephone numbers listed below.

If to Business Associate, to:

If to Covered Entity, to:

Each party named above may change its address and that of its representative for notice by the giving of notice of the change in the manner provided above.

7.07 Counterparts; Facsimiles. This Agreement may be executed in any number of counterparts, each of which shall be deemed an original. Facsimile copies of this document shall be deemed to be originals.

7.08 Governing Law. The laws of the State of Oklahoma shall govern the interpretation of this Agreement and shall apply in any lawsuit or other dispute arising out of this Agreement, without regard to conflict of laws provisions.

IN WITNESS WHEREOF, the parties have hereunto set their hands effective the Effective Date first above written.

COVERED ENTITY

BUSINESS ASSOCIATE

By: \_\_\_\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

Print Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

### Hospital Vendor Contract Summary Sheet

1.  Existing Vendor                       New Vendor
2. **Name of Contract:** Tecumseh Oxygen & Medical Supply
3. **Contract Parties:** Tecumseh Oxygen & Medical Supply/MRMC
4. **Contract Type Services:** Service Agreement
5. **Impacted Hospital Departments:** Nursing
6. **Contract Summary:** This agreement is to provide Durable Medical Equipment to the facility to fulfill patient care needs. This equipment will then be charged to the facility on a daily basis. The DME will provide equipment in good working order.
7. **Cost:** Based on equipment usage
8. **Term:** 1-year then annual automatic renewal
9. **Termination Clause:** 30-day written notice
10. **Other:** The total cost is \$500.00 but this amount is split among the 5 hospitals.

# Mangum Regional Medical Center

## **FY25 Budget**

### *Assumptions*

1	ADC: Budget = 10.5 vs CY 10.2; PY 11.3; 2-YR Avg = 10.8 Payer mix same as CY
2	Calendar Days: Budget = 365; CY 366
3	Business Days: Budget = 250; CY = 251
4	SHOPP & Sooner Select incr (decr) vs CY = as of 12.31.24, per OHA-unknown
5	ER visits: Budget = 1,957 & 5.36 per calendar day; CY = 1,957 & 5.35
6	Other visits: Budget = 1,460 & 4.00 per calendar day; CY = 1,460 & 3.99
7	RHC visits: Budget = 2,220 & 8.88 per business day; CY = 1,757 & 7.00
8	340B: Revenues = Budgeted 26.4% Increase in relation to RHC visits
9	340B: Expenses = Budgeted 26.4% Increase in relation to RHC visits
10	Eliminated ERS loan interest expense resulted in 1.00% incr in NPR as a % of op exp

Mangum Regional Medical Center  
 FY 2025 BUDGET - Income Statement Summary

Accrual Basis

KEY STATISTICAL DATA														CY vs PY		
Month	CY Annualized	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	FY25	Incr (Decr)	% Incr (Decr)
Days in Month	366	31	28	31	30	31	30	31	31	30	31	30	31	365	-1	-0.27%
Business Days	251	21	19	21	22	21	20	22	21	21	22	18	22	250	-1	-0.40%
Holidays (Mon-Fri) July 4th = Saturday	6	1	0	0	0	1	0	1	0	1	0	1	1	6	0	0.00%
Acute Patient Days	585	49	45	49	48	50	48	49	49	48	50	48	50	583	-2	-0.34%
Swing-Bed Patient Days	3263	276	249	277	267	276	267	276	276	267	276	267	276	3250	-13	-0.40%
Acute and Swing-Bed Patient Days	3848	325	294	326	315	326	315	325	325	315	326	315	326	3833	-15	-0.39%
Observation Hours	48	4	4	4	4	4	4	4	4	4	4	4	4	48	0	0.00%
ER visits	1957	166	150	166	161	166	161	166	166	161	166	161	167	1957	0	0.00%
TOTAL OP VISITS or Dept Specific Stats	1460	124	112	124	120	124	120	124	124	120	124	120	124	1460	0	0.00%
RHC / clinic visits	1757	187	169	186	195	187	178	195	186	187	195	160	195	2220	463	26.35%

	CY Annualized	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	FY25	Incr (Decr)	% Incr (Decr)
Patient service revenue, gross	29,306,332	2,503,180	2,264,522	2,507,416	2,436,017	2,509,558	2,424,873	2,508,425	2,502,525	2,430,773	2,514,802	2,413,073	2,518,061	29,533,224	226,892	0.8%
Contractual adjustments	(14,494,348)	(1,246,164)	(1,036,664)	(1,250,264)	(1,189,264)	(1,252,464)	(1,178,164)	(1,252,264)	(1,246,764)	(1,184,664)	(1,258,264)	(1,166,864)	(1,261,564)	(14,523,364)	(29,016)	0.2%
Provision for bad debts	1,224,679	102,057	102,057	102,057	102,057	102,057	102,057	102,057	102,057	102,057	102,057	102,057	102,057	1,224,679	-	0.0%
Patient service revenue, net	16,036,662	1,359,073	1,329,915	1,359,209	1,348,810	1,359,150	1,348,766	1,358,218	1,357,818	1,348,166	1,358,595	1,348,266	1,358,553	16,234,539	197,876	1.2%
340B revenue	190,300	20,254	18,304	20,146	21,120	20,254	19,279	21,120	20,146	20,254	21,120	17,330	21,120	240,447	50,147	26.4%
Other revenue	22,953	1,913	1,913	1,913	1,913	1,913	1,913	1,913	1,913	1,913	1,913	1,913	1,913	22,953	0	0.0%
Total operating revenue	16,249,915	1,381,240	1,350,132	1,381,267	1,371,843	1,381,317	1,369,958	1,381,251	1,379,876	1,370,332	1,381,628	1,367,508	1,381,587	16,497,939	248,024	-
Salaries	4,150,770	322,111	304,565	322,677	316,451	322,677	316,451	322,111	322,111	316,451	322,677	316,451	322,677	3,827,405	(323,365)	-7.8%
Contract labor	4,769,804	438,435	434,583	438,559	437,192	438,559	437,192	438,435	437,192	438,559	437,192	438,559	437,192	5,252,891	483,087	10.1%
Benefits	896,469	71,785	70,607	71,823	71,405	71,823	71,405	71,785	71,785	71,405	71,823	71,405	71,823	858,871	(37,599)	-4.2%
Professional fees	863,156	74,095	71,677	74,173	73,315	74,173	73,315	74,095	74,095	73,315	74,173	73,315	74,173	883,914	20,758	2.4%
Purchase Services	1,475,003	127,899	127,899	127,899	127,899	127,899	127,899	127,899	127,899	127,899	127,899	127,899	127,899	1,534,789	59,786	4.1%
Management fees	2,700,000	225,000	225,000	225,000	225,000	225,000	225,000	225,000	225,000	225,000	225,000	225,000	225,000	2,700,000	-	0.0%
Supplies expense	1,037,543	90,754	84,590	90,952	88,765	90,952	88,765	90,754	90,754	88,765	90,952	88,765	90,952	1,075,722	38,179	3.7%
Rental expense	269,608	19,250	19,250	19,250	19,250	19,250	19,250	19,250	19,250	19,250	19,250	19,250	19,250	231,000	(38,608)	-14.3%
Utilities	171,305	14,275	14,275	14,275	14,275	14,275	14,275	14,275	14,275	14,275	14,275	14,275	14,275	171,305	-	0.0%
Travel & Meals	11,020	918	918	918	918	918	918	918	918	918	918	918	918	11,020	-	0.0%
Repairs and Maintenance	134,627	11,219	11,219	11,219	11,219	11,219	11,219	11,219	11,219	11,219	11,219	11,219	11,219	134,627	-	0.0%
Insurance expense	129,239	14,251	14,251	14,251	14,251	14,251	14,251	14,251	14,251	14,251	14,251	14,251	14,251	171,012	41,773	32.3%
340B expenses	145,985	15,536	14,041	15,453	16,199	15,536	14,789	16,200	15,453	15,536	16,200	13,296	16,200	184,439	38,454	26.3%
Other expense	136,343	11,796	11,796	11,796	11,796	11,796	11,796	11,796	11,796	11,796	11,796	11,796	11,796	141,549	5,206	3.8%
Total operating expenses	16,890,873	1,437,323	1,404,672	1,438,245	1,427,935	1,438,328	1,426,526	1,437,986	1,437,240	1,427,272	1,438,992	1,425,033	1,438,992	17,178,543	287,670	1.7%
EBIDA	(640,958)	(56,083)	(54,540)	(56,978)	(56,092)	(57,011)	(56,568)	(56,736)	(57,364)	(56,940)	(57,364)	(57,524)	(57,405)	(680,604)	(39,646)	-
Interest expense	197,018	145	145	145	145	145	145	145	145	145	145	145	145	1,743	(195,275)	-99.1%
Depreciation	361,063	27,906	27,906	26,985	26,985	26,985	26,985	26,985	26,559	26,392	26,392	26,392	26,392	322,863	(38,200)	-10.6%
Net income (loss)	(1,199,040)	(84,134)	(82,591)	(84,108)	(83,222)	(84,141)	(83,698)	(83,866)	(84,068)	(83,477)	(83,901)	(84,062)	(83,942)	(1,005,211)	193,829	-16.2%
Non-Operating Income	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
Change in net assets	(1,199,040)	(84,134)	(82,591)	(84,108)	(83,222)	(84,141)	(83,698)	(83,866)	(84,068)	(83,477)	(83,901)	(84,062)	(83,942)	(1,005,211)	193,829	-16.2%

Mangum Regional Medical Center  
 FY 2025 BUDGET - Income Statement Summary

CASH BASIS

KEY STATISTICAL DATA														CY vs PY		
Month	CY Annualized	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	FY25	Incr (Decr)	% Incr (Decr)
Month																
Days in Month	366	31	28	31	30	31	30	31	31	30	31	30	31	365	-1	-0.27%
Business Days	251	21	19	21	22	21	20	22	21	21	22	18	22	250	-1	-0.40%
Holidays (Mon-Fri) July 4th = Saturday	6	1	0	0	0	1	0	1	0	1	0	1	1	6	0	0.00%
Acute Patient Days	585	49	45	49	48	50	48	49	49	48	50	48	50	583	-2	-0.34%
Swing-Bed Patient Days	3263	276	249	277	267	276	267	276	276	267	276	267	276	3250	-13	-0.40%
Acute and Swing-Bed Patient Days	3848	325	294	326	315	326	315	325	325	315	326	315	326	3833	-15	-0.39%
Observation Hours	48	4	4	4	4	4	4	4	4	4	4	4	4	48	0	0.00%
ER visits	1957	166	150	166	161	166	161	166	166	161	166	161	167	1957	0	0.00%
TOTAL OP VISITS or Dept Specific Stats	1460	124	112	124	120	124	120	124	124	120	124	120	124	1460	0	0.00%
RHC / clinic visits	1757	187	169	186	195	187	178	195	186	187	195	160	195	2220	463	26.35%

	CY Annualized	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	FY25	Incr (Decr)	% Incr (Decr)
Patient service revenue, gross	29,306,332	2,503,180	2,264,522	2,507,416	2,436,017	2,509,558	2,424,873	2,508,425	2,502,525	2,430,773	2,514,802	2,413,073	2,518,061	29,533,224	226,892	0.8%
Contractual adjustments	(14,494,348)	(1,246,164)	(1,036,664)	(1,250,264)	(1,189,264)	(1,252,464)	(1,178,164)	(1,252,264)	(1,246,764)	(1,184,664)	(1,258,264)	(1,166,864)	(1,261,564)	(14,523,364)	(29,016)	0.2%
Provision for bad debts	1,224,679	102,057	102,057	102,057	102,057	102,057	102,057	102,057	102,057	102,057	102,057	102,057	102,057	1,224,679	-	0.0%
Patient service revenue, net	16,036,662	1,359,073	1,329,915	1,359,209	1,348,810	1,359,150	1,348,766	1,358,218	1,357,818	1,348,166	1,358,595	1,348,266	1,358,553	16,234,539	197,876	1.2%
340B revenue	190,300	20,254	18,304	20,146	21,120	20,254	19,279	21,120	20,146	20,254	21,120	17,330	21,120	240,447	50,147	26.4%
Other revenue	22,953	1,913	1,913	1,913	1,913	1,913	1,913	1,913	1,913	1,913	1,913	1,913	1,913	22,953	-	0.0%
Total operating revenue	16,249,915	1,381,240	1,350,132	1,381,267	1,371,843	1,381,317	1,369,958	1,381,251	1,379,876	1,370,332	1,381,628	1,367,508	1,381,587	16,497,939	248,024	
Salaries	4,150,770	322,111	304,565	322,677	316,451	322,677	316,451	322,111	322,111	316,451	322,677	316,451	322,677	3,827,405	(323,365)	-7.8%
Contract labor	4,769,804	438,435	434,583	438,559	437,192	438,559	437,192	438,435	438,435	437,192	438,559	437,192	438,559	5,252,891	483,087	10.1%
Benefits	896,469	71,785	70,607	71,823	71,405	71,823	71,405	71,785	71,785	71,405	71,823	71,405	71,823	858,871	(37,599)	-4.2%
Professional fees	863,156	74,095	71,677	74,173	73,315	74,173	73,315	74,095	74,095	73,315	74,173	73,315	74,173	883,914	20,758	2.4%
Purchase Services	1,475,003	127,899	127,899	127,899	127,899	127,899	127,899	127,899	127,899	127,899	127,899	127,899	127,899	1,534,789	59,786	4.1%
Management fees	2,700,000	140,866	142,409	140,892	141,778	140,859	141,302	141,134	140,932	141,523	141,099	140,938	141,058	1,694,789	(1,005,211)	-37.2%
Supplies expense	1,037,543	90,754	84,590	90,952	88,765	90,952	88,765	90,754	90,754	88,765	90,952	88,765	90,952	1,075,722	38,179	3.7%
Rental expense	269,608	19,250	19,250	19,250	19,250	19,250	19,250	19,250	19,250	19,250	19,250	19,250	19,250	231,000	(38,608)	-14.3%
Utilities	171,305	14,275	14,275	14,275	14,275	14,275	14,275	14,275	14,275	14,275	14,275	14,275	14,275	171,305	-	0.0%
Travel & Meals	11,020	918	918	918	918	918	918	918	918	918	918	918	918	11,020	-	0.0%
Repairs and Maintenance	134,627	11,219	11,219	11,219	11,219	11,219	11,219	11,219	11,219	11,219	11,219	11,219	11,219	134,627	-	0.0%
Insurance expense	129,239	14,251	14,251	14,251	14,251	14,251	14,251	14,251	14,251	14,251	14,251	14,251	14,251	171,012	41,773	32.3%
340B expenses	145,985	15,536	14,041	15,453	16,199	15,536	14,789	16,200	15,453	15,535	16,200	13,296	16,200	184,439	38,454	26.3%
Other expense	136,343	11,796	11,796	11,796	11,796	11,796	11,796	11,796	11,796	11,796	11,796	11,796	11,796	141,549	5,206	3.8%
Total operating expenses	16,890,873	1,353,188	1,322,081	1,354,137	1,344,713	1,354,187	1,342,828	1,354,121	1,353,172	1,343,795	1,355,091	1,340,971	1,355,049	16,173,333	(717,541)	-4.2%
EBIDA	(640,958)	28,051	28,051	27,130	27,130	27,130	27,130	27,130	26,704	26,537	26,537	26,537	26,537	324,606	965,564	
Interest expense	197,018	145	145	145	145	145	145	145	145	145	145	145	145	1,743	(195,275)	-99.1%
Depreciation	361,063	27,906	27,906	26,985	26,985	26,985	26,985	26,985	26,559	26,392	26,392	26,392	26,392	322,863	(38,200)	-10.6%
Net income (loss)	(1,199,040)	0	0	-	-	0	(0)	0	0	(0)	0	(0)	-	0	1,199,040	-100.0%
Non-Operating Income	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
Change in net assets	(1,199,040)	0	0	-	-	0	(0)	0	0	(0)	0	(0)	-	0	1,199,040	-100.0%

**Hospital Vendor Contract Summary Sheet**

1.     Existing Vendor                       New Vendor
2.    **Name of Contract: 340B Compliance Partners**
3.    **Contract Parties: MRMC/340B Compliance Partners**
4.    **Contract Type Services: Consulting Agreement**
5.    **Impacted Hospital Departments:** Hospital Pharmacy
6.    **Contract Summary:** Consulting services for 340B compliance. This agreement includes a yearly audit. Policy and procedure review with recommendations. Data Submission monitor and resolving data submission issues.
7.    **Cost: \$2,700**
  - a. **Last year cost \$2,600**
8.    **Term: 1-year**
9.    **Termination Clause:**
10. **Other:**



# CONSULTING AGREEMENT

THIS CONSULTING AGREEMENT (the "Agreement") is dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

## CLIENT

Mangum Regional Medical Center  
1 Wickersham Drive; Mangum, OK 73554  
(the "Client")

## CONSULTANT

Pharmacy Consultants, Inc. DBA 340B  
Compliance Partners  
1310 Cove Lane Road; Roaring Spring, PA  
16673  
(the "Consultant")

## BACKGROUND

- A. The Consultant has the necessary qualifications, experience and abilities to provide consulting services to the Client.
- B. The Consultant is agreeable to providing such consulting services to the Client on the terms and conditions set out in this Agreement.

**IN CONSIDERATION OF** the matters described above and of the mutual benefits and obligations set forth in this Agreement, the receipt and sufficiency of which consideration is hereby acknowledged, the Client and the Consultant (individually the "Party" and collectively the "Parties" to this Agreement) agree as follows:

## SERVICES PROVIDED

1. The Client hereby agrees to engage the Consultant to provide the Client with the following consulting services (the "Services"):
  - 1. The Client hereby agrees to engage the Consultant to provide the Client with the following consulting services (the "Services"):
 

**340B Compliance Partners Platinum Plan (Monthly Maintenance)**

    - a. Includes annual independent audit, as described in attached proposal.
    - b. Includes having a resource available via phone/email (experienced pharmacist) for questions and guidance throughout the term. This includes reaching out to HRSA/Apexus anonymously on your behalf.
    - c. Fee is parsed over 12 months for ease of budgeting
    - d. Policy & Procedure review with recommendations for edits if gaps identified compared to HRSA expectations, as well as guidance on industry best-practices

- e. Originate (if needed) a facility 340B oversight committee, as well as facilitate meetings with agenda/minutes generation.
- f. Assist with vendor review, negotiation, and selection
- g. Review Contract Pharmacy agreements
- h. Analyze TPA functionality
- i. Review the ongoing monthly audits performed by your staff
- j. Provide written reports to leadership
- k. 340B Compliance Partners assigned analyst for your account to complete monthly internal audits of all relevant universes on your behalf
- l. Analysis of missed opportunities for increased 340B savings
- m. Participate in consolidated monthly meeting with Cohesive Leadership for all their CEs

## **2. Referral Prescription Capture Services**

- a. Referral Strategist assigned to your account to review potential queue created by TPA(s).
- b. View access to your EHR to determine required elements of the medical record.
- c. Will reach out to specialist offices to request care notes be sent to your medical records department, if needed.
- d. Auditable records readily available.
- e. Charged as a percent of net CE benefit

## **3. 340B Data Management Services**

- a. 340B ESP Data Submission includes submission of data on a bi-monthly basis. This encompasses generating data extracts from source systems, performing necessary file manipulations, such as NDC filtering, and ensuring the data is submitted on time.
- b. 340B ESP Data Monitoring including monitoring and resolving issues arising from data submission. This encompasses ensuring all contracted pharmacies are in the appropriate and expected status within the 340B ESP platform and auditing contract loads at the wholesale level.
- c. 340B ESP Data Analytics including aggregating and data analysis to provide a summarized quarterly report.
- d. TPA Data File Creation including the generation of data files from source systems to meet the required specifications for the destination Third Party Administrator.
- e. TPA Data File Automation including the creation of automated processes to generate the needed data files and submit them to the source systems for ingestion.
- f. TPA Data File Maintenance including any needed file edits secondary to changes in the source or destination system to maintain continuous operation.
- g. TPA Data File Monitoring including monthly verification of file transmission from source system and ingestion of file at destination system.
- h. Monthly report of financial performance for each CE
- i. Monthly review of outlier accumulations in the contract pharmacy space (both large positive accumulations and negative accumulations) and corrective action

taken as applicable..

2. The Services will also include any other consulting tasks which the Parties may agree on. The Consultant hereby agrees to provide such Services to the Client.

## **TERM OF AGREEMENT**

3. The term of this Agreement (the "Term") will begin on the date of this Agreement and will remain in full force and effect until January 31, 2026 or for one year from start of agreement. The Term may be extended with the written consent of the Parties.

## **PERFORMANCE**

4. The Parties agree to do everything necessary to ensure that the terms of this Agreement take effect.

## **CURRENCY**

5. Except as otherwise provided in this Agreement, all monetary amounts referred to in this Agreement are in USD (US Dollars).

## **COMPENSATION**

6. The Consultant will charge the Client for the Services as follows (the "Compensation"):
  - The Client will pay the Consultant a monthly flat fee of \$2700.00 and travel reimbursement will be billed at completion of annual onsite 340B audit. For Platinum Plan, the referral prescription capture service is billed at 10% of CE net benefit as defined in proposal. Net= [copay + insurance - dispensing fee- cost of drug]. Threshold to work the claim is net benefit of \$200 and others as time permits.
7. Invoices submitted by the Consultant to the Client are due within 30 days of receipt.
8. In the event that this Agreement is terminated by the Client prior to completion of the Services but where the Services have been partially performed, the Consultant will be entitled to pro rata payment of the Compensation to the date of termination provided that there has been no breach of contract on the part of the Consultant.
9. The Consultant will not be reimbursed for any expenses incurred in connection with providing the Services of this Agreement.

## **INTEREST ON LATE PAYMENTS**

10. Interest payable on any overdue amounts under this Agreement is charged at a rate of 2.00% per annum or at the maximum rate enforceable under applicable legislation, whichever is lower.

## **CONFIDENTIALITY**

11. Confidential information (the "Confidential Information") refers to any data or information relating

to the business of the Client which would reasonably be considered to be proprietary to the Client including, but not limited to, accounting records, business processes, and client records and that is not generally known in the industry of the Client and where the release of that Confidential Information could reasonably be expected to cause harm to the Client.

12. The Consultant agrees that they will not disclose, divulge, reveal, report or use, for any purpose, any Confidential Information which the Consultant has obtained, except as authorized by the Client or as required by law. The obligations of confidentiality will apply during the Term and will survive indefinitely upon termination of this Agreement.
13. All written and oral information and material disclosed or provided by the Client to the Consultant under this Agreement is Confidential Information regardless of whether it was provided before or after the date of this Agreement or how it was provided to the Consultant.

#### **OWNERSHIP OF INTELLECTUAL PROPERTY**

14. All intellectual property and related material (the "Intellectual Property") that is developed or produced under this Agreement, will be the property of the Consultant. The Client is granted a non-exclusive limited-use license of this Intellectual Property.
15. Title, copyright, intellectual property rights and distribution rights of the Intellectual Property remain exclusively with the Consultant.

#### **RETURN OF PROPERTY**

16. Upon the expiration or termination of this Agreement, the Consultant will return to the Client any property, documentation, records, or Confidential Information which is the property of the Client.

#### **CAPACITY/INDEPENDENT CONTRACTOR**

17. In providing the Services under this Agreement it is expressly agreed that the Consultant is acting as an independent contractor and not as an employee. The Consultant and the Client acknowledge that this Agreement does not create a partnership or joint venture between them, and is exclusively a contract for service. The Client is not required to pay, or make any contributions to, any social security, local, state or federal tax, unemployment compensation, workers' compensation, insurance premium, profit-sharing, pension or any other employee benefit for the Consultant during the Term. The Consultant is responsible for paying, and complying with reporting requirements for, all local, state and federal taxes related to payments made to the Consultant under this Agreement.

#### **AUTONOMY**

18. Except as otherwise provided in this Agreement, the Consultant will have full control over working time, methods, and decision making in relation to provision of the Services in accordance with the Agreement. The Consultant will work autonomously and not at the direction

of the Client. However, the Consultant will be responsive to the reasonable needs and concerns of the Client.

## **EQUIPMENT**

19. Except as otherwise provided in this Agreement, the Consultant will provide at the Consultant's own expense, any and all equipment, software, materials and any other supplies necessary to deliver the Services in accordance with the Agreement.

## **NO EXCLUSIVITY**

20. The Parties acknowledge that this Agreement is non-exclusive and that either Party will be free, during and after the Term, to engage or contract with third parties for the provision of services similar to the Services.

## **NOTICE**

21. All notices, requests, demands or other communications required or permitted by the terms of this Agreement will be given in writing and delivered to the Parties at the following addresses:

- a. Mangum Regional Medical Center  
1 Wickersham Drive; Mangum, OK 73554
  
- b. Pharmacy Consultants, Inc. DBA 340B Compliance Partners  
1310 Cove Lane Road; Roaring Spring, PA 16673

or to such other address as either Party may from time to time notify the other, and will be deemed to be properly delivered (a) immediately upon being served personally, (b) two days after being deposited with the postal service if served by registered mail, or (c) the following day after being deposited with an overnight courier.

## **INDEMNIFICATION**

22. Except to the extent paid in settlement from any applicable insurance policies, and to the extent permitted by applicable law, each Party agrees to indemnify and hold harmless the other Party, and its respective directors, shareholders, affiliates, officers, agents, employees, and permitted successors and assigns against any and all claims, losses, damages, liabilities, penalties, punitive damages, expenses, reasonable legal fees and costs of any kind or amount whatsoever, which result from or arise out of any act or omission of the indemnifying party, its respective directors, shareholders, affiliates, officers, agents, employees, and permitted successors and assigns that occurs in connection with this Agreement. This indemnification will survive the termination of this Agreement.

## **ADDITIONAL CLAUSE**

23. Consultant may agree to additional tasks outside scope of agreement for agreed upon fees, and

an amendment will be created to delineate those services.

## **MODIFICATION OF AGREEMENT**

24. Any amendment or modification of this Agreement or additional obligation assumed by either Party in connection with this Agreement will only be binding if evidenced in writing signed by each Party or an authorized representative of each Party.

## **TIME OF THE ESSENCE**

25. Time is of the essence in this Agreement. No extension or variation of this Agreement will operate as a waiver of this provision.

## **ASSIGNMENT**

26. The Consultant will not voluntarily, or by operation of law, assign or otherwise transfer its obligations under this Agreement without the prior written consent of the Client.

## **ENTIRE AGREEMENT**

27. It is agreed that there is no representation, warranty, collateral agreement or condition affecting this Agreement except as expressly provided in this Agreement.

## **ENUREMENT**

28. This Agreement will enure to the benefit of and be binding on the Parties and their respective heirs, executors, administrators and permitted successors and assigns.

## **TITLES/HEADINGS**

29. Headings are inserted for the convenience of the Parties only and are not to be considered when interpreting this Agreement.

## **GENDER**

30. Words in the singular mean and include the plural and vice versa. Words in the masculine mean and include the feminine and vice versa.

## **GOVERNING LAW**

31. This Agreement will be governed by and construed in accordance with the laws of the State of Oklahoma.

## **SEVERABILITY**

32. In the event that any of the provisions of this Agreement are held to be invalid or unenforceable in whole or in part, all other provisions will nevertheless continue to be valid and enforceable with the invalid or unenforceable parts severed from the remainder of this Agreement.

**WAIVER**

33. The waiver by either Party of a breach, default, delay or omission of any of the provisions of this Agreement by the other Party will not be construed as a waiver of any subsequent breach of the same or other provisions.

**IN WITNESS WHEREOF** the Parties have duly affixed their signatures on this \_\_\_\_\_ day of \_\_\_\_\_

Mangum Regional Medical Center

Per: \_\_\_\_\_

Officer's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Pharmacy Consultants, Inc. DBA 340B

Compliance Partners

Per: \_\_\_\_\_ (Seal)

Officer's Name: Sherri D Faber \_\_\_\_\_

Date: \_\_\_\_\_

**Hospital Vendor Contract Summary Sheet**

1.     Existing Vendor                       New Vendor
2.    **Name of Contract:** Sparklight
3.    **Contract Parties:** MRMC/Sparklight
4.    **Contract Type Services:** Internet Services
5.    **Impacted Hospital Departments:** Clinic
6.    **Contract Summary:** Provide internet services for the clinic.
7.    **Cost:** \$88.63
  - a. **Last year cost** \$88.63
8.    **Term:** 1-year
9.    **Termination Clause:** None
10. **Other:**





Business Service Agreement

Item 15.

Date: 1/21/2025, 8:54 AM

<b>Sparklight Business Account Rep:</b>		Dwight Morris	<b>Sparklight System Address:</b>	
<b>Phone Number:</b>			210 E Earll Drive	
<b>Fax Number:</b>			Phoenix, AZ 85012	
<b>Customer Information</b>			<b>Authorized Customer Representative</b>	
<b>Company Name:</b>	MANGUM REG MED CTR	<b>Full Name:</b>	KELLEY MARTINEZ	
<b>Street Address:</b>	118 S Louis Tittle Ave	<b>Billing Telephone:</b>		
<b>City/State/Zip:</b>	Mangum, OK, 73554-4441	<b>Fax:</b>		
<b>Billing Address:</b>	1 WICKERSHAM DR	<b>Contact Number:</b>	4057774093	
<b>City/State/Zip:</b>	MANGUM, OK 73554	<b>Email:</b>	kmartinez@chmcok.com	
<b>Sparklight Account#</b>	140336595			

**Taxes and Fees Not Included**

Service	
Service Description	Quantity
Business Internet	1
Business Internet 150	1
1 Static IP	1
<b>Installation Charge(May Include Construction):</b>	\$0.00
<b>Term (In Months):</b>	12
<b>Total:</b>	\$88.63

Equipment			
Description	Quantity	Unit Price	Total Fee
Modem Lease	1	\$10.99	\$10.99

**Agreement**

THE SERVICE CHARGES AND FEES TOTAL \$88.63 PER MONTH FOR THE DURATION OF THE INITIAL TERM AND MAY BE REVISED AFTERWARD. THOUGH VIDEO SERVICE FEES MAY BE INCREASED, HSD AND PHONE SERVICE FEES WILL NOT BE INCREASED DURING THE TERM. SEPARATELY, THE EQUIPMENT FEES MAY BE REVISED. ALL SERVICE CHARGES ARE SUBJECT TO ADDITIONAL APPLICABLE LOCAL, STATE AND FEDERAL TAXES, FEES OR SURCHARGES AS REQUIRED OR PERMITTED BY LAW.

By signing below, Customer represents and warrants to Sparklight that Customer has the authority to execute, deliver, and agrees to be bound by and comply with the terms of this Business Services Agreement and the General Terms and Conditions available at <https://business.sparklight.com/legal/general-terms>, which are incorporated herein by this reference (the "General Terms"). THE GENERAL TERMS INCLUDE AN ARBITRATION SECTION, WHICH PROVIDES THAT THE

PARTIES DESIRE TO RESOLVE ANY CONTROVERSY OR CLAIM ARISING OUT OF OR RELATING TO THE BUSINESS SERVICES AGREEMENT THROUGH ARBITRATION, AND BY AGREEING TO ARBITRATION, CUSTOMER IS GIVING UP CERTAIN RIGHTS, INCLUDING THE RIGHT TO TRIAL BY JURY. Sparklight may accept this Business Services Agreement by (a) countersigning below; or (b) commencing to deliver the Service(s) specified in this Business Services Agreement.

Customer Authorized Signature

Name (Print)

Date

**NOTE:** No hand written or interlineated Changes to this Lease will override the Printed part of this Lease.

This lease document is not effective unless signed by the parties listed below.

**PART-TIME LEASE**

**Effective Date of this Lease**

**Landlord Name & Address**

02/01/2025	Mangum City Hospital Authority 1 Wickersham Drive Mangum, OK 73554
------------	--

**Tenant Name & Address**

**Building Name and Address**

**Address for Rent Payment Remittal**

INTEGRIS Cardiovascular Physicians, LLC 3433 NW 56 <sup>th</sup> St, Suite 400 OKC, OK 73112	Mangum City Hospital Authority 1 Wickersham Drive Mangum, OK 73554	Mangum City Hospital Authority PO Box 280 Mangum, OK 73554
--	--	--

Tenant will utilize approximately 530 square feet of clinic space (the "Leased Premises") located within Lessor's space beginning on the Effective Date for an Initial Term of one year; this Lease will automatically renew for up to four additional one-year periods, unless either party provides written notice of its intent not to renew at least 30 days prior to the expiration of the then current term.

**Coverage Days and Hours**

7:00 am to 7:00 pm on the following days	7:00 am to noon on the following days	1:00 pm to 7:00 pm on the following days
<input type="checkbox"/> Monday	<input type="checkbox"/> Monday	<input type="checkbox"/> Monday
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Tuesday
<input checked="" type="checkbox"/> Wednesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Friday	<input type="checkbox"/> Friday	<input type="checkbox"/> Friday
<input type="checkbox"/> Saturday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Saturday
<input type="checkbox"/> Weekly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> 1 <sup>st</sup> week of the month	<input type="checkbox"/> 1 <sup>st</sup> week of the month	<input type="checkbox"/> 1 <sup>st</sup> week of the month
<input type="checkbox"/> 2 <sup>nd</sup> week of the month	<input type="checkbox"/> 2 <sup>nd</sup> week of the month	<input type="checkbox"/> 2 <sup>nd</sup> week of the month
<input checked="" type="checkbox"/> 3 <sup>rd</sup> week of the month	<input type="checkbox"/> 3 <sup>rd</sup> week of the month	<input type="checkbox"/> 3 <sup>rd</sup> week of the month
<input type="checkbox"/> 4 <sup>th</sup> week of the month	<input type="checkbox"/> 4 <sup>th</sup> week of the month	<input type="checkbox"/> 4 <sup>th</sup> week of the month
<input type="checkbox"/> last week of the month	<input type="checkbox"/> last week of the month	<input type="checkbox"/> last week of the month
<input type="checkbox"/> every other week	<input type="checkbox"/> every other week	<input type="checkbox"/> every other week
<input type="checkbox"/> every other month	<input type="checkbox"/> every other month	<input type="checkbox"/> every other month

**Facility Rent and Services Charge: 108.50 per full day for a total of \$217.00 per month**

If every other month, for the following months:

Attached hereto and incorporated herein for all purposes are the following Exhibits, to which reference is made for the balance of the terms of this Lease:

**Exhibit A** – "Part-Time Lease Standard Terms and Conditions"

**Exhibit B** – "Equipment, Furnishings, Routine Supplies, Staffing, Scheduling, and Billing Services"

<p><b>TENANT:</b></p> <p>By: _____</p> <p>Name:</p> <p>Title:</p>	<p><b>LANDLORD:</b></p> <p>By: _____</p> <p>Name:</p> <p>Title:</p>
--	--

## EXHIBIT A

### PART-TIME LEASE

#### STANDARD TERMS AND CONDITIONS

In consideration of the mutual covenants and representation set forth in the Part-Time Lease (the "Lease"), the receipt of which is hereby acknowledged, the parties do hereby agree as follows. The capitalized terms used in this Exhibit A shall have the meanings assigned to such terms in the Face Sheet to the Part-Time Lease, unless another meaning is assigned to such terms in this Exhibit A.

1. **DEMISE.** Upon the terms and conditions hereinafter set forth, Landlord does hereby lease to tenant, and Tenant does hereby lease from Landlord, the Leased Premises for the Term of the Lease.

2. **RENT.** The Facilities and Services Charge ("Rent") shall be due and payable to Landlord in advance of the first day of each and every month during the term hereof via ACH system utilized by Landlord. Tenant agrees to pay all Monthly Rental Installments and sums provided to be paid by Tenant pursuant to this Lease at the times and in the manner herein provided, without any setoff, deduction or counterclaim whatsoever except as otherwise provided in this Lease. Time is of the essence in the performance of all of Tenant's obligations hereunder. If any Monthly Rental Installment or any other amounts owed by Tenant to Landlord hereunder is not paid within ten (10) days following the due date, Tenant may be required to pay Landlord a late charge equal to ten percent (10%) of the Monthly Rental Installment, not to exceed One Hundred Fifty and No/100 Dollars (\$150.00), and not less than Twenty-Five and No/100 Dollars (\$25.00). Such late charge is to defray the administrative costs and inconvenience and other expenses which Landlord may incur on account of such delinquency.

3. **LANDLORD'S OBLIGATION.**

A. **Utilities.** Landlord shall, at Landlord's expense, furnish utilities to the Lease Premises, including electrical, water and sewer, heat, ventilation, and air conditioning.

B. **Maintenance.** Landlord shall provide janitorial services and maintain, repair and replace all interior and exterior features of the building including, but not limited to, the roof and all mechanical systems including, but not limited to, air conditioning, heating, plumbing, wiring, and piping.

C. **Insurance.** Landlord shall maintain fire and extended coverage insurance on the Building in an amount not less than the full replacement cost of the building.

D. **Taxes.** Landlord shall be responsible for payment of all real estate taxes assessed against the Building or property, as well as all applicable local, state and federal income taxes assessed against Landlord.

4. **TENANT'S OBLIGATIONS.** In addition to Rent, Tenant also agrees to pay directly during the Term, commencing on the Effective Date, the following items of expense as the same become due and payable:

A. **Taxes.** All ad valorem or other property taxes assessed against Tenant's personal property and personal and intangible taxes payable in connection with Tenant's use, occupancy or conduct of business on the Leased Premises including, but not limited to, personal property, business, privilege, license, excise, sales, use and occupation taxes (but excluding local, state and federal income taxes payable by Landlord). Tenant shall be responsible for all taxes which are assessed against its stock and inventory, tangible personal property or its business and/or business operations.

B. **Maintenance, Modifications, Return of Leased Premises.** The following charges for maintaining and operating the Leased Premises in good repair and operating condition:

1) Tenant agrees to deliver to Landlord, upon the expiration date or upon earlier termination of this Lease, physical possession of the Leased Premises in broom clean condition, ordinary wear and tear excepted.

2) Tenant shall be responsible for all services costs and installations of all telephone, internet, or data services that are specific to Tenant and Tenant shall be responsible for the payment of long distance telephone, internet and data services.

C. Additional Services or Supplies. Any services or supplies used by Tenant in addition to the services and supplies shown on the Exhibit B may be billed by Landlord at Landlord's actual cost thereof; except that for all non-routine supplies, Landlord may at its election charge an additional 10% stock charge and Tenant shall pay for such additional services or supplies monthly as billed by Landlord.

5. IMPROVEMENTS. Tenant shall not make any structural changes, alterations, additions or improvements to the Leased Premises. Landlord shall not be responsible for, either in the performance or payment, any improvements to the Leased Premises unless a "Landlord Work Letter" is attached to this Agreement.

6. USE OF LEASED PREMISES / ASSIGNMENT / SUBLETTING. Tenant shall use the Leased Premises for the purposes of the licensed practice of medicine and the medical treatment of Tenant's patients and business purposes ancillary thereto and for no other purpose. Without limiting the foregoing, unless approved by Landlord in advance and in writing, Tenant shall not use the Leased Premises for the operation of a "commercial ancillary medical care facility" which shall include, without limitation, a clinical laboratory pharmacy, home health agency, ambulatory surgery center, birthing center, diagnostic center, including radiology, facility and respiratory, physical, speech, or occupational therapy services. Tenant shall not, without the prior consent of Landlord, which consent may be withheld in Landlord's sole discretion, sublease, license or assign its interest under the Lease. Any consent shall not constitute a waiver of the necessity for consent of Landlord for subsequent assignments and subletting. Assignment or subletting without the prior consent of Landlord, including assignment by operation of the law, shall constitute an event of default. In no event, whether with or without consent of Landlord, shall an assignment or lease relieve Tenant of liability under the terms, condition, and provisions of this Lease.

7. INSURANCE. Tenant shall keep and maintain at all times during the Term the following insurance coverage on the Leased Premises: (a) comprehensive general liability insurance coverage on the Leased Premises in the sum of One Million Dollars (\$1,000,000) for any single claim and Three Million Dollars (\$3,000,000) for annual aggregate claims for bodily injury and death resulting therefrom, (b) insurance coverage in the sum of One Hundred Thousand Dollars (\$100,000) per occurrence against liability for damage to property, arising out of the maintenance or use of the Leased Premises by the Tenant and (c) casualty insurance insuring Tenant against loss or damage to its equipment and other personal property in the Leased Premises by fire and all other casualties usually coverage under an "all risk" policy of casualty insurance. The policies described in this Section 7 shall name both Tenant and Landlord as named insureds. Upon request, Tenant shall furnish Landlord with a certificate of such coverage which shall provide that thirty (30) days advance written notice be given to Landlord in the event of cancellation or material change in the insurance policy.

8. DAMAGE TO PROPERTY/INJURY TO PERSON. Tenant shall and hereby does indemnify and in the aggregate hold Landlord harmless from and against any and all claims to the extent they arise from (i) Tenant's use of the Leased Premises or the conduct of its business, (ii) any activity, work or thing done permitted or suffered by the Tenant in or about the Leased Premises (other than such activity and work performed by Landlord) (iii) any breach or default in the performance of any obligation on Tenant's part to be performed under the terms of the Lease, or (iv) any act of negligence of Tenant or its agents or employees. Landlord shall and hereby does indemnify and in the aggregate hold Tenant harmless from and against any and all claims to the extent they arise from (i) Landlord's use of the Leased Premises or the common areas, (ii) any activity, work or thing done permitted or suffered by the Landlord in or about the Leased Premises or common areas (other than such activity and work performed by Tenant) (iii) any breach or default in the performance of any obligation on Landlord's part to be performed under the terms of the Lease, or (iv) any act of negligence of Landlord or its agents or employees.

9. **LAWS AND REGULATIONS; RULES OF THE BUILDING.** Tenant, at its sole cost and expense, will comply with all laws, ordinances, orders, rules and regulations of any governmental authority having jurisdiction over the use, condition or occupancy of the Leased Premises. Tenant shall be responsible for proper disposal of its medical, special and infectious waste for removal from the Leased Premises in accordance with all applicable laws, regulations and orders. Tenant shall not permit the mixing or disposal of any hazardous substances, wastes or materials or any medical, special or infectious waste with the general office refuse. Landlord shall be responsible for the removal of all medical, special or infectious waste from the Leased Premises after proper disposal by Tenant. Without limiting the generality of the foregoing, Tenant shall comply strictly and in all respects with the requirements of all Hazardous Waste Laws (hereinafter defined) and shall indemnify Landlord and hold Landlord harmless from and against any liabilities, costs or expenses that may arise on account of the release, discharge, storage, disposal, treatment, processing or other handling or discovery of any Hazardous Substance (hereinafter defined) within the Leased Premises related to Tenant's business, caused by Tenant, and to the extent not caused by Landlord's negligence or willful misconduct. Landlord shall indemnify and hold Tenant harmless from and against any liabilities, costs or expenses that may arise on account of the release, discharge, storage, disposal, treatment, processing or other handling or discovery of any Hazardous Substance (hereinafter defined) within the Leased Premises related to Landlord's business, caused by Landlord, and to the extent not caused by Tenant's negligence or willful misconduct. As used herein, "Hazardous Substance" means any substance, material or matter that may give rise to liability under any Hazardous Waste Laws including, but not limited to, medical waste or petroleum products or petroleum wastes. "Hazardous Waste Laws" shall mean any local, state or federal laws, rules, ordinances, regulations, and policy and guidance statements by any environmental agencies, either in existence as of the date hereof, or enacted, promulgated or issued after the date of this Lease, that concern the management, control, discharge, treatment, containments or removal of substances or materials that are or may become a threat to public health or the environment including, without limitation, the Comprehensive Environmental Response, Compensation and Liability Act (CERCLA) and the Resource Conservation and Recovery Act (RCRA).

10. **MEDICAL STAFF MEMBERSHIP AND FEDERAL PROGRAMS.** Tenant shall ensure that all services provided by Tenant or any other persons or entities in the Leased Premises are conducted in compliance with all applicable laws and regulations. If applicable, all persons or entities providing physician services in the Leased Premises when located at an INTEGRIS hospital must be a physician that holds active medical staff membership and clinical privileges at the hospital, as defined by hospital's medical staff bylaws, in which the Leased Premises is located who: (1) has an unrestricted and unlimited license to practice medicine in the State of Oklahoma, (2) is not, and has not been excluded from any federal health care programs (including, but not limited to, Medicare, Medicaid, TRICARE, CHAMPUS, maternal and child health block grants and other state-funded health care programs), and (3) has not been convicted of any felony. Notwithstanding hospital medical staff membership requirements, Landlord does not require minimum patient contact for Tenant to lease the Leased Premises. If Tenant is an individual physician or healthcare provider and has their credentials, hospital privileges, and/or medical staff membership suspended or revoked, as applicable (in accordance with the guidelines set forth by Joint Commission standards, state and federal guidelines, and regulatory agency guidelines as they relate to credentialing, peer review and compliance issues) or is excluded from any federal health care programs (including, but not limited to, Medicare, Medicaid, TRICARE, CHAMPUS, maternal and child health block grants, social service grants and other state-funded health care programs), such suspension, revocation, or exclusion shall be considered a default to this Lease. Landlord reserves the right to exercise all of its remedies hereunder, including but not limited to the right to terminate or modify this Lease. If Tenant is a group of physicians or healthcare providers, the exclusion from federal healthcare programs listed above shall be considered a default to this Lease. The suspension or revocation of one of the group's physician or healthcare provider member's credentials, hospital privileges, and/or medical staff membership, as applicable, will not automatically be considered a default to this Lease; however, the physician or healthcare provider member shall not provide healthcare services within the Leased Premises upon suspension or revocation of their credentials, hospital privileges, and/or medical staff membership.

11. **TERMINATION WITHOUT CAUSE.** Either party may terminate this Agreement without cause upon thirty (30) days prior written notice to the other party; provided that should the agreement terminate prior to one calendar year from the Effective Date, the parties will not enter into an agreement for similar space or services within the same

calendar year. Nothing in this paragraph shall prevent the parties from otherwise agreeing upon a mutually acceptable termination date.

12. **DEFAULT.** Tenant shall be in default of the terms of the Lease if Tenant shall fail to make a payment of any Rent or additional rent, and such rent or additional rent is not paid within ten (10) days of written notice by Landlord to Tenant of nonpayment of same, or in the event that Tenant shall otherwise commit an act of default under the terms hereof, and shall not cure such default within thirty (30) days of written notice by Landlord to Tenant of such default. In the event of default:

A. **Re-Entry, Re-Letting.** Landlord may continue the Lease in full force and effect and shall have the right to collect rent when due. During the period in which Tenant is in default, Landlord may re-enter the Leased Premises with legal process and relet same, or any part thereof to third parties for Tenant's account. Tenant shall be liable for all reasonable costs Landlord incurred for reletting the Leased Premises including, without limitation, broker's commissions, expenses associated with repairing and/or remodeling the Leased Premises in order to return the Leased Premises to the same condition as when received by Tenant from Landlord and similar costs. Landlord can relet for a period shorter or longer than the remaining term of the Lease. Tenant shall pay to Landlord the rent due under the Lease on the date such rent is due, less the rent Landlord received from any reletting. Under this paragraph, Tenant's obligations shall not exceed the total rent due for the remainder of the Term.

B. **Right to Terminate.** Landlord may terminate the Lease pursuant to the terms of this Section 11. Upon termination, Landlord shall have the right to collect an amount equal to all expenses, if any, including reasonable attorneys' fees incurred by Landlord in recovering possession of the Leased Premises and all reasonable costs and charges for the care of the Leased Premises while occupied by Tenant.

C. **Severability.** Should any of these remedies or any portion thereof not be permitted by the laws of the state where the building is located, then such remedy or portion thereof shall be considered deleted and unenforceable, and the remaining remedies or portions thereof shall be and remain in full force and effect, and the Landlord may avail itself of these as well as any other remedies or damages allowed by law.

13. **RIGHT OF ACCESS.** Landlord and its agents shall have reasonable access to the Leased Premises during all reasonable business hours for the purpose of examining same to ascertain if they are in good repair and to make reasonable repairs which Landlord may be required to make hereunder. Landlord agrees that its access shall not disrupt Tenant's business operations nor violate the privacy and confidentiality rights of Tenant's patients.

14. **END OF TERM; RENEWALS.** At the termination of the Lease, Tenant shall surrender its interest in the Leased Premises to Landlord in as broom clean condition as reasonable use thereof will permit, ordinary wear and tear excepted and will leave the Leased Premises broom clean. Tenant shall have the right, prior to termination, to remove any personal property in the Leased Premises owned by Tenant. Any personal property left by Tenant thirty (30) days after expiration and receiving written notice from Landlord of remaining personal property shall become property of Landlord and be removed at Landlord's convenience. In the event of holding over by Tenant after the expiration or termination of the Lease, Tenant shall pay rent at the then current rate for monthly rental installments on a monthly basis, not to exceed six months. In the event this Lease is terminated other than at the end of a month, all amounts due shall be prorated in accordance with actual use and payable within thirty (30) days of final invoice and the parties will not enter into a similar agreement for one year following the initial term.

15. **ATTORNEYS' FEES.** In the event that suit is brought by either party against the other for breach or default under the terms of the Lease, the prevailing party shall be entitled to reasonable attorneys' fees, expenses (including expert witness fees) and court costs equal to the sum established by the court.

16. **HEADINGS.** The article captions contained in the Lease are for the convenience of the parties only and shall not be considered in the construction or interpretation of any provision hereof.

17. **ENTIRE AGREEMENT, EXECUTION.** The Lease contains the entire agreement between the parties and superseded any and all prior oral and written agreements between the parties regarding the subject matter contained

herein and may not be changed or terminated orally but only by agreement in writing and signed by all parties. This Lease may be executed in multiple counterparts, each of which shall constitute an original and all of which shall constitute but one agreement. The parties agree that this Lease may be executed by electronic signature, which shall be binding between the parties as though handwritten. Electronic signature shall include either an electronic symbol adopted by a person with the intent to sign or a photostatic copy of a handwritten signature.

18. **DAMAGE OR DESTRUCTION.** If the Leased Premises are damaged by fire or other casualty, and rendered unusable, as determined by Landlord, the Lease shall automatically terminate as of the effective date of the casualty.

19. **EMINENT DOMAIN.** If the whole of the Leased Premises or so much thereof as to render the balance unusable by Tenant shall be taken under power of eminent domain, the Lease shall automatically terminate as of the effective date of the taking.

20. **WAIVER.** No waiver by either party shall be deemed to be a waiver of any other provision hereof or of any subsequent breach by either party of the same or any other provision. Landlord's consent to or approval of any act by Tenant requiring Landlord's consent or approval shall not be deemed to render unnecessary the obtaining of Landlord's consent to or approval of any subsequent act of Tenant, whether or not similar to the act so consented to or approved.

21. **NOTICES.** Any notice required or permitted to be given hereunder shall be sufficient if personally served or sent by registered or certified mail addressed to the relevant party at the addresses specified in the Lease.

22. **BINDING EFFECT.** The Lease shall be binding upon and inure to the benefit of the parties hereto, their heirs, successors, assigns, executors and administrators. Nothing in this article shall be deemed to amend the provisions herein concerning assignment and subletting.

23. **LAW.** The laws of Oklahoma shall govern the interpretation of all of terms, and conditions of the Lease.

24. **NO PARTNERSHIP RELATIONSHIP.** Notwithstanding any agreement herein contained, Landlord shall not be held to be a partner or associate of Tenant in the conduct of its business, it being expressly understood and agreed that the relationship between the parties is and at all times shall remain that of Landlord and Tenant.

25. **NO REQUIREMENT TO REFER.** The parties expressly agree that nothing contained in the Lease shall require Tenant to refer or admit any patients to or order any goods or services from Landlord or any affiliate. Notwithstanding any unanticipated effect of any provision of this Agreement, neither party will knowingly or intentionally conduct itself in such manner as to violate the prohibition against fraud and abuse in connection with the Medicare and Medicaid programs (42 USC Section 1320a-7b) and Section 1877 of the Social Security Act (the "Stark Law") as amended. Both parties represent that the rental amounts provided for in the Lease are at fair market value rates and do not take into account the value or volume of referrals or business generated between the parties.

26. **QUIET ENJOYMENT.** Provided that Tenant is in compliance with obligations in this Lease, Tenant shall have quiet enjoyment and possession of the Leased Premises during the Term of any extension or renewal thereof.

27. **SUBLEASE.** In the event the Lease is a sublease to an underlying lease agreement identified as a Master Lease in the Face Sheet, Tenant shall perform, in addition to the obligations stated elsewhere in this Lease, the obligations of tenant/lessee under the Master Lease solely with respect to any covenants applicable to the Leased Premises and any areas used by Tenant in common with other tenants. Tenant's obligation under this Section shall not extend to provisions in the Master Lease related to rent or term.

28. **SUBORDINATION, ATTORNMENT AND NON-DISTURBANCE.**

A. **Subordination.** Tenant agrees that the Lease and all rights of Tenant hereunder are and shall be subject and subordinate to any Master Lease or any ground or underlying lease which may hereafter be in effect regarding the Building, Leased Premises, or any component thereof, and/or to any mortgage now or hereafter encumbering the Leased Premises or the Building or any component thereof, to all advances made or hereafter to be made upon the security of such mortgage, to all amendments, modifications, renewals, consolidations, extensions and



restatements of such mortgage, and to any replacements and substitutions for such mortgage. The terms of this provision shall be self-operative, and no further instrument of subordination shall be required. Tenant, upon request of any party in interest, shall execute promptly such instrument or certificates as may be reasonable required to carry out the intent of this provision.

B. Mortgage Enforcement. In the event any proceedings are brought for the foreclosure of, or in the event of exercise of the power of sale under, or in the event of a deed in lieu of foreclosure with respect to any mortgage covering the Leased Premises or the Building, or in the event of termination of any Lease under which Landlord may hold title, Tenant shall, at the option of transferee, attorn to such transferee and shall recognize and be bound and obligated hereunder to such person as the Landlord under the Lease. Tenant agrees to execute any attornment agreement not in conflict with this provision.

**EXHIBIT B****PART-TIME LEASE****EQUIPMENT, FURNISHINGS, ROUTINE SUPPLIES, STAFFING, SCHEDULING, BILLING SERVICES****Tenant Name:** INTEGRIS Cardiovascular Physicians, LLC**Equipment Included in Rent:**

- Fax/Copier     Telephone     Computer/Monitor/Printer
- Other Office Equipment: \_\_\_\_\_

**Furnishings Included in Rent:**

- Chairs     Tables     Lamps/Lighting     Stools
- Trash Cans     Desks     Wall Hangings     Exam Tables
- Other Furnishings: \_\_\_\_\_

**Office Supplies Included in Rent:**

- Copy and Computer Supplies (paper, pens, toner, ink cartridges, stapler, staples, paper clips)
- Other Office Supplies: \_\_\_\_\_

**Medical Supplies Included in Rent:**

- Soap     Cleaning Supplies     Toilet Paper     Table Tissue
- Linens     Exam Gloves     KY Jelly     Hand Towels
- Light Bulbs     Other Supplies: \_\_\_\_\_

**The following Staff will be provided to Tenant for no additional cost, up to the hours set forth below (check all that apply):**

- Receptionist, maximum \_\_\_\_\_ hours/week
- Scheduling Nurse, maximum \_\_\_\_\_ hours/week
- Registered Nurse, maximum \_\_\_\_\_ hours/week
- Physician Assistant, maximum \_\_\_\_\_ hours/week
- Clerical Personnel, maximum \_\_\_\_\_ hours/week
- Other (describe) Support Staff, maximum \_\_\_\_\_ hours/month

The following Staff will be provided to Tenant for the costs set forth below, which costs shall be billed to Tenant each month and paid in addition to Rental (check all that apply):

- Receptionist \$ \_\_\_\_/hour, \_\_\_\_ hours/week
- Scheduling Nurse \$ \_\_\_\_/hour, \_\_\_\_ hours/week
- Registered Nurse \$ \_\_\_\_/hour, \_\_\_\_ hours/week
- Physician Assistant \$ \_\_\_\_/hour, \_\_\_\_ hours/week
- Clerical Personnel \$ \_\_\_\_/hour, \_\_\_\_ hours/week
- Other (describe) \_\_\_\_ \$ \_\_\_\_/hour, \_\_\_\_ hours/week

Please describe Billing Services with particularity: \_\_\_\_\_

Other provisions: \_\_\_\_\_

**Hospital Vendor Contract Summary Sheet**

1.     Existing Vendor                       New Vendor
2.    **Name of Contract:** Integris Cardiovascular Physicians LLC.
3.    **Contract Parties:** MRMC/ Integris Cardiovascular Physicians LLC
4.    **Contract Type Services:** Lease Agreement
5.    **Impacted Hospital Departments:** Clinic
6.    **Contract Summary:** Tenant uses approximately 530sqft clinic space within the Lessors space at 118 S. Louis Tittle, Mangum, Ok 73554
7.    **Cost:** \$0  
          **Account Receivable:** \$217.00/month
8.    **Term:** 1-year-autonewal
9.    **Termination Clause:** 30-day written notice
10.   **Other:**