

**McAlester Regional Health Center Authority  
Board of Trustees Meeting  
MRHC Administration Board Room  
Wednesday, April 01, 2020**

**4:00 PM**

*This agenda has been posted at the McAlester City Hall and posted on the MRHC website: [www.mrhcok.com](http://www.mrhcok.com) within the required time frame. Public call-in number is 918-558-6565 passcode: 14113*

Attending in Person:

Weldon Smith.  
Marti Fields  
Kevin Priddle  
Mark Sehgal, MD

Attending by Teleconference:

Susan Kanard...3051 South Peaceable Rd McAlester, OK 74501  
James Bland...1406 Timber Lane McAlester, OK 74501  
Mary Shannon...14 Saint Andrews Way McAlester, OK 74501  
Brent Grilliot...528 East Adams McAlester, OK 74501  
Evans McBride---235 East Choctaw McAlester, OK 74501

- I. Call the meeting to order** ~ Weldon Smith, Chairman
- II. Welcome and Chairperson's remarks** ~ Weldon Smith, Chairman
- III. Public comment regarding only items on this agenda** ~ (Time limited to three (3) minutes per person)
- IV. Consent agenda:** Consideration and approval ~ Weldon Smith, Chairman
  1. MRHCA Board of Trustees minutes for March 04, 2020
  2. MRHC Contract Log for March 2020
  3. Appointment of Kim Stout to the Belfair Associated Senior Living Group replacing Tim Cathey MD.
- V. COVID-19 Incident Command Report:** ~ Kim Stout & Shawn Howard
- VI. Consideration & approval to participate in the Accelerated & Advance Payment Program for Providers & Suppliers during COVID-19 Emergency.**
- VII. CEO Report** ~ David Keith
- VIII. Finance Committee Report** ~ Evans McBride, Chairman
  1. Consideration and approval of February 2020 Financial Reports ~ Darryl Linnington & Sherry Winczewski
- IX. New Business** ~ (Any matter not known about and which could not have been reasonably foreseen prior to the posting of this agenda)
- X. Adjournment:**

A meeting of the McAlester Regional Health Center Authority was held at 4:00 PM, on Wednesday March 04, 2020 at McAlester Regional Health Center in the Administration Board Room. Public notice, setting forth there on the day, time and place for this regular meeting had been delivered to the office of the City Clerk at 08:42 AM on Tuesday March 03, 2020.

**TRUSTEES PRESENT:**

Susan Kanard ~ Brent Grilliot (arrived at 4:02PM) ~ Weldon Smith, Chairman ~ Marti Fields ~ Mary Shannon ~ Evans McBride ~ James Bland ~ Mark Sehgal, MD ~ Kevin Priddle

**TRUSTEES ABSENT:** None

**HOSPITAL STAFF:**

David Keith, Sonya Stone, Recording Secretary, Tim Cathey, M.D., Darryl Linnington, Kim Stout, Sherry Winczewski, Dr. John Tedesco, Heather Eddy, Julie Powell, John Stark, Shawn Howard.

**OTHER ATTENDEES:**

Elizabeth Scott, Legal Counsel (via Conference phone), Pete Stasiak, Brian Bell, Brenda Christman (via conference phone)

**CALL TO ORDER:**

Chairman Smith called the meeting to order at 4:00 PM. He recognized Mr. David Keith for receiving an award for "Rural Health Leader of the year for 2020" from Rural Health Association of Oklahoma. He opened the floor to Ms. Kim Stout who introduced Mr. John Stark the new OR Director. Mr. Stark briefly shared a summary of his personal and work history.

**Public Comment:** None

**Consent Agenda:**

1. MRHCA Board of Trustees minutes for February 05, 2020.
2. Credentialing & Privileging List as follows:

**Credentialing & Privileging for Appointment (Provisional) for one year:**

- a) David Duvall, MD ~ Provisional ~ General Surgery
- b) Mahate Parker, MD ~ Provisional ~ OB/GYN
- c) John Tompkins, MD ~ Provisional ~ Orthopedics with the exception of Pediatrics, Hands & Knees

**Credentialing & Privileging for Advancement from Provisional Status as follows:**

- a) Anna Wanahita, MD ~ Active ~ Neurology/Telemedicine ~ One Year

**Voluntary Resignations:**

- a) Clay Bowen, DO ~ Emergency Medicine ~ 01/31/2020
3. Physician Proctoring Agreement between Dr. William Eckstein, MD Pediatrics and Dr. Vanessa Meuniot, DO.
  4. Appointment of Shawn Howard to the Southeast Imaging Board of Managers Board, replacing Jim Fraser.

Initials \_\_\_\_\_

5. Appointment of Darryl Linnington to the Belfair Board of Managers, replacing Jim Fraser.

A **Motion** was made (Fields) and seconded (Bland) to approve the consent agenda items one (01), two (2), three (3), four (4) and five (5) of the consent agenda as presented. The vote was taken as follows: Aye: Marti Fields, James Bland, Mark Sehgal, MD, Evans McBride, Susan Kanard, Mary Shannon, Kevin Priddle, Brent Grilliot and Weldon Smith. Nay: None. Absent: None. Abstain: None. Chairman Smith declared the **motion** carried.

**BKD Provider Based Billing Presentation:** Mr. Darryl Linnington introduced Mr. Brian Bell and Ms. Brenda Christman. He added BKD is helping MRHC to look at reimbursement opportunities for provider billing according to the hospital's rural status. Mr. Brian Bell reported his company was engaged to do an assessment of the current physician practices to determine what it would look like to convert the clinics to departments of the hospital or to a Rural Health Clinic. The analysis showed the hospital would not qualify for Rural Health Clinic reimbursement and the Provider Based Billing model was the best option for the hospital. He reported onsite interviews were held and a Financial Impact Analysis was completed. He stated a decision will need to be made on how to move forward in order to meet all the requirements for the 340B drug savings program and to record revenue and expenses on the June 30, 2020 Cost Report. Mr. Bell joined the Board in discussion on the 340B program and how it impacts the hospital. He reported following the filing of the Cost Report, the hospital should be able to register for the 340B program by January 2021 and start purchasing on 340B account by April 2021. Mr. David Keith reported this is an opportunity that many hospitals have taken advantage of to maximize their rural status to bring additional revenues to the hospital. Mr. Linnington reported there may be challenges due to the recent Meditech Expense upgrade. Mr. Bell reported the acquisition of Critical Access Hospitals is another opportunity to expand the 340B program. Ms. Brenda Christman discussed the coding process after the conversion and Mr. Bell concluded the presentation by sharing the timeline and next steps for converting the physician offices to provider-based departments of the hospital.

**Novel Coronavirus Update:** Dr. Tim Cathey provided an update on a rapidly evolving global health issue. He reported according to the CDC website the COVID-19 virus is likely to become a pandemic and at some point a wide-spread of the virus is expected. The results of a study in China involving 44K patients showed the death-rate was 16% of patients over 80 years of age and 8% of patients over 70 years of age. He reported we know the virus is worse among the elderly and patients with co-morbidities. There will be many disruptions throughout the United States. Dr. Cathey reported a vaccine is expected to be developed within the next 12 to 18 months. Dr. Cathey stated in a report out of Singapore who has one of the best health systems in the world, children are not getting sick with this virus. He reported MRHC staff are actively preparing for an influx of patients, stockpiling supplies and personal protective equipment and developing a plan to protect staff, visitors and patients. He reported test kits that are 99% accurate will be pushed out in the near future that will increase the number of exposures. Dr. Cathey stated the virus originated from a bat.

**Chief of Staff Report:** Dr. John Tedesco reported MRHC hit a couple of home runs with the physicians with the recruitment of Dr. Duvall, Surgeon and the recent signing of Dr. Oberste, Gastroenterologist.

**CEO Report:** Mr. Keith provided an overview of the March CEO report. 2020. He reported there are major cuts to Medicare and Medicaid offered up by President Trump. Expect push back by both Republican and Democrats. He stated there are disagreements between insurance companies and healthcare providers over surprise billing. We can expect Federal and State legislation by May that will confuse the public even more. Mr. Keith reported Blue Cross Blue Shield (BCBS) is challenging the MRHC logo. BCBS claims our logo looks too much like their logo. The MRHC attorney is in conversation with BCBS to resolve this issue. MRHC may be required to update the MRHC logo slightly to avoid legal fees if negotiations are not successful. The Governor wants the SHOPP assessment fee raised to 4.0% in exchange in exchange for no managed care outsourcing.

Initials \_\_\_\_\_

OHA may push for a compromise. Mr. Keith reported there was poor financial performance in January due to adjustments to reserves. Pressure to improve revenue cycle is paramount. MRHC has new financial leadership in place. He stated MRHC Administration is reducing labor and other costs in advance of the new fiscal year beginning in July 2020 and target metrics are in place. McAlester Medical Services (MMS) volumes are impressive. Consolidation of clinics, monthly reporting of performance and improved revenue cycle are priorities to improved financial performance. Transitioning MMS to rural health clinics and utilizing 340-b drug pricing is part of the long-term financial strategy. Mr. Keith reported MRHC continues to improve quality, favorably impacting the Value Based Purchasing targets and subsequent Medicare payments. Mr. Keith opened the floor to Mr. Darryl Linnington who provided the Board a progress report for the Meditech Expanse. The new software went live on March 1, 2020. The command center fielded real-time questions and tracked system incidents. He stated there were 400 logged incidents; however most have been resolved and the remainder need additional training. To date, most of the work is related to revenue. He stated we have a great team and overall the project went well.

**Audit & Corporate Compliance Committee Report:** Ms. Julie Powell provided an overview of the Audit & Corporate Compliance Committee meeting held on February 25, 2020. She reported Mr. Mark Rose presented the results of an IT Audit that occurred in 2019. 12 critical risks were identified; however all critical areas were addressed and eliminated. The total risks identified within each risk rating category included 49 High Risk; 46 Moderate Risk and 12 Low Risk. High Risk Findings include vulnerability management deficiencies, centralized log and alert management, data encryption, third-party vendor monitoring and managed response plans. IT has engaged True Digital Security to help our team create a road map to correct the critical issues that MRHC has at this time and provide tools and services that can secure and protect MRHC systems and communications. Ms. Lou Ann Wiedemann provided an update on HIPAA Privacy. For the Fourth quarter of 2019 there were three potential breaches reported. Ms. Powell reported she provided a 2020 Compliance Audit Plan. There will be an emphasis on finances this year due to deficiencies and the finance staff will assist her with the audit. The Plan includes targeted areas of the focus for 2020 to include: Code of Ethics, Conflict of Interest, Payer Credentialing, gifts and Gratuities Log for physicians and employees, PEPPER Targets, MRHC audit plan/revenue cycle & financials and a Probe and Education for Wound Care. Ms. Powell also reviewed the 2020 Compliance Activity Log that detailed action taken in regards to compliance issues.

**Finance Committee Report:**

- 1. Consideration and approval of January 2020 Financial Reports:** For the month ending January 2020, McAlester Regional health Center reported a net operating loss of \$316k, as compared to a budgeted net operating income of \$201k and a prior year net operating income of \$49k. From an EBIDA (earnings before interest, depreciation and amortization) standpoint, MRHC reported a positive of \$103k, compared with a budgeted income EBIDA of \$651k and a prior year income EBIDA of \$463k. Year-to-date, MRHC reported a net operating loss of \$225k, as compared to a budgeted net operating income of \$814k and a prior year net operating income of \$1,119k. From an EBIDA (earnings before interest, depreciation and amortization) standpoint, MRHC reported a positive \$2,744k, compared with a budgeted \$3,960k and a prior year positive EBIDA of \$3,867k. Volumes were mixed, total discharges are up 421 from 382 prior year, outpatient registrations are up 7,193 from 7,066 prior year, emergency department visits are down 2,445 from 2,579 prior year, total surgeries are down 169 from 282 prior year. Unrestricted cash balances are up to 122.4 days from 119.0 days from prior year. Paid FTEs are running 693; this is up 18 from prior year. Discussion occurred regarding the lack of Insurance reimbursement and possible adjustments to the financial report following a review. A **Motion** was made (McBride) and seconded (Grilliot) to approve the January 2020 Finance Reports as presented with the expectation of an anticipated adjustment. The vote was taken as follows: Aye: Evans McBride, Brent Grilliot, James Bland,

Susan Kanard, Kevin Priddle, Marti Fields, Mark Sehgal, MD., Mary Shannon and Weldon Smith. Nay: None. Absent: None. Abstain: None. Chairman Smith declared the **motion** carried.

**2. Consideration and approval of CER for Temperature and Humidity Controls (Emergency Purchase):**

Mr. Shawn Howard presented a Temperature and Humidity Control System CER for consideration and approval. Mr. David Keith reported the hospital received a DNV finding on the Temperature & Humidity Control System and an emergency purchase was necessary to prevent the hospital from being in immediate jeopardy. Currently there are areas throughout the hospital that are required by CMS to be monitored for temperature and humidity and we are not in compliance with this regulation. In addition the current system is dated and inaccurately reporting. Mr. Howard added the Temperature & Humidity Control System was purchased from Carrier to support the existing Carrier equipment and the system is now in all the sensitive areas requiring infection control monitoring. The new system has the capability to contact the on call staff remotely so adjustments can be immediately addressed from a cell phone. Mr. McBride stated the question in Finance Committee was around the item itself; will it be a substitution or a request to exceed the capital budget. Mr. Darryl Linnington presented the item as a substitution taken in part from the building penetration/ Waterproofing budget of \$291,759. The cost of the Temperature and Humidity Control System is \$109,977. Mr. Keith reported the penetration/waterproofing will still be done in house and in phases. A **motion** was made (McBride) and seconded (Priddle) to approve the CER for the Carrier Temperature & Humidity Control System and the capital substitution of \$109,977 taken from the Building Penetration/Waterproofing Budget as presented. The vote was taken as follows: Aye: Evans McBride, Kevin Priddle, Mary Shannon, Mark Sehgal, MD., Susan Kanard, Brent Grilliot, James Bland and Weldon Smith. Nay: None. Absent: None. Abstain: None. Chairman Smith declared the **motion** carried.

**3. Consideration and approval of CER for remodel of Southeast Healthplex:** Mr. Howard presented a CER for the remodel of the upper floor in the Southeast Healthplex for consideration and approval by the Board. Family Practice, Mercy Clinic and the OSU Residents will be relocated to this location when the project is complete. Mr. McBride recommended funding the project from funded depreciation for now and pursue a bank loan at a later date. He added it is a capital need item that is not on the capital budget; this is what funded depreciation is supposed to be used for. Mr. Howard reported funds from the Puterbaugh Foundation will be used to begin the project. The Cost of the project is \$2,052,186. A **motion** was made (McBride) and seconded (Priddle) to approve the CER for the remodel of the upper floor of the Southeast Healthplex at a cost of \$2,052,186 and to fund the project with a blend of funded depreciation and/or grants and/or debt. The vote was taken as follows: Aye: Evans McBride, Kevin Priddle, Susan Kanard, Brent Grilliot, James Bland, Mark Sehgal, MD, Marti Fields, Mary Shannon and Weldon Smith. Nay: None. Absent: None. Abstain: None. Chairman Smith declared the **motion** carried.

**4. Consideration and approval of CER for Million Building Architectural Fees:** Mr. Howard reported the Historic building was assessed for architectural tax credits and it was determined that there is good opportunity for State, Federal and New Market Tax credits. The application process will take six months to a year to realize the tax credits. During this process we need an architect to assist with the application process. Mr. Howard reported the hospital will start utilizing the building by moving Home Health and Hospice to that location and part of the building will be used for general storage. The Home Health/Hospice fleet cars will also be parked in an enclosed area. Mr. Howard reported the remodel of the Million Building will be put on hold during the application process but the architect needs to be paid. He added the cost of the remodel is uncertain at this time. The cost of the architectural fees is \$193,525. A motion was made (Priddle) and seconded (Shannon) to approve the

CER for Million Building Architectural Fees at a cost of \$193,525 as presented. The vote was taken as follows: Aye: Kevin Priddle, Mary Shannon, Mark Sehgal, MD, Susan Kanard, James Bland, Marti Fields, Brent Grilliot and Weldon Smith. Nay: None. Absent: None. Abstain: None. Chairman Smith declared the motion carried.

**New Business:** None

**Adjournment:** A **Motion** was made (Priddle) and seconded (Sehgal) to adjourn at 6:15PM. The vote was taken as follows: Aye Kevin Priddle, Mark Sehgal, MD, Mary Shannon, Marti Fields, Evans McBride, Susan Kanard, Brent Grilliot, James Bland and Weldon Smith. Nay: None. Absent: None. Abstain: None. Chairperson Smith declared the **motion** carried.

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Weldon Smith ~ Chairperson  
/sds

\_\_\_\_\_  
Mary Shannon ~ Secretary

DRAFT

## MRHC Contract Log for March 2020

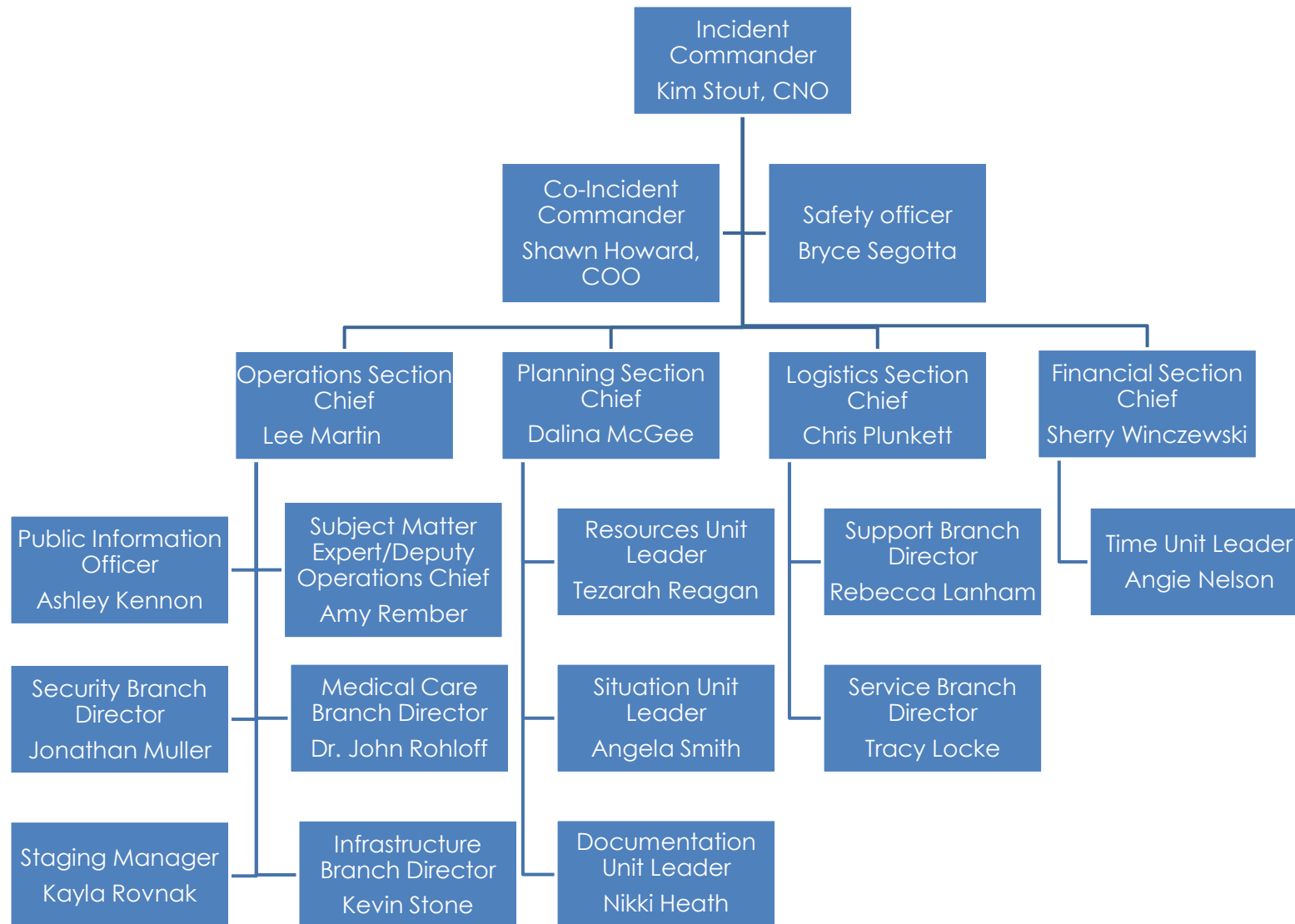
MRHC Contract Log for March 2020					
Contract Name	Contract Type	Term	Total Contract Value	Contract Number	
Stericycle	Service Agreement	3 Years	\$ 80,422.00	1001.1950P	
The Kempton Admin Group	Non Disclosure	1 year	0	1001.1951P	
Beckman Coulter	Software License & Service	Early Sepsis indicator software		1001.1955P	
True Solutions	Enviornmental services	5 Years	\$ 6,973,263.07	1001.1897C	
Stericycle	Service Agreement	3 Years	\$ 80,422.00	1001.1950P	
Vizient Amendment	Amendment	2 Years	\$111,403.00	1548-1940	late entry for January

# COVID 19 Update

MCALESTER REGIONAL HEALTH CENTER BOARD OF TRUSTEES



# MRHC Incident Command



# Hospital Incident Command

## ▶ Goals

### ▶ Identify and Prioritize Risks

#### ▶ Priority 1

##### ▶ Access Control

- ▶ Patients
- ▶ Visitors
- ▶ Employees

#### ▶ Priority 2

##### ▶ Isolate

- ▶ Persons Under Investigation
- ▶ Positive COVID-19
- ▶ INFLUX

## ▶ Inform

- ▶ Supply access/utilization
- ▶ MRHC Employees
- ▶ SE Oklahoma

# Restricting Entrances to Hospital Implemented 3/12/2020

## Emergency Room

- 24/7 Access with Screeners and Security
- Patients and Emergency Department Employees Only

## Admitting

- Open 6:30am to 7:00pm access with screeners
- 24/7 Security
- Patients, Employees, and Vendors

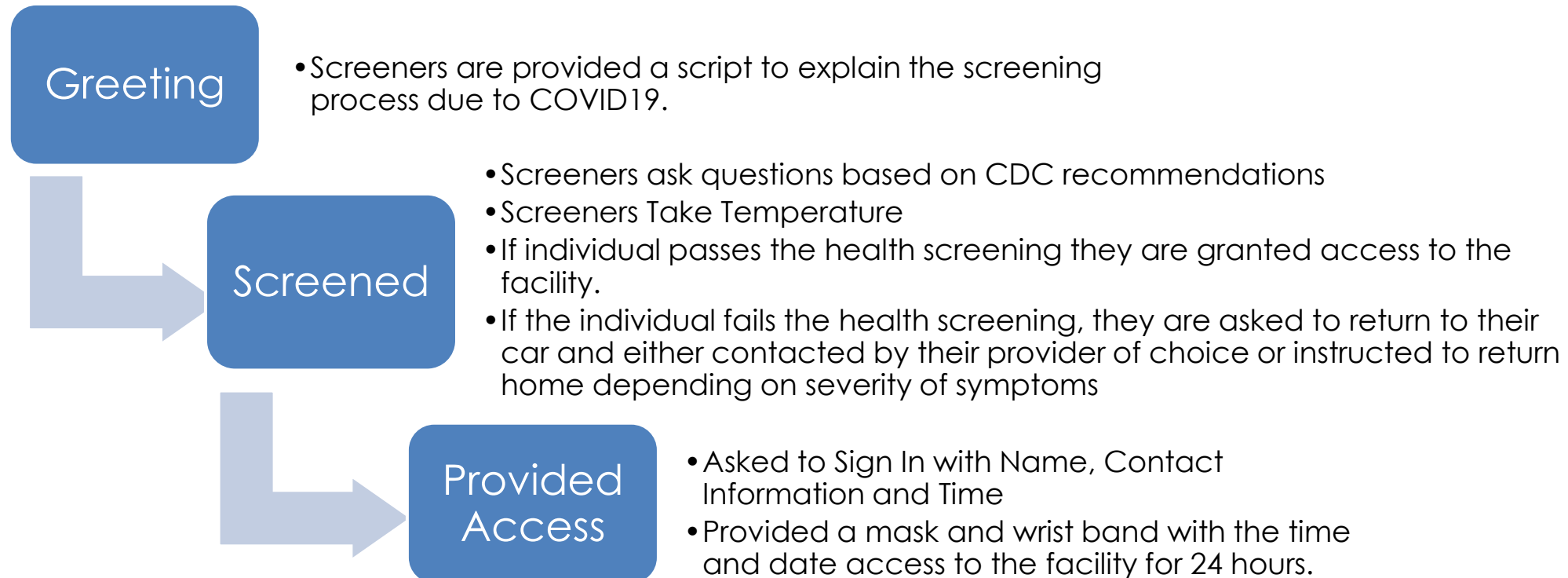
## Front Lobby Entrance

- n 6:30am to 7:00pm access with screeners
- 24/7 Security
- Employees Only

## All other entrances

- Closed – Exit Only

# Screening Process: All persons entering facility



# Environmental Services Response



Hired EVS staff member to clean high touch areas including door knobs, light switches, bathrooms, elevator buttons throughout the hospital and outpatient service areas.



All EVS Staff required to clean elevator buttons and hand rails as they travel throughout the facility

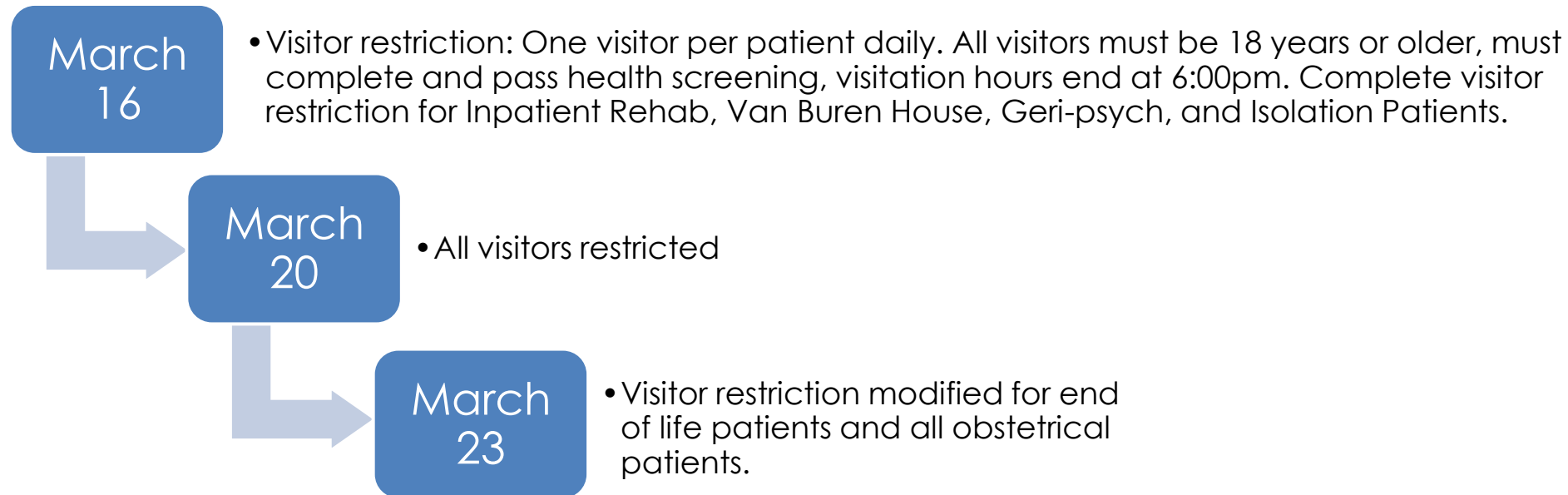


Terminally cleaned areas with presumed positive COVID-19 cases.



Diligently working to mitigate the shortage of hand sanitizer and other cleaning supplies.

# Restriction of Visitors Policy



# Additional Visitor Restrictions

- All Patients are asked to arrive as close to their appointment as possible to avoid exposure in waiting rooms.
- Clerical staff Screening patients during Pre Appointment Calls
- Restrict Medical Records, Business Office, and Meeting Rooms to public
- Implemented social distancing requirements, including signage throughout the facility

# Service Line Update

## Closed

- Wellness Center
- Ambulatory Surgery Center
- Elective Surgeries
- Minor Procedures
- Pulmonary Function Testing

## Restricted Services

- Pediatric Outpatient Therapy
- Geri-Psych (Due to potential COVID Exposure)
- Radiology

## Non Restricted Services

- Urgent Care
- Sleep Lab
- Outpatient and Inpatient Rehab Unit
- Wound Care
- Occupational Medicine
- KidzChoice Pediatric Clinic
- Outpatient Physician Clinics
- Hospice and Home Health
- Labs and Imaging

All outpatient clinics have experienced a decrease in volume. In response, we have implemented telemedicine services to increase virtual access and decrease exposure to potential COVID patients. .



# Telemedicine

- ▶ Internal Medicine
- ▶ Obstetrics and Gynecology
- ▶ Pediatrics
- ▶ Family Medicine

**MRHC doctors are available for you!**

**CALL US TODAY 918-421-4673**

The CDC is recommending virtual visits to help avoid exposure and reduce the risk of being exposed to COVID19.



**McAlester Regional**  
HEALTH CENTER  
*Southeast Oklahoma's Leading Healthcare Resource*



**CONNECT WITH  
YOUR PROVIDER  
THROUGH YOUR  
SMART PHONE  
TABLET OR  
COMPUTER  
USING**

**zoom**



**VIRTUAL DOCTORS APPOINTMENTS NOW AVAILABLE FOR:**

**Family Medicine | Internal Medicine | OB/GYN | Pediatrics**

# Partners

County Emergency  
Resource Team

Oklahoma Hospital  
Association

State and County  
Health Department

Political  
Representatives at  
City, County, State,  
and Federal Levels

City of McAlester

Local Media

Schools, Businesses,  
Churches, and  
Community  
Organizations

Vendors and  
Contractors

# Employee Communication

- ▶ Employee self screening through Paycom
- ▶ Face Mask Policy and Procedures Updates
- ▶ Visitor Restriction Policy and Procedures Updates
- ▶ Self Care and Support Services
- ▶ Workforce Adjustments
- ▶ Daily Physician and Medical Staff Updates,
- ▶ Child Care Needs Survey
- ▶ Social Distancing Policy
- ▶ Confirmed Positive Case

# Budgetary Workforce Adjustments

- ▶ Reduction in Force of nonessential employees
- ▶ Pay reduction of 6.25% for all exempt employees
- ▶ Furlough for all nonexempt employees

Some direct patient care positions were not effected by this adjustment.

# Labor Adjustments

- ▶ Indirect patient care employees placed in a labor pool for assistance with security and screening at entrances.
- ▶ Education and training for licensed clinical staff to shift to essential positions
- ▶ Select leaders positioned on incident command or shifting roles to coordinate the COVID-19 response
- ▶ Substitutions for employees that are required to self quarantine due to exposure.

# Surge Planning

Incident Command is Actively Developing a Comprehensive Surge Plan:  
Monitoring Daily Surge Capacity, Triage Plans, and Holding Locations.

## LEVEL 1

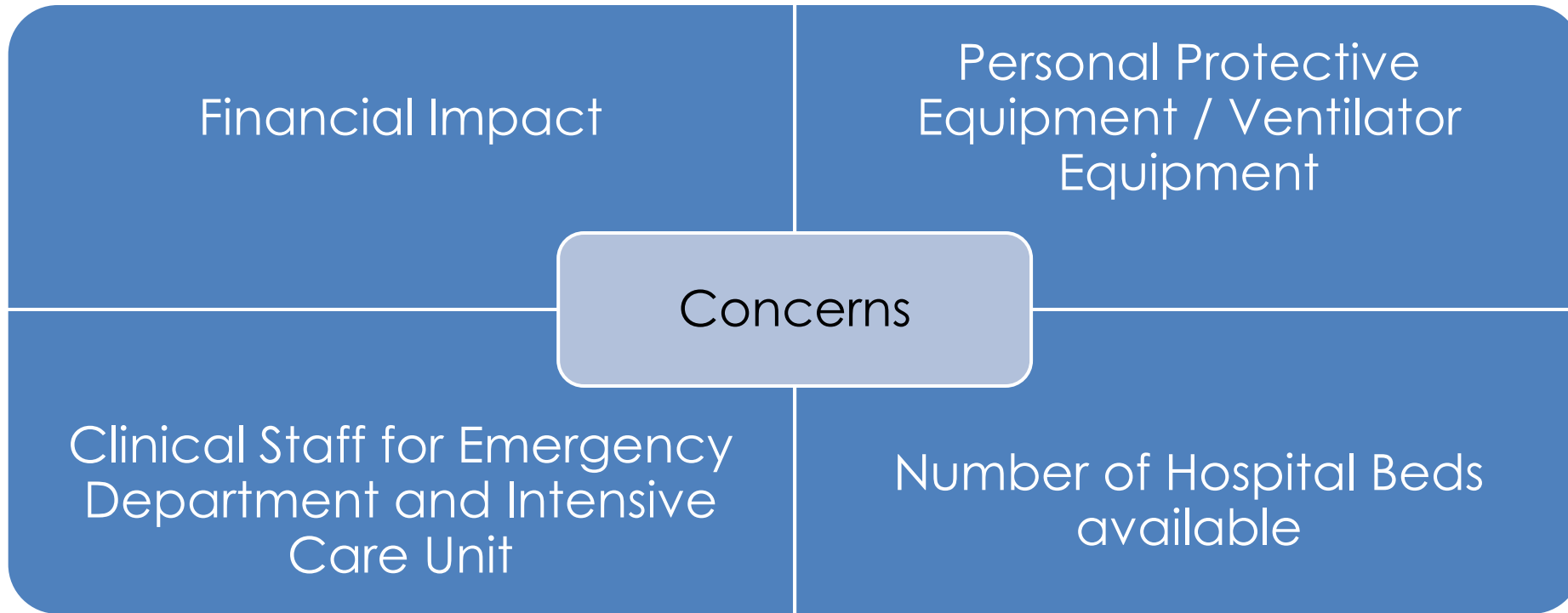
- Conserve PPE
- Cohort Persons Under Investigation (3North Unit)
- Implement Infection Control Plan
- Educate Staff, Public
- Inventory and track supply
  - Food
  - Pharmaceutical
  - Personal Protective Equipment (PPE)
  - Equipment needs
    - Hospital Beds
    - Ventilator(s)

## LEVEL 2

- Isolate Positive COVID-19
  - General Medical 3 West
- Notify Medical Emergency Reserve CORP
  - Request access to more beds
    - 36 cots on site
- Prepare staging plan for Level 3
  - Pre-op area to be prepared for overflow ICU of infectious patients
  - Prepare Old Emergency Department for overflow ICU of infectious patients
  - Develop throughput decision tree
  - Keep employees, physician and public informed and educated
- Provide bedside staff access to shower prior to leaving facility

## Level 3

- Influx
  - Cohort to identified sites
  - Implement portable negative air flow
  - Double up use of ventilators as appropriate and able
  - Implement staffing disaster call plan
  - Consider quarantine of staff
  - Implement use of anesthesia machines as ventilator's



Top Concerns

# FACT SHEET: EXPANSION OF THE ACCELERATED AND ADVANCE PAYMENTS PROGRAM FOR PROVIDERS AND SUPPLIERS DURING COVID-19 EMERGENCY

In order to increase cash flow to providers of services and suppliers impacted by the 2019 Novel Coronavirus (COVID-19) pandemic, the Centers for Medicare & Medicaid Services (CMS) has expanded our current Accelerated and Advance Payment Program to a broader group of Medicare Part A providers and Part B suppliers. The expansion of this program is only for the duration of the public health emergency. Details on the eligibility, and the request process are outlined below. The information below reflects the passage of the CARES Act (P.L. 116-136).

## **Accelerated/Advance Payments**

An accelerated/advance payment is a payment intended to provide necessary funds when there is a disruption in claims submission and/or claims processing. These expedited payments can also be offered in circumstances such as national emergencies, or natural disasters in order to accelerate cash flow to the impacted health care providers and suppliers. CMS is authorized to provide accelerated or advance payments during the period of the public health emergency to any Medicare provider/supplier who submits a request to the appropriate Medicare Administrative Contractor (MAC) and meets the required qualifications.

## **Eligibility & Process**

- ***Eligibility:*** To qualify for advance/accelerated payments the provider/supplier must:
  1. Have billed Medicare for claims within 180 days immediately prior to the date of signature on the provider's/supplier's request form,
  2. Not be in bankruptcy,
  3. Not be under active medical review or program integrity investigation, and
  4. Not have any outstanding delinquent Medicare overpayments.
- ***Amount of Payment:*** Qualified providers/suppliers will be asked to request a specific amount using an Accelerated or Advance Payment Request form provided on each MAC's website. Most providers and suppliers will be able to request up to 100% of the Medicare payment amount for a three-month period. Inpatient acute care hospitals, children's hospitals, and certain cancer hospitals are able to request up to 100% of the Medicare payment amount for a six-month period. Critical access hospitals (CAH) can request up to 125% of their payment amount for a six-month period.
- ***Processing Time:*** Each MAC will work to review and issue payments within seven (7) calendar days of receiving the request.
- ***Repayment:*** CMS has extended the repayment of these accelerated/advance payments to begin 120 days after the date of issuance of the payment. The repayment timeline is broken out by provider type below:



- Inpatient acute care hospitals, children’s hospitals, certain cancer hospitals, and Critical Access Hospitals (CAH) have up to one year from the date the accelerated payment was made to repay the balance.
- All other Part A providers and Part B suppliers will have 210 days from the date of the accelerated or advance payment was made to repay the balance.

The payments will be recovered according to the process described in number 7 below.

- ***Recoupment and Reconciliation:***

- The provider/supplier can continue to submit claims as usual after the issuance of the accelerated or advance payment; however, recoupment will not begin for 120 days. Providers/ suppliers will receive full payments for their claims during the 120-day delay period. At the end of the 120-day period, the recoupment process will begin and every claim submitted by the provider/supplier will be offset from the new claims to repay the accelerated/advanced payment. Thus, instead of receiving payment for newly submitted claims, the provider’s/supplier’s outstanding accelerated/advance payment balance is reduced by the claim payment amount. This process is automatic.
- The majority of hospitals including inpatient acute care hospitals, children’s hospitals, certain cancer hospitals, and critical access hospitals will have up to one year from the date the accelerated payment was made to repay the balance. That means after one year from the accelerated payment, the MACs will perform a manual check to determine if there is a balance remaining, and if so, the MACs will send a request for repayment of the remaining balance, which is collected by direct payment. All other Part A providers not listed above and Part B suppliers will have up to 210 days for the reconciliation process to begin.
- For the small subset of Part A providers who receive Period Interim Payment (PIP), the accelerated payment reconciliation process will happen at the final cost report process (180 days after the fiscal year closes).

A step by step application guide can be found below. More information on this process will also be available on your MAC’s website.

**Step-by-Step Guide on How to Request Accelerated or Advance Payment**

1. ***Complete and submit a request form:*** Accelerated/Advance Payment Request forms vary by contractor and can be found on each individual MAC’s website. Complete an Accelerated/Advance Payment Request form and submit it to your servicing MAC via mail or email. CMS has established COVID-19 hotlines at each MAC that are operational Monday – Friday to assist you with accelerated payment requests. You can contact the MAC that services your geographic area. To locate your designated MAC, refer to <https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Downloads/MACs-by-State-June-2019.pdf>.

**CGS Administrators, LLC (CGS) - Jurisdiction 15**

(KY, OH, and home health and hospice claims for the following states: DE, DC, CO, IA, KS, MD, MO, MT, NE, ND, PA, SD, UT, VA, WV, and WY)

The toll-free Hotline Telephone Number: 1-855-769-9920

Hours of Operation: 7:00 am – 4:00 pm CT

The toll-free Hotline Telephone Number for Home Health and Hospice Claims: 1-877-299-4500

Hours of Operation: 8:00 am – 4:30 pm CT for main customer service and 7:00 am – 4:00 pm CT for the Electronic Data Interchange (EDI) Department

**First Coast Service Options Inc. (FCSO) - Jurisdiction N**

(FL, PR, US VI)

The toll-free Hotline Telephone Number: 1-855-247-8428

Hours of Operation: 8:30 AM – 4:00 PM ET

**National Government Services (NGS) - Jurisdiction 6 & Jurisdiction K**

(CT, IL, ME, MA, MN, NY, NH, RI, VT, WI, and home health and hospice claims for the following states: AK, AS, AZ, CA, CT, GU, HI, ID, MA, ME, MI, MN, NH, NV, NJ, NY, MP, OR, PR, RI, US VI, VT, WI, and WA)

The toll-free Hotline Telephone Number: 1-888-802-3898

Hours of Operation: 8:00 am – 4:00 pm CT

**Novitas Solutions, Inc. - Jurisdiction H & Jurisdiction L**

(AR, CO, DE, DC, LA, MS, MD, NJ, NM, OK, PA, TX, (includes Part B for counties of Arlington and Fairfax in VA and the city of Alexandria in VA))

The toll-free Hotline Telephone Number: 1-855-247-8428

Hours of Operation: 8:30 AM – 4:00 PM ET

**Noridian Healthcare Solutions - Jurisdiction E & Jurisdiction F**

(AK, AZ, CA, HI, ID, MT, ND, NV, OR, SD, UT, WA, WY, AS, GU, MP)

The toll-free Hotline Telephone Number: 1-866-575-4067

Hours of Operation: 8:00 am – 6:00 pm CT

**Palmetto GBA - Jurisdiction J & Jurisdiction M**

(AL, GA, NC, SC, TN, VA (excludes Part B for the counties of Arlington and Fairfax in VA and the city of Alexandria in VA), WV, and home health and hospice claims for the following states: AL, AR, FL, GA, IL, IN, KY, LA, MS, NM, NC, OH, OK, SC, TN, and TX)

The toll-free Hotline Telephone Number: 1-833-820-6138

Hours of Operation: 8:30 am – 5:00 pm ET

**Wisconsin Physician Services (WPS) - Jurisdiction 5 & Jurisdiction 8**

(IN, MI, IA, KS, MO, NE)

The toll-free Hotline Telephone Number: 1-844-209-2567

Hours of Operation: 7:00 am – 4:00 pm CT

**Noridian Healthcare Solutions, LLC – DME A & D**

(CT, DE, DC, ME, MD, MA, NH, NJ, NY, PA, RI, VT, AK, AZ, CA, HI, ID, IA, KS, MO, MT, NE, NV, ND, OR, SD, UT, WA, WY, AS, GU, MP)

The toll-free Hotline Telephone Numbers: A: 1-866-419-9458; D: 1-877-320-0390

Hours of Operation: 8:00 am – 6:00 pm CT

**CGS Administrators, LLC – DME B & C**

(AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NM, NC, OH, OK, SC, TN, TX, VA, WI, WV, PR, US VI)

The toll-free Hotline Telephone Numbers: B: 866-590-6727; C: 866-270-4909

Hours of Operation: 7:00 am – 4:00 pm CT

2. ***What to include in the request form:*** Incomplete forms cannot be reviewed or processed, so it is vital that all required information is included with the initial submission. The provider/supplier must complete the entire form, including the following:
  - a. Provider/supplier identification information:
    - i. Legal Business Name/ Legal Name;
    - ii. Correspondence Address;
    - iii. National Provider Identifier (NPI);
    - iv. Other information as required by the MAC.
  - b. Amount requested based on your need:
    - i. Most providers and suppliers will be able to request up to 100% of the Medicare payment amount for a three-month period. However, inpatient acute care hospitals, children’s hospitals, and certain cancer hospitals are able to request up to 100% of the Medicare payment amount for a six-month period. Critical access hospitals (CAH) can now request up to 125% of their payment amount for a six-month period.
  - c. Reason for request:
    - i. Please check box 2 (“Delay in provider/supplier billing process of an isolated temporary nature beyond the provider’s/supplier’s normal billing cycle and not attributable to other third party payers or private patients.”); and
    - ii. State that the request is for an accelerated/advance payment due to the COVID-19 pandemic.
3. ***Who must sign the request form?*** The form must be signed by an authorized representative of the provider/supplier.
4. ***How to submit the request form:*** While electronic submission will significantly reduce the processing time, requests can be submitted to the appropriate MAC by fax, email, or mail. You can also contact the MAC provider/supplier helplines listed above.

5. ***What review does the MAC perform?*** Requests for accelerated/advance payments will be reviewed by the provider or supplier's servicing MAC. The MAC will perform a validation of the following eligibility criteria:
- Has billed Medicare for claims within 180 days immediately prior to the date of signature on the provider's or supplier's request form,
  - Is not in bankruptcy,
  - Is not under active medical review or program integrity investigation,
  - Does not have any outstanding delinquent Medicare overpayments.
6. ***When should you expect payment?*** The MAC will notify the provider/supplier as to whether the request is approved or denied via email or mail (based on the provider's/supplier's preference). If the request is approved, the payment will be issued by the MAC within 7 calendar days from the request.
7. ***When will the provider/supplier be required to begin repayment of the accelerated/advanced payments?*** Accelerated/advance payments will be recovered from the receiving provider or supplier by one of two methods:
- For the small subset of Part A providers who receive Period Interim Payment (PIP), the accelerated payment will be included in the reconciliation and settlement of the final cost report.
  - All other providers and suppliers will begin repayment of the accelerated/advance payment 120 calendar days after payment is issued.
8. ***Do provider/suppliers have any appeal rights?*** Providers/suppliers do not have administrative appeal rights related to these payments. However, administrative appeal rights would apply to the extent CMS issued overpayment determinations to recover any unpaid balances on accelerated or advance payments.

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## Legislative and Regional

**Medicaid Update:** Governor Kevin Stitt has submitted his SPAs (State Plan Amendment) waivers to include Medicaid grant (Health Adult Opportunity) or SoonerCare 2.0, work requirements, premium charges, proposed funding from SHOPP, TSET (Tobacco Settlement Endowment Trust, value based payments, delivery system reform etc, for 2021. The Governor has taken commercial managed care options off the table for now -- if OHA (Oklahoma Hospital Association) concedes on SHOPP (Supplemental Hospital Offset Payment Program) assessment fee increase from 2.3% to 4%. The increase for hospitals is to pay the state's burden of Medicaid expansion. Here are some facts:

- Many Oklahoma hospitals are exempt (83) from SHOPP assessment.
- MRHC is one of 65 hospitals that pay the SHOPP assessment.
- Current SHOPP assessment is 2.3%.
- 2020 SHOPP assessment for MRHC is \$1.187, 349; SHOPP supplemental payments receive is \$6,519,792.
- New revenues to MRHC because of expansion is \$1,945,101.
- If an increase to 4% before July, MRHC would pay an additional \$877,606.
- MRHC is one of 36 hospitals that would stand to gain regardless of the assessment; however, 29 hospitals stand to lose.
- OHA may mitigate losses by reallocating resources.

The Governor is expecting OHA to negotiate in advance of SQ 802; and if not supported, will continue with SHOPP increases and will outsource Medicaid. Managed Medicaid would be costly and has proven to be challenging for those providers in states that have done so. The Governor should expect much of his plan to be challenged in the courts.

**HB 3388:** Oklahoma House Bill (HB) 3388 creates the Oklahoma Out-of-Network Balance Billing and Transparency Act. . The bill essentially allows the Attorney General to bring a civil action against healthcare entities and providers for surprise billing of services provided in the emergency room. The Bill also requires organizations to maintain a benchmarking database and engage in arbitration over billing disputes. The Bill is moving on to the Senate.

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**HB 3029:** Oklahoma House Bill 3029 creates the Transparency in Health Care Prices Act. The Bill requires health care providers, groups and facilities to make health care prices (cash price) available to the public for their 20-most commonly provided inpatient and outpatient services. The Bill is moving on to the Senate.

**HB 2870:** Oklahoma HB 2870 creates the Small Oklahoma Hospital Survival Act, which provides for protections to small hospitals in negotiation and interaction with health insurance providers. The Bill would guarantee reimbursement rates and payments for services rendered by small hospitals. Small hospital defined as any hospital, public or private with less than one hundred licensed beds or having an acute care average daily census of less than 50 patients in a county with a population of less than three hundred thousand people

**HB 3888:** Oklahoma HB 3888 permits public meetings to be held by either videoconference **or** teleconference through March 1, 2021. The bill will require a public entity to indicate on the notice and agenda whether the meeting will include teleconferencing or videoconferencing, which members are participating in a meeting remotely and the method of their participation, and which members will be physically present at the meeting site. The public must have the ability to participate remotely by video or phone link. Materials shared electronically to members for consideration during a meeting held via videoconference or teleconference must be made available to the public. MRHC will be providing telephonic access to Board members and the public; and posting all materials to the MRHC portal and Website.

### Operations

**Coronavirus:** Administration opened the Incident Command Center to escalate preparedness plans dealing with Covic-19, a.k.a. Coronavirus. Plans include the Hospital, VBH, Belfair, Urgent Care Centers, Clinics, Wellness Center, Home Health, and Hospice. Some specific detailed actions taken by administration are as follows:

- Assess and manage daily clinical operations
- Coordination with local, State and federal liaisons

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- Assess PPE (Personal Protective Equipment) and ventilator availability
- Reduce hospital activities and limit visitation
- Assess cash position
- Eliminate all non-essential expenditures
- Volunteer furloughs of Administration and Leadership personnel
- Employee reassignments and furloughs
- Contact(s) with all major vendors and banking institutions

More information forthcoming during the upcoming Board meeting.

**Telehealth Strategy:** MMS kicked off telemedicine visits using a zoom meeting platform on March 20<sup>th</sup>. We initially started with primary care and the internal medicine clinic. As of today, we have added OB/GYN and pediatrics. As our physicians become more comfortable with the process, we expect it to grow during this COVID 19 outbreak and beyond. Please keep in mind, this process is only for the short term. We are working closely with our IT department to select a long term solution that will interface with our expense program and eliminate the extra triage personnel that are currently required.

**Finance:** The on-going added cost of the emergency response to Covid19 is estimated to be \$150k for every 30 days of incident command and entrance screening procedures. This number will increase dramatically if we experience a community spread in Pittsburg County and an influx of patients to the hospital.

The pandemic has negatively impacted volumes and revenues. While the ER remains busy, outpatient services have already fallen off by about a third (~33%). The clinic volume has fallen off even more, roughly 50%. This equates to a drop of over \$2m in net revenues. Combined with the challenges of a new billing system implementation, this effect will ultimately result in higher trade payables (likely to grow to 60+ days over the next 2 months) and utilization of short term investments to meet operating cash needs.

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To mitigate the financial impact of the slowed volume, active staffing is being reduced and purchases are being limited to essential “must-have” items only. If the decline persists, a formal furlough or layoff may be required.

**Human Resources:** We are always proud of our nursing staff as we have excellent staff of nurses who put forth his or her best for the care of our patients. The Oklahoman’s Recognizing Nurses inaugural celebration honors Oklahoma’s exceptional nurses — the unsung heroes of our communities and critical players in the healthcare field. We are proud of all of our nurses who were nominated; however, we are especially excited for our two nurses who have been chosen as a finalist in his or her category. The winners will be revealed at a later date and celebrated. The winners are selected by online voting sponsored by the Oklahoman. You can view more of their nominations via the recognizing nurses’ website <https://www.recognizingnursesok.com/>.

Amanda Harrell has been chosen as a finalist for the Mental/Behavioral Health. Amanda was nominated by one of our patient’s family members. This family member in his or her nomination spoke about the care that Amanda provided while their loved one was a patient at our Lifebridge Geri-Psychiatric Unit. This family referred to Amanda as an angel, patient and kind and “a light in a dark world.” Amanda has been employed here at MRHC since 2015. She has worked in several areas here and was also recognized as a Top 100 Nurse in a previous year. We are fortunate to have Amanda here and her patient care skills. Please help us congratulate Amanda as well as thank her for the excellent care she provides. She is truly a model of what patient care at MRHC looks like!

Labor and Delivery RN, Natosha Schlueter was nominated for the Labor and Delivery finalist by one of her peers here at MRHC. One of her peers spoke not only of her nursing skills, but her leadership skills and the inspiration that she is among our nursing staff. Natosha has worked here since 2016. She takes the leadership for the education for expectation mothers and their partners and they get ready to deliver here at MRHC. She has been one of our biggest



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advocates for the need for staff education and unit meetings. She is truly one of our best faces for nurse education across the board here at MRHC. Please join us as we celebrate Natosha Schlueter for being a finalist in this category. We are thankful she is a part of our team!

**MRHC Foundation:** The foundation received a donation to the Hudson Strong Foundation this past month for \$22,197.00. These funds were raised through a silent auction by Reed Marcum a 15-year-old student from McAlester. These funds will go towards families with children who are ill.

The Relay for life bingo was held March 13 at the Expo in McAlester. What a fun event! Sponsored by Common Roots Mercantile, the bingo has estimated to have raised \$26,000. Final numbers are being still being tallied. Half the proceeds this year will go to the MRHC Tower project which includes the new cancer center.

The foundation is in the midst of software training this month. Blackbaud Raiser's Edge software training is a donor management software that is comprehensive cloud-based fundraising and donor management software built specifically for nonprofit agencies.

The marketing campaign for the MRHC Tower project is underway. Video production for the project is moving forward and filming starts on April 2. This video is being produced by Hinkle Creative Services. This video will include testimonials from local patients, doctors, and nurses and discuss the needs of a new cancer center, surgery, and ICU.

Foundation scheduled events will be on hold due to Covid-19. More information will follow as we know more.

# **McAlester Regional Health Center Authority**

## **Financial Reports Presentation**

(unaudited and pending auditor's opinions)

**Reporting Month: February 2020**

MCALESTER REGIONAL HEALTH CENTER  
 STATEMENTS OF FINANCIAL POSITION - SYSTEM COMBINED  
 02/29/20

	<u>02/29/20</u>	<u>01/31/20</u>	<u>02/28/19</u>
CURRENT ASSETS:			
=====			
CASH & SHORT TERM INVESTMENTS	30,140,503.51	32,456,215.60	30,463,676.60
ACCOUNTS RECEIVABLE	46,704,064.23	46,876,676.35	47,042,344.65
ALLOWANCE FOR DOUBTFUL ACCOUNTS	(34,402,197.01)	(33,057,883.82)	(35,410,295.50)
NET ACCOUNTS RECEIVABLE	12,301,867.22	13,818,792.53	11,632,049.15
OTHER ACCOUNTS RECEIVABLE	13,365,258.11	13,391,120.77	11,932,696.78
OTHER ALLOWANCES	(9,335,514.67)	(9,068,208.44)	(8,392,017.77)
INVENTORIES	2,291,198.51	2,299,677.28	2,446,472.13
PREPAID EXPENSES	1,895,894.00	2,181,543.91	1,777,719.45
TOTAL CURRENT ASSETS	50,659,206.68	55,079,141.65	49,860,596.34
OTHER ASSETS	6,075,832.74	6,325,832.74	6,848,741.04
PROPERTY, PLANT & EQUIPMENT	114,528,673.65	114,107,055.46	108,959,016.76
ACCUMULATED DEPRECIATION	(71,115,816.88)	(70,722,539.30)	(66,313,435.98)
NET PROPERTY, PLANT & EQUIPMENT	43,412,856.77	43,384,516.16	42,645,580.78
TOTAL ASSETS	100,147,896.19	104,789,490.55	99,354,918.16
=====			
CURRENT LIABILITIES:			
=====			
ACCOUNTS PAYABLE	3,233,648.46	5,400,896.34	4,622,102.01
ACCRUED EXPENSES PAYABLE	7,152,879.34	6,751,279.86	6,349,393.14
TOTAL CURRENT LIABILITIES	10,386,527.80	12,152,176.20	10,971,495.15
CAPITAL LEASES PAYABLE & LT DEBT	10,598,700.47	10,664,820.07	11,348,816.92
TOTAL LIABILITIES	20,985,228.27	22,816,996.27	22,320,312.07
FUND BALANCE	79,162,667.92	81,972,494.28	77,034,606.09
TOTAL LIABILITIES & FUND BALANCE	100,147,896.19	104,789,490.55	99,354,918.16
=====			

MCALESTER REGIONAL HEALTH CENTER  
 INCOME STATEMENTS - SYSTEM COMBINED  
 FOR THE PERIOD FEB 2020

	FEB 2020 ACTUAL	FEB 2020 BUDGET	VARIANCE	FEB 2019 ACTUAL	VARIANCE	FY 2020 YTD ACTUAL	FY 2020 YTD BUDGET	VARIANCE	FY 2019 YTD ACTUAL	VARIANCE
REVENUES:										
INPATIENT ROUTINE	1,791,408	1,851,503	60,095-	1,683,847	107,562	14,418,079	14,812,024	393,945-	13,729,287	688,792
INPATIENT ANCILLARY	7,901,539	7,319,053	582,486	6,022,620	1,878,919	58,161,784	58,552,424	390,641-	58,350,760	188,976-
OUTPATIENT	10,788,998	12,527,774	1,738,776-	12,171,514	1,382,516-	90,521,215	100,222,192	9,700,977-	97,086,986	6,565,771-
CLINIC REVENUE	2,783,617	2,723,696	59,921	2,569,953	213,664	23,072,032	21,789,568	1,282,464	19,184,314	3,887,717
TOTAL PATIENT REVENUE	23,265,563	24,422,026	1,156,463-	22,447,935	817,628	186,173,109	195,376,208	9,203,099-	188,351,347	2,178,238-
DEDUCTIONS FROM REVENUE:										
DEDUCTIONS FROM REVENUE	18,105,607-	15,408,712-	2,696,895-	14,225,480-	3,880,127-	115,421,211-	123,269,696-	7,848,486	120,145,830-	4,724,619
BAD DEBT	624,883	1,419,547-	2,044,430	1,275,579-	1,900,462	9,909,702-	11,356,376-	1,446,674	10,275,146-	365,444
CHARITY	276,833-	139,000-	137,833-	126,601-	150,232-	1,199,192-	1,112,000-	87,192-	1,151,193-	47,999-
RAC	0	0	0	0	0	0	0	0	35,249-	35,249
DEDUCTIONS FROM REVENUE	17,757,557-	16,967,259-	790,298-	15,627,660-	2,129,897-	126,530,104-	135,738,072-	9,207,968	131,607,418-	5,077,314
NET PATIENT REVENUE	5,508,006	7,454,767	1,946,761-	6,820,275	1,312,269-	59,643,005	59,638,136	4,869	56,743,929	2,899,076
SHOPP NET REVENUE	418,997	340,000	78,997	321,632	97,365	2,969,960	2,720,000	249,960	3,109,091	139,131-
MEANINGFUL USE FUND	0	0	0	0	0	0	101,701	101,701-	0	0
OTHER OPERATING REVENUE	309,484	287,045	22,439	320,809	11,325-	2,367,872	2,321,068	46,804	2,507,727	139,855-
NET OPERATING REVENUE	6,236,488	8,081,812	1,845,324-	7,462,717	1,226,229-	64,980,836	64,780,905	199,931	62,360,746	2,620,090
OPERATING EXPENSES:										
SALARIES & LABOR	3,829,512	3,552,720	276,792-	3,069,999	759,513-	30,146,654	28,667,575	1,479,079-	26,609,431	3,537,223-
BENEFITS	909,967	614,322	295,645-	560,184	349,783-	5,009,084	4,704,576	304,508-	4,447,337	561,747-
CONTRACT LABOR	105,627	103,000	2,627-	298,733	193,106	960,746	1,042,304	81,558	1,915,766	955,020
PROFESSIONAL FEES	204,281	165,225	39,056-	177,933	26,347-	1,090,179	1,301,836	211,657	1,479,226	389,047
PHYSICIAN FEES	873,802	708,744	165,058-	710,305	163,498-	7,106,703	5,671,124	1,435,579-	4,912,138	2,194,565-
PURCHASED SERVICES	639,518	498,970	140,548-	493,855	145,663-	4,402,764	3,958,269	444,495-	3,981,386	421,378-
SUPPLIES	1,373,022	1,170,143	202,879-	1,098,034	274,989-	10,205,633	9,541,532	664,101-	9,143,294	1,062,339-
REPAIRS & MAINTENANCE	146,477	219,113	72,636	274,855	128,378	1,632,601	1,757,904	125,304	2,083,214	450,614
UTILITIES	168,017	151,644	16,373-	146,226	21,791-	1,252,686	1,245,770	6,916-	1,316,893	64,207
INSURANCE	87,378	119,046	31,668	121,207	33,829	814,891	952,868	137,977	1,002,552	187,661
MISCELLANEOUS & GENERAL	82,656	57,907	24,749-	92,449	9,793	865,921	449,429	416,492-	492,790	373,131-
LEASE EXPENSE	217,828	109,029	108,799-	116,358	101,470-	1,150,988	915,886	235,102-	806,785	344,202-
INTEREST EXPENSE	15,261	32,000	16,739	8,560	6,701-	202,769	256,000	53,231	63,570	139,199-
DEPRECIATION EXPENSE	390,078	417,404	27,326	421,556	31,479	3,167,733	3,339,232	171,499	3,115,163	52,570-
TOTAL OPERATING EXPENSES	9,043,424	7,919,267	1,124,157-	7,590,253	1,453,171-	68,009,352	63,804,305	4,205,047-	61,369,546	6,639,806-
OPERATING INCOME (LOSS)	2,806,936-	162,545	2,969,481-	127,536-	2,679,400-	3,028,515-	976,600	4,005,115-	991,200	4,019,716-
NON-OPERATING INCOME (EXPENSE):										
INTEREST INCOME	86,095-	50,645	136,740-	67,929	154,024-	417,664	405,160	12,504	305,501	112,163
OTHER NON-OPERATING REVNEUE	41,296	39,265	2,031	33,025	8,271	318,178	314,120	4,058	193,069	125,109
JOINT VENTURES	0	40,697	40,697-	5,000	5,000-	0	325,576	325,576-	13,991-	13,991
EXTRAORDINARY ITEMS	0	0	0	0	0	0	0	0	0	0
TOTAL NON-OPER INCOME (LOSS)	44,799-	130,607	175,406-	105,954	150,753-	735,842	1,044,856	309,014-	484,579	251,263
TOTAL INCOME (LOSS)	2,851,735-	293,152	3,144,887-	21,582-	2,830,152-	2,292,674-	2,021,456	4,314,130-	1,475,779	3,768,453-

FY2020 MONTH TO DATE ACTUAL

Feb-20

	MRHC					MMS	ASC	MBC	SYS COM
	MRHC	HH	HOSPICE	BLUE SKY	VBH	WELLNESS	MMS	ASC	
INPATIENT	9,692,947								9,692,947
OUTPATIENT	10,169,866								10,788,998
CLINIC	-	155,254	380,480	147,875			2,100,008	619,132	2,783,617
<b>TOTAL REV</b>	<b>19,862,813</b>	<b>155,254</b>	<b>380,480</b>	<b>147,875</b>	-	-	<b>2,100,008</b>	<b>619,132</b>	<b>23,265,563</b>
DFR	15,827,058	50,841	250,328	91,978			1,453,690	431,713	18,105,607
BAD DEBT	(627,342)							2,459	(624,883)
CHARITY	276,833								276,833
<b>TOTAL DFR</b>	<b>15,476,549</b>	<b>50,841</b>	<b>250,328</b>	<b>91,978</b>	-	-	<b>1,453,690</b>	<b>434,172</b>	<b>17,757,557</b>
<b>NET PAT REV</b>	<b>4,386,264</b>	<b>104,413</b>	<b>130,152</b>	<b>55,897</b>	-	-	<b>646,318</b>	<b>184,960</b>	<b>5,508,006</b>
SHOPP NET REV	418,997								418,997
OTHER OP REV	100,848			739	128,704	56,764	22,429		309,484
<b>NET OP REV</b>	<b>4,906,109</b>	<b>104,413</b>	<b>130,152</b>	<b>56,636</b>	<b>128,704</b>	<b>56,764</b>	<b>668,747</b>	<b>184,960</b>	<b>6,236,487</b>
SALARIES & LABOR	2,736,392	66,895	67,232		79,951	25,685	784,465	68,893	3,829,512
BENEFITS	800,194	5,501	5,328		6,704	2,138	79,158	10,944	909,967
CONTRACT LABOR	105,627								105,627
PROFESSIONAL FEES	138,156		-		1,039		64,610	476	204,281
PHYSICIAN FEES	560,598		(1,380)	184,235			130,349		873,802
PURCHASED SERVICES	598,233	4,265	14,507	6,803			10,911	4,799	639,518
SUPPLIES	1,232,236	879	20,642		12,504	1,197	48,654	56,910	1,373,022
REP & MAINT	133,770	956	41		2,310	192	259	8,949	146,477
UTILITIES	153,853	-			6,109	4,954	2,472	104	168,017
INSURANCE	68,649						15,145	3,584	87,378
MISC & GEN	35,107	2,207	7,840		190		37,313		82,656
LEASE	193,264	260	5,230		(116)	1,330	14	17,847	217,828
INTEREST	13,929		-						15,261
DEPRECIATION	348,279	294	31		15,488	13,086		8,630	390,078
<b>TOTAL OP EXP</b>	<b>7,118,287</b>	<b>81,257</b>	<b>119,471</b>	<b>191,038</b>	<b>124,179</b>	<b>48,582</b>	<b>1,173,350</b>	<b>181,136</b>	<b>9,043,424</b>
<b>OP INCOME (LOSS)</b>	<b>(2,212,178)</b>	<b>23,156</b>	<b>10,681</b>	<b>(134,402)</b>	<b>4,525</b>	<b>8,182</b>	<b>(504,603)</b>	<b>3,824</b>	<b>(2,806,937)</b>

FY2020 MONTH TO DATE BUDGET

Feb-20

	MRHC					MMS	ASC	MBC	SYS COM
	MRHC	HH	HOSPICE	BLUE SKY	VBH	WELLNESS	MMS	ASC	
INPATIENT	9,170,556								9,170,556
OUTPATIENT	11,869,112							658,662	12,527,774
CLINIC	-	100,000	115,000	326,000			2,182,696		2,723,696
<b>TOTAL REV</b>	<b>21,039,668</b>	<b>100,000</b>	<b>115,000</b>	<b>326,000</b>	-	-	<b>2,182,696</b>	<b>658,662</b>	<b>24,422,026</b>
DFR	13,183,923	15,000	15,000	198,000			1,594,727	402,062	15,408,712
BAD DEBT	1,367,547							52,000	1,419,547
CHARITY	137,000							2,000	139,000
<b>TOTAL DFR</b>	<b>14,688,470</b>	<b>15,000</b>	<b>15,000</b>	<b>198,000</b>	-	-	<b>1,594,727</b>	<b>456,062</b>	<b>16,967,259</b>
<b>NET PAT REV</b>	<b>6,351,198</b>	<b>85,000</b>	<b>100,000</b>	<b>128,000</b>	-	-	<b>587,969</b>	<b>202,600</b>	<b>7,454,767</b>
SHOPP NET REV	340,000								340,000
OTHER OP REV	96,590			1,600	120,375	68,480	-		287,045
<b>NET OP REV</b>	<b>6,787,788</b>	<b>85,000</b>	<b>100,000</b>	<b>129,600</b>	<b>120,375</b>	<b>68,480</b>	<b>587,969</b>	<b>202,600</b>	<b>8,081,812</b>
SALARIES & LABOR	2,583,334	60,384	53,230		82,666	31,334	668,220	73,552	3,552,720
BENEFITS	538,000	5,293	4,671		7,230	2,767	50,000	6,361	614,322
CONTRACT LABOR	99,000	4,000							103,000
PROFESSIONAL FEES	115,296		116		861		48,000	952	165,225
PHYSICIAN FEES	630,544		1,200	-			77,000		708,744
PURCHASED SERVICES	462,846	4,505	11,000	7,500		100	5,669	7,350	498,970
SUPPLIES	1,052,218	2,295	19,403		10,145	4,508	38,575	42,999	1,170,143
REP & MAINT	207,383	1,980	200		2,000	2,000	1,050	4,500	219,113
UTILITIES	134,254	200			5,615	11,200	-	375	151,644
INSURANCE	93,857						21,000	4,189	119,046
MISC & GEN	48,148	1,200	5,650		150		2,759		57,907
LEASE	88,935	-	1,400			1,800	-	16,894	109,029
INTEREST	32,000		-						32,000
DEPRECIATION	381,745	294	31		15,580	13,257		6,497	417,404
<b>TOTAL OP EXP</b>	<b>6,467,560</b>	<b>80,151</b>	<b>96,901</b>	<b>7,500</b>	<b>124,247</b>	<b>66,966</b>	<b>912,273</b>	<b>163,669</b>	<b>7,919,267</b>
<b>OP INCOME (LOSS)</b>	<b>320,228</b>	<b>4,849</b>	<b>3,099</b>	<b>122,100</b>	<b>(3,872)</b>	<b>1,514</b>	<b>(324,304)</b>	<b>38,931</b>	<b>162,545</b>

FY2020 - YEAR TO DATE ACTUAL

Feb-20

	MRHC					MMS	ASC	MBC	SYS COM
	MRHC	HH	HOSPICE	BLUE SKY	VBH	WELLNESS	MMS	ASC	
INPATIENT	72,579,863								72,579,863
OUTPATIENT	84,742,421							5,778,794	90,521,215
CLINIC	1	1,148,798	3,459,508	2,646,119			15,817,606		23,072,032
<b>TOTAL REV</b>	<b>157,322,285</b>	<b>1,148,798</b>	<b>3,459,508</b>	<b>2,646,119</b>	-	-	<b>15,817,606</b>	<b>5,778,794</b>	<b>186,173,110</b>
DFR	96,163,151	361,279	1,884,098	1,621,732			11,216,219	4,174,731	115,421,210
BAD DEBT	9,848,345							61,357	9,909,702
CHARITY	1,198,029							1,162	1,199,191
<b>TOTAL DFR</b>	<b>107,209,525</b>	<b>361,279</b>	<b>1,884,098</b>	<b>1,621,732</b>	-	-	<b>11,216,219</b>	<b>4,237,250</b>	<b>126,530,103</b>
<b>NET PAT REV</b>	<b>50,112,760</b>	<b>787,519</b>	<b>1,575,410</b>	<b>1,024,387</b>	-	-	<b>4,601,387</b>	<b>1,541,544</b>	<b>59,643,007</b>
SHOPP NET REV	2,969,960								2,969,960
OTHER OP REV	700,714			10,271	1,031,283	436,864	188,740		2,367,872
<b>NET OP REV</b>	<b>53,783,434</b>	<b>787,519</b>	<b>1,575,410</b>	<b>1,034,658</b>	<b>1,031,283</b>	<b>436,864</b>	<b>4,790,127</b>	<b>1,541,544</b>	<b>64,980,839</b>
SALARIES & LABOR	21,892,259	511,974	535,997		639,411	221,696	5,795,835	549,482	30,146,654
BENEFITS	4,387,948	40,919	41,981		50,832	17,426	400,936	69,043	5,009,085
CONTRACT LABOR	953,600	7,146							960,746
PROFESSIONAL FEES	647,444		-		6,688		434,815	1,232	1,090,179
PHYSICIAN FEES	6,149,403		12,720	184,235			760,345		7,106,703
PURCHASED SERVICES	4,046,558	33,703	69,758	68,798		1,190	86,908	95,849	4,402,764
SUPPLIES	8,998,722	12,011	256,689		88,971	24,855	322,953	501,212	10,205,633
REP & MAINT	1,513,191	10,426	1,435		18,212	17,597	10,987	60,752	1,632,600
UTILITIES	1,128,723	2,276			65,743	47,494	2,566	4,656	1,252,687
INSURANCE	640,886						152,065	21,940	814,891
MISC & GEN	527,400	18,253	56,750		2,504	350	259,619	1,045	865,921
LEASE	989,034	2,080	10,008		1,849	6,723	664	140,630	1,150,988
INTEREST	191,977		-						10,792
DEPRECIATION	2,837,466	2,353	248		123,572	105,164		69,042	29,889
<b>TOTAL OP EXP</b>	<b>54,904,611</b>	<b>641,141</b>	<b>985,586</b>	<b>253,033</b>	<b>997,782</b>	<b>442,495</b>	<b>8,227,693</b>	<b>1,514,883</b>	<b>42,130</b>
<b>OP INCOME (LOSS)</b>	<b>(1,121,177)</b>	<b>146,378</b>	<b>589,824</b>	<b>781,625</b>	<b>33,501</b>	<b>(5,631)</b>	<b>(3,437,566)</b>	<b>26,661</b>	<b>(42,130)</b>
									<b>(3,028,515)</b>

FY2020 - YEAR TO DATE BUDGET

Feb-20

	MRHC					MMS	ASC	MBC	SYS COM
	MRHC	HH	HOSPICE	BLUE SKY	VBH	WELLNESS	MMS	ASC	
INPATIENT	73,364,448								73,364,448
OUTPATIENT	94,952,896								100,222,192
CLINIC	-	800,000	920,000	2,608,000				5,269,296	21,789,568
<b>TOTAL REV</b>	<b>168,317,344</b>	<b>800,000</b>	<b>920,000</b>	<b>2,608,000</b>	-	-	<b>17,461,568</b>	<b>5,269,296</b>	<b>195,376,208</b>
DFR	105,471,384	120,000	120,000	1,584,000					123,269,696
BAD DEBT	10,940,376							416,000	11,356,376
CHARITY	1,096,000							16,000	1,112,000
<b>TOTAL DFR</b>	<b>117,507,760</b>	<b>120,000</b>	<b>120,000</b>	<b>1,584,000</b>	-	-	<b>12,757,816</b>	<b>3,648,496</b>	<b>135,738,072</b>
<b>NET PAT REV</b>	<b>50,809,584</b>	<b>680,000</b>	<b>800,000</b>	<b>1,024,000</b>	-	-	<b>4,703,752</b>	<b>1,620,800</b>	<b>59,638,136</b>
SHOPP NET REV	2,720,000								2,720,000
OTHER OP REV	899,129			12,800	963,000	547,840	-		2,422,769
<b>NET OP REV</b>	<b>54,428,713</b>	<b>680,000</b>	<b>800,000</b>	<b>1,036,800</b>	<b>963,000</b>	<b>547,840</b>	<b>4,703,752</b>	<b>1,620,800</b>	<b>64,780,905</b>
SALARIES & LABOR	20,933,145	477,672	421,076		653,654	247,852	5,345,760	588,416	28,667,575
BENEFITS	4,094,000	42,344	37,368		57,840	22,136	400,000	50,888	4,704,576
CONTRACT LABOR	1,010,304	32,000							1,042,304
PROFESSIONAL FEES	905,568		928		6,888		384,000	4,452	1,301,836
PHYSICIAN FEES	5,045,524		9,600				616,000		5,671,124
PURCHASED SERVICES	3,667,277	36,040	88,000	60,000		2,800	45,352	58,800	3,958,269
SUPPLIES	8,592,027	18,360	155,224		87,265	36,064	308,600	343,992	9,541,532
REP & MAINT	1,662,064	15,840	1,600		18,000	16,000	8,400	36,000	1,757,904
UTILITIES	1,101,250	1,600			52,420	87,500	-	3,000	1,245,770
INSURANCE	751,356						168,000	33,512	952,868
MISC & GEN	384,907	10,100	31,150		1,200		22,072		449,429
LEASE	755,134	-	11,200		-	14,400	-	135,152	915,886
INTEREST	256,000		-						256,000
DEPRECIATION	3,053,660	2,352	248		124,940	106,056		51,976	3,339,232
<b>TOTAL OP EXP</b>	<b>52,212,216</b>	<b>636,308</b>	<b>756,394</b>	<b>60,000</b>	<b>1,002,207</b>	<b>532,808</b>	<b>7,298,184</b>	<b>1,306,188</b>	<b>63,804,305</b>
<b>OP INCOME (LOSS)</b>	<b>2,216,497</b>	<b>43,692</b>	<b>43,606</b>	<b>976,800</b>	<b>(39,207)</b>	<b>15,032</b>	<b>(2,594,432)</b>	<b>314,612</b>	<b>976,600</b>



MRHC (ONLY)

Feb 29, 2020

MRHC 2/28/2020  
Monthly AR contractual and BD allowance worksheet

AR Debit

Non Self Pay Rsrv

Self Pay Resrv

Total Reserve

O/P Accounts Receiv: Column Labels

Row Labels	cr <150	cr >150 BD	cr Total	dr <150	dr >150 BD	dr Total	Grand Total
<b>I</b>	<b>(92,130)</b>	<b>(72,159)</b>	<b>(164,290)</b>	<b>11,558,778</b>	<b>5,332,820</b>	<b>16,891,598</b>	<b>16,727,309</b>
BC	(7,643)	(6,390)	(14,034)	607,611	75,507	683,119	669,085
CH		(3,874)	(3,874)	50,926	26,682	77,608	73,735
CO	(27,470)	(24,265)	(51,735)	1,152,466	434,034	1,586,500	1,534,765
MCD	(2,387)	(9,088)	(11,475)	1,231,932	266,328	1,498,260	1,486,785
MCD-RAC			-		146,837	146,837	146,837
MCRA	(45,175)	(7,179)	(52,354)	5,223,674	149,226	5,372,900	5,320,546
MCRB			-		-	-	-
OT	(6,120)	(20,899)	(27,019)	1,093,459	232,781	1,326,240	1,299,222
RAC1			-		51,946	51,946	51,946
RAC2			-		384,156	384,156	384,156
SP	(3,335)	(465)	(3,800)	2,161,094	3,414,590	5,575,684	5,571,885
VA			-			-	-
WC			-	37,614.55	150,733.13	188,348	188,348
TriWESTHA			-			-	-
Blank	-		-			-	-
<b>O</b>	<b>(49,349)</b>	<b>(123,580)</b>	<b>(172,929)</b>	<b>12,270,709</b>	<b>11,288,406</b>	<b>23,559,115</b>	<b>23,386,186</b>
BC	(3,116)	(5,355)	(8,471)	1,059,423	100,368	1,159,791	1,151,320
CH	(1,037)	(13,266)	(14,303)	140,159	61,566	201,725	187,422
CO	(9,850)	(72,220)	(82,070)	2,273,375	3,251,684	5,525,059	5,442,988
MCD	(4,643)	(15,151)	(19,794)	1,294,483	90,530	1,385,013	1,365,219
MCRA	(1,119)	(2,046)	(3,164)	2,639,469	92,163	2,731,632	2,728,467
MCRB		(195)	(195)	72,782	52	72,835	72,640
OT	(4,600)	(4,158)	(8,758)	562,907	192,172	755,079	746,321
RAC1			-		39,926	39,926	39,926
VA			-			-	-
RAC2			-		2,365.55	2,366	2,366
SP	(24,984)	(10,482)	(35,466)	3,901,912	6,099,489	10,001,402	9,965,936
WC		(708)	(708)	319,951	1,357,216	1,677,167	1,676,459
Blank			-	6,247.62	873.00	7,121	7,121
TriWESTHA			-			-	-
<b>Z</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2,491</b>	<b>-</b>	<b>2,491</b>	<b>2,491</b>
CO	-	-	-			-	-
SP	-	-	-	2,490.61		2,491	2,491
BC	-	-	-			-	-
CH	-	-	-			-	-
MCD	-	-	-			-	-
<b>Grand Total</b>	<b>(141,480)</b>	<b>(195,739)</b>	<b>(337,219)</b>	<b>23,831,977</b>	<b>16,621,227</b>	<b>40,453,204</b>	<b>40,115,985</b>

## MRHC (ONLY)

Feb 29, 2020

MRHC

2/28/2020

Row Labels	Sum of ArChargeTotal	Sum of AdjustmentT	Sum of ReceiptTotal	Sum of RefundTotal	Sum of Balance	CA %	PCR%
<b>I</b>	<b>32,192,428</b>	<b>19,553,146</b>	<b>12,642,912</b>	<b>3,629</b>			<b>39.27%</b>
BC	1,290,053	480,958	810,860	1,765	0	37.15%	62.85%
CH	-	-	-	-	-	100.00%	
CO	1,614,697	677,132	938,065	500	(0)	41.90%	58.10%
MCD	5,744,918	4,024,183	1,720,735		0	70.05%	29.95%
MCRA	22,183,813	13,275,951	8,909,227	1,364	0	59.84%	40.16%
SP	613,551	610,551	3,000		-	99.51%	0.49%
TW	745,395	484,370	261,025		0	64.98%	35.02%
WC	-	-	-	-	-	100.00%	
<b>O</b>	<b>32,253,839</b>	<b>23,982,823</b>	<b>8,296,507</b>	<b>25,491</b>	<b>0.00</b>	<b>74.28%</b>	<b>25.72%</b>
BC	3,683,735	2,135,905	1,564,204	16,374	0	57.54%	42.46%
CH	52,872	44,185	8,687		(0)	83.57%	16.43%
CO	3,125,583	1,364,086	1,766,845	5,347	0	43.47%	56.53%
FES					-		
MCD	7,966,492	6,427,032	1,539,460		(0)	80.68%	19.32%
MCRA	15,018,997	12,063,571	2,958,990	3,564	0	80.30%	19.70%
MCRB	220,574	183,044	37,530		0	82.99%	17.01%
OT	1,435,751	1,144,732	291,165	146	(0)	79.72%	20.28%
SP	667,227	568,710	98,575	59	0	85.23%	14.77%
TW					-	75.00%	25.00%
WC	82,608.49	51,556.97	31,051.52		(0)	62.41%	37.59%
(blank)					-	100.00%	
<b>Z</b>		-	-	-			
(blank)	-	-			-	0.00%	
<b>Grand Total</b>	<b>64,446,267.28</b>	<b>43,535,969.03</b>	<b>20,939,418.38</b>	<b>29,120.13</b>	<b>0.00</b>	<b>67.5%</b>	<b>32.49%</b>



INSURANCE ID	AR Over 150 June 2019 Receipt Analysis			Feb 2020 AR over 150 Adjustment		
	AR Balance June 2019	>150 AR Receipts July 2019-Feb 2020	Rcpt/AR	Feb 2020 AR over 150	adj % CHAuto CHWC VA	
MRA AUTO	215,807.31	(43,032.22)	20%	43,360.40	20%	8,646.11
CHG AUTO	740,655.21	(44,305.72)	6%	1,457,281.11	30%	437,184.33
<b>Total</b>	<b>956,462.52</b>	<b>(87,337.94)</b>	9%	<b>1,500,641.51</b>	30%	<b>445,830.45</b>
CHG WC	432,920.09	(33,988.73)	8%	1,351,791.48	25%	337,947.87
MRAWRKCOMP	85,452.67	(15,622.44)	18%	28,773.91	18%	5,260.44
MRHC\WC	152,447.50	(13,049.13)	9%	117,934.22	9%	10,094.88
<b>Total</b>	<b>670,820.26</b>	<b>(62,660.30)</b>		<b>1,498,499.61</b>		<b>353,303.19</b>
VA	1,052,577.03	(50,650.46)	5%	1,165,543.04	20%	233,108.61
BC	551,951.29	(125,733.54)	23%	161,807.45	23%	36,859.45
CH PREMISE	15,878.40	(5,349.25)	34%	53,261.99	34%	17,943.35
EMPARHOLD	151,462.02	(43,033.65)	28%	131,923.98	28%	37,482.47
SP	8,839,843.79	(637,576.23)	7%	9,356,507.14	7%	674,840.72
<b>Total</b>	<b>9,559,135.50</b>	<b>(811,692.67)</b>		<b>9,703,500.56</b>		<b>767,125.99</b>
<b>Grand Total</b>	<b>12,238,995.31</b>	<b>(1,012,341.37)</b>		<b>13,868,184.72</b>		<b>1,799,368.24</b>

Adj to AR Reserve >150 days	1,799,368.24
Feb AR Balance over 150 days	16,425,487.20
% Adj Estimate/Feb AR over 150 days	11.0%

Sum of Amount								
dbo_DMisGIAccount.AccountID	PeriodDateTime	Description	VendorID	Name	Total	CER NUMBER	PO NUMBER	
01.19000.00375	2/29/2020	MRHC BLDG IMPROV-WELLNESS	M07289	RICHARD B WILSON	\$42,500.00	2020-25	198913	
<b>01.19000.00375 Total</b>					<b>\$42,500.00</b>			
01.19000.00400	7/31/2019	MRHC FIXED BUILDING EQUIPMENT	M01542	CARRIER CORPORATION	\$82,000.00	2019-044	188547	
	10/31/2019	MRHC FIXED BUILDING EQUIPMENT	M01542	CARRIER CORPORATION	\$66,988.00	2019-044	188547	
	12/31/2019	MRHC FIXED BUILDING EQUIPMENT	M03894	MCCABE CRANE & SIGN	\$20,525.00	2020-016	196700	
	2/29/2020	MRHC FIXED BUILDING EQUIPMENT	M05732	CRITICAL ALERT	\$13,793.73		196978	
<b>01.19000.00400 Total</b>					<b>\$183,306.73</b>			
01.19000.00500	7/31/2019	MRHC MOVEABLE EQUIPMENT	M02104	PHILIPS HEALTHCARE	\$25,087.38	2019-054	191542	
			M06682	GENMARK DIAGNOSTICS, INC.	\$41,250.00	2019-052	191435	
			M07135	ITAMAR MEDICAL INC	\$14,850.00	2020-002	192335	
	8/31/2019	MRHC MOVEABLE EQUIPMENT	M01359	INTERMETRO INDUSTRIES CORPORATION	\$15,723.24	2019-055	191654	
			M01542	CARRIER CORPORATION	\$25,000.00	2019-044	188547	
			M01684	MEDICAL MODALITY SERVICES LLC	\$181,500.00	2020-004	192964	
			M02993	AT&T GLOBAL SERVICES INC	\$1,813.01	2018-051	177755	
			M04789	STERIS CORPORATION	-\$565.44	2019-057	191798	
			M05732	CRITICAL ALERT	\$22,538.75	2019-047	188551	
			M05737	FREEDOM FORD, INC.	\$37,041.00	2020-003	192421	
			M05843	CHEM-AQUA, INC.	\$27,688.00	2019-053	191436	
	9/30/2019	MRHC MOVEABLE EQUIPMENT	M01684	MEDICAL MODALITY SERVICES LLC	\$38,100.00	2020-008	193807	
	10/31/2019	MRHC MOVEABLE EQUIPMENT	M03812	DRIVE MEDICAL SPV, LLC	\$6,432.22	2020-006	193240	
			M07146	NOVA BIOMEDICAL CORPORATION	\$24,080.00	2020-001	192063	
	11/30/2019	MRHC MOVEABLE EQUIPMENT	M01542	CARRIER CORPORATION	\$11,000.00	2020-005	193237	
	12/31/2019	MRHC MOVEABLE EQUIPMENT	M04789	STERIS CORPORATION	\$219,665.37	2019-057	191798	
	1/31/2020	MRHC MOVEABLE EQUIPMENT	M01542	CARRIER CORPORATION	\$10,160.00	2020-005	193237	
			M06106	XEROX CORPORATION	\$29.95		RECLASS OUT OF FA	
	2/29/2020	MRHC MOVEABLE EQUIPMENT	M01684	MEDICAL MODALITY SERVICES LLC	\$181,500.00	2020-004	192964	
			M02182	US FOOD SERVICE	\$8,542.18	2020-013	195601	
<b>01.19000.00500 Total</b>					<b>\$891,435.66</b>			
01.19000.05000	8/31/2019	MRHC FIXED ASSETS CLEARING ACCOUNT	M02993	AT&T GLOBAL SERVICES INC	\$48,645.98	2017-001E	169920	
			M03731	VIP TECHNOLOGY SOLUTIONS GROUP LLC	\$2,563.60	2018-042	175676	
			M05556	ENTERPRISE FM TRUST	\$3,141.26			
	9/30/2019	MRHC FIXED ASSETS CLEARING ACCOUNT	M02993	AT&T GLOBAL SERVICES INC	\$45,251.56	2017-001E	169920	
	10/31/2019	MRHC FIXED ASSETS CLEARING ACCOUNT	M02993	AT&T GLOBAL SERVICES INC	\$999.99	2017-001E	169920	
			M06231	VOCERA COMMUNICATIONS INC.	\$39,105.00		RECLASS OUT OF FA	
	11/30/2019	MRHC FIXED ASSETS CLEARING ACCOUNT	M01684	MEDICAL MODALITY SERVICES LLC	\$32,000.00	2020-014	196083	
	12/31/2019	MRHC FIXED ASSETS CLEARING ACCOUNT	M05124	AT&T	\$3,532.60		RECLASS OUT OF FA	
			M05732	CRITICAL ALERT	\$24,008.50	2020-018	196978	

			<b>M06371</b>	AT&T	\$84.44	RECLASS OUT OF FA
<b>01.19000.05000 Total</b>					<b>\$199,332.93</b>	
<b>01.19100.16801</b>	<b>7/31/2019</b>	MRHC CIP-MILLION BUILDING	<b>M06253</b>	INSURICA, INC.	\$244.00	2020-029
<b>01.19100.16801 Total</b>					<b>\$244.00</b>	
<b>01.19100.16909</b>	<b>7/31/2019</b>	MRHC CIP-CANCER CENTER	<b>M07113</b>	VISION PHILANTHROPY GROUP INC	\$4,663.46	
	<b>8/31/2019</b>	MRHC CIP-CANCER CENTER	<b>M07113</b>	VISION PHILANTHROPY GROUP INC	\$1,428.00	
	<b>9/30/2019</b>	MRHC CIP-CANCER CENTER	<b>M07113</b>	VISION PHILANTHROPY GROUP INC	\$14,749.76	
	<b>11/30/2019</b>	MRHC CIP-CANCER CENTER	<b>M07113</b>	VISION PHILANTHROPY GROUP INC	\$15,250.00	
	<b>12/31/2019</b>	MRHC CIP-CANCER CENTER	<b>M07113</b>	VISION PHILANTHROPY GROUP INC	\$2,361.08	
<b>01.19100.16909 Total</b>					<b>\$38,452.30</b>	
<b>01.19100.16910</b>	<b>9/30/2019</b>	MRHC CIP-SLEEP LAB	<b>M01684</b>	MEDICAL MODALITY SERVICES LLC	\$6,900.00	
	<b>10/31/2019</b>	MRHC CIP-SLEEP LAB	<b>M06697</b>	KYLE BISHOP	\$4,952.64	
	<b>11/30/2019</b>	MRHC CIP-SLEEP LAB	<b>M01436</b>	MILL CREEK CARPET & TILE COMPANY	\$9,066.00	
	<b>12/31/2019</b>	MRHC CIP-SLEEP LAB	<b>M01436</b>	MILL CREEK CARPET & TILE COMPANY	\$1,012.22	2020-009
			<b>M03731</b>	VIP TECHNOLOGY SOLUTIONS GROUP LLC	\$4,141.00	
			<b>M06462</b>	TULSA GRANITE, LLC	\$2,378.20	
	<b>1/31/2020</b>	MRHC CIP-SLEEP LAB	<b>M01436</b>	MILL CREEK CARPET & TILE COMPANY	-\$2,198.00	
	<b>2/29/2020</b>	MRHC CIP-SLEEP LAB	<b>M01436</b>	MILL CREEK CARPET & TILE COMPANY	\$2,279.79	
<b>01.19100.16910 Total</b>					<b>\$28,531.85</b>	
<b>01.19100.16911</b>	<b>2/29/2020</b>	MRHC CIP-KIDZ CHOICE	<b>M06462</b>	TULSA GRANITE, LLC	\$2,500.00	2020-026
			<b>M06697</b>	KYLE BISHOP	\$2,500.00	
<b>01.19100.16911 Total</b>					<b>\$5,000.00</b>	
<b>01.19200.00000</b>	<b>1/31/2020</b>	MRHC CAPITAL LEASE-PNC EDM EQUIP	<b>M07258</b>	DUKE MEDICAL EQUIPMENT	\$55,500.00	RECLASS OUT OF FA
<b>01.19200.00000 Total</b>					<b>\$55,500.00</b>	
<b>Grand Total</b>					<b>\$1,444,303.47</b>	

SUMMARY STATEMENT  
CASH FUNDED DEPRECIATION

10200.00000	CASH-INVESTMENT (M.S.)		3,998,098.45
10200.00100	CASH-INVESTMENT-M.S.-CFD-CDARS		3,024,053.00
10200.00110	CASH-INVESTMENT-M.S.-FD		5,927,597.75
10300.00000	CASH-LT CD'S	Beginning GL Balance 1/31	715,389.01
10300.00100	CASH-ST CD'S		386,787.80
10400.00100	MRHC CASH FUNDED DEPR		3,625,719.53
			17,677,645.54

		SHOPP	-
	Net Activity	Projects Funded	-
		Interest Income	(93,324.28)
		Ending GL Balance 2/29	17,584,321.26

10200.00000	CASH-INVESTMENT (M.S.)		3,935,520.23
10200.00100	CASH-INVESTMENT-M.S.-CFD-CDARS		3,027,123.26
10200.00110	CASH-INVESTMENT-M.S.-FD		5,891,028.67
10300.00000	CASH-LT CD'S	Ending GL Balance 2/29	716,078.50
10300.00100	CASH-ST CD'S		387,182.24
10400.00100	MRHC CASH FUNDED DEPR		3,627,388.36
			17,584,321.26

\*\*APPROVED FOR PAYMENT - \$2,052,186.00 FOR DOWTOWN IMAGING REMODEL

AVAILABLE BALANCE 15,532,135.26

## STATISTICS AS OF FEBRUARY 29, 2020

	<b>MTD</b>		
	Feb 2020 - Budget	Feb 2020 - Actual	Feb 2019 - Actual
<b>Volume</b>			
ED Visits	2,044	2,297	2,231
IP Surgeries	119	111	107
OP Surgeries	153	96	176
Total Surgeries	273	207	283
OP Registrations	6,482	6,606	6,801
Clinic Visits	3,418	4,879	4,546
	<b>YTD</b>		
	Feb 2020 - Budget	Feb 2020 - Actual	Feb 2019 - Actual
<b>Volume</b>			
ED Visits	17,978	17,991	16,789
IP Surgeries	1,057	937	938
OP Surgeries	125	1,118	1,219
Total Surgeries	1,182	2,055	2,157
OP Registrations	51,853	61,960	53,521
Clinic Visits	46,841	37,532	35,233





## Loan Covenants February 2020

Financial Covenants	Threshold	Actual	Compliance (Yes/No)
Debt Service Coverage Ratio	=> 1.20:1.00	1.28	YES
Days Cash on Hand	=> 75 Days	111.5	YES

Debt Service Coverage Ratio						
	Feb 2020-Actual	Jan 2020-Actual	Dec 2019-Actual	Nov 2019-Actual	Oct 2019-Actual	Sep 2019-Actual
Last 12 Months Op Income	(3,216,725)	(537,325)	(172,916)	(84,409)	378,021	829,620
PLUS: Depreciation (Last 12 months)	4,807,581	4,839,060	4,850,726	4,861,586	4,818,052	4,872,426
PLUS: Interest (Last 12 months)	320,901	314,200	298,745	277,820	260,877	230,031
<b>Last 12 Months EBIDA</b>	<b>1,911,757</b>	<b>4,615,935</b>	<b>4,976,555</b>	<b>5,054,997</b>	<b>5,456,950</b>	<b>5,932,077</b>
<b>Next 12 months Debt Service</b>	<b>1,495,345</b>	<b>1,498,053</b>	<b>1,498,053</b>	<b>1,500,181</b>	<b>1,674,458</b>	<b>1,683,870</b>
DSCR Ratio	1.28	3.08	3.32	3.37	3.26	3.52
<b>FY2020 Scheduled Debt Service</b>	<b>1,135,707</b>	<b>1,181,718</b>	<b>1,144,336</b>	<b>1,146,121</b>	<b>1,147,027</b>	<b>1,153,849</b>
DSCR Ratio	1.68	3.91	4.35	4.41	4.76	5.14

Days Cash on Hand						
	Feb 2020-Actual	Jan 2020-Actual	Dec 2019-Actual	Nov 2019-Actual	Oct 2019-Actual	Sep 2019-Actual
Unrestricted Cash	29,297,940	31,659,308	31,659,308	29,910,401	30,319,233	31,490,174
Operating Expenses - less depreciation (Last 12 months)	95,867,444	94,382,794	93,549,181	92,754,639	92,333,149	92,160,595
Operating Expenses (less depreciation) divided by 365 days	262,650.53	258,583.00	256,299.13	254,122.30	252,967.53	252,494.78
<b>Days Cash on Hand</b>	<b>111.5</b>	<b>122.4</b>	<b>123.5</b>	<b>117.7</b>	<b>119.9</b>	<b>124.7</b>

Unrestricted Cash Accounts	Balance at 2/20/20	Days Cash on Hand
CASH - GENERAL	\$ 4,160,749	15.8
CASH - MONEY MARKET SAVINGS	\$ 6,153,792	23.4
CASH - RURAL HEALTH CLINIC	\$ -	-
CASH - BANC ONE DEPOSITORY	\$ 11,520	0.0
CASH - MMS, LLC "SNB"	\$ 298,627	1.1
CASH - AMEX PAYOR CLEARING	\$ -	-
CASH - WORKER'S COMP CHECKING	\$ -	-
CASH - EMPLOYEE HEALTH CLMS WSTONE	\$ (6)	(0.0)
CASH - GENERAL OPERATING FNB ASC AP CLEARING	\$ (4,231)	(0.0)
CASH - BLUE SKY ANESTHESIA	\$ 105,535	0.4
CASH - HOSPITALIST	\$ -	-
CASH - PAYROLL - BANCFIRST	\$ 67,608	0.3
CASH - MRHC CLINICS	\$ -	-
CASH - BANCFIRST MERCHANT ACCT	\$ 424,132	1.6
CASH - PETTY	\$ 5,500	0.0
CASH - A/P POSITIVE PAY	\$ 2,263	0.0
PETTY CASH - CARDIOLOGY	\$ 100	0.0
PETTY CASH - ORTHO CLINIC	\$ 100	0.0
PETTY CASH - INTERNAL MED CLINIC	\$ 200	0.0
PETTY CASH - URGENT CARE	\$ 200	0.0
PETTY CASH - FAMILY MED	\$ 200	0.0
PETTY CASH - SURGICAL CLINIC	\$ 100	0.0
PETTY CASH - PULMONOLOGY	\$ 100	0.0
PETTY CASH - UROLOGY	\$ 200	0.0
PETTY CASH-HOME HEALTH	\$ 100	0.0
CASH - INVESTMENTS (M.S.)	\$ 3,935,520	15.0
CASH - INVESTMENTS -M.S.-CFD-CDARS	\$ 3,027,123	11.5
CASH - INVESTMENTS-M.S. -FD	\$ 5,891,029	22.4
CASH - LT CD'S	\$ 716,079	2.7
CASH - ST CD'S	\$ 387,182	1.5
WORKERS COMP CD	\$ 486,828	1.9
MRHS CASH FUNDED DEPRECIATION	\$ 3,627,388	13.8
<b>Total Unrestricted Cash on Hand</b>	<b>\$ 29,297,940</b>	<b>111.5</b>