



NUECES COUNTY HOSPITAL DISTRICT
Administrative Offices

555 N. Carancahua Street, Suite 950
Corpus Christi, Texas 78401-0835

Phone: (361) 808-3300
Fax: (361) 808-3274

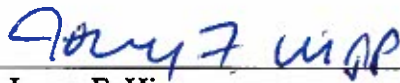
RENEWAL
of
Quality Assessment, Utilization Review and Coding Review
Services Agreement
January 1, 2013 -December 31, 2014


Effective January 1, 2013, and upon the signature of the duly authorized officers of both parties, the Quality Assessment, Utilization Review and Coding Review Services Agreement signed March 30, 2001 between Nueces County Hospital District (NCHD) and Texas Medical Foundation (TMF), inclusive of its subsequent Amendments 5 and 6 is hereby **renewed** for an additional two (2) year period. The renewal term shall be effective at 12:00 a.m., on **January 1, 2013** and unless otherwise terminated pursuant to Section 3 of the Agreement, it shall terminate at 11:59 p.m. on **December 31, 2014**.

IN WITNESS WHEREOF, the parties hereby execute this renewal to the Quality Assessment, Utilization Review and Coding Review Services Agreement.

NUECES COUNTY HOSPITAL DISTRICT

TMF HEALTH QUALITY INSTITUTE
(formerly: TEXAS MEDICAL
FOUNDATION

By: 
Jonny F. Hipp
Administrator/Chief Executive Officer

By: 
Thomas J. Manley
Chief Executive Officer

Date: December 10, 2012

Date: 1-10-13

◆◆◆



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Amendment 5
to
Quality Assessment, Utilization Review and Coding Review Services Agreement

Effective January 1, 2013 and upon signature by both parties, Schedule A of the Quality Assessment, Utilization Review and Coding Review Services Agreement of March 30, 2001, by and between Nueces County Hospital District and Texas Medical Foundation, is hereby amended to read as follows:

Schedule "A" - Fee Schedule
Assessment/Review Services Fees

Table with 2 columns: Type of Medical Record and Per Medical Record Review Fee*. Rows include Inpatient (\$148), Skilled Nursing Facility (\$185), Emergency Room (\$92), Ambulatory Surgery (\$116), Clinic (\$116), Observation (\$116), and Outpatient (\$116).

*Price for each retrospective record review and each reconsideration record review

IN WITNESS WHEREOF, the parties hereby execute this Amendment 5 to the Quality Assessment, Utilization Review and Coding Review Services Agreement.

NUECES COUNTY HOSPITAL DISTRICT

TMF HEALTH QUALITY INSTITUTE
(formerly: TEXAS MEDICAL FOUNDATION)

By: [Signature]
Jonny F. Hipp
Administrator/Chief Executive Officer

By: [Signature]
Thomas J. Manley
Chief Executive Officer

Date: December 10, 2012

Date: 1-10-13





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Amendment 6
to
Quality Assessment, Utilization Review and Coding Review Services Agreement

Effective **January 1, 2013** and upon signature of the duly authorized officers of both parties, Section 6.2 of the Quality Assessment, Utilization Review and Coding Review Services Agreement of March 30, 2001, by and between Nueces County Hospital District and the Texas Medical Foundation), is hereby amended to read as follows:

6.2 Fees Relating to Non-Attainment of Average Monthly Assessment/Review Services. The fees offered by TMF, as set forth in Schedule "A" hereto attached, are based on NCHD's representation that it shall require an average quantity of **Eighty-Three (83)** medical record reviews per month during the term of this Agreement. In the event NCHD's average monthly rate of medical record reviews requested by NCHD is less than **Eighty-Three (83)** upon termination of this Agreement by NCHD for any reason, or upon termination by TMF pursuant to Section 3.4 of said agreement, NCHD shall pay TMF the amount of Fifty (\$50.00) Dollars for each non-requested medical record review during the elapsed months. The quantity of non-requested records, if any, shall be determined by calculating the difference between (a) the product of the number of the Agreement's elapsed months (prorated for partial months) multiplied by 83; and (b) the actual number of medical record reviews requested by NCHD during the elapsed months (prorated for partial months).

6.2.1 Maximum Monthly Volume of Assessment/Review Services. The number of NCHD-requested medical record reviews during any given month shall not exceed Five Hundred (500 records without prior written consent of TMF.).

IN WITNESS WHEREOF, the parties hereby execute this **Amendment 6** to the Quality Assessment, Utilization Review and Coding Review Services Agreement and set aside Amendments 2 and 3 previously executed and pertaining to this section 6.2.

NUECES COUNTY HOSPITAL DISTRICT

TMF HEALTH QUALITY INSTITUTE
(formerly: **TEXAS MEDICAL**
FOUNDATION)

By: _____

Jonny F. Hipp
Jonny F. Hipp
Administrator/Chief Executive Officer

By: _____

Thomas J. Manley
Thomas J. Manley
Chief Executive Officer

Date: December 10, 2012

Date: 1-10-13

