

BOARD OF TRUSTEES AGENDA

<input type="checkbox"/>	Workshop	<input checked="" type="checkbox"/>	Regular	<input type="checkbox"/>	Special
--------------------------	-----------------	-------------------------------------	----------------	--------------------------	----------------

(A) **Report Only** **Recognition**

Presenter(s):

Briefly describe the subject of the report or recognition presentation.

(B) **Action Item**

Presenter(s): **ISMAEL MIJARES, DEPUTY SUPERINTENDENT FOR BUSINESS & FINANCE
LUIS VELEZ, PURCHASING DIRECTOR**

Briefly describe the action required.

CONSIDER AND TAKE APPROPRIATE ACTION ON THE REQUEST TO APPROVE THE SERVICE AGREEMENT FOR FORT DUNCAN MEDICAL CENTER, LP AND THE BOARD DELEGATES THE SUPERINTENDENT OR DESIGNEE THE AUTHORITY TO MAKE RELATED BUDGETED PURCHASES OF GOODS OR SERVICES AS PER BOARD POLICY CH.

(C) **Funding source: Identify the source of funds if any are required.**

BUDGETED FUNDS

(D) **Clarification: Explain any question or issues that might be raised regarding this item.**

SEE ATTACHED

First Amendment to the Eagle Pass Independent School District Hospital Services Agreement

This First Amendment ("Amendment") to the to the Eagle Pass Independent School District Hospital Services Agreement ("Agreement") between Eagle Pass Independent School District ("Company") and Fort Duncan Medical Center, LP d/b/a Fort Duncan Regional Medical Center ("Hospital") (individually a "party" and collectively the "parties") shall be effective September 1, 2019 (the "Effective Date").

WHEREAS, the Parties have previously entered into an Agreement effective September 1, 2015 whereby Hospital agreed to provide services to Company for the benefit of Members; and

WHEREAS, the Parties now wish to amend that Agreement.

NOW, THEREFORE, in consideration of the promises, mutual covenants herein contained, and other good and valuable consideration, the sufficiency of which is hereby acknowledged, it is mutually agreed as follows:

1. Paragraph A of the Term and Termination section of the Agreement contained on page 4 of 5 shall be amended to state: "The Term of the Agreement shall be September 1, 2015 to August 31, 2022."
2. Exhibit A is hereby deleted in its entirety and replaced by Exhibit A attached hereto.
3. Exhibit B is hereby deleted in its entirety and replaced by Exhibit B attached hereto.
4. All other terms and conditions of the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the Parties hereby execute this Amendment as of the Effective Date.

COMPANY

Authorized Signature

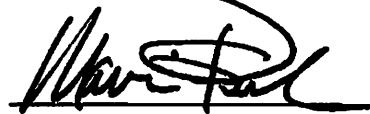
Printed Name:

Title: Superintendent/Eagle Pass ISD

Date: _____

HOSPITAL

Authorized Signature



Printed Name: Marvin G. Pember

Title: Executive Vice President

Date: 6/11/19

EXHIBIT A

**Eagle Pass ISD Rates -Effective 9/1/2019 through 8/31/2022
at Fort Duncan Medical Center,Doctors Hospital of Laredo
and South Texas Health System ***

Service	MS-DRG/Revenue Code	Payment Method	Effective 9/1/2019	Effective 9/1/2020	Effective 9/1/2021
INPATIENT					
Medical		Per Diem	\$3,734	\$3,827	\$3,923
Surgical		Per Diem	\$4,639	\$4,755	\$4,874
ICU/CCU	RC 200-203,207-212,219	Per Diem	\$5,204	\$5,335	\$5,468
Normal Delivery 1-2 days	MS-DRG 767-768,774-775	Per Case	\$5,657	\$5,798	\$5,943
Additional Delivery days		Per Diem	\$1,358	\$1,392	\$1,426
C-Section Delivery	MS-DRG 765-766	Per Case	\$7,467	\$7,654	\$7,845
Additional Delivery days		Per Diem	\$1,414	\$1,450	\$1,486
Newborn	MS-DRG 795	Per Diem	\$1,109	\$1,136	\$1,165
Sick Baby	MS-DRG 789-794	Per Diem	\$1,697	\$1,740	\$1,783
Inpatient Rehabilitation	MS-DRG 945-946	Per Diem	\$2,229	\$2,285	\$2,342
Bariatric Surgery 1-5 Days	MS-DRG 619-621	Per Case	\$26,814	\$27,485	\$28,172
Additional Bariatric Days		Per Diem	\$4,299	\$4,407	\$4,517
Psychiatric/Chemical Dependency		Per Diem	\$1,312	\$1,345	\$1,379
Cardiology/Cardiac Surgery					
	MS-DRG 215-218	Per Case	\$121,061	\$124,087	\$127,189
	MS-DRG 219-221	Per Case	\$74,673	\$76,540	\$78,453
	MS-DRG 222-223	Per Case	\$53,176	\$54,506	\$55,868
	MS-DRG 224-225	Per Case	\$42,994	\$44,068	\$45,170
	MS-DRG 226-227	Per Case	\$14,708	\$15,076	\$15,453
	MS-DRG 228-230	Per Case	\$43,559	\$44,648	\$45,764
	MS-DRG 231-232	Per Case	\$47,519	\$48,707	\$49,925
	MS-DRG 233-234	Per Case	\$86,779	\$88,948	\$91,172
	MS-DRG 235-236	Per Case	\$68,337	\$70,045	\$71,797
	MS-DRG 237-238	Per Case	\$55,213	\$56,593	\$58,008
	MS-DRG 242	Per Case	\$18,895	\$19,367	\$19,851
	MS-DRG 243-244	Per Case	\$16,292	\$16,700	\$17,117
	MS-DRG 246-247	Per Case	\$30,548	\$31,312	\$32,095
	MS-DRG 248	Per Case	\$33,603	\$34,443	\$35,304
	MS-DRG 249	Per Case	\$22,628	\$23,194	\$23,774
	MS-DRG 250	Per Case	\$30,548	\$31,312	\$32,095
	MS-DRG 251	Per Case	\$17,311	\$17,743	\$18,187
	MS-DRG 252	Per Case	\$41,523	\$42,561	\$43,625
	MS-DRG 253	Per Case	\$34,621	\$35,487	\$36,374
	MS-DRG 258-259	Per Case	\$12,445	\$12,757	\$13,076
	MS-DRG 260-262	Per Case	\$21,044	\$21,570	\$22,110
	MS-DRG 286-287	Per Case	\$21,497	\$22,034	\$22,585
	Cardiac/Cardiology Cases Where LOS exceeds 5 Days	Per Diem beginning on Day 6 paid in			

		addition to case rate	\$4,412	\$4,523	\$4,636
Orthopedic/Spine Cases					
	MS-DRG 453-455	Per Case	\$23,081	\$23,658	\$24,249
	MS-DRG 456-458	Per Case	\$28,851	\$29,572	\$30,311
	MS-DRG 459	Per Case	\$29,417	\$30,152	\$30,906
	MS-DRG 460	Per Case	\$22,628	\$23,194	\$23,774
	MS-DRG 461-462	Per Case	\$14,708	\$15,076	\$15,453
	MS-DRG 466-468	Per Case	\$21,497	\$22,034	\$22,585
	MS-DRG 469-470	Per Case	\$10,183	\$10,437	\$10,698
	MS-DRG 471-473	Per Case	\$24,891	\$25,513	\$26,151
	MS-DRG 490	Per Case	\$21,497	\$22,034	\$22,585
	MS-DRG 491	Per Case	\$15,840	\$16,236	\$16,642
	MS-DRG 492	Per Case	\$10,522	\$10,785	\$11,055
	MS-DRG 493	Per Case	\$8,372	\$8,582	\$8,796
	MS-DRG 494	Per Case	\$6,788	\$6,958	\$7,132
		Per Diem beginning on Day 6 paid in addition to case rate	\$4,412	\$4,523	\$4,636
OUTPATIENT SERVICES		Paid Percent of Charges	52%	48%	45%
EXCLUSIONS FOR BOTH INPATIENT AND OUTPATIENT SERVICES					
Implants with Combined Billed Charges of Over \$500	Revenue Code 274-276, 278	Paid Percent of Charges	34%	32%	30%
High Cost Drugs with Combined Billed Charges of Over \$500	Revenue Code 343,344, 636	Paid Percent of Charges	34%	32%	30%
STOP LOSS		Paid Percent of Charges	39%	36%	33%
Total Billed Charges Exceeding \$120,000 for a single claim			\$179,585	\$197,543	\$217,297
Stop Loss Threshold					
Assumes annual Charge Master Increases of 8% with Annual Cap at 2.5%					