AGENDA ITEM

BOARD OF TRUSTEES AGENDA									
Workshop	X Regular	Special							
(A) Report Only		Recognition							
Presenter(s):									
Briefly describe the subj	ect of the report or recogn	ition presentation.							
(B) X 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: Identif	y the source of funds if any	/ are required.							
BUDGETED FUNDS									
(D) Clarification: Explain ar this item.	ny question or issues that r	night be raised regarding							
SEE ATTACHED									

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

The Second Amendment ("Amendment") 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, 2022 (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 the 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, and 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, 2025."
- 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

Hospital

Authorized Signature

---- BocuSigned by:

Marrie G. Pember 1F9968319981458

Printed Name: Marvin G. Pember

Title: Executive VP

Date: _____

Title: Superintendent/ Eagle Pass ISD

Printed Name: Samuel Mijares

7/29/2022 | 7:27 AM PDT Date:

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Exhibit A

Eagle Pass ISD Rates Effective 09/01/2022- 08/31/2025

At Fort Duncan Regional Medical Center

Service	MS-DRG/ Revenue Code	Payment Method	Effective 9/1/2022	Effective 9/1/23	Effective 9/1/24
Inpatient					
Medical		Per Diem	\$4,021	\$4,122	\$4,225
Surgical		Per Diem	\$4,996	\$5,121	\$5,249
ICU/ CCU	RC 200-300, 207-212, 219	Per Diem	\$5,605	\$5,745	\$5,888
Normal Delivery 1-2 days	MS-DRG 767-768, 774- 775	Per Diem	\$6,092	\$6,244	\$6,400
Additional Delivery days		Per Olem	\$1,462	\$1,498	\$1,536
C-Section Delivery	MS-DRG 765-766	Per Diem	\$8,041	\$8,242	\$8,448
Additional Delivery days		Per Diem	\$1,523	\$1,561	\$1,600
Newborn	MS-DRG795	Per Diem	\$1,194	\$1,224	\$1,255
Sick Baby	MS-DRG 789-794	Per Diem	\$1,828	\$1,873	\$1,920
Inpatient Rehabilitation	MS-DRG 945-946	Per Diem	\$2,401	\$2,461	\$2,522
Bariatric Surgery 1-5 days	MS-DRG 619-621	Per Diem	\$28,876	\$29,598	\$30,338
Additional Bariatric days		Per Diem	\$4,630	\$4,746	\$4,864
Psychiatric/ Chemical Dependency		Per Diem	\$1,413	\$1,449	\$1,485
Cardiology/ Cardiac Surgery					
	MS-DRG 215-218	Per Case	\$130,369	\$133,628	\$136,969
	MS-DRG 219-221	Per Case	\$80,414	\$82,425	\$84,485
	MS-DRG 222-223	Per Case	\$57,265	\$58,696	\$60,164
	MS-DRG 224-225	Per Case	\$46,299	\$47,457	\$48,643
	MS-DRG 226-227	Per Case	\$15,839	\$16,235	\$16,641
	MS-DRG 228-230	Per Case	\$46,908	\$48,081	\$49,283
	MS-DRG 231-232	Per Case	\$51,173	\$52,452	\$53,764
	MS-DRG 233-234	Per Case	\$93,451	\$95,788	\$98,182
	MS-DRG 235-236	Per Case	\$73,592	\$75,432	\$77,318
	MS-DRG 237-238	Per Case	\$59,458	\$60,945	\$62,468
	MS-DRG 242	Per Case	\$20,347	\$20,856	\$21,377
	MS-DRG 243-244	Per Case	\$17,545	\$17,984	\$18,433
	MS-DRG 246-247	Per Case	\$32,897	\$33,720	\$34,563
	MS-DRG 248	Per Case	\$36,187	\$37,091	\$38,019
	MS-DRG 249	Per Case	\$24,368	\$24,978	\$25,602
	MS-DRG 250	Per Case	\$32,897	\$33,720	\$34,563
	MS-DRG 251	Per Case	\$18,642	\$19,108	\$19,585
	MS-DRG 252	Per Case	\$44,716	\$45,834	\$46,979
	MS-DRG 253	Per Case	\$37,283	\$38,215	\$39,171
	MS-DRG 258-259	Per Case	\$13,403	\$13,738	\$14,081

	MS-DRG 260-262	Per Case	\$22,663	\$23,229	\$23,810
	MS-DRG 286-287	Per Case	\$23,150	\$23,728	\$24,322
Cardiac/ Cardiology Cases where LOS exceeds 5 days		Per Diem beginning on Day 6 Paid in additional Case Rate	\$4,752	\$4,871	\$4,992
Orthopedic/ Spine Cases					
	MS-DRG 453-455	Per Case	\$24,855	\$25,477	\$26,114
	MS-DRG 456-458	Per Case	\$31,069	\$31,845	\$32,64
	MS-DRG 459	Per Case	\$31,679	\$32,471	\$33,28
	MS-DRG 460	Per Case	\$24,368	\$24,978	\$25,60
	MS-DRG 461-462	Per Case	\$15,839	\$16,235	\$16,64
	MS-DRG 466-468	Per Case	\$23,150	\$23,728	\$24,32
	MS-DRG 469-470	Per Case	\$10,965	\$11,240	\$11,52
	MS-DRG 471-473	Per Case	\$26,805	\$27,475	\$28,16
	MS-DRG 490	Per Case	\$23,150	\$23,728	\$24,32
	MS-DRG 491	Per Case	\$17,058	\$17,485	\$17,92
	MS-DRG 492	Per Case	\$11,331	\$11,615	\$11,90
	MS-DRG 493	Per Case	\$9,016	\$9,241	\$9,47
	MS-DRG 494	Per Case	\$7,310	\$7,493	\$7,68
		Per Diem beginning on Day 6 paid in addition to case rate	\$4,752	\$4,871	\$4,99
		Paid Percent of	47.67	418	389
Outpatient Services Exclusions for both Inpatient and		Charges	43%	41%	387
Outpatient Services					
Implants with Combined Billed Charges over \$500	Revenue Code 274-276, 278	Paid Percent of Charges	29%	27%	269
High-Cost Drugs with Combined Billed Charges over \$500	Revenue Code 343, 344, 636	Paid Percent of Charges	29%	27%	265
Stop Loss					
Total Billed Charges Exceeding Threshold for a single claim			31%	30%	285
Stop Loss Threshold			\$234,681	\$253,455	\$273,73
Assumes annual Charge Master Increase of 8% with Annual Cap at 2.5%					