# AMENDMENT OF THE INTERLOCAL COOPERATION ACT CONTRACT TO PROVIDE HEALTH CARE SERVICES BETWEEN THE UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON AND THE NUECES COUNTY HOSPITAL DISTRICT

This Amendment of The Interlocal Cooperation Act Contract ("Amendment") is made and entered into by and between Nucces County Hospital District ("Hospital District") and The University of Texas Medical Branch at Galveston ("UTMB"), to be effective as of September 1, 2016.

### RECITALS

- A: Hospital District and UTMB entered into the Interlocal Cooperation Act Contract and Business Associate Agreement effective September 1, 2014 (the "Contract"), wherein UTMB agreed to provide health care services to Hospital District's eligible residents, as more specifically described in the Contract.
- B. Hospital District and UTMB entered into a one year Renewal, having an effective date of September 1, 2015 ("Renewal"), as more particularly described therein.
- C. Hospital District and UTMB now wish to (a) amend the term of the Contract by extending the term to September 1, 2016 through August 31, 2017; (b) amend the term of the Contract by adding a renewal provision that renews the Contract for two additional consecutive one year terms through August 31, 2019; (c) update payment mailing addresses and contact information for notices; and (d) ratify the terms of the Contract and enter into this Amendment as provided herein.

### CONTRACT AMENDMENT

For and in consideration of the terms and conditions set forth herein, and for other good and valuable consideration, Hospital District and UTMB hereby agree to amend the Contract, as follows:

### 1. AMENDMENT OF TERM.

- Section 4.1, Term and Termination is amended by extending the term and adding a renewal provision as follows:
- 4.1 The term of this Contract shall be from September 1, 2016 through August 31, 2017, regardless of the date of execution. The Contract will renew for two additional consecutive one year terms, September 1, 2017 through August 31, 2018 and September 1, 2018 through August 31, 2019, subject to any applicable rate changes published by the Texas Health and Human Services Commission, which will be provided annually to the Hospital District in Exhibit A.

### 2. AMENDMENT OF NOTICE PROVISION.

4.6 Notices. Except as otherwise provided in this section, all notices, consents, approvals, demands, requests or other communications provided for or permitted to be given under any of the provisions of this Contract shall be in writing and shall be deemed to have been duly given or served when delivered by hand delivery or when deposited in the U.S. mail by registered or certified mail, return receipt requested, postage prepaid, and addressed as set forth below or to such other person or address as may be given in

#### **EXHIBIT A**

## Compensation Schedule (Rates effective as of 01/01/2017)

Inpatient Services: Hospital District agrees to pay for authorized Inpatient Services in

accordance with Texas Medicaid allowable In-Patient TEFRA rate calculated from UTMB's most recent cost report. Payments for services rendered will be in accordance with UTMB's facility specific TEFRA In-

Patient Percentage of 39% of current billed charges.

Outpatient Services: Hospital District agrees to pay for authorized Outpatient Services in

accordance with Texas Medicaid allowable Out-Patient TEFRA rate calculated from UTMB's most recent cost report. Payments for services rendered will be in accordance with UTMB's facility specific TEFRA

Out-Patient Percentage of 28% of current billed charges.

Outpatient Surgery: Hospital District agrees to pay authorized Outpatient Surgeries in

accordance with UTMB's TEFRA Out-Patient Percentage of 28% of

billed charges.

Implants: Hospital District agrees to pay for authorized implants at 28% of eligible

billed charges.

Outpatient Laboratory

Services:

Hospital District agrees to pay authorized Outpatient Laboratory

Services in accordance with the UTMB's TEFRA Out-Patient

Percentage of 28% of billed charges.

Professional Services: Hospital District agrees to pay all authorized physician services, except

Anesthesia services reimbursed per ASA unit, at 120% of the current Texas Medicaid Reimbursement Methodology. If the Center for Medicare and Medicaid, the state of Texas or any other governmental agency with governing authority reduces the Texas Medicaid Reimbursement Methodology during the term of this agreement, the parties hereto will increase the physician payment rates in equal

proportion to offset the reduction.

Mid-Level Providers: Hospital District agrees to pay all covered mid-level provider services at

95% of the physician payment rates listed above under Professional

Services.

Anesthesia: Hospital District agrees to pay \$55 per ASA unit, based on current ASA

units and 15 minute time units.

Any outpatient fees

not otherwise defined: Hospital District agrees to pay 28% of billed charges.

Limit on Charge Master Increases. UTMB is limited to an aggregate increase during the one-year term of this Contract not to exceed eight percent (8%) for all charges submitted that are reimbursed on a percentage of billed charges, excluding medical supplies and pharmaceuticals. Medical supplies shall include but not be limited to: implants, prosthetics, orthotics and stents. If during the term of this Contract UTMB has an aggregate increase in its charge master greater than eight percent (8%), UTMB agrees to adjust the percentage rate of billed charges set forth in Exhibit D such that Hospital District does not pay an amount that exceeds the eight percent (8%) cap on the increase in UTMB's charge master.

writing by	either	party t	to the	other	in	accordance	with	this	Section:

UTMB:	Cheryl A. Sadro, CPA, MSM Executive Vice President Chief Business & Finance Officer The University of Texas Medical Branch 301 University Blvd. Galveston, TX 77555-0128
Ce to:	Department of Legal Affairs The University of Texas Medical Branch 301 University Blvd. Galveston, Texas 77555-0171 Phone: (409) 747-8738 Fax: (409) 747-8741
If to Hospital District:	Jonny F. Hipp, CEO Nueces County Hospital District 555 N. Carancahua Street, Suite 950 Corpus Christi, TX Ø 7 9401-0835 361-808-3300
continue in full force and effect. UT the Contract, as herein modified and of UTMB and Hospital District resprovisions of the Contract and this govern. Except as otherwise defined same meaning assigned to such term IN WITNESS WHEREOF, each of the contract and t	Terms. Except as modified by this Amendment, the Contract shall IMB and Hospital District each hereby ratify, affirm, and agree that dextended, represents the valid, binding and enforceable obligations pectively. In the event of any conflict or inconsistency between the Amendment, the provisions of this Amendment shall control and d in this Amendment, each of the terms used herein shall have the as in the Contract.  The parties agrees to the terms of this Amendment and has caused the following page by its duly authorized representative to be
NUECES COUNTY HOSPITAL DISTRICT	THE UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON
By:	By:  Cheryl A. Sadro, CPA, MSM  Executive Vice President  Chief Business & Finance Officer
Date: January 26, 2017  Attest: Sara G.Lopez  Election by Hospital District as to Me Invoicing (please initial one):  Paper Monthly Statement	