

Gina Blevins

RSK. Kenneth Lyett

From: dhaehn@ccmhospital.com
Sent: Tuesday, December 11, 2018 4:22 PM
To: Gina Blevins
Cc: Jeff Huskey
Subject: ACH OF \$3,500
Attachments: Revenue Cycle Assessment agreement 09-24-18.pdf

Gina,

On Nov 15, 2018, CPSI withdrew \$3,500 from our old Wells Fargo account.

The money is due to CPSI for a Revenue Cycle Assessment agreement that we signed back in September.
(see attached)

CPSI had the old bank account info from 2014, when the installation of CPSI occurred.

I have contacted CPSI to change that bank account information over to the Foundation.

I will then bill the hospital with an invoice from the Foundation.

*Debra Haehn
CFO
Clay County Memorial Hospital
940 235 1202*

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TRUBRIDGE, LLC

**Service Addendum
to the
Master Services Agreement**

for

CLAY COUNTY MEMORIAL HOSPITAL

September 24, 2018

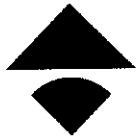


Master Services Agreement Service Addendum

In regard to the Master Services Agreement (hereinafter "the Agreement") executed by and between TRUBRIDGE, LLC (hereinafter "TruBridge") and CLAY COUNTY MEMORIAL HOSPITAL (hereinafter "Customer") and dated August 6, 2014, it is mutually understood and agreed to by both parties that:

1. **Engagement for Additional Services:** TruBridge agrees to furnish, and Customer agrees to accept and pay for, the Service(s) as set forth in the Exhibit A attached hereto under the terms and conditions of the Agreement.
2. **Effective Date:** The Service Term for each Exhibit A attached hereto, unless otherwise specified therein, shall be deemed to have commenced, for Business Services and IT Managed Services, on the first day of the first month in which service is provided under the given Exhibit A and, for Consulting Services, on the date of service commencement.
3. **Entire Addendum:** This Addendum, to include Exhibit A, sets forth the entire understanding of the parties hereto with respect to the subject matter contained herein and supersedes all other oral or written representations with respect to the same.
4. **Miscellaneous:** Except as may be specifically modified in this Addendum, all other terms and conditions of the Agreement that are in effect as of the date of this Addendum shall remain fully in force. In the event of a conflict between this Addendum and the Agreement or any prior addendum or amendment thereto, the terms and conditions of this Addendum shall govern and control.

[Signature page follows]



TruBridge

**Master Services Agreement
Service Addendum**

IN WITNESS WHEREOF, the parties hereto have executed this Service Addendum.

CLAY COUNTY MEMORIAL HOSPITAL
310 West South Street
Henrietta, TX 76365

By: Jeff Huskey
Jeff Huskey (Sep 28, 2018)
(Authorized Signature)

Name: Jeff Huskey
(Printed)

Title: Chief Executive Officer

Date: Sep 28, 2018

TRUBRIDGE, LLC
3725 Airport Boulevard, Suite 208A
Mobile, AL 36608

By: _____
(Authorized Signature)

Name: Christopher L. Fowler
(Printed)

Title: President

Date: _____



**Master Services Agreement
Exhibit A
Services and Service Fees**

Consulting Service: Revenue Cycle Assessment

A. Services and Fees:

1. **Service:** The Consulting Service will include:

- Assessing the hospital's patient access processes including scheduling, pre-admission, registration, financial counseling and insurance verification;
- Analyzing and testing the effectiveness of billing processes;
- Monitoring and tracking the claims follow-up processes including technique employed to accelerate cash flow;
- Reviewing the reports available to provide hospital management with revenue cycle performance information;
- Reviewing system resources available to ensure proper utilization and identify opportunities to introduce additional forms of automation;
- Evaluating the current staffing structure to identify any adjustments that should be made to better support the revenue cycle functions;
- Providing assessment reporting of benchmark analysis of key performance indicators, opportunities for improvements that may be quickly realized, and a summary of key findings and recommendations.

2. **Service Fee**

a. **Service Fee**

Standard Fee	\$ 11,000	
Less Discount	<u>(\$ 2,000)</u>	
Total Fee		\$ 9,000

b. **Payment Schedule:** The Service Fee shall be billed as follows:

- Upon Execution of the Agreement \$ 3,500
- Upon Delivery of Assessment Reports \$ 5,500

c. **ACH/EFT Transactions:** Payment of the above Service Fees shall be via ACH/EFT transaction.

B. Customer Responsibilities: Customer's responsibilities shall include the following:

- Providing visible Executive Management support for project; and

Pricing specified in this Exhibit A will remain valid for a period of 60 days from the date of submission.



**Master Services Agreement
Exhibit A
Services and Service Fees**

Consulting Service: Revenue Cycle Assessment

- Providing the Revenue Cycle Consultant with access to all appropriate hospital personnel, equipment and documentation as may be reasonably necessary to accomplish the project.

Hiring of TruBridge Employees: If, during the term of this Exhibit A or twelve (12) months thereafter, Customer directly or indirectly retains the services (whether as an employee, independent contractor or otherwise) of any employee of TruBridge (or ex-employee within 3 months of his/her employment termination date) who, in the course of this engagement, has provided service to Customer on behalf of TruBridge, Customer agrees that TruBridge will be damaged, but that the amount of this damage will be difficult to determine. Accordingly, Customer agrees that for each such TruBridge employee hired by Customer, Customer will pay TruBridge, one hundred thousand dollars (\$100,000.00) as liquidated damages.

- C. **Service Term:** This Exhibit A shall remain in effect until the delivery of the assessment reports.

Pricing specified in this Exhibit A will remain valid for a period of 60 days from the date of submission.