

AMENDMENT NUMBER 1

This Amendment Number 1 dated November 2, 2017 by and between CorVel Healthcare Corporation ("CorVel") and City of Clearwater FL ("Customer").

WHEREAS, CorVel and Customer entered into the Managed Care Services Agreement for Managed Care Services with an effective date of January 1, 2017 ("Services Agreement") pursuant to which CorVel agreed to provide Customer certain managed care services; and

WHEREAS, CorVel and Customer each desire to amend the Services Agreement to revise the parties' contractual arrangement; and

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, the parties agree to:

Amend Section 8A ("Term") of the Agreement whereby The subsequent renewal term(s) shall not exceed a total of four (4) annual extensions, thus establishing a contract end date of December 31, 2021. All other termination terms remain unchanged.

- **Amend Exhibit B ("Fees") to the Agreement changing only the Bill Review fee effective January 1, 2018 as follows:**

Bill Review	Pricing
Per Bill (re-price to FS; EDI to State)	\$6.70 per bill
PPO Network and all savings additional to FS	28% of savings
Professional Review:	
Complex Bill Review	28% of savings
Nurse Bill Review	28% of savings
Enhanced Bill Review (CERiS)	28% of savings

- **Amend Exhibit B ("Fees") adding the following language for Case Management Billing as follows:**

Billing and Payments for Case Management. CorVel will invoice Customer monthly for all fees related to the Case Management Services. Billing for Case Management is based on allocated time per activity. Activity is based on ten (10) minute intervals and billed at the next tenth (.10) of an hour. Invoices for the Case Management Services shall be paid through the claims file to CorVel. Invoices will reasonably detail the computation of the fees owed.

All other terms and conditions of the Services Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, CorVel and Customer have caused this Amendment to be executed by the persons authorized to act in their respective names.

CITY OF CLEARWATER FL

By: _____

Print Name: _____

Title: _____

Date Signed: 11/6/2017

CORVEL HEALTHCARE CORPORATION

By: Richard Schwepp

Print Name: Richard Schwepp

Title: CEO/Secy/Treasurer

Date Signed: 10/27/17

Countersigned:

-geonercetekos

George N. Cretekos
Mayor

CITY OF CLEARWATER, FLORIDA

By: William B. Horne II

William B. Horne II
City Manager

Approved as to form:

[Signature]

Assistant City Attorney

Attest:

Rosemarie Call

Rosemarie Call
City Clerk

