

**AMENDMENT TWO TO AMENDED AND RESTATED PROFESSIONAL SERVICES AGREEMENT
(Clinical Services)**

This Amendment Two ("Amendment") is made and entered into as of this 5th day of April, 2022, by and between UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA, a publicly owned and operated hospital created by virtue of Chapter 450 of the Nevada Revised Statutes (hereinafter referred to as "**Hospital**") and ROBERT B. MCBEATH, M.D., PC D/B/A OPTUMCARE ANESTHESIA (hereinafter referred to as "**Provider**"). Hospital and Provider may be referred to individually as a "party" and collectively, as the "parties." Terms not otherwise defined herein shall have the meanings set forth in the Agreement (defined below).

RECITALS:

WHEREAS, the parties entered into an Amended and Restated Professional Services Agreement (Clinical Services) dated April 1, 2018 (hereinafter referred to as "**Agreement**") for anesthesiology services;

WHEREAS, on July 1, 2019, the parties entered into Amendment One amending various sections of the Agreement, including the Compensation, Clinical Hours definition and Exhibit A's Service requirements, and among other things, adding a new Attachment 5 (Annual Attestation Form);

WHEREAS, on March 31, 2020, Hospital exercised the first of two options thereby extending the Term of the Agreement through March 31, 2021;

WHEREAS, on April 16, 2021, Hospital exercised the second of two options thereby extending the Term of the Agreement through March 31, 2022; and

WHEREAS, the parties desire to further amend the Agreement with this Amendment to extend the Term for one (1) year.

NOW, THEREFORE, in consideration of the premises and for other good and valuable consideration, the adequacy and sufficiency of which is hereby acknowledged, the parties agree to amend the Agreement as follows:

1. Add new Section 5.9 as follows:
 - 5.9 Final Reconciliation. In accordance with Section 5.1, after the termination date of this Agreement, both parties will conduct a final reconciliation for the period April 1, 2022 through March 31, 2023, to ensure that the appropriate party is paid or credited the amount due based on actual Clinical Hours provided by Provider (at each of the Physician Hourly Rate and AHP Hourly Rate). The parties agree to sign a final Acknowledgment after securing requisite approvals to signify the amended monthly/annual compensation rate.
2. Section 6.1, Term of Agreement, is hereby amended to extend the Term for one (1) year from April 1, 2022 to March 31, 2023.
3. Attachment 5 shall be deleted in its entirety and replaced with the attached updated Attachment 5.
4. This Amendment may be executed in one or more counterparts, each of which shall be considered to be an original for all purposes and all of which together shall constitute one and the same instrument. Any party hereto may deliver its signature to the Amendment electronically (including without limitation by emailing its signature in portable document format [PDF] or similar electronic format), which will be legally effective and enforceable.
5. Except as set forth herein, all other terms and conditions of the Agreement shall remain in full force and effect provided however, that if any term or condition of the Agreement conflicts with or is inconsistent with any term or condition of this Amendment, the terms and conditions of this Amendment shall govern, prevail, and control. All references to the Agreement shall include this Amendment.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment as of the date first set forth above.

HOSPITAL:
UNIVERSITY MEDICAL CENTER
OF SOUTHERN NEVADA

By: _____
Mason Van Houweling
Chief Executive Officer

PROVIDER:
ROBERT B. MCBEATH, M.D., PC D/B/A
OPTUMCARE ANESTHESIA

By:  _____
Pete Sabal
SVP, Network Contracting

**ATTACHMENT 5
ANNUAL ASSESSMENT OF
ESTIMATED CLINICAL HOUR REQUIREMENT**

Pursuant to Section 5.1 of that certain Amended and Restated Professional Services Agreement by and between University Medical Center of Southern Nevada and OptumCare Anesthesia dated April 1, 2018, as amended, the parties have determined that the Estimated Clinical Hours for the Agreement year commencing April 1, 2022 and ending March 31, 2023 shall be as follows:

Estimated Clinical Hours: 66,120

Member Physicians – 58,120

Allied Health Providers (CRNAs) – 8,000

Monthly/Annual Compensation*:

The resulting monthly and annual compensation for the Agreement year is calculated as \$625,867 per month or \$7,510,404 per Agreement year.

* Any reconciliation during the period from the end of an Agreement year until the parties are able to determine a new Estimated Clinical Hour Requirement for the subsequent Agreement year will be addressed at the quarterly assessment.

PROVIDER:

OptumCare Anesthesia

By: 

Pete Sabal
SVP, Network Contracting

HOSPITAL:

University Medical Center of Southern Nevada

By: _____
Mason Van Houweling
Chief Executive Officer

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
Business Designation Group (Please select all that apply)						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of Clark County Nevada Residents Employed: 4580						
Corporate/Business Entity Name: Robert B. McBeath, MD, PC						
(Include d.b.a., if applicable) OptumCare Anesthesia						
Street Address: PO Box 204646			Website: www.optumcare.com			
City, State and Zip Code: Dallas, TX 75320-4646			POC Name: Josh Gardner			
			Email: Joshua.gardner@optum.com			
Telephone No: 702-877-8661			Fax No: 702-243-4667			
Nevada Local Street Address: 2450 W Charleston Blvd			Website: www.optumcare.com			
(If different from above)						
City, State and Zip Code: Las Vegas, NV 89102			Local Fax No: 702-242-7903			
Local Telephone No: 702-877-8661			Local POC Name: Elly Simpson			
			Email: elly.simpson@optum.com			

All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business entity appearing before the Board.

Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s).

Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Robert McBeath	President	

This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes No

- Are any individual members, partners, owners or principals, involved in the business entity, a University Medical Center of Southern Nevada full-time employee(s), or appointed/elected official(s)?
 - Yes No (If yes, please note that University Medical Center of Southern Nevada employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)
- Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a University Medical Center of Southern Nevada full-time employee(s), or appointed/elected official(s)?
 - Yes No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the University Medical Center of Southern Nevada Governing Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

	Peter Sabal
Signature	Print Name
SVP, Network Contracting	3/15/2022
Title	Date