

MCHD Service Contract Evaluation Tool

**Evaluation Period:** 2025

Contractor: SpectraCorp Written Contract?  YES  NO

Written Contract?  YES  NO

Contractor-Liaison Name: Paul Hale

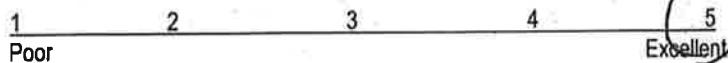
Title: CEO Telephone Number: 972-671-1700

Service Provided: Interpretative Services

Director/ Manager Responsible for Contractor Performance: Ashleigh

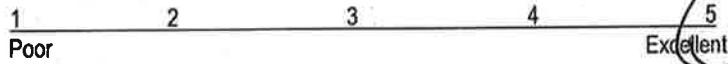
## EVALUATION

Degree to which the contractor is flexible and responsive to requests for service.



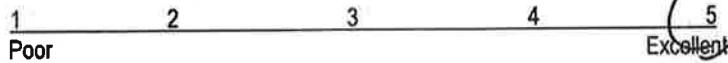
### Comment

Degree to which the contractor meets its contractual obligations.



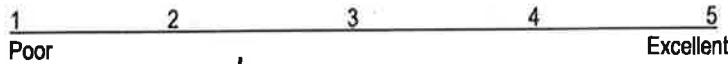
### Comment

Degree to which the contractor has outlined and meets its performance expectations.



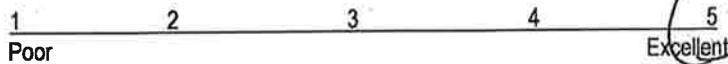
## Comment

Degree to which the contractor has identified, monitored and provided data regarding QAPI activities (indicators) to the organization's QAPI program (reporting per organization's schedule/designation).



Comment NOT applicable

**As appropriate to the contracted service:** Degree to which the contractor meets CIHQ and CMS standards and regulations related to provision of care, treatment and services, human resources and medical staff requirements.



## Comment

Overall, does the contractor provide the level of service consistent with meeting patient need and complying with external requirements, including the Medicare Conditions of Participation?

Yes  No (If no, document the actions taken to compensate for the gap in performance on back of sheet or in attached memorandum) *[Handwritten signature]*

EVALUATOR SIGNATURE/ DATE

MCHD Service Contract Evaluation Tool

**Evaluation Period:** 2025

Contractor: Complete Rx Written Contract?  YES  NO

Contractor Liaison Name: Kevin Reece

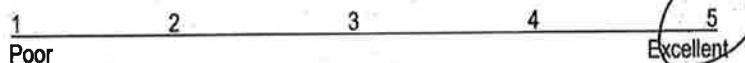
Title: Regional Director Telephone Number: 713-355-5404

Service Provided: Pharmacy Services

Director/ Manager Responsible for Contractor Performance: Ashleigh

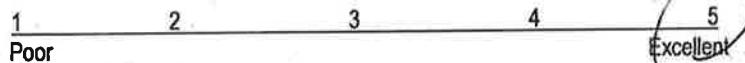
## EVALUATION

#### Degree to which the contractor is flexible and responsive to requests for service.



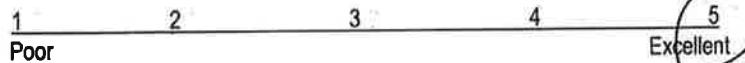
### Comment

Degree to which the contractor meets its contractual obligations.



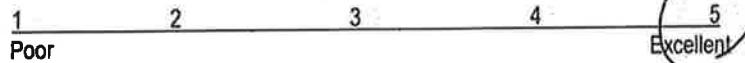
### Comment

Degree to which the contractor has outlined and meets its performance expectations.



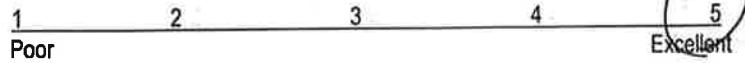
### Comment

Degree to which the contractor has identified, monitored and provided data regarding QAPI activities (indicators) to the organization's QAPI program (reporting per organization's schedule/designation).



### Comment

**As appropriate to the contracted service:** Degree to which the contractor meets CIHQ and CMS standards and regulations related to provision of care, treatment and services, human resources and medical staff requirements.



### Comment

Overall, does the contractor provide the level of service consistent with meeting patient need and complying with external requirements, including the Medicare Conditions of Participation?

Yes  No (If no, document the actions taken to compensate for the gap in performance on back of sheet or in attached memorandum) *Approved by [Signature]*

EVALUATOR SIGNATURE/ DATE

## MCHD Service Contract Evaluation Tool

**Evaluation Period:** 2025

Contractor: Physician Angels \_\_\_\_\_ Written Contract?  YES  NO

Contractor Liaison Name: Kevin Brady

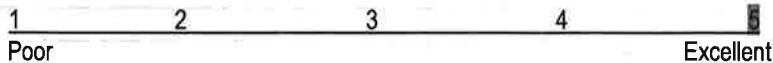
Title: CEO Telephone Number: \_\_\_\_\_

Service Provided: Physician Scribes

Director/ Manager Responsible for Contractor Performance: Connie

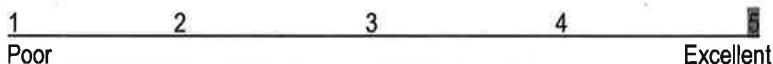
## EVALUATION

Degree to which the contractor is flexible and responsive to requests for service.



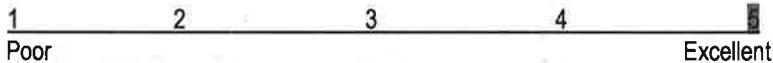
### Comment

Degree to which the contractor meets its contractual obligations.



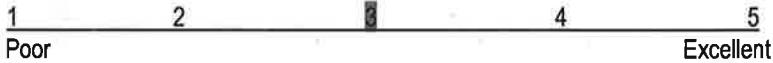
### Comment

Degree to which the contractor has outlined and meets its performance expectations.



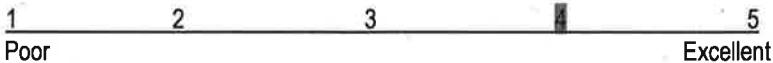
### Comment

Degree to which the contractor has identified, monitored and provided data regarding QAPI activities (indicators) to the organization's QAPI program (reporting per organization's schedule/designation).



### Comment

**As appropriate to the contracted service:** Degree to which the contractor meets CIHQ and CMS standards and regulations related to provision of care, treatment and services, human resources and medical staff requirements.



### Comment

Overall, does the contractor provide the level of service consistent with meeting patient need and complying with external requirements, including the Medicare Conditions of Participation?

Yes       No      (If no, document the actions taken to compensate for the gap in performance on back of sheet or in attached memorandum)

Connie Flores 1-30-26

**EVALUATOR SIGNATURE/ DATE**

## MCHD Service Contract Evaluation Tool

**Evaluation Period:** 2025

Contractor: Quadris Written Contract?  YES  NO

Contractor Liaison Name: Renea Dodson

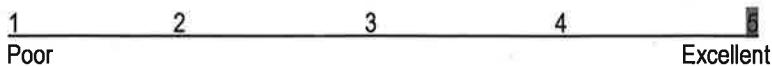
Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Service Provided: Credentialing/Coding

Director/ Manager Responsible for Contractor Performance: Connie

## EVALUATION

Degree to which the contractor is flexible and responsive to requests for service.



### Comment

Degree to which the contractor meets its contractual obligations.



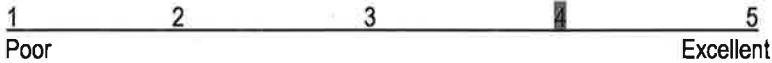
### Comment

Degree to which the contractor has outlined and meets its performance expectations.



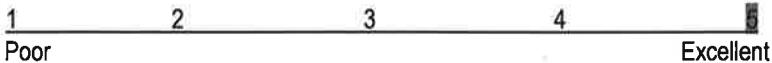
### Comment

Degree to which the contractor has identified, monitored and provided data regarding QAPI activities (indicators) to the organization's QAPI program (reporting per organization's schedule/designation).



## Comment

**As appropriate to the contracted service:** Degree to which the contractor meets CIHQ and CMS standards and regulations related to provision of care, treatment and services, human resources and medical staff requirements.



### Comment

Overall, does the contractor provide the level of service consistent with meeting patient need and complying with external requirements, including the Medicare Conditions of Participation?

Yes       No      (If no, document the actions taken to compensate for the gap in performance on back of sheet or in attached memorandum)

\_\_\_\_ Connie Flores 01-30-26 \_\_\_\_\_

**EVALUATOR SIGNATURE/ DATE**

# MCHD Service Contract Evaluation Tool

Evaluation Period: 2025

Contractor: Unidine Written Contract?  YES  NO

Contractor Liaison Name: Chef Buddy Wheeler

Title: Dir of Dining Services Telephone Number: (985)515-1817

Service Provided: Hospitalist Services

Director/ Manager Responsible for Contractor Performance: Audra McComas

## EVALUATION

Degree to which the contractor is flexible and responsive to requests for service.

1	2	3	4	<input checked="" type="checkbox"/> 5
Poor				Excellent

Comment: Any limitations on flexibility are specific to online dietary platforms, which work-arounds are being explored.

Degree to which the contractor meets its contractual obligations.

1	2	3	4	<input checked="" type="checkbox"/> 5
Poor				Excellent

Comment

Degree to which the contractor has outlined and meets its performance expectations.

1	2	3	4	<input checked="" type="checkbox"/> 5
Poor				Excellent

Comment

Degree to which the contractor has identified, monitored and provided data regarding QAPI activities (indicators) to the organization's QAPI program (reporting per organization's schedule/designation).

1	2	3	4	<input checked="" type="checkbox"/> 5
Poor				Excellent

Comment: During the course of 2025, there was a turnover in the Director of Dining Services' position within Unidine. There was a brief lapse in consistency regarding QAPI data submission/ meeting participation. This was resolved once Chef Wheeler was in place. All data was submitted. Audra and Chef Buddy are in routine meetings to ensure on-going compliance.

**As appropriate to the contracted service:** Degree to which the contractor meets CIHQ and CMS standards and regulations related to provision of care, treatment and services, human resources and medical staff requirements.

1	2	3	4	<input checked="" type="checkbox"/> 5
Poor				Excellent

Comment

Overall, does the contractor provide the level of service consistent with meeting patient need and complying with external requirements, including the Medicare Conditions of Participation?

Yes  No (If no, document the actions taken to compensate for the gap in performance on back of sheet or in attached memorandum)

*Audra McComas, LNFA*  
EVALUATOR SIGNATURE/ DATE

## MCHD Service Contract Evaluation Tool

Evaluation Period: 2025Contractor: Concord Written Contract?  YES  NOContractor Liaison Name: Phillip BeasleyTitle: Regional Director Telephone Number: 888-264-0330Service Provided: Hospitalist ServicesDirector/ Manager Responsible for Contractor Performance: Jeff

## EVALUATION

Degree to which the contractor is flexible and responsive to requests for service.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Poor				Excellent

Comment Generally good. Some issues with scheduling and difficulty working some providers off the schedule, when requested.

Degree to which the contractor meets its contractual obligations.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Poor				Excellent

Comment

Degree to which the contractor has outlined and meets its performance expectations.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Poor				Excellent

Comment Some issues getting Death Certificates signed.

Degree to which the contractor has identified, monitored and provided data regarding QAPI activities (indicators) to the organization's QAPI program (reporting per organization's schedule/designation).

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Poor				Excellent

Comment

**As appropriate to the contracted service:** Degree to which the contractor meets CIHQ and CMS standards and regulations related to provision of care, treatment and services, human resources and medical staff requirements.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Poor				Excellent

Comment

Overall, does the contractor provide the level of service consistent with meeting patient need and complying with external requirements, including the Medicare Conditions of Participation?

Yes  No (If no, document the actions taken to compensate for the gap in performance on back of sheet or in attached memorandum)

EVALUATOR SIGNATURE/ DATE

- Contractor has been good to work with as MCHD has begun to employ our own hospitalists.
- Very satisfied with Dr. Lauren Knight, MCHD Medical Director.
- Overall, satisfied with Concord.

MCHD Service Contract Evaluation Tool

**Evaluation Period:** 2025

Contractor: Amarillo Pathology Group Written Contract?  YES  NO

Written Contract?  YES  NO

Contractor Liaison Name: Michael Sennett MD

Title: \_\_\_\_\_ Telephone Number: (NWTH) 354-1754

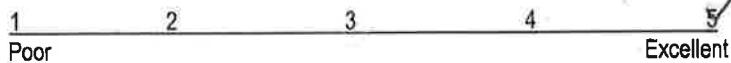
Title: \_\_\_\_\_ Telephone Number: (NWTH) 354-1754 \_\_\_\_\_

Service Provided: Lab/Pathology Services

Director/ Manager Responsible for Contractor Performance: Amanda

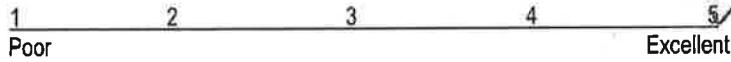
## EVALUATION

Degree to which the contractor is flexible and responsive to requests for service.



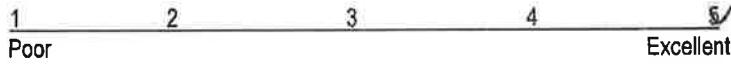
### Comment

Degree to which the contractor meets its contractual obligations.



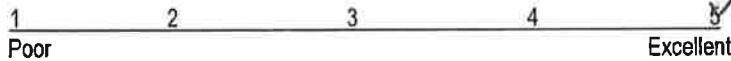
### Comment

Degree to which the contractor has outlined and meets its performance expectations.



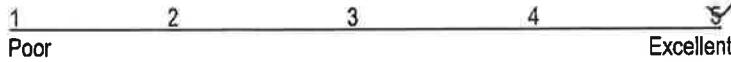
### Comment

Degree to which the contractor has identified, monitored and provided data regarding QAPI activities (indicators) to the organization's QAPI program (reporting per organization's schedule/designation).



### Comment

**As appropriate to the contracted service:** Degree to which the contractor meets Joint Commission, CIHQ, and CMS standards and regulations related to provision of care, treatment and services, human resources and medical staff requirements.



Overall, does the contractor provide the level of service consistent with meeting patient need and complying with external requirements, including the Medicare Conditions of Participation?

Yes       No (If no, document the actions taken to compensate for the gap in performance on back of sheet or in attached memorandum).

EVALUATOR SIGNATURE/ DATE

MCHD Service Contract Evaluation Tool

**Evaluation Period:** 2025

Contractor: Panhandle Nuclear Rx Ltd Written Contract?  YES  NO

Written Contract?  YES  NO

Contractor Liaison Name: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Service Provided: Nuclear medication dispensary

Director/ Manager Responsible for Contractor Performance: Zane

## EVALUATION

Degree to which the contractor is flexible and responsive to requests for service.

1	2	3	4	5
Poor				Excellent

### Comment

Degree to which the contractor meets its contractual obligations.

1	2	3	4	5
Poor				Excellent

### Comment

Degree to which the contractor has outlined and meets its performance expectations.

1	2	3	4	5
Poor				Excellent

### Comment

Degree to which the contractor has identified, monitored and provided data regarding QAPI activities (indicators) to the organization's QAPI program (reporting per organization's schedule/designation).

1	2	3	4	5
Poor				Excellent

### Comment

**As appropriate to the contracted service:** Degree to which the contractor meets CIHQ and CMS standards and regulations related to provision of care, treatment and services, human resources and medical staff requirements.

1	2	3	4	5
Poor				Excellent

### Comment

Overall, does the contractor provide the level of service consistent with meeting patient need and complying with external requirements, including the Medicare Conditions of Participation?

Yes  No (If no, document the actions taken to compensate for the gap in performance on back of sheet or in attached memorandum)

compensate for the gap in performance on  
 1-6-26

EVALUATOR SIGNATURE/ DATE

# MCHD Service Contract Evaluation Tool

Evaluation Period: 2024 2025

Contractor: Numed Written Contract?  YES  NO

Contractor Liaison Name: Carol Waddell

Title: Regional Manager Telephone Number: 940-365-9777

Service Provided: Nuclear Imaging

Director/ Manager Responsible for Contractor Performance: Zane

## EVALUATION

Degree to which the contractor is flexible and responsive to requests for service.

1 2 3 4 5  
Poor Excellent

Comment

Degree to which the contractor meets its contractual obligations.

1 2 3 4 5  
Poor Excellent

Comment

Degree to which the contractor has outlined and meets its performance expectations.

1 2 3 4 5  
Poor Excellent

Comment

Degree to which the contractor has identified, monitored and provided data regarding QAPI activities (indicators) to the organization's QAPI program (reporting per organization's schedule/designation).

1 2 3 4 5  
Poor Excellent

Comment

**As appropriate to the contracted service:** Degree to which the contractor meets CIHQ and CMS standards and regulations related to provision of care, treatment and services, human resources and medical staff requirements.

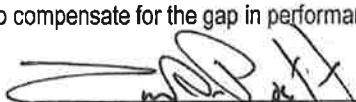
1 2 3 4 5  
Poor Excellent

Comment

Overall, does the contractor provide the level of service consistent with meeting patient need and complying with external requirements, including the Medicare Conditions of Participation?

Yes

No (If no, document the actions taken to compensate for the gap in performance on back of sheet or in attached memorandum)

 1-6-26

EVALUATOR SIGNATURE/ DATE

## MCHD Service Contract Evaluation Tool

Evaluation Period: 2025Contractor: High Plains Radiology Associates Written Contract?  YES  NOContractor Liaison Name: Toni ConnelyTitle: Practice Manager Telephone Number: 806-355-3352Service Provided: Radiologist Imaging ReadingsDirector/ Manager Responsible for Contractor Performance: Zane

## EVALUATION

Degree to which the contractor is flexible and responsive to requests for service.

1	2	3	4	5
Poor				Excellent

Comment Does well with STAT examsDoes not meet Responsive needs for Routine exams

Degree to which the contractor meets its contractual obligations.

1	2	3	4	5
Poor				Excellent

Comment Meets Stat exam requirements but Routine exam Requirements are Not being met

Degree to which the contractor has outlined and meets its performance expectations.

1	2	3	4	5
Poor				Excellent

Comment Falls short with Mammogram QC/QA RequirementsWe have to make multiple calls/Emails to get what we need.

Degree to which the contractor has identified, monitored and provided data regarding QAPI activities (indicators) to the organization's QAPI program (reporting per organization's schedule/designation).

1	2	3	4	5
Poor				Excellent

Comment

As appropriate to the contracted service: Degree to which the contractor meets CIHQ and CMS standards and regulations related to provision of care, treatment and services, human resources and medical staff requirements.

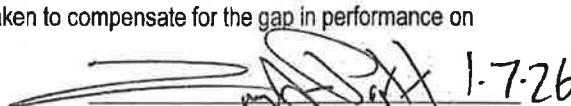
1	2	3	4	5
Poor				Excellent

Comment Due to National Shortage of Radiologist we have continued with HPPA. We have been & are Continuously Looking for a Company

Overall, does the contractor provide the level of service consistent with meeting patient need and complying with external requirements, including the Medicare Conditions of Participation?

To Provide better Service

Yes  No (If no, document the actions taken to compensate for the gap in performance on back of sheet or in attached memorandum)



EVALUATOR SIGNATURE/ DATE

1-726

MCHD Service Contract Evaluation Tool

**Evaluation Period: 2025**

Contractor: JDC Ultrasound Written Contract?  YES  NO

Contractor Liaison Name: Dave Manchester

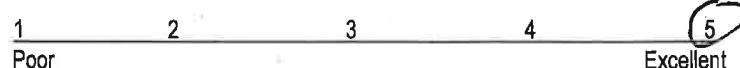
Title: Owner/Operator Telephone Number: 806-676-1928

Service Provided: Ultrasound Imaging

Director/ Manager Responsible for Contractor Performance: Zane

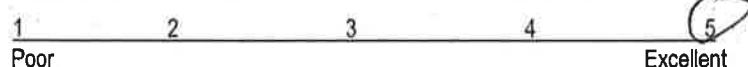
## EVALUATION

Degree to which the contractor is flexible and responsive to requests for service.



### Comment

Degree to which the contractor meets its contractual obligations.



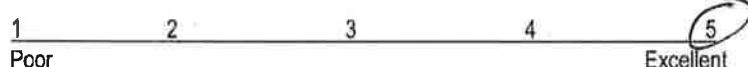
### Comment

Degree to which the contractor has outlined and meets its performance expectations.



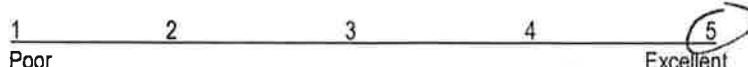
### Comment

Degree to which the contractor has identified, monitored and provided data regarding QAPI activities (indicators) to the organization's QAPI program (reporting per organization's schedule/designation).



### Comment

**As appropriate to the contracted service:** Degree to which the contractor meets CIHQ and CMS standards and regulations related to provision of care, treatment and services, human resources and medical staff requirements.



### Comment

Overall, does the contractor provide the level of service consistent with meeting patient need and complying with external requirements, including the Medicare Conditions of Participation?

Yes  No (If no, document the actions taken to compensate for the gap in performance on back of sheet or in attached memorandum)

**EVALUATOR SIGNATURE/ DATE**

# MCHD Service Contract Evaluation Tool

Evaluation Period: 2025

Contractor: Texas Tech (Telepsych) Written Contract?  YES  NO

Contractor Liaison Name: Samantha Dawson

Title: CEO Telephone Number: \_\_\_\_\_

Service Provided: Telepsych

Director/ Manager Responsible for Contractor Performance: Yessenia

## EVALUATION

Degree to which the contractor is flexible and responsive to requests for service.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4X</u>	<u>5</u>
Poor				Excellent

Comment

Degree to which the contractor meets its contractual obligations.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4X</u>	<u>5</u>
Poor				Excellent

Comment

Degree to which the contractor has outlined and meets its performance expectations.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4X</u>	<u>5</u>
Poor				Excellent

Comment

Degree to which the contractor has identified, monitored and provided data regarding QAPI activities (indicators) to the organization's QAPI program (reporting per organization's schedule/designation).

<u>1</u>	<u>2</u>	<u>3X</u>	<u>4</u>	<u>5</u>
Poor				Excellent

Comment

**As appropriate to the contracted service:** Degree to which the contractor meets CIHQ and CMS standards and regulations related to provision of care, treatment and services, human resources and medical staff requirements.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4X</u>	<u>5</u>
Poor				Excellent

Comment

Overall, does the contractor provide the level of service consistent with meeting patient need and complying with external requirements, including the Medicare Conditions of Participation? New service. Only recently credentialed. Little information but good to renew contract.

Yes  No (If no, document the actions taken to compensate for the gap in performance on back of sheet or in attached memorandum)

Yessenia Longoria

EVALUATOR SIGNATURE/ DATE

# MCHD Service Contract Evaluation Tool

Evaluation Period: 2025

Contractor: TPC Written Contract?  YES  NO

Contractor Liaison Name: Crisis Line

Title: \_\_\_\_\_ Telephone Number: 806-359-6699

Service Provided: Telemedicine-Psych and/or On-site when available for placement needs arise

Director/ Manager Responsible for Contractor Performance: Yessenia

## EVALUATION

Degree to which the contractor is flexible and responsive to requests for service.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4X</u>	<u>5</u>
Poor				Excellent

Comment

Degree to which the contractor meets its contractual obligations.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>X5</u>
Poor				Excellent

Comment

Degree to which the contractor has outlined and meets its performance expectations.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4X</u>	<u>5</u>
Poor				Excellent

Comment

Degree to which the contractor has identified, monitored and provided data regarding QAPI activities (indicators) to the organization's QAPI program (reporting per organization's schedule/designation).

<u>1</u>	<u>2</u>	<u>3X</u>	<u>4</u>	<u>5</u>
Poor				Excellent

Comment

**As appropriate to the contracted service:** Degree to which the contractor meets CIHQ and CMS standards and regulations related to provision of care, treatment and services, human resources and medical staff requirements.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>X5</u>
Poor				Excellent

Comment

Overall, does the contractor provide the level of service consistent with meeting patient need and complying with external requirements, including the Medicare Conditions of Participation?

Yes  No (If no, document the actions taken to compensate for the gap in performance on back of sheet or in attached memorandum)

Yessenia Longoria

**EVALUATOR SIGNATURE/ DATE**

# MCHD Service Contract Evaluation Tool

Evaluation Period: 2025

Contractor: NWTH Written Contract?  YES  NO

Contractor Liaison Name: Mark Crawford

Title: CEO/Managing Director Telephone Number: 354-1250

Service Provided: Telemedicine-Stroke

Director/ Manager Responsible for Contractor Performance: Yessenia

## EVALUATION

Degree to which the contractor is flexible and responsive to requests for service.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4X</u>	<u>5</u>
Poor				Excellent

Comment

Degree to which the contractor meets its contractual obligations.

<u>1</u>	<u>2</u>	<u>3X</u>	<u>4</u>	<u>5</u>
Poor				Excellent

Comment

Degree to which the contractor has outlined and meets its performance expectations.

<u>1</u>	<u>2</u>	<u>3X</u>	<u>4</u>	<u>5</u>
Poor				Excellent

Comment

Degree to which the contractor has identified, monitored and provided data regarding QAPI activities (indicators) to the organization's QAPI program (reporting per organization's schedule/designation).

<u>1</u>	<u>2</u>	<u>3X</u>	<u>4</u>	<u>5</u>
Poor				Excellent

Comment

**As appropriate to the contracted service:** Degree to which the contractor meets CIHQ and CMS standards and regulations related to provision of care, treatment and services, human resources and medical staff requirements.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4X</u>	<u>5</u>
Poor				Excellent

Comment

Overall, does the contractor provide the level of service consistent with meeting patient need and complying with external requirements, including the Medicare Conditions of Participation? Yes. Meets. Would be open to explore BSA options when they have capability. We struggle to receive QAPI related feedback. Responses are not always timely.

Yes  No (If no, document the actions taken to compensate for the gap in performance on back of sheet or in attached memorandum)

Yessenia Longoria

MCHD Service Contract Evaluation Tool

Evaluation Period: 2025

**EVALUATOR SIGNATURE/ DATE**

# MCHD Service Contract Evaluation Tool

Evaluation Period: 2025

Contractor: Access Physicians Written Contract?  YES  NO

Contractor Liaison Name: John Henry

Title: Director of Program Operations Telephone Number: 972-437-8059

Service Provided: Telemedicine - Cardiology

Director/ Manager Responsible for Contractor Performance: Yessenia

## EVALUATION

Degree to which the contractor is flexible and responsive to requests for service.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u> X	<u>5</u>
Poor				Excellent

Comment

Degree to which the contractor meets its contractual obligations.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>X5</u>
Poor				Excellent

Comment

Degree to which the contractor has outlined and meets its performance expectations.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>X5</u>
Poor				Excellent

Comment

Degree to which the contractor has identified, monitored and provided data regarding QAPI activities (indicators) to the organization's QAPI program (reporting per organization's schedule/designation).

<u>1</u>	<u>2</u>	<u>3</u>	<u>X4</u>	<u>5</u>
Poor				Excellent

Comment

**As appropriate to the contracted service:** Degree to which the contractor meets CIHQ and CMS standards and regulations related to provision of care, treatment and services, human resources and medical staff requirements.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>X5</u>
Poor				Excellent

Comment

Overall, does the contractor provide the level of service consistent with meeting patient need and complying with external requirements, including the Medicare Conditions of Participation?

Yes  No (If no, document the actions taken to compensate for the gap in performance on back of sheet or in attached memorandum)

Yessenia Longoria

**EVALUATOR SIGNATURE/ DATE**

# MCHD Service Contract Evaluation Tool

Evaluation Period: 2025

Contractor: Texas A&M Rural and Community Health Written Contract?  YES  NO

Contractor Liaison Name: Tammy Weigand

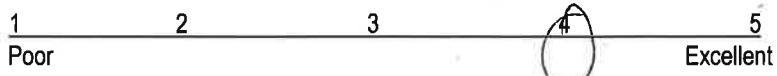
Title: Program Manager Telephone Number: 979-436-0411

Service Provided: Physician Peer Review

Director/ Manager Responsible for Contractor Performance: Cody

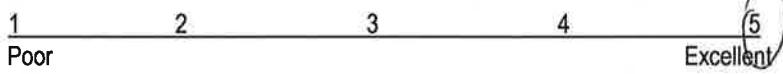
## EVALUATION

Degree to which the contractor is flexible and responsive to requests for service.



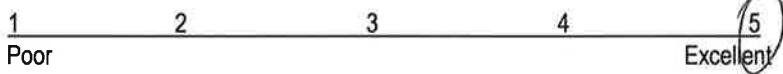
Comment

Degree to which the contractor meets its contractual obligations.



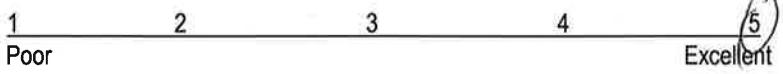
Comment

Degree to which the contractor has outlined and meets its performance expectations.



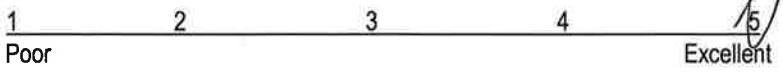
Comment

Degree to which the contractor has identified, monitored and provided data regarding QAPI activities (indicators) to the organization's QAPI program (reporting per organization's schedule/designation).



Comment

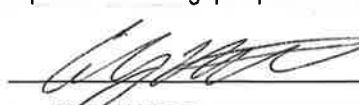
**As appropriate to the contracted service:** Degree to which the contractor meets CIHQ and CMS standards and regulations related to provision of care, treatment and services, human resources and medical staff requirements.



Comment

Overall, does the contractor provide the level of service consistent with meeting patient need and complying with external requirements, including the Medicare Conditions of Participation?

Yes  No (If no, document the actions taken to compensate for the gap in performance on back of sheet or in attached memorandum)

 EVALUATOR SIGNATURE/ DATE