



BOARD OF SUPERVISORS AGENDA ITEM REPORT
AWARDS / CONTRACTS / GRANTS

Award Contract Grant

Requested Board Meeting Date: 06/20/2023

or Procurement Director Award:

* = Mandatory, information must be provided

***Contractor/Vendor Name/Grantor (DBA):**

CaremarkPCS Health, LLC dba CVS Health

***Project Title/Description:**

Pharmacy Benefits Administrative Services

***Purpose:**

Amendment of Award: Master Agreement No. MA-PO-18-190, Amendment No. 02. This Amendment exercises the annual renewal option to extend the termination date to 06/30/2024, increases the not-to-exceed contract amount by \$150,000.00 for a cumulative not-to-exceed contract amount of \$275,000.00 and appends the Israel Boycott Certification provision pursuant to A.R.S. § 35-393.01 and the Forced Labor of Ethnic Uyghurs provision to the contract, pursuant to A.R.S. § 35-394. Four (4) renewal options remain.

Administering Department: Human Resources.

***Procurement Method:**

Pursuant to Pima County Procurement Code 11.12.020, Competitive sealed proposals, on 01/16/2018, the Board of Supervisors approved an award of contract for an initial term of five (5) years and an initial award amount of \$125,000.00 with five (5) one-year renewal options.

On 09/20/2018, the Procurement Director approved Amendment No. 01, which supplemented the Participating Group Addendum.

PRCUID: 264063

Attachment: Contract Amendment No. 02.

***Program Goals/Predicted Outcomes:**

Provision of integrated claims administration for pharmacy services.

***Public Benefit:**

Cost effective integrated health benefits program.

***Metrics Available to Measure Performance:**

Active review of various reports that monitor the overall effectiveness of claims administration and formulary management.

***Retroactive:**

No.

To: COB 6/15/23 (2)
VERS: 7
POS: 2

THE APPLICABLE SECTION(S) BELOW MUST BE COMPLETED

Click or tap the boxes to enter text. If not applicable, indicate "N/A". Make sure to complete mandatory (*) fields

Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____
Commencement Date: _____ Termination Date: _____ Prior Contract Number (Synergen/CMS): _____
Expense Amount \$ _____ * Revenue Amount: \$ _____

*Funding Source(s) required: _____

Funding from General Fund? Yes No If Yes \$ _____ % _____

Contract is fully or partially funded with Federal Funds? Yes No

If Yes, is the Contract to a vendor or subrecipient? _____

Were insurance or indemnity clauses modified? Yes No

If Yes, attach Risk's approval.

Vendor is using a Social Security Number? Yes No

If Yes, attach the required form per Administrative Procedure 22-10.

Amendment / Revised Award Information

Document Type: MA Department Code: PO Contract Number (i.e., 15-123): 18-190

Amendment No.: 02 AMS Version No.: 7

Commencement Date: 07/01/23 New Termination Date: 06/30/24

Prior Contract No. (Synergen/CMS): _____

Expense Revenue Increase Decrease

Amount This Amendment: \$ 150,000.00

Is there revenue included? Yes No If Yes \$ _____

*Funding Source(s) required: Health Benefit Self-Insurance Fund

Funding from General Fund? Yes No If Yes \$ _____ % _____

Grant/Amendment Information (for grants acceptance and awards) Award Amendment

Document Type: _____ Department Code: _____ Grant Number (i.e., 15-123): _____

Commencement Date: _____ Termination Date: _____ Amendment Number: _____

Match Amount: \$ _____ Revenue Amount: \$ _____

*All Funding Source(s) required: _____

*Match funding from General Fund? Yes No If Yes \$ _____ % _____

*Match funding from other sources? Yes No If Yes \$ _____ % _____

*Funding Source: _____

*If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?

Contact: Procurement Officer: Kelsey Braun-Shirley Acting Division Manager: Michael Warren

Department: Procurement Director: Ana Wilber Telephone: (520)724-7466

Department Director Signature: Cathy Bohland Date: 5/31/23

Deputy County Administrator Signature: [Signature] Date: 5-31-2023

County Administrator Signature: [Signature] Date: 6/1/2023

MA-PO-18*190-02

The contents of this Exhibit are confidential. Requests for a copy shall be submitted to the Clerk of the Board by completing a Public Records Request pursuant to County Administrative Procedure 4-4. The Public Records Request form can be located at <http://webcms.pima.gov/> under the 'Quick Links' section. Release of confidential contract information involves a process above and beyond the basic Public Records Request process. This process will be performed by the Procurement Department after the Clerk of the Board receives the completed Public Records Request.

If you have any questions, please email ContractsAdmin@pima.gov