



**BOARD OF SUPERVISORS AGENDA ITEM REPORT  
CONTRACTS / AWARDS / GRANTS**

Award  Contract  Grant

Requested Board Meeting Date: 08/06/19

or Procurement Director Award

\* = Mandatory, information must be provided

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

Aetna Life Insurance Company

**\*Project Title/Description:**

Medical Benefits Administrative Services-Third Party Administration and Employee Assistance Program

**\*Purpose:**

Amendment of Award: Master Agreement No. MA-PO-18-189, Amendment No. 2. This Amendment revises the scope of services by increasing the number of counseling sessions for participants and replaces the fee schedule for EAP.

Administering Department: Human Resources.

**\*Procurement Method:**

Pursuant to Pima County Procurement Code 11.12.020, Competitive Sealed Proposals, on January 16, 2018, the Board of Supervisors approved an award of contract for an initial term of five (5) years and a not-to-exceed amount of \$15,000,000.00 with five (5) one-year renewal options.

On January 8, 2019, the Board of Supervisors, approved Amendment No. 1 which removed counseling sessions for Public Safety Personnel and replaced Exhibit I.

This amendment is needed to improve the EAP program and support initiatives to encourage proactive participation by County employees.

PRCUID: 264063

Attachment: Contract Amendment No. 2.

**\*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.

Procure Dept 07/10/19 PM0246

TO: COB 7/11/19(1)  
VERS: 6  
PGS: 3

Document Type: \_\_\_\_\_ Department Code: \_\_\_\_\_ Contract Number (i.e., 15-123): \_\_\_\_\_

Effective 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 22-73.

**Amendment / Revised Award Information**

Document Type: MA Department Code: PO Contract Number (i.e., 15-123): 18-189

Amendment No.: 2 AMS Version No.: 6

Effective Date: 09/01/2019 New Termination Date: \_\_\_\_\_

Prior Contract No. (Synergen/CMS): \_\_\_\_\_

Expense or  Revenue  Increase  Decrease Amount This Amendment: \$ \_\_\_\_\_

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

**\*Funding Source(s) required:**

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): \_\_\_\_\_

Effective 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: Kelsey Braun, Procurement Officer *xvmb*

Department: Procurement Telephone: 724-7466

Department Director Signature/Date: *May J...* 7/3/19

Deputy County Administrator Signature/Date: *Jon...* 7/5/19

County Administrator Signature/Date: *C. R. ...* 7/10/19

(Required for Board Agenda/Addendum Items)

**Pima County Department of Human Resources**

**Project: Medical Benefits Administrative Services-Third Party Administration and Employee Assistance Program**

**Contractor: Aetna Life Insurance Company  
151 Farmington Ave.  
Hartford, CT 06156**

**Contract No.: MA-PO-18-189**

**Contract Amendment No.: Two (2)**

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<b>Orig. Contract Term:</b> 07/01/2018 - 06/30/2023	<b>Orig. Amount:</b>	\$15,000,000.00
<b>Termination Date Prior Amendment:</b> 06/30/23	<b>Prior Amendments Amount:</b>	\$0.00
<b>Termination Date This Amendment:</b> 06/30/23	<b>This Amendment Amount:</b>	\$0.00
	<b>Revised Total Amount:</b>	\$15,000,000.00

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**CONTRACT AMENDMENT**

The parties agree to amend the above-referenced contract as follows:

**1. Background and Purpose.**

1.1. Background. On July 1, 2018, County and Contractor entered into the above referenced agreement to provide medical benefits administrative services for Pima County's health benefits program.

1.2. Purpose. County requires an amendment to revise the scope of work and fee schedule.

**2. Scope of Services.** Exhibit C Employee Assistance Program (EAP) Services Scope of Work, as incorporated into this Agreement, is hereby amended as follows:

**Replace** item three (3) in its entirety with the following:

Provide participants with confidential evaluation and assessments for up to ten (10) EAP counseling services per issue per year. Provide participants appropriate referrals to specialized providers based upon participant need(s). Public Safety personnel that experience traumatic events must be able to receive up to twelve (12) counseling sessions per year.

**3. Compensation and Payment.**

Exhibit I-Amendment 1: Fee Schedule-EAP is replaced in its entirety by Exhibit I-Amendment 2: Fee Schedule-EAP (1 page).

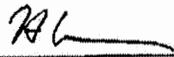
The effective date of this Amendment is September 1, 2019.

All other provisions of the Contract not specifically changed by this Amendment remain in effect and are binding upon the parties.

**PIMA COUNTY**

**CONTRACTOR**

\_\_\_\_\_  
Chairman, Board of Supervisors

  
\_\_\_\_\_  
Authorized Officer Signature

\_\_\_\_\_  
Date

Hyong Un, MD - Head of EAP & Chief Psychiatric  
Printed Name and Title Officer

07/02/19  
Date

**ATTEST**

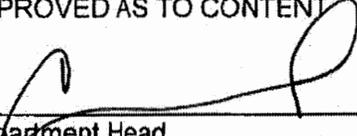
\_\_\_\_\_  
Clerk of the Board

\_\_\_\_\_  
Date

**APPROVED AS TO FORM**

**APPROVED AS TO CONTENT**

  
\_\_\_\_\_  
Deputy County Attorney

  
\_\_\_\_\_  
Department Head

Daniel Juckowitz  
Print DCA Name

7/5/19  
Date

7/3/19  
Date

**Exhibit I-Amendment 2**

**Fees Schedule - EAP**

<b>Employee Assistance Program</b>	<b>Year 1 2018-2019 12/1/2018-6/30/2019</b>	<b>Year 2 2019-2020 9/1/2019-6/30/2020</b>	<b>Year 3 2020-2021</b>	<b>Year 4 2021-2022</b>	<b>Year 5 2022-2023</b>
PEPM (Per Employee Per Month) Fee	\$1.55	\$2.42	\$2.42	\$2.42	\$2.42
Training Hours Included	20	20	20	20	20
Rate/Hour for Training Above Limit	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00
Travel Time/Hour	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00
Critical Incident Hours	Unlimited with up to 20 hours per incident	Unlimited with up to 20 hours per incident	Unlimited with up to 20 hours per incident	Unlimited with up to 20 hours per incident	Unlimited with up to 20 hours per incident
Rate/Hour for Critical Incident Above Limit	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00