



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 1/8/19

* = Mandatory, information must be provided

or Procurement Director Award ☐

***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. 1. This amendment revises the scope of services by removing counseling sessions for Public Safety personnel and replaces Exhibit I.

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.

Public Safety personnel traumatic event counseling is removed from the scope of services from this contract due to the complexity of requirements enacted by Arizona House Bill 2502, responsibilities for traumatic event counseling for Public Safety Personnel have been assumed by Risk Management.

PRCUID:264063

Attachment: Contract Amendment No.1.

***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:**

Yes, amendment was processed with the earliest possible effective date to avoid paying the vendor more than necessary.

Procure Dept 12/21/18 AM10:20

To: COB 12/21/18 (1)
Vers: 4
Pgs: 3

Contract / Award Information

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

***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.: 1 AMS Version No.: 4

Effective Date: 12/01/18 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 *KB*

Department: Procurement *MA* Telephone: 520-724-7466

Department Director Signature/Date: *[Signature]* *12/20/18*

Deputy County Administrator Signature/Date: *[Signature]* *12/20/18*

County Administrator Signature/Date: *[Signature]* *12/21/18*

(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.: 1	<div style="border: 1px solid black; padding: 5px; text-align: center;"> CONTRACT NO. MA-PO-18-189 AMENDMENT NO. 1 <small>This number must appear on all invoices, correspondence and documents pertaining to this contract.</small> </div>
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Orig. Contract Term: 07/01/2018 - 06/30/2023	Orig. Amount: \$15,000,000.00
Termination Date Prior Amendment: 06/30/23	Prior Amendments Amount: \$0.00
Termination Date This Amendment: 06/30/23	This Amendment Amount: \$0.00
	Revised Total Amount: \$15,000,000.00

CONTRACT AMENDMENT

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

1. **Background and Purpose.** This contract was originally put in place to provide Pima County with a cost effective, integrated health benefits program. This amendment is required to remove counseling sessions for public safety personnel.

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

Remove "Public Safety personnel that experience traumatic events must be able to receive up to twelve (12) counseling sessions per year" from item three (3).

3. **Compensation and Payment.**
Exhibit I: Fee Schedule-EAP is replaced in its entirety by Exhibit I-Amendment 1: Fee Schedule-EAP (1 page).

The effective date of this Amendment is December 1, 2018.

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

PIMA COUNTY

Chairman, Board of Supervisors

Date

ATTEST

Clerk of the Board

Date

APPROVED AS TO FORM

Deputy County Attorney

Jonathan Pinkney

Print DCA Name

12/3/18
Date

CONTRACTOR

AL
Authorized Officer Signature

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

12/13/18
Date

APPROVED AS TO CONTENT

Cathy Bohland, Human Resources Director

12/5/18
Date

Exhibit I-Amendment 1

Fees Schedule - EAP

Employee Assistance Program	Year 1 2018-2019 12/1/2018-6/30/2019	Year 2 2019-2020	Year 3 2020-2021	Year 4 2021-2022	Year 5 2022-2023
PEPM (Per Employee Per Month) Fee	\$1.55	\$1.55	\$1.55	\$1.58	\$1.58
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