



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 08/06/19

* = 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. 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.

08-10-2019 11:11 AM
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 *xmb*

Department: Procurement *May 7/3/19* Telephone: 724-7466

Department Director Signature/Date: _____ *7/5/19*

Deputy County Administrator Signature/Date: _____ *7-10-19*

County Administrator Signature/Date: _____ *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)

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.

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 Jurkowitz
Print DCA Name

Date

7/3/19
Date

Exhibit I-Amendment 2

Fees Schedule - EAP

Employee Assistance Program	Year 1 2018-2019 12/1/2018-6/30/2019	Year 2 2019-2020 9/1/2019-6/30/2020	Year 3 2020-2021	Year 4 2021-2022	Year 5 2022-2023
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