



BOARD OF SUPERVISORS AGENDA ITEM REPORT CONTRACTS / AWARDS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 04/06/21

* = 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. 03. This Amendment appends the Pima County Medical Benefits Plan to the Contract and increases the options for plan administration services by adding Aetna One Choice and National Advantage Program (NAP) Flex to the fee schedule. It also recommends the Procurement Director be authorized to execute any further revisions to the contract provided that the sum of the revised contract does not exceed the Board of Supervisors approved award amount and that revisions to the Pima County Medical Plan are recommended and discussed with the Pima County Health Care Benefits Trust Board, and ultimately approved by the Plan Administrator.

Administering Department: Human Resources.

***Procurement Method:**

Pursuant to Pima County Procurement Code 11.12.20, 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. 01, which removed counseling sessions for Public Safety Personnel and replaced Exhibit I.

On August 6, 2019, the Board of Supervisors, approved Amendment No. 02, which increased the number of counseling sessions for participants and replaced Exhibit I.

The amendment is needed to most advantageously capture overall savings for the health benefits program.

PRCUID: 264063

Attachment: Contract Amendment No. 03.

***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 3/31/21

VERS: 10

PGS: 10

04-10-2021 10:00 AM
MAR 23 2021 10:00 AM
PCO KLF-HO
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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): 18-189Amendment No.: 3 AMS Version No.: 10Commencement Date: 07/01/2021 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): _____

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: Kelsey Braun-Shirley, Procurement Officer Shirley Digitally signed by Kelsey Braun-Shirley Date: 2021.03.30 09:22:54 -07'00' Ana Wilber Digitally signed by Ana Wilber Date: 2021.03.30 09:11:20 -07'00'Department: Procurement Terri Spencer Digitally signed by Terri Spencer Date: 2021.03.30 15:26:27 -07'00' Telephone: (520)724-7466Department Director Signature/Date: [Signature] 3/31/2021Deputy County Administrator Signature/Date: [Signature] 3/31/2021County Administrator Signature/Date: [Signature] 3/31/21
(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.: 03

Orig. Contract Term: 07/01/2018 - 06/30/2023	Orig. Amount:	\$15,000,000.00
Termination Date Prior Amendment: 06/30/2023	Prior Amendments Amount:	\$0.00
Termination Date This Amendment: 06/30/2023	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 include a reference to the Pima County Medical Benefits Plan and additional options for plan administration services, Aetna One Choice and National Advantage Program (NAP) Flex, to most advantageously capture overall savings for the program.

2. Scope of Services.

Exhibit A: Third Party Administrative Services (TPA) Scope of Work is replaced in its entirety by Exhibit A-Amendment 3: Third Party Administrative Services (TPA) Scope of Work.

3. Compensation and Payment.

Exhibit G: Fee Schedule-TPA is replaced in its entirety by Exhibit G-Amendment 3: Fee Schedule-TPA.

[Signature page to follow]

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

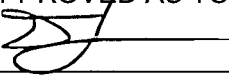
Date

ATTEST

Clerk of the Board

Date

APPROVED AS TO FORM



Deputy County Attorney

Daniel Jurkowitz

Print DCA Name

03/23/2021

Date

CONTRACTOR



Authorized Officer Signature

Ray Eveleth, Senior Account Executive

Printed Name and Title

March 29, 2021

Date

APPROVED AS TO CONTENT



Department Head

3/31/2021

Date

Exhibit A-Amendment 3

Third Party Administrative Services (TPA) Scope of Work

General

1. **Adhere to all details described in Aetna response to Request for Proposal (RFP) #264063.**
2. **Contractor must provide County with administration services for the Pima County Medical Benefits Plan.** The current plan document can be found at:

https://webcms.pima.gov/UserFiles/Servers/Server_6/File/Government/Human%20Resources/Employee%20Benefits/Aetna/Pima%20County%20Medical%20Summary%20Plan%20Description%207.1.2020.pdf

Network

1. Provide a comprehensive provider network (meaning both breadth of services and geographic coverage) that offers the most competitive discounts for participants in Pima County (County) along with a network within Arizona and the United States as well.
2. Ensure there are quality measurement standards and metrics that enable participants to compare and contrast various providers relative to quality scores and cost efficiencies.
3. Provide a network that balances choice of providers with effective cost management of claims.

Utilization Management and Concurrent Review Services

1. Provide services that review the acuity of the care provided to participants.
2. Utilizing clinically trained personnel, provide initial and ongoing precertification or prior authorization services that help manage inpatient care, mental and behavioral health services, and rehabilitative services. Assist in precluding non-value added care.
3. Provide review services that request care related to clinical trials, organ transplantation, specialty medications and infusion coverage.

Healthcare Access Disease Management and Care Coordination Services

1. Provide disease management programs and services in the following areas at a minimum: Asthma, Obesity, Chronic Obstructive Pulmonary Disease (COPD), Coronary Artery Disease (CAD), Congestive Heart Failure, High Risk Pregnancy, Diabetes, Depression, and Low Back Pain and management thereof.
2. Provide Pima County with a Clinical Health Advocate (CHA) who is a dedicated employee assisting County's Human Resource (HR) professionals with targeted health and wellness initiatives. This position will also assist in the implementation of and participation encouragement for members in health management programs. Roles and responsibilities for the CHA include the following:
 - Analyze medical/pharmacy data to identify trends and areas of focus for County as it relates to disease prevalence, utilization patterns, and population engagement.
 - Develop and present strategies to address underlying medical trends for County in collaboration with County.
 - Provide consultation in long- and short-term planning, goals, and objectives related to the wellness program.

- Assist customer with developing and deploying health promotion and wellness educational programs.
- Be a subject matter expert on Care Management programs (CM).
- Coordinate outreach with CM contacts to facilitate engagement or re-engagement.
- Actively participate in the Wellness Council of Arizona (WELCOAZ).
- Coordinate with County Health Coaches to educate them on CM programs.
- Actively participate in County benefits and wellness team meetings.
- Be fluent in County benefits and wellness program.
- Assist in driving Primary Care Physician (PCP) engagement.
- Promote medical consumer tools, e.g., web portal, Personal Health Record (PHR), cost estimator, etc.
- Attend wellness fairs, benefit events and employee education opportunities to educate County employees about medical programs and services available to them and how to access these resources.
- Assist with projects related to the implementation of County's initiatives, provide clinical insight and assist with seamless implementation of these initiatives.
- Assist with the analysis and preparation of quarterly reporting presentations. Participate in onsite customer meetings on a regular basis in conjunction with the account team and informatics.
- Maintain appropriate confidentiality of all materials and information encountered in performance of duties.

Background/Experience

The CHA will be a Certified Health Educator (or similar certification) with at least three (3) years' experience as a health educator with clinical experience.

- Energetic, comfortable with public speaking.
- Excellent communication skills.
- Engaging and approachable.
- Knowledge of health promotion.
- Self-starter, independently creative.
- Excellent problem solving.
- Strong team player.

Education

- The highest level of education desired for candidates in this position is a Bachelor's degree or equivalent experience.

Licenses and Certifications

- Medical/Certified Wellness Program Manager (CWPM) is desired.
- Health and Fitness/Wellness Councils of America is desired.

- Health and Fitness/Wellness Coach is desired.

Functional Experience

- Functional - Clinical / Medical/Consultative informatics/.
- Functional - Products-Medical/Active Lifestyle Coaching/.
- Functional - Products-Medical/Active Disease Management/.
- Functional - Clinical/Medical/Marketing/.
- Functional - Communications/Member communications/.

Technology Experience

- Technical – Medical Applications/Total clinical View/End User.

Required Skills

- General Business/Communicating for Impact/ADVANCED.
- General Business/Demonstrating Business and Industry Acumen/ADVANCED.
- General Business/Consulting for Solutions/ADVANCED.

Desired Skills

- General Business/Ensuring Project Discipline/ADVANCED.
- Leadership/Driving Change/FOUNDATION.
- Leadership/Anticipating and Innovating/FOUNDATION.

Telework Specifications

- This position is located on-site at customer location (Pima County).

Additional Job Information

Work within a positive, successful, caring team of clinical professionals focused on customer and plan success. Contribute positively to the health of the men, women and family members of a large County organization. Enjoy professional independence and creativity. Join Pima County in realizing our vision to create a health care system that is simple, affordable, and customer-centered.

Operations

1. Provide a web based portal for access by participants to review their individual and enrolled dependent claim activity as well as access health information and wellness services to benefit themselves or their families.
2. Bilingual (Spanish) communication is required for written materials and annual enrollment support services.
3. Working in conjunction with the County, prepare and sometimes distribute benefit materials, reports or presentations as well as attendance at annual enrollment meetings.
4. Provide HIPAA compliant web based access to authorized County employees and designated business associate(s) for claims data, financial and statistical reports and any other data readily available to employers relative to your standard reporting tools and resources.
5. Working in conjunction with the County, integrate the County's non-Medicaid Benefit Programs into a comprehensive Benefits Guide summarizing all benefit programs offered to participants. TPA

agrees to prepare and distribute those to participants via hard copy and/or web. Please refer to our current benefits guide indicated: Pima County Employee Benefits Guide 2017/18.

6. Provide toll free or local phone number access to all participants for questions or concerns relative to eligibility, claim issues, provider network services, pharmacy benefit services, benefit coverage, grievance and appeals services and general concerns.
7. Provide Nurse Line or equivalent services 24 hours per day throughout the plan year to participants who have care access questions or seek general healthcare advice.
8. Provide call center customer service resources that must be available at a minimum from 7:30am through 6:00pm Arizona time. Ideally, extended hours should be made available.
9. Provide a comprehensive telemedicine component that would be available nationwide to all member 24 hours a day. Services should include both telephonic and video access to health care providers.

Claim Processing

1. Provide complete claim administration to include receipt of claims and payments processed in accordance with the County's plan designs.
2. Coordinate, interface and integrate data with medical management, utilization review, pre-certification/authorization and other resources to make benefit determination pursuant to the County's benefit plan(s).
3. Perform coordination of benefits and subrogation services with other benefit plans (including Medicare and Medicaid where applicable) and third parties as needed or requested.
4. Perform all communication processes whether oral or written with providers of care or plan participants to ensure any and all information is gathered to accurately and timely pay claims.
5. Provide any and all notices to plan participants regarding denial of benefits along with review or appeal instructions for the participant including external review and appeals processes in addition to internal review processes.
6. Serve as the County's claim fiduciary relative to all benefit determinations including all levels of appeals with no litigation provisions. The County will not be retaining any claim fiduciary responsibilities. If there are fees associated with the administration of this function, please be sure to clearly indicate those fees on your cost proposal.
7. Provide all EOB (explanation of benefits) to all plan participants as a result of claims processed.
8. Provide and operate fraud detection and reduction programs.
9. The County is also seeking solutions for consolidated claims processing and billing services as outlined in the TPA Questionnaire document in **ATTACHMENT VII**. Bidders are asked to provide information about solutions they have available for these services and/or their willingness to work with third party vendors which can provide these services.
10. Provide continued education to participants relative to their rights and responsibilities to appeal any denied, limited, or excluded coverage determination.
11. Provide management oversight of internal review processes as well as external review processes while maintaining complete claim fiduciary responsibilities with no liability to the County.
12. Provide independent review organizations for claim or coverage appeals.

Wellness Services:

1. Provide an integrated online Health Risk Assessment (HRA) where claim data can be uploaded into the participants HRA record. Provide a sample of your HRA as well as a sample of your HRA aggregate reporting.
2. Provide a 24 hour/365-day Nurse Line for participants to access services. The cost of this service needs to be clearly outlined in your cost proposal.
3. Provide a 24 hour/365-day telemedicine (both telephonic and video capable) for participants to access services. The cost of this service needs to be clearly outlined in your cost proposal.
4. Provide education and communication notices to participants for age/gender screenings or immunizations. Provide samples of your communication materials.
5. Provide Flu shots on-site pro bono as well as all associated scheduling and administrative services. To the extent you have flu shots arranged and available as a preventative service, please explain who you utilize as part of your network.
6. Provide resources and materials to support the County's health fairs and/or Annual Enrollment periods.
7. Coordinate with the County's existing Wellness Programs to enhance communications, provide specific disease or illness initiatives and health improvement measurement tools. Work with the County resources to leverage existing community resources to improve participant health and wellbeing.
8. Provide complimentary discount programs or services to participants to promote wellness (e.g. discounted gym rates, nutritional tools, weight management services, etc.). Provide a list of these services in your proposal.

Case Management

1. Provide resources directly or through your vendor to coordinate health care services amongst differing provider disciplines and locations on behalf of participants.
2. Provide education to participants to better manage their care and risk factors to avoid duplication of services and result in better health outcomes.
3. Help explain to participants various treatment options that may exist for them along with probable outcomes.
4. Provide educational and other resources to participants that may be available beyond their plan coverage.

Eligibility and Participant Enrollment Services

1. Enroll, terminate, and manage qualifying events and changes pursuant to the County's eligibility definitions.
2. Provide online enrollment and eligibility services as well as agree to accept electronic data eligibility files and formats from the County's employee information management systems.
3. Provide members with verification of coverage including start and end dates upon request.

Data Reporting

1. Provide enrollment, demographic and claim data at least quarterly in a report format.

2. Provide financial reporting of paid claims (not incurred), by disease category, by provider type paid, by service/benefits category, in-network versus non-network and other data sorting as is standard industry practice.
3. Integrate PBM and Stop Loss recovery data into reporting packages.
4. Provide access to your reporting systems by authorized County staff and designated business associate(s), including the County's employee benefits consulting firm, CBIZ, to be defined by the County and the vendor.

Exhibit G-Amendment 3

Fee Schedule - TPA

	FEES	Year 1	Year 2	Year 3	Year 4	Year 5
	I) General Administration (Per Employee Per Month - PEPM)	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
1	Medical Claim Admin Fee	\$29.00	\$30.45	\$31.97	\$33.75	\$35.44
2	Pharmacy Claim Admin Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	Provider Network Access Fee (if any)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4	Complete/Full Claim Fiduciary Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5	Customer Service Fee (Employees)- extended calling hours	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6	WEB Access tools for Employer Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7	WEB Access Tools for Employees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8	Online Enrollment Fees (if any)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9	Claim/Utilization Reporting- Open Issues monthly banking report	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10	Data Interfacing with Stop Loss Vendor	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11	Data Interfacing with PBM Vendor	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12	Data Interfacing with Provider Network Vendor	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13	Hardcopy and Electronic Copy of Benefits Books/SBC's	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14	Printing of Benefit Booklets/SBC's and Mailing to Beneficiaries	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15	Create Draft SPD for Client Review/Approval	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16	IRO Fees (Independent Review Organization)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17	HIPAA Privacy and Certificates of Creditable Coverage Mailings	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18	Member ID Card Printing and Mailing	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19	Nurse Line (24/7) for Members	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20	Banking Arrangement Fees - Employer and HSA Linkage	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21	COB and Subrogation Management Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22	Patient Centered Outcomes Research Fees (County Responsibility)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total General Administration Fees	\$29.00	\$30.45	\$31.97	\$33.75	\$35.44
	II. Utilization Management Fees (If Any) (PEPM)					
1	Certification Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2	Concurrent Review Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	Retrospective Review Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total Utilization Management Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	III. Disease Management Fees (if any) (PEPM)					
1	Asthma	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2	Arthritis	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	CAD (Coronary Artery Disease)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4	CHF (Congestive Heart Failure)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

5	COPD (Chronic Obstructive Pulmonary Disease)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6	Depression	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7	Diabetes Management	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8	High Risk Pregnancy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9	Aetna Disease Management with Medquery with Member Messaging	\$4.40	\$4.62	\$4.69	\$4.93	\$5.18
	Total Disease Management Fees	\$4.40	\$4.62	\$4.69	\$4.93	\$5.18
	IV. Employee wellness Fees (if any) (PEPM)					
1	Online HRA (Health Risk Appraisals)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2	Smoking Cessation Program	\$0.60	\$0.63	\$0.66	\$0.69	\$0.72
3	Health Coaching Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4	Flu Shots - Onsite	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5	Health Fair Support - Onsite	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6	Other Wellness Products/Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total Wellness Fees	\$0.60	\$0.63	\$0.66	\$0.69	\$0.72
	V. Capitation Fees (PEPM)					
1	Behavioral Health Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2	Chiropractic Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	Laboratory	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4	Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total Capitation Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total TPA PEPM Fees	\$34.00	\$35.70	\$37.32	\$39.37	\$41.34
	VI. Case Management Fees (if any)					
1	Hourly Rate	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2	Fee Negotiations Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	VII. Miscellaneous Optional Fees					
1	Aetna In-Touch Care PEPM	\$3.30	\$3.30	\$3.30		
2	Concierge PEPM	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60
3	Aetna One Choice				\$3.70	\$3.70
4	NAP Flex				\$1.25	\$1.25
	CREDITS					
1	Annual Wellness Initiative Fund	\$200,000.00	\$200,000.00	\$200,000.00	\$200,000.00	\$200,000.00
2	Communications	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00
3	Possible Performance Credit - Admin Fees at risk PEPM	-\$13.60	-\$14.28	-\$15.00	-\$15.82	-\$16.61