



**BOARD OF COUNTY COMMISSIONERS**

**DATE:** March 19, 2013

**AGENDA ITEM NO.** 16

**Consent Agenda** ☐

**Regular Agenda** ☒

**Public Hearing** ☐

**County Administrator's Signature** *[Signature]* for psl

**Subject:**

Approval of Amendment to Administrative Services Agreement - Medical Benefits  
Contract No. 101-0224-P (AM)

**Department:**

Human Resources / Purchasing

**Staff Member Responsible:**

Peggy Rowe / Joe Lauro

**Recommended Action:**

I RECOMMEND THE BOARD OF COUNTY COMMISSIONERS (BOARD) APPROVE AN AMENDMENT TO THE ADMINISTRATIVE SERVICES AGREEMENT WITH UNITED HEALTHCARE SERVICES, INC., (UHC), TAMPA, FLORIDA, CONTRACT NO. 214279, EFFECTIVE MARCH 19, 2013.

IT IS FURTHER RECOMMENDED THAT AFTER PROPER EXECUTION OF THE AGREEMENT BY THE VENDOR, AND APPROVAL AS TO FORM BY THE COUNTY ATTORNEY, THE CHAIRMAN SIGN AND THE CLERK ATTEST.

**Summary Explanation/Background:**

On August 9, 2011, the Board approved a finalized agreement pertaining to a contract for a third party administrator services for the County's employee medical benefits Plan with UHC. The Human Resources (HR) Department is requesting to amend the contract, as it relates to the administrative services agreement for the medical plan, to allow access to plan members to a Diabetes Prevention Program (DPP), and Diabetes Control Program (DCP). Diabetes and associated illnesses represent a major expense to the health plan. Efforts to better manage this condition result in savings through lower overall claims costs. The program is intended to: (1) achieve earlier identification of diagnosed and undiagnosed plan participants with pre-diabetes and diabetes; (2) improve their individual compliance with evidence-based medicine; (3) achieve better health outcomes; and (4) lower cost for the County. Fees for the services are detailed in the attached Amendment document.

The Diabetes Prevention and Control Alliance is a performance-based payment model which demonstrates confidence in UHC's expected success and the County's associated return on investment; all payments for services are tied to enrollment, program completion and clinical outcomes. For ease of administration, services which meet the criteria for payment are submitted by UHC for reimbursement through the traditional claim processing systems.

The Board is requested to approve this Amendment with UHC for the addition of the DPP and DCP services with an effective date of March 19, 2013.

**Fiscal Impact/Cost/Revenue Summary:**

Projected three (3) year cost of \$345,000 to produce net savings of \$685,000, subject to actual program participation. Funds are payable through Health Fund 5006. These services are considered part of claim costs.

**Exhibits/Attachments:**

1. Contract Review
2. Amendment



**PURCHASING DEPARTMENT  
CONTRACT REVIEW TRANSMITTAL**

CATS  
NO.:

41692

**PROJECT: AMENDMENT TO THE ADMINISTRATIVE SERVICES AGREEMENT**

**BID NUMBER: 101-0224-P (AM)**

**REQ. NUMBER:**

**TYPE:** ☐ Purchase Contract ☐ Other: ☐ Construction-Less than \$100,000 ☐ One Time

In accordance with the policy guide for Contract Administration, the attached documents are submitted for review and comment.

Upon completion of review, complete Contract Review Transmittal and forward to next Review Authority listed. Please indicate suggested changes by revising, in RED, the appropriate section of the document reflecting the exact wording of the change.

**RISK MANAGEMENT:** Please CONFIRM required liability coverage:

PRODUCT ONLY ☐

This is an annual contract. Estimated Expenditure:

HR PLEASE INDICATE CHANGE IS EXPENDITURE AMOUNT, IF ANY.

REVIEW SEQUENCE	REVIEW AUTHORITY	REVIEW DATE	REVIEW SIGNATURE	COMMENTS (Attach Separate page if necessary)	COMMENTS INCORPORATED
1.	Purchasing Dept. J. Lauro, Director Amelia McFarlane, Sr. Procurement Analyst	2/11/13	Amelia McFarlane	copy of original presented to Lauro as a guide per see comments	
2.	Requesting Dept. Peggy Rowe/Dave Blasewitz	2/13/13	D. Blasewitz	See comments	
3. <del>4.</del>	<del>Risk Management Director Attn: Virginia Holscher (Check applicable box at right)</del>	<del>2/21/13</del>	<del>V. Holscher</del>	<del>in original</del>	<del>HIGH RISK NOT HIGH RISK</del>
4.	BCC Finance Attn: Cassandra Williams	2/26/13	CBW		
5.	Legal Attn: Michelle Wallace/Carole Sanzeri	2/27/13 2/27/13	<del>MSW</del>		
6.	Asst. County Administrator Carl Harness	2/28/13	CH		
7.	Asst. County Administrator/Chief of Staff Attn: M. Woodard	2/28/13	MW	As see comments. OK	

**RETURN ALL DOCUMENTS TO PURCHASING**

Make all inquiries to: Amelia McFarlane, Sr. Procurement Analyst at Extension 43149

Please return your requirements to Purchasing by: - Upon Completion

Revised 08/2010

**TENTATIVE DATES**

Bid Mail Out: N/A  
Bid Opening: N/A  
BCC Approval: TBD

**Amendment to the Administrative Services Agreement made by and between United HealthCare Services, Inc. and the Contractholder shown below.**

Contractholder: Pinellas County Board of County Commissioners

Contract No.: 214279

Effective Date of Amendment: March 19, 2013

In this Amendment, "Our", "Us" and "We" mean United HealthCare Services, Inc. and/or its affiliated companies, unless indicated otherwise and "You" and "Your" mean Pinellas County Board of County Commissioners. The words may or may not be capitalized. Unless specifically defined herein, any other capitalized terms in this Amendment have the meanings shown in the Administrative Services Agreement ("Agreement").

**Nothing shown in this Amendment alters, varies or affects any of the terms, provisions or conditions of the agreements other than as stated herein.**

The parties, by signing below, agree to amend the agreements as contained herein.

**Pinellas County Board of County Commissioners      United HealthCare Services, Inc.**

By \_\_\_\_\_  
Authorized Signature

Print Name \_\_\_\_\_

Print Title \_\_\_\_\_

Date \_\_\_\_\_

By \_\_\_\_\_  
Authorized Signature

Print Name \_\_\_\_\_

Print Title \_\_\_\_\_

Date \_\_\_\_\_

(1/13)

The Administrative Services Agreement is amended by the addition of the following Exhibit F:

**I. The Agreement is amended by the addition of the following Section:**

**Section 5.23 Diabetes Prevention and Control Alliance Services.** We agree to provide Your eligible Participants with access to Diabetes Prevention and Control Alliance (DPCA) Services. We shall provide access to the Diabetes Prevention Program (“DPP”) and the Diabetes Control Program (“DCP”). The program is intended to achieve earlier identification of diagnosed and undiagnosed Participants with pre-diabetes and diabetes, improve their individual compliance with evidence-based medicine, achieve better health outcomes and lower costs for You and Your Participants. We shall use proprietary tools and processes to identify those eligible Participants who are at risk for diabetes and engage and enroll such eligible Participants in the DPP and the DCP.

DPCA Services are rendered by Our networks of certain community-based providers (DPCA Providers). We are not responsible for the medical outcomes or the quality or competence of any DPCA Providers.

**II. The Agreement is amended by the addition of the following fees to Exhibit A:**

<b>DPP Fees</b>	
<b>Fee</b>	<b>Unit</b>
\$100	per enrolled Participant. An enrolled Participant is defined as a Participant who is scheduled in a class at the YMCA who attends at least 1 of the 16 sessions.
\$150	per enrolled and maintained Participant. An enrolled and maintained Participant is defined as a Participant who is scheduled in a class at the YMCA who attends at least 4 of the 16 sessions.
\$200	In addition to the \$250 enrollment charge, \$200 per Participant who completes the program, for a total cost per participant who completes the program of \$450. Completion is defined as an enrolled Participant who attends at least 9 of the 16 sessions.
\$120	In addition to \$450 for enrollment and completion, \$120 per Participant who completes the program and achieves weight loss of $\geq 5\%$ but less than $9\%$ within 60 days of class completion (for a total of \$570 per Participant who enrolls, completes the program and achieves weight loss of $\geq 5\%$ but less than $9\%$ ). Completion is defined as an enrolled Participant who attends at least 9 of the 16 sessions.
\$160	In addition to \$450 for enrollment and completion, \$160 per Participant who completes the program and achieves weight loss of $\geq 9\%$ within 60 days of class completion (for a total of \$610 per Participant who enrolls, completes the program and achieves weight loss of $\geq 9\%$ ). Completion is defined as an enrolled Participant who attends at least 9 of the 16 sessions.

<b>DCP Fees</b>	
<b>Fee</b>	<b>Unit</b>
\$125	1 <sup>st</sup> visit with Pharmacist
\$89	Follow-up visit with Pharmacist

<b>DCP Performance Metrics Fees</b>		
<b>Fee</b>	<b>Metric</b>	<b>Unit</b>
\$90	A1-c <sup>[1]</sup>	Per Participant/per metric achieved
\$90	LDL <sup>[2]</sup>	Per Participant/per metric achieved
\$90	Systolic Blood Pressure <sup>[3]</sup>	Per Participant/per metric achieved
\$90	Weight <sup>[4]</sup>	Per Participant/per metric achieved

[1]: Threshold: 7.5% - if at or lower, Participant must be maintained at or below 7.5% throughout the Enrollment Year. If Participant exceeds 7.5% on First Measurement, metric is achieved only if reduction of at least 10% is achieved in the Final Measurement or the Final Measurement is equal to or below 7.5%.

[2]: Threshold: 100 – if at or lower, Participant must be maintained at or below 100 throughout the Enrollment Year. If Participant exceeds 100 on First Measurement, metric is achieved only if reduction is  $\geq 50\%$  in the Final Measurement or the Final Measurement is equal to or below 100.

[3]: Threshold: 130 – if at or lower, Participant must be maintained at or below 130 throughout the Enrollment Year. If Participant exceeds 130 (upper limit of 180) on First Measurement, metric is achieved only if a reduction  $\geq 20\%$  is achieved in the Final Measurement or the Final Measurement is equal to or below 130.

[4]: Threshold: BMI<25 – if at or lower, Participant must be maintained at or below 25 throughout the Enrollment Year. If Participant exceeds 25 BMI on First Measurement period, metric is achieved only if there is a reduction  $\geq$  10% based on Participant's weight in pounds in the Final Measurement or the Final Measurement is equal to or below BMI of 25.

Lab Kit Fees*	
Fee	Unit
\$20	per kit
\$15	Hemoglobin A1c test
\$25	lipid panel
\$60	Total fee per Lab Kit
Point of Care Lab Fees*	
\$25	Hemoglobin A1c test
\$35	lipid panel
\$60	Total fee

\*Note: Participants will utilize either home lab kits or point of care labs, depending upon the Participant's DCP provider.

Testing Event Fees	
Diagnostic testing will be provided to your members identified as being at risk for either diabetes or prediabetes	
Fee	Unit
\$30	Testing event administration per Participant
\$15	Hemoglobin A1c test and communication of results per Participant
\$45	Total fee per participant

For purposes of the compensation arrangements, the following defined terms shall have the following meanings:

- i. An eligible DCP Participant is a person who is a diabetic and has had his or her clinical metrics measured at least three (3) times during the Enrollment Year and for whom there is at least one hundred eighty (180) days between the date of the First Measurement and the date of the Final Measurement.
- ii. "Enrollment Year" shall mean the one (1) year period commencing on the date the DCP Participant is enrolled in the DCP (or its anniversary after the first Enrollment Year) and ending on the next anniversary thereof.
- iii. "Final Measurement" shall mean the last measurement of the Eligible DCP Participant's clinical metric during the Enrollment Year.
- iv. "First Measurement" shall mean the first measurement of the Eligible DCP Participant's clinical metric during the Enrollment Year, whether at the initial DCP Participant visit of the first Enrollment Year and the first follow-up DCP Participant visit of each subsequent Enrollment Year.