

AN ORDINANCE **101626**

AUTHORIZING THE EXECUTION OF A LETTER OF AGREEMENT WITH HUMANA HEALTH PLAN OF TEXAS, INC. (HUMANA) ALLOWING THE SAN ANTONIO METROPOLITAN HEALTH DISTRICT TO RECEIVE UP TO \$47,000.00 FOR PROVIDING IMMUNIZATION SERVICES TO HUMANA HEALTH INSURANCE ENROLLEES FOR THE PERIOD OCTOBER 1, 2005 THROUGH SEPTEMBER 30, 2006.

* * * * *

WHEREAS, the City of San Antonio, through the San Antonio Metropolitan Health District (SAMHD), currently provides comprehensive public health services to protect the health of all residents within the jurisdiction of the SAMHD; and

WHEREAS, the SAMHD provides immunizations against influenza, pneumonia and respiratory syncytial virus (RSV) in accordance with recommendations promulgated by the Centers for Disease Control and Prevention of the U. S. Public Health Service; and

WHEREAS, HUMANA Health Plan of Texas, Inc. (HUMANA) desires to contract with SAMHD through a Letter of Agreement to provide said immunization services to their enrollees for the period October 1, 2005 through September 30, 2006; and

WHEREAS, it is now necessary to authorize the execution of the Letter of Agreement for the immunization services to be provided to HUMANA enrollees; **NOW THEREFORE:**

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF SAN ANTONIO:

SECTION 1. The City Manager, or his designee, is authorized to execute the Letter of Agreement with HUMANA Health Plan of Texas, Inc. to provide immunization services to HUMANA enrollees for the period October 1, 2005 through September 30, 2006. A copy of the Letter of Agreement, in substantially correct form, is attached hereto and incorporated herein for all purposes as Attachment I.

SECTION 2. Payments received from Humana Health Plan of Texas for reimbursement of the respiratory syncytial virus (RSV) immunizations are to be deposited into Fund 29057000, Internal Order 236000000167, and General Ledger 4402912.

SECTION 3. Payments received from Humana Health Plan of Texas for reimbursement of the influenza and pneumonia immunizations are to be deposited into Fund 29057000, Internal Order 236000000167, and General Ledger 4402156.

SECTION 4. The financial allocations in this Ordinance are subject to approval by the Director

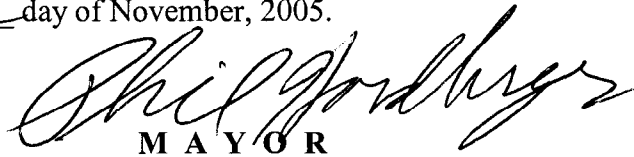
of Finance, City of San Antonio. The Director of Finance may, subject to concurrence by the City Manager or the City Manager's designee, correct allocations to specific SAP Fund Numbers, SAP Project Definitions, SAP WBS Elements, SAP Internal Orders, SAP Fund Centers, SAP Cost Centers, SAP Functional Areas, SAP Funds Reservation Document Numbers, and SAP GL Accounts as necessary to carry out the purpose of this Ordinance.

SECTION 5. The Director of Finance may, subject to concurrence by the City Manager or the City Manager's designee, correct allocation to specific fund numbers, internal order numbers, SAP GL numbers as necessary to carry out the purpose of this ordinance.

SECTION 6. Should the contract be in an amount other than that budgeted for, or should the contract contain terms and conditions different than those currently existing, acceptance of the contract and budget will be subject to subsequent City Council ordinance.

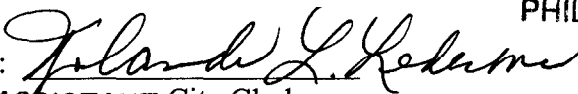
SECTION 7. This ordinance shall be effective on and after November 13, 2005.

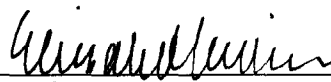
PASSED AND APPROVED this 3rd day of November, 2005.



M A Y O R

PHIL HARDBERGER

ATTEST: 
ASSISTANT City Clerk

APPROVED AS TO FORM: 
for City Attorney

ATTACHMENT I

LETTER OF AGREEMENT

This Agreement is entered into by and between HUMANA Health Plan of Texas, Inc. (a health maintenance organization) and its Texas licensed affiliates who underwrite or administer health plans (hereinafter referred to as "HUMANA"), and the City of San Antonio, a Texas municipal corporation (hereinafter referred to as "CITY"), acting by and through the Assistant City Manager for the San Antonio Metropolitan Health District (hereinafter referred to as "PROVIDER") pursuant to Ordinance No. _____ passed and approved on _____

The following details outline certain general terms and conditions for this AGREEMENT between HUMANA and PROVIDER.

1. PROVIDER agrees to accept as payment in full from HUMANA for providing immunizations services (ATTACHMENT II) rendered to the ENROLLEE listed on the attached enclosure (ATTACHMENT I).
2. HUMANA will reimburse PROVIDER up to the limitations of the ENROLLEE'S benefits at which time subsequent reimbursement will be the responsibility of ENROLLEE.
3. PROVIDER agrees to verify eligibility of each HUMANA member using the member's ID card and another identification document.

The effective date of this Letter of Agreement is October 1, 2005, and the expiration date is September 30, 2006.

HUMANA

CITY OF SAN ANTONIO

 Steven Bishop.
 Vice President
 Network Management

 Frances A. Gonzalez
 Assistant City Manager

Date

ATTEST:

 Leticia M. Vacek
 City Clerk

 John A. Callaghan
 Contractor

Date

APPROVED AS TO FORM:

 Michael D. Bernard
 City Attorney

Tax ID: 1-74600270
 Points of Contact and Telephone
 Director of Health:
 Fernando A. Guerra, MD, MPH
 210-207-8731
 Fiscal Officer:
 Ramon Sanchez
 210-207-8721

Distribution:
LOA Binder

ATTACHMENT I

Billing Documentation

Billing: District will bill HUMANA for influenza services to HUMANA members on a monthly basis providing the following information in an Excel© file format:

Member Name
Member ID
Date of Birth
Date of Service
CPT
PCP Name

HUMANA will reimburse District within 45 days of the receipt of the monthly invoice for influenza services to HUMANA members.

ATTACHMENT II

<i>CODE</i>	<i>CODE DESCRIPTION</i>	<i>Humana Fee Schedule 005 795</i>
90378	Synagis	*
90656	Flu 3 Yrs +	\$25.00
90657	FLU 6-35 MO	\$25.00
90658	FLU 3 YRS+	\$25.00
90669	PNEUMOCOCCAL PED-Prevnar	\$90.00
90732	PNEUMOCOCCAL VAC	\$41.00

* Vaccine will be charged at a rate of \$15.67 per mg. Dosing is weight dependent.