

**CITY OF SAN ANTONIO
INTERDEPARTMENTAL MEMORANDUM
SAN ANTONIO METROPOLITAN HEALTH DISTRICT**

TO: Mayor and City Council

FROM: Fernando A. Guerra, MD, MPH, Director of Health

THROUGH: Terry M. Brechtel, City Manager

COPIES: Frances A. Gonzalez, Assistant to the City Manager; City Attorney's Office; Office of Management and Budget; Finance Department; Project; File

SUBJECT: AUTHORIZING THE EXECUTION OF A LETTER OF AGREEMENT WITH HUMANA HEALTH PLAN OF TEXAS, INC.

DATE: October 30, 2003

SUMMARY AND RECOMMENDATIONS

This ordinance authorizes the City Manager to execute a letter of agreement with HUMANA Health Plan of Texas, Inc. (HUMANA) allowing the San Antonio Metropolitan Health District to receive up to \$22,500.00 for providing influenza immunization services to HUMANA health insurance enrollees for the period October 1, 2003 through January 31, 2004.

Staff recommends approval.

BACKGROUND INFORMATION

The San Antonio Metropolitan Health District (SAMHD) provides influenza immunizations to many residents of San Antonio and Bexar County. Some patients pay SAMHD directly for influenza immunizations and others choose to use their insurance. SAMHD must contract directly with the HMOs (Health Maintenance Organization) and PPOs (Preferred Provider Organization) to receive reimbursements for immunizations given to patients enrolled in their programs. HUMANA Health Plan of Texas, Inc. is an HMO that desires to contract with SAMHD for influenza services for their Medicare and commercial plan enrollees. This ordinance will allow such an arrangement with HUMANA Health Plan of Texas, Inc. through January 31, 2004.

POLICY ANALYSIS

Acceptance of this proposed agreement will continue the City policy of seeking reimbursement for services provided. During the influenza season, October through February, SAMHD administers approximately 27,000 influenza immunizations. Of these, approximately 5,000 are Medicare reimbursable, and approximately 5,000 are billed to other third-party health insurance carriers. The charge to reimburse vaccine costs for those without insurance is \$15.00. No one, however, is turned away who does not have the ability to pay.

FISCAL IMPACT

Payments for HUMANA enrollee reimbursements will be as follows:

<u>Enrollees</u>	<u>Reimbursement Rate</u>	<u>Estimated Shots</u>	<u>Estimated Revenue</u>
Medicare Enrollees	\$15.00	500	\$ 7,500.00
Commercial Plan Enrollees	\$20.00	750	<u>\$15,000.00</u>
			\$22,500.00

This ordinance will provide up to \$22,500.00 for the Public Health Support Revenue Fund. Payments received from HUMANA Health Plan of Texas, Inc. will be deposited into Special Revenue Fund 29-017000. This ordinance will place no demands on the City General Fund.

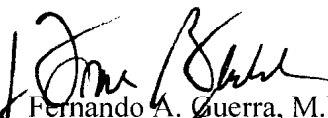
COORDINATION


The City Attorney's Office and the Office of Management and Budget, Risk Management Division have reviewed and approved the Letter of Agreement with HUMANA. The Finance Department has been apprised of this action.

SUPPLEMENTARY COMMENTS

Provisions of the Ethics Ordinance do not apply.

Attachments: Attachment I: Letter of Agreement


Fernando A. Guerra, M.D., M.P.H.
Director of Health


Frances A. Gonzalez
Assistant to the City Manager

APPROVED:


Terry M. Brechtel
City Manager

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 to the 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 influenza immunizations services (CPT codes 90657-90659) rendered to the ENROLLEE listed on the attached enclosure (ATTACHMENT I), fifteen dollars (\$15.00) for Medicare enrollees and twenty dollars (\$20.00) for all other enrollees less any Copayments due from ENROLLEE.
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, 2003, and the expiration date is January 31, 2004.

HUMANA

CITY OF SAN ANTONIO

George F. Smith, M.D.
Regional Vice President
Senior Products

Frances A. Gonzalez
Assistant to the City Manager

ATTEST:

Date

Yolanda L. Ledesma
Acting City Clerk

APPROVED AS TO FORM:

John A. Callaghan
Contractor

Andrew Martin
City Attorney

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Rosemary Salinas Customer Service
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Deanna Grist Health Services: Personal Nurse
Pam Taylor Health Services: Referrals (if a referral is required)
Rolando Trevino Financial Recovery
LOA Binder

FAX IS AS ORIGINAL

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.