

**CITY OF SAN ANTONIO
SAN ANTONIO METROPOLITAN HEALTH DISTRICT
CITY COUNCIL AGENDA MEMORANDUM**

CONSENT AGENDA

ITEM NO. 41

TO: Mayor and City Council

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

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

DATE: November 3, 2005

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 \$47,000.00 for providing immunization services to HUMANA health insurance enrollees for the period October 1, 2005 through September 30, 2006.

Staff recommends approval.

BACKGROUND INFORMATION

The San Antonio Metropolitan Health District (SAMHD) provides immunizations to many residents of San Antonio and Bexar County. Some patients pay SAMHD directly for immunizations and others choose to use their health insurance. SAMHD must contract directly with the HMOs (Health Maintenance Organizations) and PPOs (Preferred Provider Organizations) 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 services for their Medicare and commercial plan enrollees. This ordinance will allow such an arrangement with HUMANA Health Plan of Texas, Inc. through September 30, 2006.

Under the letter of agreement SAMHD will provide immunizations to eligible HUMANA enrollees for influenza, pneumonia and respiratory syncytial virus (RSV), as appropriate. SAMHD will follow all recommendations of the Centers for Disease Control and Prevention (CDC) in providing the service.

POLICY ANALYSIS

This action will facilitate the efforts of the SAMHD in protecting residents from certain diseases.

FISCAL IMPACT

This ordinance will provide up to \$47,000.00 to be deposited in the SAMHD Public Health Support Revenue Fund. The SAMHD has coordinated with the Office of Management and Budget.

COORDINATION

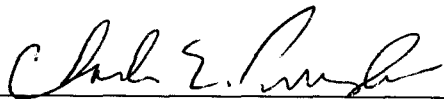
The City Attorney's Office and the Human Resources Department, Risk Management Division have reviewed and approved the Letter of Agreement with HUMANA. The SAMHD has coordinated with the Finance Department for accurate accounting of the funds to be received.

SUPPLEMENTARY COMMENTS

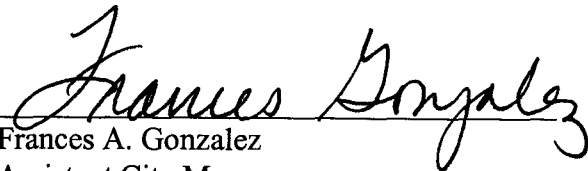
Provisions of the Ethics Ordinance do not apply.

Attachments:

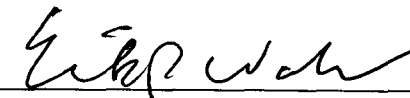
Attachment I: Letter of Agreement



Fernando A. Guerra, MD, MPH
Director of Health



Frances A. Gonzalez
Assistant City Manager



J. Rolando Bono
City Manager

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

ATTEST:

Date

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.