

AN ORDINANCE 2 0 0 9 - 1 0 - 0 8 - 0 8 1 4

AUTHORIZING A 2-YEAR CONTRACT WITH HUMANA HEALTH PLAN OF TEXAS INC. THAT WILL GENERATE UP TO \$10,000.00 FOR SEASONAL INFLUENZA IMMUNIZATION SERVICES PROVIDED BY THE SAN ANTONIO METROPOLITAN HEALTH DISTRICT TO INSURANCE ENROLLEES COVERED BY HUMANA HEALTH PLAN OF TEXAS, INC. BEGINNING SEPTEMBER 29, 2009.

* * * * *

WHEREAS, the San Antonio Metropolitan Health District (Metro Health) provides seasonal influenza immunizations to many residents of San Antonio and Bexar County; and

WHEREAS, some of these patients pay Metro Health directly for seasonal influenza immunizations and others choose to use their insurance; and

WHEREAS, as a result, Metro Health must contract directly with HMOs (Health Maintenance Organizations) and PPOs (Preferred Provider Organizations) to receive reimbursement for immunizations given to patients enrolled in their programs; and

WHEREAS, Humana Health Plan of Texas, Inc. (Humana) is an HMO that wishes to renew its contract with Metro Health for seasonal influenza services for its Medicare and commercial plan enrollees; and

WHEREAS, this ordinance will allow such an arrangement with Humana from September 29, 2009 through September 28, 2011; and

WHEREAS, this agreement does not cover novel influenza A (H1N1) immunizations; **NOW THEREFORE:**

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

SECTION 1. The City Manager or her designee or the Director of the San Antonio Metropolitan Health District or his designee, is hereby authorized to execute a 2-year contract with Humana Health Plan of Texas Inc. that will generate up to \$10,000.00 for seasonal influenza immunization services provided by the San Antonio Metropolitan Health District to insurance enrollees covered by Humana Health Plan of Texas, Inc. beginning September 29, 2009. A copy of the contract is attached hereto and incorporated herein for all purposes as **Attachment I.**

SECTION 2. Funds generated by this ordinance will be deposited into Fund 11001000, Internal Order 236000000032, General Ledger 4402165.

SECTION 3. 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,

MH/mgc
10/08/09
Item #13

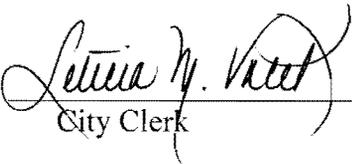
SAP Project Definitions, SAP WBS Elements, SAP Internal Orders, SAP Fund Centers, SAP Cost Centers, SAP Functional Areas, SAP Funds Reservation Document Numbers, and SAP GL Accounts as necessary to carry out the purpose of this Ordinance.

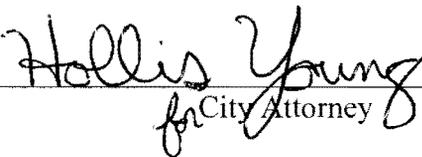
SECTION 4. This ordinance shall become effective immediately upon passage by eight (8) or more affirmative votes of the entire City Council; otherwise, said effective date shall be ten (10) days from the date of passage hereof.

PASSED AND APPROVED this 8th day of October 2009.



M A Y O R
JULIÁN CASTRO

ATTEST: 
City Clerk

APPROVED AS TO FORM: 
for City Attorney

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, and Humana Insurance Company (insurance company) and their affiliates who underwrite or administer health benefit plans, all of said companies are severally and collectively, as the context may require (hereinafter "Humana"), and the City of San Antonio, a Texas municipal corporation (hereinafter referred to as "City"), acting by and through the Director of 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 Humana Enrollee (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.
4. No reports, information, project evaluation, project designs, data or any other documentation developed by, given to, prepared by, or assembled by Humana under this Agreement shall be disclosed or made available to any individual or organization by Humana without the express prior written approval of City. In the event Humana receives any such request, Humana shall forward such request to City immediately.

Humana shall establish a method to secure the confidentiality of records and information that Humana may have access to, in accordance with the applicable federal, state, and local laws, rules and regulations. This provision shall not be construed as limiting City's right of access to records or other information under this Agreement.

Humana shall comply with the confidentiality procedures pertaining to records and other information in accordance with the applicable Federal laws, State laws, the San Antonio City Charter, City ordinance, rules and regulations.

If Humana receives inquiries regarding documents within their possession pursuant to the Agreement, Humana shall immediately forward such request to the City for disposition.

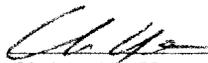
The effective date of this Letter of Agreement is September 29, 2009, and the expiration date is September 28, 2011.

HUMANA



 Donnie Hromadka
 Vice President Network Management
 Central, South & West Texas

Date 9/17/09



 Christopher Yeatts, Contractor

CITY OF SAN ANTONIO

 Fernando A. Guerra, M.D., M.P.H.

Director of Health

ATTEST:

 Leticia M. Vacek, City Clerk

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, M.D., M.P.H.
210-207-8731
Fiscal Planning Manager:
Virginia Cobarrubias
210-207-3117

Distribution: LOA Binder

ATTACHMENT I

Billing Documentation

Billing: City will bill HUMANA for influenza services to HUMANA enrollees 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 City within 45 days of the receipt of the monthly invoice for influenza services to HUMANA enrollees.

ATTACHMENT II

<i>CODE</i>	<i>CODE DESCRIPTION</i>	<i>Humana Fee Schedule</i>
90658	FLU 3 YRS+ (including administration)	\$25.00

Agenda Item:	13 (in consent vote: 5, 9, 10, 12, 13, 15, 17A, 17B, 17C, 17D, 17E, 17F, 17G, 17H, 17I, 17J, 17K, 17L, 18)						
Date:	10/08/2009						
Time:	09:26:58 AM						
Vote Type:	Motion to Approve						
Description:	An Ordinance authorizing a 2-year contract with Humana Health Plan of Texas Inc. that will generate up to \$10,000.00 for seasonal influenza immunization services provided by the San Antonio Metropolitan Health District to insurance enrollees covered by Humana Health Plan of Texas, Inc. beginning September 29, 2009. [Frances A. Gonzalez, Assistant City Manager, Dr. Fernando A. Guerra, Director, Health]						
Result:	Passed						
Voter	Group	Not Present	Yea	Nay	Abstain	Motion	Second
Julián Castro	Mayor		x				
Mary Alice P. Cisneros	District 1		x			x	
Ivy R. Taylor	District 2		x				
Jennifer V. Ramos	District 3		x				
Philip A. Cortez	District 4		x				
David Medina Jr.	District 5		x				
Ray Lopez	District 6		x				
Justin Rodriguez	District 7		x				x
W. Reed Williams	District 8		x				
Elisa Chan	District 9		x				
John G. Clamp	District 10		x				