

Introduced by the Human Services and Finance Committees of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION TO AUTHORIZE THE 2010 – 2011 SCHEDULE A ADDENDUM TO THE BCBS  
ADMINISTRATIVE SERVICES AGREEMENT FOR SERVICES TO INGHAM COUNTY JAIL  
INMATES**

**RESOLUTION #11-017**

WHEREAS, Ingham County and BCBS of Michigan entered into an agreement in 1996 wherein BSBS of Michigan would pay the claims of health care services provided to Ingham County Jail inmates; and

WHEREAS, that agreement has periodically been updated by executing a Schedule A attachment; and

WHEREAS, BCBSM has proposed a 2010 – 2011 Schedule A Addendum to the Administrative Services Agreement; and

WHEREAS, the Health Officer has recommended that the Board of Commissioners authorize the 2010 - 2011 Schedule A Addendum to the BCBSM Administrative Services Agreement for Ingham County Jail inmates.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes a Schedule A addendum to the Administrative Services Agreement with Blue Cross and Blue Shield of Michigan for paying claims for health care services provided to Ingham County Jail inmates.

BE IT FURTHER RESOLVED, that the Schedule A Addendum shall be effective December 1, 2010 through November 30, 2011.

BE IT FURTHER RESOLVED, that the Chairperson of the Ingham County Board of Commissioners is authorized to sign the agreement after review by the Ingham County Attorney.

**HUMAN SERVICES: Yeas:** Tennis, McGrain, Koenig, Nolan, Dougan

**Nays:** None      **Absent::** Vickers      **Approved 1/24/11**

**FINANCE: Yeas:** Schor, Tsernoglou, Nolan, Bahar-Cook, McGrain, Dougan

**Nays:** None      **Absent:** None      **Approved 1/19/11**

SCHEDULE A - Renewal Term ( Dec 2010 - Nov 2011 )  
 Administrative Services Contract (ASC)

1. Group Name: Ingham County Inmates  
 2. Group Number/Cluster: 14828  
 3. Contract Effective Date: 01-Dec-1996  
 4. ASC Funding Arrangement: MONTHLY WIRE  
 5. Line(s) of Business:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Facility  | <input checked="" type="checkbox"/> Prescription Drugs |
| <input type="checkbox"/> Facility Foreign     | <input type="checkbox"/> Dental                        |
| <input type="checkbox"/> Facility Domestic    | <input type="checkbox"/> Vision                        |
| <input checked="" type="checkbox"/> Physician | <input type="checkbox"/> Hearing                       |
| <input type="checkbox"/> Master Medical       |  |

\*Domestic Facility Code(s): 0

6. Administrative Charge:

	<u>Cost Per Contract</u>	<u>Monthly Contracts</u>	<u>Monthly Premium</u>
A. Base Administration	11% of claims		
B. Additional Agent Fee			\$ -
TOTAL	11% of claims		\$ -
C. Administrative Access fee Cap (Per contract per month)	\$ 35.00		

7. Stop-loss Coverage(s):

- A. Stop-loss Coverage Purchased
- |   |   |
|---|---|
| <input type="checkbox"/> Standard           | <input type="checkbox"/> Specific Only          |
| <input type="checkbox"/> Outlier Protection | <input type="checkbox"/> Aggregate Only         |
| <input checked="" type="checkbox"/> None    | <input type="checkbox"/> Specific and Aggregate |
- B. Coverage Lines of Business
- |   |   |
|---|---|
| <input type="checkbox"/> Facility                 | <input type="checkbox"/> Master Medical                         |
| <input type="checkbox"/> Facility Foreign Payment | <input type="checkbox"/> Prescription Drugs (Aggregate Only)    |
| <input type="checkbox"/> Facility Domestic Charge | <input type="checkbox"/> All Lines of Business (Aggregate Only) |
| <input type="checkbox"/> Physician                |   |

C. Attachment Point(s) (per contract)

Specific:

	<u>Cost Per Contract</u>	<u>Monthly Contracts</u>	<u>Monthly Premium</u>
D. Total Stop-loss Premium			\$ -

8. Late Payment Charges/Interest:
- A. Monthly Late Payment Charge 2%
  - B. Yearly Statutory Interest Charge (Simple Interest) 12%
  - C. Provider Contractual Interest

9. BCBSM Account: 1840-09397-3 Comerica 0720-00096  
Wire Number Bank American Bank Assoc

10. If applicable, Group shall pay an Administrative Acces Fee ("AAF") which is included in hospital claims cost that is contained in Group's Amounts Billed. The AAF is separate from and does not include BlueCard fees and shall not exceed \$35.00 per contract per month. Approximately 120 days after the close of the Contract Year, BCBSM shall report the aggregate amount of AAF actually paid by group.

The Group acknowledges that BCBSM or a Blue Cross and Blue Shield Plan may have compensation arrangements with providers in which the provider is subject to performance or risk-based compensation, including but not limited to withholds, bonuses, incentive payments, provider credits, and member managemer fees. Often the compensation amount is determined after the medcial service has been performed and after tl Group has been invoiced.

BCBSM:

THE GROUP:

BY: \_\_\_\_\_  
(Signature)

BY: \_\_\_\_\_  
(Signature)

NAME: \_\_\_\_\_  
(Print)

NAME: \_\_\_\_\_  
(Print)

TITLE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

BY: \_\_\_\_\_  
(Signature)

BY: \_\_\_\_\_  
(Signature)

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(Print)

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