LEGISLATIVE FACT SHEET

DATE: 01/03/17   BT or RC No: _____

                                            (Administration & City Council Bills)

SPONSOR: Employee Services/Compensation & Benefits
           _____
           (Department/Division/Agency/Council Member)

Contact for all inquiries and presentation   Bob Parr
_____

Provide Name: _____
                                    Bob Parr

           Contact Number: _____ 630-7583 _____

           Email Address: _____ RParr@coj.net _____

PURPOSE: White Paper (Explain Why this legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council Research will complete this form for Council introduced legislation and the Administration is responsible for all other legislation.

(Minimum of 350 words - Maximum of 1 page.)

The final report of the Special Committee on Utilizing UF Health as a Healthcare Delivery System supported options to incent current and retired employees to utilize UF Health providers. However, at that time the City was fully insured and had no real fexibility in plan design. With the move to self-funding on January 1, 2015 the City is now in a position to move forward on these recommendations. The administration and the City Council also recognize the financial difficulties UF Health is facing as a result of recent events and the threat of diminished future funding from both federal and state governments. The City currently spends approximately $88 million on health care claims. Of this amount only $6 million (6.8%) goes to UF Health. A plan was developed to build an Exclusive Provider Organization health plan utilizing only UF Health providers in order to offer it to the City as a Pilot Program. Since UF Health is not a Third Party Administrator, they contracted with one of the industry's leading firms specializing in customized, high performance health plans. The addition of the Integra Administrative Group enabled UF Health to offer this program to the City. The UF Health provider network is extensive in NE Florida. It is comprised of more than 1.300 physicians and 3 hospital campuses including the new facility near the Jacksonville airport. If approved, this Pilot Progam will become effective on April 1, 2017 with Special Enrollment taking place in late February or early March. Covered City employees and retirees will be offered the option of selecting the new Pilot Program or staying with the selection they previously made. We have estimated that 500 -600 employees will make the change. Since the fees paid to Florida Blue for health plan administration are nearly identical to those with Integra, this Pilot Program is estimated to be budget neutral. Charges for employees moving to the Pilot Program will be offset by a corresponding reduction in those paid to the current vendor.

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APPROPRIATION: Total Amount Appropriated _____ None _____ as follows:

List the source **name** and provide Object and Subobject Numbers for each category listed below:

(Name of Fund as it will appear in title of legislation)

| Name of Federal Funding Source(s) | From: | Amount: |
| | To: | Amount: |

| Name of State Funding Source(s): | From: | Amount: |
| | To: | Amount: |

| Name of City of Jacksonville Funding Source(s): | From: | Amount: |
| | To: | Amount: |

| Name of In-Kind Contribution(s): | From: | Amount: |
| | To: | Amount: |

| Name & Number of Bond Account(s): | From: | Amount: |
| | To: | Amount: |

PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? … and staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation costs.

The funding for this Pilot Program will be generated from savings on the fees paid to the current vendor for the administration of the plan. An employee moving to the new Pilot Program will be terminated from the Florida Blue plan. The fees previoualy paid to Florida Blue will now be paid to Integra. Therefore, we are anticipating this to be budget neutral.

ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS:	Yes	No	
Emergency?	X		Pilot Program is to be offered for an April 1st effective date. This is a one cycle emergency request.
Federal or State Mandate?		X	
Fiscal Year Carryover?		X	
CIP Amendment?		X	
Contract / Agreement Approval?	X		OGC will prepare the contract. Management of contract will be Benefits Division.
Related RC/BT?		X	
Waiver of Code?	X		116.1406(a) - we are asking that this be considered as a sole source.
Code Exception?		X	
Related Enacted Ordinances?		X	

ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS: Yes   No

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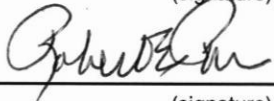
| Continuation of Grant? | | X |

| Surplus Property Certification? | | X |

| Reporting Requirements? | X | | We believe this Pilot Program will require the same reporting as the current health program as specified in sections b-f of 116.1406. This includes the annual report to the City Council and the Quartely actuarial analysis required by the Special Committee on Group Health. |

Division Chief: _____   Date: __1/4/2017__
(signature)

Prepared By: _____   Date: __1/4/2017__
(signature)

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325

Thru: Robert E. Parr, Chief of Compensation and Benefits

(Name, Job Title, Department)

Phone: 630-7583   E-mail: RParr@coj.net

From: Same

Initiating Department Representative (Name, Job Title, Department)

Phone: E-mail:

Primary Contact: Same

(Name, Job Title, Department)

Phone: E-mail:

CC: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor

904-630-1825   E-mail: akshelton@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman, Office of General Counsel, St. James Suite 480

Phone: 904-630-4647   E-mail: psidman@coj.net

From:

Initiating Council Member / Independent Agency / Constitutional Officer

Phone: E-mail:

Primary Contact:

(Name, Job Title, Department)

Phone: E-mail:

CC: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor

904-630-1825   E-mail: akshelton@coj.net

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Legislation from Independent Agencies requires a resolution from the Independent Agency Board

Independent Agency Action Item:

	Yes	No	
Boards Action / Resolution?	☐	☐	Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED