A)	DATE		June 26	2001			FILE	NUMBER:	01036	5
							Orig	inal Fiscal Note x	Substitute	
SUBJECT: Preferred Provider Network and Utilization Review/Case Management with WPS, new contractor										
for	2002 fe	or both be	enefits.							
В)	SUBMI	TTED BY (N	ame/title/dep	ot./ext.):	Michael	Brady/	Manager/Emp	loyee Benefits/2	317	
C)	C) CHECK ONE: X ADOPTION OF THIS FILE AUTHORIZES EXPENDITURES ADOPTION OF THIS FILE DOES NOT AUTHORIZE EXPENDITURES; FURTHER COMMON COUNCIL ACTION NEEDED. LIST ANTICIPATED COSTS IN SECTION G BELOW. NOT APPLICABLE/NO FISCAL IMPACT.									IL ACTION
D)	D) CHARGE TO: DEPARTMENT ACCOUNT(DA) CONTINGENT FUND (CF) CAPITAL PROJECTS FUND (CPF) SPECIAL PURPOSE ACCOUNTS (SPA) PERM. IMPROVEMENT FUNDS (PIF) GRANT & AID ACCOUNTS (G & AA) OTHER (SPECIFY)									
E)	PURPO	SE	SPE	CIFY TY	PE/USE		ACCOUNT	EXPENDITURE	REVENUE	SAVINGS
SUP! MAT	SALARIES/WAGES: Image: Control of the con									
	1-3 1-3 1-3	YEARS YEARS YEARS YEARS	(BELOW AN	D THEN	LIST EACH ITEN 3-5 YEARS 3-5 YEARS 3-5 YEARS	M AND D	OLLAR AMOUNT		YEARS CHECK THE	
G) LIST ANY ANTICIPATED FUTURE COSTS THIS PROJECT WILL REQUIRE FOR COMPLETION:										
H)	H) COMPUTATIONS USED IN ARRIVING AT FISCAL ESTIMATE:									

PLEASE LIST ANY COMMENTS ON REVERSE SIDE AND CHECK HERE

A) DATE:	June 26, 2001	FILE NUMBE Original Fisc	ER: <u>0103</u> cal Note ☐ Substitute	65					
SUBJECT: Health	n Maintenance Organization contra	acts for 2002 through Con	npcareBlue Auror	a Family Netwo	ork,				
Humana and U	nited health Plan	·	<u> </u>						
B) SUBMITTED BY	(name/title/dept./ext.): Michael Brady/N	Manager/Employee Bene	fits/2317		· · · · · · · · · · · · · · · · · · ·				
C) CHECK ONE:	 ☑ ADOPTION OF THIS FILE AUTHORIZE ☐ ADOPTION OF THIS FILE DOES NOT ANTICIPATED COSTS IN SECTION G ☐ NOT APPLICABLE/NO FISCAL IMPACT 	AUTHORIZE EXPENDITURES; FBELOW.	URTHER COMMON C	OUNCIL ACTION N	EEDED. LIŞT				
D) CHECK ONE: □ DEPARTMENTAL ACCOUNT (DA) □ CONTINGENT FUND (CF) □ CAPITAL PROJECTS FUND (CPF) □ PERM. IMPROVEMENT FUNDS (PIF) □ OTHER (SPECIFY) □ CONTINGENT FUND (CF) □ SPECIAL PURPOSE ACCOUNTS (SPA) □ GRANT & AID ACCOUNTS (G & AA)									
E) PURPOSE	SPECIFY TYPE/USE	ACCOUNT	EXPENDITURE	REVENUE	SAVINGS				
SALARIES/WAGES	3:								
SUPPLIES:									
MATERIALS:									
NEW EQUIPMENT:									
EQUIPMENT REPA	IR:								
OTHER:	Contracts with HMOs	613001-0001-1654- 1613-S140	\$44,000,000						
TOTALS				· · · · · · · · · · · · · · · · · · ·					
	JRES AND REVENUES WHICH WILL OCCUI EN LIST EACH ITEM AND DOLLAR AMOUNT		SEVERAL YEARS CHE	ECK THE APPROPE	RIATE BOX				
1-3 YEARS	☐ 3-5 YEARS			: '					
☐ 1-3 YEARS	☐ 3-5 YEARS								
1-3 YEARS	☐ 3-5 YEARS								
G) LIST ANY ANTIC	CIPATED FUTURE COSTS THIS PROJECT V	VILL REQUIRE FOR COMPLETION	ON:						
H) COMPUTATIONS	S USED IN ARRIVING AT FISCAL ESTIMATI	E:		`					
	COMMENTS ON DEVEDES SIDE AND CHE								

A) DATE: <u>June 26</u>	, 2001	FILE NUMBER <u>: 010365</u> Original Fiscal Note ⊠ Substitute □						
SUBJECT: Dental	Premiums for 2002 with DeltaDents	al, fee-for-service dental	services and Care	e-Plus, DentaCa	are and			
First Commonw	ealth, pre-paid dental services				· .			
B) SUBMITTED BY (name/title/dept./ext.): Michael Brady/Mai	nager/Employee Benefi	its/2317					
C) CHECK ONE:	 ☑ ADOPTION OF THIS FILE AUTHORIZES ☐ ADOPTION OF THIS FILE DOES NOT ALL ANTICIPATED COSTS IN SECTION G B ☐ NOT APPLICABLE/NO FISCAL IMPACT. 	UTHORIZE EXPENDITURES; F ELOW.	FURTHER COMMON C	OUNCIL ACTION N	EEDED. LIST			
D) CHECK ONE: □ DEPARTMENTAL ACCOUNT (DA) □ CAPITAL PROJECTS FUND (CPF) □ PERM. IMPROVEMENT FUNDS (PIF) □ OTHER (SPECIFY) □ CAPITAL PROJECTS FUND (CPF) □ GRANT & AID ACCOUNTS (G & AA) □ OTHER (SPECIFY)								
E) PURPOSE	SPECIFY TYPE/USE	ACCOUNT	EXPENDITURE	REVENUE	SAVINGS			
SALARIES/WAGES:	· · · · · · · · · · · · · · · · · · ·							
SUPPLIES:	-							
MATERIALS:								
NEW EQUIPMENT:			1,4					
EQUIPMENT REPAIR	₹:							
OTHER:	Dental service contracts	613501-0001-1654- 1613-S121	\$2,500,000	•				
TOTALS								
F) FOR EXPENDITU	RES AND REVENUES WHICH WILL OCCUR	ON AN ANNUAL BASIS OVER	SEVERAL YEARS CHE	CK THE APPROPE	RIATE BOX			
BELOW AND THE	N LIST EACH ITEM AND DOLLAR AMOUNT S	SEPARATELY.		•				
1-3 YEARS	☐ 3-5 YEARS							
☐ 1-3 YEARS	☐ 3-5 YEARS							
1-3 YEARS	☐ 3-5 YEARS							
G) LIST ANY ANTICI	PATED FUTURE COSTS THIS PROJECT WII	LL REQUIRE FOR COMPLETION	ON:					
H) COMPLITATIONS	USED IN ARRIVING AT FISCAL ESTIMATE:			<u></u>				
11) COMPOTATIONS	COLD IN ANNIHO AT FROME COTHINATE.							
					: .			
DI FASE I IST ANV	COMMENTS ON REVERSE SIDE AND CHECK	CHERE □						

A) DATE: June 26	5, 2001		FILE NUMBER: 010365 Original Fiscal Note x Substitute □					
SUBJECT: Basic F	<u> Iealth Plan, Claims Account</u>	for 2002	., renew contract with	WPS				
						· .		
B) SUBMITTED BY (name/title/dept./est.): Michael Bra	dy, Empl	oyee Benefits, DER, 231	7	·			
C) CHECK ONE:	☐ ADOPTION OF THIS FILE AUT ☐ ADOPTION OF THIS FILE DOB ANTICIPATED COSTS IN SEC	ES NOT AU	THORIZE EXPENDITURES;	FURTHER COMMON C	OUNCIL ACTION NE	EEDED. LIST		
	☐ NOT APPLICABLE/NO FISCAL	IMPACT.			<u> </u>			
D) CHECK ONE: DEPARTMENTAL ACCOUNT (DA) CAPITAL PROJECTS FUND (CPF) PERM. IMPROVEMENT FUNDS (PIF) OTHER (SPECIFY) CONTINGENT FUND (CF) SPECIAL PURPOSE ACCOUNTS (SPA) GRANT & AID ACCOUNTS (G & AA)								
E) PURPOSE	SPECIFY TYPE/US	F	ACCOUNT	EXPENDITURE	REVENUE	SAVINGS		
E) PURPOSE SALARIES/WAGES:		-	ACCOM					
SUPPLIES:								
MATERIALS:								
MATERIALO.	·							
NEW EQUIPMENT:								
EQUIPMENT REPAI	R:			·				
OTHER:	Provider health bills and	claims	613001-0001-1654- 1616-8114	\$26,500,000				
			<u> </u>					
<u>. </u>								
TOTALS								
F) FOR EXPENDITU	RES AND REVENUES WHICH WILL	OCCUR C	N AN ANNUAL BASIS OVE	R SEVERAL YEARS CHE	CK THE APPROPR	IATE BOX		
	N LIST EACH ITEM AND DOLLAR A							
					*,			
1-3 YEARS	☐ 3-5 YEARS			·				
☐ 1-3 YEARS	3-5 YEARS	·				· · · · · · · · · · · · · · · · · · ·		
☐ 1-3 YEARS	3-5 YEARS							
C) LIST ANY ANTIC	IPATED FUTURE COSTS THIS PRO	OJECT WII	I REQUIRE FOR COMPLET	ION:				
G) LIST ANT ANTIC	II AILD I DIONE COSIG IIIIS PAC	JOEO! WIL	E INCOME EL					
H) COMPUTATIONS	USED IN ARRIVING AT FISCAL ES	STIMATE:						
	COMMENTS ON REVERSE SIDE A	ND OUEOK	HEDE (C)					

A)	DATE	June 26,	2001	FILE	E NUMBER:	010365	1.
				Orig	jinal Fiscal Note x	Substitute	
SUB	JECT: Basic F	Dlan Admini	etrativo Sonvicos f	or 2002, renew with V	VPS		
000	Basic P	ian, Aumin	Strative Oct vices i	or zooz, renew with v			
<u> </u>							
B)	SUBMITTED BY (Name/title/dep	t./ext.): Michae	l Brady/Manager/Emp	loyee Benefits/2	317	
C)	CHECK ONE:	X ADOPTI	ON OF THIS FILE AUT	HORIZES EXPENDITURES			
		ADOPTI	ON OF THIS FILE DOE	S NOT AUTHORIZE EXPEN	IDITURES; FURTHER	R COMMON COUNC	IL ACTION
				COSTS IN SECTION G BEL	.OW.		
		LI NOT AP	PLICABLE/NO FISCAL	IMPACT.			
D)	CHARGE TO:	DEPART	MENT ACCOUNT(DA)		CONTINGENT FUND	(CF)	
		CAPITAI	L PROJECTS FUND (C	PF) X	SPECIAL PURPOSE	ACCOUNTS (SPA)	
		PERM. I	MPROVEMENT FUNDS	S (PIF)	GRANT & AID ACCO	UNTS (G & AA)	
		OTHER	(SPECIFY)				
E)	PURPOSE	SPE	CIFY TYPE/USE	ACCOUNT	EXPENDITURE	REVENUE	SAVINGS
	ARIES/WAGES:						
				-		•	
SUP	PLIES:						
МАТ	ERIALS:						
III/AI	LIVIALO.						
NEV	/ EQUIPMENT:						
						·	
EQL	IPMENT REPAIR:	-					
ОТН	ED:	Administ	rative Services	661001-001-1654-	\$1,102,715	, , , , , , , , , , , , , , , , , , ,	
Oin	EK.	Administ	rative Services	1513-S101	Ψ1,102,113		·
	· · · · · · · · · · · · · · · · · · ·						
TOT	ALS						<u> </u>
F)				CCUR ON AN ANNUAL BAS		YEARS CHECK THE	
	APPROPRIATE BO	OX BELOW AND	THEN LIST EACH ITE	M AND DOLLAR AMOUNT	SEPARATELY.		
-		· · · · · · · · · · · · · · · · · · ·	L. J. O. E. V. EADO	· · ·			
<u>l</u>	1-3 YEARS		3-5 YEARS 3-5 YEARS				
1-3 YEARS		. 1	3-5 YEARS				
L	1-3 TEARS		3-3 TEARO				
<u> </u>	LICT AND ANTIO	DATED EUTUS	E COSTS THIS DOO I	ECT WILL REQUIRE FOR C	OMPLETION:		
G)	LIST ANY ANTIC	PAIED FUIUN	E COSTS THIS PROJE	CT WILL REQUIRE FOR C	OWIT LETION.		
				"			
H)	COMPUTATIONS	USED IN ARR	IVING AT FISCAL EST	IMATE:			
			· · · · · · · · · · · · · · · · · · ·				
PLE	ASE LIST ANY CO	MMENTS ON R	EVERSE SIDE AND CH	HECK HERE []			