

County of Albany

Harold L. Joyce Albany County Office Building 112 State Street - Albany, NY 12207

Legislation Text

File #: TMP-4704, Version: 1		
REQUEST FOR LEGISLATIVE ACTION Description (e.g., Contract Authorization for Information Services): Contract Approval for Aetna Medicare Advantage Pla		
		Date:
Submitted By:	Jennifer Clement	
Department:	Human Resources	
Title:	Commissioner	
Phone:	518-447-5690	
Department Rep. 518447-5690		
Attending Meeting:	Jennifer Clement	
Purpose of Request:		
☐ Adopting of Local Law☐ Amendment of Prior Legislation		
☐ Approval/Adoption of Plan/Proced	ure	
□ Bond Approval		
☐ Budget Amendment		
□ Contract Authorization		
☐ Countywide Services		
☐ Environmental Impact/SEQR		
☐ Home Rule Request		
☐ Property Conveyance	-	
☐ Other: (state if not listed)	Click or tap here to enter text.	
CONCERNING BUDGET AMENDM	<u>ENTS</u>	
Increase/decrease category (choose	se all that apply):	
☐ Contractual		
☐ Equipment		
☐ Fringe ☐ Personnel		
☐ Personnel Non-Individual		

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□ Revenue	
Increase Account/Line No.: Source of Funds: Title Change:	Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.
CONCERNING CONTRACT AUTHORI	<u>ZATIONS</u>
Type of Contract: ☐ Change Order/Contract Amendment ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☐ Professional Services ☐ Education/Training ☐ Grant ☐ Choose an item. ☐ Submission Date Deadline Click ☐ Settlement of a Claim ☐ Release of Liability	or tap to enter a date.
☐ Other: (state if not listed)	Click or tap here to enter text.
Contract Terms/Conditions:	
Party (Name/address): Aetna 151 Farmington Avenue Hartford, CT, 06156	
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services:	Click or tap here to enter text. Medicare Advantage Plan for Medicare Aged Albany County Retirees
Bond Res. No.: Date of Adoption:	Click or tap here to enter text. Click or tap here to enter text.
CONCERNING ALL REQUESTS	
Mandated Program/Service: If Mandated Cite Authority:	Yes ⊠ No □ Click or tap here to enter text.
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes □ No ⊠ Yes ⊠ No □

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County Budget Accounts:

Revenue Account and Line: Click or tap here to enter text. Revenue Amount: Click or tap here to enter text.

Appropriation Account and Line: Click or tap here to enter text. Appropriation Amount: Click or tap here to enter text.

Source of Funding - (Percentages)

Federal: Click or tap here to enter text. State: Click or tap here to enter text.

County: 100%

Local: Click or tap here to enter text.

Original Awarding Agency / Funder:

Click or tap here to enter text.

New York State Pass-Through Agency (if applicable):

Click or tap here to enter text.

<u>Term</u>

Term: (Start and end date) 01/01/24-12/31/26

Length of Contract: 3 years

Impact on Pending Litigation Yes ☐ No ☐

If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: Click or tap here to enter text.

Date of Adoption: Click or tap here to enter text.

<u>Justification</u>: (state briefly why legislative action is requested)

The Department of Human Resources respectfully requests legislative action to enter into a three year contract with Aetna to serve as the Administrator of our Medicare Advantage Plan for Medicare aged retirees. Aetna is our current provider and was again selected through the RFP process and recommended by our health insurance consultant, Locey and Cahill.