



## Legislation Text

---

**File #:** TMP-2007, **Version:** 1

---

### REQUEST FOR LEGISLATIVE ACTION

**Description (e.g., Contract Authorization for Information Services):**

Contract Authorization with Health Insurance Solutions, Inc. (HISI) for the administration of a Specialty Pharmacy Program.

Date: 10/14/2020  
Submitted By: Jennifer Clement  
Department: Human Resources  
Title: Commissioner  
Phone: 518-447-5690  
Department Rep.  
Attending Meeting: Jennifer Clement

**Purpose of Request:**

- ☐ Adopting of Local Law
- ☐ Amendment of Prior Legislation
- ☐ Approval/Adoption of Plan/Procedure
- ☐ 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 AMENDMENTS**

**Increase/decrease category (choose all that apply):**

- ☐ Contractual
- ☐ Equipment
- ☐ Fringe
- ☐ Personnel

- ☐ Personnel Non-Individual  
☐ Revenue

Increase Account/Line No.: Click or tap here to enter text.  
Source of Funds: Click or tap here to enter text.  
Title Change: Click or tap here to enter text.

### **CONCERNING CONTRACT AUTHORIZATIONS**

#### **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 or tap to enter a date.

- ☐ Settlement of a Claim  
☐ Release of Liability  
☐ Other: (state if not listed) Click or tap here to enter text.

#### **Contract Terms/Conditions:**

##### **Party (Name/address):**

Health Insurance Solutions, Inc.  
4402 Skippack Pike, PO Box 940  
Skippack, PA 19474

##### **Additional Parties (Names/addresses):**

Click or tap here to enter text.

Amount/Raise Schedule/Fee: Click or tap here to enter text.  
Scope of Services: Click or tap here to enter text.

Bond Res. No.: Click or tap here to enter text.  
Date of Adoption: Click or tap here to enter text.

### **CONCERNING ALL REQUESTS**

Mandated Program/Service: Yes ☒ No ☐  
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes ☐ No ☒

Anticipated in Current Budget: Yes ☐ No ☐

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: Click or tap here to enter text.

Local: Click or tap here to enter text.

Term

Term: (Start and end date) Click or tap here to enter text.

Length of Contract: Click or tap here to enter text.

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.

**Justification:** (state briefly why legislative action is requested)

Legislative action is requested to enter into a contract with Health Insurance Solutions, Inc. (HISI) for the administration of a Specialty Pharmacy Program. Through RFP, Albany County sought to enter into a contract with a Patient Assistant Program (PAP) provider or pharmaceutical company to implement and operate a Specialty Pharmacy Program for Albany County employees and non-Medicare retirees. The objective of the Specialty Pharmacy Cost Reduction Program is to reduce the cost of specialty drugs paid by Albany County through the use of a third party contractor, who will seek cost savings by working directly with the manufacturer Specialty Drugs and assure continued access to specialty drugs for members. There will be no additional cost for the County for the administration of this program.