

County of Albany

112 State Street Albany, NY 12207

Legislation Text

File #: TMP-1187, Version: 1 REQUEST FOR LEGISLATIVE ACTION Description (e.g., Contract Authorization for Information Services): United Health Care of NY, Oxford Health Care Plans					
			Date:	October 4, 2019	
			Submitted By:	Larry I. Slatky	
Department:	Shaker Place Rehabilitation and Nursing Center				
Title:	Executive Director				
Phone:	518-869-2231				
Department Rep.					
Attending Meeting:	Larry I. Slatky				
Purpose of Request:					
 □ Adopting of Local Law □ Amendment of Prior Legislation □ Approval/Adoption of Plan/Proced □ Bond Approval □ Budget Amendment ⋈ Contract Authorization □ Countywide Services □ Environmental Impact/SEQR □ Home Rule Request □ Property Conveyance □ Other: (state if not listed) 	dure Click or tap here to enter text.				
CONCERNING BUDGET AMENDN Increase/decrease category (choc □ 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 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 of Settlement of a Claim ☐ Release of Liability	·	
☑ Other: (state if not listed)	To contract as one of our Medicare providers	
Contract Terms/Conditions:		
Party (Name/address): United Healthcare of New York, Oxford 300 Meridian Center Boulevard Suite 320 Rochester, New York 14618 Additional Parties (Names/addresses):	Health Plans	
Click or tap here to enter text.		
Amount/Raise Schedule/Fee: Scope of Services: Health Care, Oxford and Optum clients as per th	\$5,000,000.00 To provide Medicare Part A and Part B Medicare services to United neir contract. (Attached)	
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 □ Medicare Managed Care	

File #: TMP-1187, Version: 1 Is there a Fiscal Impact: Yes ☒ No ☐ Anticipated in Current Budget: Yes ☒ No ☐ County Budget Accounts: Revenue Account and Line: 04630 Revenue Amount: \$5,000,000.00 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.

<u>Term</u>

Term: (Start and end date) 1/1/2020 - 12/31/2024

Length of Contract: 60 months

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)

United Health Care of New York, Oxford Plans and one of their long-term care divisions Optum is the Medicare provider for our residents. This relationship requires the nursing home to enter into an agreement with United Health Care to participate and bill for our services rendered to their clients. (See attached contract)