

CHAIRPERSON  
VICTOR CELENTINO

VICE-CHAIRPERSON  
RYAN SEBOLT

VICE-CHAIRPERSON PRO-TEM  
ROBIN NAEYAERT

HUMAN SERVICES COMMITTEE  
TERI BANAS, CHAIR  
TODD TENNIS  
RYAN SEBOLT  
DEB NOLAN  
THOMAS MORGAN  
ROBIN NAEYAERT

## INGHAM COUNTY BOARD OF COMMISSIONERS

P.O. Box 319, Mason, Michigan 48854 Telephone (517) 676-7200 Fax (517) 676-7264

THE HUMAN SERVICES COMMITTEE WILL MEET ON MONDAY, NOVEMBER 19, 2018 AT 6:30 P.M., IN THE PERSONNEL CONFERENCE ROOM (D & E), HUMAN SERVICES BUILDING, 5303 S. CEDAR, LANSING.

### Agenda

Call to Order

Approval of the [November 5, 2018 Minutes](#)

Additions to the Agenda

Limited Public Comment

1. Fair - Fair Foundation Fundraising for New Grandstand (*Discussion*)
2. Health Department
  - a. Resolution to Amend the [Infectious Disease Physician Services Agreement](#) with Michigan State University's College of Osteopathic Medicine – Tuberculosis Program
  - b. Resolution to Authorize an [Administrative Service Agreement](#) with Blue Cross Blue Shield of Michigan at the Ingham County Jail
  - c. Resolution to Authorize Renewal of a [Collaborative, Services and Referral Agreement](#) with Community Mental Health of Clinton, Eaton and Ingham Counties
  - d. Resolution to Re-Appoint [Chief Medical Examiner](#)
3. Parks Department
  - a. NRPA Kompan [Prize Memo](#)
  - b. Purchase of Real Property Pursuant to MCL 15.268(d) (*Closed Session*)
4. Controller's Office - Resolution Approving Various [Contracts](#) for the 2019 Budget Year

Announcements

Public Comment

Adjournment

**PLEASE TURN OFF CELL PHONES OR OTHER ELECTRONIC DEVICES  
OR SET TO MUTE OR VIBRATE TO AVOID  
DISRUPTION DURING THE MEETING**

The County of Ingham will provide necessary reasonable auxiliary aids and services, such as interpreters for the hearing impaired and audio tapes of printed materials being considered at the meeting for the visually impaired, for individuals with disabilities at the meeting upon five (5) working days notice to the County of Ingham. Individuals with disabilities requiring auxiliary aids or services should contact the County of Ingham in writing or by calling the following: Ingham County Board of Commissioners, P.O. Box 319, Mason, MI 48854 Phone: (517) 676-7200. A quorum of the Board of Commissioners may be in attendance at this meeting. Meeting information is also available on line at [www.ingham.org](http://www.ingham.org).

HUMAN SERVICES COMMITTEE  
November 5, 2018  
Draft Minutes

Members Present: Sebolt, Morgan, Tennis, and Banas

Members Absent: Nolan and Naeyaert

Others Present: Hope Lovell, Amy Fountain, Daphine Whitfield, Katreva Bisbee, Robert Start, Ramona Borowicz, Melissa Buzzard, Linda Vail, Jared Cypher, Lindsey LaForte, and others.

The meeting was called to order by Chairperson Banas at 6:33 p.m. in Personnel Conference Room "D & E" of the Human Services Building, 5303 S. Cedar Street, Lansing, Michigan.

Approval of the October 15, 2018 Minutes

MOVED BY COMM. SEBOLT, SUPPORTED BY COMM. TENNIS, TO APPROVE THE MINUTES OF THE OCTOBER 15, 2018 HUMAN SERVICES COMMITTEE MEETING.

Chairperson Banas stated that without objection the minutes would be amended as follows:

Commissioner Morgan asked about ~~capability~~ **culpability** of the contractor or subcontractor in this case.

THE MOTION TO APPROVE THE MINUTES, AS AMENDED, CARRIED UNANIMOUSLY. Absent: Commissioners Nolan and Naeyaert.

Additions to the Agenda

Substitute –

2. Community Agencies – Resolution Authorizing 2019 Agreements for Community Agencies

Limited Public Comment

None.

MOVED BY COMM. TENNIS, SUPPORTED BY COMM. SEBOLT, TO APPROVE A CONSENT AGENDA CONSISTING OF THE FOLLOWING ACTION ITEMS:

3. MSU Extension – Resolution to Authorize an Agreement for Michigan State University Extension Services Between Michigan State University and Ingham County Approving the Annual Work Plan for 2019

4. Parks Department – Resolution to Renew the Agreement with Spicer Group to Provide Consulting Services to and Assist the Ingham County Parks Staff with the Delivery of Certain Millage Related Items
5. Health Department
  - a. Resolution to Authorize Amendment #1 to the 2018-2019 Comprehensive Agreement with the Michigan Department of Health and Human Services
  - b. Resolution to Authorize an Agreement with the Michigan Department of Environmental Quality for 2018-2019
  - d. Resolution to Extend Kresge Agreement & Contract with Anker Elektra LLC

THE MOTION CARRIED UNANIMOUSLY. Absent: Commissioners Nolan and Naeyaert.

THE MOTION TO APPROVE THE ITEMS ON THE CONSENT AGENDA CARRIED UNANIMOUSLY. Absent: Commissioners Nolan and Naeyaert.

1. Health Center Board – Interviews

Hope Lovell interviewed for a position on the Health Center Board.

Ramona Borowicz interviewed for a position on the Health Center Board.

Katreva Bisbee interviewed for a position on the Health Center Board.

Daphine Whitfield interviewed for a position on the Health Center Board.

Amy Fountain interviewed for a position on the Health Center Board.

Robert Stark interviewed for a position on the Health Center Board.

MOVED BY COMM. TENNIS, SUPPORTED BY COMM. SEBOLT, TO APPOINT ALL OF THE INTERVIEWEES TO THE HEALTH CENTER BOARD AND WAIVE THE RESIDENCY REQUIREMENTS FOR HOPE LOVELL, KATREVA BISBEE, AND RAMONA BOROWICZ.

THE MOTION CARRIED UNANIMOUSLY. Absent: Commissioners Nolan and Naeyaert.

2. Community Agencies – Resolution Authorizing 2019 Agreements for Community Agencies

MOVED BY COMM. SEBOLT, SUPPORTED BY COMM. TENNIS, TO ADOPT THE RESOLUTION.

Chairperson Banas stated that the Board of Commissioners prioritizes funding for agencies that “Meet Basic Needs,” such as food, clothing, and shelter. She further stated that the total recommended funding was \$8,550 above what was budgeted.

Chairperson Banas stated that the additional funds would come from the 2019 contingency fund. She asked the community agencies present to stand and announce their agency if they were satisfied with the funding.

Representatives from the following agencies announced their support:

YMCA of Lansing  
Lansing Area AIDS Network  
Capital Area Housing - Tuesday Toolmen  
Haven House  
Mid-Michigan Recovery Services  
Lansing Homeless Network  
Advent House  
Capital Area Housing - Ballentine  
Advent House Ministries, Inc.  
Rural Family Services of Ingham County  
RSVP of Ingham, Clinton, Eaton Counties  
Edgewood Village Non-Profit Housing Corp  
St. Vincent Catholic Charities  
Northwest Initiative  
Listening Ear  
Leslie Outreach  
Gateway Community Services  
MSU Safe Place

Chairperson Banas thanked the community agencies for coming.

THE MOTION CARRIED UNANIMOUSLY. Absent: Commissioners Nolan and Naeyaert.

5. Health Department

- c. Resolution to Establish a Trust and Agency Account for the Mason Capital Area Prescription Drug Task Force

MOVED BY COMM. TENNIS, SUPPORTED BY COMM. SEBOLT, TO APPROVE THE RESOLUTION.

Chairperson Banas asked for a description of the Mason Area Prescription Drug Task Force.

Linda Vail, Health Officer, stated that this had been something ongoing in Mason under the former Police Chief and with a change in leadership they ask for additional help in running the program. She further stated that the program had received a large grant to help purchase Naloxone.

Chairperson Banas asked if this program worked county-wide.

Ms. Vail stated that the Mason Area Prescription Drug Task Force did work county-wide, but had more of a focus in the Mason Area.

Chairperson Banas asked if they worked with the county task force at all.

Ms. Vail stated that they did attend each other's meetings to coordinate at times. She further stated that the Nolaxone grant was especially helpful and it made it possible to get Nolaxone into the hands of more law enforcement.

Ms. Vail stated that that medication was not cheap, so this was very helpful. She further stated that Mason had put together a public service announcement video.

Ms. Vail stated that the video was put together by the youth and it showed additional information about the program.

Chairperson Banas stated that perhaps the Youth Commission could be involved in this project.

THE MOTION CARRIED UNANIMOUSLY. Absent: Commissioners Nolan and Naeyaert.

#### Announcements

Commissioner Tennis stated that his firm represents the Michigan Association of YMCAs, of which, the Lansing YMCA was a member.

#### Public Comment

Elaine Herey, YMCA of Lansing, thanked the Committee for their ongoing support for the YMCA of Lansing over the years. She further stated that she had been coming to the meetings for many years and watched the agony of funding these programs.

Ms. Herey stated that as an advocate for the Y Achievers program she wanted to remind people that this organization was the premier latch key organization in the United States. She further stated that the mission work that the YMCA does through the Y Achievers program was important.

Ms. Herey stated that the program was geared toward children of color to encourage high school graduation and college after. She further stated that they were the only YMCA that has a 100% graduation rate.

Ms. Herey stated that this work was important. She further stated that she understood that basic needs are critical needs, but before the economic crisis there was a caveat that the County would support youth needs in addition to basic needs which helped to foster youth development.

Ligia Romero, Lansing Area AIDS Network, stated that she wanted to thank the Committee for the grant and happy that other agencies were also funded. She further stated that the agencies work together so often that the funding for others helps them also.

Ms. Romero stated that the Lansing Area AIDS network worked with other agencies to provide bus, food, and more to provide wrap around services.

Monica Sanchez, Listening Ear Crisis Center, stated that she also did a lot of advocacy work with the youth, foster and adoption and residential services. She further stated that she wanted to thank the Committee for considering those communities as well.

Ms. Sanchez stated that she also recommend that in addition to basic needs, youth development funding was also important.

Commissioner Tennis stated that he remembered when the County used to fund community agencies well over \$200,000. He further stated that he remembered the words of Commissioner Grebner that no money was more valuable than this.

Commissioner Tennis stated that he would like to look to fund at a higher level next year. He further stated that the County had served more groups in the past and no some no longer come to ask for the funding.

Commissioner Tennis asked stated that education and youth development and not actually basic needs, but maybe it was time to open that up again.

Chairperson Banas stated that she totally agreed with Commissioner Tennis. She further stated that there was a need for additional support for youth in the community and it was worth it.

Chairperson Banas stated that she was very sensitive youth in foster care and after school programs which helped keep children safe and fed and helped educate to the youth. She further stated that she was supportive of funding that.

Commissioner Morgan stated that there was a balance of service and politics and after tomorrow hopefully things will look a shade brighter for those in the community. He encouraged everyone to vote.

### Adjournment

The meeting was adjourned at 7:07 p.m.

# NOVEMBER 19, 2018 HUMAN SERVICES AGENDA STAFF REVIEW SUMMARY

## ACTION ITEMS:

### The Deputy Controller is recommending approval of the following resolutions

#### 2. Health Department

##### a. *Resolution to Amend the Infectious Disease Physician Services Agreement with Michigan State University's College of Osteopathic Medicine – Tuberculosis Program*

This resolution renews the agreement with Michigan State University's College of Osteopathic Medicine (MSU COM) to provide specialty physician services to patients with active tuberculosis at ICHD's River Oak location. ICHD is obligated under the Public Health Code 333.5115 (4), 333.5301 (1) and 333.5307, to ensure the provision of treatment for patients with active tuberculosis within its jurisdictions. Historically, MSU COM has provided specialty physician services to patients with active tuberculosis within Ingham County. The current agreement expires December 31, 2018. This new agreement will be effective January 1, 2019 through December 31, 2021. The renewal of this agreement will allow these specialty services to continue at ICHD's River Oak location at a rate of \$165.00 per hour up to a maximum of twelve hours per month. All costs associated with this agreement have been accounted for in the FY 19 budget.

##### b. *Resolution to Authorize an Administrative Service Agreement with Blue Cross Blue Shield of Michigan at the Ingham County Jail*

This resolution authorizes the Blue Cross Blue Shield of Michigan (BCBSM) agreement by executing Schedule A, Schedule A – Exhibit 1, and Schedule B (BlueCard Disclosures Inter-Plan Arrangements) effective December 1, 2018 through November 30, 2019. ICHD and BCBSM entered into an agreement in 1996 wherein BCBSM would pay the claims of health care services provided to inmates of the Ingham County Jail. The agreement is updated annually by executing Schedule A – Administrative Service Contract (ASC), Schedule A – Exhibit 1, and Schedule B (BlueCard Disclosures Inter-Plan Arrangements).

##### c. *Resolution to Authorize Renewal of a Collaborative, Services and Referral Agreement with Community Mental Health of Clinton, Eaton and Ingham Counties*

This resolution renews the collaborative, services, and referral agreement with CMH-CEI effective October 1, 2018 through September 30, 2019, with an automatic renewal annually. The total cost of the agreement shall include seven full time (7.0 FTE) mental health therapists, psychiatric evaluations, and a 0.75 FTE mental health therapist supervisor, for a total agreement cost not to exceed \$720,000 annually. Cost of this agreement will be covered through patient revenue for behavioral health services, and the Substance Abuse Disorder and Mental Health funding, as authorized through Resolution #18-446.

##### d. *Resolution to Re-Appoint Chief Medical Examiner*

This resolution re-appoints Dr. Michael Markey, M.D., as Chief Medical Examiner for Ingham County effective January 1, 2019 through December 31, 2022.

#### 3. Controller's Office - *Resolution Approving Various Contracts for the 2019 Budget Year*

This resolution will approve the attached list of contracts for the 2019 budget year. The list consists only of contracts that are included in the 2019 Adopted Budget. If a contract later exceeds the budgeted amount, a resolution will need to be brought before the Board of Commissioners approving the increased amount. In addition, a separate Board resolution will be required if there is a change in employee status or increase in the total number of employees.

**OTHER ITEMS:**

1. Fair - *Fair Foundation Fundraising for New Grandstand (discussion)*

3. Parks Department

a. *NRPA Kompan Prize Memo*

Parks employee Melissa Buzzard was awarded a Yeti cooler as a prize while attending a conference. The cooler was offered as a prize by a potential vendor of the County. She is seeking authorization to keep the cooler.

b. *Purchase of Real Property Pursuant to MCL 15.268(d) (Closed Session)*



**GRANDSTAND FUNDRAISING PROJECT**

The Ingham County Fair Foundation, a non-for-profit corporation was formed in 2011 to assist the Ingham County Fair in fundraising efforts. As a charitable organization under the IRS codes (501c3), we can obtain grants, gifts and donations that are not available to government units. The fair is authorized under Act 11, Public Acts of 1929.

This most immediate need of the fair is a grandstand. Fair patrons come to see shows and events that would be typically held in front of a grandstand. Revenues of the fairgrounds is not sufficient to build this, at an estimated cost of 3 million dollars.

The Foundation proposes to sell brick pavers, larger blocks and cement wall plaques to finance this project. The Foundation board of directors at their Nov 5, 2018 meeting voted to propose the following:

4" x 8" brick pavers for \$120 each. 3 lines of text. Cost of brick and lettering approximately \$20. This will form a walk way to the grandstand. We have designated this as Phase I.

12" x 12" Wall brick for \$500 each. Each could contain a logo and would cost approximately \$40 for the brick and lettering.

24" x 24" Wall panel for \$1,000 with much larger logo and inscription. This would cost about \$60 - \$75 each to produce.

With over 300,000 residents in Ingham County and numerous businesses, we should be able to raise enough funds to make a significant contribution toward the construction of this facility. Attendance has gone down at the fair, due in part to the lack of this structure, and events have been lost to other venues that had seating.

**TO:** Board of Commissioners Human Services & Finance Committees

**FROM:** Linda S. Vail, MPA, Health Officer

**DATE:** November 2, 2018

**SUBJECT:** Resolution to Renew Infectious Disease Physician Services with MSU COM  
For the meeting agendas of November 19 and November 21, 2018

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**BACKGROUND**

Ingham County Health Department (ICHD) wishes to renew the agreement with Michigan State University's College of Osteopathic Medicine (MSU COM) to provide specialty physician services to patients with active tuberculosis at ICHD's River Oak location. ICHD is obligated under the Public Health Code 333.5115 (4), 333.5301 (1) and 333.5307, to ensure the provision of treatment for patients with active tuberculosis within its jurisdictions. Historically, MSU COM has provided specialty physician services to patients with active tuberculosis within Ingham County. The current agreement expires December 31, 2018. This new agreement will be effective January 1, 2019 through December 31, 2021. The renewal of this agreement will allow these specialty services to continue at ICHD's River Oak location at a rate of \$165.00 per hour up to a maximum of twelve hours per month.

**FINANCIAL IMPACT**

Michigan State University College of Osteopathic Medicine wishes to continue their contract that provides physician specialty services to patients with active tuberculosis at \$165.00 per hour up to a maximum of twelve hours per month. All costs associated with this agreement have been accounted for in the FY 19 budget.

**OTHER CONSIDERATIONS**

There are no other considerations.

**STRATEGIC IMPACT**

Goal A. Service to Residents: Provide easy access to quality, innovative, cost effective services that promote well-being and quality of life for the Residents of Ingham County. Goal C. Management, finance and Governance: Maintain and enhance County fiscal health to ensure delivery of services and residents.

**RECOMMENDATION**

Based on the information presented, I respectfully recommend approval of the attached resolution to support the renewal of the agreement with MSU COM to provide specialty physician services to patients with active tuberculosis effective January 1, 2019 through December 31, 2021.

Introduced by the Human Services and Finance Committees of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION TO AMEND THE INFECTIOUS DISEASE PHYSICIAN SERVICES AGREEMENT  
WITH MICHIGAN STATE UNIVERSITY'S COLLEGE OF OSTEOPATHIC MEDICINE –  
TUBERCULOSIS PROGRAM**

WHEREAS, Ingham County Health Department (ICHD) wishes to renew the agreement with Michigan State University's College of Osteopathic Medicine (MSU COM) to provide specialty physician services to patients with active tuberculosis at ICHD's River Oak location; and

WHEREAS, ICHD is obligated under the Public Health Code 333.5115 (4), 333.5301 (1) and 333.5307, to ensure the provision of treatment for patients with active tuberculosis within its jurisdictions; and

WHEREAS, historically, MSU COM has provided specialty physician services to patients with active tuberculosis within Ingham County; and

WHEREAS, the current agreement expires December 31, 2018; and

WHEREAS, this new agreement will be effective January 1, 2019 through December 31, 2021; and

WHEREAS, the renewal of this agreement will allow these specialty services to continue at ICHD's River Oak location at a rate of \$165.00 per hour up to a maximum of twelve hours per month; and

WHEREAS, the Health Officer recommends that the Board of Commissioners authorize a two year extension of the agreement with Michigan State University's College of Osteopathic medicine to provide physician services for patients with active tuberculosis effective January 1, 2019 through December 31, 2021.

THEREFORE BE IT RESOLVED, that the Board of Commissioners authorize a two year extension of the agreement with Michigan State University's College of Osteopathic Medicine to provide physician specialty services to patients with active tuberculosis effective January 1, 2019 through December 31, 2021.

BE IT FURTHER RESOLVED, that the renewal of this agreement will allow these specialty services to continue at ICHD's River Oak location at a rate of \$165.00 per hour up to a maximum of twelve hours per month.

BE IT FURTHER RESOLVED, that the Chairperson of the Board of Commissioners is hereby authorized to sign any necessary contract documents on behalf of the county after approval as to form by the County Attorney.

**TO:** Board of Commissioners Human Services and Finance Committees  
**FROM:** Linda S. Vail, MPA, Health Officer  
**DATE:** November 5th, 2018  
**SUBJECT:** Agreement with Blue Cross Blue Shield of Michigan  
For the meeting agendas of November 19 and November 21, 2018

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**BACKGROUND**

Ingham County Health Department (ICHHD) wishes to update the Blue Cross Blue Shield of Michigan (BCBSM) agreement by executing Schedule A, Schedule A – Exhibit 1, and Schedule B (BlueCard Disclosures Inter-Plan Arrangements) effective December 1, 2018 through November 30, 2019. ICHD and BCBSM entered into an agreement in 1996 wherein BCBSM would pay the claims of health care services provided to inmates of the Ingham County Jail. The agreement is updated annually by executing Schedule A – Administrative Service Contract (ASC), Schedule A – Exhibit 1, and Schedule B (BlueCard Disclosures Inter-Plan Arrangements).

**ALTERNATIVES**

There are no alternatives.

**FINANCIAL IMPACT**

The Schedule A Administrative Service Contract (ASC), Schedule A – Exhibit 1 and Schedule B (BlueCard Disclosures Inter-Plan Arrangements) proposed through the attached resolution will cover the period of December 1, 2018 through November 30, 2019. Terms and conditions have remained the same as the December 1, 2017 through November 30, 2018 agreement.

**STRATEGIC PLANNING IMPACT**

This resolution supports the long-term objective of Promoting Accessible Healthcare, specifically section A.1(e) of the Action Plan – Expand access to healthcare for county residents, with an emphasis on the uninsured and underinsured.

**OTHER CONSIDERATIONS**

There are no other considerations.

**RECOMMENDATION**

Based on the information presented, I respectfully recommend approval of the Schedule A Administrative Service Contract (ASC), Schedule 1 – Exhibit 1 and Schedule B (BlueCard Disclosures Inter-Plan Arrangements) to the Blue Cross Blue Shield of Michigan Service agreement effective December 1, 2018 through November 30, 2019.

Introduced by the Human Services and Finance Committees of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION TO AUTHORIZE AN ADMINISTRATIVE SERVICE AGREEMENT WITH  
BLUE CROSS BLUE SHIELD OF MICHIGAN AT THE INGHAM COUNTY JAIL**

WHEREAS, Ingham County Health Department (ICHD) wishes to update the Blue Cross Blue Shield of Michigan (BCBSM) agreement by executing Schedule A, Schedule A – Exhibit 1, and Schedule B (BlueCard Disclosures Inter-Plan Arrangements) effective December 1, 2018 through November 30, 2019; and

WHEREAS, ICHD and BCBSM entered into an agreement in 1996 wherein BCBSM would pay the claims of health care services provided to inmate of Ingham County jail; and

WHEREAS, that agreement is updated annually by executing a Schedule A Administrative Service Contract (ASC), Schedule A – Exhibit 1 and Schedule B (BlueCard Disclosure Inter-Plan Arrangements; and

WHEREAS, BCBSM has proposed a 2018-2019 Schedule A Administrative Service Contract, Schedule A – Exhibit 1 and Schedule B (BlueCard Disclosures Inter-Plan Arrangements; and

WHEREAS, there are no changes to the proposed 2018-2019 Schedule A Administrative Service Contract (ASC), Schedule A – Exhibit 1 and Schedule B (BlueCard Disclosures Inter-Plan Arrangements; and

WHEREAS, the Health Officer recommends that the Board of Commissioners authorize the 2018-2019 Schedule A Administrative Service Contract (ASC), Schedule A – Exhibit 1 and Schedule B (BlueCard Disclosures Inter-Plan Arrangements) for the inmates of Ingham County Jail.

THEREFORE BE IT RESOLVED, that the Board of Commissioners authorize the Schedule A Administrative Service Contract (ASC), Schedule A – Exhibit 1 and Schedule B (BlueCard Disclosures Inter-Plan Arrangements) with BCBSM for paying claims for health care services provided to inmates of the Ingham County Jail.

BE IT FURTHER RESOLVED, that the Schedule A Administrative Service Contract (ASC), Schedule 1 – Exhibit 1 and Schedule B (BlueCard Disclosure Inter-Plan Arrangements) shall be effective December 1, 2018 through November 30, 2019.

BE IT FURTHER RESOLVED, that there are no other changes to the proposed 2018 -2019 Schedule A Administrative Service Agreement (ASC), Schedule 1 – Exhibit 1 and Schedule (BlueCard Disclosures Inter-Plan Arrangements.

BE IT FURTHER RESOLVED, that the Chairperson of the Board of Commissioners is hereby authorized to sign any necessary contract documents on behalf of the county after approval as to form by the County Attorney.

SCHEDULE A-Renewal Term (Effective December 2018 through November 2019 )  
 Administrative Services Contract (ASC)  
 Blue Cross Blue Shield of Michigan

- 1 . Group Name: Ingham County Inmates
- 2 . Group Number: 007004013
- 3 . Initial ASC Contract Effective Date: December 01, 2007
- 4 . ASC Funding Arrangement:: Quarterly Settled Monthly Wire
- 5 . Line(s) of Business:
- |  |  |                                 |
|--|--|---------------------------------|
| <input checked="" type="checkbox"/> Facility | <input checked="" type="checkbox"/> Professional       | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Facility Foreign    | <input checked="" type="checkbox"/> Prescription Drugs | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Facility Domestic   |  |                                 |

6 . Administrative Fees: The below administrative fees cover the Lines of Business checked in Section 5 above, unless otherwise indicated.

Administrative Fee and Additional Administrative Compensation	
A. Administrative Fee (Fixed)	Administrative Fee Percent of Claims <hr/> 11%
B. Additional Administrative Compensation	*Additional Admin Compensation <hr/> 9%
*Additional Administrative Compensation (AAC) is nine percent (9%) of BCBSM discounts on Michigan hospital claims.	

7 . This Schedule A does not include any fees payable by Group to an Agent. If Group has an Agent Fee Processing Agreement on file with BCBSM, please refer to that agreement for fees and details.

- 8 . Late Payment Charges/Interest:
- |   |     |
|---|-----|
| A. Late Payment Charge                                | 2%  |
| B. Yearly Statutory Interest Charge (Simple Interest) | 12% |
| C. Provider Contractual Interest                      |     |

- 9 . BCBSM Account: 1840-09397-3 Comerica 0720-00096  
 Wire Number Bank American Bank Assoc

10 . The Group acknowledges that BCBSM or a Host Blue may have compensation arrangements with providers in which the provider is subject to performance or risk-based compensation, including but not limited to withholds, bonuses, incentive payments, provider credits and member management fees. Often the compensation amount is determined after the medical service has been performed and after the Group has been invoiced. The Claims billed to Group include both service-based and value-based reimbursement to health care providers. Group acknowledges that BCBSM's negotiated reimbursement rates include all reimbursement obligations to providers including provider obligations and entitlements under BCBSM Quality Programs. Service-based reimbursement means the portion of the negotiated rate attributed to a particular health care service. Value-based reimbursement is the portion of the negotiated reimbursement rate attributable to BCBSM Quality Programs, as described in Exhibit 1 to Schedule A. BCBSM negotiates provider reimbursement rates and settles provider obligations on its own behalf, not Group. Group receives the benefit of BCBSM provider rates, but it has no entitlement to a particular rate or to unbundle the service-based or value-based components of Claims. See Exhibit 1 to Schedule A and Schedule B to ASC for additional information.

11 . The rebate administration and claims processing fee charged and retained by Express Scripts is (i) 3.8% of gross rebates for BCBSM clinical formulary, custom formulary, custom select formulary, and specialty drug Claims and (ii) 8.2% of gross rebates for part D formulary drug Claims, including Part D specialty drug Claims. The rebate administration fee charged and retained by Highmark is up to 5.5% of gross rebates for medical benefit drug Claims.

Pursuant to Express Scripts's Inflation Protection Program, Express Scripts contracts with pharmaceutical manufacturers for inflation protection payments ("IPP") to off-set increases to certain brand drugs. Express Scripts will pay a predetermined portion of the IPP that it receives to BCBSM as set forth in the contract between Express Scripts and BCBSM. Express Scripts contracts for IPP on its own behalf and may realize positive margin between amounts paid to BCBSM and amounts received from pharmaceutical manufacturers. BCBSM will distribute Group's share of the IPP that it receives from Express Scripts based on the total IPP received by BCBSM divided by the total number of brand drug claims multiplied by the number of Group's brand drug claims. IPPs will be distributed to Group through the Customer Savings Refund process.

BCBSM:

BY: \_\_\_\_\_  
(Signature)

NAME: \_\_\_\_\_  
(Print)

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

BY: \_\_\_\_\_  
(Signature)

NAME: \_\_\_\_\_  
(Print)

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

THE GROUP:

BY: \_\_\_\_\_  
(Signature)

NAME: \_\_\_\_\_  
(Print)

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

BY: \_\_\_\_\_  
(Signature)

NAME: \_\_\_\_\_  
(Print)

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

Blue Cross Blue Shield of Michigan is an independent licensee of the Blue Cross and Blue Shield Association.

Group Name

Group Number - 007123456

# BCBSM Value-Based Provider Reimbursement

As in prior years, the Claims billed to Group include amounts that BCBSM reimburses health care providers including reimbursement tied to value. BCBSM has adopted a provider payment model that includes both fee-based and value-based reimbursement. BCBSM does not unbundle Claims and does not retain any portion of claims as compensation. Provider reimbursement is governed by separate agreements with providers, BCBSM standard operating procedures, and BCBSM Quality Programs.

BCBSM negotiates provider reimbursement rates on its own behalf and makes those rates available to customers through its products and networks. The reimbursement rates can, and often do, vary from provider to provider. Providers may qualify for higher reimbursement rates for satisfying requirements of certain BCBSM Quality Programs, including, for example, Pay-for-Performance (PFP) rates and Value Based Contracting (VBK) rates earned by hospitals and Patient Centered Medical Home (PCMH) rates earned by physicians.

Provider reimbursement rates also capture provider commitments to BCBSM Quality Programs. For example, hospitals participating in Hospital Collaborative Quality Initiatives (CQIs) agree to allocate a portion of their reimbursement to fund inter-hospital quality initiatives. Intellectual property may be developed through BCBSM Quality Programs for subsequent license and use by BCBSM or a third party. Group specifically understands, acknowledges, and agrees that it has not rights to any intellectual property, or derivatives thereof, including, but not limited to, copyrights, patents, or licenses, developed through BCBSM Quality Programs.

Providers may also receive reward and incentive payments from BCBSM Quality Programs funded through an allocation from provider reimbursement or collected from Group's Customer Savings Refund. Such allocations may be to a pooled fund from which value-based payments to providers are made. For example, pursuant to the Physician Group Incentive Program (PGIP), physicians agree to allocate 5% of each Claim to a PGIP fund, which in turn makes reward payments to eligible physician organizations demonstrating particular quality and pays physician organizations for participation in collaborative initiatives.

As explained in the Blue Card Program disclosure (Schedule B to ASC), an out-of-state Blue Cross Blue Shield Plan ("Host Blue") may also negotiate fee-based and/or value-based reimbursement for their providers. A Host Blue may include all provider reimbursement obligations in Claims or may, at its election, collect some or all of its value-based provider (VBP) reimbursement obligations through a per attributed member per month (PaMPM) benefit expense, as in, for example, the Blue Distinction Total Care (BDTC) Program. All Host Blue PaMPM benefit expenses for VBP reimbursement will be consolidated on your monthly invoice and appear as "Out of State VBP Provider Reimbursement". The supporting detail for the consolidated amount will be available on e-Bookshelf as reported by each Host Blue Plan. Host Blues determine which members are attributed to eligible providers and calculate the PaMPM VBP reimbursement obligation based only on these attributed members. Host Blue have exclusive control over the calculation of PaMPM VBP reimbursement.

Value-based reimbursement includes other obligations and entitlements pursuant to other BCBSM Quality Programs funded in a similar manner to those described in this Exhibit. Additional information is available at [www.valuepartnerships.com](http://www.valuepartnerships.com) and [www.bcbs.com/totalcare](http://www.bcbs.com/totalcare). Questions regarding provider reimbursement and BCBSM Quality Programs or Host Blue VBP reimbursement should be directed to your BCBSM account representative.



## Schedule B BlueCard Disclosures Inter-Plan Arrangements

### I. Out-of-Area Services

#### Overview

BCBSM has a variety of relationships with other Blue Cross and/or Blue Shield Licensees referred to generally as “Inter-Plan Arrangements.” These Inter-Plan Arrangements operate under rules and procedures issued by the Blue Cross Blue Shield Association (“Association”). Whenever Enrollees access healthcare services outside the geographic area BCBSM serves, the Claim for those services may be processed through one of these Inter-Plan Programs and presented to BCBSM for payment in accordance with the rules of the Inter-Plan Arrangements. The Inter-Plan Arrangements are described generally below.

Typically, when accessing care outside the geographic area BCBSM serves, Enrollees obtain care from Providers that have a contractual agreement (“Participating Providers”) with the local Blue Cross and/or Blue Shield Licensee in that other geographic area (“Host Blue”). In some instances, Enrollees may obtain care from Providers in the Host Blue geographical area that do not have a contractual agreement (“Non-participating Providers”) with the Host Blue. BCBSM remains responsible for fulfilling its contractual obligations to you. BCBSM’s payment practices in both instances are described below.

This disclosure describes how Claims are administered for Inter-Plan Arrangements and the fees that are charged in connection with Inter-Plan Arrangements. Note that Dental Care Benefits, except when paid as medical claims/benefits, and those Prescription Drug Benefits or Vision Care Benefits that may be administered by a third party contracted by BCBSM to provide the specific service or services, are not processed through Inter-Plan Arrangements.

#### A. BlueCard® Program

The BlueCard® Program is an Inter-Plan Arrangement. Under this Arrangement, when Enrollees access covered healthcare services within the geographic area served by a Host Blue, the Host Blue will be responsible for contracting and handling all interactions with its Participating Providers. The financial terms of the BlueCard Program are described generally below.

##### 1. Liability Calculation Method Per Claim – In General

###### a. Enrollee Liability Calculation

The calculation of the Enrollee liability on Claims for covered healthcare services processed through the BlueCard Program will be based on the lower of the Participating Provider's billed covered charges or the negotiated price made available to BCBSM by the Host Blue.

Under certain circumstances, if BCBSM pays the Healthcare Provider amounts that are the responsibility of the Enrollee, BCBSM may collect such amounts from the Enrollee.

In situations where participating agreements allow for bulk settlement reconciliations for Episode-Based Payment/Bundled Payments, BCBSM may include a factor for such settlement or reconciliations as part of the fees BCBSM charges to Group.

Where Group agrees to use reference-based benefits, which are service-specific benefit dollar limits for specific procedures, based on a Host Blue’s local market rates, Enrollees will be responsible for the amount that the healthcare Provider bills for a specified procedure above the reference benefit limit for that procedure. For a Participating Provider, that amount will be the difference between the negotiated price and the reference benefit limit. For a Non-participating Provider, that amount will be the difference between the Non-Participating Provider’s billed charge and the reference benefit limit. Where a reference benefit limit exceeds either a negotiated price or a Provider’s billed charge, the Enrollee will incur no liability, other than any applicable Enrollee cost sharing.

## b. Group Liability Calculation

The calculation of Group liability on Claims for covered healthcare services processed through the BlueCard Program will be based on the negotiated price made available to BCBSM by the Host Blue under contract between the Host Blue and the Provider. Sometimes, this negotiated price may be greater for a given service or services than the billed charge in accordance with how the Host Blue has negotiated with its Participating Provider(s) for specific healthcare services. In cases where the negotiated price exceeds the billed charge, Group may be liable for the excess amount even when the Enrollee's deductible has not been satisfied. This excess amount reflects an amount that may be necessary to secure (a) the Provider's participation in the network and/or (b) the overall discount negotiated by the Host Blue. In such a case, the entire contracted price is paid to the Provider, even when the contracted price is greater than the billed charge.

## 2. Claims Pricing

The Host Blue determines a negotiated price, which is reflected in the terms of each Host Blue's healthcare Provider contracts. The negotiated price made available to BCBSM by the Host Blue may be represented by one of the following:

- (i) an actual price. An actual price is a negotiated payment in effect at the time a Claim is processed without any other increases or decreases, or
- (ii) an estimated price. An estimated price is a negotiated payment in effect at the time a Claim is processed, reduced or increased by a percentage to take into account certain payments negotiated with the Provider and other Claim- and non-Claim-related transactions. Such transactions may include, but are not limited to, anti-fraud and abuse recoveries, Provider refunds not applied on a Claim-specific basis, retrospective settlements, and performance-related bonuses or incentives, or
- (iii) an average price. An average price is a percentage of billed charges for covered services in effect at the time a Claim is processed representing the aggregate payments negotiated by the Host Blue with all of its healthcare Providers or a similar classification of its Providers and other Claim- and non-Claim-related transactions. Such transactions may include the same ones as noted above for an estimated price.

The Host Blue determines whether it will use an actual, estimated or an average price in its respective Provider agreements. The use of estimated or average pricing may result in a difference (positive or negative) between the price Group pays on a specific Claim and the actual amount the Host Blue pays to the Provider. However, the BlueCard Program requires that the amount paid by the Enrollee and Group is a final price; no future price adjustment will result in increases or decreases to the pricing of past Claims.

Any positive or negative differences in estimated or average pricing are accounted for through variance accounts maintained by the Host Blue and are incorporated into future Claim prices. As a result, the amounts charged to Group will be adjusted in a following year, as necessary, to account for over- or underestimation of the past years' prices. The Host Blue will not receive compensation from how the estimated price or average price methods, described above, are calculated. Because all amounts paid are final, neither positive variance account amounts (funds available to be paid in the following year), nor negative variance amounts (the funds needed to be received in the following year), are due to or from Group. If Group terminates, Group will not receive a refund or charge from the variance account.

Variance account balances are small amounts relative to the overall paid Claims amounts and will be liquidated/drawn down over time. The timeframe for their liquidation depends on variables, including, but not limited to, overall volume/number of Claims processed and variance account balance. Variance account balances may earn interest at the federal funds or similar rate. The Host Blue may retain interest earned on funds held in variance accounts.

## 3. BlueCard Program Fees and Compensation

Group understands and agrees to reimburse BCBSM for certain fees and compensation which BCBSM is obligated under the BlueCard Program to pay to the Host Blue, to the Blue Cross and Blue Shield Association (BCBSA), and/or to vendors of BlueCard Program related services. The specific Blue Card Program fees and compensation that are charged to Group and which Group is responsible related to the foregoing are set forth in Exhibit 1 to this Schedule B. BlueCard Program Fees and compensation may be revised annually from time to time as described in H below.

## B. Negotiated Arrangements

With respect to one or more Host Blue, instead of using the BlueCard Program, BCBSM may process your Enrollee claims for covered healthcare services through Negotiated Arrangements.

In addition, if BCBSM and Group have agreed that (a) Host Blue(s) shall make available (a) custom healthcare Provider network(s) in connection with this Agreement, then the terms and conditions set forth in BCBSM's Negotiated Arrangement(s) for National Accounts with such Host Blue(s) shall apply. These include the provisions governing the processing and payment of Claims when Enrollees access such network(s). In negotiating such arrangement(s), BCBSM is not acting on behalf of or as an agent for Group, the Group's health care plan or Group Enrollees.

### 1. Enrollee Liability Calculation

Enrollee liability calculation for covered healthcare services will be based on the lower of either billed covered charges for covered services or negotiated price that the Host Blue makes available to BCBSM that allows Group's Enrollees access to negotiated participation agreement networks of specified Participating Providers outside of BCBSM's service area.

Under certain circumstances, if BCBSM pays the Healthcare Provider amounts that are the responsibility of the Enrollee, BCBSM may collect such amounts from the Enrollee.

In situations where participating agreements allow for bulk settlement reconciliations for Episode-Based Payment/Bundled Payments, BCBSM may include a factor for such settlement or reconciliations as part of the fees BCBSM charges to Group.

Where Group agrees to use reference-based benefits, which are service-specific benefit dollar limits for specific procedures, based on a Host Blue's local market rates, Enrollees will be responsible for the amount that the healthcare Provider bills for a specified procedure above the reference benefit limit for that procedure. For a Participating Provider, that amount will be the difference between the negotiated price and the reference benefit limit. For a Non-participating Provider, that amount will be the difference between the Non-Participating Provider's billed charge and the reference benefit limit. Where a reference benefit limit exceeds either a negotiated price or a Provider's billed charge, the Enrollee will incur no liability, other than any applicable Enrollee cost sharing.

### 2. Group Liability Calculation

The calculation of Group liability on Claims for covered healthcare services processed through the BlueCard Program will be based on the negotiated price made available to BCBSM by the Host Blue under the contract between the Host Blue and the Provider. Sometimes, this negotiated price may be greater for a given service or services than the billed charge in accordance with how the Host Blue has negotiated with its Participating Provider(s) for specific healthcare services. In cases where the negotiated price exceeds the billed charge, Group may be liable for the excess amount even when the Enrollee's deductible has not been satisfied. This excess amount reflects an amount that may be necessary to secure (a) the Provider's participation in the network and/or (b) the overall discount negotiated by the Host Blue. In such a case, the entire contracted price is paid to the Provider, even when the contracted price is greater than the billed charge.

### 3. Claims Pricing

Same as in the BlueCard Program above.

### 4. Fees and Compensation

Group understands and agrees to reimburse BCBSM for certain fees and compensation which we are obligated under applicable Inter-Plan Arrangement requirements to pay to the Host Blue, to the Blue Cross and Blue Shield Association, and/or to vendors of Inter-Plan Arrangement-related services. Fees and compensation under applicable Inter-Plan Arrangement may be revised annually as described in section H below. In addition, the participation agreement with the Host Blue may provide that BCBSM must pay an administrative and/or a network access fee to the Host Blue, and Group further agrees to reimburse BCBSM for any such applicable administrative and/or network access fees. The specific fees and compensation that are charged to Group under the Negotiated Arrangements are set forth in Exhibit 1 to this Schedule B.

## C. Special Cases: Value-Based Programs

### *Value-Based Programs Overview*

**Group Enrollees may access covered healthcare services from Providers that participate in a Host Blue's Value-Based Program. Value-Based Programs may be delivered either through the BlueCard Program or a Negotiated Arrangement. These Value-Based Programs may include, but are not limited to, Accountable Care Organizations, Global Payment/Total Cost of Care arrangements, Patient Centered Medical Homes and Shared Savings arrangements.**

### *Value-Based Programs under the BlueCard Program*

### *Value-Based Programs Administration*

**Under Value-Based Programs, a Host Blue may pay Providers for reaching agreed-upon cost/quality goals in the following ways, including but not limited to retrospective settlements, Provider Incentives, share of target savings, Care Coordinator Fees and/or other allowed amounts.**

**The Host Blue may pass these Provider payments to BCBSM, which BCBSM will pass directly on to Group as either an amount included in the price of the Claim or an amount charged separately in addition to the Claim.**

**When such amounts are included in the price of the Claim, the Claim may be billed using one of the following pricing methods, as determined by the Host Blue:**

- (i) **Actual Pricing:** The charge to accounts for Value-Based Programs incentives/Shared Savings settlements is part of the Claim. These charges are passed to Group via an enhanced Provider fee schedule.
- (ii) **Supplemental Factor:** The charge to accounts for Value-Based Programs incentives/Shared Savings settlements is a supplemental amount that is included in the Claim as an amount based on a specified supplemental factor (e.g., a small percentage increase in the Claim amount). The supplemental factor may be adjusted from time to time.

**When such amounts are billed separately from the price of the Claim, they may be billed as a Per Attributed Member Per Month (PaMPM) amount for Value-Based Programs incentives/Shared Savings settlements to Group outside of the Claim system. BCBSM will pass these Host Blue charges directly through to Group as a separately identified amount on the Group's invoices.**

**The amounts used to calculate either the supplemental factors for estimated pricing or PaMPM billings are fixed amounts that are estimated to be necessary to finance the cost of a particular Value-Based Program. Because amounts are estimates, there may be positive or negative differences based on actual experience, and such differences will be accounted for in a variance account maintained by the Host Blue (in the same manner as described in the BlueCard Claim pricing section above) until the end of the applicable Value-Based Program payment and/or reconciliation measurement period. The amounts needed to fund a Value-Based Program may be changed before the end of the measurement period if it is determined that amounts being collected are projected to exceed the amount necessary to fund the program or if they are projected to be insufficient to fund the program.**

**At the end of the Value-Based Program payment and/or reconciliation measurement period for these arrangements, the Host Blue will take one of the following actions:**

- Use any surplus in funds in the variance account to fund Value-Based Program payments or reconciliation amounts in the next measurement period.
- Address any deficit in funds in the variance account through an adjustment to the PaMPM billing amount or the reconciliation billing amount for the next measurement period.

The Host Blue will not receive compensation resulting from how estimated, average or PaMPM price methods, described above, are calculated. If Group terminates, you will not receive a refund or charge from the variance account. This is because any resulting surpluses or deficits would be eventually exhausted through prospective adjustment to the settlement billings in the case of Value-Based Programs. The measurement period for determining these surpluses or deficits may differ from the term of the administrative services contract.

Variance account balances are small amounts relative to the overall paid Claims amounts and will be liquidated/drawn down over time. The timeframe for their liquidation depends on variables, including, but not limited to, overall volume/number of Claims processed and variance account balance. Variance account balances may earn interest, and interest is earned at the federal funds or similar rate. The Host Blue may retain interest earned on funds held in variance accounts.

**Note: Enrollees will not bear any portion of the cost of Value-Based Programs except when the Host Blue uses either average pricing or actual pricing to pay Providers under Value-Based Programs.**

#### *Care Coordinator Fees*

**The Host Blue may also bill BCBSM for Care Coordinator Fees for Covered Services which BCBSM will pass on to Group as follows:**

1. PaMPM billings; or
2. Individual Claim billings through applicable care coordination codes from the most current editions of either Current Procedural Terminology (CPT) published by the American Medical Association (AMA) or Healthcare Common Procedure Coding System (HCPCS) published by the U.S. Centers for Medicare and Medicaid Services (CMS).

**As part of this agreement/contract, BCBSM and Group will not impose Enrollee cost sharing for Care Coordinator Fees.**

#### *Value-Based Programs under Negotiated Arrangements*

If BCBSM has entered into a Negotiated National Account Arrangement with a Host Blue to provide Value-Based Programs to Enrollees, BCBSM will follow the same procedures for Value-Based Programs administration and Care Coordination Fees as noted in the BlueCard Program section.

#### **D. Return of Overpayments**

Recoveries of overpayments/from a Host Blue or its Participating Providers and Non-participating Providers can arise in several ways, including, but not limited to, anti-fraud and abuse recoveries, audits/healthcare Provider/hospital bill audits, credit balance audits, utilization review refunds, and unsolicited refunds. Recoveries will be applied/Recovery amounts determined in the ways noted above will be applied so that so that corrections will be made, in general, on either a Claim-by-Claim or prospective basis. If recovery amounts are passed on a Claim-by-Claim basis from the Host Blue to BCBSM they will be credited to Group account. In some cases, the Host Blue will engage a third party to assist in identification or collection of overpayments/recovery amounts. The fees of such a third party may charge to Group as a percentage of the recovery.

Unless the Host Blue agrees to a longer period of time for retroactive cancellations of membership, the Host Blue will provide BCBSM the full refunds from Participating Providers for a period of only one year after the date of the Inter-Plan financial settlement process for the original Claim. For Care Coordinator Fees associated with Value-Based Programs, BCBSM will request such refunds for a period of up to ninety (90) days from the termination notice transaction on the payment innovations delivery platform. In some cases, recovery of Claim payments associated with a retroactive cancellation may not be possible if, as an example, the recovery (a) conflicts with the Host Blue's state law or healthcare Provider contracts (b) would result from Shared Savings and/or Provider Incentive arrangements or (c) would jeopardize the Host Blue's relationship with its Participating Providers, notwithstanding to the contrary any other provision of this agreement/contract.

## E. Inter-Plan Programs: Federal/State Taxes/Surcharges/Fees

In some instances, federal or state laws or regulations may impose a surcharge, tax or other fee that applies to self-funded accounts. If applicable, BCBSM will provide prior written notice of any such surcharge, tax or other fee to Group, which will be Group liability.

## F. Non-Participating Healthcare Providers Outside BCBSM's Service Area

### 1. Enrollee Liability Calculation

#### a. In General

When covered healthcare services are provided outside of BCBSM's service area by Non-participating Providers, the amount an Enrollee pays for such services will generally be based on either the Host Blue's Non-participating Provider local payment or the pricing arrangements required by applicable state law. In these situations, the Enrollee may be responsible for the difference between the amount that the Non-participating Provider bills and the payment BCBSM will make for the covered services as set forth in this paragraph. Payments for out-of-network emergency services will be governed by applicable federal and state law.

#### b. Exceptions

In some exception cases, BCBSM may pay Claims from Non-participating Providers outside of BCBSM's service area based on the Provider's billed charge, such as in situations where an Enrollee did not have reasonable access to a Participating Provider, as determined by BCBSM in BCBSM's sole and absolute discretion or by applicable state law. In other exception cases, BCBSM may pay such Claims based on the payment BCBSM would make if BCBSM were paying a Non-participating Provider inside of its service area where the Host Blue's corresponding payment would be more than BCBSM's in-service area Non-participating Provider payment. BCBSM may choose to negotiate a payment with such a Provider on an exception basis.

Unless otherwise stated, in any of these exception situations, the Enrollee may be responsible for the difference between the amount that the Non-participating Provider bills and the payment BCBSM will make for the covered services as set forth in this paragraph.

### 2. Fees and Compensation

Group understands and agrees to reimburse BCBSM for certain fees and compensation which we are obligated under applicable Inter-Plan Arrangement requirements to pay to the Host Blue, to the Blue Cross and Blue Shield Association, and/or to vendors of Inter-Plan Arrangement-related services. The specific fees and compensation that are charged to Group and that Group will be responsible for in connection with the foregoing are set forth in Exhibit 1 to this Schedule B. Fees and compensation under applicable Inter-Plan Arrangements may be revised from time to time as provided for in H below.

## G. Blue Cross Blue Shield Global Core (Formerly known as BlueCard Worldwide<sup>®</sup> Program)

### 1. General Information

If Enrollees are outside the United States, the Commonwealth of Puerto Rico and the U.S. Virgin Islands (hereinafter: "BlueCard service area"), they may be able to take advantage of the Blue Cross Blue Shield Global Core Program when accessing covered healthcare services. The Blue Cross Blue Shield Global Core Program is unlike the BlueCard Program available in the BlueCard service area in certain ways. For instance, although the Blue Cross Blue Shield Global Core Program assists Enrollees with accessing a network of inpatient, outpatient and professional providers, the network is not served by a Host Blue. As such, when Enrollees receive care from Providers outside the BlueCard service area, the Enrollees will typically have to pay the Providers and submit the Claims themselves to obtain reimbursement for these services.

- Inpatient Services

In most cases, if Enrollees contact the Blue Cross Blue Shield Global Core Service Center for assistance, hospitals will not require Enrollees to pay for covered inpatient services, except for their cost-share amounts/deductibles, coinsurance, etc. In such cases, the hospital will submit Enrollee Claims to the Blue Cross Blue Shield Global Core Service Center to initiate Claims processing. However, if the Enrollee paid in full at the time of service, the Enrollee must submit a Claim to obtain reimbursement for covered healthcare services. Enrollees must contact BCBSM to obtain precertification for non-emergency inpatient services.

- Outpatient Services

Physicians, urgent care centers and other outpatient Providers located outside the BlueCard service area will typically require Enrollees to pay in full at the time of service. Enrollees must submit a Claim to obtain reimbursement for covered healthcare services.

- Submitting a Blue Cross Blue Shield Global Core Claim

When Enrollees pay for covered healthcare services outside the BlueCard service area, they must submit a Claim to obtain reimbursement. For institutional and professional claims, Enrollees should complete a Blue Cross Blue Shield Global Core International claim form and send the claim form with the Provider's itemized bill(s) to the Blue Cross Blue Shield Global Core Service Center address on the form to initiate claims processing. The claim form is available from BCBSM, the Blue Cross Blue Shield Global Core Service Center, or online at [www.bcbsglobal.com](http://www.bcbsglobal.com). If Enrollees need assistance with their claim submissions, they should call the Blue Cross Blue Shield Global Core Service Center at 1.800.810.BLUE (2583) or call collect at 1.804.673.1177, 24 hours a day, seven days a week.

## 2. Blue Cross Blue Shield Global Core Program-Related Fees

Group understands and agrees to reimburse BCBSM for certain fees and compensation which we are obligated under applicable Inter-Plan Arrangement requirements to pay to the Host Blue, to the Association and/or to vendors of Inter-Plan Arrangement-related services. The specific fees and compensation that are charged to Group under the Blue Cross Blue Shield Global Core Program and that Group is responsible for relating to the foregoing are set forth in Exhibit 1 to this Schedule B. Fees and compensation under applicable Inter-Plan Arrangements may be revised from time to time as provided for in section H below.

### H. Modifications or Changes to Inter-Plan Arrangement Fees or Compensation

Modifications or changes to Inter-Plan Arrangement fees are generally made effective Jan. 1 of the calendar year, but they may occur at any time during the year. In the case of any such modifications or changes, BCBSM shall provide Group with at least thirty (30) days' advance written notice of any modification or change to such Inter-Plan Arrangement fees or compensation describing the change and the effective date thereof and Group right to terminate the ASC without penalty by giving written notice of termination before the effective date of the change. If Group fails to respond to the notice and does not terminate this Agreement during the notice period, Group will be deemed to have approved the proposed changes, and BCBSM will then allow such modifications to become part of this Agreement.

## 1. Exhibit 1

**BlueCard Program Access Fees may be charged separately each time a claim is processed through the BlueCard Program. All other BlueCard Program-related fees are included in BCBSM's administrative fee. The BlueCard Access Fee is charged by the Host Blue to BCBSM for making its applicable Provider network available to Group's Enrollees. The BlueCard Access Fee will not apply to Non-participating Provider Claims. The BlueCard Access Fee is charged on a per-Claim basis and is charged as a percentage of the discount/differential BCBSM receives from the applicable Host Blue. The percentage for 2018 is 4.30% for fewer than 1,000 PPO or traditional enrolled Blue contracts; 2.40% for 1,000–9,999 Blue PPO enrolled contracts; and 2.22% for 10,000–49,999 Blue PPO enrolled contracts, all capped at \$2,000.00 per Claim. For Groups with more than 50,000 Blue PPO enrolled contracts, Blue Card Access Fees are waived and not charged to the Group. If Group's enrollment falls below 50,000 PPO enrolled contracts, BCBSM passes the BlueCard Access Fee, when charged, directly on to the Group.**

**Instances may occur in which the Claim payment is zero or BCBSM pays only a small amount because the amounts eligible for payment were applied to patient cost sharing (such as a deductible or coinsurance). In these instances, BCBSM will pay the Host Blue's Access Fee and pass it along directly to the Group as stated above even though the Group paid little or had no Claim liability.**



**TO:** Board of Commissioners Human Services, County Services and Finance Committees

**FROM:** Linda S. Vail, MPA, Health Officer

**DATE:** October 31, 2019

**SUBJECT:** Authorization to renew a collaborative, services and referral agreement with CMH-CEI  
For the meeting agendas of November 19, 20 & 21, 2018

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**BACKGROUND**

Ingham County Health Department (ICHD) wishes to renew a collaborative, services and referral agreement with Community Mental Health of Clinton, Eaton and Ingham Counties (CMH-CEI) for mental health therapist services, effective October 1, 2018 through September 30, 2019. This renewed agreement will include an additional 1.0 FTE Mental Health Therapist, as authorized in Resolution #18-446. ICHD has maintained a collaborative, services and referral agreement with CMH-CEI for mental health therapist services for the co-location of Birch Community Health Center at CMH-CEI's Jolly Road service site, and for behavioral health and substance abuse services referral and care coordination. The current agreement expired September 30, 2018 and ICHD wishes to renew this agreement with an automatic renewal on an annual basis.

**ALTERNATIVES**

There are no alternatives.

**FINANCIAL IMPACT**

The total cost of the agreement shall include seven full time (7.0 FTE) mental health therapist and 0.75 FTE mental health therapist supervisors, in addition to up to \$30,000 for psychiatric evaluation, for a total agreement cost not to exceed \$720,000 annually. Cost of this agreement will be covered through patient revenue for behavioral health services, and the Substance Abuse Disorder and Mental Health funding, as authorized through Resolution #18-446.

**STRATEGIC PLAN**

This supports the Strategic Plan by supporting the Health Department's provision of access to health care services to residents of Ingham County.

**OTHER CONSIDERATIONS**

There are no other considerations.

**RECOMMENDATION**

Based on the information presented, I respectfully recommend approval to renew the collaborative, services, and referral agreement with CMH-CEI effective October 1, 2018 through September 30, 2019, with an automatic renewal annually. The total cost of the agreement shall include seven full time (7.0 FTE) mental health therapists, psychiatric evaluations, and a 0.75 FTE mental health therapist supervisor, for a total agreement cost not to exceed \$720,000 annually.

Introduced by the Human Services, County Services and Finance Committees of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION TO AUTHORIZE RENEWAL OF A COLLABORATIVE, SERVICES  
AND REFERRAL AGREEMENT WITH COMMUNITY MENTAL HEALTH OF  
CLINTON, EATON AND INGHAM COUNTIES**

WHEREAS, Ingham County Health Department (ICHHD) wishes to renew a collaborative, services and referral agreement with Community Mental Health of Clinton, Eaton and Ingham Counties (CMH-CEI) for mental health therapist services, effective October 1, 2018 through September 30, 2019; and

WHEREAS, this renewed agreement will include an additional 1.0 FTE Mental Health Therapist, as authorized in Resolution #18-446; and

WHEREAS, ICHHD has maintained a collaborative, services and referral agreement with CMH-CEI for mental health therapist services for the co-location of Birch Community Health Center at CMH-CEI's Jolly Road service site, and for behavioral health and substance abuse services referral and care coordination; and

WHEREAS, the current agreement expired September 30, 2018 and ICHHD wishes to renew this agreement with an automatic renewal on an annual basis; and

WHEREAS, the total cost of the agreement shall include seven full time (7.0 FTE) mental health therapists, up to \$30,000 in psychiatric evaluations, and a 0.75 FTE mental health therapist supervisor for a total agreement cost not to exceed \$720,000 annually; and

WHEREAS, the Ingham Community Health Center Board and the Health Officer support the renewal of the collaborative, services, and referral agreement with CMH-CEI.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorize the renewal of the collaborative, services, and referral agreement with the Community Mental Health Authority of Clinton, Eaton and Ingham Counties (CMH-CEI) effective October 1, 2018 through September 30, 2019, with an automatic renewal annually.

BE IT FURTHER RESOLVED, that the total cost of the agreement shall include seven full time (7.0 FTE) mental health therapists, up to \$30,000 in psychiatric evaluations, and a 0.75 FTE mental health therapist supervisor, for a total agreement cost not to exceed \$720,000 annually.

BE IT FURTHER RESOLVED, that the Controller/Administrator is authorized to make any necessary budget adjustments consistent with this resolution.

BE IT FURTHER RESOLVED, the Chairperson of the Ingham County Board of Commissioners is authorized to sign any necessary contract documents consistent with this resolution upon approval as to form by the County Attorney.

**TO:** Board of Commissioner's Human Services Committee

**FROM:** Linda S. Vail, MPA, Health Officer

**DATE:** November 5, 2018

**RE:** Resolution to Re-Appoint Chief Medical Examiner

For the meeting agendas of November 19 and November 21, 2018

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**BACKGROUND**

ICHD wishes to authorize the re-appointment of Dr. Michael Markey, M.D., to the position of Chief Medical Examiner for Ingham County. Through Resolution #15-059, the Ingham County Board of Commissioners appointed Dr. Michael Markey, M.D., as the Ingham County Medical Examiner for a term expiring December 31, 2018.

Public Act 181 of 1953, Section 52.201 requires the board of commissioners of each county to appoint a Medical Examiner to hold office for a period of four years to fulfill the duties as outlined in state law. County Medical Examiners shall be physicians licensed to practice within the State of Michigan. Dr. Michael Markey, M.D. is a board-certified forensic pathologist licensed to practice medicine in the State of Michigan, who currently serves as Medical Examiner for Ingham, Eaton, Ionia, Isabella, Montcalm and Shiawassee Counties. The term of the appointment shall be effective January 1, 2019 through December 31, 2022.

**ALTERNATIVES**

There are no alternatives.

**FINANCIAL IMPACT**

There are no costs associated with this agreement.

**STRATEGIC PLANNING IMPACT**

This resolution supports Goal A. Service to Residents: Provide easy access to quality, innovative, cost-effective services that promote well-being and quality of life for the residents of Ingham County.

**OTHER CONSIDERATIONS**

There are no other considerations.

**RECOMMENDATION**

Based on the information presented, I respectfully recommend approval of the attached resolution to re-appoint Dr. Michael Markey, M.D., as Chief Medical Examiner for Ingham County effective January 1, 2019 through December 31, 2022.

Introduced by the Human Services Committee of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION TO RE-APPOINT CHIEF MEDICAL EXAMINER**

WHEREAS, ICHD wishes to authorize the re-appointment of Dr. Michael Markey, M.D., to the position of Chief Medical Examiner for Ingham County; and

WHEREAS, through Resolution #15-059, the Ingham County Board of Commissioners appointed Dr. Michael Markey, M.D., as the Ingham County Medical Examiner for a term expiring December 31, 2018; and

WHEREAS, Public Act 181 of 1953, Section 52.201 requires the board of commissioners of each county to appoint a Medical Examiner to hold office for a period of four years to fulfill the duties as outlined in state law; and

WHEREAS, County Medical Examiners shall be physicians licensed to practice within the State of Michigan; and

WHEREAS, Dr. Michael Markey, M.D. is a board-certified forensic pathologist licensed to practice medicine in the State of Michigan, who currently serves as Medical Examiner for Ingham, Eaton, Ionia, Isabella, Montcalm and Shiawassee Counties; and

WHEREAS, the re-appointment shall be effective January 1, 2019 through December 31, 2022; and

WHEREAS, the Health Officer recommends authorizing the re-appointment of Dr. Michael Markey, M.D., to the position of Chief Medical Examiner for Ingham County effective January 1, 2019 through December 31, 2022.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners re-appoints Dr. Michael Markey, M.D. to the position of Chief Medical Examiner for Ingham County effective January 1, 2019 through December 31, 2022.

BE IT FURTHER RESOLVED, that the Chairperson of the Board of Commissioners is hereby authorized to sign any necessary contract documents on behalf of the county after approval as to form by the County Attorney.

**TO:** Board of Commissioners Human Services  
**FROM:** Tim Morgan, Parks Director  
**DATE:** November 6, 2018  
**SUBJECT:** NRPA KOMPAN Prize  
For the meeting agenda of 11/19/18 Human Services

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**BACKGROUND**

Miss Melissa Buzzard, the Trails and Parks Millage Coordinator for the Parks Department attended the National Recreation and Park Association (NRPA) National Conference in Indianapolis, IN at the end of September. The purpose of this conference was to bring park professionals together nationwide and provide educational opportunities, networking events, hands-on experiences and face-time with exhibitors. Miss Buzzard made sure to participate as in as many different types of events as possible including networking with multiple professionals nationwide and was in turn chosen to win a prize from KOMPAN playground equipment. Miss Buzzard's prize was a YETI cooler. Since she was participating at a Parks conference, Miss Buzzard was considered to be working for Ingham County Parks Department at this time and came forward upon her return for Board approval.

**ALTERNATIVES**

There are no alternatives.

**FINANCIAL IMPACT**

No financial impact to the Parks Department.

**STRATEGIC PLANNING IMPACT**

No impact in this instance.

**OTHER CONSIDERATIONS**

We are pleased that Miss Buzzard was actively involved in all aspects of the NRPA conference and participated in networking events and was able learn from Park Professionals nationwide. We are also pleased at her honesty in coming forward in regards to her participation and recognized that she was in fact working as an attendee at this conference and brought this award forward for Board consideration.

**RECOMMENDATION**

Ingham County Parks is proud of its employees and the representation the Department was able to have at a National Conference. As a department, we encourage networking and professional development, and take pride in our employees' growth. To that end, I respectfully recommend that Miss Buzzard be allowed to receive the YETI cooler from KOMPAN.

## Agenda Item 4

DATE: November 6, 2018  
TO: Finance and Liaison Committees  
FROM: Jill Bauer, Administrative Analyst  
RE: Resolution Approving Various Contracts for the 2019 Budget Year

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This resolution will approve the attached list of contracts for the 2019 budget year. The list consists only of contracts that are included in the 2019 Adopted Budget. If a contract later exceeds the budgeted amount, a resolution will need to be brought before the Board of Commissioners approving the increased amount. In addition, a separate Board resolution will be required if there is a change in employee status or increase in the total number of employees.

The county contract approval process, as amended by Resolution #09-095 provides that any contract over \$5,000 must be approved by the Board of Commissioners. This resolution includes various routine contract renewals in order to reduce the number of separate resolutions needed to approve contracts. The liaison committees may decide that there are some contracts included on this list that would better be considered as separate resolutions. Those contracts will be removed from this resolution before the passage by the Board of Commissioners, and will be brought back before the Board as separate resolutions at a later date.

Based on Resolution #16-443, the Budget Office will be using the Consumer Price Index's Annual Inflation rate or 1%, whichever is greater to determine if the contract falls within the Board of Commissioners' Guidelines. Expenditure contracts with a 2019 increase of 2.4% or less are the only ones included in this resolution.

Please contact me if you have any questions.

Introduced by the Finance Committee of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION APPROVING VARIOUS CONTRACTS FOR THE 2019 BUDGET YEAR**

WHEREAS, county policy requires that all contracts over \$5,000 be approved by the Board of Commissioners; and

WHEREAS, numerous contracts are approved by the Board of Commissioners each year, many of which are routine continuations of existing contracts; and

WHEREAS, funding for these contracts has been included within the 2019 Adopted Budget; and

WHEREAS, the budget also contains anticipated revenues and expenditures from certain grant programs, which will also require approval of agreements with granting agencies at various times during the fiscal year.

THEREFORE BE IT RESOLVED, that the Board Chairperson is authorized to sign agreements, contracts, and/or other documents related to grant programs and other county appropriations which are contained in the adopted budget, as listed in the attached document, subject to review by the County Attorney as to form and to certification by the Controller that 1) the total amount of revenues and expenditures and the net obligation to the County is not greater than what is budgeted; and 2) there is no change in employee status and no additional employees other than as authorized in the adopted budget.

BE IT FURTHER RESOLVED, that all grants and funding arrangements with entities whose fiscal years do not coincide with the County's fiscal year be considered authorized providing that they have been authorized in part in the adopted budget, and the remaining portion of the time period and funds are included in the Controller's Recommended Budget for the succeeding fiscal year.

BE IT FURTHER RESOLVED, that all contracts over \$5,000 that are not included in this resolution shall be approved by the Board of Commissioners by separate resolution.

HUMAN SERVICES COMMITTEE

DEPARTMENT	CONTRACTOR NAME	REASON FOR CONTRACT	BEGIN DATE	END DATE	2018 COST	2019 PROJECTED	Proj. Increase over 2018	% Increase over 2018	Funding Source
Ingham County	Capital Area United Way	Annual Renewal of Contract for Central Michigan 2-1-1 Services	01/01/19	12/31/19	\$ 45,750	\$ 45,750	\$0	0%	General Fund
Health Department	Volunteers of America	Homeless Day Center	10/01/18	09/30/19	\$ 30,000	\$ 30,000	\$0	0%	General Fund
Health Department	South Lansing Community Dev Ctr	Community Development/Outreach	10/01/18	09/30/19	\$23,704	\$ 23,704	\$0	0%	General Fund
Health Department	Our Savior Lutheran Church	Food Pantry Operation - 1515 W. Holmes Road	10/01/18	09/30/19	\$ 7,200	\$ 7,200	\$0	0%	General Fund

Revenue Contracts

DEPARTMENT	CONTRACTOR NAME	REASON FOR CONTRACT	BEGIN DATE	END DATE	2018 REV	2019 PROJECTED	Proj. Increase over 2018	% Increase over 2018
VA	Michigan Veterans Trust Fund	Services Provided for Ingham County Trust Fund	10/01/18	09/30/19	\$ 7,800	\$ 7,800	\$0	0%
VA	Michigan Veterans Trust Fund	Services Provided for Ingham Clinton County Trust Fund	10/01/18	09/30/19	\$ 1,700	\$ 1,700	\$0	0%
VA	Clinton County	Services Provided to Clinton County	01/01/19	12/31/19	\$ 26,229	\$ 26,229	\$0	0%