



Legislation Details (With Text)

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**Type:** Ordinance      **Status:** Approved

**File created:** 8/17/2018      **In control:** Human Resources Department

**On agenda:** 9/11/2018      **Final action:** 9/11/2018

**Title:** Authorizing the mayor to enter into an agreement with FrontPath Health Coalition for the provision of preferred provider network services related to hospitalization, surgical-medical, major medical, and medical management for the city of Toledo’s covered employees for a period of three (3) years; and further authorizing the expenditure of funds; and declaring an emergency.

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. Calvin W. Brown memo, 2. Review Summary, 3. Audio: City Council Meeting 9/11/2018, 4. Audio: Agenda Review 9/4/2018

| Date      | Ver. | Action By    | Action | Result |
|-----------|------|--------------|--------|--------|
| 9/11/2018 | 1    | City Council |        |        |
| 9/11/2018 | 1    | City Council |        |        |
| 8/28/2018 | 1    | City Council |        |        |

FrontPath Health Coalition  
Human Resources  
C.W. Brown (x1563)  
(Revised)

**Authorizing the mayor to enter into an agreement with FrontPath Health Coalition for the provision of preferred provider network services related to hospitalization, surgical-medical, major medical, and medical management for the city of Toledo’s covered employees for a period of three (3) years; and further authorizing the expenditure of funds; and declaring an emergency.**

**SUMMARY & BACKGROUND:**

The city of Toledo’s contract with FrontPath Health Coalition, the incumbent preferred provider organization, expires on September 30, 2018.

The city of Toledo’s human resources department sought competitive proposals in accordance with law and received eight (8) responsive proposals for a preferred provider organization. The human resources department reviewed each proposal, with consultation from representatives of the law and finance departments, risk management and an external consultant, and determined that FrontPath Health Coalition presented the lowest and best proposal. The Health Care Cost Containment Committee also recommended that the city continue with this provider. It is estimated that the administrative fee cost associated with this agreement will be approximately \$180,180 per year for three (3) years.

NOW, THEREFORE, Be it ordained by the Council of the City of Toledo:

SECTION 1. That the mayor is authorized to enter into an agreement with FrontPath Health Coalition to provide preferred provider network services for a period of three (3) years commencing October 1, 2018 and ending September 30, 2021. Such agreement shall contain terms and conditions deemed proper and requisite according to the director of law and director of human resources.

SECTION 2. That expenditures for health care provider network services are authorized from Account Code 1098-150320. That said costs shall then be allocated to Account Code 517400 (Medical Insurance) within the various City organization units.

SECTION 3. That the director of finance is authorized to draw her warrant or warrants against the account code in Section 2 in payment of the authorized obligations upon presentation of proper voucher or vouchers.

SECTION 4. That this Ordinance is declared to be an emergency measure and shall be in force and effect from and after its passage. The reason for the emergency lies in the fact that same is necessary for the immediate preservation of the public peace, health, safety and property, and for the further reason that the ordinance must be immediately effective in order to maintain quality health care coverage for the city of Toledo's employees and their dependents.

Vote on emergency clause: yeas \_\_\_\_\_, nays \_\_\_\_\_.

Passed: \_\_\_\_\_, as an emergency measure: yeas \_\_\_\_\_, nays \_\_\_\_\_.

Attest: \_\_\_\_\_  
Clerk of Council

\_\_\_\_\_  
President of Council

Approved: \_\_\_\_\_

\_\_\_\_\_  
Mayor

I hereby certify that the above is a true and correct copy of an Ordinance passed by Council

\_\_\_\_\_.

Attest: \_\_\_\_\_  
Clerk of Council