

CONTRACT ROUTING SHEET

#083-01211

Date Prepared: 05/26/11

Need Date: Please rush 06/9/11

PROCESSING DEPARTMENT:

Department: Human Resources/Risk Mgt
Dept. Contact: Janet Parnell
Phone #: X6625
Department
Head Signature: [Signature]

CONTRACTOR:

Name: PacifiCare of California
Address: _____
Phone: _____

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CONTRACTING DEPARTMENT: Human Resources/Risk Management

Service Requested: Contract Approval for health care insurance
Contract Term: July 1, 2011 – December 31, 2011 Contract Value: \$1,375,757

Compliance with Human Resources requirements? Yes: X No: _____
Compliance verified by: Allyn Bulzomi

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: [Signature] Disapproved: _____ Date: 6/17/11 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

- ① The Sample letter re payment to TPA should be incorporated into the contract. At a minimum the contract should state that PacifiCare can direct payment to 3rd party. See section 3.06 which requires payment "directly" to United Healthcare. It should be amended to state payment to United Healthcare or designee. See § 8.13 which calls into question the validity of the 5/25/2011 Wren.
- ② The 2/1/11 effective date of the Amendment pre-dates the date of the Agreement it purports to Amend. Additionally, the effective date of the Amendment conflicts with § 3.07.02 of Agreement.
- ③ The Administrator and Entire Agreement provisions should be before the United Healthcare signature p 20.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: ✓ Disapproved: _____ Date: 6-21-11 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____