

**SIXTH AMENDMENT TO
AGREEMENT FOR THIRD PARTY CLAIMS ADMINISTRATION SERVICES
PURSUANT TO RFP 16-086**

THIS SIXTH AMENDMENT OF THE AGREEMENT FOR THIRD PARTY CLAIMS ADMINISTRATION SERVICES PURSUANT TO RFP 16-086 is made and entered into by and between FORT BEND COUNTY, TEXAS, is made and entered into is entered into by and between Fort Bend County, (hereinafter "County"), a body corporate and politic under the laws of the State of Texas, and Boon Chapman Benefit Administrators, Inc., (hereinafter "Boon Chapman") a company authorized to conduct business in the State of Texas.

WITNESSETH

WHEREAS, on or about December 20, 2016, the Parties entered into AGREEMENT FOR THIRD PARTY CLAIMS ADMINISTRATION SERVICES PURSUANT TO RFP 16-086, which was amended on September 26, 2017, November 20, 2017; December 19, 2018; December 18, 2019; and last amended on January 14, 2020; all prior documents incorporated by reference and collectively referred to "Agreement;" and

WHEREAS, the Parties wish to expand the Scope of Work provided in the Agreement.

NOW THEREFORE, for and in consideration of the mutual benefits to be derived by the parties hereto, County, and Contractor agree as follows:

- I. Exhibit B, Section 1-Administrative Services Medical and Dental Plan is amended to add Subsection O, CARE NAVIGATION SERVICES

O. CARE NAVIGATION SERVICES:

1. In the provision of the services, which will now be referenced as Medical Tourism (domestic), Boon-Chapman will provide a Care Navigation team, by and through Prime DX, to deliver the following additional services:
 - a. Active outreach to Plan participants including reviewing daily utilization review reports and referrals from any source including account management, member advocates and Prime Dx intake coordinators;
 - b. Documented use of phone calls, text messages and mailers to Plan Participants;
 - c. Travel concierge services including arranging for air and land travel and lodging arrangements when appropriate;
 - d. Obtaining medical records, assisting with preadmission testing, scheduling of surgery, and post-operative follow up treatments; and
 - e. Provision of all care coordination including but not limited to: obtaining medical records, assisting with preadmission testing, scheduling of surgery, and post-operative follow up treatments.

2. Boon Chapman will document efforts to add additional outpatient surgical care providers and/or facilities that use, what will now be referred to as, “transparent bundled pricing” to provide greater choice for Medical Tourism (domestic) options.
3. Boon Chapman will make available and actively promote USI Imaging Network and Virtual Physical Therapy to Plan participants, as directed by the County Risk Manager.
4. Boon Chapman is not responsible for selecting or credentialing any of these service providers.
5. County shall be responsible for the following relative to the Care Navigation Services:
 - a. For funding covered claims from the providers associated with these services;
 - b. To identify a point of contact on County’s staff as a resource for coordination and communication of these services;
 - c. Notify covered employees in writing of the Plan’s adoption of Care Navigation services; and
 - d. Provide Boon Chapman with work phone numbers of Plan participants in an electronic format. Personal phone numbers will be provided with consent of the Plan participant.

II. Exhibit C, Pricing Schedule is amended as follows:

Service	Cost
Disease Management (is reduced)	\$2.50/per enrolled employee/retiree per month
Care Navigation (is an added category)	\$2.00/per enrolled employee/retiree per month

- III. These changes are effective as of the date this Amendment is executed by both Parties.
- IV. Except as modified herein, any prior executed document remain in full force and effect and has not been modified or amended. In the event of conflict, the most recently executed document shall prevail with regard to the conflict.

IN WITNESS THEREOF, the parties have affixed their hands and seals on this day.

FORT BEND COUNTY



By:

Title:


County Judge

Date:

8/11/2020

BOON-CHAPMAN

By:



Title:

Vice President, Sales & Account Management

Date:

07/27/2020

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
CERTIFICATION OF FILING**

Certificate Number:
2020-653249

Date Filed:
08/04/2020

Date Acknowledged:
08/11/2020

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Boon-Chapman Benefit Administrators Inc
Austin, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Fort Bend County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
RFP 16-086 Amendment 08/2020
Care Navigation Services - Prime Dx

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Mabrito, Carrie	Austin, TX United States	X	
	Leftwich, Nyle	Austin, TX United States	X	
	Chapman, Kevin	Austin, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)