



# Lexington-Fayette Urban County Government

200 E. Main St  
Lexington, KY 40507

## Legislation Details (With Text)

**File #:** 0078-16      **Version:** 1      **Name:** 16-0049 HR Revised ASO for FY15 Plan Yr  
**Type:** Resolution      **Status:** Approved  
**File created:** 1/28/2016      **In control:** Urban County Council  
**On agenda:** 3/3/2016      **Final action:** 3/3/2016  
**Enactment date:** 3/3/2016      **Enactment #:** R-091-2016

**Title:** A Resolution amending Resolution No. 563-2015, and authorizing and directing the Mayor, on behalf of the Urban County Government, to execute an Amendment to the ASO Agreement with Blue Cross Blue Shield/Anthem Health Plans of Ky., Inc., correcting the per service per month fee from \$44.45 to \$34.29. [Div. of Human Resources, Maxwell]

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. Blue Sheet Memo 16-0049.pdf, 2. Blue Sheet Memo 16-0049.pdf, 3. RESOLUTION - 091-2016, 4. 062-2016 - R-091-2016 - CONTRACT - 2016 - CLK - Contracts - 4-29-2016.pdf

Date	Ver.	Action By	Action	Result
3/3/2016	1	Urban County Council	Approved	Pass
2/18/2016	1	Urban County Council	Received First Reading	
2/9/2016	1	Urban County Council Work Session	Approved and Referred to Docket	Pass

A Resolution amending Resolution No. 563-2015, and authorizing and directing the Mayor, on behalf of the Urban County Government, to execute an Amendment to the ASO Agreement with Blue Cross Blue Shield/Anthem Health Plans of Ky., Inc., correcting the per service per month fee from \$44.45 to \$34.29. [Div. of Human Resources, Maxwell]

Authorization to execute a revised and corrected Agreement with Anthem Blue Cross Blue Shield on the administrative fee in the ASO Agreement that was previously signed and executed on June 2014 for the period beginning January 1, 2015 through December 31, 2015. The initial ASO Agreement reflected a fee of \$44.45 PSPM and the revised administrative fee was \$34.29. Funds are Budgeted. (L78-16)(Maxwell/Hamilton)

Budgetary Implications [select]: No

Advance Document Review:

**Law:** { Select Yes/No, Completed by [Attorney Name, Date]}

**Risk Management:** {Select Yes/No, Completed by [Official, Date]}

Fully Budgeted [select]: NA

Account Number:

This Fiscal Year Impact: \$

Annual Impact: \$

Project:

Activity:

Budget Reference:

Current Balance:

BE IT RESOLVED BY THE COUNCIL OF THE LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT:

Section 1 - That Resolution No. 563-2015 be and hereby is amended to account for the Amendment stated in Section 2.

Section 2 - That the Mayor, on behalf of Lexington-Fayette Urban County Government, be and hereby is authorized to execute the Amendment to the ASO Agreement with Blue Cross Blue Shield/Anthem Health Plans of Kentucky, Inc., correcting the per service per month fee from \$44.45 to \$34.29.

Section 3 - That this Resolution shall become effective on the date of its passage.

PASSED URBAN COUNTY COUNCIL:

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MAYOR

ATTEST:

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CLERK OF URBAN COUNTY COUNCIL