

# MIAMI BEACH

## City Commission Meeting

### ADDENDUM MATERIAL 1

City Hall, Commission Chambers, 3<sup>rd</sup> Floor, 1700 Convention Center Drive

June 8, 2016

Mayor Philip Levine  
Commissioner John Elizabeth Alemán  
Commissioner Ricky Arriola  
Commissioner Michael Grieco  
Commissioner Joy Malakoff  
Commissioner Kristen Rosen Gonzalez  
Commissioner Micky Steinberg

City Manager Jimmy L. Morales  
City Attorney Raul J. Aguila  
City Clerk Rafael E. Granado

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#### ATTENTION ALL LOBBYISTS

Chapter 2, Article VII, Division 3 of the City Code of Miami Beach entitled "Lobbyists" requires the registration of all lobbyists with the City Clerk prior to engaging in any lobbying activity with the City Commission, any City Board or Committee, or any personnel as defined in the subject Code sections. Copies of the City Code sections on lobbyists laws are available in the City Clerk's office. Questions regarding the provisions of the Ordinance should be directed to the Office of the City Attorney.

#### ADDENDUM AGENDA

##### C4 - Commission Committee Assignments

- C4V Referral To The Sustainability & Resiliency Committee - Discussion Regarding Exploring The Use Of Triodetic's Tube And Hub Technology To Raise A Municipal Building As A Prototype For Residents Who May Have To Raise Their Property In The Future.  
(Sponsored by Commissioner Kristen Rosen Gonzalez)
- C4W Referral To The Finance And Citywide Committee - Discussion Regarding The Data And Analysis Required For The Equivalent Residential Unit (ERU) Methodology Changes.  
(Sponsored by Commissioner Joy Malakoff)  
**(There is no back-up material for this item)**

**R7 - Resolutions**

- R7Z A Resolution Accepting The Recommendation Of The City Manager Pertaining To The Ranking Of Firms, Pursuant To The Request For Proposals (RFP) No. 2016-086-WG For Health Plan Services And Benefits For The City Of Miami Beach Active Employees, Dependents, Pre-65 Retirees, And Post-65 Retirees And Authorizing The Administration To Negotiate With The Following Proposers In The Following Categories Of Health Plan Services: Cigna Health And Life Insurance Co., As Top-Ranked Proposer For Medical Administrative Service Only And Pharmacy Services; Symetra Life Insurance Co., As Top-Ranked Proposer For The Reinsurance/Stop Loss Services; And Cigna Health And Life Insurance Co., As Second-Ranked Proposer For The Employee Assistance Program; And Further Authorizing The Mayor And City Clerk To Execute Agreements Upon Conclusion Of Successful Negotiations With The Administration.  
(Human Resources)

**R9 - New Business and Commission Requests**

- R9T Discussion Regarding Renaming Convention Center Drive To "Muhammad Ali Drive" And Authorizing The Creation Of A Statue Of Muhammad Ali To Be Placed Either In The New Miami Beach Convention Center (MBCC) Park Or Inside The Renovated MBCC.  
(Sponsored by Mayor Philip Levine)  
**(There is no back-up material for this item)**
- R9U Commission Workshop On Review Of Critical Environmental Items For The Miami Beach Light Rail/Modern Streetcar Project. **(11:00 a.m. in the City Manager's Large Conference Room)**  
(Transportation)  
**(There is no back-up material for this item)**
- R9V Discussion Regarding The Status Of The Little Havana Meals Program At The Stella Maris House.  
(Sponsored by Commissioner John Elizabeth Alemán)

## Cardillo, Lilia

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**From:** Granado, Rafael  
**Sent:** Friday, June 03, 2016 4:22 PM  
**To:** Rosen Gonzalez, Kristen; Cardillo, Lilia  
**Subject:** Fwd: Consent Agenda Referral to Sustainability  
**Attachments:** Triodetic Miami 2016.pdf; ATT00001.htm

Acknowledging receipt.

Thank you.

It will be placed in the addendum that publishes Monday.

Sent from my iPhone

Begin forwarded message:

**From:** "Rosen Gonzalez, Kristen" <[Kristen@miamibeachfl.gov](mailto:Kristen@miamibeachfl.gov)>  
**To:** "Granado, Rafael" <[RafaelGranado@miamibeachfl.gov](mailto:RafaelGranado@miamibeachfl.gov)>  
**Subject: Consent Agenda Referral to Sustainability**

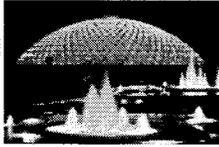
Please place on the consent agenda so we can explore using this technology to possibly try and raise one of our municipal buildings as a prototype. At \$15 per square foot, this technology is accessible and affordable and would be a great solution to residents who may have to raise their property in the future.



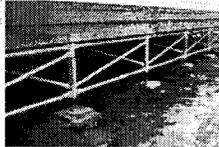
# COMBINING **ART** & ENGINEERING



INDUSTRIAL



ARCHITECTURAL



FOUNDATIONS

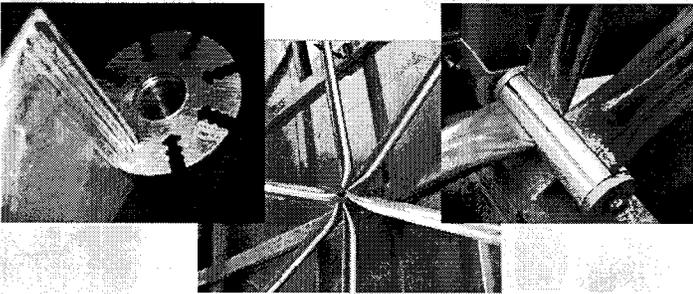
## 50 Year Experience

The Triodetic system was invented and developed over 50 years ago and has supplied projects worldwide for many different applications.



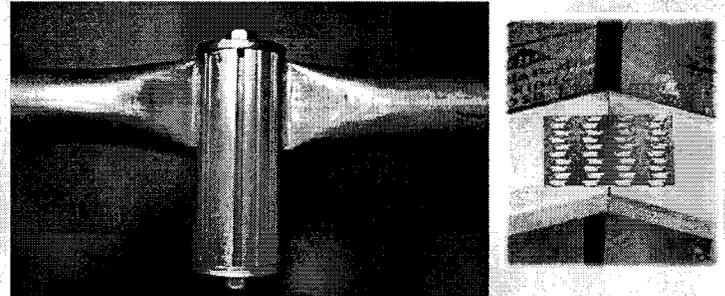
## Connection like no Other

The unique Tube and Hub connection is the backbone of our system. This connection removes the need for welding, screwing, nailing or bolting from the construction of the system. This link allows for faster assembly and reduced maintenance once assembled.



## Connection like no Other

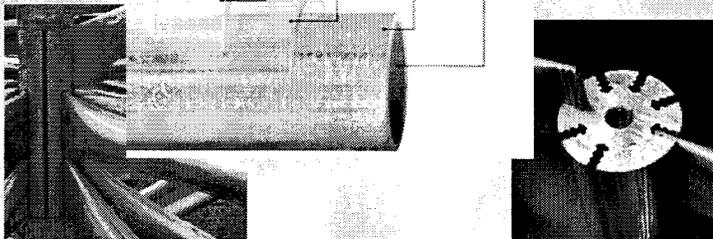
This link, or joint, has the ability to transfer loads through from the tube to tube through the hub. Called a moment connection, resembles how a gusset plate works on a wood truss or a welded joint.



## Tube & Hub Material

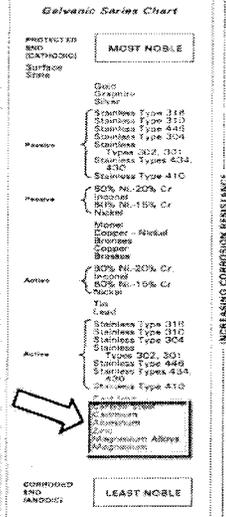
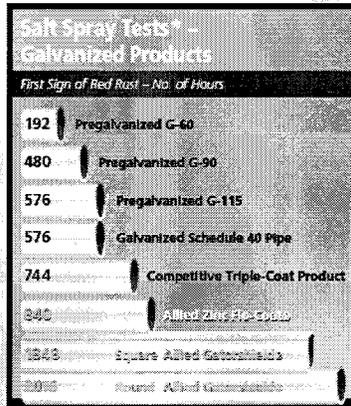
Triodetic tube is a pre-galvanized steel with a zinc coating layer then 2 additional protective coatings are applied. Industry name of Gator Shield Extruded Aluminum Hub

Clean Organic Coating (Shell Coat)  
 Conversion Coating  
 Uniform Galvanized Zinc Coating  
 High Strength Cold-formed Steel  
 99% Zinc Organic Inhibitor Coating



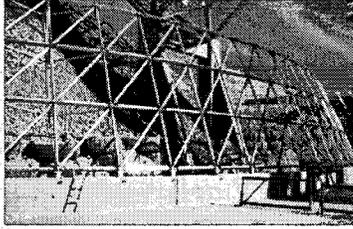
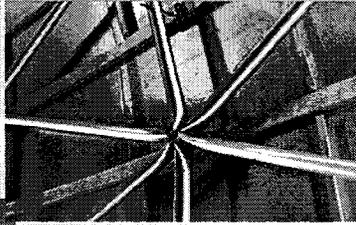
## Typical Triodetic Joint

No issue of corrosion in the joint from dissimilar metals as Zinc and Aluminum work well together



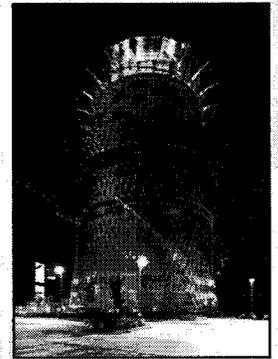
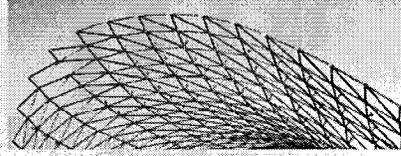
## DOMES

Domes and free form structures are constructed in a triangular pattern with a curvature. This layout and connection makes for one of the strongest shapes

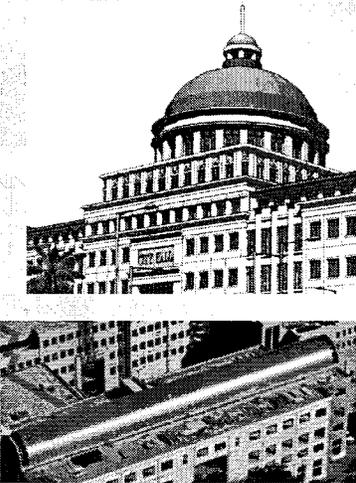


Our unique connection allows the dome to be built in single layer as long as there is double curvature

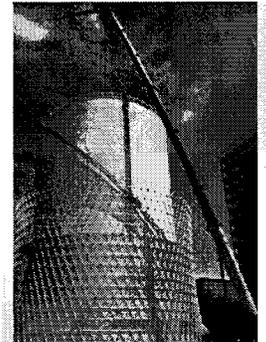
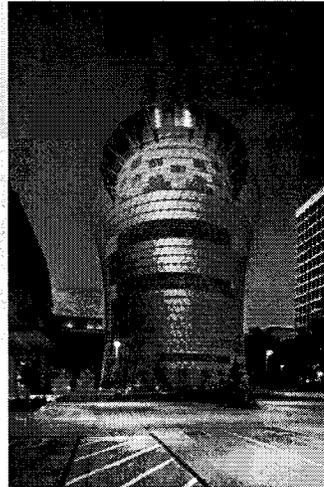
## FREE FORM



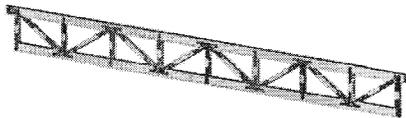
**Triodetic Dome  
West Palm Beach  
City Center**



**SACRAMENTO  
WATER TOWER**



## Space Frames

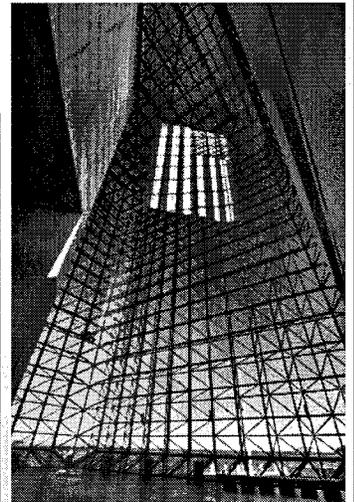
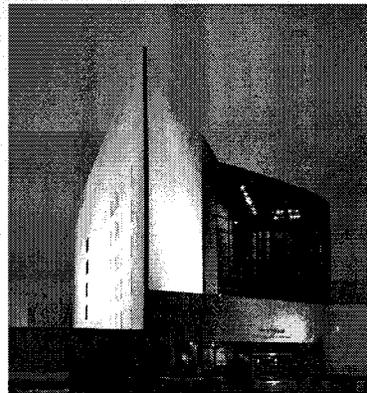


Trusses have top, bottom & diagonal chords

A Space Frame is a 3D Truss with chords running in all directions to make a very strong rigid lightweight structure

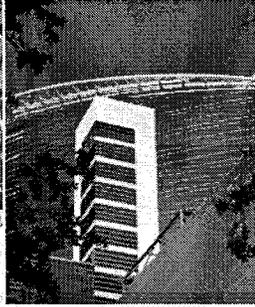
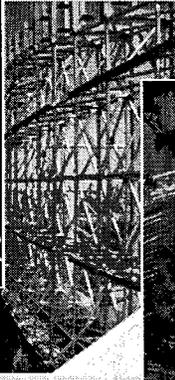


**JFK Library Boston**





Methodist Hospital  
Tiara Houston  
Texas

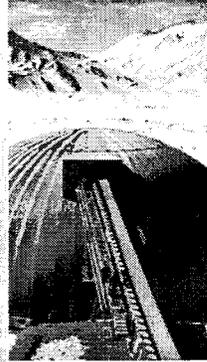


## DOMES & BARREL VAULTS INDUSTRIAL COVERS

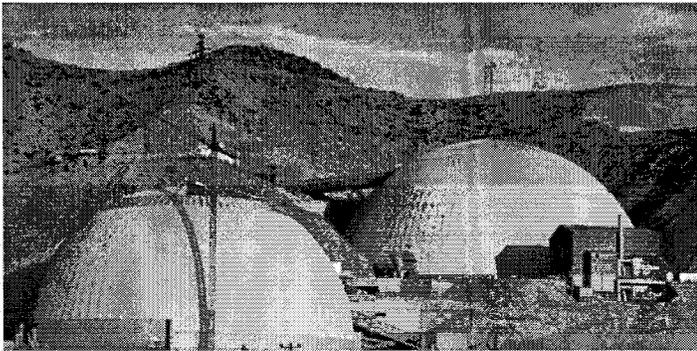
### Triodetic's Safety Record

Over 50 years  
NO - Structural Collapses  
NO - Casualties

Each project is engineered and designed to meet or exceed federal, Provincial and local government requirements and codes

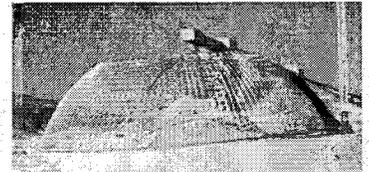
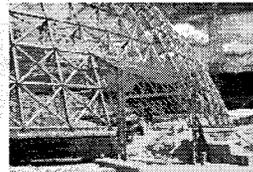
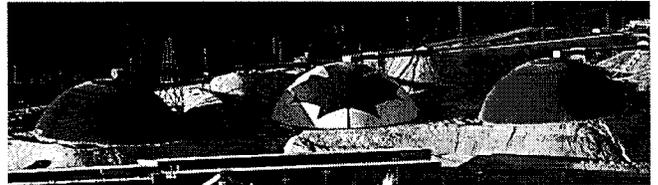


## TOQUEPALA PERU

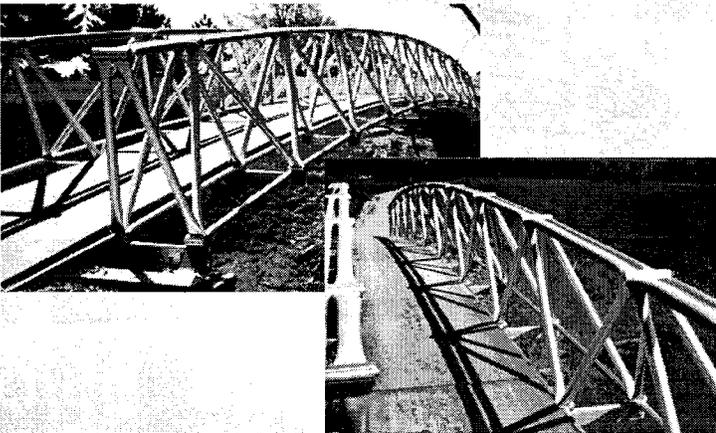


## HIGHLAND VALLEY COPPER

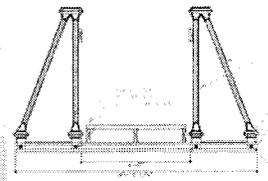
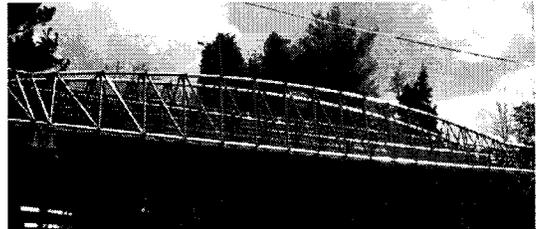
3 Domes - 100 m (330'-0")



## TRIODETTIC BRIDGES

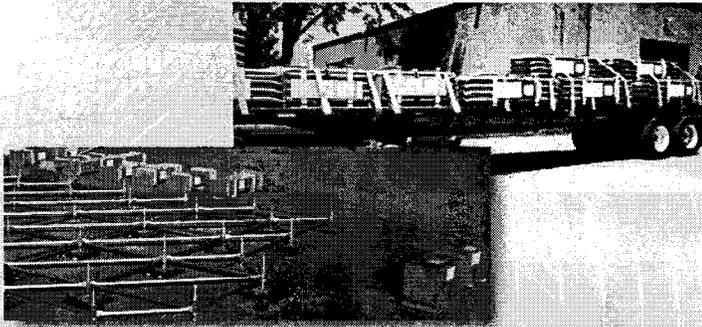


## TRIODETTIC BRIDGES

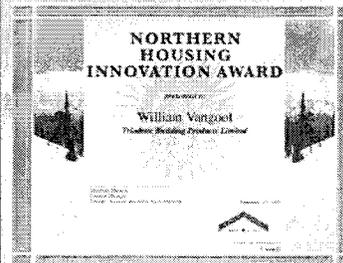


## COMPACT CRATING

Triodetic Tubes and Hubs ship to site in small compact crates



25 Years of Proven Technology  
MPF has never had a failure with our system



CMHC Northern Housing Award 2000

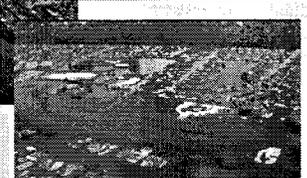
A 3D Truss or Space Frame best describes the system



A rigid frame with incredible bridging capacity

## Typical Foundation Issues

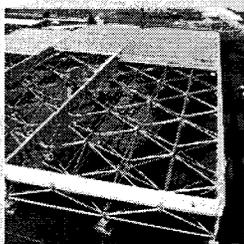
Saturation from flooding, soil erosion, poor bearing capacity. The culprits that reduce the lifespan of a structure and will destroy a home



## Problem Soil

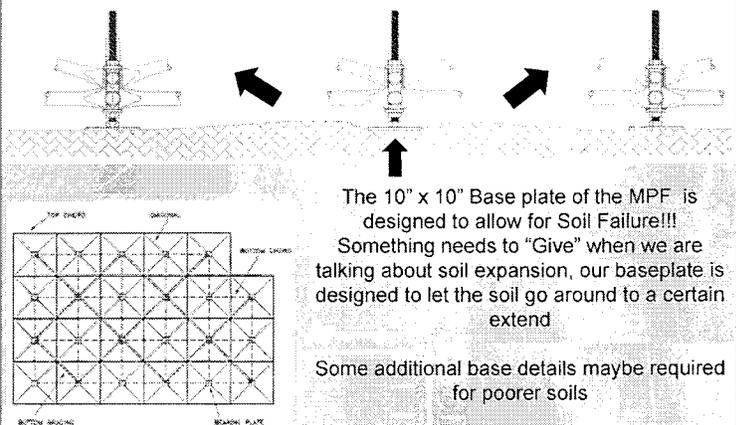
Multipoint Foundations are a good option for building on expansive soils and in flood zones, the foundation will act monolithically with the building to resist racking or deflection. The foundation can rest on native soil or Concrete Slab on Grade and can be manufactured at heights from 3'-0" up to 8'-0"

This ability to elevate the structure above grade is a good application for flood plain regions.



The MPF (Multipoint Foundation) is a light weight structure (8 lbs. sqft), it can be adjusted in the same way as a screw jack. The cost of the system is comparable to driven piles and has the flexibility to be installed on sloped ground and as a retrofit solution

## Design Principle for Poor Soil

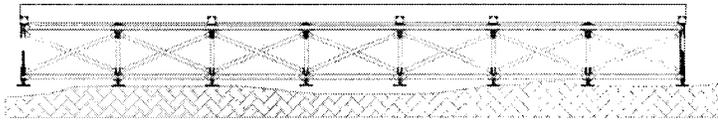


The 10" x 10" Base plate of the MPF is designed to allow for Soil Failure!!! Something needs to "Give" when we are talking about soil expansion, our baseplate is designed to let the soil go around to a certain extend

Some additional base details maybe required for poorer soils

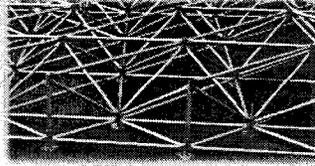
The load will transfer from that plate to the next closest sets of bearing plates

## Design Principle for Poor Soil



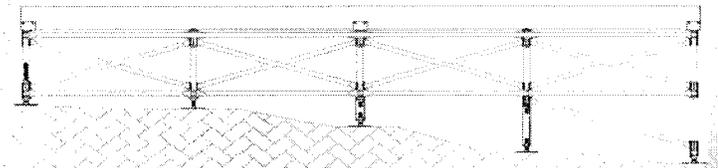
Triodetic Multipoint Foundation - MPF  
Extends the life of the structure it supports

1. Providing a stable rigid base (Steel Floating Slab)
2. Keep the structure level by allowing the soil to move from leg to leg
3. Preventing differential movement
4. Keeps the envelope of the structure square and tight to avoid air infiltration

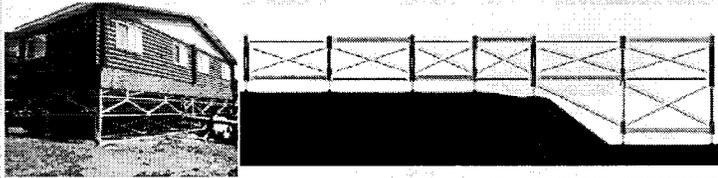


### Typical Bottom Joint.

## SLOPED SITE



The Multipoint Foundation can be designed to suit site locations that are sloped or unlevelled



### Typical Top Joint Type A Saddle Bracket

## TRIODETC Multipoint Foundation System

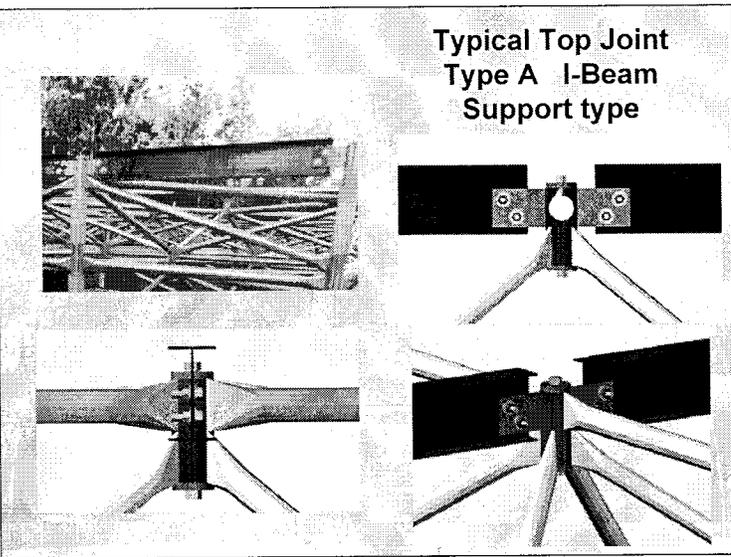


St Michaels,  
Alaska  
STAFF HOUSING

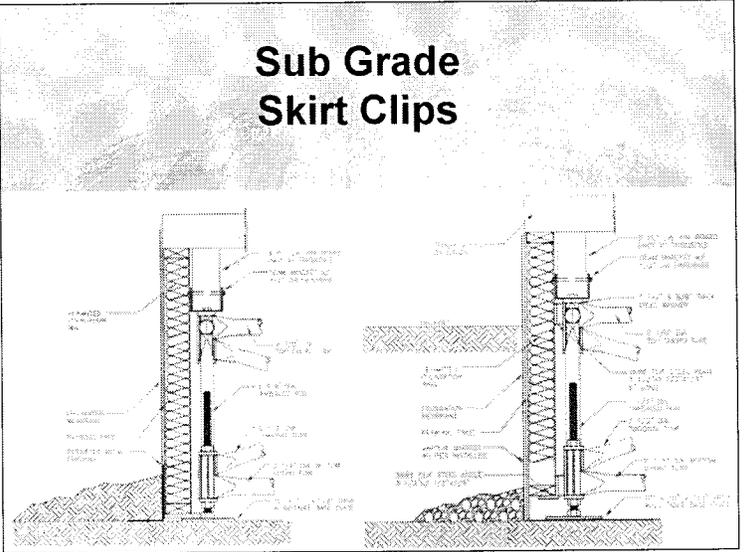
## Kwigillingok Church Alaska



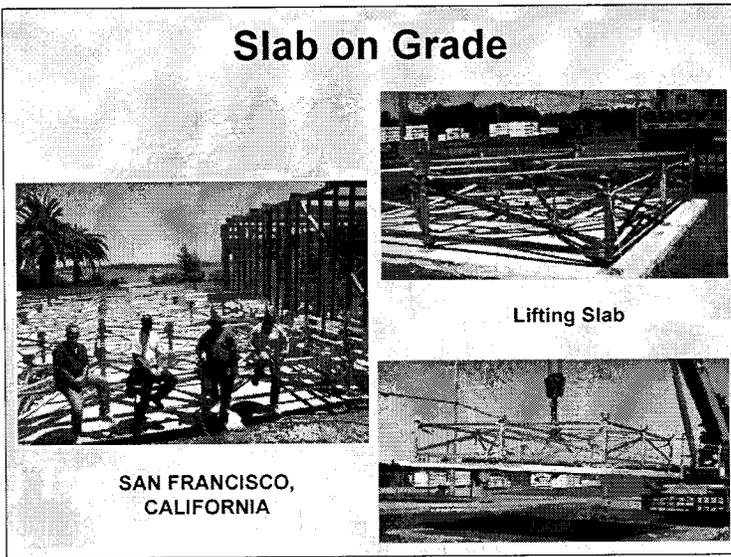
**Typical Top Joint  
Type A I-Beam  
Support type**



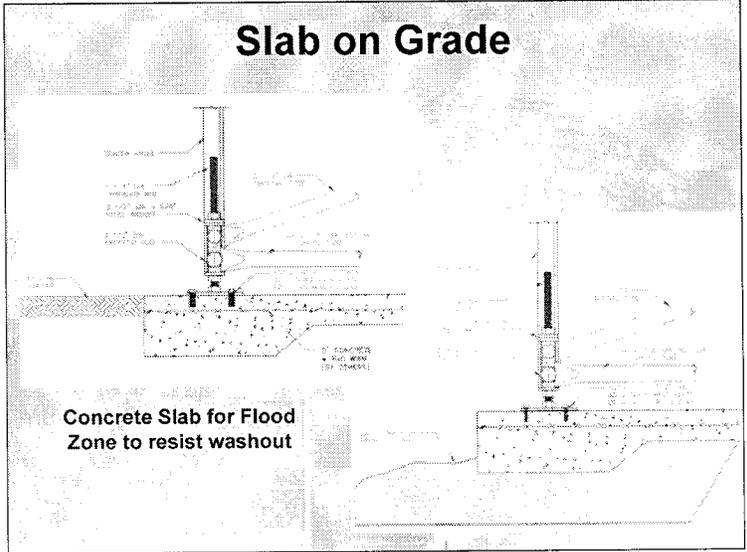
**Sub Grade  
Skirt Clips**



**Slab on Grade**



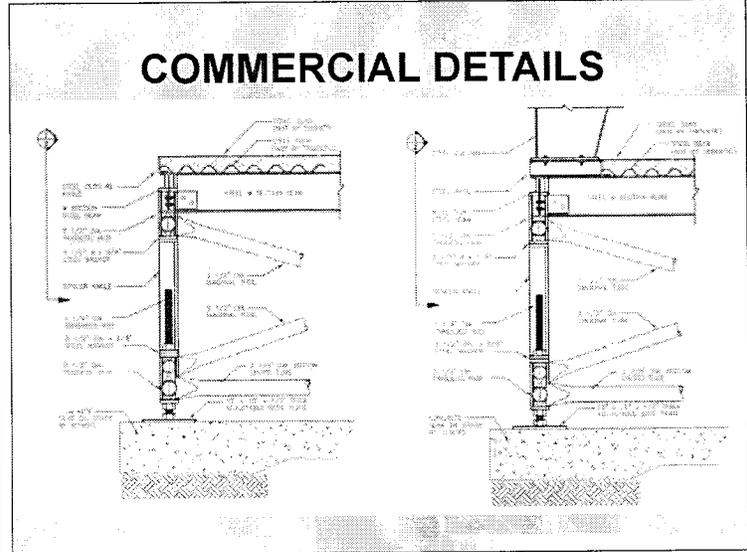
**Slab on Grade**



**COMMERCIAL BUILDINGS**



**COMMERCIAL DETAILS**



## CASE STUDIES

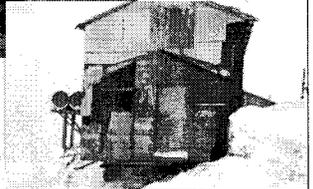
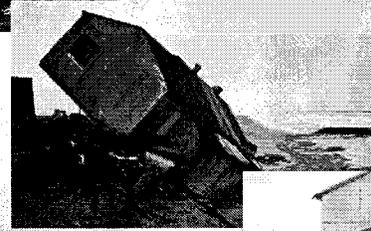
### NEW CONSTRUCTION



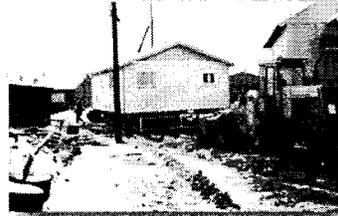
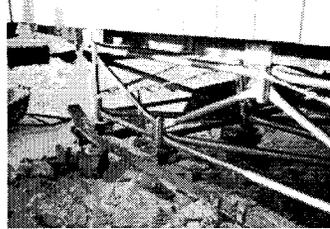
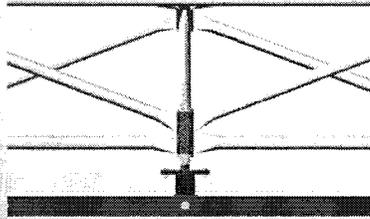
### RETROFIT CONSTRUCTION



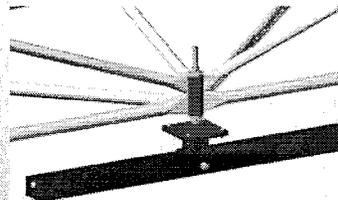
## Sea Wall Erosion Shismareff Alaska



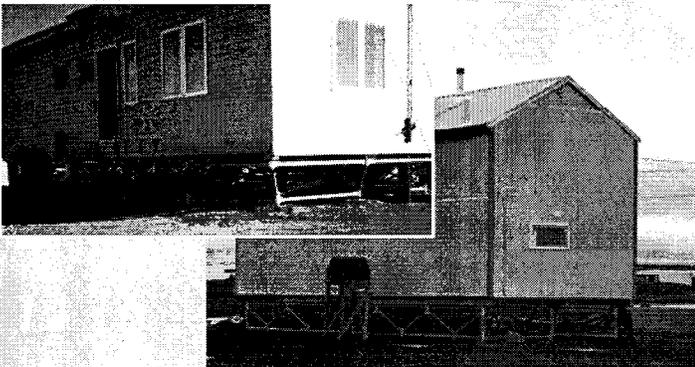
## Lifting and Ski Placement



## Down Main Street



## Buildings in new location

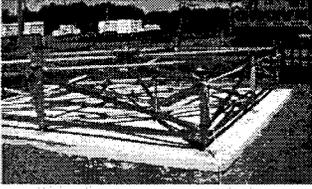


## WHAT MPF CAN PROVIDE

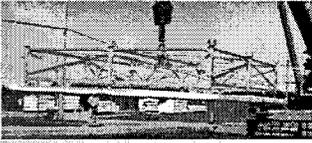
Triodetic Multipoint Foundation cannot stop the Floor waters. What we can provide is a rigid platform that will elevated the home above flood levels, allow the water to run while protecting the structure from damage. The foundation is adjustable and in the worst cases can even be used as a relocation device once installed under the home.



## WHAT MPF CAN PROVIDE

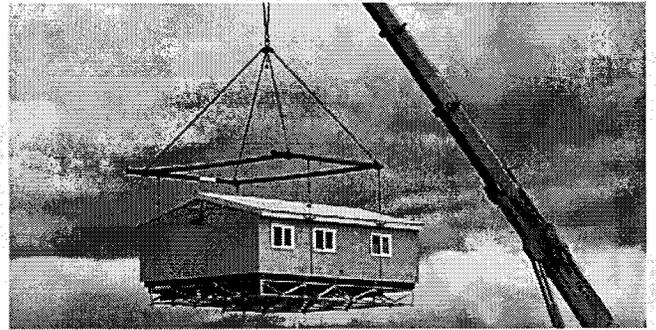


Triodetic Multipoint Foundation is a very unique product that has been used in the harshest environments in the world and has proven to be a strong and stable without failure for over 30 years. With many different application for stabilizing Clay, Muskeg and poor soils, heavy organics, flood zones.

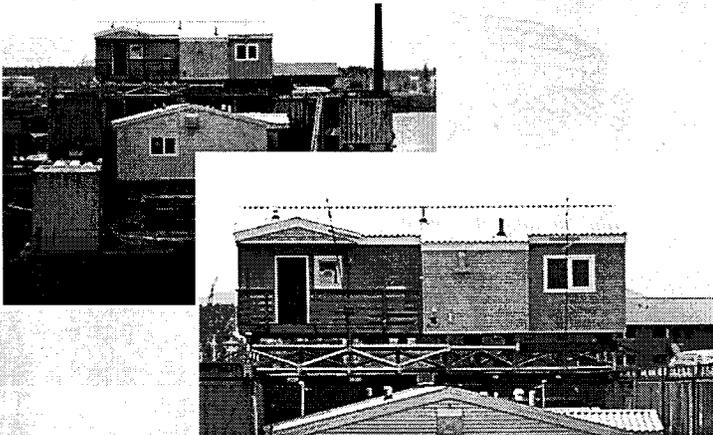


We can offer a cost effective solution to stop the damage from the water and poor soil and in many cases reinstate the home to a sturdy & stable structure.

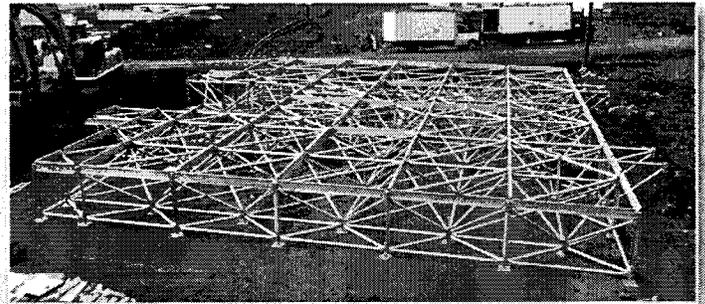
## MPF & House Lifted From Four Points.



## House and MPF in Clear Span.



## FOUNDATION FRAME FOR SIP PANELS

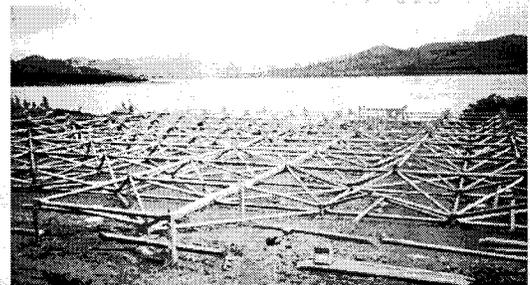


## SUMMARY

1. Designed as a slab foundation to be a very rigid Platform
2. Foundation and Building act as one unit
3. Minimal site preparation, sloped and rock sites
4. Can be disassembled and reassembled at another site
5. Installation is undertaken by local labour and the individual components of the foundation can easily be manhandled no heavy equipment is required
6. Frame can be extended in any direction for additions
7. The depth of the frame can be adjusted to suit the anticipated flood level, minimum 3'-0" and up to 10'-0" or more
8. The entire structure, foundation and house can be moved great for locations on leased land or temporary buildings.



## Triodetic Multipoint Foundations



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**Condensed Title:**

**A Resolution, Accepting The Recommendation Of The City Manager Pertaining To The Ranking Of Firms, Pursuant To The Request For Proposals (RFP) No. 2016-086-Wg For Health Plan Services And Benefits For The City Of Miami Beach Active Employees, Dependents, Pre-65 Retirees, And Post-65 Retirees; And Authorizing The Mayor And City Clerk To Execute Agreements Upon Conclusion Of Successful Negotiations With The Administration.**

**Key Intended Outcome Supported:**

Ensure Expenditure Trends Are Sustainable Over the Long Term

**Item Summary/Recommendation:**

Humana and AvMed are the current medical Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), and Point of Service (POS) administrators for the City's self-funded health care insurance plans. Since the contracts with Humana and AvMed expire September 30, 2016. At the January 14, 2015 Commission meeting, it was recommended that an Invitation to Negotiate (ITN) for medical ASO services be issued for the October 1, 2016, benefit plan year. The Administration issued Request for Proposal (RFP) 2016-086-WG to seek proposals from firms to provide health care plan services and benefits to the City of Miami Beach active employees, dependents, pre-65 retirees, and post-65 retirees.

The objective of the RFP was to solicit standalone offers for ASO services, pharmacy benefit management, EAP, and reinsurance/stop loss coverage. The solicited services included but were not limited to, utilization review, case management, disease management, behavioral health management, nationwide access to physician network, concierge services, administration of COBRA benefit, a 24/7 nurse line, and pharmacy benefit management. The City's current health plan designs for employees and retirees are: Standard HMO, Premium HMO, Standard PPO (Standard POS for AvMed), Premium PPO (Premium POS for AvMed), and POS (Basic POS for AvMed).

The Evaluation Committee ("Committee") was composed of City employees Sonia Bridges, Dwayne Drury, Lauren Wynn and Rafael Granado. The Committee convened on May 23, 2016, for Proposers presentations and to score on the qualitative portion of each Proposer. The quantitative scoring of the proposers' financial responses was completed by the Procurement Department.

The results of the Evaluation Committee process and the City Manager's recommendation is as follows: Cigna, for medical ASO, Cigna, (Pass Through) for pharmacy services, and Symetra for Reinsurance/Stop Loss.

Both Aetna and UMR were tied as the top-ranked proposers for EAP services. However, since Aetna and UMR, Inc. are not top-ranked for medical ASO services, and the EAP benefit is less than half of a percent of the City's health plan, it is recommended that we negotiate with Cigna, as the second-ranked proposer as economy of scales and better benefit coordination. The negligible cost difference between the top-ranked proposers and Cigna is approximately \$1,000 - \$5,000 annually.

**Financial Information:**

Source of Funds:	Amount	Account
1	\$815,000	560-1793-000303/304 ASO Fee Active/Retirees
2	\$1,498,000	560-1793-000333/339 Stop Loss/Excess Ins. Active/Retirees
3	\$135,000	560-1793-000343 Capitation and Other Fees
4	\$43,000	560-1793-000344 EAP
5	\$5,928,000	560-1793-000394/395 Prescription Claims Active/Retirees
6	\$11,207,000	560-1793-000431 Medical Claims Active/Retirees
<b>Total</b>	<b>\$19,626,000</b>	

**Financial Impact Summary:**

**City Clerk's Office Legislative Tracking:**

Sonia Bridges, Division Director, Risk & Benefits

**Sign-Offs:**

Department Directors	Assistant City Manager	City Manager
SCT <i>JB</i> AD <i>[Signature]</i>	MT _____	JLM <i>[Signature]</i>

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# MIAMI BEACH

City of Miami Beach, 1700 Convention Center Drive, Miami Beach, Florida 33139, www.miamibeachfl.gov

## COMMISSION MEMORANDUM

TO: Mayor Philip Levine and Members of the City Commission

FROM: Jimmy L. Morales, City Manager

DATE: June 8, 2016

**SUBJECT: A RESOLUTION OF THE MAYOR AND CITY COMMISSION OF THE CITY OF MIAMI BEACH, FLORIDA, ACCEPTING THE RECOMMENDATION OF THE CITY MANAGER PERTAINING TO THE RANKING OF FIRMS, PURSUANT TO THE REQUEST FOR PROPOSALS (RFP) NO. 2016-086-WG FOR HEALTH PLAN SERVICES AND BENEFITS FOR THE CITY OF MIAMI BEACH ACTIVE EMPLOYEES, DEPENDENTS, PRE-65 RETIREES, AND POST-65 RETIREES AND AUTHORIZING THE ADMINISTRATION TO NEGOTIATE WITH THE FOLLOWING PROPOSERS IN THE FOLLOWING CATEGORIES OF HEALTH PLAN SERVICES: CIGNA HEALTH AND LIFE INSURANCE CO., AS TOP-RANKED PROPOSER FOR MEDICAL ADMINISTRATIVE SERVICES ONLY AND PHARMACY SERVICES; SYMETRA LIFE INSURANCE CO., AS TOP-RANKED PROPOSER FOR STOP LOSS/REINSURANCE SERVICES; AND CIGNA HEALTH AND LIFE INSURANCE CO., AS SECOND-RANKED PROPOSER FOR EMPLOYEE ASSISTANCE PROGRAM; AND FURTHER AUTHORIZING THE MAYOR AND CITY CLERK TO EXECUTE AGREEMENTS UPON CONCLUSION OF SUCCESSFUL NEGOTIATIONS WITH THE ADMINISTRATION.**

**RECOMMENDATION**

Adopt the resolution.

**FUNDING**

The annual cost associated with the health care plan services and benefits to the City of Miami Beach active employees, dependents, pre-65 retirees, and post-65 retirees is subject to the allocation of funds in the City's Fiscal Year 2016/2017 operating budget.

**BACKGROUND**

Humana Insurance Company ("Humana") has been providing health care services to the City in some capacity for approximately 20 years. An Employee Assistance Program ("EAP") and COBRA services have also been a part of the bundled services provided by Humana. Effective January 1, 2009, the City's fully-insured agreement with Humana changed to a self-funded agreement, with Humana providing the day-to-day administration of the City's medical plan through an Administrative Services Only ("ASO") agreement.

Humana and AvMed, Inc. ("AvMed") are the current medical Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), and Point of Service (POS) administrators for the City's self-funded health care insurance plans. Since the contracts with Humana and AvMed expire September 30, 2016, the Administration issued Request for Proposals (RFP) 2016-086-WG to seek proposals from firms to provide health care plan services and benefits to the City of Miami Beach active employees, dependents, pre-65 and post-65 retirees.

The objective of the RFP was to solicit standalone offers for ASO services, pharmacy benefit management, EAP, and reinsurance/stop loss coverage. The solicited services included but were not limited to, utilization review, case management, disease management, behavioral health management, nationwide access to physician network, concierge services, administration of COBRA benefit, a 24/7 nurse line, and pharmacy benefit management. The City's current health plan designs for employees and retirees total 10; five plans mirrored by each of the two carriers: (See Appendix A).

- Standard HMO
- Premium HMO
- Standard PPO (Standard POS for AvMed)
- Premium PPO (Premium POS for AvMed)
- POS (Basic POS for AvMed)

In August 2014, negotiations between Humana and Baptist Healthcare System (“Baptist”) ended in an impasse. As of this date, Humana and Baptist have not reached agreement and as a result, most if not all, Baptist hospitals, physicians and associated health care practitioners were placed out-of-network for the City’s employees and retirees enrolled in the health plan. This reduction in the choice of providers available in the South Florida area led the City to address the needs of affected employees/retirees who not only relied on Baptist for their health care services, but were now to pay out-of-network fees which are substantially higher. On January 14, 2015, the City Commission adopted Resolution No. 2015-28904, accepting the recommendation of the Finance and Citywide Projects Committee (FCWPC), waiving, by 5/7<sup>th</sup>, vote the formal bidding requirement and authorizing the Administration to negotiate and execute a contract with AvMed for the provision of medical ASO services effective March 1, 2015, through September 30, 2016, with Humana also providing continued and alternative health care services through the same date.

The Commission also recommended that an Invitation to Negotiate (ITN) for medical ASO services be issued for the October 1, 2016, benefit plan year.

#### **RFP PROCESS**

The RFP was released March 11, 2016. On April 28, 2016, the City received complete and responsive proposals from;

- Aetna Life Insurance Company,
- AvMed, Inc.,
- Cigna, Inc. (“Cigna”),
- Concordia Behavioral Health,
- Deer Oaks EAP, LLC,
- EnvisionRx, Inc.,
- Humana Insurance Company,
- Symetra Life Insurance Company (“Symetra”); and
- UMR, Inc. a United Healthcare Company (“UMR”).

The Valery Insurance Agency, Inc. was deemed non-responsive due to its failure to meet the minimum requirements established in the RFP.

On April 29, 2016, the City Manager appointed, via Letter to Commission (LTC) No. 190-2016, an Evaluation Committee (the “Committee”), consisting of the following individuals:

- Sonia Bridges, Division Director Risk & Benefits, Human Resources Department
- Dwayne Drury, Assistant Fire Chief, Fire Department
- Lauren Wynn, Senior Management & Budget Analyst, Office of Budget and Performance Improvement
- Karen Rivo, Registered Nurse, Health Advisory Committee Member
- Robert Parr, Chief of Compensation and Benefits, City of Jacksonville

The following alternates were also appointed:

- Rafael Granado, City Clerk, Office of the Clerk
- Jose Del Risco, Human Resources Assistant Director, Human Resources Department
- Natasha Diaz-Rojas, Senior Management & Budget Analyst, Office of Budget and Performance Improvement; and

Ultimately, the Committee was composed of Sonia Bridges, Dwayne Drury, Lauren Wynn and Rafael Granado because other members were unable to attend.

The Committee convened May 23, 2016, to consider all responsive proposals. At the meeting, the Committee was given an overview of the RFP, information relative to the City’s Code of Silence Ordinance and the applicability of Florida’s Sunshine Law. General information on the scope of services and financial capability was also reviewed. A copy of each responsive proposal had been provided to each member in advance of the meeting. The Committee was instructed to score and rank the proposals pursuant to the evaluation criteria established in the RFP, and was therefore solely focused on the qualitative aspects of the proposers’ responses.

Evaluation Criteria Step 1- Qualitative Criteria	Total Points
Proposer Experience and Qualifications, including Financial Capability	35
Scope of Services Proposed	35
Approach and Methodology	15

Evaluation Criteria Step 2- Quantitative Criteria	Total Points
Cost Proposal	15

After the proposers’ presentations and interviews, the Committee discussed the proposers’ qualifications, experience, and competence, and scored the responses in accordance with the qualitative criteria established in the RFP. The quantitative scoring of the proposers’ financial responses was completed based on the City consultant’s analysis of costs. The final rankings are included in Appendix B.

The results of the Evaluation Committee process were presented to the City Manager for his review and recommendation to the City Commission.

### **CITY MANAGER’S DUE DILIGENCE AND RECOMMENDATION**

After considering proposals and the results of the Evaluation Committee process, pursuant to RFP No. 2016-086-WG, for Health Plan Services and Benefits to the City of Miami Beach Active Employees, Dependents, Pre-65 Retirees, and Post-65 Retirees, the City Manager recommends that negotiations begin with the top-ranked proposers (except for EAP) in each benefit category, as follows:

- Cigna for medical ASO. At its March 9, 2016, meeting the City Commission held a discussion regarding the importance of choice in health care options for City employees. It has always been the City’s practice to provide choice to its employees in various plan options. The City has historically provided these options through a single health care provider. The reason for the single provider has been an attempt to contain costs. It is also the practice among the majority of public agencies in South Florida, as well as throughout the state, to contract with a single provider. Most recently, Humana was the City’s single provider for the health care options provided to City employees. Unfortunately, in 2014, Humana was unable to maintain its contractual relationship with the Baptist Health System, which created a hardship for many City employees that live in regions of the County primarily served by the Baptist system. As a result, the City had to contract with a second provider that did include the Baptist system in its network. AvMed was chosen to close the gap created by the exclusion of the Baptist system from the Humana network. However, while choice (which is an important component of this recommendation) for City employees is extremely important, having two providers is more costly for the City. Through the recommended provider, our employees will have access to a broad national network of physicians, hospitals and other medical providers. Additionally, the City will be able to benefit from the cost savings of a single provider. See below for additional detail.
- Cigna (Pass Through) for pharmacy services. See below for additional detail.
- Symetra for reinsurance/stop loss.
- Cigna for EAP. Both Aetna and UMR were tied as the top-ranked proposers for EAP services and Cigna was ranked second; however, the cost difference between these top-ranked Proposers and Cigna was approximately \$1,000 - \$5,000 annually. Since the EAP benefit is less than half of a percent of the City’s health plan, the difference in cost between the top-ranked Proposers and Cigna is negligible. There are certain instances when a recipient of EAP services will also need related benefits which are provided by the medical and/or pharmaceutical providers and the timely and efficient coordination of these benefits is critical to the care of the individual/employee. The City Manager recommends that the City negotiate with Cigna, as the second-ranked Proposer, as the goal of having efficient benefit coordination, by working with the same carrier who provides the medical ASO and/or pharmacy services, outweighs the negligible price difference between the top-ranked Proposers and Cigna.

Compared to the City’s current arrangement, by selecting Cigna for Medical ASO and Pharmacy services, as described below, the City has an opportunity to reduce administrative expenses, while honoring the desire of the City Commission to provide greater access to healthcare providers and choice for City employees and retirees:

1. Cigna’s Medical ASO Services Projected Cost Savings
  - a. The City pays approximately \$910,000 annually for Medical ASO services under the current two-carrier arrangement, excluding pharmacy rebate credits.
  - b. Cigna has offered a \$229,650 (6-month) Medical ASO services credit in the first year if awarded exclusive Medical and Pharmacy services. Combined with Cigna’s offer to provide Medical ASO services at an estimated annual cost of \$748,000, first year savings under Cigna would be approximately \$339,000.
  - c. **Over three (3) years, Cigna’s proposal for Medical ASO services will save the City approximately \$558,000 in administrative services expense.**
2. Cigna’s Medical and Pharmacy Projected Claims Savings
  - a. Medical Claims Savings – estimated to be \$101,000 annually based upon repricing data submitted through the RFP process.
  - b. Pharmacy Claims Savings – estimated to be \$533,000 annually based upon repricing data submitted through the RFP process.

- c. As part of the RFP process, the City's most recent twelve (12) months of medical claims data was provided to the Proposers to estimate their discounts, or cost savings. The Proposers' submitted discount data / cost savings is not a guarantee of future health plan expense but rather reflects each Proposer's discount. As the City has a self-funded health plan, healthcare claims volumes will always be variable and subject to change. Here is an example using the same discount but different billed volumes:
  1. \$20,000,000 in healthcare claims billed – 60% discount – \$8,000,000 in healthcare claims paid.
  2. \$12,000,000 in healthcare claims billed – 60% discount – \$4,800,000 in healthcare claims paid.
3. Total Projected Savings under Cigna over Three (3) Years
  - a. Based upon current fixed costs and a comparison of the medical and pharmacy claims repricing data, the three (3) year savings by selecting Cigna for Medical ASO and Pharmacy Services is estimated to be approximately \$2.5 million.
4. Cigna's Choice/Access to Healthcare Providers
  - a. City Health Plan Members will have the greatest access to healthcare providers under the Cigna Open Access Plus (OAP) network including the following:
    1. 99.9% of Health Plan Members will have access to at least two (2) Primary Care Physicians within 10 miles of their home zip code under the Cigna network.
    2. 99.5% of Health Plan Members will have access to at least two (2) Pediatricians within 10 miles of their home zip code under the Cigna network.
    3. 99.0% of Health Plan Members will have access to at least two (2) Obstetricians / Gynecologists within 10 miles of their home zip code under the Cigna network.
    4. 99.9% of Health Plan Members will have access to at least two (2) other specialists within 10 miles of their home zip code under the Cigna network.
    5. 99.4% of Health Plan Members will have access to at least two (2) Hospitals within 15 miles of their home zip code under the Cigna network.
  - b. These results exceeded all other Proposers' networks and will provide City Health Plan Members with a greater amount of choice of healthcare providers in the marketplace.
5. Cigna's Significant Market Presence – Public Sector Accounts in Florida:
  - a. City of Fort Lauderdale
  - b. Hillsborough County BOCC
  - c. Miami-Dade County Schools
  - d. Orange County Government
  - e. Palm Beach County BOCC
  - f. Palm Beach County Sherriff's Office
  - g. Seminole County Public Schools
  - h. The School Board of Orange County

## **CONCLUSION**

Based upon timeliness as it relates to Open Enrollment (please see Appendix C), and the best interest of the City's employees and retirees, the Administration recommends that the Mayor and City Commission approve the Resolution accepting the recommendation of the City Manager, pertaining to the ranking of proposals received pursuant to Request for Proposals (RFP) No. 2016-086-WG, for Health Plan Services and Benefits to the City of Miami Beach Active Employees, Dependents, Pre-65 Retirees, and Post-65 Retirees; authorize the Administration to negotiate contracts with Cigna, as the top-ranked Proposer for medical ASO and Pharmacy; Symetra as top-ranked Proposer for Reinsurance/Stop-Loss; and Cigna as second-ranked Proposer for EAP; and further authorize the Mayor and City Clerk to execute agreements with the recommended firms upon conclusion of successful negotiations by the Administration.

JLM/MT/SC-T/AD/WG

## Appendix A

### STATUS OF EMPLOYEE PARTICIPATION

Health care options are identified by a number of acronyms that should be defined. An HMO is a health care maintenance organization; further defined below. A PPO is a preferred provider organization, also addresses in more detail below.

The breakdown of active employee participation during FY2015/16 in the choices offered by the City's health care benefit plans is as follows:

Plan	Active Employees (As of 2/15/16)	City Annual Premium Cost Per Employee	Employee Annual Premium Cost
Standard HMO Single	617	\$6,118	\$1,829
Standard HMO Family	418	\$13,111	\$6,588
Premium HMO Single	13	\$8,000	\$8,000
Premium HMO Family	2	\$19,833	\$19,833
Standard PPO Single	10	\$6,615	\$6,615
Standard PPO Family	4	\$16,233	\$16,233
Premium PPO Single	8	\$6,884	\$6,884
Premium PPO Family	6	\$16,890	\$16,890
POS Single	0	\$8,137	\$8,137
POS Family	0	\$20,194	\$20,194
<b>Active Employees</b>	<b>1,078</b>		
<b>Total Annual City Premium Cost:</b>	<b>\$9,686,364</b>		
<b>Annual Average City Premium Cost per Employee:</b>	<b>\$8,985</b>		

Despite the number of choices available, active employees who elect to be covered by the health care insurance provided by the City, most cluster around the Standard HMOs because of cost. The City is required by the terms and conditions of various collective bargaining agreements to subsidize a minimum of 50 percent of the premium. The City's premium subsidy for the Standard HMO plans is 77 percent for single coverage under the Standard HMO and 67 percent for family coverage in the Standard HMO. All other choices have a premium subsidy of 50 percent.

Health maintenance organizations are some of the most common plans, making up nearly 30% of all health care plans, according to the Kaiser Family Foundation. An HMO uses primary care physicians (PCPs) as "gatekeepers" to prevent costly overuse of medical services; to see a specialist, patients must receive a referral from their PCP. The City's Standard HMO plan does not require a gatekeeper or PCP referral to seek specialty or additional care while the Premium HMO does. Customers who enroll in these kinds of plan are required to choose health care providers within the network of contracted physicians and hospitals. If you have an HMO and want to see a non-network doctor, the plan will not cover any of those costs, except in emergencies.

HMOs are ideal for individuals who seek lower-cost health services overall or for those who prefer the guidance of a trusted physician in all their care choices. Aside from having to choose providers in the network, there are few other limitations.

Conversely, retirees who have the same options, elect to choose the Standard and Premium PPOs

despite the higher premiums and lower City subsidies. The City's PPO model does not contain a gatekeeper or PCP referral and has an out-of-network benefit.

PPO plans aim to restrain overuse of medical services while allowing patients more flexibility in their choice of physicians and specialists. There is no PCP gatekeeper for these plans, but customers are encouraged to choose providers within the network. If you choose a provider outside of the network in a PPO, you'll pay more out of pocket, at least until you reach your plan's deductible. The network itself consists of contracted physicians, but their contracts do not exclude them from other networks like in an HMO.

A PPO plan is ideal for those who need or want more provider options, whether it's because the patient lives in a remote area or has to see several different specialists.

When data was gathered for the purposes of reporting, two eligible, active employees elected a point of service plan (POS) as their health plan choice but have subsequently unenrolled from this plan as of 2/15/16 when the last census was compiled. A POS plan is a type of managed healthcare system that combines characteristic of the HMO and PPO. Like an HMO, you pay no deductibles and usually only a minimal co-payment when you use a health care provided within your network. You must also choose a PCP who is responsible for all referrals within the POS network. If you choose to go outside the network, you will likely be subject to a deductible and your co-insurance rate will be a substantial percentage of the physician's charges. As a point of fact, 17 retirees are currently enrolled in the POS but not listed in the table on the previous page which shows active employees only.

POS coverage allows you to maximize your freedom of choice. Like a PPO, you can mix the types of care you receive. This freedom of choice encourages you to use network providers but does not require it as with HMO coverage.

## APPENDIX B

### Health Plan ASO Services:

RFP 2016-086-WG Health Plan Services and Benefits to the City of Miami Beach Active Employees, Dependents, Pre-65 Retirees, and Post-65 Retirees	Sonia Bridges		Dwayne Drury		Rafael Granado		Lauren Wynn		LOW AGGRE GATE TOTALS	
		Ranking		Ranking		Ranking		Ranking		
Aetna Life Insurance Co.	86	3	93	3	94	1	90	1	8	2
AvMed, Inc.	80	5	85	4	77	4	83	4	17	4
Cigna	95	1	97	1	92	2	89	2	6	1
Humana Insurance Co.	83	4	79	5	71	5	68	5	19	5
UMR, Inc.	92	2	97	1	82	3	85	3	9	3

Quantitative Criteria- Cost Proposal & Veterans Preference			
Proposer	Maximum 15 Points Allowed	Veterans Preference Allowable 5 Points	Total Points Awarded*
Aetna Life Insurance Co.	14	0	14
AvMed, Inc.	14	0	14
Cigna	14	0	14
Humana Insurance Co.	13	0	13
UMR, Inc.	15	0	15

### Pharmacy Services:

RFP 2016-086-WG Health Plan Services and Benefits to the City of Miami Beach Active Employees, Dependents, Pre-65 Retirees, and Post-65 Retirees	Sonia Bridges		Dwayne Drury		Rafael Granado		Lauren Wynn		LOW AGGRE GATE TOTALS	
		Ranking		Ranking		Ranking		Ranking		
Aetna Life Insurance Co. TRADITIONAL	86	5	89	5	91	3	85	1	14	4
AvMed, Inc. TRADITIONAL	80	8	74	7	63	8	68	8	31	8
Cigna PASS THROUGH	93	2	97	1	94	1	74	7	11	1
Cigna TRADITIONAL	85	6	95	2	92	2	84	2	12	2
Envision RX PASS THROUGH	94	1	78	6	86	4	84	2	13	3
Humana TRADITIONAL	84	7	64	8	71	7	76	6	28	7
UMR PASS THROUGH	87	3	90	4	72	6	80	5	18	6
UMR TRADITIONAL	87	3	93	3	75	5	82	4	15	5

Quantitative Criteria- Cost Proposal & Veterans Preference			
Proposer	Maximum 15 Points Allowed	Veterans Preference Allowable 5 Points	Total Points Awarded*
Aetna Life Insurance Co. TRADITIONAL	15	0	15
AvMed, Inc. TRADITIONAL	8	0	8
Cigna PASS THROUGH	14	0	14
Cigna TRADITIONAL	12	0	12
Envision RX PASS THROUGH	12	0	12
Humana TRADITIONAL	6	0	6
UMR PASS THROUGH	8	0	8
UMR TRADITIONAL	11	0	11

**Employee Assistance Program:**

<b>RFP 2016-086-WG Health Plan Services and Benefits to the City of Miami Beach Active Employees, Dependents, Pre-65 Retirees, and Post-65 Retirees</b>	<b>Sonia Bridges</b>	<b>Ranking</b>	<b>Dwayne Drury</b>	<b>Ranking</b>	<b>Ra fael Granado</b>	<b>Ranking</b>	<b>Lauren Wynn</b>	<b>Ranking</b>	<b>LOW AGGREGATE TOTALS</b>	
Aetna Life Insurance Co.	93	2	90	3	92	1	83	3	9	1
Cigna	85	4	93	2	91	2	84	2	10	3
Concordia Behavioral Health	73	6	76	6	58	6	63	6	24	6
Deer Oaks EAP Services LLC	98	1	83	5	75	3	67	5	14	4
Humana Insurance Co.	83	5	86	4	72	5	79	4	18	5
UMR, Inc.	91	3	94	1	73	4	85	1	9	1

<b>Quantitative Criteria- Cost Proposal &amp; Veterans Preference</b>			
<b>Proposer</b>	<b>Maximum 15 Points Allowed</b>	<b>Veterans Preference Allowable 5 Points</b>	<b>Total Points Awarded*</b>
Aetna Life Insurance Co.	11	0	11
Cigna	11	0	11
Concordia Behavioral Health	13	0	13
Deer Oaks EAP Services LLC	15	0	15
Humana Insurance Co.	13	0	13
UMR, Inc.	13	0	13

**Reinsurance/Stop Loss:**

<b>RFP 2016-086-WG Health Plan Services and Benefits to the City of Miami Beach Active Employees, Dependents, Pre-65 Retirees, and Post-65 Retirees</b>	<b>Sonia Bridges</b>	<b>Ranking</b>	<b>Dwayne Drury</b>	<b>Ranking</b>	<b>Ra fael Granado</b>	<b>Ranking</b>	<b>Lauren Wynn</b>	<b>Ranking</b>	<b>LOW AGGREGATE TOTALS</b>	
Aetna Life Insurance Co.	86	3	82	4	89	2	87	2	11	2
Cigna	85	4	95	2	90	1	84	4	11	2
Symetra Life Insurance Co.	98	1	100	1	87	3	95	1	6	1
UMR, Inc.	91	2	94	3	64	4	85	3	12	4

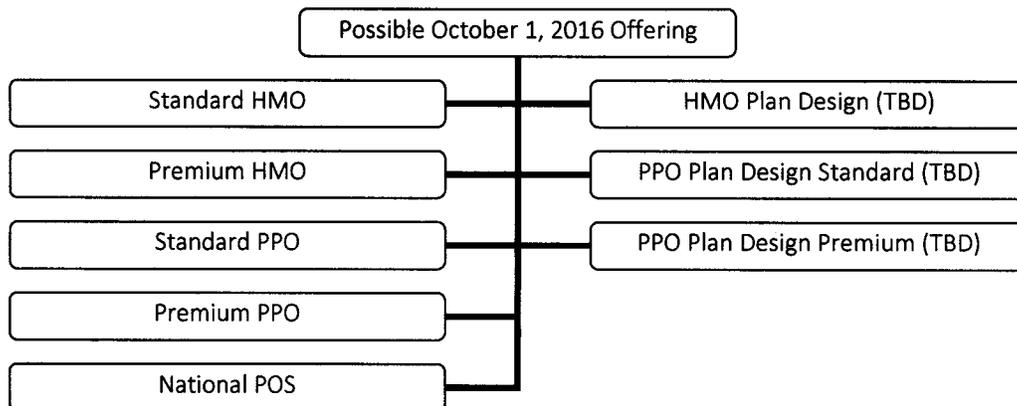
<b>Quantitative Criteria- Cost Proposal &amp; Veterans Preference</b>			
<b>Proposer</b>	<b>Maximum 15 Points Allowed</b>	<b>Veterans Preference Allowable 5 Points</b>	<b>Total Points Awarded*</b>
Aetna Life Insurance Co.	14	0	14
Cigna	15	0	15
Symetra Life Insurance Co.	15	0	15
UMR, Inc.	14	0	14

## Appendix C

### CONSIDERATIONS FOR OPEN ENROLLMENT (OCTOBER 1, 2016)

As the contracts with the City’s current reinsurer (Symetra) and the current Medical ASO providers (AvMed & Humana), who also provide Pharmacy and Employee Assistance Program services will end September 30, 2016, adopting this resolution without delay will allow for all open enrollment considerations to move forward effectively. Some of the items that the Human Resources and Risk Management Department will consider are the following:

- Health Plan Design – the City’s health plan will move to “non-grandfathered” status effective October 1, 2016. This means that certain plan design elements will have to be adjusted to comply with the Patient Protection and Affordable Care Act (“PPACA”) for “non-grandfathered” health plans.
- Number of Plans – the City currently offers five (5) plan designs that have remained in effect over the years for a variety of reasons. This exceeds what most employers offer for a population of the City’s size. The City may explore whether two or three plans designed to meet “non-grandfathered” status might be more advantageous both to the City and its employees and retirees. Currently, more than 85% of the City’s health plan members are enrolled in just one plan, the Standard HMO, which is evidence that five plans and the choice associated with this offering is not being used. The following is an example of what might be considered as a Health Plan offering during Open Enrollment for the October 1, 2016 – September 30, 2017 benefit plan year:



- Health Plan Tier Structure – the City currently offers employees and retirees two coverage choices for themselves or their dependents: single or family coverage. Many employers have moved to a three or four tier arrangement to provide health care plan members with and can allow for a more equitable method of distributing cost and risk. As part of strategizing for open enrollment, the City may explore these models and evaluate whether they could be of benefit to employees and retirees. Examples of these more predominant models are as follows:
  - 3-Tier
    - Employee
    - Employee + 1 Dependent
    - Employee + Family

- 4-Tier
  - Employee
  - Employee + Spouse
  - Employee + Child(ren)
  - Employee + Family
- Employee & Retiree Health Care Plan Contributions – before the start of every employee benefit plan year (October 1), the City's Health Care Benefits Consultant sets actuarial funding rates indicative of the total estimated cost of the health plan for the next twelve months. The City deliberates on the amount to “cost share” with employees/retirees or the amount of “premium” to share which is based on a number of factors. Upon completion of the aforementioned items (approval of resolution, health plan design considerations, number of plans to be offered, and health plan tier structure), setting funding rates and contributions is the last step taken prior to open enrollment which begins August 24, 2016, and ends September 14, 2016.

RESOLUTION NO. \_\_\_\_\_

**A RESOLUTION OF THE MAYOR AND CITY COMMISSION OF THE CITY OF MIAMI BEACH, FLORIDA, ACCEPTING THE RECOMMENDATION OF THE CITY MANAGER PERTAINING TO THE RANKING OF FIRMS, PURSUANT TO THE REQUEST FOR PROPOSALS (RFP) NO. 2016-086-WG FOR HEALTH PLAN SERVICES AND BENEFITS FOR THE CITY OF MIAMI BEACH ACTIVE EMPLOYEES, DEPENDENTS, PRE-65 RETIREES, AND POST-65 RETIREES; AUTHORIZING THE ADMINISTRATION TO NEGOTIATE WITH THE FOLLOWING PROPOSERS IN THE FOLLOWING CATEGORIES OF HEALTH PLAN SERVICES: CIGNA HEALTH AND LIFE INSURANCE CO., AS TOP-RANKED PROPOSER FOR THE MEDICAL ADMINISTRATIVE SERVICE ONLY AND PHARMACY SERVICES; SYMETRA LIFE INSURANCE CO., AS TOP-RANKED PROPOSER FOR THE REINSURANCE/STOP LOSS SERVICES; AND CIGNA HEALTH AND LIFE INSURANCE CO., AS SECOND-RANKED PROPOSER FOR THE EMPLOYEE ASSISTANCE PROGRAM; AND FURTHER AUTHORIZING THE MAYOR AND CITY CLERK TO EXECUTE AGREEMENTS UPON CONCLUSION OF SUCCESSFUL NEGOTIATIONS WITH THE ADMINISTRATION.**

**WHEREAS**, Request for Proposals (“RFP”) No. 2016-086-WG was released on March 11, 2016; and

**WHEREAS**, the City of Miami Beach (the “City”) received complete and responsive proposals from Aetna Life Insurance Company, AvMed, Inc., Cigna Health and Life Insurance Co., Concordia Behavioral Health, Deer Oaks EAP, LLC, EnvisionRx, Inc., Humana Insurance Company, Symetra Life Insurance Company, and UMR, Inc. (a United Healthcare Company) (the “Proposers”); and

**WHEREAS**, the proposal from Valery Insurance Agency, Inc. was considered non-responsive due to their failure to meet the minimum requirements established in the RFP; and

**WHEREAS**, on April 8, 2016, the City Manager, via Letter to Commission, appointed an Evaluation Committee (the “Committee”) consisting of the following individuals:

- Sonia Bridges, Division Director Risk & Benefits, Human Resources Department
- Dwayne Drury, Assistant Fire Chief, Fire Department
- Lauren Wynn, Senior Management & Budget Analyst, Office of Budget and Performance Improvement
- Karen Rivo, Registered Nurse, Health Advisory Committee Member
- Robert Parr, Chief of Compensation and Benefits, City of Jacksonville

The following alternates were also appointed:

- Rafael Granado, City Clerk, Office of the Clerk;
- Jose Del Risco, Human Resources Assistant Director, Human Resources Department;
- Natasha Diaz-Rojas, Senior Management & Budget Analyst, Office of Budget and Performance Improvement; and

**WHEREAS**, the Committee composed of Sonia Bridges, Dwayne Drury, Lauren Wynn and Rafael Granado, convened on May 23, 2016, to consider all responsive proposals; and

**WHEREAS**, the Committee was provided with information relative to the City's Cone of Silence Ordinance and the Government Sunshine Law, advance information on the scope of services, references, and a copy of the RFP and proposals submitted by each responsive Proposer; and

**WHEREAS**, the Proposers were reminded of the City procurement requirements and that supplementation, including the addition, altering, or deletion of anything material in nature from their written proposals, during their interview phase with the Committee, would not be allowed; and

**WHEREAS**, the Committee was advised as to the City procurement requirements and advised to score and rank the proposals pursuant to the qualitative evaluation criteria (Scope of Services Proposed and Approach and Methodology) established in the RFP; and

**WHEREAS**, the quantitative scoring of the Proposers' financial responses (Experience and Qualifications, including Financial Capability) was completed by the Procurement Department; and

**WHEREAS**, based upon the Evaluation Committee process, including the quantitative scoring of the financial responses, the Proposers were ranked as follows:

- Medical Administrative Services Only ("ASO") - Cigna Health and Life Insurance Co., as the top ranked proposer, Aetna Life Insurance Co., as the second highest ranked proposer, and UMR, Inc., as the third highest ranked proposer;
- Pharmacy Services – Cigna, Inc. (Pass Through), as the top ranked proposer, Cigna, Inc. (Traditional), as the second highest ranked proposer, and EnvisionRx, Inc. (Pass Through), as the third highest ranked proposer;
- Employee Assistance Program – UMR, Inc. and Aetna Life Insurance Co., tied as the top ranked proposers; Cigna, Inc., as the second highest ranked proposer, and Deer Oaks EAP, LLC, as the third highest ranked proposer;
- Reinsurance/Stop Loss – Symetra Life Insurance Co., as the top ranked proposer; Aetna Life Insurance Co. and Cigna, Inc., tied as the second highest ranked proposer; and UMR, Inc., as the third highest ranked proposer; and

**WHEREAS**, the EAP benefit constitutes less than half of a percent of the City's health plan, and the cost difference between the top-ranked Proposers, Aetna and UMR, and Cigna was approximately \$1,000 - \$5,000 annually; and

**WHEREAS**, although Cigna was the second-ranked Proposer for the EAP benefit, Cigna was the top-ranked medical ASO service Proposer, and the Administration recommends negotiating with Cigna for the EAP benefit, as the goal of efficient benefit coordination, by working with the same provider, outweighs the negligible price difference between the top-ranked Proposers and Cigna; and

**WHEREAS**, the City Manager considered all of the responsive submissions and the results of the Evaluation Committee process; and

**WHEREAS**, the City Manager recommends that the Administration be authorized to negotiate with the following Proposers in the following categories: Cigna, as the top-ranked Proposer for medical ASO and Pharmacy; Symetra as top-ranked Proposer for Reinsurance/Stop-Loss; and Cigna as second-ranked Proposer for EAP; and upon completion of successful negotiations, that the Mayor and City Clerk be authorized to execute the final agreements.

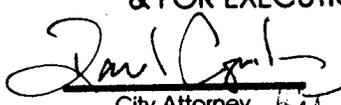
**NOW, THEREFORE, BE IT DULY RESOLVED BY THE MAYOR AND CITY COMMISSION OF THE CITY OF MIAMI BEACH, FLORIDA**, that the Mayor and City Commission hereby accept the recommendation of the City Manager pertaining to the ranking of proposals, pursuant to Request for Proposals No. 2016-086-WG - Health Plan Services and Benefits to the City of Miami Beach Active Employees, Dependents, Pre-65 Retirees, and Post-65 Retirees; authorize the Administration to negotiate with the following Proposers in the following categories of health plan services: Cigna Health and Life Insurance Co., as top-ranked Proposer for the Medical Administrative Service Only and Pharmacy Services; Symetra Life Insurance Co., as top-ranked proposer for the Reinsurance/Stop Loss Services; and Cigna Health and Life Insurance Co., as second-ranked Proposer for the Employee Assistance Program; and further authorizing the Mayor and City Clerk to execute agreements upon conclusion of successful negotiations with the Administration.

**PASSED AND ADOPTED** this \_\_\_\_\_ day of \_\_\_\_\_ 2016.

**ATTEST:**

\_\_\_\_\_  
RAFAEL E. GRANADO, CITY CLERK

\_\_\_\_\_  
PHILIP LEVINE, MAYOR

APPROVED AS TO  
FORM & LANGUAGE  
& FOR EXECUTION  
  
\_\_\_\_\_  
City Attorney  
6/1/16  
\_\_\_\_\_  
Date

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# MIAMIBEACH

OFFICE OF THE MAYOR AND COMMISSION  
MEMORANDUM

TO: Jimmy Morales, City Manager  
FROM: John Elizabeth Alemán, Commissioner  
DATE: June 6th, 2016  
SUBJECT: Agenda item for June 2016 City Commission Meeting

Please place the following item on the June 8<sup>th</sup> City Commission Meeting Agenda:

***A discussion item on the status of the Little Havana meals program at the Stella Maris House***

I understand that Little Havana intends to terminate the meal program at the Stella Maris House senior center at 8638 Harding Ave, Miami Beach, FL 33141. Would you be able to have someone give an update on this issue that affects our residents there?

If you have any questions please do not hesitate to call our office at ext.6473.

Thank you!

MIAMIBEACH

**Commissioner John Elizabeth Alemán**

OFFICE OF MAYOR AND COMMISSION

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