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TO: Goodhue County Commissioners
FROM: Jessica Ahlbrecht, HR Manager
DATE: February 28, 2023
RE: HealthCheck 360 Biometric Testing Contract

Goodhue County has utilized HealthCheck 360 to conduct biometric testing for eligible employees as well as spouses and retirees who are covered by the County health plan. The biometric testing provides valuable health information to participants including statistics on cholesterol, glucose and thyroid levels.

The current contract is up for renewal and we recommend renewal for a 2-year term which would cover 2023 and 2024.



HEALTHCHECK360 STATEMENT OF WORK

This Statement of Work, to be implemented and effective as of _____ (“Effective Date”), is part of and incorporated into the Wellness and Health Services Agreement (“Agreement”) between _____ Goodhue County _____ (“Company”) and HealthCheck360, a division of Butler Healthcorp, Inc. (“HealthCheck360”) amending the Wellness and Health Services Agreement dated _____ for the purpose of providing health related services to employees of Company and their dependents. In the event of any conflict between the Agreement and this Statement of Work, the terms of the Agreement shall govern.

I. TERM

This Statement of Work shall be effective as of the Effective Date and shall continue for a two (2) year term, unless otherwise terminated pursuant to the terms hereof.

II. PROGRAM FEES

Type	Description	Price	Fee per
Program Fees			
Initial here to elect _____	Onsite Screenings*	\$137.00	Participant
_____	Walk-in Clinic	\$156.00	Participant
*Onsite screenings will be billed for a minimum of 20 participants per event			
Applies to both venipuncture and fingerstick. Includes screening, account management, portal access, wellness challenges, inbound coaching, communication package, and incentive consulting/management.			
Additional Program Fees (only applicable if elected)			
Initial here to elect _____	Web Portal Only Fee	\$66.00	Per eligible non-biometric participant per year
Initial here to elect _____	Program Only/Physician Form* Participation Fee	\$79.00	Participant screened by third party vendor or uses physician form process
*A \$15 surcharge will apply to the increased processing associated with incomplete or returned physician forms. This surcharge includes up to three (3) outreaches per form.			

Additional Testing Costs (only applicable if elected)			
Initial here to elect _____	Thyroid-Stimulating Hormone (TSH)	\$19.75	Eligible Participant defined as: <input type="checkbox"/> All participants <input type="checkbox"/> Females only
Initial here to elect _____	Prostate-Specific Antigen (PSA)	\$19.75	Eligible Participant defined as all males aged: <input type="checkbox"/> ≥35 <input type="checkbox"/> ≥45 <input type="checkbox"/> ≥40 <input type="checkbox"/> ≥50
Initial here to elect _____	C Reactive Protein (hs-CrP)	\$19.75	Eligible Participant defined as all participants on screening date
Initial here to elect _____	Hemoglobin A1c (hA1c)	\$19.75	Eligible Participant defined as all participants with biometric values on the fasting plasma glucose test with results: <input type="checkbox"/> ≥100 <input type="checkbox"/> ≥110 <input type="checkbox"/> ≥115 <input type="checkbox"/> ≥126 This venipuncture test requires an additional vial of blood to be taken from all participants
Initial here to elect _____	Complete Blood Count (CBC)	\$25.50	Eligible Participant defined as all participants on screening date. This test requires an additional vial of blood to be taken from all participants

COACHING FEES

Health Coaching (only applicable if elected)			
Initial here to elect _____	Review of Findings Model	\$45.00	Per HRA participant per year
Initial here to elect _____	Targeted Intervention Model	\$82.00	Per HRA participant per year
Initial here to elect _____	Reasonable Alternative Standard Coaching Model	\$165.00	Per enrolled participant in reasonable alternative standard
Initial here to elect _____	Risk Specific Coaching (select those that apply)	\$375.00	Per enrolled program participant: <input type="checkbox"/> Resiliency Program <input type="checkbox"/> Weight Loss Program <input type="checkbox"/> Pre-diabetes Program <input type="checkbox"/> Pre-hypertension Program <input type="checkbox"/> Nicotine Cessation Program



CONDITION MANAGEMENT FEES

Program Type		Fee	Per								
Initial here to elect _____	Diabetes Management	\$3.25	Eligible Employee, Per Month								
Initial here to elect _____	2 Disease States	\$3.75	Eligible Employee, Per Month								
Initial here to elect _____	3 Disease States	\$4.25	Eligible Employee, Per Month								
Initial here to elect _____	4 Disease States	\$4.50	Eligible Employee, Per Month								
Initial here to elect _____	5 Disease States	\$4.60	Eligible Employee, Per Month								
Initial here to elect _____	6 Disease States	\$4.70	Eligible Employee, Per Month								
Initial here to elect _____	7 Disease States	\$4.80	Eligible Employee, Per Month								
Initial here to elect _____	8 Disease States	\$4.90	Eligible Employee, Per Month								
Claims feed set up fee		\$2,500.00	One time set up fee								
Choose from the following disease states: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Diabetes</td> <td><input type="checkbox"/> Ischemic Heart Disease</td> </tr> <tr> <td><input type="checkbox"/> Hypertension (High Blood Pressure)</td> <td><input type="checkbox"/> Asthma</td> </tr> <tr> <td><input type="checkbox"/> High Cholesterol</td> <td><input type="checkbox"/> Heart Failure</td> </tr> <tr> <td><input type="checkbox"/> COPD</td> <td><input type="checkbox"/> Chronic Kidney Disease</td> </tr> </table>				<input type="checkbox"/> Diabetes	<input type="checkbox"/> Ischemic Heart Disease	<input type="checkbox"/> Hypertension (High Blood Pressure)	<input type="checkbox"/> Asthma	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Heart Failure	<input type="checkbox"/> COPD	<input type="checkbox"/> Chronic Kidney Disease
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<input type="checkbox"/> COPD	<input type="checkbox"/> Chronic Kidney Disease										
The Company shall notify HealthCheck360 of additional employees under its medical benefits program. HealthCheck360 retains the right to adjust and verify the payments due based upon changes on the number of employees on each billing date.											



BIOMETRIC SCREENING AND PROGRAM SURCHARGES

Off hours and Weekend Fees are subject to a 20% surcharge on an event basis. Standard hours are considered to be Monday through Friday 6:00 am to 7:00 pm.

Extra Examiner Fees will be One Hundred and Twenty-Five dollars (\$125.00) per hour upon request. Extra Examiner Fees may also be incurred for events that are outside of the following parameters:

20+ participant events will have screenings taking place every 10 minutes.

Events with 1-19 participants will have one examiner with screenings taking place every 10 minutes.

Extra Examiner fees may be incurred for events with any breaks in the schedule.

Screening Rush Fee: Surcharge applied to sum of Participation Fee and applicable Geographic Surcharges

Requests <20 days	10%
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Requests <15 days	30%
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Requests <8 days	50%
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Screening Geographic Surcharges: The Participation Fee for each participant at locations in the geographic areas listed below are subject to an additional surcharge represented in the chart below

Alaska and Hawaii	100%
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Nevada	\$895
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If extensive travel is required, fees may apply. HealthCheck360 will make all attempts to schedule screenings and events to avoid any travel fees.

In the event of the use of external phlebotomists and lab vendors, all data must be received from the Company in the format provided by HealthCheck360. If data file requires re-formatting by HealthCheck360, the Company will pay an Information Services Fee at the rate of Two Hundred Dollars (\$200.00) per hour incurred by HealthCheck360.

For all requests pertaining to data analysis, programming, or reporting not covered in the scope of this agreement the Company will pay an Information Services Fee at the rate of Two Hundred Dollars (\$200.00) per hour incurred by HealthCheck360.

A custom mailing fee of \$3.79 per item will be assessed for printing and/or mailing costs associated with any materials provided outside of the standard HealthCheck360 Program offering. This fee includes the mailing and printing of 2 pages printed in color or 10 pages printed in black and white. If items requested exceed standard mailing expenses, additional fees may apply.

\$10,000 annual minimum will apply to all fees



IN WITNESS WHEREOF, by placing their duly authorized signatures below, the parties hereby execute this Agreement as of the Effective Date and agree to be bound by its terms.

COMPANY

By:

Name:

Title:

Date:

HEALTHCHECK360

By:

Name:

Michael P Kelly

Title:

Vice President

Date:
