

AMENDMENT NO. 002CONTRACT NO. 30000931

FOR

MANAGED OCCUPATIONAL HEALTH CARE SERVICES

Pursuant to Ordinance No.: _____

This Contract was made and entered by and between Managed Healthcare Northwest, hereinafter called Contractor, and the City of Portland, a municipal corporation of the State of Oregon, by and through its duly authorized representatives, hereinafter called City.

Additional compensation is necessary and shall not exceed \$104,000 for the remainder of the contract. Total compensation plus reimbursement under the contract shall not exceed \$225,000. The total compensation allowed for shall include the \$121,000 previously provided for and an additional \$104,000 by this amendment.

This will amend the Bureau of Fire and Police Disability and Retirement (FPDR) contract, #30000931, with Managed Healthcare Northwest (MHN). The only change to this contract is to include the requirement that the FPDR share fifty percent (50%) of a ten percent (10%) network hospital and ambulatory service center discount, in addition to the current contract which requires the FPDR to share fifty percent (50%) of an eleven percent (11%) network provider discount and a five (5%) hospital and ambulatory service center discount.

Effective January 1, 2014, MHN increased the network discount for utilization of MHN hospital and ambulatory service center facilities from five (5%) to ten (10%) which resulted in additional savings to the FPDR. The additional savings resulted in an increase of the FPDR payment for their fifty percent (50%) of the MHN network provider, hospital and ambulatory service center discounts.

All other terms and conditions shall remain unchanged and in full force and effect.

MANAGED HEALTHCARE NORTHWEST

By: _____
Delores Russell, President/Chief Executive Officer Date

Address: 422 E Burnside, Suite 215, Portland, OR 97208-4629
Telephone: 503-413-5800

Contract No. 30000931 Amendment/Change Order No. 2

CITY OF PORTLAND SIGNATURES:

By: _____
Chief Procurement Officer Date

APPROVED:

By: _____
Office of City Auditor Date

APPROVED AS TO FORM:

By: _____
Office of the City Attorney Date

EXHIBIT "A"