

**City of Minneapolis  
Financial Note**

**Subject:** Agreement with OptumInsight, Inc. for insurance eligibility verification services  
**From:** Health Department  
**To:** Health, Environment, Civil Rights & Engagement

**1. What is the duration of the requested project or program?**

Multi-year and/or ongoing program or project

**2. Is this request included in the current year budget?**

Yes  No

**Fund:** 01600-8600152

**3. Is this request supported in any way by grant funds?**

Yes  No

**4. Describe City's ongoing commitment and/or operating impact:**

<b>BUDGET IMPACT</b>					
<i>List all revenues and expenditures related to this request, using a separate line for each identified/anticipated funding source. Add rows if needed.</i>					
<b>Request Financing</b>	<b>Current Year</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
<b>Revenue Sources</b>	LPH				
<b>Expenditures</b>	25000	20,000	15,000	10,000	5,000
<b>Balance (Revenue-Exp.)</b>	20,000	15,000	10,000	5,000	0

<b>PERSONNEL IMPACT</b>					
<i>List all FTEs created or eliminated by this request.</i>					
<b>FTE Details</b>	<b>Current Year</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
<b>FTE Change in FTE Count</b>	n/a				

<b>INFORMATION TECHNOLOGY/SYSTEMS IMPACT</b>					
<i>Use the space below to summarize the impact of this request on the City's current operating environment, its systems, and applications. Add rows if needed.</i>					
<b>IT Impact Description</b>	<b>Current Year</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
	n/a				