

FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL
 (S.F. Campaign and Governmental Conduct Code § 1.126)

FILED
 AUG -6 AM 11:31

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Mayor Edwin M. Lee	City elective office(s) held: Mayor, City and County of San Francisco

Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: MedImpact Healthcare Systems, Inc.	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i>	
(1) Board of Directors: Frederick Howe, David Wheeler, George Goldstein, Matthew Simas, Anand Gowda (2) Chairman and CEO: Frederick Howe; President: Greg Watanabe; CFO: David Wheeler; CIO: John Treiman (no COO) (3) > 20% ownership: Frederick Howe (4) None (5) NA	
Contractor address:	San Diego, CA 92131
Date that contract was approved: 8/2/13	Amount of contract: \$28,291,346
Describe the nature of the contract that was approved: Pharmacy Benefits management Services. Provide online, point-of-service electronic claims adjudication for prescriptions, which includes, but is not limited to: verifying patient and provider eligibility, formulary status of prescribed medication, patient co-pay status.	
Comments:	

This contract was approved by (check applicable):

- the City elective officer(s) identified on this form (Mayor Edwin M. Lee)
- a board on which the City elective officer(s) serves _____
Print Name of Board
- the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits _____
Print Name of Board

Filer Information <i>(Please print clearly.)</i>	
Name of filer: Jason Elliott, Mayor's Liaison to the Board of Supervisors	Contact telephone number: (415) 554-5105
Address: City Hall, Room 200	E-mail: Jason.elliott@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed
8/2/13

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed