CLARK COUNTY BOARD OF COMMISSIONERS
AGENDA ITEM

Petitioner:	Jessica Colvin, Chief Financial Officer Jessica Lyons, Director of Risk Management

Recommendation:

Ratify a funding increase and approve an Amendment to the Contract with Sierra Health-Care Options, Inc., for RFP No. 605220-19, for Utilization Review Services; and authorize the Chief Financial Officer or her designee to sign the Amendment; or take other action as appropriate. (For possible action)

FISCAL IMPACT:

Fund #: 6520.000	Fund Name: Self-Funded Group Insurance
Fund Center: 102020000	Funded PGM/Grant: N/A
Amount: Funding Increase Amount: $2,405,343 and Amendment No. 2 Amount: $5,452,412 for a total of approval of $7,857,755	
Description: Utilization Review Services	
Additional Comments: Amendment No. 2 will increase the Contract amount by $5,452,412, and the funding increase of $2,403,343 combine for a new total Contract amount of $12,787,755. This amount is subject to change based on the number of eligible employees and retirees enrolled in the Clark County Self-Funded Group Medical and Dental Benefits Plan.	

BACKGROUND:

On November 5, 2019, the Board of County Commissioners (Board) approved the award of RFP No. 605220-19 to Sierra Health-Care Options, Inc. (LBE) in the amount of $2,800,000 for utilization review services.

The following are the pertinent provisions of the Contract:

- The term of the Contract was from January 1, 2020, through December 31, 2020 and included the option to renew for 3, one-year periods. Amendment No. 1 added 3 one-year renewal periods. There are no renewal option(s) remaining.
- Included the County's option to terminate for cause, convenience or default and suspend the Contract with advanced written notice.

Amendment No. 1 provided for 3 additional one-year renewal options and included the fee schedule for these additional years.

Approval of this funding increase will formalize the additional funding used for the fluctuation of plan participants not captured in the amount referenced in the approval agenda for Amendment No. 1.

Approval of Amendment No. 2 will provide for 3 additional one-year renewal options and includes the fee schedule for these additional years. The attached Amendment No. 2 document details the modifications and costs involved.

Cleared for Agenda

Agenda Item #

Sierra Health-Care Options, Inc. currently holds a Clark County Business License.

Contract Summary:

BCC Agenda Date	Agenda Item No.	Description	Amount (*)
11/5/2019	5	Contract Award	$2,800,000
1/3/2023	16	Amendment No. 1	$2,130,000
TBD	TBD	Funding Increase and Amendment No. 2	$7,857,755
		New Total Contract Amount	$12,787,755

(*) Amounts reported reflect the maximum allowable and are inclusive of annual escalators.

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Sarah Schaerrer

Sarah Schaerrer (Sep 8, 2026 10:21:45 PDT)

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)						
☐ Sole Proprietorship	☐ Partnership	☐ Limited Liability Company	☑ Corporation	☐ Trust	☐ Non-Profit Organization	☐ Other

Business Designation Group (Please select all that apply)						
☐ MBE	☐ WBE	☐ SBE	☐ PBE	☐ VET	☐ DVET	☐ ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business

Number of Clark County Nevada Residents Employed: 1,005

Corporate/Business Entity Name:	Sierra Health-Care Options, Inc (SHO)		
(Include d.b.a., if applicable)			
Street Address:	2720 North Tenaya Way	Website:	www.sierrahealthcareoptions.com
City, State and Zip Code:	Las Vegas, NV 89128	POC Name:	Leslie Hare
		Email:	leslie.hare@uhc.com
Telephone No:	702-242-7840	Fax No:	
Nevada Local Street Address: (If different from above)		Website:	
City, State and Zip Code:		Local Fax No:	
Local Telephone No:		Local POC Name:	
		Email:	

All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business entity appearing before the Board.

Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s).

Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Sierra Health Services, Inc		100%

This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? ☑ Yes ☐ No

1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

   ☐ Yes ☐ No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)

2. Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

   ☐ Yes ☐ No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

Leslie Hare — Digitally signed by Leslie Hare Date: 2026.08.12 12:21:39 -05'00'
Signature

Leslie Hare
Print Name

President, Sierra Health-Care Options, Inc.
Title

8/12/2026
Date

REVISED 7/25/2014

DISCLOSURE OF RELATIONSHIP

List any disclosures below:
(Mark N/A, if not applicable.)

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT

* County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

"Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

"To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

- Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree)
- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

For County Use Only:

If any Disclosure of Relationship is noted above, please complete the following:

☐ Yes ☐ No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?

☐ Yes ☐ No Is the County employee(s) noted above involved in any way with the business in performance of the contract?

Notes/Comments:

Leslie Hare Digitally signed by Leslie Hare Date: 2026.08.12 12:22:23 -05'00'

Signature

Leslie Hare

Print Name
Authorized Department Representative

togetherforbetter

AMENDMENT NO. 2
RFP NO. 605220-19
UTILIZATION REVIEW SERVICES

THIS AMENDMENT is made and entered into this _____ day of _____20____, by and between CLARK COUNTY, NEVADA (hereinafter referred to as "COUNTY"), and SIERRA HEALTH-CARE OPTIONS, INC. (hereinafter referred to as "PROVIDER").

WITNESSETH:

WHEREAS the parties entered into an agreement under RFP Number 605220-19, entitled "Utilization Review Services" dated December 17, 2019 (hereinafter referred to as CONTRACT); and

WHEREAS the parties desire to amend the CONTRACT.

NOW, THEREFORE, the parties agree to amend the CONTRACT as follows:

1. Page 1, Section I: Term of Contract, 1st Sentence, as revised by Amendment No. 1,

   ORIGINALLY READ:

   "COUNTY agrees to retain PROVIDER for the period from January 1, 2020, through December 31, 2020, with the option to renew for six (6), one-year periods subject to the provisions of Sections II and VIII herein."

   REVISED TO READ:

   "COUNTY agrees to retain PROVIDER for the period from January 1, 2020, through December 31, 2020, with the option to renew for nine (9), one-year periods subject to the provisions of Sections II and VIII herein."

2. Revised Page D-1, Exhibit D, as revised by Amendment No. 1 to be replaced in its entirety by Revised Page D-1, attached to this Amendment No 2.

Except as expressly amended herein, the terms and conditions of the CONTRACT shall remain in full force and effect.

PROVIDER:
SIERRA HEALTH-CARE OPTIONS, INC.

By: _____ Date: Sept 2nd, 2026
KIMBERLY SONERHOLM
Health Plan President & CEO Nevada/Utah/Idaho

COUNTY:
COUNTY OF CLARK, NEVADA

By: _____ Date: _____
JESSICA COLVIN
Chief Financial Officer

APPROVED AS TO FORM:
STEVEN B. WOLFSON, District Attorney

By: Sarah Schaerrer Date: 09/08/2026
Sarah Schaerrer (Sep 8, 2026 10:21:45 PDT)
SARAH SCHAERRER
Deputy District Attorney

EXHIBIT D
FEE SCHEDULE
Revised per Amendment No. 2

Item No.	Description of Utilization Review Services	Unit of Measure	Year 1	Year 2 1st Renewal Period	Year 3 2nd Renewal Period	Year 4 3rd Renewal Period	Year 5 4th Renewal Period	Year 6 5th Renewal Period	Year 7 6th Renewal Period	Year 8 7th Renewal Period	Year 9 8th Renewal Period	Year 10 9th Renewal Period
1	Cost per employee/retiree per month for **inpatient** review services	Per Employee Per Month	*Included*	*Included*	*Included*	*Included*	*Included*	*Included*	*Included*	*Included*	*Included*	*Included*
2	Cost per employee/retiree per month for **outpatient** review services	Per Employee Per Month	*Included*	*Included*	*Included*	*Included*	*Included*	*Included*	*Included*	*Included*	*Included*	*Included*
3	Cost per employee/retiree per month for large case management	Per Employee Per Month	*Included*	*Included*	*Included*	*Included*	*Included*	*Included*	*Included*	*Included*	*Included*	*Included*
4	Cost per employee/retiree per month for <u>all</u> utilization review services requested.	Per Employee Per Month	*Included*	*Included*	*Included*	*Included*	*Included*	*Included*	*Included*	*Included*	*Included*	*Included*
5	Cost per hospital bill audit.	Each	*Included*	*Included*	*Included*	*Included*	*Included*	*Included*	*Included*	*Included*	*Included*	*Included*
6	Cost for Hospital/ER Chart Review	Each	*Included*	*Included*	*Included*	*Included*	*Included*	*Included*	*Included*	*Included*	*Included*	*Included*
7	Itemize any additional Costs Any other costs that may be assessed to Clark County	Each	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*Included*	*Included*	*Included*
8	24/7 Nurse Hotline	Each	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*Included*	*Included*	*Included*
		TOTAL	**$5.75**	**$5.87**	**$5.98**	**$5.98**	**$6.10**	**$6.22**	**$6.34**	**$7.50**	**$7.80**	**$8.10**

AGENDA SYNOPSIS

TITLE: RFP 605220-19 Utilization Review Services	PR NO: N/A
AGENDA TYPE: Funding Increase and Amendment	
ACTION/PURPOSE: Ratify funding increase and approve Amendment	
FISCAL IMPACT: ***$7,857,755***	
CONTRACT TERM: *1/1/2020 -12/31/2020*	RENEWAL OPTIONS: 3 one-year

ISSUES: There has been an increase in participation in the health benefit plans by both new employees and retirees. Since Amendment No. 1 went to the Board, these increases have resulted in an increase in the contract amount of $2,405,343 above what was reported to the Board. In the department's defense, the agenda item allowed for some flexibility in the funding box by stating "This amount is subject to change based on the number of eligible employees and retirees enrolled in the Clark County Self-Funded Group Medical and Dental Benefits Plan.", however Management is not comfortable with the resulting dollar amount and wanted it reported as part of this agenda effort.
Finally, this contract expires on 12/31/26.

RESOLUTION: In order to capture the additional, spend not initially reported to the Board, this effort includes a ratification of a funding increase in the amount of $2,405,343 in addition to adding 3 more one-year renewal options to keep the contract in place while the department strategizes their next moves.

CONTRACT TOTALS:

Initial Contract Award: $2,800,000
Amendment No. 1: $2,130,000
Funding Increase and Amendment No. 2: $7,857,755

New Total Contract Amount: $12,787,755

Business License Detail Information

License Number:	2001796.543
MJBL Number:	
Business:	Sierra Health-Care Options, Inc. 2720 N Tenaya Way Las Vegas, NV 89128
Business Telephone:	(702) 240-8739
License Category:	Business Support Service
Status:	Licensed
Date of License:	07/26/2011
Out of Business Date:	

Business Owner(s)
Sierra Health-Care Options, Inc.

Return to Previous Page
Return to Business License Database Search Options

MEMORANDUM

Purchasing & Contracts

Jessica Colvin, Chief Financial Officer
Brett M. Wood, Purchasing Deputy Director
Adriane Garcia, Purchasing Manager

TO: BRETT M. WOOD, PURCHASING DEPUTY DIRECTOR

FROM: ADRIANE GARCIA, PURCHASING MANAGER

SUBJECT: RATIFICATION APPROVAL

DATE: 9/2/2026

Purchasing and Risk Management are in the process of presenting a funding increase and Amendment No. 2 action. This ratification memo is for the funding increase request of this effort. In the previous award and prior amendment fiscal impact section of the agenda item, the following language has been included due to the constant fluctuation in users of this contract:

"This amount is subject to change based on the number of eligible employees and retirees enrolled in the Clark County Self-Funded Group Medical and Dental Benefits Plan."

During the 7-year term of the contract, the department has used an additional $2,405,343 in funding that was not reported to the Board. It has been determined that this dollar amount needs to be reported to the Board as part of an agenda to request additional years and funding in order to better represent the usage of these services.

Attachments: None

REVIEWED BY:

Brett Wood — 9/2/26

PURCHASING DEPUTY DIRECTOR — DATE