



# City of Houston Pay or Play Program



Public Works and Engineering  
Small Business Development Group

# Pay or Play Program Background

**Executive Order 1-7** (2007) requires that all City of Houston consultants providing professional, construction or service contracts abide by the Pay or Play Program (POP) if their contracts award amounts are over \$100,000 (prime), or \$200,000 (subcontractor).

*Note: Program does not apply to any contract in which the primary purpose is procurement of property, goods, supplies, and or equipment*

# Pay or Play Program Purpose

**The purpose of the Pay or Play program is to:**

- Create a more level playing field among competing contractors.
- Encourage contractors to provide their employees with a minimum level of health care coverage.
- Account for the costs associated with the uninsured in Houston and Harris County by designating a fund to off-set those costs.

# Pay or Play Eligible Employees

## **POP eligible employees:**

- Over the age of 18
- Work at least 30 hours per week
- Work any amount of time under a covered city contract or sub-contract

# PLAY Option

**Contractors who opt to “PLAY” will:**

Provide health benefits to covered employees which means:

- The contractor contributes no less than \$150 per covered employee per month toward the total premium cost;
- The covered employee contributes, no greater than 50% of the total monthly premium cost (for Single coverage)

# PLAY Option

## **Contractors who opt to “PLAY” will:**

- Submit quarterly POP 7 forms through the Pay or Play Management System (POPMS), and an insurance invoice detailing the employees working on a COH contract.

### **Exempt employees:**

If an employee refuses company sponsored health insurance or has insurance through some other means (Medicaid, etc.), a **POP 8** form needs to be submitted.

# Pay or Play Eligible Employees

## **Contractors who opt to "PAY" will:**

- Contribute \$1.00 per hour for each employee working on a POP eligible COH contract up to a maximum of \$40 per week.
- Submit POP-5 forms (weekly) via the POPMS system listing the employees and hours worked for YOUR FIRM and hours worked on the CITY contract.



# Pay or Play Management System 3.0 (POPMS)

# POPMS: System Overview

## The Pay or Play Management System Advantages:

- Reduced paperwork.
- Ability to enter POP-5 and POP-7 forms directly to the system
- Ability to upload documents directly in to the system
- Track submissions and/or invoices (POP 5)

**POPMS site: <http://POPMS.HOUSTONTX.GOV>**



# POPMS: Access Sheet



## PUBLIC WORKS & ENGINEERING PAY OR PLAY MANAGEMENT SYSTEM ACCESS REQUEST FORM

To save a copy of this form, download the latest version of Adobe Reader by clicking [here](#).

Submit completed form to: [pwe\\_payorplayprogram@houstontx.gov](mailto:pwe_payorplayprogram@houstontx.gov)

Date:  /  /

NEW  UPDATE  TERMINATE

### I. REQUEST INFORMATION (\*Required)

\*Employee Name:

\*Job Title:

\*Job Function:

\*Non-City of Houston Employee:

Company Name:

Address:

Phone: (  )  Fax: (  )

Email:

\*City of Houston Employee Only:

Department:

Division:

Branch:

### II. REASON FOR REQUEST:

**\*\*FOR PWE SMALL BUSINESS DEVELOPMENT GROUP USE ONLY\*\***

III. AUTHORIZATION (PWE POPMS ADMINISTRATOR):  APPROVE  DENY

/   
(PRINT) (SIGNATURE)

NOTIFICATION DATE



# POPMS: Submit POP Documents



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Official Site for Houston, Texas



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**ACME CONSTRUCTION COMPANY**

**CONTRACT MAINTENANCE**

Contract Home

Documents

Assigned Vendors

**INSURANCE SUBMISSION**

Insurance Queue

All Insurance Submissions

**LABOR SUBMISSION**

Labor Submission Queue

All Labor Submissions

**INVOICES**

Open Invoices

Paid Invoices

## Contract Details

**4600002490: Construction Project #3**  
Prime: Acme Construction Company

### Contract Information

Contract No: <b>4600002490</b>	Prime Contractor: <b>Acme Construction Company</b>
Start Date: <b>05/01/12</b>	Contract Type: <b>Construction</b>
End Date: <b>12/31/13</b>	Total Amount: <b>\$1,500,000.00</b>
Department: <b>PWE</b>	Project No: <b>M-0001012-000-2</b>
Contract Status: <b>ACTIVE</b>	Close Date:

Contract Desc:

# POPMS: POP 5


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ACME CONSTRUCTION COMPANY

CONTRACT MAINTENANCE

INSURANCE SUBMISSION

LABOR SUBMISSION

INVOICES

## Enter Labor Hours: Form POP-5

**4600002490: Construction Project #3**  
 Prime: Acme Construction Company      Reporting Period: MAY-07-2012 -- MAY-13-2012

<input type="checkbox"/>	Employee Name	Employee ID	Pay or Exempt	Hours Worked	Hours on Contract	Amount Due	Edit
<input type="checkbox"/>	Donald, James	12121	P	40	20	20	<a href="#">Edit</a>
<input type="checkbox"/>	Smith, John	4856	P	29	20	0	<a href="#">Edit</a>
				69	40	20.00	

Employee No	Employee Name	POP Option	<a href="#">Total Hours Worked for YOUR FIRM</a>	<a href="#">Hours Worked on CITY CONTRACT</a>	<input type="button" value="Add Employees"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="Pay"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add Labor"/>

By placing a check in this checkbox, you are signing this form electronically. You agree that this electronic signature is the legal equivalent of your manual signature.

Please accept the terms and conditions...





# POPMS: POP 5 Invoice



**City of Houston**

Public Works and Engineering  
PO Box 61185  
Houston, TX 77208-1185  
Phone Number: 832-395-2515  
Fax Number: 832-395-2509  
Email: pwe.payorplayprogram@houstontx.gov

## Invoice

INVOICE #: **1,103**  
DATE: **August 28, 2013**

**TO:**  
Acme Construction Company  
  
Houston, Texas 77001  
Attn: Fazal S

**FOR:**  
City of Houston Executive Order 1-7 "Pay or Play" Policy  
Contract: 4600002490 - Acme Construction Company  
The period beginning 10/01/2012 ending 10/07/2012

DESCRIPTION						AMOUNT
Prime Contractor: Acme Construction Company						\$30.00
<u>Contract Number</u>	<u>Start Date</u>	<u>End Date</u>	<u>Labor Hrs</u>	<u>Contract Hrs</u>		
4600002490	2012-10-01	2012-10-07	96.00	78.00		30.00
<b>TOTAL</b>						<b>\$30.00</b>

Make all checks payable to **The City of Houston, P.O. Box 61185 Houston Texas 77208-1185.**  
Be sure to include both the contract number and invoice number on all checks. Payment is due within 10 days.

# POPMS: POP 7



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- LABOR SUBMISSION
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  - All Labor Submissions
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  - Paid Invoices
- HELP & SUPPORT
  - Frequently Asked Questions
  - Privacy Policy

### Submit Insurance Information: Form POP-7

4600002490: Construction Project #3  
Prime: Acme Construction Company    Qtr Ending: JUN-30-2013

#### Employee Health Benefits Form (PLAY Option)

The purpose of this form POP-7 is to report compliance by contractors/subcontractors who opted to provide health benefits to covered employees in accordance with the City of Houston Pay or Play Program as outlined in Executive Order 1-7. The contractor/subcontractor will submit this form, along with proof of payment (i.e. photocopies of invoices from the insurance provider) to the city department that manages the contract within 30 calendar days of the contract start date, and again every quarter thereafter. The prime contractor should submit a separate form for each subcontractor. The City of Houston may request additional documentation to support the information reported on the form.

Select Reporting Quarter

Period: JUN-30-2013

Contract No: 4600002490

Contractor: P - Acme Construction Company

Import existing employee information from previous period.

No Work This Period    Enter Premium    Return



# POPMS: POP 7

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  - Privacy Policy
  - Site Map
  - Download POP Forms

## Enter Insurance Information: Form POP-7

**4600002490: Construction Project #3**  
 Prime: Acme Construction Company    Qtr Ending: JUN-30-2013

Delete Rows

<input type="checkbox"/>	Employee Name	Emp ID	Cov Type	Employer Contrib	Employee Contrib	Start Date	End Date	Action
<input type="checkbox"/>	Smith, John	4856	S	250	150	01/02/2014	02/02/2015	<a href="#">Edit</a>

No Document Links Available

Employee No	Employee Name	Coverage Type	Contractor Contribution	Employee Contribution	Start Date	End Date	
<input type="text"/>	<input type="text"/>	Self	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add Employees"/> <input type="button" value="Add Premium"/>

By placing a check in this checkbox, you are signing this form electronically. You agree that this electronic signature is the legal equivalent of your manual signature.



# POPMS: Preview POP 7



## City of Houston Pay or Play Program Contractor/Subcontractor Reporting Form(Play Option)

\*Only completed forms will be accepted

The purpose of this form POP-7 is to report compliance by contractors/subcontractors who opted to provide Health benefits to covered employees in accordance with the City of Houston Pay or Play Program as outlined in EO 1-7. The prime contractor will submit this form, along with proof of payment (photocopies of paid Invoice, for example) to the City department that manages the contract within 30 calendar days of the contract award date, and again every quarter thereafter. The prime contractor may submit a separate form for each subcontractor. The City of Houston may request additional documentation to support the information reported on this form

Initial Report: Yes  No  Report for Quarter Ending: 03/31/2013 Prime  Sub-Contractor

Company name: Acme Construction Company \$ \$1,500,000.00  
(Amount Contract)

Company Address: \_\_\_\_\_ Phone: 215-395-6987

Project No:(GFS/CIP/AIP/File No. 4600002490 Project Name: Acme Construction Company

Health Benefit Provider/Organization Blue Cross

Group No. or Payer ID# 10081 Phone: 215-395-6987

Employee Name	New? (X)	Insurance ID # (Please do not use SS#; use Policy # or any other alternate means of	Coverage Type	Insurance Premium (Monthly)		Benefit Year Coverage	
				Employer Contribution \$	Employee Contribute \$	Start Date	End Date
Jesse Ortiz		0011	S	\$250.00	\$100.00	10/15/2012	10/15/2013

Contractor Signature: \_\_\_\_\_  
Update submitted by contractor's authorized representative:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Submitted



# POP Coordinator (PWE)

## Contact Info:

**Jesse Ortiz**

**E-mail: [Jesse.Ortiz@houstontx.gov](mailto:Jesse.Ortiz@houstontx.gov)**

**Phone: 832-395-2490**

**THANK YOU**



## City of Houston Public Works & Engineering Pay or Play Program

**Executive Order 1-7** and **Ordinance 2007-537** requires contractors/consultants to either provide a minimum level of health insurance to their employees (PLAY), pay a fee based on the number of hours their employees work on a City of Houston contract (PAY) or both. This program applies to construction, professional service, and service contracts valued at or above \$100,000 for prime-contractors and \$200,000 for sub-contractors.

This program applies to employees of a covered contractor or subcontractor, including contract laborers, which are over age 18, work at least 30 hours per week and work any amount of time on a POP eligible contract.

### PLAY

The 'play' option is designated for contractors/consultants that offer or agree to offer a minimum level of health insurance to their employees working on a POP eligible COH contract.

- If the 'play' option is selected, a **POP 7** form, and a health insurance invoice is due every quarter.
- Employees that refuse company-sponsored health insurance or have insurance through some other means (Medicaid, etc.) may be considered exempt. A **POP 8** form will need to be approved.

### PAY

The 'pay' option is designated for contractors/consultants that **do not** offer health insurance to their employees. The contractor will be assessed a **dollar per-hour fee** based on the number of hours non-exempt employees work on a POP eligible COH contract. The maximum fee amount is \$40 a week per employee.

- If the "pay" option is selected, **POP 5** forms are due weekly.

All PWE POP eligible contractors (prime and subcontractors) must submit their POP documents to the **POPMS site**: (<http://popms.houstontx.gov>). Please contact our department to gain access to the site.

### Additional POP Forms:

POP 1	Pay or Play Acknowledgement Form
POP 2	Certification of Compliance with POP Form
POP 3	List of Subcontractors Form
POP 8	Employee Waiver Request Form
POP 9	Self-Insured Company Form

### For information regarding the Pay or Play Program please contact:

PWE Pay or Play Coordinator

E-mail: [pwe.payorplayprogram@houstontx.gov](mailto:pwe.payorplayprogram@houstontx.gov)

Phone: 832-395-2515

PWE Pay or Play website: [www.publicworks.houstontx.gov/pop.html](http://www.publicworks.houstontx.gov/pop.html)



**PUBLIC WORKS & ENGINEERING**  
**PAY OR PLAY MANAGEMENT SYSTEM**  
**ACCESS REQUEST FORM**

To save a copy of this form, download the latest version of Adobe Reader by clicking [here](#).

Submit completed form to: [pwe.payorplayprogram@houstontx.gov](mailto:pwe.payorplayprogram@houstontx.gov)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_ NEW \_\_\_ UPDATE \_\_\_ TERMINATE

**I. REQUEST INFORMATION (\*Required)**

\*Employee Name: \_\_\_\_\_

\*Job Title: \_\_\_\_\_

\*Job Function: \_\_\_\_\_

\*Non-City of Houston Employee:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

\*City of Houston Employee Only:

Department: \_\_\_\_\_

Division: \_\_\_\_\_

Branch: \_\_\_\_\_

**II. REASON FOR REQUEST:**

**\*\*FOR PWE SMALL BUSINESS DEVELOPMENT GROUP USE ONLY\*\***

**III. AUTHORIZATION (PWE POPMS ADMINISTRATOR):** \_\_\_\_\_ APPROVE \_\_\_\_\_ DENY

\_\_\_\_\_  
 (PRINT) (SIGNATURE)

\_\_\_\_\_  
 NOTIFICATION DATE