USI Insurance Services

Request for Proposal
Franklin County, Virginia

Medical/Rx Coverage

Effective Date: July 1, 2020
Release Date: October 30, 2019
Proposal Due Date: November 19, 2019

Prepared by:
Celeste Kane, Account Executive

USI Insurance Services
4840 Cox Road, Suite 150
Glen Allen, VA 23060
804.729.9819 phone

RFP Signature Sheet
Franklin County, Virginia

The undersigned is familiar with the specifications and other information as supplied in this Request for Proposal and understands that the County of Franklin will not be responsible for any errors or omissions on the part of the undersigned in making up the proposal. Any deviations or exceptions must be fully explained in writing by the undersigned.

It is understood that the County of Franklin reserves the right to reject any or all proposals or any part thereof, or to accept any proposal or any part thereof, and to waive any informalities in any proposal deemed to be in the best interest of the County of Franklin. The undersigned agrees that the proposal submitted shall remain open and available to contract by the County of Franklin for a July 1, 2020 effective date.

The undersigned agrees and understands that this request is for a proposal and is willing to discuss all proposals with the County of Franklin's Insurance Consultant and is willing to negotiate with the Consultant as required.

My signature also certifies that this firm has no business or personal relationships with any other companies or persons that could be considered as a conflict of interest or potential conflict of interest to the County of Franklin, and that there are no principals, officers, agents, employees, or representatives of this firm that have any business or personal relationships with any other companies or persons that could be considered as a conflict of interest or a potential conflict of interest to the County of Franklin pertaining to any and all work or services to be performed as a result of this request and any resulting contract with the County of Franklin:

Name of Firm _____

Address _____

_____

E-mail Address _____

Signature _____

Name (Typed/Printed) _____

Title _____

Telephone _____

Date _____

This signature sheet must be returned with your proposal, as it shall be a part of your response. It must be included to receive consideration for award of business.

PURPOSE: The purpose and intent of this Request for Proposal (RFP) is to solicit formal sealed proposals from qualified sources to establish a contract(s) through competitive negotiations associated with providing a group medical/prescription drug program to the employees of the County of Franklin (hereafter referred to as the "County").

The objectives and intent of this RFP:

1. To provide employees with a quality, affordable medical/prescription drug program and wellness program responsive to the needs of employees;

2. To partner with a carrier to ensure costs are managed effectively by taking advantage of cost and utilization management opportunities available in the marketplace while maintaining quality.

BACKGROUND: The County of Franklin has retained USI Insurance as their healthcare program consultant. Services of the consultant may include, but are not limited to, the analysis of existing benefit designs and funding arrangements; strategic planning of alternative programs; preparation of program specifications and criteria; the analysis and evaluation of proposal responses; and, preparation of final reports and recommendations for award(s).

The County of Franklin has provided health insurance coverage on a fully insured basis through Anthem for five years. Prior to providing Anthem health insurance, The County of Franklin provided coverage through Coventry. The current contract has a pooling point of $125,000 and renews July 1, 2020. Currently, there are 382 eligible employees with 314 of those enrolled in one of two plans. They offer two PPO plans. More detailed information about the current plans can be found in the Exhibits document (Plan Designs tab).

Franklin County implemented a spousal exclusion effective July 1, 2014. Only spouses that do not have access to healthcare through their own employer are eligible for coverage under Franklin County's plan.

PERIOD OF CONTRACT: The period of performance for this contract shall be one year, subject to appropriation of funds, from the effective date of July 1, 2020. The contract may be renewed for four additional one (1) year terms if both parties agree, contingent upon rate adjustments and the availability of funds.

COMPETITION/COMPANY LIMITATION: It is the intent of this RFP to permit competition. It shall be the Offeror's responsibility to advise the Employer in writing if any language, requirements, specifications, etc. or any combinations thereof, inadvertently restricts or limits to a single source the requirements stated in this RFP.

Such notification must be received by the Contract Administrator no later than ten (10) days prior to the date set for acceptance of proposals. Comments as to how bid or proposal documents, specifications or diagrams can be improved are welcome at any time, including prior to the deadline for the receipt of bids or proposals or award of contract.

WITHDRAWAL OF BIDS DUE TO ERROR: Section 11-54 of The Code of Virginia shall govern withdrawal of bids due to error.

All price quotations should be net of agent or broker commissions/fees. If commissions cannot be removed, these amounts must be separately identified and explained in the financial exhibit.

SCOPE OF WORK: The scope of work shall include but may not be limited to the criteria set forth below. **Outline in writing how these minimum services will be met.**

Minimum Services to Be Performed

1. Provide networks of providers which are broad enough to ensure that all members (active and retired) have "reasonable access" to an adequate number of highly qualified primary care and specialist providers. Offerors should understand that the use of the phrase "reasonable access" when used in this RFP with respect to the medical and prescription drug networks means that members should be able to locate several qualified providers within the network who:

    a. Have offices convenient to members' homes or job sites;
    b. Are accepting new patients; and
    c. Can schedule appointments for routine services within a few weeks and emergency appointments immediately.

2. Provide and/or make available necessary, appropriate, and high quality medical and prescription benefits.

3. Assist with the development of a comprehensive wellness program by supplying appropriate County utilization data, clinical personnel and any other pertinent tools.

4. Provide high quality, efficient program administration and services including but not limited to:

    a. Maintaining central claims and membership files for each covered member (including the identification number or other identifying number, dates of coverage, type of coverage, etc.) for each covered member.
    b. Maintaining payment records.
    c. Provide state-of-the-art data tracking and claims payment services.
    d. Provide ID cards directly to members throughout the contract period.
    e. Provide identification cards directly to all covered members prior to the effective date of the program (July 1, 2020). During the contract year, provide identification cards within ten (10) business days of receipt of request.
    f. Meet with the appropriate Employers' management staff(s) within fifteen (15) days after the contract award date to present the proposed communication material, and to jointly establish a preliminary implementation plan and open enrollment program and schedule.
    g. Provide finalized contract to the County for review in a timely manner (15 days).

4. Offeror shall provide responsive and effective customer service for members related to billing, eligibility and claims issues. The County requests that the Offeror's customer service representatives respond to questions and resolve issues/problems directly with members rather than referring the members back to the County.

5. Furnish and deliver to each enrolled employee a benefit booklet (evidence of coverage) outlining and defining all covered services, limitations and exclusions, schedule of benefits, and other plan information requirements. Address your ability to provide one (1) copy to the County on a timely basis, but not later than June 1, 2020. The County will review and approve booklets prior to distribution.

6. Furnish sufficient copies of a Summary of Benefits and Coverage (SBC) and the Uniform Glossary for each eligible employee and retiree during open enrollment periods. Identify any costs to the County.

7. Provide open enrollment materials in hard and electronic copies.

8. Commit to providing staff to participate in annual open enrollment meetings if needed.

9. Maintain complete and total compliance with the HIPAA legislation as it pertains to Private Health Information.

10. Agree to release all pertinent data related to the administration and management of the medical and pharmacy program under the Business Associate Agreement to the County of Franklin and USI Insurance.

11. Each February 1st prior to the annual contract effective date; provide the County of Franklin and their consultant, a complete underwriting analysis.

12. Provide the County of Franklin and their Consultant with a detailed annual accounting showing the expenditure of all funds. Enrollment, premium, claims and expenses must be tracked.

13. Provide a single point of contact responsible for quality control, resolving problems and expediting services related to the overall performance of the contract.

14. Offeror shall provide administrative procedures manual to the County of Franklin to be used to administer the program, including necessary forms and instructions. This should be delivered no later than 15 days after the award of the contract.

15. Provide a systematic procedure for appeal of claims.

16. Provide a contract for the one-year term, with the option to renew annually, which can only be canceled by the insurer or administrator for non-payment of premium or if sufficient funds are not appropriated by the governing bodies.

17. Offeror shall provide proactive disease management programs that address the chronic health condition of the County's population.

18. Offeror will provide meaningful reports to the County to identify utilization patterns, trends, etc. Please include sample reports with your proposal.

General Information

CONTRACT ADMINISTRATOR/TECHNICAL POINT OF CONTACT: The following employees are identified to use all powers under the contract to enforce its faithful performance:

Contract Administrator: All orders from County of Franklin shall be transmitted and communicated through the Contract Administrator. As the Contract Administrator, the following individual, or designee, shall serve as the interpreter of the conditions of the contract and shall use all powers under the contract to enforce its faithful performance:

Christopher L. Whitlow
Interim County Administrator
County of Franklin, Virginia
1255 Franklin Street, Suite 112
Rocky Mount, VA 24151

County Technical Point of Contact: The County Technical Point of Contact for this contract is responsible for the day-to-day administration of the contract. This officer or their designee will be the recipient of management reports, bills for service, and all other routine correspondence related to the contract:

Brian Carter
Director of Finance
County of Franklin, Virginia
1255 Franklin Street, Suite 111
Rocky Mount, VA 24151

Technical Point of Contact: Questions from potential offerors of a technical nature should be submitted in writing at least 10 business days prior to the due date to the County of Franklin and the consultants at USI Insurance. Any questions not submitted 10 days prior to the due date may not be answered. Any questions answered will be in the form of an RFP addendum.

Celeste Kane
Account Executive
USI Insurance
4840 Cox Road, Suite 150
Glen Allen, VA 23060
Celeste.kane@usi.com

ALL QUESTIONS MUST BE SUBMITTED IN WRITING AND E-MAILED TO:
CELESTE.KANE@USI.COM
AND CC: PAT.BARNES@FRANKLINCOUNTYVA.GOV .

CONFIDENTIALITY: Your response to this RFP shall not be discussed with anyone outside of the Offeror's organization. Any issues regarding confidentiality should be directed to the Contract Administrator. Any breach of this confidentiality requirement may result in immediate

disqualification of your organization from further consideration pursuant to the award of any resulting contract.

RFP Response: In order to be considered for selection, Offerors must submit a complete response to the RFP on or before **4:00 p.m., November 19, 2019.**

An electronic version (email preferred) must be submitted by the RFP deadline to each of the following:

USI Insurance
Attention: Celeste Kane
Celeste.kane@usi.com

Franklin County Virginia
Attention Brian Carter
Brian.Carter@franklincountyva.gov

No other distribution of the proposal shall be made by the Offeror.

Proposal Preparation: Proposals shall be signed by an authorized representative of the Offeror. All information requested must be submitted. Proposals received after the date and time prescribed shall not be considered for contract award and shall be returned to the offeror. Mandatory requirements are those required by law or regulation or are such that they cannot be waived and are not subject to negotiation.

Proposals should be prepared simply and economically, providing a straightforward, concise description of capabilities to satisfy the requirements of this RFP. Emphasis should be placed on completeness and clarity of content.

Ownership of all data, materials and documentation originated and prepared for the County pursuant to the RFP shall belong exclusively to the County of Franklin and be subject to inspection in accordance with the Virginia Freedom of Information Act. Trade secrets and proprietary information submitted by an Offeror shall not be subject to public disclosure under the Virginia Freedom of Information Act; however, the Offeror must invoke the protection of Title 2-2, Chapter 43, 2.2-4342 of the Virginia Public Procurement Act prior to or upon submission of the data or other materials to be protected and state the reasons why protection is necessary. Any offeror wishing to protect proprietary information must attach a note to the proposal that specifies the content of the proprietary information contained in the proposal.

Specific Requirements: Proposals should be as thorough and detailed as possible so that the County of Franklin may properly evaluate the Offeror's capabilities to provide the required services. Offerors are required to submit the following items in the sequence outlined below as a complete proposal:

- Complete response to RFP, signed, filled out, and submitted as required.
- A detailed outline and description of proposed plan designs, including a list of standard limitations and exclusions.
- A detailed outline and description of proposed program administration and services.

- A narrative summary of all the deviations from the specifications. The detailed explanation and description of price quotation deviations should be submitted as required in this RFP.
- The completed Questionnaire.
- The completed and signed Signature Sheet.
- Copies of all documents requested in this RFP as well as samples of any documents that may assist in the evaluation of this RFP.
- The submission of the Price Quotations.

Schedule of Project

Activity	Due Date
Procurement office approval of RFP and release RFP	October 30,2019
RFP responses due	November 19, 2019
RFP evaluation and management report to County	Week of December 9, 2019
Interview top finalists	Week of January 6, 2020
Negotiations with best ranked offerors, in rank order	Week of January 13, 2020
Select finalist and post Notice of Intent to Award	Week of February 17, 2020
Finalize contribution rates and prepare communications	March 2020
Conduct employee education meetings	May 2020
Send applications to vendor	June 2020
ID cards to employees	Week of June 15, 2020

Note: This timeline is tentative and may be revised during the procurement process at the sole discretion of the County.

INSTRUCTIONS: Identify the data or other materials to be protected and state the reasons by using the codes listed below. The classification of an entire bid or proposal document, line item prices, and/or total bid or proposal prices as proprietary or trade secret is not acceptable and will result in rejection of the bid or proposal.

A – This page contains information relating to "trade secrets", and "proprietary information" including processes. Operations, style of work, or apparatus. Identify confidential statistical data. Amount or source of any income of any person (or) partnership. "See Virginia Public Procurement Act. Section 2.2-4342. Unauthorized disclosure of such information would violate theTradeSecretsAct18U.S.C.1905.

B – This page contains proprietary information including confidential, commercial or financial information which was provided to the Government on a voluntary basis and is of the type that would not customarily release to the public. See Virginia Public Procurement Act, Section 2.2-4342;5U.S.C.552(b)(4);12C.F.R.309.5(c)(4).

C – This page contains proprietary information including confidential, commercial or financial information. The disclosure of such information would cause substantial harm to competitive position and impair the Government's ability to obtain necessary information from contractors in the future. 5 U.S.C. See Virginia Public Procurement Act. Section 2.2-4342; 552 (b) (4); 12 C. F. R 309.5(c) (4).

County Evaluation of Proposals: The County may cancel this RFP, reject proposals or any portion thereof at any time prior to an award, and are not required to furnish a statement of the reason why a particular proposal was not deemed to be the most advantageous (Section 2.2-4359, Code of Virginia). Should the Contract administrator and the Evaluation Committee determine in writing and in its sole discretion that only one Offeror is fully qualified, or that one Offeror is clearly more highly qualified than the others under consideration, a contract may be negotiated and awarded to that Offeror.

Clarification of Terms: If a prospective Offeror has questions about the Request for Proposal or other solicitation documents, the prospective Offeror should contact the USI Insurance contact (page 6). Any revisions to the solicitation will be made only by addendum.

Protest of Award or Decision to Award: Any Offeror may protest in writing to the Contract Administrator, no later than ten (10) days after the Notice of Award or the Notice of Intent to Award, whichever occurs first. The written protest shall include the basis for the protest and the relief sought. The Contract Administrator shall issue a decision in writing within ten (10) days of the receipt of the protest stating the reasons for the action taken.
If prior to award it is determined that the decision to award is arbitrary or capricious then the sole relief shall be a finding to that effect. The Contract Administrator shall cancel the proposed award or revise it to comply with the law. If, after an award, it is determined that an award of a contract was arbitrary or capricious, then the sole relief shall be as hereinafter provided. If the award has been made but performance has not begun, the performance of the contract may be declared void by the County of Franklin.

Where the award has been made and performance has begun, the Contract Administrator may declare the contract void upon a finding that this action is in the best interest of the County of Franklin. Where a contract is declared void, the performing Contractor shall be compensated for the cost of performance at the rate specified in the contract up to the time of such declaration. In no event shall the performing Contractor be entitled to lost profits.
Pending final determination of a protest or appeal, the validity of a contract awarded and accepted in good faith in accordance with this paragraph shall be affected by the fact that a protest or appeal has been filed.

An award need not be delayed for the period allowed an Offeror to protest, but in the event of a timely protest, no further action to award the contract will be taken unless there is a written determination that proceeding without delay is necessary to protect the public interest or unless the offer would expire.

Termination For Cause/Default: In case of failure to deliver goods or provide services in accordance with the contract terms and conditions, the Contract Administrator or each employer, after due oral or written notice, may procure them from other sources and hold the Contractor responsible for any resulting additional purchase and administrative costs. This remedy shall be in

addition to any other remedies, which the County of Franklin may have. Specifically, if, through any cause, the Contractor shall fail to fulfill in a timely and proper manner their obligations under this contract, or if the Contractor shall violate any of the covenants, agreements, or stipulations of this contract, the Contract Administrator shall thereupon have the right to terminate, specifying the effective date thereof, at least sixty (60) days before the effective date of such termination. In such event, all finished or unfinished documents, data, studies, surveys, drawings, maps, models, and reports prepared by the Contractor under the contract shall at its option become its property and the Contractor shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents.

Audit: The Contractor hereby agrees to retain all books, records, and other documents relative to this contract for five (5) years after final payment, or until audited by the Contract Administrator or each employer, whichever is sooner. The Contract Administrator or each employer, its authorized agents, and/or auditors reserves the right to perform or have performed an audit of the records of the Contractor and therefore shall have full access to and the right to examine any of said materials within a reasonable period of time during said period.

Receipt of Proposals: To be considered for selection, proposals must be received by the County of Franklin by the designated date and hour. Proposals received after the date and hour designated are automatically disqualified and will not be considered. The County of Franklin is not responsible for delays in the delivery of mail by the U.S. Postal Service or private couriers. It is the sole responsibility of the Offerors to ensure that its proposal reaches the County of Franklin and our consultants, USI Insurance by the designated date and hour, - **November 19, 2019, 4:00 p.m. Eastern Standard Time.**

Non-Discrimination Clause: During the performance of this contract, the insurer agrees as follows:

1. The insurer will not discriminate against any employee or applicant for employment because of race, religion, color, sex, or national origin, except where religion, sex, or national origin is a bona fide occupational qualification reasonably necessary to the normal operation of the insure. The insurer agrees to post in a conspicuous place, available to employees and applicants for employment a notice setting forth the provisions of this non-discrimination clause.
2. The insurer, in all solicitation or advertisements for employees placed by or on behalf of the insurer, will state that such insurer is an equal opportunity employer.
3. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this section.
4. The insurer will include provisions of the foregoing paragraph A 1, 2 and 3 in every subcontract or purchase order over ten thousand dollars ($10,000) so that the provisions will be binding upon each subcontractor or vendor.

NO GAIN OR LOSS PROVISION: No participant currently covered shall suffer a loss of coverage as a result of changing insurance carriers. All pre-existing conditions and waiting periods shall be waived for those employees currently enrolled in the employer's healthcare program, or currently employed.

Obligation of Offeror: By submitting a proposal, the Offeror conveys and agrees that they are satisfied, from their own investigation of the conditions to be met, that they fully understand their obligation and that they will not make any claim for, or have right to cancellation or relief from the contract because of any misunderstanding or lack of information.

Proposal Acceptance Period: The proposal shall be binding upon the Offeror for a minimum of 90 calendar days following the proposal receipt and opening date. Any proposal on which the Offeror shortens the acceptance period may be rejected as determined by the County.
Public Access to Procurement Information: Unsuccessful bidders or offers, whichever may be applicable, will not be notified of this award made regarding procurement; however, public access to the information is available in the County of Franklin Procurement Office.

Transfer of Records at Future Cancellation: The successful Offeror awarded the contract to provide a medical/prescription drug administration program must agree that at termination of the contract all required data and records necessary to administer the program shall be transferred to the new contractor within thirty (30) days' notice of termination.

Franklin County

Request for Proposal for Medical Coverage

Employer:	County of Franklin
Enrollment:	Approximately 314 enrolled
Coverages to be Bid:	Medical/Prescription Drug,
Present Carriers:	Anthem
Proposal Effective Date:	July 1, 2020
Plan Year:	12 months
Proposal Due Date:	November 19, 2019
Funding Arrangement:	Fully-Insured
Claims Experience:	See Exhibits document, specifically the Claims & Enrollments and Large Claims tabs.
Plan Design:	Please match the current double option plan design as closely as possible in the Exhibits document, Plan Designs tab.
Commissions:	Your quote should be **net of commissions.**
Inquiries/Replies to:	Celeste Kane USI Insurance Services Celeste.kane@usi.com

Current/Proposed Plan Design
The County of Franklin would like to receive competitive proposals for

1) two different plan offerings:
   a. A dual choice option that closely mirrors the current funding and benefit design that is in place—Anthem KeyCare 25 and KeyCare 30.
   b. A dual choice with a plan similar to its current KeyCare 30 plan, along with an HSA-eligible High Deductible Health Plan

2) under two different funding arrangements:
   a. fully-insurance (their current funding method), and
   b. self-funded with $125k specific stop loss, 120% aggregate stop loss on a 12/18 basis.

Benefit descriptions for the current and proposed plans are provided in the Exhibits document, Plan Designs tab

Current Rates:

	KeyCare 25
EE Only	$514.16
EE + Child	$771.22
EE + Children	$1,079.76
EE + Spouse	$1,105.47
EE + Family	$1,645.36
	KeyCare 30
EE Only	$495.14
EE + Child	$742.69
EE + Children	$1,039.79
EE + Spouse	$1,064.57
EE + Family	$1,584.46

The following questionnaire will assist the County of Franklin in evaluating the quality of care and benefits being offered to employees and dependents as well as assist in the evaluation of the financial and contractual information requested of the offeror. An offeror's evaluation score will not be adversely impacted if a specific question does not apply.

INSTRUCTIONS

1. Any question having a response that would be deemed as "Trade Secrets" will need to be identified.

2. Answer all questions fully, clearly and **concisely** unless a specific question is not applicable to the service you are proposing to provide.

3. Each response must immediately follow the respective question. The question as well as the answer shall be typed. All questions and responses shall be numbered/labeled exactly as in this Questionnaire.

4. If the offeror is unable to answer a question or the question does not apply, the offeror shall indicate why.

5. If the offeror is unwilling to disclose particular information asked in a question, the offeror shall indicate why.

6. Samples of documents requested in the Questionnaire should be labeled with the corresponding question number.

GENERAL INFORMATION

1. Fill in the following information:

   Point of Contact: _____
   Title: _____
   Company: _____
   Address: _____
   Telephone: _____
   E-Mail: _____

2. Have the proposal requirements been fully met as requested in this RFP?

   ☐ Yes ☐ No

   If not, please summarize all deviations and include the summary of assumptions and deviations in the Attachments document, E4 UW Assumptions worksheet.

3. Please provide your most recent ratings (include the date of the rating) by each of the following (Note: If the offeror receives multiple ratings, the rating should be for the actual company assuming the insurance and/or reinsurance risk):

   a. Fitch: _____
   b. Standard & Poors: _____
   c. Moody's: _____
   d. A.M. Best: _____

ENROLLMENT/ELIGIBILITY and ADMINISTRATION

4. What is the location of the local service team that would work with the County?

5. Describe your ongoing enrollment procedures, including any electronic or online capabilities you may have. Indicate the services you would be willing to provide, such as on-site assistance with employees, etc. if your company is selected. Will you accept eligibility transfer from the incumbent carrier? Identify any services, which would require a separate fee to be paid outside the administrative fees included in the Price Quotations.

6. Describe the transition process you propose to ensure a seamless transition. Detail any transition expenses involved and whether these expenses are included in your pricing.

7. What is the average turnaround time, from date of receipt for the following:

   Clean Claims _____
   COB Claims _____
   Medical Review Claims _____
   Investigated Claims _____
   Other (Explain) _____

8. Describe how your proposed account team will interface on an ongoing basis with the County and benefits staff on administrative issues (including billing, claims issues, etc.) and describe your process for resolving administrative problems. Please submit biographies for all account team. Please note that if a member of the account team is removed, it is a requirement of the contract that another account member with the same level of experience/job functions take over the position.

PROVIDER SELECTION/CRITERIA EVALUATION

9. Please provide a GeoAccess report based on your PPO networks using each employee's zip code data provided in the census. Definition: 2 PCPs within 20 miles, 2 specialists within 20 miles and 1 hospital within 30 miles.

10. Are there any specific professional provider areas of specialty in which you have network participation issues? Please address for any specialty groups in which network participation is below 70%.

11. Do you anticipate any imminent significant changes to your network?

12. How are employees or dependents (i.e., child attending school, COBRA enrollees) who reside outside the network service area covered? How do you define "within service area"?

13. Please complete the Provider Checklist tab in the Attachments document as instructed.

14. Do you have Centers of Excellence for specific specialty care, surgery, etc.? If yes, list the facilities by specialty. Please describe your program, including how centers are selected and details on services offered to family members when travel and overnight stays are involved. Is your Centers of Excellence program voluntary?

PRESCRIPTION DRUG PROGRAM

15. Please complete the Rx Checklist tab in the Attachments document as instructed.

16. Do you administer the prescription drug program included in your quote or do you subcontract the services? If services are subcontracted, specify vendor. When does the contract expire?

17. Please explain your mail-order drug program. Identify where the mail order prescriptions are filled, the state the mail order program is licensed in, the average turnaround time from when a member mails the request to receiving the prescription, and the procedure the member follows to submit the initial and subsequent prescription order. Are any services provided via the Internet? If so, please explain. Explain online or IVR capabilities.

18. Please explain your drug formulary or preferred drug program. How often is the formulary/preferred list changed and how are providers and members notified? Address the appeals and/or pre-approval processes. How does your program influence drug selection, and maximize the value of your formulary/preferred drug program?

19. When new drugs come onto the market, how and when are they evaluated for inclusion in your formulary?

20. Describe your drug utilization review programs. What flags do you have built-in to your system, i.e. to identify drug-to-drug interactions etc.? Are high-cost claimants monitored, and if so, what criteria are used to identify and manage these cases?

21. List all drugs that require prior authorization. What is your average turnaround time for approval?

22. Please describe your process if a member has a prescription denied? How is the member notified of the denial? What is the process if the member wants to appeal and request approval for the prescription?

23. Describe the process your company has in place to ensure that all new members currently taking prescription medications (all tiers) will be able to access and receive the same quality of care they are currently receiving. How much disruption will the member notice, if any?

HEALTH MANAGEMENT SERVICES

24. Indicate what disease management services you provide as part of your coverage and specify A for adult and P for pediatric services for each service provided. (Place a "✓" in the appropriate box if provide service.)

A	P		Services included in rate (Y/N)
		Asthma	
		High Cholesterol	
		Diabetes	
		Hypertension	
		Coronary Artery Disease	
		Congestive Heart Failure	
		HIV/AIDS	
		Low Back/Musculoskeletal	
		Other (Specify)	

25. Please describe health promotion or wellness programs that you can offer the County at no cost (attach program descriptions or other literature to illustrate your program offerings). Do you have the ability to conduct on site wellness seminars, clinical screenings or health risk assessments? Are there additional programs that could be purchased by the County?

DATA MANAGEMENT

26. Confirm that you will provide monthly enrollment, revenues received, claims paid by place of service, capitation expenses charged, network discounts earned, and claims exceeding the pooling limit. Confirm that on a quarterly basis you will also provide utilization and normative data in a sufficient level of detail that will allow the County of Franklin to identify the true cost drivers of their plan.

27. Do you offer online access to your database, which would allow the County of Franklin and their consultant to access certain management reports? If so, please explain your system, the cost to access and run reports, and an outline of what kinds of reports are available. Indicate how frequently the database is updated with real time information. Please provide sample reports if possible.

FINANCIAL

28. Outline your renewal methodology that will be used for the County of Franklin's fully insured funding arrangement.

29. Outline any financial guarantees offered to the County of Franklin.

Pricing Quotation
The Price Quotations for medical and prescription drug should be based upon the employee census, stated enrollment assumptions and experience data provided with the RFP. Further information will be provided only after receipt of written request. Each request will be considered, and if deemed appropriate will be released to all prospective bidders.