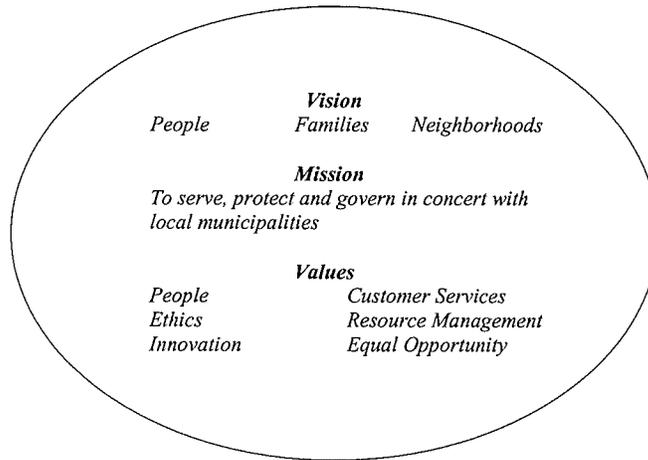


# FULTON COUNTY



REQUEST FOR PROPOSAL NO. 12RFP84171C-MT

## EMPLOYEE HEALTH BENEFIT PLAN

For

FINANCE DEPARTMENT

RFP DUE DATE AND TIME: July 2, 2012 at 11:00 A.M.

RFP ISSUANCE DATE: June 7, 2012

PRE-PROPOSAL CONFERENCE DATE: June 19, 2012 at 2:00 P.M.

PURCHASING CONTACT: Malcolm Tyson, Assistant Purchasing Agent

E-MAIL: [malcolm.tyson@fultoncountyga.gov](mailto:malcolm.tyson@fultoncountyga.gov)

LOCATION: FULTON COUNTY DEPARTMENT OF PURCHASING &  
CONTRACT COMPLIANCE

130 PEACHTREE STREET, S.W., SUITE 1168  
ATLANTA, GA 30303

# 12RFP84171C-MT, EMPLOYEE HEALTH BENEFIT PLAN

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**BENEFIT PLAN SELECTION FORM**

**12RFP84171C-MT, EMPLOYEE HEALTH BENEFIT PLAN**

Name of Proposer: \_\_\_\_\_

Please mark an "X" on the row for each project that your firm is submitting a proposal for:

Mark "X" in box below, next to the plan for which you are submitting a proposal for	BENEFIT PLAN
	MEDICAL
	PHARMACY
	VISION
	DENTAL

Please make sure that for each Benefit Plan you are submitting a proposal for that you include the appropriate Questionnaire and Cost Proposal form(s).

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## **SECTION 1 INTRODUCTION**

### **1.1 PURPOSE**

Fulton County, Georgia (“County”) is conducting an active search of the marketplace for a service provider that can be a partner in providing health & welfare benefits to its employees effective January 1, 2013.

Through the issuance of this Request for Proposal (“RFP” and/or “Proposals”), the County is soliciting Proposals from qualified Proposers that can provide Group Medical, Mental Health/Substance Abuse (“MH/SA”), Employee Assistance Program (“EAP”), and COBRA administration services for the specified employees and retirees as a “bundled medical” offering.

Proposals are also being solicited for Pharmacy Benefit Management (PBM), Dental and Vision benefit administration and network access. The County reserves the right to award any service in whole or in part, if proposals suggest that doing so would benefit the County.

Proposals provided in response to this RFP that comply with the submittal requirements set forth in Section 3.0, including all forms and certifications, will be evaluated in accordance with the criteria and procedures described in Section 4.0. Based on the results of the evaluation, the County will award the Employee Health Benefit Plan to the most advantageous Proposer based on the cost and the evaluation factors set forth in the RFP.

### **1.2 DESCRIPTION OF THE PROJECT**

This project involves the Employee Health Benefit Plan.

### **1.3 BACKGROUND**

Fulton County, Georgia is one of the largest and most prominent counties in the State of Georgia. The Fulton County Board of Commissioners (the “Board”) is responsible for providing health care to the County’s active and retired employees. Currently, the County provides health care for approximately 4,600 active and 2,800 retired employees and their eligible dependents.

Fulton County currently utilizes Blue Cross Blue Shield of Georgia to administer its integrated medical, MH/SA, Pharmacy, and COBRA Administration services under a self-insured arrangement. Blue Cross Blue Shield of Georgia also provides insured EAP services. Through this arrangement, the County offers

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several medical options to its active and retired employees and their eligible dependents:

- A health maintenance organization (HMO), which is offered to all active employees and retirees, regardless of their age at enrollment,
- A comprehensive medical plan (PPO), which is offered to all active employees and retirees under the age of 65,
- A comprehensive medical plan (PPO Plus), which is offered to all retirees who were under the age of 65 who retired prior to January 1, 1992), and
- A Medicare Health Insurance Indemnity plan, which is offered to retirees over the age of 65 who elect Medicare coverage. The Medicare Indemnity plan is not a Medicare Advantage plan, nor does it require members to use network providers, however, discounts are available through the current BCBS Par network providers.

Delta Dental currently administers the dental benefits while EyeMed currently administers the vision benefits.

#### **1.4 COUNTY OBJECTIVES**

The following are the County Objectives for this project:

The current benefit contracts expire at the end of calendar year of 2012, and Fulton County has decided to conduct a market assessment of the services provided under these arrangements.

#### **1.5 BENEFITS DESIGN (Current and 2013 Changes)**

Fulton currently provides its eligible members the following options:

	<b>HMO</b>	<b>PPO</b>	<b>PPO Plus</b>	<b>Indemnity</b>
Active	Yes	Yes	No	No
Retiree U65	Yes	Yes	No	No
Retiree O65	Yes	Yes	Yes (Grandfathered Group)	Yes

Plan designs and tentative 2013 changes are shown in the below charts.

Current SPDs are provided in the Appendix; however, 2013 changes are not included in these SPDs. The medical and prescription drug plans are administered by BCBSGA.

### 1.5.1 HMO Design (Active and Retiree)

	Current HMO	2013 Changes
<b>Total Annual Deductible</b>		
Individual	\$0	No change
Family	\$0	No change
<b>Out-of-Pocket Limit Per Calendar Year</b>		
Individual	N/A	No change
Family	N/A	No change
<b>Preventive/Wellness</b>	0% (Covered at 100%)	No change
<b>Office Visit Primary Care Physician</b>	\$20 Copay	\$25 Copay
<b>Office Visit Specialist</b>	\$30 Copay	\$35 Copay
<b>Hospital (Inpatient)</b>	\$100 Copay	\$120 Copay
<b>Hospital (Outpatient)</b>	\$100 Copay	\$120 Copay
<b>Hospital (Emergency Room)</b>	\$75 Copay	\$90 Copay
<b>Urgent Care</b>	\$30 Copay	\$35 Copay
<b>Lifetime Maximum</b>	Unlimited	No change
<b>Prescription Drug Benefit</b>		
Retail Generic	\$5 Copay	\$10 Copay
Retail Preferred Brand	\$20 Copay	\$25 Copay
Retail Non-Preferred Brand	\$40 Copay	\$45 Copay
Retail Self-Admin Injectables	\$50 Copay	\$60 Copay
Mail Order Generic	\$10 Copay	\$15 Copay
Mail Order Preferred Brand	\$40 Copay	\$45 Copay
Mail Order Non-Preferred Brand	\$80 Copay	\$90 Copay
Mail Order Self-Admin Injectables	\$100 Copay	\$120 Copay

**Note: No Copay is required for many services rendered at Grady Hospital**

### 1.5.2 PPO Design (Active and Retiree U65)

Annual Deductible	Current PPO		2013 Changes	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual	\$250		\$300	
Family	\$500		\$600	
<b>Annual Coinsurance Maximum</b>				
Individual	\$1,500		\$1,800	
Family	\$3,000		\$3,600	
<b>Preventive/Wellness</b>	0% (Covered at 100%)	0% (Covered at 100%)	No Change	No change
<b>PCP/Specialist</b>	20%	40%	No change	

<b>Hospital (Inpatient/Outpatient/ER)</b>	20%	40%	No change
<b>Prescription Drug Benefit</b>			
Retail Generic	\$5 Copay		\$10 Copay
Retail Preferred Brand	\$20 Copay		\$25 Copay
Retail Non-Preferred Brand	\$40 Copay		\$45 Copay
Retail Self-Admin Injectables	\$50 Copay		\$60 Copay
Mail Order Generic	\$10 Copay		\$15 Copay
Mail Order Preferred Brand	\$40 Copay		\$45 Copay
Mail Order Non-Preferred Brand	\$80 Copay		\$90 Copay
Mail Order Self-Admin Injectables	\$100 Copay		\$120 Copay

**Note: No Copay is required for many services rendered at Grady Hospital**

### 1.5.3 PPO Plus Design (Closed Group of Retirees)

Annual Deductible	Current PPO		2013 Changes	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual	\$100		\$300	
Family	\$300		\$600	
<b>Annual Coinsurance Maximum</b>				
Individual	\$1,500		\$1,800	
Family	\$3,000		\$3,600	
<b>Preventive/Wellness</b>	0% (Covered at 100%)	0% (Covered at 100%)	No Change	No change
<b>PCP/Specialist</b>	10%	20%	No change	
<b>Hospital (Inpatient/Outpatient/ER)</b>	10%	20%	No change	
<b>Prescription Drug Benefit</b>				
Retail Generic	\$5 Copay		\$10 Copay	
Retail Preferred Brand	\$20 Copay		\$25 Copay	
Retail Non-Preferred Brand	\$40 Copay		\$45 Copay	
Retail Self-Admin Injectables	\$50 Copay		\$60 Copay	

Mail Order Generic	\$10 Copay	\$15 Copay
Mail Order Preferred Brand	\$40 Copay	\$45 Copay
Mail Order Non-Preferred Brand	\$80 Copay	\$90 Copay
Mail Order Self-Admin Injectables	\$100 Copay	\$120 Copay

**Note: No Copay is required for many services rendered at Grady Hospital**

1.5.4 Medicare Health Insurance Plan (Indemnity Plan) for Retirees Over Age 65  
(Coordination with Medicare)

Annual Deductible	Current Indemnity Plan		2013 Changes	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual	\$100		\$120	
Family	\$200		\$240	
<b>Employee Coinsurance</b>	\$0	\$0	No change	
<b>Annual Coinsurance Maximum</b>				
Individual	None		No change	
Family	None		No change	
<b>Preventive/Wellness</b>	0% (Covered at 100%)	0% (Covered at 100%)	No Change	No change
<b>PCP/Specialist</b>	0% (Covered at 100%)	0% (Covered at 100%)	No change	
<b>Hospital (Inpatient/Outpatient/ER)</b>	0% (Covered at 100%)	0% (Covered at 100%)	No change	
<b>Prescription Drug Benefit</b>				
Retail Generic	\$5 Copay		\$10 Copay	
Retail Preferred Brand	\$20 Copay		\$25 Copay	
Retail Non-Preferred Brand	\$40 Copay		\$45 Copay	
Retail Self-Admin Injectables	\$50 Copay		\$60 Copay	
Mail Order Generic	\$10 Copay		\$15 Copay	
Mail Order Preferred Brand	\$40 Copay		\$45 Copay	
Mail Order Non-Preferred Brand	\$80 Copay		\$90 Copay	
Mail Order Self-Admin Injectables	\$100 Copay		\$120 Copay	

### 1.5.5 New Proposed Medicare Advantage for Retirees over Age 65

<b>Total Annual Deductible</b>	
Individual	\$0
Family	\$0
<b>Out-of-Pocket Limit Per Calendar Year</b>	
Individual	N/A
Family	N/A
<b>Preventive/Wellness</b>	0% (Covered at 100%)
<b>Office Visit Primary Care Physician</b>	\$25 Copay
<b>Office Visit Specialist</b>	\$35 Copay
<b>Hospital (Inpatient)</b>	\$120 Copay
<b>Hospital (Outpatient)</b>	\$120 Copay
<b>Hospital (Emergency Room)</b>	\$90 Copay
<b>Urgent Care</b>	\$35 Copay
<b>Lifetime Maximum</b>	Unlimited
<b>Prescription Drug Benefit</b>	
Retail Generic	\$10 Copay
Retail Preferred Brand	\$25 Copay
Retail Non-Preferred Brand	\$45 Copay
Retail Self-Admin Injectables	\$60 Copay
Mail Order Generic	\$15 Copay
Mail Order Preferred Brand	\$45 Copay
Mail Order Non-Preferred Brand	\$90 Copay
Mail Order Self-Admin Injectables	\$120 Copay

### 1.5.6 New Proposed CDHP (Active and Early Retiree)

Plan Design	HRA Option	
	In-Network	Out-of-Network
Deductible		
Employee	\$1,000*	
Employee + 1 (Child or Spouse)	\$2,000*	
Family	\$3,000*	
	* HRA credits will reduce this amount	
Out-of-Pocket Maximums		
Employee	\$2,000*	
Employee + 1 (Child or Spouse)	\$4,000*	

Family	\$6,000*
	* HRA credits will reduce this amount

HRA Credits	In-Network	Out-of-Network
Employee	\$500	
Employee + 1 (Child or Spouse)	\$1,000	
Family	\$1,500	
Coinsurance	In Network	Out of Network
	80%	60%
Wellness/Preventive Health Care		
	100% coverage, not subject to deductible	Not covered
Pharmacy – Member pays		
Retail		
Generic	20% (\$10 min, \$50 max)	40%*
Formulary/Preferred Brand	20% (\$25 min, \$80 max)	40%*
Non-Formulary/Non-Preferred Brand	20% (\$45 min, \$125 max)	40%*
Mail		
Mail order	2 x's Retail	
	* Pharmacy benefits not subject to deductible	

### 1.5.7 Vision Plan (Active and Retiree) – No changes for 2013

Vision Care Services	In-Network Member Allowance	Out-of-Network Reimbursement
Exam (includes dilation and refraction)	\$0	Up to \$50
Frames, Lens & Options Package (any frame, standard plastic lens, & options)	*\$200 allowance	Up to \$100
Contact Lenses		
Conventional	*\$200 allowance	Up to \$160
Disposable	*\$200 allowance	Up to \$160
Medically Necessary	\$0	Up to \$200
(Includes fit, follow-up, & materials. There may be an additional out-of-pocket expense for a contact lens exam.)		

**\*When purchasing supplies, a participant can use the \$200 allowance on multiple visits.**

### **Limitations**

- Allows for 1 complete eye exam per Participant in any 12 months.
- Allows for 2 lenses per Participant in any 12 months (contacts or glasses).
- Allows for 1 set of frames per Participant in any 12 months.

Each time period begins when the service or supply is first charged to the participant. An eye exam is charged on the date it is performed. Lenses or frames are charged on the date they are ordered.

### **Expenses Not Covered**

The following services and supplies are not covered by this plan and no payment will be made for them.

- Charges for orthoptics (eye muscle exercises).
- Charges for vision training or subnormal vision aids.
- Lenses that can be ordered without a prescription.
- Any services or supply which is not shown in the Vision Care Schedule.

### **1.5.8 Dental Plan (Active and Retiree) – No changes for 2013**

Dental Plan Services	In-Network Benefit	Out-of-Network Benefit
Yearly Maximum	\$1,500	
Calendar Year Deductible	\$50 Individual/\$150 Family	
Percentage Payable:		
Diagnostic/Preventive (not subject to deductible)	100%	
General Services	85%	
Major Services	50%	
Orthodontic Services (not subject to deductible):		
Lifetime Maximum Benefit	\$1,500	
Lifetime deductible	\$50	
Percentage payable	50%	

## 1.6 CHANGES TO THE PLAN DURING 2013

Fulton County intends to increase the copays for the medical and prescription drug plans in order to allow some offset to the cost of the medical and drug plan while preserving the grandfathered status under PPACA.

Also, tentatively, Fulton County intends to offer two new plans beginning in 2013, a Medicare Advantage plan, and a consumer driven health care plan (CDHP) with a health care reimbursement account (HRA) beginning in 2013 to new employees as well as being offered as an employee election together with the existing HMO and PPO plans at open enrollment for a January 1, 2013 effective date. It is understood that the new Medicare Advantage plan and the New CDHP with HRA will not be grandfathered plan offerings under PPACA. Fulton County reserves the right to modify the 2013 tentative plan offerings.

A recap of the tentative plan offerings for 2013 is shown in the below:

	<b>HMO</b>	<b>PPO</b>	<b>PPO Plus (Closed Group)</b>	<b>Medicare Indemnity</b>	<b>CDHP with HRA (New)</b>	<b>Medicare Advantage Plan (New)</b>
Active – Existing Employees and New Employees at their subsequent open enrollment	Yes	Yes	No	No	Yes	No
Active – New Employees	No	No	No	No	Yes	No
Retiree U65	Yes	Yes	No	No	Yes	No
Retiree O65	Yes	Yes	Yes (Grandfathered Group)	Yes	No	Yes

## 1.7 OBTAINING THE RFP

This document and supporting documents can be downloaded at the Fulton County Website, <http://www.fultoncountyga.gov> under “Bid Opportunities”.

All other questions should be addressed to contact person identified in section 1.12 of this RFP.

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## 1.8 SUBCONTRACTING OPPORTUNITIES

Potential prime contractors submitting a bid on this project for Fulton County and are seeking subcontractors and/or suppliers can advertise those subcontracting opportunities on the County's website, <http://www.fultoncountyga.gov> under "Subcontracting Bid Opportunities".

## 1.9 PRE-PROPOSAL CONFERENCE

The County will hold a Pre-Proposal Conference, on **Tuesday, June 19, 2012 at 2:00 P.M.** in the Bid Conference Room of the Department of Purchasing and Contract Compliance, Fulton County Public Safety Building, Suite 1168, 130 Peachtree Street, S.W., Atlanta, Georgia 30303. Attendance at the Pre-Proposal Conference is voluntary for responding to this RFP, however Proposers are encouraged to attend. The purpose of the Pre-Proposal Conference is to provide information regarding the project and to address any questions and concerns regarding the services sought by the County through this RFP.

## 1.10 PROPOSAL DUE DATE

All proposals are due in the Department of Purchasing and Contract Compliance of Fulton County located in the Public Safety Building, Suite 1168, 130 Peachtree St, S.W., Atlanta Georgia 30303 on or before **Monday, July 2, 2012 at 11:00 A.M.**, legal prevailing time. All submitted proposals shall be time and date stamped according to the clock at the front desk of the Fulton County Department of Purchasing and Contract Compliance. Any proposals received after this appointed schedule will be considered late and will be returned unopened to the Proposer. The proposal due date can be changed only by addendum.

## 1.11 DELIVERY REQUIREMENTS

It shall be the sole responsibility of the Proposer to have his/her proposal delivered to the Fulton County Department of Purchasing and Contract Compliance for receipt on or before the above stipulated due date and time. If a proposal is sent by U.S. Mail, the proposer shall be responsible for its timely delivery to the Department of Purchasing and Contract Compliance.

## 1.12 CONTACT PERSON AND INQUIRIES

Any questions or suggestions regarding this RFP shall be submitted in writing to the Purchasing Department contact person:

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Malcolm Tyson, CPPO, CPPB  
Assistant Purchasing Agent  
130 Peachtree Street, Suite 1168  
Fulton County Government  
Email: [Malcolm.Tyson@fultoncountyga.gov](mailto:Malcolm.Tyson@fultoncountyga.gov)

Any response made by the County shall be provided in writing to all Proposers by addendum. No verbal responses shall be authoritative.

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## SECTION 2 INSTRUCTIONS TO PROPOSERS

### 2.1 PROCUREMENT PROCESS

The procurement will be on a formally advertised basis. All technical requirements, unless otherwise specified, must be met, or be capable of being met by the Proposer or their proposal will be disqualified as being non-responsive.

### 2.2 CONTRACT DEFINITIONS

In addition to any other terms that may be defined in this solicitation, the following terms have the following meaning:

**Addendum** – Revision to the RFP documents issued by the County prior to the receipt of proposals.

**Agreement** – refers to the executed contract between the County and Contracting Entity.

**County** – Fulton County Government and its authorized representatives.

**Contact Person** – Purchasing staff designated by the Fulton County Department of Purchasing and Contract Compliance to submit any questions and suggestions to.

**Offeror** – the entity of individual submitting a proposal in response to this RFP.

**Owner** – Fulton County Government

**Proposal** – the document submitted by the offeror in response to this RFP.

**Proposer** – the entity or individual submitting a proposal in response to his RFP.

**Request for Proposal (RFP)** – all documents, whether attached or incorporated by reference, utilized for soliciting sealed proposals.

**Responsible Offeror** – A person or entity that has the capability in all respects to perform fully and reliably the contract requirements.

**Responsive Offeror** – A person or entity that has submitted a bid or proposal that conforms in all material respects to the requirements set forth in the invitation for bids or request for proposals.

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**Scope of Work** – All the services specified, indicated, shown, or contemplated by the Contract, and furnishing by the Contractor of all materials, equipment, labor, methods, processes, construction and manufacturing materials and equipment, tools, plants, supplies, power, water, transportation and other things necessary to complete such services in accordance with the Contract.

**Subcontractor/sub-consultant** – An individual, firm, corporation or any combination thereof, having a direct contract with Consultant/Contractor for the performance of a part of the work.

### **2.3 NO CONTACT DURING PROCUREMENT PROCESS**

It is the policy of Fulton County that the evaluation and award process for County contracts shall be free from both actual and perceived impropriety, and that contacts between potential vendors and County officials, elected officials and staff regarding pending awards of County contracts shall be prohibited.

- A. No person, firm, or business entity, however situated or composed, obtaining a copy of or responding to this solicitation, shall initiate or continue any verbal or written communication regarding this solicitation with any County officer, elected official, employee, or designated County representative, between the date of the issuance of this solicitation and the date of the County Manager's recommendation to the Board of Commissioners for award of the subject contract, except as may otherwise be specifically authorized and permitted by the terms and conditions of this solicitation.
- B. All verbal and written communications initiated by such person, firm, or entity regarding this solicitation, if same are authorized and permitted by the terms and conditions of this solicitation, shall be directed to the Purchasing Agent.
- C. Any violation of this prohibition of the initiation or continuation of verbal or written communications with County officers, elected officials, employees, or designated County representatives shall result in a written finding by the Purchasing Agent that the submitted bid or proposal of the person, firm, or entity in violation is "non-responsive", and same shall not be considered for award.

### **2.4 CLARIFICATION & ADDENDA**

Proposers may submit requests for clarifications or interpretations regarding this RFP and the Contract. Proposers must prepare such requests in writing for the County's consideration as set forth in this section of this RFP. While the County has

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not placed an initial limitation on the number of requests which can be submitted, Proposers are cautioned that if Proposers do not request meaningful clarifications or interpretations in an organized manner (e.g., limited frequency of requests), the County will set restrictions on the frequency and number of requests permitted. The County will not respond to requests, oral or written, received after **Wednesday, June 20, 2012 at 5:00 PM**, local prevailing time. Proposers are advised that this section places no obligation on the part of the County to respond to any or all requests for clarification or interpretation, and that the County's failure to respond to any such request will not relieve the Proposer of any obligations or conditions required by this RFP.

Requests for clarification or interpretation regarding this RFP shall only be submitted in writing (letter, fax or email) to:

**Fulton County Department of Purchasing & Contract Compliance**

**Attn: Malcolm Tyson**

**Public Safety Building**

**130 Peachtree Street S.W. Suite 1168**

**Atlanta GA 30303**

**Email: [malcolm.tyson@fultoncountyga.gov](mailto:malcolm.tyson@fultoncountyga.gov)**

**F: (404) 335-5811**

**RE: 12RFP84171C-MT Employee Health Benefit Plan**

All responses to written requests for clarification, interpretation, or additional information will be distributed as addenda to this RFP and posted on the Fulton County website [www.fultoncountyga.gov](http://www.fultoncountyga.gov).

No oral interpretation, instruction, or information concerning this RFP given by any employee or agent of the County shall be binding on the County. Proposers who submit a Proposal in reliance on any such oral information risk having their response to this RFP deemed non-responsive by the County. Only written responses issued by addendum to this RFP should be considered by the Proposers.

During the period provided for the preparation of Proposals, the County may issue addenda to this RFP. These addenda will be numbered consecutively and will be posted on the Fulton County website, [www.fultoncountyga.gov](http://www.fultoncountyga.gov). These addenda will be issued by, or on behalf of, the County and will constitute a part of this RFP. Each Proposer is required to acknowledge receipt of each addendum by submitting an executed acknowledgment form. This acknowledgment shall include all addenda distributed prior to the Proposal Submission Date. All responses to this RFP shall be prepared with full consideration of the addenda issued prior to the Proposal Submission Date.

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## **2.5 MULTI-YEAR CONTRACT TERM**

The period of this Agreement shall consist of a series of Terms as defined below. The County is obligated only to pay such compensation under this Agreement as may lawfully be made from funds budgeted and appropriated for that purpose during the County's then current fiscal year.

### **a. Commencement Term**

The "Commencement Term" of this Agreement shall begin on the date of execution of the Agreement in the year 2011, the starting date, and shall end absolutely and without further obligation on the part of the County on the 31<sup>st</sup> day of December, 2011. The Commencement Term shall be subject to events of termination and the County's termination rights that are described elsewhere in this Agreement. Notwithstanding anything contained in this Agreement, the County's obligation to make payments provided under this Agreement shall be subject to the County's annual appropriations of funds for the goods, services, materials, property and/or supplies procured under this Agreement by the County's governing body and such obligation shall not constitute a pledge of the County's full faith and credit within the meaning of any constitutional debt limitation.

### **b. Renewal Terms**

Unless the terms of this Agreement are fulfilled with no further obligation of the part of either party on or before the final date of the Commencement Term as stated above, or unless an event of termination as defined within this Agreement occurs during the Commencement Term, this Agreement may be renewed at the written option of the County upon the approval of the County Board of Commissioners for two (2) one-year ("Renewal Terms"). However, no Renewal Term of this Agreement shall be authorized nor shall any Renewal Term of this Agreement commence unless and until each Renewal Term has first been approved in writing by the County Board of Commissioners for the calendar year of such Renewal Term. If approved by the County Board of Commissioners, the First Renewal Term shall begin on the 1<sup>st</sup> day of January, 2014 and shall end no later than the 31<sup>st</sup> day of December, 2014. If approved by the County Board of Commissioners, the Second Renewal Term shall begin on the 1<sup>st</sup> day of January, 2015 and shall end no later than the 31<sup>st</sup> day of December, 2015. If the County chooses not to exercise any Renewal Term as provided in this Section, then the Term of this Agreement then in effect shall also be deemed the "Ending Term" with no further obligation on the party of either party.

### **c. Term Subject to Events of Termination**

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All "Terms" as defined within this Section are subject to the section of this Agreement which pertain to events of termination and the County's rights upon termination.

**d. Same Terms**

Unless mutually agreed upon in writing by the parties, or otherwise indicated herein, all provisions and conditions of any Renewal Term shall be exactly the same as those contained within in this Agreement.

**e. Statutory Compliance Regarding Purchase Contracts.**

The parties intend that this Agreement shall, and this Agreement shall operate in conformity with and not in contravention of the requirements of O.C.G.A. § 36-60-13, as applicable, and in the event that this Agreement would conflict therewith, then this Agreement shall be interpreted and implemented in a manner consistent with such statute.

**2.6 RFP SUBMITTALS**

See **Exhibit 1** for the RFP Submittal Checklist. This checklist will assist you to ensure that all submittals are included in your proposal. Failure to submit all submittals may deem your proposal non-responsive.

**2.7 PROPOSAL EVALUATION**

All proposals will be evaluated using the criteria specified in Section 4 of this RFP. Selection will include an analysis of proposals by a Vendor Selection Committee composed of County personnel who will review the proposal submittals in accordance with the submittal requirements and the evaluation criteria set forth in Section 4 of this RFP. The committee may request oral interviews and/or site visits. Awards will not necessarily be based on cost alone. Other factors, as detailed in the RFP, will be considered in determining what proposal will be deemed to best meet the needs of Fulton County.

**2.8 DISQUALIFICATION OF PROPOSERS**

The submission of more than one (1) proposal to the County as the primary Proposer or member of a joint venture for the same work by and individual firm, partnership or corporation under the same or different names may be grounds for disqualification of a Proposer and the rejection of the proposal.

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## **2.9 RESERVED RIGHTS**

The County reserves the right to accept or reject any and/or all proposals, to waive irregularities and technicalities, and to request resubmission. Any sole response that is received may or may not be rejected by the County depending on available competition and timely needs of the County. There is no obligation on the part of the County to award the contract to the lowest proposer and the County reserves the right to award the contract to the responsible proposers submitting responsive proposals with resulting agreements most advantageous and in the best interest of the County. The County shall be the sole judge of the proposals and the resulting agreements that are in its best interest and its decision shall be final. Also, the County reserves the right to make such investigation as it deems necessary to determine the ability of any proposer to perform the work or service requested. Information the County deems necessary to make this determination shall be provided by the proposer. Such information may include, but shall not be limited to, current financial statements by an independent CPA; verification of availability of personnel; and past performance records.

## **2.10 APPLICABLE LAWS**

All applicable laws and regulations of the State of Georgia and ordinances and regulations of Fulton County shall apply. Protestors shall seek resolution of their complaints in the manner provided in the Fulton County Code of Laws §2-324 which is incorporated by reference herein.

## **2.11 MINIMUM PARTICIPATION REQUIREMENTS FOR PRIME CONTRACTORS**

Pursuant to Fulton County Code 102-357, Prime Bidders on the project must perform no less than 51% of the scope of work required under the project.

## **2.12 INSURANCE AND RISK MANAGEMENT PROVISIONS**

Insurance and Risk Management provisions and Indemnification and Hold Harmless provisions are outlined in Section 9 of this RFP.

## **2.13 ACCURACY OF RFP AND RELATED DOCUMENTS**

The County assumes no responsibility that the specified technical and background information presented in this RFP, or otherwise distributed or made available during this procurement process, is complete or accurate. Without limiting the generality of the foregoing, the County will not be bound by or be responsible for any explanation or interpretation of the Proposal documents other than those given in writing as an addendum to this RFP.

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Should a recipient of this RFP find discrepancies in or omissions from this RFP and related documents, the recipient of this RFP shall immediately notify the Purchasing Contact Person identified in Section 1.12 in writing at the following address: Fulton County Department of Purchasing and Contract Compliance, Public Safety Bldg, 130 Peachtree Street S.W., Suite 1168 Atlanta, GA 30303. A written addendum, if necessary, then will be made available to each recipient of this RFP.

## **2.14 RESPONSIBILITY OF PROPOSER**

Each Proposer is encouraged to conduct all necessary investigations and review all available and relevant data and information, which are necessary in its judgment in order to assume this responsibility prior to the submittal of its Proposal. Proposers are reminded of Fulton County's "**No Contact During Procurement**" policy and shall only contact the person designated by the RFP.

## **2.15 CONFIDENTIAL INFORMATION**

If any Proposal contains technical, financial, or other confidential information that the Proposer believes is exempt from disclosure, the Proposer must clearly label the specific portions sought to be kept confidential and specify on what the exemption is based. The County, at its sole discretion and subject to applicable law, will determine whether such exemption applies. The County has sole discretion to make such determination regarding the disclosure of information, and by responding to this RFP, Proposers waive any challenge to the County's decisions in this regard. Marking all or substantially all of a Proposal as confidential may result in the Proposer being deemed non-responsive to this RFP.

Notwithstanding the foregoing, Proposers recognize and agree that the County, its staff, and its Consultants will not be responsible or liable in any way for any losses that the Proposer may suffer from the disclosure of information or materials to third parties.

## **2.16 COUNTY RIGHTS AND OPTIONS**

This RFP constitutes an invitation to submit Proposals to the County. Without limitation or penalty, the County reserves and holds at its sole discretion, the following rights and options:

- This RFP does not obligate the County to select, procure or contract for any services whatsoever.
- Fulton County reserves the right to award a contract based on this RFP and

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the proposal(s) received (in whole or in part) to one or several vendors.

- The County reserves the right to change or alter the schedule for any events associated with this procurement and, if required, notify the Proposers. A Proposer, by submitting a Proposal, agrees to be bound by any modifications made by the County
- All costs incurred by a Proposer in connection with responding to this RFP, the evaluation and selection process undertaken in connection with this procurement, and any negotiations with the County will be borne by the Proposer.
- The County reserves the right to reject all Proposals and components thereof to eliminate all Proposers responding to this RFP from further consideration for this procurement, and to notify such Proposers of the County's determination.
- The County may cancel this RFP without the substitution of another RFP and terminate this procurement at any time without any liability whatsoever.
- The County reserves the right to waive any technicalities or irregularities in the Proposals.
- The County reserves the right to eliminate any Proposer who submits incomplete or inadequate responses or is not responsive to the requirements of this RFP.
- The County may request Proposers to send representatives to the County for interviews and presentations.
- To the extent deemed appropriate by the County, the County may select and enter into discussion and negotiations with the Proposer(s) submitting Proposal(s), which are found to be reasonably susceptible for award.
- The County reserves the right to discontinue negotiations with any selected Proposer.
- The County reserves the right, without prior notice, to supplement, amend, or otherwise modify this RFP.
- All Proposals (other than portions thereof subject to patent or copyright protection) become the property of the County and will not be returned, and the County reserves the right to utilize all such information contained in the

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Proposals without further cost to the County

- The County may add to or delete from the Project Scope of Work set forth in this RFP.
- Any and all Proposals not received by the Proposal Submission Date shall be rejected and returned unopened.
- Neither the County, its staff, its representatives, nor any of its consultants or attorneys will be liable for any claims or damages resulting from the solicitation, collection, review, or evaluation of responses to this RFP.
- The County, including its representatives and consultants, reserves the right to visit and examine any of the facilities referenced in any Proposal and to observe and investigate the operations of such facilities.

By responding to this RFP, Proposers acknowledge and consent to the rights and conditions set forth in this RFP.

## **2.17 COST OF PROPOSAL PREPARATION AND SELECTION PROCESS**

Each Proposal, including preparation of all information required to be included in a Proposal pursuant to this RFP, shall be prepared at the sole cost and expense (including, but not limited to, engineering and legal costs) of the Proposer. In addition, the Proposer shall be solely responsible for all costs (including engineering and legal costs) incurred by such Proposer in connection with this selection process, including any costs incurred by the Proposer in any subsequent negotiations entered into in connection with developing the Proposal. There shall be no claims whatsoever against the County, its staff, or its consultants for reimbursement for the costs or expenses (including, but not limited to, engineering and legal costs) incurred during the preparation of the Proposal or other information required by this RFP or procurement process or in connection with the selection process or any negotiations.

## **2.18 TERMINATION OF NEGOTIATIONS**

The County at its sole discretion may, at any time, to the extent permitted by Applicable Law, exclude a Proposer from further participation in any negotiation process if the County determines that such Proposer is failing to progress in the negotiations or if the terms of its Proposal are less advantageous than those of other Proposers and such Proposer is deemed to be no longer susceptible of selection. The County will give written notice of its decision to the Proposer, which shall be sent in writing, signed by the County.

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## **2.19 WAGE CLAUSE**

Pursuant to 102-391, Each Contractor shall agree that in the performance of the Contract he will comply with all lawful agreements, if any, which the Contractor had made with any association, union, or other entity, with respect to wages, salaries, and working conditions, so as not to cause inconvenience, picketing, or work stoppage.

## **2.20 ADDITIONAL OR SUPPLEMENTAL INFORMATION**

After receipt of the submittals, the County will evaluate the responses, including the references, financial statements, experience and other data relating to the Respondent's qualifications. If requested by the Fulton County Department of Purchasing and Contract Compliance, Respondent's maybe required to submit additional or supplemental information to determine whether the Respondent meets all of the qualification requirements.

## **2.21 REPORTING RESPONSIBILITIES**

The successful Proposer will report directly to the Employee Benefits Manager, or designated representative.

## **2.22 GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT**

This Request for Proposal is subject to the Georgia Security & Immigration Compliance Act. Pursuant to the Georgia Security & Immigration Compliance Act of 2006, as amended on May 11, 2009, bidders and proposers are notified that all bids/proposals for services that are to be physically performed within the State of Georgia must be accompanied by proof of their registration with and continuing and future participation in the E-Verify program established by the United States Department of Homeland Security. A completed affidavit must be submitted on the top of the bid/proposal at the time of submission, prior to the time for opening bids/proposals. Under state law, the County cannot consider any bid/proposal which does not include a completed affidavit. It is not the intent of this notice to provide detailed information or legal advice concerning the Georgia Security & Immigration Compliance Act. All bidders/proposers intending to do business with the County are responsible for independently apprising themselves and complying with the requirements of that law and its effect on County procurements and their participation in those procurements. For additional information on the E-Verify program or to enroll in the program, go to: <https://e-verify.uscis.gov/enroll>.

See Section 7, Proposal Forms for declarations and affidavits.

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## **2.23 AUTHORIZATION TO TRANSACT BUSINESS**

If the Proposer is a Georgia corporation, the corporation, prior to contract execution, shall submit documentary evidence from the Secretary of State that the Corporation is in good standing and that the corporation is authorized to transact business in the State of Georgia.

If the Proposer is a foreign (non-Georgia) corporation, the corporation, prior to contract execution shall submit a Certificate of Authority and documentary evidence from the Georgia Secretary of State of good standing which reflects that the corporation is authorized to do business in the State of Georgia.

## **2.24 RIGHT TO PROTEST**

Any actual bidder or offeror who is aggrieved in connection with the solicitation or award of a contract shall protest in writing to the Director of Purchasing & Contract Compliance. An actual bidder or offeror is defined as a person or entity who has submitted a bid or proposal on the project for which they are filing a protest. A protest shall be submitted to and received by the Director of Purchasing & Contract Compliance in writing within 14 days after such aggrieved entity known or should have known of the solicitation, the award of contract to another or other acts giving rise to a protest. An oral protest or a protest to an official, employee, User Department, or other person apart from the Director of Purchasing & Contract Compliance does not comply.

## **2.25 FIRST SOURCE JOBS POLICY**

It is the policy of Fulton County Government to provide employment opportunities to the citizens of Fulton County. This policy will apply to all contracts procured through the Department of Purchasing & Contract Compliance valued in excess of \$200,000. The Prime Contract is expected to utilize the First Source Jobs Program to fill 50% of the entry level jobs which arise as a result of any project funded in whole or in part with County funds with residents of Fulton County. Forms are provided in Section 8 of this RFP.

## **2.26 NON-COLLUSION**

By submitting a signed proposal, Offeror certifies that there has been no collusion with any other Offeror. Reasonable grounds for believing Offeror has an interest in more than one proposal will result in rejection of all proposals in which the Offeror has an interest. Any party to collusion may not be considered in future proposals for the same or similar work. See Section 7, Proposal Forms for declarations and affidavits.

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## **2.27 EXCEPTIONS TO THE COUNTY'S CONTRACT**

If Offeror takes exception to any term or condition set forth in the Sample Contract, see Section 10 of this RFP, and any of its exhibits, appendices or attachments, said exceptions must be clearly identified in the response to this RFP. Exceptions or modifications to any of the terms and conditions must be submitted as a separate document accompanying the Offeror's proposal clearly marked as "Exceptions."

The County shall be the sole determiner of the acceptability of any exception. See Section 7, Proposal Forms for declarations and affidavits.

## **2.28 GENERAL REQUIREMENTS**

1. Proposals may be withdrawn upon receipt of a written request prior to the stated due date and time. If a firm seeks to withdraw a proposal after the due date and time, the firm must present a notarized statement indicating that an error was made, with an explanation of how it occurred. The withdrawal request must be accompanied by documentation supporting the claim. Prior to approving or disapproving the request, an opinion will be obtained from Fulton County's Legal Counsel indicating whether the firm is bound by its proposal.

Proposals for projects that are solicited pursuant to the Georgia Local Government Public Works Construction Law (O.C.G.A. § 36-91-1 et seq.) may be withdrawn as follows:

The County must advise Offerors in the request for proposals of the number of days that Offerors will be required to honor their proposals. If an Offeror is not selected within 60 days of opening the proposals, any Offeror that is determined by the governmental entity to be unlikely of being selected for contract award will be released from the proposal.

2. Fulton County shall be the sole judge of the quality and the applicability of all proposals. Design, features, overall quality, local facilities, terms and other pertinent considerations will be taken into account in determining acceptability.
3. The successful Offeror must assume full responsibility for delivery of all goods and services proposed.
4. The successful Offeror must assume full responsibility for replacement of all defective or damaged goods and/or performance of contracted services within thirty (30) days notice by the County of such defect, damage or deficiency.

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5. The successful Offeror must assume full responsibility for providing warranty service on all goods, materials, or equipment provided to the County with warranty coverage. Should a vendor be other than the manufacturer, the vendor and not the County is responsible for contacting the manufacturer. The Offeror is solely responsible for arranging for the service to be performed.
  6. The successful Offeror shall be responsible for the proper training and certification of personnel used in the performance of the services proposed.
  7. The successful Offeror shall not assign, transfer, convey, sublet, or otherwise dispose of any contract resulting from the RFP or of any of its rights, title or interest therein without prior written consent of the Fulton County Board of Commissioners.
  8. In case of default by the successful Offeror, Fulton County may procure the articles or services from another source and hold the successful Vendor responsible for any resultant excess cost.
  9. All proposals and bids submitted to Fulton County are subject to the Georgia "Open Records Act", Official Code of Georgia, Annotated (O.C.G.A.) § 50-18-70 et seq.
  10. All proposals and bids submitted to Fulton County involving Utility Contracting are subject to the Georgia law governing licensing of Utility Contractors, O.C.G.A. §43-14-8.2(h).

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**SECTION 3  
PROPOSAL REQUIREMENTS**

**3.1 SUBMISSION REQUIREMENTS**

**3.1.1 Proposal Submission Date and Submittal Format**

All Proposals, including all attachments, must be received by the County in a sealed package no later than **Friday, July 2, 2012 at 11:00 A.M.** and must be addressed to:

**REQUEST FOR PROPOSALS RFP #12RFP84171C-MT  
Fulton County Department of Purchasing & Contract Compliance  
Public Safety Building  
130 Peachtree Street S.W. Suite 1168  
Atlanta GA 30303**

An Offeror may submit proposals on up to all Benefit Plans listed in this RFP. Each proposal shall be packaged separately from the Offeror's other proposals. The Proposal shall consist of a Technical Proposal which includes the Questionnaire, and a Cost Proposal specific to each Benefit Plan applied for, and all documents listed on the Required Submittal Checklist (Exhibit 1). The Technical Proposal shall include proposer information, the Questionnaire specific to that Benefit Plan, technical information, business-related information, and any Technical Proposal forms requested. The Cost Proposal shall include the Cost Proposal Forms and any information describing the basis for pricing and must be separately, sealed, marked and packaged.

The required content of the Technical Proposal and Cost Proposal is further specified in this section of the RFP. The Proposal must be signed and acknowledged by the Proposer, including certain information to be provided under oath as required under applicable law, in accordance with the instructions herein and the various proposal forms.

**THE TECHNICAL PROPOSAL, THE COST PROPOSAL AND CONTRACT COMPLIANCE EXHIBITS SHALL BE SUBMITTED IN SEPARATE, SEALED ENVELOPES OR PACKAGES. THE INCLUSION OF ANY COST INFORMATION IN THE TECHNICAL PROPOSAL MAY RESULT IN SUCH PROPOSAL BEING REJECTED BY THE COUNTY.**

Each envelope or package shall be clearly marked as follows:

**REQUEST FOR PROPOSALS RFP \_\_\_\_\_**

**12RFP84171C-MT Employee Health Benefit Plan  
[Technical or Cost Proposal]  
Proposer's Name and Address**

**3.1.2 Number of Copies**

Proposers shall submit the following:

<u>Separate Sealed Envelope</u> Number #	<b>Required Proposal Submission</b> (Note: Each Proposal (i.e. "bundled medical", prescription drug/PBM, dental, vision) must be a separate proposal submission)
<b>1</b>	Technical Proposal (1 printed Original and 1 printed copy and 2 CDs) (Includes Section 7 Proposal Forms)
<b>2</b>	Cost Proposal (1 printed original and 1 printed copy and 2 CDs) Note that CDs must also include Excel Exhibits, however, the printed copy should not include the Excel files for Displacement and Repricing files due to PHI in the Excel files.
<b>3</b>	Signed Contract Compliance Forms (Section 8) (1 printed original and 1 printed copy) Responses to Risk Management Insurance Provisions (Section 9) (include with Contract Compliance Forms) (1 printed original and 1 printed copy)

All Proposals must be complete with all requested information.

**3.2 OVERVIEW OF PROPOSAL REQUIREMENTS**

Proposers shall submit Proposals in accordance with the content and format requirements set forth in this RFP. Proposals should be clearly organized and structured in a manner that allows materials included in the document to be located easily.

Each of the instructions set forth in this section must be followed for a Proposal to be deemed responsive to this RFP. In all cases, the County reserves the right to determine, at its sole discretion, whether any aspect of the Proposal meet the requirements set forth in this section. The County reserves the right to reject any Proposal, which in its judgment, does not comply with these Proposal submission requirements.

**3.3 SCOPE OF WORK**

Fulton County seeks:

- a. "Bundled medical" proposals for the administration and provider network access of their group medical (HMO, PPO, PPO+, Indemnity, New CDHP with HRA, New Medicare Advantage Plan), Mental Health/Substance Abuse (MH/SA) network, COBRA administration and EAP program;

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- b. Prescription drug management administration and network access;
  - c. Vision administration and network access; and
  - d. Dental administration and network access.

Each of the above should be submitted as separate Proposal submission. Do not submit your PBM proposal within your “bundled medical” proposal package. With the exception of the fixed fee for EAP claims and administration, these programs are self-insured. The plan does not include reinsurance coverage and this is not requested at this time. Quotations for the New Medicare Advantage plan should be on an insured basis. Other than the EAP and the New Medicare Advantage plan, all other proposals should be on a self-insured basis.

*Medical:*

Proposals should include Active and Retiree populations. Please provide quote(s) on the proposed 2013 year medical plans. Please provide a quotation on the “bundled medical” services described above. You may offer a stand-alone “bundled medical proposal”. If you also provide a PBM proposal, please note that Fulton County could pair another PBM services quotation along with your “bundled medical” quotation.

*EAP & Mental Health/Substance Abuse:*

Please provide quote(s) on the current EAP and mental health/substance abuse plan, as outlined in the attached SPD. If you cannot duplicate the current benefits, please match them as closely as possible and indicate any deviations from the current plan design. Fulton desires this service to be integrated with the medical plans and not carved out.

*COBRA Benefits*

Please provide quote(s) for providing COBRA administrative services as detailed in this RFP. Fulton desires this service to be integrated with the medical plans and not carved out.

*PBM/Prescription Drugs:*

Please provide quote(s) on the proposed prescription drug plan for the self-insured Medical plans. You may specify that your PBM proposal only applies if you are also being awarded the “bundled medical proposal”. You may specify that you are providing a stand-alone PBM proposal.

*Dental Benefits:*

Please provide quote(s) on the current Dental plan, as outlined in the attached SPD. If you cannot duplicate the current benefits, please match them as closely as possible and indicate any deviations from the current plan design.

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*Vision Benefits:*

Please provide quote(s) on the current Vision plan, as outlined in the attached SPD. If you cannot duplicate the current benefits, please match them as closely as possible and indicate any deviations from the current plan design.

### **3.4 TECHNICAL PROPOSAL FORMAT AND CONTENT**

The Technical Proposal shall include the appropriate and requested information in sufficient detail to demonstrate the Proposer's knowledge, skills and abilities to provide requested services.

The Technical Proposal shall be arranged and include content as described below. Provide separately for each proposal, i.e. separately for "bundled medical" separately for dental, separately for vision). Please format your technical proposal to include a separate Roman numeral tab to include the below items.

#### ***Section 1 - Executive Summary or "Our Understanding" and Project Plan/Approach to Work***

The executive summary shall include a brief statement of approach to the work, understanding of the project's goals and objectives and demonstrated understanding of the project's potential challenges and concerns. Also, include the following information regarding your project plan

1. Provide the legal name of the entity responding to this proposal.
2. Provide the business type of the entity responding to this proposal (i.e., Joint Venture, Partnership, etc.).
3. Name, address and telephone number of one (1) individual to whom all future correspondence and/or communications will be directed.
4. The Project Plan must address the management approach in completing the work identified in Section 3.3 Scope of Work. At a minimum, the plan must identify all major tasks, when the major tasks will start and finish, planned reviews of work associated with each major task, project completion date, and any other information that will assist in planning and tracking this project successfully. Describe methodologies, including best practices and benchmarks to be used.
5. Description of project deliverables.
6. Describe your communication support you will provide Fulton throughout the

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plan year.

7. Can you conduct health fairs at key Fulton locations?
8. Provide a proposed implementation plan including key dates for a January 1, 2013 effective date.

***Section 2 – Project Team Qualifications/ Qualifications of Key Personnel***

1. Provide resumes for each of the key personnel proposed for this project. .
2. Each resume should be limited to no more than two (2) pages per person and be organized according to the following:
  - Name and Title
  - Role and responsibilities that each personnel member will perform on this project
  - Professional Background
  - Current and Past Relevant Work Experience
  - Relevant Training

***Section 3 – Relevant Project Experience/Past Performance***

Identify three (3) similar clients/accounts where the Proposer has performed services to at least 3 entities comparable to what Fulton County is requesting within the past three (3) years. Such entities should include cities and/or counties which provide employee health benefits similar to the County's proposed benefits. Limit your response to one (1) page per client/account; please provide the following information for each project:

- The name of the project, the owner, year performed and the project location.
- A description of the project.
- A reference, including a contact name, addresses and phone number. This reference should be the owner's staff member who was in charge of the project for the owner.

***Section 4 – Proposer Financial Information***

It is the policy of the County to conduct a review of a firm's financial responsibility in order to determine the firm's capability to successfully perform the work.

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If submitting as a Joint Venture, Partnership, Limited Liability Corporation or Limited Liability Partnership, the financials must be submitted for each entity that comprises the prime contractor.

The following documentation is required in order for the County to evaluate financial responsibility:

- (1) Provide audited financial statements for the last three (3) years, including income statements, balance sheets, and any changes in financial position.
- (2) The latest quarterly financial report and a description of any material changes in financial position since the last audited financial statement.
- (3) Proposer's most recent Dun & Bradstreet, Value Line Reports or other credit ratings/report.
- (4) Identify any evidence of access to a line or letter of credit.

#### ***Section 5 - Availability of Key Personnel***

1. Describe any unique or dedicated staffing plan you propose for servicing the Fulton account.
2. For proposed key account team members, including an implementation specialist, that have day to day responsibility for the Fulton account, briefly explain their time commitments to other accounts during implementation and afterwards, if they should continue to be assigned to Fulton.
3. Specify where subcontractors will be involved in the process, and indicate their roles and efforts.
4. If you subcontract any of your services, explain any contractual provisions you have in place to ensure client service delivery issues (or implementation issues) are resolved in a timely manner.

#### ***Section 6 - Local Preference***

Local Preference is given to businesses that have a business location within the geographic boundaries of Fulton County. The term business location means that the business has a staffed, fixed, physical place of business located within Fulton County and has had the same for at least one (1) year prior to the date of the business' submission of its proposal or bid, as applicable and has had held a valid business license from Fulton County or a city located within Fulton County for the business at a fixed, physical, place of business, for at least one (1) year prior to the date of the business' submission of its proposal or bid as applicable.

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In order to receive the Local Preference points of ten (10) points the Proposer must meet one (1) of the following criteria, provide supporting documentation as required and certify under oath that it is eligible to receive the local preference points by signing and submitting Form H, Local Preference Affidavit located in Section 7 of this RFP.

The Proposer must indicate which one (1) of the following criteria they will utilize in order to receive local preference:

1. Business having a business location within the geographic boundaries of Fulton County.

The following supporting documentation must be provided:

- Copy of occupational tax certificate (business license) form Fulton County or a city located within Fulton County, or;
- Copy of a lease or rental agreement, or;
- Proof of ownership interest in a location within the geographical boundaries of Fulton County.

2. Businesses where at least fifty-one percent (51%) of the owners of the business are residents of Fulton County but the business is located outside of Fulton County.

The following supporting documentation must be provided:

- Provide the residential address of the business owner(s).

3. Businesses where at least fifty-one percent (51%) of the employees of the business are residents of Fulton County but the business is located outside of Fulton County.

The following supporting documentation must be provided:

- Provide a list of all employees name and address.

Failure to provide the required supporting documentation with your proposal submittal shall result in your firm receiving a "0" (zero) for Local Preference. In the event the affidavit or other declaration under oath is determined to be false, such business shall be deemed "non-responsive" and shall not be considered for award of the applicable contract.

### ***Section 7 – Service Disabled Veterans Preference***

Service Disabled Veterans Business Enterprise Preference is given to

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businesses that are independent and continuing operations for profit, performing commercially useful functions, and which are owned and controlled by one or more individuals who are a least thirty percent (30%) disabled as a result of military service who have been honorably discharged, designated as such by the United States Department of Veterans Affairs, and is located within the geographic boundaries of Fulton County. The Service Disabled Veteran Business Enterprise (“SDVBE”) must be certified as such by the County’s Office of Contract Compliance.

In order to receive the SDVBE Preference points of five (5) points the Proposer must submit a copy of their certification letter from the Office of Contract Compliance and certify under oath that it is eligible to receive the SDVBE preference points by signing and submitting Form I, Service Disabled Veterans Preference Affidavit located in Section 7 of this RFP.

### ***Section 8 – Disclosure Form and Questionnaire***

It is the policy of Fulton County to review the history of litigation of each Proposer that includes bankruptcy history, insolvency history, civil and criminal proceedings, judgments and termination for cause in order to determine whether a firm’s business practices, legal practices and overall reputation in the industry is one that would be acceptable to perform work for Fulton County. The Disclosure Form and Questionnaire is provided in Section 7, Proposal Forms, Form D.

### ***Section 9 – Cost***

The respondent with the lowest total cost will receive the full cost allocation points. For respondents with the second, third, fourth, etc., their total costs will be divided into the lowest cost and multiplied by the total points allowed for cost.

### ***Section 10 – Questionnaire***

#### Medical proposers

Proposers should complete the medical technical questionnaire provided in Section 5A of this document.

#### Prescription Drug/PBM proposers

Proposers should complete the Prescription Drug technical questionnaire provided in Section 5B of this document.

#### Vision proposers

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Proposers should complete the Vision technical questionnaire provided in Section 5C of this document.

Dental proposers

Proposers should complete the Dental technical questionnaire provided in Section 5D of this document.

***Section 11 – Other Required Proposal Response Forms from Section 7***

Include Section 7 forms that are not otherwise referenced above in this section.

**3.5 COST PROPOSAL FORMAT AND CONTENT**

The Cost Proposal shall be provided separately for each proposal, i.e., separately for “bundled medical”, separately for PBM, separately for Dental, and separately for Vision in **separate sealed envelopes**. Each envelope shall be labeled appropriately. The Cost Proposal shall include current information and shall be arranged and include content as described below:

***Section 1 - Introduction***

The Proposer shall include an introduction which outlines the contents of the Cost Proposal.

***Section 2 - Completed Cost Proposals***

Cost and Repricing Questionnaire

Proposers should complete the Cost and Repricing questionnaires provided or referenced in this document. Where external Excel tables are referenced, these tables should be completed and submitted only in the Cost proposal CDs as part of the required submission. Do not include a copy of the repricing and displacement Excel spreadsheet in your hard copy proposal due to the PHI nature of the data in the spreadsheets.

Medical Cost Proposal

Proposers should complete the medical cost questionnaire provided in Section 6A of this document.

Prescription Drug Cost Proposal

Proposers should complete the Prescription Drug cost questionnaire provided in Section 6B of this document.

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### Vision Cost Proposal

Proposers should complete the Vision cost questionnaire provided in Section 6C of this document.

### Dental Cost Proposal

Proposers should complete the Dental cost questionnaire provided in Section 6D of this document.

## **3.6 RFP TIMELINE**

The timeline for the proposal process follows:

<b>Task</b>	<b>Completed By</b>
Release of RFP	6/7/2012
Pre-Proposal conference	6/1/2012
Proposers provide written inquiries	6/18/2012
Proposers are provided with responses	6/25/2012
Proposals are due to Fulton County no later than 11 A.M. Eastern Time	7/2/2012
Oral Interviews / Presentations	7/30/2012
Award of business (Pending Board Approval)	9/5/2012
Program effective date	1/1/2013

## **3.7 ADHERENCE TO PROPOSAL INSTRUCTIONS FOR QUESTIONNAIRE**

The following guidelines and rules have been established to ensure effective communication:

- Questions must be submitted prior to 6/18/2012 by 5:00 PM, Fulton will not respond to requests received after this time.
- Proposer inquiries will be accessible to all participating Proposers; the entity posing the question will not be identified.
- Responses will be accessible to all participating Proposers.
- Fulton will make every effort to respond to all inquiries as quickly as is practical, but no later than the date specified in the timeline above.

Proposers are advised that this section places no obligation on the part of the County to respond to any or all requests for clarification or interpretation, and that the County's failure to respond to any such request will not relieve the Proposer

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of any obligations or conditions required by this RFP.

### **3.8 NOTIFICATION OF SELECTION**

Fulton will evaluate all proposals properly submitted according to this RFP, and retains sole authority to accept or reject any proposal. Selected and non-selected Proposers will be notified in writing at the conclusion of the process. Selection is contingent on satisfactory completion of appropriate agreements which will be negotiated. Fulton reserves the right to reject all proposals.

### **3.9 ADHERENCE TO PROPOSAL INSTRUCTIONS**

Proposers shall submit Proposals in accordance with the content and format requirements set forth in this RFP. Proposals should be clearly organized and structured in a manner that allows materials included in the document to be located easily.

Each of the instructions set forth in this section must be followed for a Proposal to be deemed responsive to this RFP. In all cases, the County reserves the right to determine, at its sole discretion, whether any aspect of the Proposal meets the requirements set forth in this section. The County reserves the right to reject any Proposal, which in its judgment, does not comply with these Proposal submission requirements.

Instructions on how to answer the questionnaire are provided below:

- **Answer all questions in a word document and save as a .doc file. Do not save as a PDF. (Printed copies can be generated from either format, but electronic copies must be in .doc format).**
- **Yes/No questions and multiple choice questions** – Select the appropriate response. If more than one answer is acceptable, the question will so indicate. Comments and information may be provided as you see fit.
- **On some questions, you'll be referenced to complete a spreadsheet in an EXCEL workbook tab; these spreadsheets are available as part of the RFP within EXCEL and should be completed and submitted as described in this document.**
- **Questions with sub-questions** - For questions which have sub-questions designated "a)", "b)" and so forth, answer each sub-question separately.
- **All questions must be answered** - Blank responses to individual questions are not acceptable. If information is not available or not

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applicable, say so explicitly in the response area.

- **Questions specific to relevant office.** All questions must be answered specific to the office or operational unit that will perform services for Fulton. For example, claim operations performance statistics (payment accuracy, etc.) should reflect only, and entirely, the office that will provide services for Fulton.
- **Be sure to maintain proper numbering of questions and answers as this will aid Fulton in the scoring of responses.** (Example - The Medical Questionnaire should reference the Section 5.X.X numbers provided in this document).
- **Questions not answered will result in a score of 0 for that question.**
- **Sections skipped will result in a score of 0 for that section.**
- **Answer all questions with a brief, concise response.**
- **Many answers will be scored relative to the other responses. Succinct and informative answers are desired.**

A copy of the Confidentiality Form provided below must be signed by an officer of your company and faxed back to Fulton County at (404) 893-1743 to attention of Malcolm Tyson in order to receive the password for the exhibits containing PHI, such as the census and repricing data on the Fulton County Website.

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## CONFIDENTIALITY AGREEMENT

Date:

Re: Fulton County

This confidentiality agreement is between Fulton County and Insert Your Company Name, on behalf of itself and all of its subsidiaries and affiliates, (hereafter "Proposer") and is executed in connection with a bid that Proposer intends to submit to Fulton County.

In order to prepare a responsive proposal, Proposer needs to receive certain information and data, including individually identifiable health information pertaining to plan participants and beneficiaries (collectively "Proprietary Information"). The County and Proposer agree that the term "individually identifiable health information" refers to any health information that is not "de-identified," as defined in 45 C.F.R. Section 164.514(b)(2). The County agrees to provide the necessary Proprietary Information in connection with this RFP, and Proposer agrees as follows:

1. Proposer will use this Proprietary Information only for the purpose of preparing Proposer's response to the RFP.
2. Proposer agrees that only those individuals employed by Proposer who have a need to know this information to prepare the bid and have been made aware of the terms of this Agreement and have agreed to abide by its terms will have access to the Proprietary Information provided by the County ("Proposer's Representatives").
3. Neither Proposer nor any of its Representatives will disclose the Proprietary Information to any person or entity outside of Proposer, unless such a disclosure is: (a) necessary to prepare the bid and the recipient first executes a confidentiality agreement with provisions equivalent to this one; or (b) required by law.
4. Proposer agrees to use commercially reasonable efforts to maintain the security of the Proprietary Information.
5. Proposer will return the Proprietary Information to the County or destroy it upon completion of the bid process if such return or destruction is feasible. If Proposer determines that return or destruction of some or all of the information is not feasible, Proposer agrees to: (a) inform The County of the specific reason(s) that make return or destruction not feasible; (b) extend the protections of this Agreement to any retained information for as long as Proposer retains it; and (c) limit further uses or disclosures to those that make the return or destruction infeasible.

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6. Proposer will report to The County any use and/or disclosure of Proprietary Information that is not permitted by this Agreement.
  7. Proposer shall regard and preserve as confidential all Proprietary Information that has been or may be obtained by Proposer in the course of the bid process, whether Proposer has such information in Proposer's memory, or in writing or in other physical form. Proposer shall not, without written authority from The County, use any Proprietary Information for Proposer's benefit or Proposer's purposes, either during the term of the bid process or thereafter.
  8. The obligations of Proposer assumed in this Agreement shall continue beyond the completion of the bid process.
  9. Proposer shall and does hereby indemnify, defend and hold harmless The County and The County's officers, directors, employees and shareholders from and against any and all claims, demands, losses, costs, expenses, obligations, liabilities, damages, recoveries, and deficiencies, including interest, penalties, and reasonable attorney fees and costs, that The County may incur or suffer and that result from, or are related to, any breach or failure of Proposer and Proposer's Representatives to perform any of the representations, warranties and agreements contained in this Agreement that pertain to individually identifiable health information.
  10. Proposer recognizes that any breach of the covenants contained in this Agreement would irreparably injure The County. Accordingly, The County may, in addition to pursuing its other remedies, obtain an injunction from any court having jurisdiction of the matter restraining any further violation and no bond or other security shall be required in connection with such injunction.
  11. If any of the provisions herein become invalid or are declared invalid, such determination of invalidity as to the clause(s) shall not affect the other provisions of this Agreement. If any provision of this Agreement should be held invalid or unenforceable, the remaining provisions shall be unaffected by such a holding. If any provision is found inapplicable to any person or circumstance, it shall nevertheless remain applicable to all other persons and circumstances.
  12. This Agreement shall be binding upon The County and Proposer and their respective successors, assigns, heirs, executors and administrators.
  13. This Agreement contains the entire understanding of the parties hereto and supersedes all previous communications, representations, or agreements, oral or written, with respect to the subject matter hereof. No failure to exercise nor any delays in exercising any right or remedy hereunder shall operate as a waiver thereof; nor shall any single or partial exercise of any right or remedy hereunder preclude any other or further exercise thereof or the exercise of any other right or remedy. Neither this Agreement nor any of its provisions may be amended, supplemented, changed, waived or rescinded except by a written instrument signed by the party against whom enforcement thereof is sought. No

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waiver of any right or remedy hereunder on any one occasion shall extend to any subsequent or other matter.

14. This Agreement shall be governed by and construed in accordance with the laws of the State of Georgia applicable to contracts made on and performed within the State of Georgia. Any action to enforce this Agreement shall be brought in State of Georgia.

Intending to be legally bound, the Parties have executed this Agreement:

Fulton County:

Proposer:

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

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

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

Title: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

Complete this document, fax to the County at (404) 893-1743 to the attention of Malcolm Tyson to receive the password to the Data.Zip file.

Please advise of contact name, phone number and email address to send the password

Contact name (print): \_\_\_\_\_

Phone number: \_\_\_\_\_

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

## SECTION 4 EVALUATION CRITERIA

### 4.1 PROPOSAL EVALUATION – SELECTION CRITERIA

The following criteria will be used to evaluate the proposals submitted in response to this RFP:

<b>Evaluation Criteria</b>	<b>Medical</b>	<b>Pharmacy</b>	<b>Dental</b>	<b>Vision</b>
Executive Summary - Project Plan/Approach to Work	5%	5%	5%	5%
Qualifications of Key Personnel	5%	5%	5%	5%
Relevant Project Experience/ Past Performance	5%	5%	5%	5%
Financial Responsibility	5%	5%	5%	5%
Availability of Key Personnel	5%	5%	5%	5%
Local Preference	10%	10%	10%	10%
Service Disabled Veterans Preference	5%	5%	5%	5%
Disclosure Form and Questionnaire	5%	5%	5%	5%
Questionnaire				
▪ Experience and Account Administration	10%	10%	10%	10%
▪ Member Services	5%	5%	5%	5%
▪ Claims Management Programs	10%	10%	5%	0%
▪ Provider Networks	10%	10%	10%	10%
Cost Proposal	20%	20%	25%	30%
<b>TOTAL POINTS</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

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**SECTION 5  
QUESTIONNAIRES**

# Section 5A: Medical Technical Questionnaire

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## 1.1 Confirmations

1.1.1 Please complete the following chart indicating your confirmation and any explanation if needed in the below.

	<b>Response: Confirmed, or Not Confirmed</b> (provide explanation if not confirmed)	<b>Explanation if not confirmed</b>
1. The proposed effective date is 1/1/2013.		
2. You will waive the actively-at-work clause and cover current and future disabled and COBRA beneficiaries as actives until they are no longer eligible for coverage, as determined by Fulton.		
3. All plan experience and financial data resulting from administration of the plan is the property of Fulton and will be provided in its entirety to Fulton, its designated benefit consultant, or its data warehouse vendor, on a monthly basis, at no additional charge.		
4. You will provide a dedicated account management team, including at least two customer service representatives, to support the Fulton benefit staff.		
5. You agree to provide assistance, as necessary, during the implementation process, and then to be available for quarterly face-to-face meetings with Fulton.		
6. You will provide any and all sufficient resources necessary to assist Fulton if and when it decides that an audit is required to ensure proper claim payment and administrative processes.		
7. You will communicate any legislative changes related to the operations of the plans.		
8. You will load eligibility data on a weekly basis, or more often in urgent situations.		

	<b>Response: Confirmed, or Not Confirmed</b> (provide explanation if not confirmed)	<b>Explanation if not confirmed</b>
9. Based on the eligibility data you receive, you will:		
• terminate coverage according to the date indicated by Fulton		
• add coverage for members who join the plan		
• send out ID cards and other appropriate communication materials for members who have added coverage		
• update member information according to the eligibility data from Fulton		
10. You will identify your subcontracted relationships and will be responsible for their performance.		
11. You agree to notify Fulton of contract termination at least 180 days prior to the renewal date. Fulton will notify the administrator of contract termination at least 60 days prior to the renewal date.		
12. Fulton will not be required to pre-fund any account from which claims are paid. Fulton will transfer funds to an established account on a weekly basis to cover claim payments made by you on behalf of Fulton.		
13. You are able to administer the proposed Medical plans.		
14. If you are unable to administer the proposed medical plan options, your comments must specify the following for each plan design deviation proposed: (a) plan option affected, (b) provision affected, and (c) specific deviation to requested provision.		
15. You will comply with all applicable data transmission requirements of HIPAA and state law.		
16. You will comply with all applicable privacy requirements of HIPAA and state law.		
17. Upon Fulton's appropriate assurances as to compliance with the relevant HIPAA privacy requirements, you will disclose all requested health information to Fulton, by the 10th of each month for the prior month's claims activity.		
18. You will comply with all applicable security requirements of HIPAA and state law.		
19. You confirm that Grady is included in your hospital network.		

## **1.2 General Experience & Account Administration**

- 1.2.1 Is your organization willing and able to administer the proposed medical plans (HMO, Medicare Health Insurance, PPO and PPO Plus, New Medicare Advantage Plan, New CDHP Plan) as described in this document?
- 1.2.2 Is your organization a.) Privately held, b.) Publicly traded, c.) Mutual Holding Company, or d.) Other, please describe
- 1.2.3 Please provide information which documents your firm's (and subcontractors') qualifications to produce the required outcomes, including its ability, capacity, skill, financial strength, and number of years of experience in providing the required services. If you are a wholly-owned subsidiary of a parent company, provide this information separately for all entities.
- 1.2.4 Provide information regarding your experience with governmental clients using your group medical plan and/or specialty services:
- Total membership/ lives enrolled and broken out by plan type (e.g. HMO, PPO, etc.) or service (e.g. carved-out specialty service)
  - Total number of clients broken out by geography that have at least 5,000 lives
  - List your top ten clients in Georgia
  - List your top ten clients within the Southeast
- 1.2.5 Provide a copy of your overall disaster recovery plan.
- 1.2.6 Please provide a sample ID card and EOB. If pharmacy requires a separate ID card, please provide a copy of that as well.
- 1.2.7 Provide a copy of your standard business associate agreement.
- 1.2.8 Has your organization experienced recent merger or acquisition activity? If so, please describe.
- 1.2.9 Has your organization recently undergone any workforce realignments? If so, please describe.
- 1.2.10 Are there any anticipated changes in ownership or business developments, including but not limited to mergers, stock issues, and the acquisition of new venture capital? Please explain.

1.2.11 Please provide the most recent organization ratings in the grid below.

	<b>A.M. Best</b>	<b>Moody's</b>	<b>Standard &amp; Poor's</b>	<b>Fitch</b>
Rating				
Date				

1.2.12 If your rating has changed within the past 12 months for any of the rating agencies, please explain.

1.2.13 Will a dedicated account manager be assigned to the County?

1.2.14 How many other accounts will be serviced by the account manager that you are proposing for the client?

1.2.15 Where will the account manager be geographically located?

1.2.16 What is the annual turnover rate in account management staff?

1.2.17 Describe the process and people involved in providing backup to respond to the County inquiries when key team members are unavailable.

1.2.18 Indicate the number of lives you service within Georgia.

### **Platform Experience**

1.2.19 What enhancements have been made to your HMO and PPO platforms in the past three years?

1.2.20 Please complete grid attached below for your book of business.

	<b>HMO/PPO Nationwide</b>	<b>HRA/HSA Nationwide</b>	<b>HMO/PPO Georgia</b>	<b>HRA/HSA Georgia</b>
<b>a. Number of Years in Operation for Product Line</b>				
Number of Years				
<b>b. Average 2011 Plan Membership</b>				
(A) Total Covered Employees				
(B) Family Multiplier				
(C) Total Covered Lives (or Members) (A) X (B)				
<b>c. Percent Change in Plan Membership between 2010 and 2011</b>				
(Total Covered Employees / Total Covered Lives) – 1	%	%	%	%

1.2.21 When did you begin offering Health Reimbursement Accounts (HRAs)?

1.2.22 Please complete the following grid regarding your HRA & HSA membership.

	As of 1/1/11	As of 1/1/12
Number of clients offering HRAs		
Number of clients offering full-replacement HRAs		
Number of total members enrolled in HRAs		
Number of clients offering HSAs		
Number of clients offering full-replacement HSAs		
Number of total members enrolled in HSAs		

1.2.23 What percentage of your Account Based Plans (ABPs), both HRA and HSA, membership is from National Accounts (5,000+ covered lives)?

1.2.24 Provide the following reference information for three **current** large multi-site clients for whom you administer an HRA plan

- a. Company Name
- b. Contact Name
- c. Phone Number
- d. Number of Employees Enrolled in HRA
- e. Percentage of Employees Enrolled in HRA
- f. Coverage/Service Provided
- g. Effective Date
- h. Full Replacement HRA or Slice (offered alongside another medical plan)?

1.2.25 Provide the following reference information for two **terminated** large multi-site clients for whom you administer an HRA plan

- a. Company Name
- b. Contact Name
- c. Phone Number
- d. Number of Employees Enrolled in HRA
- e. Percentage of Employees Enrolled in HRA
- f. Coverage/Service Provided
- g. Effective Date
- h. Full Replacement HRA or Slice (offered alongside another medical plan)?

1.2.26 Does your HRA product have any limitations with regard to the basic plan provisions (e.g. deductible, coinsurance and out-of-pocket maximum levels) that can be administered as of the effective date, 1/1/13?

1.2.27 Do you have a preferred Pharmacy Benefit Manager (PBM) with which you integrate your HRA product? If so, please identify.

1.2.28 Are you capable of integrating your HRA product with a carved out prescription drug product? If so, are there any limitations and what are you doing to address them?

- 1.2.29 Please indicate the PBM vendors with which HRA and Rx can be coordinated on a real-time basis.
- 1.2.30 Are there any limitations of other products or “un-bundling” that occurs when the PBM is carved out (i.e. is the HRA administration carved out)?
- 1.2.31 Please describe your coordination process between HRA and Rx.
- 1.2.32 Are your HRA pharmacy transactions integrated such that participants will not be required to submit claims for reimbursement, and the County will not be required to collect underpayments?
- 1.2.33 Do you offer debit cards or a similar product for participants to withdraw funds from their account, particularly for prescription drug payments? If so, please describe capabilities and any requirements in detail.
- 1.2.34 Describe your HRA capabilities including the following:
- a. Provide a sample account statement for an individual plan participant
  - b. Ability to track participation and completion of wellness/disease management/health risk assessments, etc. that are included within an incentive/ reward program.
- 1.2.35 Can you administer a \$0 funded HRA that is associated with a non-ABP option (e.g. HMO or PPO), and slated to receive incentive/ reward payments for the completion of a health risk assessment, wellness/ disease management, etc. and whose account balance can be used to offset participant out-of-pocket expenses? Please provide detail around your capabilities.
- 1.2.36 Can you prorate an ABP fund? Monthly? Quarterly?
- 1.2.37 What enhancements are currently being given priority for future introduction?
- 1.2.38 Do you impose any restrictions in the amount of funds in an HRA that can be carried over from year to year?
- 1.2.39 Please describe how you would coordinate the process of secondary FSA payment (reimbursement for covered plan services are deducted from the HRA first) with the County’s current FSA vendor.
- 1.2.40 Please describe the coordination process between medical claims processing and FSA claims processing.
- 1.2.41 Identify all outsourced components for the HMO, PPO, CDHP, Medicare Advantage plan offerings (e.g., networks, medical management, COBRA Administration, EAP, tools, etc.). Include name of partner and length of time your organizations have worked together.

1.2.42 It is important for the County to have all programs integrated and operate efficiently. Will you be able to work with other vendors such as an outside PBM to standardize the eligibility the two vendors use?

1.2.43 The Fulton County benefit plans include that copays for many services through the Grady Health System are waived. Will your claims system be able to accommodate that plan design aspect, or would this require a claims examiner manual intervention?

1.2.44 Submit samples of standard medical EOBs.

### **Eligibility**

1.2.45 How often are you able to load eligibility data? a.) daily, b.) weekly, or c.) monthly

1.2.46 Please describe how you handle manual eligibility updates and the turnaround/timing of such updates.

1.2.47 How long does it take your organization to produce ID cards after receipt of clean eligibility data from open enrollment? a.) 24-48 hrs., b.) 48-72 hrs., c.) greater than 72 hrs. Upon a new hire? a.) 24-48 hrs., b.) 48-72 hrs., c.) greater than 72 hrs.

1.2.48 If the County chooses to utilize your partnered PBM, verify that you will handle the transfer of eligibility data to the PBM and the resolution of any errors or discrepancies. What is the turnaround time?

1.2.49 If the County chooses to carve out the prescription drug benefit, verify that you will handle the transfer of eligibility data to the chosen PBM and the resolution of any errors or discrepancies. What is the turnaround time?

1.2.50 If the County chooses to utilize your partnered PBM, who will the County call with pharmacy-related questions (role within your organization)?

1.2.51 If the County chooses to utilize your partnered PBM, are you willing to assign a dedicated pharmacy account manager to the County?

1.2.52 If the County chooses to carve out the prescription drug benefit, please describe your proposal for the integration of your account team with the pharmacy account team.

1.2.53 If a third party HRA/FSA vendor is in place, you can administer all aspects of the plan, including providing/exchanging all necessary data as required by the HRA/FSA vendor. If "No", please explain.

1.2.54 When administering the County's HRA, how frequently and when do you provide account statements to participants?

1.2.55 When administering the County's HRA, how frequently and when do you provide account statements to the client?

1.2.56 When reimbursing contracted providers from a member's HRA account, is the provider's payment sent directly to the provider or is the payment sent to the member, who in turn must submit payment to the provider?

### **1.3 Member Services**

1.3.1 What is the process for prioritizing service requests?

1.3.2 Explain how service inquiries are tracked and reported.

1.3.3 In the grid below, indicate the availability of special services to address unique member needs.

<b>Category</b>	<b>Medical (yes/no)</b>	<b>Rx (yes/no)</b>
Concierge Help Desk		
Community Resource Referrals		
Languages (other than English)		
Hearing Impaired		
International Customer Service Phone Number		

1.3.4 What is your process for handling grievances and appeals? Is there a clinical protocol to distinguish medical necessity from administrative benefit denials? What is the timeframe for such procedures? Please include a distinction between medical and pharmacy.

1.3.5 How are members notified of the appeals and grievance policy?

1.3.6 Is there a single toll-free, customer service telephone number for addressing claims payment, member services and any appeals?

1.3.7 What are the standard hours of operation for your member service call center?

1.3.8 What is the turnover rate at your call center for the prior 24 months?

1.3.9 Will you provide the County with a dedicated call center unit? If not, please describe the call center structure you are proposing (a two-employer shared dedicated unit, one of 100 employers serviced within the call center, etc.).

### **1.4 Care Management, Disease Management (DM), and Wellness Programs**

1.4.1 General

1.4.1.1 Are all components of your care management/DM and Wellness programs administered internally? If not, please indicate which are outsourced.

1.4.1.2 If yes, is it administered on the same data platform as claims and member service?

1.4.1.3 Are there any differences in how you approach care management/DM and wellness within in your ABP and other plan products? Specifically does the care management approach differ from an ABP plan to an HMO?

1.4.1.4 Can the wellness/DM be carved out of your ABP products?

1.4.1.5 Provide your current non-Medicare membership managed by your care management/DM and Wellness programs in the following grid:

As of Year End	Members
2009	
2010	
2011	

1.4.1.6 How is information from health risk assessments used in your disease management and lifestyle programs?

1.4.1.7 For each of the past three years, provide the number of employer clients for which you currently administer care management/DM and Wellness programs.

As of Year End	Members
2009	
2010	
2011	

1.4.2 Program Offerings

1.4.2.1 The group currently receives the programs identified with a (\*). Identify the care management/DM programs you offer, membership, and indicate your current stage of development in the following grid:

Program	Offered ?	Membership	Current Stage of Development Planning, Pilot, Roll-out)
Arthritis			
Asthma (*)			
Cancer			

Program	Offered ?	Membership	Current Stage of Development Planning, Pilot, Roll-out)
Cerebrovascular disease			
CHF (*)			
COPD (*)			
Coronary Artery Disease (*)			
Depression			
Diabetes (*)			
Gaps in Care (*)			
Gastrointestinal/GERD			
Neo-natal ICU Management (NICU) (*)			
Non-High Risk Pregnancy (*)			
High-Risk Pregnancy (*)			
HIV/AIDS			
Hypercholesterolemia			
Hypertension			
Low Back Pain			
Pain Management			
Renal Failure			
Smoking Cessation			
Weight Management			
Other #1 (please specify):			
Other #2 (please specify):			

1.4.2.2 Are your care management/DM programs accredited? If so, specify which accreditations they have in the following grid.

Program	Accredited ?	Accreditation (NCQA, URAC, other-specify, NA)
Arthritis		
Asthma		
Cancer		
Cerebrovascular disease		
CHF		
COPD		

Program	Accredited ?	Accreditation (NCQA, URAC, other-specify, NA)
Coronary Artery Disease		
Depression		
Diabetes		
Gaps in Care		
Gastrointestinal/GERD		
Neo-natal ICU Management (NICU)		
Non-High Risk Pregnancy		
High-Risk Pregnancy		
HIV/AIDS		
Hypercholesterolemia		
Hypertension		
Low Back Pain		
Pain Management		
Renal Failure		
Smoking Cessation		
Weight Management		
Other #1 (please specify):		
Other #2 (please specify):		

1.4.2.3 Are you willing to customize your care management/DM programs and services for the County? If so, please explain and provide an example.

1.4.2.4 Complete the following grid to indicate the staffing of the various care management/DM programs.

Program	Non- Clinical Staff	Physicians	RN	LVNs/LPNs
Arthritis				
Asthma				
Cancer				
Cerebrovascular disease				
CHF				
COPD				
Coronary Artery Disease				

Program	Non- Clinical Staff	Physicians	RN	LVNs/LPNs
Depression				
Diabetes				
Gaps in Care				
Gastrointestinal/GERD				
Neo-natal ICU Management (NICU)				
Non-High Risk Pregnancy				
High-Risk Pregnancy				
HIV/AIDS				
Hypercholesterolemia				
Hypertension				
Low Back Pain				
Pain Management				
Renal Failure				
Smoking Cessation				
Weight Management				
Other #1 (please specify):				
Other #2 (please specify):				

### 1.4.3 Member Identification, Risk Stratification, and Engagement

1.4.3.1 How do you identify members as candidates for care management/DM programs? Indicate whether the listed methods are used, and rank the order of their value, 1-14 (1 identifies the most candidates, while 14 identifies the least candidates).

	Check	Rank
Medical claims		
Pharmacy claims		
Health risk assessment		
Other member surveys		
Physician referral		
Member self-referral		
Health plan referral		
PBM referral		
“Warm transfer” from member service representative		
Hospitalization		

	Check	Rank
ER Visit		
Nurse line		
Health coaching		
Utilization Management		

- 1.4.3.2 Are patients stratified by relative risk? If yes, please describe:
- For which conditions/diseases
  - Methodology used (e.g., predictive modeling)
  - How strata are defined
  - How interventions are adjusted to the respective risk strata
- 1.4.3.3 Do you use care management/DM or other health coaching to actively engage member participation in care management/DM and Wellness programs?
- 1.4.3.4 Provide the average number of telephonic outreach attempts made by your health coaches to engage individuals in program(s).
- 1.4.3.5 Explain your protocol of engagement.
- 1.4.3.6 Describe your behavior change techniques.
- 1.4.3.7 What is the average percentage of members actively engaged in your care management/DM or Wellness programs after receiving an invitation through an outbound call?
- 1.4.3.8 How would you initiate engagement for members who you have no phone numbers for?
- 1.4.3.9 Describe how you coordinate members involved in more than one program, for example members with diabetes and CHF.
- 1.4.3.10 How do your care management/DM programs address mental health issues like depression?
- 1.4.3.11 Briefly describe “Case Close” to describe the basis for closing a case. Address issues such as inability to reach member, member non-compliance, DM goals met, etc.
- 1.4.3.12 Briefly describe care management/DM outreach staff. Be sure to address, for example, if licensed (clinical) or non-licensed (non-clinical) staff contact program members and the clinical training of staff doing member outreach for difference disease states.
- 1.4.3.13 Does your program have detailed reporting capabilities? Can the County see members’ participation in these programs and compliance

levels? Can reports be run for different time frames, specifically calendar year and calendar year to date?

### 1.4.4 Program Components

1.4.4.1 Please indicate which components are offered for each of your care management/DM programs fees in the grid below. (Do not include fees – all cost related information should be provided separately in the Cost Proposal).

Program	Written Materials	Audio-Visual Materials	Outbound Calls	24x7 Telephonic Nurse-line	Health Coaching	Interactive Web Tools (e.g. decision support)
Arthritis						
Asthma						
Cancer						
Cerebrovascular disease						
CHF						
COPD						
Coronary Artery Disease						
Depression						
Diabetes						
Gaps in Care						
Gastrointestinal/GERD						
Neo-natal ICU Management(NICU)						
Non-High Risk Pregnancy						
High-Risk Pregnancy						
HIV/AIDS						
Hypercholesterolemia						
Hypertension						
Low Back Pain						
Pain Management						
Renal Failure						
Smoking Cessation						
Weight Management						
Other #1 (please specify):						

Program	Written Materials	Audio-Visual Materials	Outbound Calls	24x7 Telephonic Nurse-line	Health Coaching	Interactive Web Tools (e.g. decision support)
Other #2 (please specify):						

#### 1.4.5 24x7 Nurse Line

- 1.4.5.1 Do you provide a 24 x 7 nurse-line? If yes, is it outsourced to a third party vendor? If yes, please provide the name of the vendor.
- 1.4.5.2 What was the utilization – total calls and unique members – for the 24x7 nurse line for those enrolled in a health care product in 2011? What was the utilization for those enrolled in a HMO plan?
- 1.4.5.3 What do you do to maximize the utilization of the 24x7 nurse line?  
Examples:
- Web site reminders Check stuffers
  - Direct mail to members
  - Flyers for employees
  - Bulletin board posters Refrigerator magnets
  - Other (please specify)
- 1.4.5.4 Could you provide tracking reports that allow Fulton to see utilization of the 24x7 nurse line as well as common questions asked and overall satisfaction rates?

#### 1.4.6 Health Coaching

- 1.4.6.1 Do you provide health coaching (apart from 24 x 7 nurse line and telephonic coaching for care management/DM programs)? If yes, is it outsourced to a third party vendor? If yes, please provide the name of the vendor.
- 1.4.6.2 Do your health coaches assist members with non-chronic significant medical events (e.g. maternity, knee surgery)? Describe the outreach program to identify and follow-up with these individuals.
- 1.4.6.3 How do you handle reticence/privacy issues on the part of the member with regard to unsolicited outreach?
- 1.4.6.4 What percentage of members is contacted by an outbound call from a health coach?
- 1.4.6.5 What clinical assessment tools/clinical content do your nurses/health coaches have access to in order to assist members?

1.4.6.6 Does your organization offer the opportunity for members to generally speak to the same health coach? Are members “assigned” to a specific coach?

1.4.6.7 What are the hours of operation for your health coaches?

1.4.6.8 Do your health coaches discuss the following issues with members?

- Medical history, medications, review of systems, lifestyle behaviors, depression screen
- Basic education about disease/condition
- Comparison of treatment plan with current guidelines
- Clarification of patient’s belief and value system
- Assessment of self-management motivation and capability
- Assessment of depression and/or mental health status
- Specification of principle care physician and next appointment
- Creation, support and adoption of self-management plan
- Cost of services and financial decisions/trade-offs

#### 1.4.7 Prevention – Reminders and Alerts

1.4.7.1 Fill out the grid below regarding who receives notices.

	Response Options	Your Response
Cervical cancer screening	<i>Multiple-Choice</i> 1. Member Receives Reminder Notice 2. Physician Receives Reminder Notice 3. Other	
Cholesterol screening	<i>Multiple-Choice</i> 1. Member Receives Reminder Notice 2. Physician Receives Reminder Notice 3. Other	
Colorectal screening	<i>Multiple-Choice</i> 1. Member Receives Reminder Notice 2. Physician Receives Reminder Notice 3. Other	
Colonoscopy	<i>Multiple-Choice</i> 1. Member Receives Reminder Notice 2. Physician Receives Reminder Notice 3. Other	
Diabetic retinal exam	<i>Multiple-Choice</i> 1. Member Receives Reminder Notice 2. Physician Receives Reminder Notice 3. Other	
Influenza vaccine	<i>Multiple-Choice</i> 1. Member Receives Reminder Notice 2. Physician Receives Reminder Notice 3. Other	

	Response Options	Your Response
Childhood immunizations	<i>Multiple-Choice</i> 1. Member Receives Reminder Notice 2. Physician Receives Reminder Notice 3. Other	

	Response Options	Your Response
Mammogram	<i>Multiple-Choice</i> 1. Member Receives Reminder Notice 2. Physician Receives Reminder Notice 3. Other	
Prostate cancer screening	<i>Multiple-Choice</i> 1. Member Receives Reminder Notice 2. Physician Receives Reminder Notice 3. Other	
DEXA bone density screening	<i>Multiple-Choice</i> 1. Member Receives Reminder Notice 2. Physician Receives Reminder Notice 3. Other	
Other (please specify):		

1.4.7.2 Do you provide custom health alerts to members and/or treating physician? (e.g., query of medical and Rx claim data indicate member on a medication which could be harmful). If so, briefly describe the program.

#### 1.4.8 Interactive, Web-based Management Tools

1.4.8.1 Do you provide web-based health management tools? If yes, is it outsourced to a third party vendor? If yes, please provide the name of the vendor.

1.4.8.2 Please complete the below grid, indicating the functional components in your interactive health management program.

	Response (Included or Not Included)
<b>Symptom-based decision support tool with care management information</b>	
<b>Procedure or treatment decision support tool (e.g. prostatectomy, mastectomy)</b>	
<b>Self-administered Health Risk Assessment</b>	
<b>Feedback based on Health Risk Assessment with care plan</b>	
<b>Drug selection decision support tool</b>	
<b>Customized information pushed to member (e.g., reminder for retinal eye exam to diabetics)</b>	
<b>Interactive Q&amp;A to health professional -- private, individual response</b>	
<b>Stage-based behavior change support (coaching)</b>	
<b>Link to on-line or telephonic health coach</b>	
<b>Link to on-line or telephone 24x7 nurse</b>	
<b>Personal "cyberfile"</b>	
<b>Track member incentive programs</b>	

### 1.4.9 Outcomes and Reports

- 1.4.9.1 Briefly describe how you define success for your care management/DM and wellness programs (no more than a single page). Specifically address cost, utilization, member satisfaction, and clinical quality.
- 1.4.9.2 Provide specific client examples of how you have impacted the inpatient utilization, ER utilization and total spend associated with particular disease states through your care management/DM programs. Please provide statistics.
- 1.4.9.3 What is your book of business estimate of the net financial impact (ROI determination) of each of your care management/DM programs?
- 1.4.9.4 Provide a description and examples of your standard care management/DM reports. Can you customize your reports?

### 1.4.10 Other Care Management Issues

- 1.4.10.1 Please complete the below grid identifying which care management characteristics you can provide.

	<b>Response (Included or Not Included)</b>
<b>Symptom-based decision support tool with care management information</b>	
<b>Procedure or treatment decision support tool (e.g. prostatectomy, mastectomy)</b>	
<b>Self-administered Health Risk Assessment</b>	
<b>Feedback based on Health Risk Assessment with care plan</b>	
<b>Drug selection decision support tool</b>	
<b>Customized information pushed to member (e.g., reminder for retinal eye exam to diabetics)</b>	
<b>Interactive Q&amp;A to health professional -- private, individual response</b>	
<b>Stage-based behavior change support (coaching)</b>	
<b>Link to on-line or telephonic health coach</b>	
<b>Link to on-line or telephone 24x7 nurse</b>	
<b>Personal "cyberfile"</b>	
<b>Track member incentive programs</b>	

- 1.4.10.2 Briefly describe how you involve the members' treating physicians.

- 1.4.10.3 Will you support Fulton in the development of incentive programs to promote completion of health risk assessments and behavior change associated with care management/DM and wellness programs? If so, will there be an additional fee for implementing such programs? (Do not include fees – all cost related information should be provided separately in the Cost Proposal).
- 1.4.10.4 Fulton County has many employees without access to the internet. Can you administer a paper based Health Risk Assessment (“HRA”)? Are there any charges associated? (Do not include fees – all cost related information should be provided separately in the Cost Proposal). Discuss the process of how this can be administered and how participant data can be uploaded into the care management and lifestyle systems. Discuss any limitations you may have with paper based HRAs.
- 1.4.10.5 What types of incentive programs have you implemented for other employers?
- 1.4.10.6 Can you provide incentive programs for completing programs like smoking cessation, maternity management, diabetes, or any other care management or lifestyle program? Could you track this program and provide the same reports that you would for employees?
- 1.4.10.7 Can you administer incentive programs for dependents that complete such programs? Could a minor dependent (child) participate and receive an incentive fund upon completion?
- 1.4.10.8 Can a participant receive multiple funds by completing the HRA and various disease management modules?

## ***1.5 Claims Management Programs***

- 1.5.1 Indicate how often claim data from your partnered PBM is integrated with the HMO and HRA. a.) real time, b.) multiple times per day, c.) nightly, d.) other, please specify.
- 1.5.2 Indicate how often you could integrate claims data from a carve-out PBM with your HMO and HRA. a) real time, b) multiple times per day, c) nightly, d) other, please specify.
- 1.5.3 Provide the physical address where the County’s medical claims will be processed.
- 1.5.4 Are medical claims processors dedicated solely to one client or are processors shared among different clients? If processors are shared with other clients, on average, how many clients does one team service? What is the average length of service of the processors?
- 1.5.5 Please outline the training program used for new processors. How many trainees would be assigned to the County’s account?

- 1.5.6 What are your objectives for claim turnaround time? What is the actual claim turnaround for payment of medical claims in the proposed claim office for the County?
- 1.5.7 Describe the procedures used to effectively administer COB with Medicare and other employer group plans. Does the system contain on-line edits for prior COB experience by claimant?
- 1.5.8 Include a concise description of how your plan covers transitional conditions, such as pregnancy, chemotherapy, etc., if a new member is receiving treatment from a non-participating provider.
- 1.5.9 How is the eligibility data accessed by claims examiners? How frequently is it updated?
- 1.5.10 If selected as the County's administrator, please confirm that claim audits by the County and/or a third party will be permitted.
- 1.5.11 Is the claim administration system(s) for medical fully automated? Is it a fully adjudicated system? If not, please explain how processing is handled. Are there any provisions in County's programs that will be handled manually?
- 1.5.12 Describe the claim administration procedures. Provide copies of claim forms and instructions used in this process.
- 1.5.13 Describe any claim cost control programs.
- 1.5.14 How are reasonable and customary ("R&C") expense allowances determined? What statistics are used (i.e., HIAA)? What percentile is used? How often are R&C files updated?
- 1.5.15 What are the procedures for handling discrepancies between actual charges and R&C allowances?
- 1.5.16 Does the firm perform hospital bill audits? If so, describe the process. Are audits performed by the firm's employees or by an outside firm? If so, by what firm?
- 1.5.17 Do you agree to provide a full array of quarterly activity reports, such as a prevalence report by chronic condition and by severity (high, medium, low):
- a. The # of participants reached telephonically
  - b. The # of those reached who have consented to participate in the specific program
  - c. The # of those who consented who have completed at least 2 follow-up calls
- 1.5.18 Do you agree to provide a full array of annual reports, such as:

a. Treatment compliance reports by chronic condition for those engaged in the program and those who are not.

b. Medication adherence reports by chronic condition for those engaged in the program and those who are not.

1.5.19 Do you agree to provide quarterly and annual reports showing preventive cancer screening exam, # of qualified members and compliance rates by mammogram , colonoscopy, PSA and pap smear?

## **1.6 EAP**

1.6.1 Please describe:

- a) Your company's affiliation with the EAP provider, if applicable
- b) Do you agree to provide the same EAP services as described in the SPD?
- c) Do you have a recommendation for a different number of face to face visits than are currently provided?
- d) If different, what is your recommended number of face-to-face visits and why?
- e) How many years has the EAP vendor provided services?
- f) If applicable, what percent of your self-insured groups participate in your EAP plan?

1.6.2 What are the minimum qualifications, certifications and educational requirements for your EAP counselors? What additional training do your EAP counselors have?

1.6.3 What is the turnover rate for your EAP counselors within the last three years?

1.6.4 How many EAP counselors do you have? Do you maintain a target ratio of counselors to employees? If so, what is the ratio?

1.6.5 Describe how a participant normally enters your EAP, and how they typically "flow" through the system, from initial contact to termination. When are individuals referred to a third party?

1.6.6 Describe your procedures and policies regarding client confidentiality and privacy.

1.6.7 Describe the ability of your EAP to provide services to a diverse workforce, including to people who speak different languages and/or were born into different cultures.

1.6.8 Describe any worksite training services you provide. Specify the number of sessions that would be provided each year at no additional cost.

- 1.6.9 Describe the integration, if any, of the EAP program with the medical plan, including transition of care once limits are reached.
- 1.6.10 What are the EAP's standard hours of operation?
- 1.6.11 What resources are available after hours?
- 1.6.12 Does the EAP guarantee to return calls to plan participants within a specified time frame? If yes, please provide detail.
- 1.6.13 Does the EAP have dedicated personnel and/or protocols to address substance abuse issues? If yes, please provide detail and how this integrates with MH/SA benefits.
- 1.6.14 Describe the ability to integrate your EAP services with the wellness/DM program.

## **1.7 COBRA Administration**

- 1.7.1 Please confirm that you can provide the following COBRA administration services. For any services you are not able to provide, please provide your proposed resolution for the County.
- a) Initial Federal COBRA notification letters to newly-covered employee
  - b) Initial Federal COBRA notification letters to newly-covered dependents
  - c) Formal benefits continuation offers
  - d) Continuation election forms
  - e) Premium billing notices
  - f) Late-premium-due notifications
  - g) Premium collection and submission to applicable insurance vendors
  - h) Reconciliation with vendors of premium submissions
  - i) Cancellation notices
  - j) Notifications of premium rate changes
  - k) Conversion coverage notices (as needed)
  - l) Other services not mentioned above, including management of address and name changes
  - m) Reporting
  - n) Customer services to employees/dependents who may or are continuing coverage
  - o) Complaint resolutions
- 1.7.2 Do you outsource any of your internal functions or any of the services listed above? If so, please identify the vendors, the services, and if you have service level agreements (SLA) in place with these vendors.
- 1.7.3 Are any conversion plans offered for post-COBRA coverage? If offered, indicate the name of insuring entity.
- 1.7.4 Please describe your implementation approach and include a project plan and timeline based on the County's proposed dates for the selection of an administrator effective January 1, 2013.
- 1.7.5 Describe how you adhere to Federal COBRA law (including required timelines you either meet or exceed).

- 1.7.6 Please provide a description of your services. You may use a flowchart to map your practices. Responses should minimally include the following:
- a) Initial notification letters to newly-covered employee
  - b) Initial notification letters to newly-covered dependents
  - c) Formal benefits continuation offers
  - d) Continuation election notices/forms
  - e) Premium billing notices
  - f) Late-premium-due notifications
  - g) Premium collection and submission to applicable insurance vendors
  - h) Reconciliation with insurance vendors of premium submissions
  - i) Cancellation notices
  - j) Notifications of premium rate changes
  - k) Reporting
  - l) Conversion coverage notices
  - m) Informational services to employees/dependents continuing coverage
  - n) Complaint resolutions
- 1.7.7 Describe how your organization will provide the County with up-to-date information on legislative changes that could impact Federal COBRA plans and/or their administration?
- 1.7.8 Describe your overall approach to implementing Federal mandates to client organizations and communicating the changes to continuants, and specifically:
- a) Describe your approach, including project plan and timeline to handling the COBRA Subsidy: HR 1, the American Recovery and Reinvestment Act of 2009, (ARRA)
  - b) Provide sample communication materials
  - c) Are there any fees associated with special processing (Do not include fees – all cost related information should be provided separately in the Cost Proposal).
- 1.7.9 Describe the quality control procedures in place for your COBRA processing function.
- 1.7.10 Do you have the ability to revise notifications and communications as requested by the Employer? Is there a charge for these modifications? (Do not include fees – all cost related information should be provided separately in the Cost Proposal).

- 1.7.11 Explain your participant premium billing process.
- 1.7.12 Explain your ability to manage premium submissions via electronic bank transfer.
- 1.7.13 Describe your fraud prevention procedures relative to processing premium payments on behalf of clients.
- 1.7.14 What reports do you include as part of your standard service?
- |  |       |
|--|-------|
| a) Report  | Y/N   |
| b) Number of qualifying events per month   | _____ |
| c) Number of employees being billed per month                                    | _____ |
| d) Number of dependents being billed per month                                   | _____ |
| e) Number of initial notifications mailed per month                              | _____ |
| f) Number of individuals who elect, and decline, continuation coverage per month | _____ |
| g) Premium amount(s) overdue per month   | _____ |
- 1.7.15 What is the frequency of your standard reports (month, quarter, annual, etc.)?
- 1.7.16 Please provide a copy of your standard reports.
- 1.7.17 Please describe your preferred method and format for receiving data from the County.
- 1.7.18 Does your service include allowing the Employer to update employee information (name, address, etc.)?
- 1.7.19 Describe your COBRA administration system.
- 1.7.20 How long has this administration system been used by your organization?
- 1.7.21 Is the software "pre-packaged", home grown, or a customized version of a product available in the market?
- 1.7.22 Describe daily backup/recovery systems and run process.

## 1.8 Member Tools and Education Reporting

1.8.1 In the grid below, please indicate which health tools/information you offer, whether they are outsourced, the format in which they are available, and whether service/health coaches have access to the tools/information.

Tools/Information	Out-sourced/ In-Sourced	Format	Customer Service/ Health Coach Access
Personal Account information			
Personal claim information (medical)			
Personal claim information (Rx)			
Plan design information (medical)			
Plan design information (Rx)			
Plan selection tool			
Cost estimates for services			
Cost estimates for diagnoses			
Plan design information (medical)			
Plan design information (Rx)			
Plan selection tool			
General medical information			
Provider quality information			
Provider search tools			
Facility quality information			
24x7 toll-free health coaching and/or Nurse line			
Patient decision assistance			
Benchmark information (i.e., care received against industry standards)			
Health risk assessments			
Health library			
Alternative drug finder (to assist members in finding more cost-effective options such as generics, pill splitting, mail order, less expensive brands)			
Formulary (Rx)			
Retail Rx - refills and new			
Mail order Rx - refills and new			
Pharmacy locations			
Mail order pharmacy shipping information (tracking)			
Electronic refill reminders			
Online pharmacy eligibility			
Drug coverage and pricing			

- 1.8.2 Do you have a member Web site? If so, please provide a temporary user ID and password to access your pre-enrollment and member web sites for review.
- 1.8.3 Can your Member Web site be customized to allow for County co-branding?
- 1.8.4 Do you have a pre-member Web site available to employees prior to open enrollment?
- 1.8.5 Can your plan selection tool be customized to include all County plan design options (PPO and HMO)?
- 1.8.6 Will you allow the member Web site to be available for all eligible employees to access throughout the year?
- 1.8.7 Do you have provider report card/qualitative information available?
- 1.8.8 If you have provider report card/qualitative information available, indicate the basis of that information.
- a) Provider's experience/performance with your plan
  - b) Provider's global performance (across all medical plans)
  - c) Both plan and global performance
- 1.8.9 Please describe the data security pertaining to your web services. How will you protect the personal health information of your members?
- 1.8.10 How is your program structured to meet the needs of those individuals who do not have access to or are intimidated by the Internet? How will you provide them the same services you provide those who are able to navigate the web?
- 1.8.11 What do you believe is the most powerful aspect of your decision support system? How does this differentiate you from your competition?
- 1.8.12 Are the cost estimates (by service, prescription, diagnosis) provided by your tools determined on a regional or zip code basis?
- 1.8.13 Describe the progress you have made with regard to providing members with pricing transparency.
- 1.8.14 Do you support personal health records? If so, describe how they are accessed and used by your clinical staff and providers.

## 1.9 Member Communication

1.9.1 Describe your communication support with regard to general plan cycle and open enrollment in the below grid.

Communication Media	General ABP Education (Yes/No)	Open Enrollment (Yes/No)	Can it be customized? (Yes/No)
Web site			
Newsletter(s)			
Brochure(s)			
Direct mail (internal or home)			
Posters			
Enrollment Guide			
Employee meeting support			
HR Training support			
Video/VHS			
DVD			
Employee Training			
Employee healthcare worksheets (cost estimates)			
Other (please list)			

1.9.2 Are any changes to the above information planned or anticipated for 2013? If so, please explain changes below and anticipated effective date(s).

1.9.3 Are there any existing or new services or tools for 2013 that are not highlighted above? If so, briefly describe.

1.9.4 Do you offer member activation campaigns to encourage use of the member tools and appropriate utilization of care? If so, please list the individual campaigns and describe your standard activation campaigns. (Attach separate file if desired; include file name below.)

1.9.5 Does your organization offer personalized messages to members to encourage appropriate utilization of care? If yes, please describe the process and provide a list of the most common member-specific message topics.

1.9.6 Does your organization conduct member satisfaction surveys?

1.9.7 If so, with what frequency and are results reported by employer or only by book of business? Attach the two most recent survey results.

1.9.8 Is your communication content (newsletters, brochures, etc.) customizable to allow for Fulton co-branding?

1.9.9 Describe any post-enrollment (ongoing) communication and education tools.

## **1.10 Utilization Management Program**

### 1.10.1 General

1.10.1.1 Please indicate what is included in Utilization Management.

- a) Precertification
- b) Concurrent Review
- c) Discharge Planning
- d) Large Case Management
- e) Disease Management
- f) Other. Specify
- g) None

### 1.10.1.2 Professional Nursing Staff

1.10.1.3 How are RNs, LPNs, or other medical or technical personnel used in the review process? Are all calls initially answered by an RN/LPN or screened by other personnel?

1.10.1.4 How many employees are currently covered by the UR program, and how many RN or LPN review coordinators are assigned to this process? What other types of professionals are used in the process (e.g., telephone screeners)?

1.10.1.5 What are the selection criteria for hiring new UR coordinators? What clinical experience is required?

1.10.1.6 What training is provided for new review coordinators? What ongoing education is available, including in house and outside seminars, etc.?

1.10.1.7 What was the number and percentage of review coordinators who resigned during 2010 and 2011?

### 1.10.2 Physician Reviewers

1.10.2.1 How many physicians are available to review cases that the review coordinator declines to certify? How many of these physicians are your firm's employees? How are they selected?

1.10.2.2 What guidelines are in place for determining how quickly these physicians are contacted and how quickly they discuss the case with the attending physicians?

1.10.2.3 What specialties are represented by the physicians?

1.10.2.4 Approximately what percentage of the physician reviews is performed by case matched physicians who are board certified? Approximately what percentage of physician reviews is performed by physicians who are at least half time employees?

1.10.2.5 Is there a full time medical director? If not, how often is an M.D. on site? What is the role of the medical director?

1.10.2.6 Do you rely on an outsource vendor for Physician Reviewers? If so, please identify the outsource vendor.

### 1.10.3 Precertification

1.10.3.1 Who is responsible for notifying the UR unit of a pending hospitalization?

1.10.3.2 What processes/procedures are followed from the time the UR unit receives notification of a proposed hospitalization to the date that the individual is discharged?

1.10.3.3 How does a reviewer obtain access to:

- a) Eligibility date,
- b) Plan of benefits information, and
- c) Precertification panel physicians (if available)

1.10.3.4 What is the source of the criteria used in:

- a) Determining surgical necessity and whether a second opinion is required.
- b) Determining approved length of stay.
- c) What percentile of the data is used?
- d) Approximately what percentages of review cases are referred to a physician because the initial review and attending physician cannot reach agreement on the proposed level of care?
- e) Does this percentage vary between medical/surgical and psychiatric/substance abuse cases? If so, provide variances.

1.10.3.5 What medical criteria are used for the following?

- a) Whether to approve a proposed inpatient tonsillectomy.
- b) Whether to approve a proposed inpatient non-surgical back treatment.
- c) Whether to approve a proposed inpatient alcohol detoxification program.

1.10.3.6 For which surgeries and under what circumstances is approval recommended of one or more preoperative days?

- 1.10.3.7 What are the initial assigned LOS and the day of hospitalization on which the first concurrent review would occur for:
- a) Vaginal hysterectomy,
  - b) Lumbar laminectomy,
  - c) Childhood asthma, and
  - d) Normal delivery.
- 1.10.3.8 Who has the authority to deny certification of a proposed admission or continuing care? What processes are followed in such cases, who is notified, and within what timeframe?
- 1.10.3.9 What happens once an admission is certified and a LOS assigned? Is a concurrent review performed? Does a reviewer perform discharge planning services?
- 1.10.3.10 What provisions are made for employees and providers who wish to appeal a reviewer's decision? How does the appeals process work?
- 1.10.3.11 During 2011, how many appeals were requested? How often was the original review decision upheld?

#### 1.10.4 Concurrent Reviews and Discharge Planning

- 1.10.4.1 How are concurrent reviews conducted? Are all cases reviewed, or just those with specific diagnoses?
- 1.10.4.2 What percentage of cases is approved for additional days beyond those originally authorized?
- 1.10.4.3 Do the concurrent reviews include a review of length of stay only? Do psychiatric drugs receive special attention? If so, describe.
- 1.10.4.4 Are non-delegated, on site reviews performed? In what situations? Is there an extra charge? (Do not include fees – all cost related information should be provided separately in the Cost Proposal).
- 1.10.4.5 Is the information transmitted by the provider over the telephone ever validated by a retrospective review of the full medical record? If so, what percentage of cases is validated in this fashion?
- 1.10.4.6 What involvement do you typically have in discharge planning?
- 1.10.4.7 For psychiatric/substance abuse cases, how do you monitor aftercare? What other follow up activities do you routinely pursue following an inpatient confinement?

#### 1.10.5 Telephone system

- 1.10.5.1 When a call comes into the UR office, by what process is it assigned to

a reviewer?

1.10.5.2 How does the unit monitor the adequacy of incoming phone lines? What standards are in place for determining adequate telephone coverage? How many calls waiting? How many hang ups?

1.10.5.3 During what hours and on what days is the UR unit available?

1.10.5.4 What arrangements are made for handling telephone calls during the time period when the office is not staffed?

#### 1.10.6 Medicare Advantage

1.10.6.1 Please describe how you handle coverage for individuals who travel outside the home plan service area.

1.10.6.2 Please describe how you handle coverage for individuals who live outside the home plan service area

1.10.6.3 Confirm vendor will notify the County upon their notification of a participant's death.

1.10.6.4 Please confirm vendor will pay any balance billing associated with providers that are non-participating with Medicare.

1.10.6.5 Please confirm Medicare Advantage coverage will be available to all Medicare-eligibles including disabled employees and dependents.

1.10.6.6 Describe the clinical programs included with the MA including disease management program eligibility identification and engagement.

1.10.6.7 Will vendor perform low income subsidy (LIS) premium subsidy administration?

1.10.6.8 What is the minimum number of retirees/members in a given coverage area for you to conduct on-site new member orientations at no additional charge?

1.10.6.9 Attach a description of premium or administrative fee billing procedures. Include information on the timing of billing, billing-payment reconciliations and ability to provide for client self-billing.

1.10.6.10 For MA PPO plan(s), are participants required to submit claim forms and bills for a) In-network, b) Out-of-network, c) Out of Area

#### 1.10.7 Savings

1.10.7.1 Does your company guarantee that savings resulting from the UR program will exceed Fulton's administrative cost? (Do not include fees/savings – all cost related information should be provided separately in the Cost Proposal).

1.10.7.2 How are UR costs billed?

1.10.7.3 How are cost savings measured/justified?

### **1.11 Management Reporting**

1.11.1 Provide samples of the standard management reports you would provide Fulton at no additional charge.

1.11.2 What is the timeframe for providing standard reports?

1.11.3 Are reports available online?

1.11.4 Is there an additional charge for ad hoc reporting? (Do not include fees – all cost related information should be provided separately in the Cost Proposal).

### **1.12 Additional Information**

1.12.1 What, if any, other information do you feel would be of interest to Fulton County with regard to the medical plan services requested in this RFP and would assist them in better understanding the value you would bring to their plan? Please be brief in your answer.

### **1.13 Medical Provider Networks**

1.13.1 Do the credentialing processes for your physician and hospital networks you own or lease meet current NCQA guidelines? If no, please provide your organization's position on credentialing efforts and accreditation.

1.13.2 What networks are you including in your quotation for Fulton County, and indicate whether they are owned or leased. If leased, please include the name of the rental network and the contract start date if applicable to your leased network.

	<b>HMO</b>	<b>PPO</b>	<b>PPO Plus (Closed Group)</b>	<b>Medicare Indemnity</b>	<b>CDHP with HRA (New)</b>	<b>Medicare Advantage Plan (New)</b>
Network Quoting						
Leased or owned						
Name of rental network and contract start date if applicable to rental network						

1.13.3 Do you have specialized networks available (e.g., incentive-based, narrow, etc.)? If so, please describe fully.

1.13.4 Describe your national network in terms of coverage of Fulton employees outside of major Fulton locations.

- 1.13.5 Describe your organization’s business plan for future network offerings (Brief Answer).
- 1.13.6 Describe your procedures for building out the network in areas where your current access is insufficient (Brief Answer).
- 1.13.7 In order to determine member access to providers, please complete a Geo Access analysis with the census provided in the appendix and report the results below.

Use the same network when performing Geo Access analysis, displacement analysis and repricing. If you plan on using separate networks for the HMO, and/or PPO plan offering you will need to provide a response for each. You will need the Excel attachment from the appendix to conduct this analysis. Report the number of employees with access to the network you propose for the HMO or PPO plan based on all active and retirees under age 65, not just for the employees who are in the HMO or PPO as of the current enrollment.

		Active and Retiree U65		Retiree O65
Total Count of Employee Subscribers to be used in the Geo Access Analysis:		6,057		1,324
Provider Group	Access Standard	For your HMO network	For your PPO network	For your Medicare Advantage network, (if a network is applicable)
		<b>Number Meeting Access Standard:</b>		
Medical PCPs	2 in 10 miles			
Medical Specialists	2 in 10 miles			
Hospitals	1 in 15 miles			
Mental Health Providers	2 in 15 miles			
Combined - Number of Employees where access standard is met for all of the above				

- 1.13.8 What specific commitments are you able to give Fulton concerning your efforts to improve the number of employees meeting the above access standards by 1/1/13 (Brief Answer)?
- 1.13.9 Please confirm that Grady Hospital is within your Hospital network.
- 1.13.10 What percentage of total plan physicians are contracted as follows in 2011?
- a) Individual contracts
  - b) Physician hospital organizations
  - c) Group or multi-specialty group practices
  - d) IPAs
  - e) Staff practices (employees)
  - f) Other (describe)

*The total % for items "a" through "f" must be 100%.*

1.13.11 Do you expect significant contract changes for 2013? If yes, please describe.

1.13.12 Please provide the below information:

	HMO Network	PPO Network	Other-State Name Network
<b>a. General</b>			
- Network name			
- Year network organized			
- Your organization's relationship to the network (e.g., owned, affiliated, etc.)			
- 2011 membership totals			
<b>b. Hospitals</b>			
- Current number of hospitals:			
- General			
- Maternity			
- Pediatric			
- Psychiatric			
- Tertiary			
- Total hospitals			
- Percentage of hospitals JCAHO-accredited (2011)			
- Percentage of hospitals in process of receiving JCAHO accreditation			
- Number of beds in network (2011)			
- Length of hospital contract			
- Length of hospital termination notice			
- Percentage of beds/service under:			
- Capitation			
- Fee schedule			
- DRGs			
- Discounted fees			
- Incentive programs (e.g., withholds, etc.)			
- Other			
- Average medical/surgical cost per inpatient day			
- Inpatient days per 1,000			
- Admissions per 1,000			
- Average length of stay			
- Average percent hospital discount			

	HMO Network	PPO Network	Other-State Name Network
<b>c. Physicians[1]</b>			
- Current number of PCPs			
- Family practitioner			
- Internist			
- OB/GYN			
- Pediatrician			
- Total PCPs			
- Current number of non-PCP specialists			
- Number of physicians board certified			
- Number of physicians with closed practices as of December 31, 2011			
- Length of physician contract			
- 2011 physician turnover numbers:			
- Network initiated			
- Physician initiated			
- Percentage of physician services under:			
- Fee schedule			
- Discounted fees			
- Incentive programs (e.g., bonus, withholds, etc.)			
- Other			
- Average percent physician discount			

1.13.13 Do your proposed networks have risk contracts with physicians? (Please indicate yes/no for each item below)

- a) Shared only
- b) Full only
- c) Both Shared & Full
- d) None

### **1.4 EAP Provider Network**

1.4.1 Do the credentialing processes for the EAP network you own or lease meet current NCQA guidelines? If no, please provide your organization’s position on credentialing efforts and accreditation.

1.4.2 In order to determine member access to providers, please complete a Geo Access analysis with the census provided in the appendix and report the results below.

Report the number of employees with access to the EAP network you propose.

Total Count of Employee Subscribers to be used in the Geo Access Analysis:	6,057	1,324
<b>Provider Group</b>	<b>Access Standard</b>	<b>For Your EAP network</b>
		<b>Number Meeting Access Standard:</b>
Outpatient Behavioral Health Network Providers	2 in 10 miles	
Psychiatrists	2 in 10 miles	

## Section 5B: Prescription Drug Technical Questionnaire

### 1.1 Prescription Drug Confirmations

	Confirmation	Comments
1. The proposed effective date is 1/1/2013.		
2. Your fee quotes in this proposal and future quotes assume that you will be responsible for administering all claims incurred on or after 1/1/2013.		
3. You will waive the actively-at-work clause and cover current and future disabled and COBRA beneficiaries as actives until they are no longer eligible for coverage, as determined by Fulton.		
4. Your fee quotes in this proposal assume administrative services.		
5. Your quoted fees include the tracking and monthly reporting of:		
- benefit utilization.		
- utilization of specific participant tools.		
6. You will fund a pre-implementation audit for Fulton (e.g., plan design, eligibility, systems integration, health fund accumulation, and customer service) and have provided the allotted fees and scope in the financial section of this proposal up to \$30K.		
7. All plan experience and financial data resulting from administration of the plan is the property of Fulton and will be provided in its entirety to Fulton, its designated benefit consultant, or its data warehouse vendor, on a monthly basis, at no additional charge.		
8. You will provide a dedicated account management team, including at least two customer service representatives, to support the Fulton benefit staff.		
9. You agree to provide assistance, as necessary, during the implementation process, and then to be available for quarterly face-to-face meetings with Fulton.		
10. You will provide any and all sufficient resources necessary to assist Fulton if and when it decides that an audit is required to ensure proper claim payment and administrative processes.		
12. You will bear the cost of drafting language for		

	Confirmation	Comments
amendments to the SPDs due to legislative or other changes.		
13. You will communicate any legislative changes related to the operations of the plans.		
14. You will load eligibility data on a weekly basis, or more often in urgent situations.		
15. Based on the eligibility data you receive, you will:		
- terminate coverage according to the date indicated by Fulton		
- add coverage for members who join the plan		
- send out ID cards and other appropriate communication materials for members who have added coverage		
- update member information according to the eligibility data from Fulton		
16. You will identify your subcontracted relationships and will be responsible for their performance.		
17. You agree to notify Fulton of contract termination at least 180 days prior to the renewal date. Fulton will notify the administrator of contract termination at least 60 days prior to the renewal date.		
18. Fulton will pay your administrative fees on a monthly basis.		
19. Fulton will not be required to pre-fund any account from which claims are paid. Fulton will transfer funds to an established account on a weekly basis to cover claim payments made by you on behalf of Fulton.		
20. You are able to administer the proposed pharmacy plans.		

	Confirmation	Comments
21. If you are unable to administer the proposed pharmacy plan options, your comments must specify the following for each plan design deviation proposed: (a) plan option affected, (b) provision affected, and (c) specific deviation to requested provision.		
22. You will comply with all applicable data transmission requirements of HIPAA and state law.		
23. You will comply with all applicable privacy requirements of HIPAA and state law.		
24. Upon Fulton's appropriate assurances as to compliance with the relevant HIPAA privacy requirements, you will disclose all requested health information to Fulton, by the 10th of each month for the prior month's claims activity.		
25. You will comply with all applicable security requirements of HIPAA and state law.		

## 1.2 Experience & Account Administration

- 1.2.1 Is your organization willing and able to administer the proposed prescription drug plans as described in this document? Please indicate any deviations.
- 1.2.2 Is your organization a.) Privately held, b.) Publicly traded, c.) Mutual Holding Company, or d.) Other, please describe.
- 1.2.3 Please provide information which documents your firm's (and subcontractors') qualifications to produce the required outcomes, including its ability, capacity, skill, financial strength, and number of years of experience in providing the required services. If you are a wholly-owned subsidiary of a parent company, provide this information separately for all entities.
- 1.2.4 Provide information regarding your experience with governmental clients using your group pharmacy plan and/or specialty services:
- Total number of clients broken out by geography that have at least 5,000 lives
  - List your top ten clients in Georgia
  - List your top ten clients within the Southeast
- 1.2.5 Provide a copy of your overall disaster recovery plan.
- 1.2.6 Please provide a sample ID card and EOB.
- 1.2.7 Provide a copy of your standard business associate agreement.

- 1.2.8 Has your organization experienced recent merger or acquisition activity? If so, please describe.
- 1.2.9 Has your organization recently undergone any workforce realignments? If so, please describe.
- 1.2.10 Are there any anticipated changes in ownership or business developments, including but not limited to mergers, stock issues, and the acquisition of new venture capital? Please explain.
- 1.2.11 Please provide the most recent organization ratings in the grid below.

	<b>A.M. Best</b>	<b>Moody's</b>	<b>Standard &amp; Poor's</b>	<b>Fitch</b>
Rating				
Date				

- 1.2.12 If your rating has changed within the past 12 months for any of the rating agencies, please explain.
- 1.2.13 Will a dedicated Account Manager be assigned to the County? Or designated?
- 1.2.14 Please provide the physical location of the office which would service the County.
- 1.2.15 Indicate the number of lives you service within Georgia.
- 1.2.16 Please provide the following information for five clients who are similar in size and demographics to the County.

	<b>Client 1</b>	<b>Client 2</b>	<b>Client 3</b>	<b>Client 4</b>	<b>Client 5</b>
Client Name					
Number of Lives					
Contact					
Title					
Phone Number					
E-mail					
Products Offered					
Years as Client					
Type (Public/Private)					

1.2.17 Please provide the following information for three recently terminated clients who are similar in size and demographics to the County.

	<b>Client 1</b>	<b>Client 2</b>	<b>Client 3</b>
Client Name			
Number of Lives			
Contact			
Title			
Phone Number			
E-mail			
Products Offered			
Date Terminated			
Type (Public/Private)			

### **1.3 Member Services**

- 1.3.1 Will you supply the County with a dedicated toll-free telephone line with live caller support through a designated member service team (Including member service representatives and supervisors) available 24 hours a day, seven days a week, 365 days a year?
- 1.3.2 Will IVR and web support be available through the dedicated toll-free telephone line 24 hours a day, seven days a week, 365 days a year?
- 1.3.3 Confirm that the member service team will be knowledgeable of the County’s specific pharmacy benefit programs to respond to member questions.
- 1.3.4 Confirm that member/provider service representatives will always have access to a pharmacist in the event the call requires the attention of a clinician.
- 1.3.5 Confirm that your customer service representatives will offer the name and phone number of the “manager/supervisor” for escalated issues if requested.
- 1.3.6 Will you (or your designee at your expense) perform a client-specific (versus book-of-business) member satisfaction survey at least once annually?
- 1.3.7 What are the hours of operation at the call center?
- 1.3.8 Confirm that your customer service representatives have access to an application that allows them to review alternative drug therapies (e.g., formulary status, generic alternatives available, etc.) for members requesting this information.

- 1.3.9 Do your customer service representatives have access to an application that allows them to run “test claims” (to obtain prices) for members requesting this information?
- 1.3.10 Will participants have access to a web based application which allows them to have access to review claims history, alternative drug therapies (i.e., formulary status, generic alternatives available, etc.) and cost of each, retail pharmacy locator, compare price of a medication at retail versus mail order, etc?
- 1.3.11 Describe your organization’s process for member appeal and grievances.
- 1.3.12 Do you require point-of-service payment at the pharmacy? If so, under what circumstances
- 1.3.13 With a mandatory drug provision, can you administratively handle charging the member out-of-pocket for the difference between the brand and generic cost of a drug at the point of sale (not HRA eligible)?

#### **1.4 *Claims Management Programs***

- 1.4.1 Does your organization have the ability to integrate medical and pharmacy specialty medication programs? Do you currently integrate such programs? Name the advantages of an integrated program?
- 1.4.2 How do you define Specialty drugs?
- 1.4.3 Comment in depth on your process for coordinating pharmaceutical utilization with the medical plan utilization review and case management within your organization.
- 1.4.4 Describe your organization’s process for supporting Fulton’s Retiree Part D RDS process. What information will your organization provide to Fulton each year in support of the filing process?
- 1.4.5 Describe the number and type of formularies your organization provides to both the commercial and Medicare market. Please identify the formulary or formularies your proposal is based on and why each was selected.
- 1.4.6 Please list the base clinical programs which are offered to Fulton at no additional charge. Please specify if Fulton must opt out or opt into these programs. Please list the optional clinical programs which are available for Fulton to purchase. Please list the ROI guarantees associated with each in your cost proposal.
- 1.4.7 Does your firm hold NCQA Disease Management Program Accreditation? What is the expiration date of that accreditation?
- 1.4.8 Please list any other accreditations for which your organization has been certified.

- 1.4.9 Provide samples of the standard pharmacy management reports you would provide County at no additional charge. Does your organization offer online, web based reporting solutions for County? What is the timeframe for providing standard reports?
- 1.4.10 Are reports available online for manipulation and specific querying by County?
- 1.4.11 Is there an additional charge for ad hoc reporting? If so, please provide the average cost per report and the average preparation time.

**1.5 Additional Information**

- 1.5.1 What, if any, other information do you feel would be of interest to Fulton County with regard to the prescription drug plan services requested in this RFP and would assist them in better understanding the value you would bring to their plan? Please be brief in your answer.

**1.6 Pharmacy Network**

Participating pharmacy network match: Conduct a ZIP Code match for your network indicating the percentage of Fulton’s population having at least two pharmacies within a 10-mile radius. Please complete a Geo Access analysis with the census provided in the appendix and report the results below.

		<b>Active and Retiree U65</b>	<b>Retiree O65</b>
Total Count of Employee Subscribers to be used in the Geo Access Analysis:		6,057	1,324
	<b>Access Standard</b>	<b>Number Meeting Access Standard:</b>	
Pharmacy	2 in 10 miles		

- 1.6.1 Does your organization have a bona fide network of provider pharmacies that have contractually agreed with your organization to provide prescription drugs at a negotiated pricing formula?
- 1.6.2 List the major pharmacy chains that participate within your network.
- 1.6.3 If a major pharmacy chain is listed as a participating pharmacy, do all locations within that chain reside in your network?
- 1.6.4 Which mail service pharmacy would service the Fulton account? Explain why Fulton members should fill their prescriptions through mail service.

- 1.6.5 What quality and performance criteria do you use to recruit and select participating pharmacies? Describe how you would handle a Fulton request for developing a customized retail pharmacy network specific to Fulton's utilization patterns for the explicit purpose of maximizing retail network savings while minimizing employee disruption.
- 1.6.6 To what degree does your organization conduct physician provider profiling to assess dispensing and cost patterns and/or to influence physicians to reduce inappropriate prescribing?

## Section 5C: Vision Technical Questionnaire

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### 1.1 Experience and Account Administration

- 1.1.1 Is your organization willing and able to administer the proposed vision plan as described in this document? If the answer is no, please describe any deviations.
- 1.1.2 Is your organization a.) Privately held, b.) Publicly traded, c.) Mutual Holding Company, or d.) Other, please describe.
- 1.1.3 Please provide information which documents your firm's (and subcontractors') qualifications to produce the required outcomes, including its ability, capacity, skill, financial strength, and number of years of experience in providing the required services. If you are a wholly-owned subsidiary of a parent company, provide this information separately for all entities.
- 1.1.4 Provide information regarding your experience with governmental clients using your group pharmacy plan and/or specialty services:
- Total number of clients broken out by geography that have at least 5,000 lives
  - List your top ten clients in Georgia
  - List your top ten clients within the Southeast
- 1.1.5 Provide a copy of your overall disaster recovery plan.
- 1.1.6 Please provide a sample ID card and EOB.
- 1.1.7 Provide a copy of your standard business associate agreement.
- 1.1.8 Has your organization experienced recent merger or acquisition activity? If so, please describe.
- 1.1.9 Has your organization recently undergone any workforce realignments? If so, please describe.
- 1.1.10 Are there any anticipated changes in ownership or business developments, including but not limited to mergers, stock issues, and the acquisition of new venture capital? Please explain.
- 1.1.11 Please provide the most recent organization ratings in the grid below.

	<b>A.M. Best</b>	<b>Moody's</b>	<b>Standard &amp; Poor's</b>	<b>Fitch</b>
Rating				
Date				

1.1.12 If your rating has changed within the past 12 months for any of the rating agencies, please explain.

1.1.13 Will a dedicated Account Manager be assigned to the County? Or designated?

1.1.14 Please provide the physical location of the office which would service the County.

1.1.15 Please provide your Georgia vision membership for 2010, 2011 and 2012 for your book-of-business.

1.1.16 Please provide the following information for five clients who are similar in size and demographics to the County.

	Client 1	Client 2	Client 3	Client 4	Client 5
Client Name					
Number of Lives					
Contact					
Title					
Phone Number					
E-mail					
Products Offered					
Years as Client					
Type (Public/Private)					

1.1.17 Please provide the following information for three recently terminated clients who are similar in size and demographics to the County.

	Client 1	Client 2	Client 3
Client Name			
Number of Lives			
Contact			
Title			
Phone Number			
E-mail			
Products Offered			
Date Terminated			
Type (Public/Private)			

## Management Reporting

- 1.1.18 Provide samples of the standard management reports you would provide Fulton at no additional charge.
1. Attached
  2. Not attached
- 1.1.19 What is the timeframe for providing standard reports?
- 1.1.20 Are reports available online?
- 1.1.21 Is there an additional charge for ad hoc reporting? If so, please provide the average cost per report and the average preparation time.

## Banking

- 1.1.22 Please describe your standard banking arrangement, including any options available to clients.
- 1.1.23 Do you require an initial or ongoing minimum balance in the bank account from which claims are paid? If so, what is the minimum balance? (Note: Fulton desires not to have a reserve balance account.)

## 1.2 Member Services

- 1.2.1 Does your organization utilize ID cards?
- 1.2.2 Describe your capacity to produce communications materials and identification cards. Do you produce these materials or are these services subcontracted?
- 1.2.3 Indicate how often you are able to load eligibility data.
1. Daily
  2. Weekly
  3. Monthly
- 1.2.4 Please describe how you handle manual eligibility updates and the turnaround/timing of such updates.
- 1.2.5 How long does it take your organization to produce ID cards after receipt of clean eligibility data from open enrollment and upon a new hire?

Frequency	Open Enrollment	New Hire
24 – 48 hours		
48 – 72 hours		
Greater than 72 hours		

- 1.2.6 The vendor will provide an account executive that will handle all service matters related to the operation of the program.
1. Agree
  2. Agree with condition
  3. Decline
- 1.2.7 The vendor must be able to administer the County's proposed plan design without any material changes.
1. Agree
  2. Agree with condition
  3. Decline
- 1.2.8 Describe the steps participants follow to obtain vision care services (both network and out-of-network).
- 1.2.9 Can a member receive an exam from one provider and materials (frames, lens or contacts) from another provider?
- 1.2.10 Does your organization use frame towers or otherwise limit members to a certain selection of frames?
- 1.2.11 Vision exams can be used as early indicators of diabetes, CAD, etc. Does your organization participate in any programs that can integrate with Disease Management or Wellness programs? Please describe,
- 1.2.12 Can you administer/do you allow a separate benefit for contact lens fittings and/or exam fees?
- 1.2.13 Can you administer a buy-up provision or plan design?
- 1.2.14 Do you have a 'contact lens-by-mail' program?
- 1.2.15 Describe your organization's customer service capabilities.
- 1.2.16 Describe your organization's process for member appeal and grievances.
- 1.2.17 Describe your organization's member satisfaction surveys and provide the most recent results.
- 1.2.18 List the location(s) of your service centers that would be servicing the County's employees and their geographic areas/regions.
- 1.2.19 The vendor must provide a toll-free telephone line for the County's employee claim and customer service inquiries.
1. Agree
  2. Agree with condition
  3. Decline

1.2.20 The vendor must work diligently with the County's benefit staff to resolve all eligibility issues.

1. Agree
2. Agree with condition
3. Decline

1.2.21 The vendor will provide an annual score card to the County so that the County can assess vendor's performance.

1. Agree
2. Agree with condition
3. Decline

1.2.22 The vendor must obtain the County's approval prior to the distribution of any member communication materials.

1. Agree
2. Agree with condition
3. Decline

1.2.23 The vendor will be responsible for assisting the County in the initial drafting and updates to language in the Summary Plan Description booklets.

1. Agree
2. Agree with condition
3. Decline

1.2.24 The vendor will provide enrollment kits including access to directories of participating providers. Cost of such will be included in proposed fees.

1. Agree
2. Agree with condition
3. Decline

1.2.25 The vendor must prepare, update, and distribute enrollment materials, identification cards, provider directories, and claim forms for all appropriate plans.

1. Agree
2. Agree with condition
3. Decline

### **1.3 Claims Management Programs**

1.3.1 The claims processing system must be integrated with the eligibility and member services system

1. Agree
2. Agree with condition
3. Decline

- 1.3.2 The County reserves the right to review the claim records and other financial records of the vendor, as they pertain to the employee benefit program whenever it is deemed appropriate. Such reviews may be performed by the County personnel, or by outside vendors selected by the County. If the County performs an independent review, then the results will be used to ascertain performance compliance.
1. Agree
  2. Agree with condition
  3. Decline
- 1.3.3 Indemnification of the County: The vendor will not charge against the experience claim payments not authorized under the Plan (except those authorized by the County) if such payment was the result of negligent, reckless, or willful acts or omissions by the vendor, its agents, officers, or employees. the County acknowledges that, even in the exercise of ordinary care, some unauthorized claims, few in number and small in dollar amount, may be paid. Such payments may be charged against the experience; however, vendor should have procedures in place to minimize mispayments of claims.
1. Agree
  2. Agree with condition
  3. Decline
- 1.3.4 The vendor will indemnify, hold, and save the County, its agents, officers, trustees and employees harmless from liability of any nature or kind (including costs, expenses, and attorney's fees) for harm suffered by any entity or person as a result of the negligent, reckless, or willful acts or omissions of the vendor, its officers, agents, or employees.
1. Agree
  2. Agree with condition
  3. Decline

#### **1.4 Additional Information**

- 1.4.1 What, if any, other information do you feel would be of interest to Fulton County with regard to the vision plan services requested in this RFP and would assist them in better understanding the value you would bring to their plan? Please be brief in your answer.

#### **1.5 Provider Networks**

- 1.5.1 What major retail chains are in your network? Please provide a provider directory.
- 1.5.2 Describe how your organization monitors your provider network to ensure quality services and materials.

- 1.5.3 Describe your organization’s credentialing and recredentialing process for your network providers.
- 1.5.4 Describe how your providers are contracted. How are your providers reimbursed?
- 1.5.5 Describe your relationship with lasik providers.
- 1.5.6 Describe your relationship with optical laboratories.
- 1.5.7 How often are the hard copy provider directories updated?
- 1.5.8 Are provider directories maintained online? If yes, how often does it update? If no, how do members locate a participating provider in their area?
- 1.5.9 Will both hard copy and on-line provider directories be available to the County?
  - 1. Yes, both hard copy and online directories will be available
  - 2. No, only hard copy directories are available
  - 3. No, only online directory is available
- 1.5.10 In order to assess your network capabilities please follow the instructions below to provide GeoAccess.
- 1.5.11 The zip file contains the census file you will need to conduct this analysis:

Please show the number of participants with access to 1 Vision provider in 10 miles in your network as shown below.

		<b>Active and Retiree U65</b>	<b>Retiree O65</b>
Total Count of Employee Subscribers to be used in the Geo Access Analysis:		6,057	1,324
<b>Provider Group</b>	<b>Access Standard</b>		
		<b>Number Meeting Access Standard:</b>	
Optometrist	1 in 10 miles		
Ophthalmologist	1 in 10 miles		

## Section 5D: Dental Technical Questionnaire

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### ***1.1 Experience and Account Administration***

- 1.1.1 Is your organization a.) Privately held, b.) Publicly traded, c.) Mutual Holding Company, or d.) Other, please describe.
- 1.1.2 Please provide information which documents your firm's (and subcontractors') qualifications to produce the required outcomes, including its ability, capacity, skill, financial strength, and number of years of experience in providing the required services. If you are a wholly-owned subsidiary of a parent company, provide this information separately for all entities.
- 1.1.3 Provide a copy of your overall disaster recovery plan.
- 1.1.4 Please provide a sample ID card and EOB.
- 1.1.5 Provide a copy of your standard business associate agreement.
- 1.1.6 Has your organization experienced recent merger or acquisition activity? If so, please describe.
- 1.1.7 Has your organization recently undergone any workforce realignments? If so, please describe.
- 1.1.8 Are there any anticipated changes in ownership or business developments, including but not limited to mergers, stock issues, and the acquisition of new venture capital? Please explain.
- 1.1.9 Will a dedicated Account Manager be assigned to the County? Or designated?
- 1.1.10 If designated, how many other accounts would the Account Manager handle in addition to the County?
- 1.1.11 Please provide the physical location of the office which would service the County.
- 1.1.12 Indicate the number of lives you service within Georgia.

1.1.13 Please provide the following information for five clients who are similar in size and demographics to the County.

	<b>Client 1</b>	<b>Client 2</b>	<b>Client 3</b>	<b>Client 4</b>	<b>Client 5</b>
Client Name					
Number of Lives					
Contact					
Title					
Phone Number					
E-mail					
Products Offered					
Years as Client					
Type (Public/Private)					

1.1.14 Please provide the following information for three recently terminated clients who are similar in size and demographics to the County.

	<b>Client 1</b>	<b>Client 2</b>	<b>Client 3</b>
Client Name			
Number of Lives			
Contact			
Title			
Phone Number			
E-mail			
Products Offered			
Date Terminated			
Type (Public/Private)			

1.1.15 Please provide the average number of clients your organization serviced in 2009, 2010 and 2011.

	<b># of Clients 2009</b>	<b># of Clients 2010</b>	<b># of Clients 2011</b>
Dental PPO			
Dental Indemnity			

1.1.16 Please provide the average number of members your organization serviced in 2009, 2010 and 2011.

	<b># of Members 2009</b>	<b># of Members 2010</b>	<b># of Members 2011</b>
Dental PPO			
Dental Indemnity			

1.1.17 Please provide the most recent organization ratings in the grid below.

	<b>A.M. Best</b>	<b>Moody's</b>	<b>Standard &amp; Poor's</b>	<b>Fitch</b>
Rating				
Date				

1.1.18 If your rating has changed within the past 12 months for any of the rating agencies, discuss changes.

1.1.19 Do you have a minimum participation requirement? If yes, please indicate the smallest number of members that you would accept.

1.1.20 The vendor will provide an account executive that will handle all service matters related to the operation of the program.

1. Agree
2. Agree with condition(s)
3. Decline

1.1.21 Please provide the following documents as attachments:

Organization Chart including the account management function	<i>MultipleChoice</i> 1. Attached 2. Not Provided
Account team resumes	<i>MultipleChoice</i> 1. Attached 2. Not Provided
Copies/Samples of account management reports provided to clients	<i>MultipleChoice</i> 1. Attached 2. Not Provided

1.1.22 List the roles and responsibilities of the account team.

1.1.23 What is the annual turnover rate in account management staff?

- 1.1.24 Describe the process and people involved in providing backup to respond to the County inquiries when key team members are unavailable.
- 1.1.25 Contracts, administrative agreements, or amendments will be provided to the County within 90 calendar days after a written request for changes and 45 days after initial effective date.
1. Agree
  2. Agree with condition(s)
  3. Decline
- 1.1.26 The vendor must quote the proposed plan and provide currently covered participants continued coverage on a no-loss, no-gain basis.
1. Agree
  2. Agree with condition(s)
  3. Decline
- 1.1.27 The vendor must agree to waive all pre-existing condition exclusions for all current participants covered under the new dental plan.
1. Agree
  2. Agree with condition(s)
  3. Decline

## **Eligibility**

- 1.1.28 Accept electronic transfer of eligibility in HIPAA format on a regular basis.
1. Agree
  2. Agree with condition(s)
  3. Decline
- 1.1.29 Update eligibility data within 24 hours from the time of receipt of data.
1. Agree
  2. Agree with condition(s)
  3. Decline
- 1.1.30 The vendor will be responsible for certifying participant eligibility through its on-line systems.
1. Agree
  2. Agree with condition(s)
  3. Decline
- 1.1.31 What are the required data elements for eligibility feeds from the County? Provide desired eligibility format/lay-out.
- 1.1.32 Can you customize eligibility to meet a standard layout Fulton uses among all its health and welfare vendors?

1.1.33 How will initial enrollment and ongoing eligibility be handled? If there are options, identify each option and the cost.

	<b>Handled (Yes or No)</b>	<b>Included in the cost?</b>	<b>Options</b>
Paper (manually)			
Interactive Voice Response (IVR)			
Web-based			
Electronic			
Other, please specify			

1.1.34 Indicate your capabilities as to frequency of loading eligibility data (check all that apply):

1. Daily
2. Weekly
3. Bi-weekly
4. Monthly
5. Other (describe)

1.1.35 Do you have the capability to enter corrections to eligibility records in real time?

1.1.36 Do corrections show up at providers in real time?

1.1.37 If not, what is the delay?

1. None
2. 24 Hours
3. 48 Hours
4. 72 Hours
5. Other
6. Not applicable

1.1.38 Can you provide eligibility data to other vendors, (e.g., COBRA)?

1.1.39 Confirm your ability to interface electronically with the County and/or outside vendors for COBRA and direct billing administration.

1. Confirmed
2. Not Confirmed

1.1.40 How do you handle retroactive enrollment and cancellations? What are your time limitations relative to processing retroactive eligibility adjustments?

1.1.41 If eligibility cannot be confirmed is there a procedure in place to process the claim? (If the procedure is something other than the member paying out-of-pocket and submitting a claim for reimbursement, describe that process).

## Reports

1.1.42 All reports should be provided in an electronic basis in the identified formats and frequencies.

1. Agree
2. Agree with condition(s)
3. Decline

1.1.43 Monthly reports (within 15 days of the close of the reporting period) with claims (dollar and utilization) and enrollment

1. Agree
2. Agree with condition(s)
3. Decline

1.1.44 Quarterly reports (within 30 days of the close of the reporting period)

Reports detailing cost, utilization management, network usage information, etc. Reporting should include documentation of savings associated with all managed care programs (e.g., discounts, utilization review, etc.) (where appropriate).

The quarterly report should provide the information for that quarter, as well as the year to date information.

1. Agree
2. Agree with condition(s)
3. Decline

1.1.45 Annual reports (within 60 days of the close of the reporting period)

An annual report for the programs as outlined in the quarterly report section above.

1. Agree
2. Agree with condition(s)
3. Decline

1.1.46 Ad hoc reports as necessary. (Additional cost should be reflected in Section 12.)

1. Agree
2. Agree with condition(s)
3. Decline

1.1.47 The vendor must be able to break-out reports by pre-defined "groups" as well as in aggregate.

1. Agree
2. Agree with condition(s)
3. Decline

1.1.48 The vendor will meet with the County annually for a claim report review.

1. Agree
2. Agree with condition(s)
3. Decline

1.1.49 The County will have on-line access to your reporting system in order to retrieve standard and ad hoc claims and utilization reports?

1. Yes, eligibility reports
2. Yes, monthly paid claims reports
3. Yes, quarterly utilization reports
4. Yes, other; please describe
5. No

1.1.50 On an annual or as-needed basis, the vendor will be expected to:

	<b>Response Option</b>	<b>Your Response</b>
Provide actuarial and underwriting assistance;	<i>MultipleChoice</i> 1. Accept 2. Accept with condition 3. Decline	
Develop renewal plan change recommendations;	<i>MultipleChoice</i> 1. Accept 2. Accept with condition 3. Decline	
Develop renewal (billing) rates;	<i>MultipleChoice</i> 1. Accept 2. Accept with condition 3. Decline	
Provide insight into emerging trends in the regional marketplace; and	<i>MultipleChoice</i> 1. Accept 2. Accept with condition 3. Decline	
Provide insight into emerging regulatory issues.	<i>MultipleChoice</i> 1. Accept 2. Accept with condition 3. Decline	

## **Legislative Compliance Processes**

- 1.1.51 The vendor will be responsible for communicating to the County any legislative changes related to the operation of the plan
1. Agree
  2. Agree with condition(s)
  3. Decline
- 1.1.52 The vendor will administer the County's program in compliance with all pertinent state or federal statutes, regulations, and bulletins, as required by law
1. Agree
  2. Agree with condition(s)
  3. Decline
- 1.1.53 The vendor must be compliant with all the requirements of HIPAA and DOL claims regulations.
1. Agree
  2. Agree with condition(s)
  3. Decline

## **1.2 Member Services**

- 1.2.1 The vendor must provide a toll-free telephone line for the County's employee claim and customer service inquiries.
1. Agree
  2. Agree with condition(s)
  3. Decline
- 1.2.2 Is the toll-free customer service number operational 24-hours a day?
- 1.2.3 Is a toll-free customer service telephone number operational on normal business days between at least 9 a.m. and 5 p.m. in every time zone containing County members?
- 1.2.4 Do you provide a dedicated individual or staff responsible for resolving claim disputes or other issues?
- 1.2.5 The vendor must work diligently with the County's benefit staff to resolve all eligibility issues.
1. Agree
  2. Agree with condition(s)
  3. Decline
- 1.2.6 The vendor will provide an annual score card to the County so that the County can assess vendor's performance.
1. Agree
  2. Agree with condition(s)
  3. Decline

- 1.2.7 Are Customer satisfaction surveys conducted at least annually?
- 1.2.8 Are Member Satisfaction surveys are routinely conducted with a large enough sample so that statistically valid and reliable results are generated for each participating GFD?
- 1.2.9 Are members able to change dentists whenever they want?
- 1.2.10 Are individual family members able to select different dentists?
- 1.2.11 Can dental network members access emergency care 24 hours a day, 7 days a week via a national toll-free number?
- 1.2.12 Can you accommodate dependents who attend college away from home?
- 1.2.13 How are Out of Area dental emergencies handled?
- 1.2.14 How is work in progress treated for a patient who elects to participate in the managed dental plan? What happens to work in progress when coverage is terminated?
- 1.2.15 The satisfaction rate for Plan Year 2011 for the five (5) network locations that will serve the most County members.

<b>Network Location</b>	<b>Zip (1)</b>	<b>Zip (2)</b>	<b>Zip (3)</b>	<b>Zip (4)</b>	<b>Zip (5)</b>
Satisfaction Rate					

- 1.2.16 The number of formal grievances (written complaints to state agency) per 1,000 members for Plan Year 2011 for the five (5) network locations that will serve the most Fulton members?

<b>Network Location</b>	<b>Zip (1)</b>	<b>Zip (2)</b>	<b>Zip (3)</b>	<b>Zip (4)</b>	<b>Zip (5)</b>
# Formal Grievances					

- 1.2.17 The average waiting times patients experienced in 2011 for urgently needed services for the five (5) network locations that will serve the most Fulton members.

<b>Network Location</b>	<b>Zip (1)</b>	<b>Zip (2)</b>	<b>Zip (3)</b>	<b>Zip (4)</b>	<b>Zip (5)</b>
Avg Wait Times					

1.2.18 The average waiting times patients experienced in 2011 for routine check-up services for the five (5) network locations that will serve the most Fulton members.

<b>Network Location</b>	<b>Zip (1)</b>	<b>Zip (2)</b>	<b>Zip (3)</b>	<b>Zip (4)</b>	<b>Zip (5)</b>
Avg Wait Times					

### **1.3 Communications**

1.3.1 The vendor must obtain the County's approval prior to the distribution of any member communication materials.

1. Agree
2. Agree with condition(s)
3. Decline

1.3.2 The vendor will be responsible for assisting the County in the initial drafting and updates to language in the Summary Plan Description booklets.

1. Agree
2. Agree with condition(s)
3. Decline

1.3.3 The vendor will provide enrollment kits including access to directories of participating providers. Cost of such will be included in proposed fees.

1. Agree
2. Agree with condition(s)
3. Decline

1.3.4 Provide a sample of the following communication materials you are proposing to provide based on the list below:

- Provider directories
- Sample claim forms
- Sample identification cards
- Dental explanation of benefits
- Enrollment form/kits
- Sample billing statement
- Other, please describe

1. Attached
2. Not Provided

1.3.5 Is there an additional charge for this material?

1. Yes, please indicate specific costs
2. No, no additional cost

1.3.6 Are there any limits to customizing each of the above at no cost?

1. Yes, please indicate specific costs for customization
2. No, no additional cost for customization

- 1.3.7 Are you willing to customize the above materials annually, not just during implementation?
1. Yes
  2. No, please describe
- 1.3.8 How will you distribute ID cards to new members?
1. No cards are provided
  2. Mail
  3. Other, please describe
- 1.3.9 How early must enrollment information be received to ensure ID cards will be distributed by the beginning of each plan year without incurring additional fees?
1. One week prior to the effective date
  2. Two weeks prior to the effective date
  3. Three weeks prior to the effective date
  4. One month prior to the effective date
  5. Other, please describe
- 1.3.10 Describe the assistance you will give to the County for the annual enrollment period.
1. Assistance provided, please describe
  2. No assistance provided
- 1.3.11 How often are the hard copy provider directories updated?
- 1.3.12 Are provider directories maintained online? If yes, how often does the on-line directory update?
- 1.3.13 Will both hard copy and on-line provider directories be available to the County?
1. Yes, both hard copy and online directories will be available
  2. No, only hard copy directories are available
  3. No, only online directory is available
- 1.3.14 If your standard is to make provider information available online, how do you accommodate employees who do not have Internet access?
1. Provide limited supply of directories to employer for distribution
  2. Provide customer service number for employees to call for provider information
  3. Provide Internet access at selected locations for employees who do not otherwise have Internet access
  4. Other, please describe (in 500 words or less)
- 1.3.15 Will the County receive provider directories free of charge?

1.3.16 If hard copy directories are provided, how many directories will the County receive?

1. 1 per employee
2. 1 per 10 employees
3. 1 per 20 employees
4. 1 per 50 employees
5. 1 per 100 employees
6. N/A – provider directories are online

1.3.17 How often will the County receive directories?

1. Monthly
2. Quarterly
3. Bi-Annually
4. Annually
5. N/A – provider directories are online

1.3.18 The County may require you to mail provider directories and updates to employee residences. Will there be a fee for this service?

1. No
2. Yes (Do not include fees – all cost related information should be provided separately in the Cost Proposal).

1.3.19 How soon will directories be distributed to enrollees who enter the plan after open enrollment?

1. One Week
2. Two Weeks
3. Three Weeks
4. One Month

1.3.20 Do you have a website? If yes, please provide the address.

1. No
2. Yes, please describe

1.3.21 Complete the following table concerning your web capabilities. Indicate “P” for “Planned” when the utility is expected and there is a specific target date for implementation. When not applicable to your product please respond with an “N/A”.

	Yes/No/Planned or N/A	If Planned, Target Implementation Date (if this is not applicable, please denote as N/A)
<b>Member Informational</b>		
Claim status		
Status of questions/complaint		
Benefit accumulations (e.g., deductibles, limits)		
Member expense accumulations		

	Yes/No/Planned or N/A	If Planned, Target Implementation Date (if this is not applicable, please denote as N/A)
SPD		
Benefit brief (less than SPD)		
Provider search functions		
Provider office profile (e.g., hours, languages)		
Provider report cards/quality information		
Provider credentials		
<b>Member Transactional/ Interactive</b>		
Enrollment		
Printable Claim Form		
Health cost estimation or budgeting tools		
Update dependents		
COBRA notice/enrollment		
Request ID card		
E-mail a customer service issue or complaint		
<b>Provider Utilities</b>		
Eligibility confirmation		
Claim submission		
Benefit confirmation		
Referral request/notification		
Claim status		
<b>Employer Utilities</b>		
Eligibility transfers		
Management reporting		
Financial accounting		
Issue/complaint referrals		
File Transfer Protocols (FTP)		

1.3.22 Are modeling tools (for plan design, etc.) available on the plan sponsor website? If so, describe.

1. Yes

2. No
3. N/A

1.3.23 What enhancements are expected to your website and what is the expected delivery date?

1. No enhancements
2. Yes enhancements, please describe

## **1.4 Account Service**

1.4.1 What is the frequency of client billing?

1. Weekly
2. Every 2 weeks
3. Monthly
4. Other (please specify)

1.4.2 How do you provide explanation of payment (e.g., separate worksheet, letter, and attachment to check)? Provide a sample copy.

1.4.3 Describe the implementation process and provide a detailed timetable for a January 1, 2013 implementation. Be specific with regard to the following:

- Timing of significant tasks
- Names and titles of key implementation team members
- Responsibilities of the County
- Transition with incumbent carrier
- Length of time implementation team will be responsible for the County
- Staff assigned to attend open enrollment/educational sessions at key the County locations (if requested)

1.4.4 Describe your standard banking arrangement for self-insured clients.

	<b>Response (Yes, No, NA) If NA, please explain in comments column</b>	<b>Comments</b>
Will the County be able to use its own bank account?		
Can the County use its check stock specifications?		
Will there be a monthly reconciliation of checks issued?		
How and when will the account be funded?		
Do you have options available for reimbursement frequency and method?		

1.4.5 For self-insured clients what is the minimum funding balance requirement and any initial deposit requirements?

- 1.4.6 Describe the services you can provide the County to fund, monitor, and reconcile the self-funding account. Include any report samples.
- 1.4.7 Describe the self-insured renewal process for setting administrative fees in years following the fee guarantee. How do you set fees each year? Do you “cap” the maximum amount of increase permissible?
- 1.4.8 Describe your renewal process for your insured products. How much credibility will you place in actual claims experience of the County?
- 1.4.9 Describe the termination provision. Detail any additional expenses charged for paying claims during the period following policy termination, both on and off the anniversary date. Would any administrative charge be assessed? If so, how would they be determined? Would any other charges be assessed? Would you agree to assist with a smooth transition?

## **1.5 Claims Management Programs**

- 1.5.1 The vendor must be able to administer the County’s proposed plan design without any material changes. Please note any deviations in your plan design from the County’s proposed plan design.
  1. Agree
  2. Agree with condition(s)
  3. Decline
- 1.5.2 The claims processing system must be integrated with the eligibility and member services system.
  1. Agree
  2. Agree with condition(s)
  3. Decline
- 1.5.3 The vendor must prepare, update, and distribute enrollment materials, identification cards, provider directories, and claim forms for all appropriate plans.
  1. Agree
  2. Agree with condition(s)
  3. Decline
- 1.5.4 The County reserves the right to review the claim records and other financial records of the vendor, as they pertain to the employee benefit program whenever it is deemed appropriate. Such reviews may be performed by the County personnel, or by outside vendors selected by the County. If the County performs an independent review, then the results will be used to ascertain performance compliance.
  1. Agree
  2. Agree with condition(s)
  3. Decline

1.5.5 Indemnification of the County: The vendor will not charge against the experience claim payments not authorized under the Plan (except those authorized by the County) if such payment was the result of negligent, reckless, or willful acts or omissions by the vendor, its agents, officers, or employees. the County acknowledges that, even in the exercise of ordinary care, some unauthorized claims, few in number and small in dollar amount, may be paid. Such payments may be charged against the experience; however, vendor should have procedures in place to minimize mispayments of claims.

The vendor will indemnify, hold, and save the County, its agents, officers, trustees and employees harmless from liability of any nature or kind (including costs, expenses, and attorney's fees) for harm suffered by any entity or person as a result of the negligent, reckless, or willful acts or omissions of the vendor, its officers, agents, or employees.

1. Agree
2. Agree with condition(s)
3. Decline

1.5.6 Do you have an Internet disaster recovery plan in place?

1.5.7 How long has the proposed claims system platform been operational?

1. Less than 1 year
2. 1 – 3 years
3. 4 – 6 years
4. 7 – 10 years
5. Greater than 10 years
6. Other, please specify

1.5.8 What are your claim system capabilities? Please select all that apply.

1. Capture \$ amount (i.e., total charges, covered charges, discount adjustments)
2. Identify providers by Tax ID #
3. Track deductibles, copayments and benefit maximums

1.5.9 What database do you utilize to determine R&C?

1. Ingenix
2. Book-of-business
3. Other, please specify

1.5.10 How often is the R&C database updated?

1. Weekly
2. Bi-Weekly
3. Monthly
4. Quarterly
5. Semi-annually
6. Annually
7. Every two years
8. Other, please specify

1.5.11 Your company can provide claims adjudication at varying R&C percentiles beginning with the 50<sup>th</sup> percentile.

1.5.12 What percent of claims are submitted electronically?

1. Above 50%
2. 25% - 50%
3. Below 25%

1.5.13 Please confirm that network dentists routinely submit claims to the network and the claims administrator (i.e. is it a paperless process from the employee's point of view).

1.5.14 Confirm that network members never have to submit claim forms for in-network services.

1.5.15 Confirm that each of your networks serving County members is supported by a computerized, on-line direct access claims processing system containing plan/claim information storage and retrieval.

1.5.16 What percent of claims are submitted auto adjudicated?

1. Above 50%
2. 25% - 50%
3. Below 25%

1.5.17 All dental procedures are coded using the ADA 4-digit code for in-network claims, out-of-network and out-of-area claims.

1.5.18 Does the claims system automatically screen for duplicate bills?

1.5.19 Provide your 2011 actual performance results in the following categories:

	Answer
Claim turnaround time (% in number of days)	
Percentage of claims audited	

1.5.20 What is the frequency by which financial coding accuracy audits are performed?

1. Daily
2. Monthly
3. Quarterly
4. Semi-Annually or Annually

1.5.21 For the claims office that will service the County, what was the claims financial accuracy rate during 2009, 2010 and 2011? Please use the grid attached below.

	2009	2010	2011
Financial Accuracy Rate			

- 1.5.22 What are the average years of experience for your claims administration staff?
1. > 5 Years
  2. 3 - 5 Years
  3. < 3 Years
- 1.5.23 What was your average claims examiner turnover rate for 2011?
1. < 2%
  2. 2% - 5%
  3. 6% - 10%
  4. > 10%
- 1.5.24 Does your claims administration system have the negotiated network pricing structure loaded into the system or do you depend on another entity for repricing claims?
1. Negotiated network pricing structure in system
  2. Depends on another entity for repricing claims
  3. Other, please describe
- 1.5.25 Please describe how you identify, investigate and resolve possible fraudulent claims.
- 1.5.26 How does your system identify potential COB claim situations and maintain COB information on file?
- 1.5.27 Can your system generate follow-up notices for pending claims awaiting COB inquiry response? Please describe.
1. Yes, please describe
  2. No, please describe
- 1.5.28 How is a claim processed if COB information is not available?
- 1.5.29 Is your system capable of providing providers with instant benefits and eligibility information using automation (e.g., "swipe card")? If so, explain how it works.
1. Yes, please describe
  2. No, please describe
- 1.5.30 Confirm that the cost of an external audit is included in quoted fees.
1. Yes, please describe
  2. No
- 1.5.31 Do you have a pre-treatment authorization program?
1. Yes, mandatory
  2. No
  3. Yes, but client elects whether or not to participate

1.5.32 What is the limit for pre-treatment authorization?

1. Above \$300
2. Above \$500
3. Other, please describe

## **1.6 Additional Information**

1.6.1 What, if any, other information do you feel would be of interest to Fulton County with regard to the dental plan services requested in this RFP and would assist them in better understanding the value you would bring to their plan? Please be brief in your answer.

## **1.7 Dental Provider Network**

1.7.1 Network Turnover

The vendor will keep the County apprised of any significant issues/discussions surrounding changes to the provider network(s).

1. Agree
2. Agree with condition(s)
3. Decline

1.7.2 Network Accessibility

The vendor must maintain utilization statistics based on the desired County plan structure.

1. Agree
2. Agree with condition(s)
3. Decline

1.7.3 During the dentist selection/credentialing process, primary verification is used to check the following items. If the response is "No", please explain:

1. Graduation from an accredited US college of dentistry
2. Valid state license (for state of practice)
3. Board certification/eligibility appropriate to practice area
4. Federal and state DEA controlled substance registration and unrestricted prescribing privileges
5. Malpractice coverage
6. Detailed malpractice history
7. Detailed history of disciplinary action or litigation
8. Membership in professional organization
9. Detailed history of conviction for fraud or felony

1.7.4 Can you state categorically that network management staff conduct primary verification on every participating dentist for each item answered in the affirmative above?

- 1.7.5 Does your dental plan have a defined program and process to systematically evaluate participating GFDs for cost, utilization, clinical outcomes, administration cooperation and member services satisfaction?
- 1.7.6 As part of the network's quality assurance program, are all GFDs personally visited by a network staff prior to credentialing in order to assess the dental office environment and interview the dentist?
- 1.7.7 Are all participating GFDs personally visited by a network staff at least once annually in order to reassess the dental office environment and interview the dentist?
- 1.7.8 Does the network's management information systems routinely collect information on patient complaints and is this information communicated to the participating dentist at least two times per year?
- 1.7.9 Are GFDs recredentialed annually?
- 1.7.10 In order to assess your network capabilities please follow the instructions below to provide GeoAccess.

The zip code data you will need to conduct this analysis is in the appendix.

Please show the number of participants with access to 2 Dental providers in 10 miles in your network as shown below.

		<b>Active and Retiree U65</b>	<b>Retiree O65</b>
Total Count of Employee Subscribers to be used in the Geo Access Analysis:		6,057	1,324
<b>Provider Group</b>	<b>Access Standard</b>		
		<b>Number Meeting Access Standard:</b>	
Dentist	2 in 10 miles		
Orthodontist	2 in 10 miles		