

Section 10B

1. Pharmacy

Confirmations:

	Confirmation	Comments
1. The proposed effective date is 1/1/2009.	Checkbox	Text
2. Your fee quotes in this proposal and future quotes assume that you will be responsible for administering all claims incurred on or after 1/1/2009.	Checkbox	Text
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.	Checkbox	Text
4. Your fee quotes in this proposal assume administrative services.	Checkbox	Text
5. Your quoted fees include the tracking and monthly reporting of:		
- benefit utilization.	Checkbox	Text
- utilization of specific participant tools.	Checkbox	Text
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.	Checkbox	Text
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.	Checkbox	Text
8. You will provide a dedicated account management team, including at least two customer service representatives, to support the Fulton benefit staff.	Checkbox	Text
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.	Checkbox	Text
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.	Checkbox	Text
11. You will bear the cost of drafting a master policy/plan document and summary plan description booklet for distribution to plan participants.	Checkbox	Text
12. You will bear the cost of drafting language for amendments to the SPDs due to legislative or other changes.	Checkbox	Text
13. You will communicate any legislative changes related to the operations of the plans.	Checkbox	Text
14. You will load eligibility data on a weekly basis, or more often in urgent situations.	Checkbox	Text

	Confirmation	Comments
15. Based on the eligibility data you receive, you will:		
- terminate coverage according to the date indicated by Fulton	Checkbox	Text
- add coverage for members who join the plan	Checkbox	Text
- send out ID cards and other appropriate communication materials for members who have added coverage	Checkbox	Text
- update member information according to the eligibility data from Fulton	Checkbox	Text
16. You will identify your subcontracted relationships and will be responsible for their performance.	Checkbox	Text
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.	Checkbox	Text
18. Fulton will pay your administrative fees on a monthly basis.	Checkbox	Text
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.	Checkbox	Text
20. You are able to administer the proposed pharmacy plans.	Checkbox	Text
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.	Checkbox	Text
1. You will comply with all applicable data transmission requirements of HIPAA and state law.	Checkbox	Text
2. You will comply with all applicable privacy requirements of HIPAA and state law.	Checkbox	Text
3. 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.	Checkbox	Text
4. You will comply with all applicable security requirements of HIPAA and state law.	Checkbox	Text

- 1.1 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?
- 1.2 List the major pharmacy chains that participate within your network.
- 1.3 If a major pharmacy chain is listed as a participating pharmacy, do all locations within that chain reside in your network?
- 1.4 How many mail service pharmacies do you operate? Where are they located? Which mail service pharmacy would service the Fulton account? Why should Fulton members fill their prescriptions through mail service? What is your mail service turnaround time? How do you ensure quality dispensing at your mail service locations?

- 1.5 Does your organization have the ability to integrate retail and mail service programs? Do you currently integrate such programs? Name the advantages of an integrated program.
- 1.6 What quality and performance criteria do you use to recruit and select participating pharmacies? Describe how you would handle a Fulton request for adding certain pharmacies to the network.
- 1.7 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?
- 1.8 Comment in depth on your process for coordinating pharmaceutical utilization with the medical plan utilization review and case management within your organization.
- 1.9 What does your organization do beyond discounts to reduce pharmaceutical costs?
- 1.10 Will you be able to coordinate the county's Part D subsidy?
- 1.11 Describe your formulary approach. What makes your program successful? How are formulary rebates tracked and reported?
- 1.12 Provide samples of the standard pharmacy management reports you would provide Fulton at no additional charge.

- Attached
- Not attached

- 1.13 What is the timeframe for providing standard reports?
- 1.14 Are reports available online?
- 1.15 Is there an additional charge for ad hoc reporting? If so, please provide the average cost per report and the average preparation time.
- 1.16 Please complete a chart in the following format using the example below for the top 25 brand name drugs dispensed in 2007 for your book of business.

Name of Drug	Discounted Price Paid (30 day supply)	Dispensing Fee	Rebate
Prilosec 20 mg	\$85.24	\$1.90	\$4.56

	Name of Drug	Discounted Price Paid (30-day supply)	Dispensing Fee	Rebate
Brand Name 1	<i>Text</i>	<i>Number</i>	<i>Number</i>	<i>Number</i>
Brand Name 2	<i>Text</i>	<i>Number</i>	<i>Number</i>	<i>Number</i>
Brand Name 3	<i>Text</i>	<i>Number</i>	<i>Number</i>	<i>Number</i>
Brand Name 4	<i>Text</i>	<i>Number</i>	<i>Number</i>	<i>Number</i>
Brand Name	<i>Text</i>	<i>Number</i>	<i>Number</i>	<i>Number</i>

5				
Brand Name 6	<i>Text</i>	<i>Number</i>	<i>Number</i>	<i>Number</i>
Brand Name 7	<i>Text</i>	<i>Number</i>	<i>Number</i>	<i>Number</i>
Brand Name 8	<i>Text</i>	<i>Number</i>	<i>Number</i>	<i>Number</i>
Brand Name 9	<i>Text</i>	<i>Number</i>	<i>Number</i>	<i>Number</i>
Brand Name 10	<i>Text</i>	<i>Number</i>	<i>Number</i>	<i>Number</i>
Brand Name 11	<i>Text</i>	<i>Number</i>	<i>Number</i>	<i>Number</i>
Brand Name 12	<i>Text</i>	<i>Number</i>	<i>Number</i>	<i>Number</i>
Brand Name 13	<i>Text</i>	<i>Number</i>	<i>Number</i>	<i>Number</i>
Brand Name 14	<i>Text</i>	<i>Number</i>	<i>Number</i>	<i>Number</i>
Brand Name 15	<i>Text</i>	<i>Number</i>	<i>Number</i>	<i>Number</i>
Brand Name 16	<i>Text</i>	<i>Number</i>	<i>Number</i>	<i>Number</i>
Brand Name 17	<i>Text</i>	<i>Number</i>	<i>Number</i>	<i>Number</i>
Brand Name 18	<i>Text</i>	<i>Number</i>	<i>Number</i>	<i>Number</i>
Brand Name 19	<i>Text</i>	<i>Number</i>	<i>Number</i>	<i>Number</i>
Brand Name 20	<i>Text</i>	<i>Number</i>	<i>Number</i>	<i>Number</i>
Brand Name 21	<i>Text</i>	<i>Number</i>	<i>Number</i>	<i>Number</i>
Brand Name 22	<i>Text</i>	<i>Number</i>	<i>Number</i>	<i>Number</i>
Brand Name 23	<i>Text</i>	<i>Number</i>	<i>Number</i>	<i>Number</i>
Brand Name 24	<i>Text</i>	<i>Number</i>	<i>Number</i>	<i>Number</i>
Brand Name 25	<i>Text</i>	<i>Number</i>	<i>Number</i>	<i>Number</i>

1.17 Please complete a chart in the following format using the example below for the top 15 generic drugs dispensed in 2007 for your book of business.

Name of Drug	Discounted Price Paid (30 day supply)	Dispensing Fee	Rebate
Prilosec 20 mg	\$85.24	\$1.90	\$4.56

	Name of Drug	Discounted Price Paid (30-day supply)	Dispensing Fee	Rebate
Generic Drug 1	Text	Number	Number	Number
Generic Drug 2	Text	Number	Number	Number
Generic Drug 3	Text	Number	Number	Number
Generic Drug 4	Text	Number	Number	Number
Generic Drug 5	Text	Number	Number	Number
Generic Drug 6	Text	Number	Number	Number
Generic Drug 7	Text	Number	Number	Number
Generic Drug 8	Text	Number	Number	Number
Generic Drug 9	Text	Number	Number	Number
Generic Drug 10	Text	Number	Number	Number
Generic Drug 11	Text	Number	Number	Number
Generic Drug 12	Text	Number	Number	Number
Generic Drug 13	Text	Number	Number	Number
Generic Drug 14	Text	Number	Number	Number
Generic Drug 15	Text	Number	Number	Number

1.18 Below are two charts that show Fulton's top 15 generic drugs for 2007 split by cost and count. Please input your discount on a 30 day supply, dispensing fee, and rebate information specific to that drug and drug weight.

Fulton's Top 15 Generic Drugs by Cost				
	NDC Number	Discounted Price Paid (30-day supply)	Dispensing Fee	Rebate
FLUTICASONE 50 MCG NASAL SPRAY	00054327099	Number	Number	Number
FENTANYL CITRATE OTFC 800 MCG	00555108301	Number	Number	Number
AMLODIPINE BESYLATE 10 MG TAB	00378521077	Number	Number	Number
AMLODIPINE-BENAZEPRIL 10/20 MG	00093737301	Number	Number	Number
BUDEPRION XL 300 MG TABLET	00093535156	Number	Number	Number
AMLODIPINE-BENAZEPRIL 5/20 MG	00093737201	Number	Number	Number
FLUTICASONE 50 MCG NASAL SPRAY	49884039877	Number	Number	Number
OXYCODONE HCL ER 80 MG TAB	00093003301	Number	Number	Number
AMLODIPINE BESYLATE 5 MG TAB	00378520977	Number	Number	Number
FEXOFENADINE HCL 180 MG TABLET	00093725301	Number	Number	Number
NIFEDIPINE ER 90 MG TABLET	00378349501	Number	Number	Number
PROAIR HFA 90 MCG INHALER	59310057920	Number	Number	Number
FENTANYL CITRATE OTFC 600 MCG	00555108201	Number	Number	Number
TESTIM 1%(50MG) GEL	66887000105	Number	Number	Number
FEXOFENADINE HCL 180 MG TABLET	66993010902	Number	Number	Number
Fulton's Top 15 Generic Drugs by Count				
	NDC Number	Discounted Price Paid (30-day supply)	Dispensing Fee	Rebate
HYDROCODONE-APAP 5-500 TABLET	00406035705	Number	Number	Number
AMOXICILLIN 500 MG CAPSULE	00093310905	Number	Number	Number
FLUTICASONE 50 MCG NASAL SPRAY	00054327099	Number	Number	Number
AMLODIPINE BESYLATE 10 MG TAB	00378521077	Number	Number	Number
HYDROCHLOROTHIAZIDE 25 MG TB	00603385632	Number	Number	Number
HYDROCHLOROTHIAZIDE 25 MG TB	00172208380	Number	Number	Number
FUROSEMIDE 40 MG TABLET	00378021610	Number	Number	Number
AZITHROMYCIN 250 MG TABLET	59762306001	Number	Number	Number
AMLODIPINE BESYLATE 5 MG TAB	00378520977	Number	Number	Number
SIMVASTATIN 40 MG TABLET	00093715598	Number	Number	Number
TRIAMTERENE/HCTZ 37.5/25 TB	00378135201	Number	Number	Number
AZITHROMYCIN 250 MG TABLET	00093714618	Number	Number	Number
PROAIR HFA 90 MCG INHALER	59310057920	Number	Number	Number

Fulton's Top 15 Generic Drugs by Cost

	NDC Number	Discounted Price Paid (30-day supply)	Dispensing Fee	Rebat
ALBUTEROL 90 MCG INHALER	17270072101	Number	Number	Numbe
OXYCODONE W/APAP 5/325 TAB	00406051201	Number	Number	Numbe

1.19 Below are two charts that show Fulton's top 15 brand drugs for 2007 split by cost and count. Please input your discount on a 30 day supply, dispensing fee, and rebate information specific to that drug and drug weight.

Fulton's Top 15 Brand Drugs by Cost :

	NDC Number	Discounted Price Paid (30-day supply)	Dispensing Fee	Rebate
PREVACID 30 MG CAPSULE DR	00300304613	Number	Number	Numbe
NEXIUM 40 MG CAPSULE	00186504031	Number	Number	Numbe
PROTONIX 40 MG TABLET EC	00008084181	Number	Number	Numbe
LIPITOR 20 MG TABLET	00071015623	Number	Number	Numbe
LIPITOR 10 MG TABLET	00071015523	Number	Number	Numbe
NEULASTA 6 MG/0.6 ML SYRINGE	55513019001	Number	Number	Numbe
VALTREX 500 MG CAPLET	00173093308	Number	Number	Numbe
ADVAIR 250/50 DISKUS	00173069600	Number	Number	Numbe
LIPITOR 40 MG TABLET	00071015723	Number	Number	Numbe
ACTOS 30 MG TABLET	64764030114	Number	Number	Numbe
TRICOR 145 MG TABLET	00074612390	Number	Number	Numbe
LEVAQUIN 500 MG TABLET	00045152550	Number	Number	Numbe
PLAVIX 75 MG TABLET	63653117101	Number	Number	Numbe
SINGULAIR 10 MG TABLET	00006011731	Number	Number	Numbe
ZYRTEC 10 MG TABLET	00069073166	Number	Number	Numbe

Fulton's Top 15 Brand Drugs by Count

	NDC Number	Discounted Price Paid (30-day supply)	Dispensing Fee	Rebate
PREVACID 30 MG CAPSULE DR	00300304613	Number	Number	Numbe
PROTONIX 40 MG TABLET EC	00008084181	Number	Number	Numbe
LIPITOR 10 MG TABLET	00071015523	Number	Number	Numbe
LIPITOR 20 MG TABLET	00071015623	Number	Number	Numbe

Fulton's Top 15 Brand Drugs by Cost

	NDC Number	Discounted Price Paid (30-day supply)	Dispensing Fee	Rebate
NEXIUM 40 MG CAPSULE	00186504031	Number	Number	Numbe
ZYRTEC 10 MG TABLET	00069073166	Number	Number	Numbe
TRICOR 145 MG TABLET	00074612390	Number	Number	Numbe
DIOVAN HCT 160/12.5 MG TAB	00078031534	Number	Number	Numbe
SINGULAIR 10 MG TABLET	00006011731	Number	Number	Numbe
LEVAQUIN 500 MG TABLET	00045152550	Number	Number	Numbe
ZETIA 10 MG TABLET	66582041431	Number	Number	Numbe
LIPITOR 40 MG TABLET	00071015723	Number	Number	Numbe
TOPROL XL 50 MG TABLET SA	00186109005	Number	Number	Numbe
FLOMAX 0.4 MG CAPSULE SA	00597005801	Number	Number	Numbe
LEXAPRO 10 MG TABLET	00456201001	Number	Number	Numbe

1.20 What is the source of AWP for retail pricing? Explain Or Identify

1. Published source using 11-digit NDC _____
2. Published source using less than 11-digit NDC (specify in 10 words or less)_____
3. Average AWP
4. Other (specify in 10 words or less)

1.21 Are any monies from any of the following applied directly or indirectly, in whole or in part to the retail brand discount (check all that apply)?

1. U & C savings
2. MAC discounts on multisource brand products
3. Formulary rebates (earned or paid to PBM or client)
4. Audit savings
5. Drug interchange savings (brand-to-brand or brand-to-generic)
6. DUR savings
7. Other utilization or clinical management savings (i.e., prior authorization)
8. Member cost share (i.e., member pays the difference on multisource brand drugs)
9. Other, please specify

- 1.22 If any items are checked in the question above, estimate the effective discount off AWP for the combination of all items that are checked as they apply to the retail brand discount.
- 1.23 Are any monies from any of the following applied directly or indirectly, in whole or in part to the retail generic discount (check all that apply)?
1. U & C savings
 2. MAC discounts on multisource brand products
 3. Formulary rebates (earned or paid to PBM or client)
 4. Audit savings
 5. Drug interchange savings (brand-to-brand or brand-to-generic)
 6. DUR savings
 7. Other utilization or clinical management savings (i.e., prior authorization)
 8. Member cost share (i.e., member pays the difference on multisource brand drugs)
 9. Other, please specify
- 1.24 If any items are checked in the question above, estimate the effective discount off AWP for the combination of all items that are checked as they to the retail generic discount.
- 1.25 For the Retail MAC list that will be used for this client:

	Answer
Estimated % of total generic Rx's subject to MAC price (defined as generic drugs and multisource brand drugs on the Retail MAC list)	<i>Text</i>
Estimated % of total generic dollars subject to MAC price (defined as generic drugs and multisource brand drugs on the Retail MAC list)	<i>Text</i>
Do you apply Retail MAC price cost controls to any multisource brand drugs?	<i>Text</i>

- 1.26 How is the Retail MAC price list derived?
1. HCFA MAC
 2. Modified HCFA MAC
 3. PBM proprietary MAC
 4. Other
- 1.27 What is the source of AWP for mail pricing? Explain Or Identify
1. Published source using 11-digit NDC _____
 2. Published source using less than 11-digit NDC (specify in 10 words or less)_____
 3. Average AWP
 4. Other (specify in 10 words or less)

- 1.28 Are any monies from any of the following applied directly or indirectly, in whole or in part to the mail brand discount (check all that apply)?
1. U and C savings
 2. MAC discounts on multisource brand products
 3. Formulary rebates (earned or paid to PBM or client)
 4. Audit savings
 5. Drug interchange savings (brand-to-brand or brand-to-generic)
 6. DUR savings
 7. Other utilization or clinical management savings (i.e., prior authorization)
 8. Member cost share (i.e., member pays the difference on multisource brand drugs)
 9. Other, please specify
- 1.29 If any items are checked in the question above, estimate the effective discount off AWP for the combination of all items that are checked as they apply to the mail brand discount.
- 1.30 Are any monies from any of the following applied directly or indirectly, in whole or in part to the mail generic discount (check all that apply)?
1. U and C savings
 2. MAC discounts on multisource brand products
 3. Formulary rebates (earned or paid to PBM or client)
 4. Audit savings
 5. Drug interchange savings (brand-to-brand or brand-to-generic)
 6. DUR savings
 7. Other utilization or clinical management savings (i.e., prior authorization)
 8. Member cost share (i.e., member pays the difference on multisource brand drugs)
 9. Other, please specify
- 1.31 If any items are checked in the question above, estimate the effective discount off AWP for the combination of all items that are checked as they apply to the mail generic discount.
- 1.32 If a Mail Order MAC list will be used for this client, provide the following:

	Answer
Estimated % of total generic Rx's subject to Mail Order MAC price (defined as generic drugs and multisource brand drugs on the Mail Order MAC list)	<i>Text</i>
Estimated % of total generic dollars subject to Mail Order MAC price (defined as generic drugs and multisource brand drugs on the Mail Order MAC list)	<i>Text</i>
Do you apply Mail Order MAC price cost controls to any multisource brand drugs?	<i>Text</i>

1.33 How are specialty drugs discounted:

1. The proposed discount is applied to each specialty drug dispensed
2. The proposed discount represents an average of the discounts applied to each specialty drug dispensed
3. The proposed discount represents an average of the discounts applied to each specialty drug dispensed

1.34 What package sizes are used for the discount calculation in mail order?

1. Actual NDC
2. 100-count NDC
3. Bulk Packaging (Other)

1.35 Describe any repackaging of products that occurs in your mail order facility and the impact on AWP and/or pricing from the originator product.

1.36 Check all items that are included in the base administration fee. If not included in fee, provide the actual cost associated with the service per occurrence and an estimated annual expense (based on the average for a similarly sized client):

	Included in Admin. Fee?	If not, Additional Cost per Occurrence	Estimated Annual Expense
1. POS claims processing	Checkbox	Number	Number
2. Member submitted run-out claims for 12 months	Checkbox	Number	Number
3. Implementation fees	Checkbox	Number	Number
4. Eligibility files maintenance fees for daily electronic submissions	Checkbox	Number	Number
5. Eligibility files maintenance fees for paper submissions	Checkbox	Number	Number
6. Member services, including 800#	Checkbox	Number	Number
7. Mail order claims processing	Checkbox	Number	Number
8. Mail order regular shipping and handling	Checkbox	Number	Number
9. Mail order expedited shipping and handling	Checkbox	Number	Number
10. Standard management reports	Checkbox	Number	Number
11. Ad hoc reports	Checkbox	Number	Number
12. Connectivity charges to online system	Checkbox	Number	Number
13. Quarterly claims data tape	Checkbox	Number	Number
14. Claims data tapes with each billing cycle via bulletin board, tape, CD-ROM,	Checkbox	Number	Number

	Included in Admin. Fee?	If not, Additional Cost per Occurrence	Estimated Annual Expense
paper or other			
15. DUR programs—concurrent, retrospective, prospective	Checkbox	Number	Number
16. Communication production for install communications	Checkbox	Number	Number
17. Communication production for communications for future plan changes or new programs	Checkbox	Number	Number
18. Communications bulk shipping and handling	Checkbox	Number	Number
19. Communications shipping and handling to members homes	Checkbox	Number	Number
20. Cost to put logo on ID card	Checkbox	Number	Number
21. Member services first level response to appeals	Checkbox	Number	Number
22. Pharmacy audits (desk and onsite; routine, in-depth or focused)	Checkbox	Number	Number
23. ID card production	Checkbox	Number	Number
24. Replacement ID cards	Checkbox	Number	Number
25. Physician profiling	Checkbox	Number	Number
26. Care management	Checkbox	Number	Number
27. Member submitted claims processing	Checkbox	Number	Number
28. Member submitted COB	Checkbox	Number	Number

1.37 What is the basis for administrative fees typically charged for claims?

1. PEPM
2. PMPM
3. Per paid claim
4. Per paid and denied claim
5. Per paid, denied and reversed claim
6. Other, specify in 10 words or less

1.38 Provide the following information pertaining to the rebate guarantee:

Guarantee	Retail	Mail
Basis (check one) List	MultipleChoice	MultipleChoice
	<ol style="list-style-type: none"> 1. All claims 2. All brand claims 3. All formulary claims (indicate percentage of 	<ol style="list-style-type: none"> 1. All claims 2. All brand claims 3. All formulary claims (indicate percentage of

Guarantee	Retail	Mail
	total claims _____) 4. All rebatable claims (indicate percentage of total claims _____) 5. Other, specify	total claims _____) 4. All rebatable claims (indicate percentage of total claims _____) 5. Other, specify
Estimated annual rebates (include assumption of total drug spend)	<i>Text</i>	<i>Text</i>
Will rebates earned above the guarantee be shared with client?	<i>Text</i>	<i>Text</i>
At what percentage will rebates above guarantee be shared with client	<i>Text</i>	<i>Text</i>
Describe frequency and timing of rebate payment	<i>Text</i>	<i>Text</i>

- 1.39 What percentage of all rebates will be retained as formulary management fee?
- 1.40 How are formulary rebates tracked and reported?
- 1.41 Will rebates earned above the guarantee be applied to meet any discount or savings guarantee? If so, explain.
- 1.42 Describe your reconciliation process and timing (in terms of reconciling a rebate guarantee against actual rebate payments).
- 1.43 Complete the following:

	Included in admin fee? (Yes/No)	If not, additional cost:	Savings guarantee:	Are savings guaranteed dollar for dollar? (Yes/No)	If not, indicate amount at risk:
cDUR	<i>Checkbox</i>	<i>Text</i>	<i>Text</i>	<i>Checkbox</i>	<i>Text</i>
Basic rDUR	<i>Checkbox</i>	<i>Text</i>	<i>Text</i>	<i>Checkbox</i>	<i>Text</i>
Enhanced DUR	<i>Checkbox</i>	<i>Text</i>	<i>Text</i>	<i>Checkbox</i>	<i>Text</i>
Prior Authorization & other benefit coverage rules	<i>Checkbox</i>	<i>Text</i>	<i>Text</i>	<i>Checkbox</i>	<i>Text</i>
Health Management	<i>Checkbox</i>	<i>Text</i>	<i>Text</i>	<i>Checkbox</i>	<i>Text</i>
Drug Interchange Savings for Brand-to- Brand switches	<i>Checkbox</i>	<i>Text</i>	<i>Text</i>	<i>Checkbox</i>	<i>Text</i>
Drug Interchange Savings for Brand-to- Generic switches requiring intervention	<i>Checkbox</i>	<i>Text</i>	<i>Text</i>	<i>Checkbox</i>	<i>Text</i>
Drug Interchange	<i>Checkbox</i>	<i>Text</i>	<i>Text</i>	<i>Checkbox</i>	<i>Text</i>

	Included in admin fee? (Yes/No)	If not, additional cost:	Savings guarantee:	Are savings guaranteed dollar for dollar? (Yes/No)	If not, indicate amount at risk:
Savings for automatic Brand-to-Generic switches for mail service					
Total Drug Interchange Savings	Checkbox	Text	Text	Checkbox	Text
Other (specify)	Checkbox	Text	Text	Checkbox	Text

- 1.44 Describe the methodology used to calculate savings (describe for each program if different)?
- 1.45 Is there any double counting that occurs where a single claims transaction may result in savings for multiple programs? If so, describe situations that result in double counting.
- 1.46 Describe any assumptions for reimbursement rates, administrative fees or rebates.
- 1.47 Rebate Guarantees: Quote These as NET values

	Retail	Mail
Provide the dollar value of your rebate guarantee spread across all claims (e.g. \$2.50/cl) to be paid to Fulton per claim	Text	Text
Provide the dollar value of your rebate guarantee spread across all formulary branded claims to be paid to Fulton (e.g. \$3.25 / formulary brand)	Text	Text
Per Formulary Brand		

1.48 AWP Discounts

	Most Restricted Network	Restricted Network	National Network
Express as AWP - X% (not average AWP)	Text	Text	Text
Retail Brand			
Quote your retail discount for generic products that are not included on your maximum allowable cost list	Text	Text	Text
Retail Generic (non-MAC products)			
Quote your MAC price for retail (Retail Generic (MAC Products)	Text	Text	Text
Express as AWP - X%	Text		

	Most Restricted Network	Restricted Network	National Network
Mail Brand			
Quote your mail discount for generic products that are not included on your maximum allowable cost list	<i>Text</i>		
Mail Generic (non-MAC Products)			
Quote your mail discount for generic products that are included on your maximum allowable cost list	<i>Text</i>		
Mail Generic (MAC Products)			

- 1.49 What percent of generic claims are priced at the MAC price provided in retail? _____%
- 1.50 What percent of generic claims are priced at the MAC price provided in mail? _____%
- 1.51 Dispensing Fees

	Most Restricted Network	Restricted Network	National Network
Quote as a dollar amount per brand	<i>Text</i>	<i>Text</i>	<i>Text</i>
Retail Dispensing Fee (Brand)			
Quote as a dollar amount per generic	<i>Text</i>	<i>Text</i>	<i>Text</i>
Retail Dispensing Fee (Generic)			
Quote as a dollar amount per brand	<i>Text</i>	<i>Text</i>	<i>Text</i>
Mail Dispensing Fee (Brand)			
Quote as a dollar amount per generic	<i>Text</i>	<i>Text</i>	<i>Text</i>
Mail Dispensing Fee (Generic)			

1.52 Administrative Fees

	Retail Mail
--	--------------------

Quote dollar amount per paid electronic claim	Text	Text
Admin Fee Electronic		
Quote dollar amount per paid paper claim	Text	Text
Admin Fee Paper		

1.53 Other Fees

	Response
Quote as a dollar amount per processed PA	Text
Prior Auth	
Rate per hour	Text
Custom reporting	
Provide fee and unit of measure (e.g. \$ / patient / intervention)	Text
Other (list individually)	

1.54 Additional Credits

	Response
Include the total dollar value of your proposed implementation credit	Text
Dollar Value of Implementation Credit	
Provide the total dollar value of any additional credits you are proposing (include timing of credit)	Text
Dollar Value of other credits (List individually)	

- 1.55 Do you require mandatory mail-order for maintenance prescriptions?
- 1.56 All discount and rebate information requested is to be quoted as floor guarantees. Likewise, all dispense and administrative fees are to be quoted as ceiling guarantees. Please confirm your agreement:
- 1.57 Please state whether the financial arrangement provided within this RFP is a transparent or a traditional arrangement.
- 1.58 Please complete the attached table regarding prescription drug discount and rebate information for your national network. Please note net effective discount is the AWP equivalent discount associated with all brands or generics (net of MAC, U&C, zero balance, etc.).

	Retail	Mail Order
Net Effective Brand Discount	Number	Number
Net Effective Generic Discount	Number	Number

Brand Per Claim Dispense Fee	<i>Number</i>	<i>Number</i>
Generic Per Claim Dispense Fee	<i>Number</i>	<i>Number</i>
Brand Per Claim Administrative Fee	<i>Number</i>	<i>Number</i>
Generic Per Claim Administrative Fee	<i>Number</i>	<i>Number</i>
Per Paid Claim Rebate Guarantee	<i>Number</i>	<i>Number</i>

- 1.59 How often is the AWP file updated and verified?
- 1.60 Participating pharmacy network match. Conduct a ZIP Code match for your network indicating the percentage of Metro's population having at least 2 pharmacies within a 10-mile radius. Censuses have been provided to assist you in your response.

2. Cost and Access

General Instructions

- 2.1 In order to assess your network financials and capabilities please follow the instructions below to provide GeoAccess and Disruption.
- 2.2 Use the same network when performing each of the components of the network analysis; GeoAccess and Disruption.
- 2.3 The attachment you will need to conduct this analysis:

Fulton Census

Please show the percent of participants with 2 Pharmacy Providers in 10 miles in your network.

- 2.4 Please provide the fees and claim projections associated with pharmacy coverage.

Components	Plan Year 2009		Plan Year 2010		Plan Year 2011		Comments
Pharmacy HMO ASO Fee	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>
Pharmacy HMO Claim Projection PEPM	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>
Pharmacy ABP ASO Fee	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>
Pharmacy ABP Claim Projection PEPM	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>

Components	Plan Year 2009		Plan Year 2010		Plan Year 2011		Comments
Please list any other fees or costs associated	Text	Text	Text	Text	Text	Text	Text

2.4.1 Financial Caveats and Assumptions

- 2.4.1.1 Describe any rating caveats or assumptions associated with your quoted fees. Specifically identify any other additional fees (e.g., set-up, ID cards, reports, etc.).
- 2.4.1.2 Is there an additional fee for providing on-line Web tools to all Fulton employees, regardless of their participation in the account based plan?
- 2.4.1.3 If you are willing to fund a pre-implementation audit, please specify the allotted fees/expenses and scope of testing you are willing to accommodate.
- 2.4.1.4 Confirm that all possible fees are accounted for in the above fee quote and responses.

1. Confirmed
2. Not Confirmed

2.5 Service/Performance Standards and Guarantees

- 2.5.1 Please provide the total amount of fees you are willing to put at risk through all sources.
- 2.5.2 Complete the following table regarding your Member Services. Indicate performance standards, and whether administrative fees will be placed at risk for this standard. Where such a standard does not exist, please indicate "N/A." Standards should be specific to Fulton.

	Specify Performance Standard	Fees at Risk (Y/N)? Specify Amount.
Call abandonment rate	Text	Text
% of calls answered within 30 seconds	Text	Text
Average speed of answer	Text	Text
First call resolution rate	Text	Text
Resolution of open cases	Text	Text
Minimum acceptable score on satisfaction survey	Text	Text

- 2.5.3 Complete the following table regarding your Claims Processing. Indicate performance standards, and whether administrative fees will be placed at risk for this standard. Where such a standard does not exist, please indicate "N/A." Standards should be specific to Fulton.

	Specify Performance Standard	Fees at Risk (Y/N)? Specify Amount.
Financial accuracy (% dollars paid correctly)	<i>Text</i>	<i>Text</i>
Payment accuracy (% of claims paid at correct amount)	<i>Text</i>	<i>Text</i>
Processing Accuracy (% of claims processed without error)	<i>Text</i>	<i>Text</i>
Claims Turnaround (% within 10 days)	<i>Text</i>	<i>Text</i>
Claims Turnaround (% within 30 days)	<i>Text</i>	<i>Text</i>

2.5.4 Complete the following table regarding your Implementation Services. Indicate performance standards, and whether administrative fees will be placed at risk for this standard. Where such a standard does not exist, please indicate "N/A." Standards should be specific to Fulton.

	Specify Performance Standard	Fees at Risk (Y/N)? Specify Amount.
ID card delivery	<i>Text</i>	<i>Text</i>
ID card accuracy	<i>Text</i>	<i>Text</i>
Enrollment kit delivery	<i>Text</i>	<i>Text</i>
Provider directory delivery	<i>Text</i>	<i>Text</i>
Timeliness of provider changes made to online directory	<i>Text</i>	<i>Text</i>
Eligibility loaded in claims processing system in a timely manner	<i>Text</i>	<i>Text</i>
Readiness of call service centers	<i>Text</i>	<i>Text</i>
Overall satisfaction with implementation	<i>Text</i>	<i>Text</i>

2.5.5 Complete the following table regarding the follow ongoing operational services. Indicate performance standards, and whether administrative fees will be placed at risk for this standard. Where such a standard does not exist, please indicate "N/A." Standards should be specific to Fulton.

	Specify Performance Standard	Fees at Risk (Y/N)? Specify Amount.
ID card delivery	<i>Text</i>	<i>Text</i>
ID card accuracy	<i>Text</i>	<i>Text</i>
Enrollment kit delivery	<i>Text</i>	<i>Text</i>
Provider directory delivery	<i>Text</i>	<i>Text</i>
Timeliness of provider changes made to online directory	<i>Text</i>	<i>Text</i>
Eligibility loaded in claims processing system in a timely manner	<i>Text</i>	<i>Text</i>

2.5.6 Complete the following table regarding your Reporting Services. Indicate performance standards, and whether administrative fees will be placed at risk for this standard. Where such a standard does not exist, please indicate "N/A." Standards should be specific to Fulton.

	Specify Performance Standard	Fees at Risk (Y/N)? Specify Amount.
Delivery of performance report for all implementation guarantees	<i>Text</i>	<i>Text</i>
Delivery of performance report for all operational guarantees	<i>Text</i>	<i>Text</i>
Reporting system availability	<i>Text</i>	<i>Text</i>
Reporting accuracy	<i>Text</i>	<i>Text</i>
Delivery of quarterly and year-end claims analysis reports	<i>Text</i>	<i>Text</i>

2.5.7 Complete the following table regarding your Account Management Services. Indicate performance standards, and whether administrative fees will be placed at risk for this standard. Where such a standard does not exist, please indicate "N/A." Standards should be specific to Fulton.

	Specify Performance Standard	Fees at Risk (Y/N)? Specify Amount.
Overall satisfaction with account management	<i>Text</i>	<i>Text</i>

2.6 Disruption Analysis

2.6.1 In order to determine the number of potential disrupted provider relationships and recruitment needs, please complete a disruption analysis with the census provided.

Section 10C

1. Vision RFP

1.1 Current Plan design

No Deductible.

When purchasing supplies, a participant must use **all** of the \$200 allowance with one purchase.

<u>Vision Care Services</u>	<u>In-Network Member Costs</u>	<u>Out-of-Network Reimbursement</u>
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 must use ALL of the \$200 allowance with one purchase.		

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.

1.2 Proposed Plan Design

1.2.1 It is the goal of Fulton to provide the same level of benefits for the vision plan with one change to the current structure. Fulton desires to change the vision policy to allow the \$200 in network allowance to be used on multiple visits. Participants would essentially have a \$200 a year fund to cover their vision expenses. This fund would not roll over at year's end but a participant could choose to use it multiple times during the year until the fund is exhausted.

Can you administer this plan?

1. Accept
2. Reject
3. Accept with revisions (Please explain revisions below)

1.3 Vision Questionnaire

1.3.1 Please provide your Georgia vision membership for 2006, and 2007 for your book-of-business.

1.3.2 Describe your capacity to produce communications materials and identification cards. Do you produce these materials or are these services subcontracted?

1.3.3 Indicate how often you are able to load eligibility data.

1. Daily
2. Weekly
3. Monthly

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

1.3.5 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	<i>Text</i>	<i>Text</i>
48-72 hours	<i>Text</i>	<i>Text</i>
Greater than 72 hours	<i>Text</i>	<i>Text</i>

1.3.6 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

1.3.7 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

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

1. Agree
2. Agree with condition
3. Decline

1.3.9 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

1.3.10 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

1.3.11 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
3. Decline

1.3.12 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

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

1. Agree
2. Agree with condition
3. Decline

1.3.14 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

1.3.15 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

1.3.16 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

1.3.17 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

1.3.18 What major retail chains are in your network? Please provide a provider directory.

1.3.19 How often are the provider directories updated?

1. Daily
2. Weekly
3. Bi-Weekly
4. Monthly
5. Quarterly
6. Semi-Annually
7. Annually
8. Other

1.3.20 Are provider directories maintained online?

1.3.21 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

1.3.22 Management Reporting

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

1. Attached
2. Not attached

- 1.3.22.2 What is the timeframe for providing standard reports?
- 1.3.22.3 Are reports available online?
- 1.3.22.4 Is there an additional charge for ad hoc reporting? If so, please provide the average cost per report and the average preparation time.

1.3.23 Banking

- 1.3.23.1 Please describe your standard banking arrangement, including any options available to clients.
- 1.3.23.2 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.)

1.4 Cost and Access

- 1.4.1.1 In order to assess your network financials and capabilities please follow the instructions below to provide GeoAccess.
- 1.4.1.2 The attachment you will need to conduct this analysis:

Fulton Census

Please show the percent of participants with 1 Vision provider in 10 miles in your network.

- 1.4.2 Please provide the fees and claim projections associated with vision coverage.

Components	Plan Year 2009		Plan Year 2010		Plan Year 2011		Comments
Vision ASO Fee	Text	Text	Text	Text	Text	Text	Text
Vision Claim Projection PEPM	Text	Text	Text	Text	Text	Text	Text
Please list any other fees or costs associated	Text	Text	Text	Text	Text	Text	Text

1.4.3 Financial Caveats and Assumptions

- 1.4.3.1 Describe any rating caveats or assumptions associated with your quoted fees. Specifically identify any other additional fees (e.g., set-up, ID cards, reports, etc.).
- 1.4.3.2 Is there an additional fee for providing on-line Web tools to all Fulton employees, regardless of their participation in the account based plan?
- 1.4.3.3 If you are willing to fund a pre-implementation audit, please specify the allotted fees/expenses and scope of testing you are willing to accommodate.
- 1.4.3.4 Confirm that all possible fees are accounted for in the above fee quote and responses.

1. Confirmed
2. Not Confirmed

1.5 Service/Performance Standards and Guarantees

1.5.1 Please provide the total amount of fees you are willing to put at risk through all sources.

1.5.2 Complete the following table regarding your Member Services. Indicate performance standards, and whether administrative fees will be placed at risk for this standard. Where such a standard does not exist, please indicate "N/A." Standards should be specific to Fulton.

	Specify Performance Standard	Fees at Risk (Y/N)? Specify Amount.
Call abandonment rate	Text	Text
% of calls answered within 30 seconds	Text	Text
Average speed of answer	Text	Text
First call resolution rate	Text	Text
Resolution of open cases	Text	Text
Minumum acceptable score on satisfaction survey	Text	Text

1.5.3 Complete the following table regarding your Claims Processing. Indicate performance standards, and whether administrative fees will be placed at risk for this standard. Where such a standard does not exist, please indicate "N/A." Standards should be specific to Fulton.

	Specify Performance Standard	Fees at Risk (Y/N)? Specify Amount.
Financial accuracy (% dollars paid correctly)	Text	Text
Payment accuracy (% of claims paid at correct amount)	Text	Text
Processing Accuracy (% of claims processed without error)	Text	Text
Claims Turnaround (% within 10 days)	Text	Text
Claims Turnaround (% within 30 days)	Text	Text

1.5.4 Complete the following table regarding your Implementation Services. Indicate performance standards, and whether administrative fees will be placed at risk for this standard. Where such a standard does not exist, please indicate "N/A." Standards should be specific to Fulton.

	Specify Performance	Fees at Risk (Y/N)?
--	---------------------	---------------------

	Standard	Specify Amount.
ID card delivery	<i>Text</i>	<i>Text</i>
ID card accuracy	<i>Text</i>	<i>Text</i>
Enrollment kit delivery	<i>Text</i>	<i>Text</i>
Provider directory delivery	<i>Text</i>	<i>Text</i>
Timeliness of provider changes made to online directory	<i>Text</i>	<i>Text</i>
Eligibility loaded in claims processing system in a timely manner	<i>Text</i>	<i>Text</i>
Readiness of call service centers	<i>Text</i>	<i>Text</i>
Overall satisfaction with implementation	<i>Text</i>	<i>Text</i>

1.5.5 Complete the following table regarding the follow ongoing operational services. Indicate performance standards, and whether administrative fees will be placed at risk for this standard. Where such a standard does not exist, please indicate "N/A." Standards should be specific to Fulton.

	Specify Performance Standard	Fees at Risk (Y/N)? Specify Amount.
ID card delivery	<i>Text</i>	<i>Text</i>
ID card accuracy	<i>Text</i>	<i>Text</i>
Enrollment kit delivery	<i>Text</i>	<i>Text</i>
Provider directory delivery	<i>Text</i>	<i>Text</i>
Timeliness of provider changes made to online directory	<i>Text</i>	<i>Text</i>
Eligibility loaded in claims processing system in a timely manner	<i>Text</i>	<i>Text</i>

1.5.6 Complete the following table regarding your Reporting Services. Indicate performance standards, and whether administrative fees will be placed at risk for this standard. Where such a standard does not exist, please indicate "N/A." Standards should be specific to Fulton.

	Specify Performance Standard	Fees at Risk (Y/N)? Specify Amount.
Delivery of performance report for all implementation guarantees	<i>Text</i>	<i>Text</i>
Delivery of performance report for all operational guarantees	<i>Text</i>	<i>Text</i>
Reporting system availability	<i>Text</i>	<i>Text</i>
Reporting accuracy	<i>Text</i>	<i>Text</i>
Delivery of quarterly and year-end claims analysis reports	<i>Text</i>	<i>Text</i>

1.5.7 Complete the following table regarding your Account Management Services. Indicate performance standards, and whether administrative fees will be placed at risk for this standard. Where such a standard does not exist, please indicate "N/A." Standards should be specific to Fulton.

	Specify Performance Standard	Fees at Risk (Y/N)? Specify Amount.
Overall satisfaction with account management	<i>Text</i>	<i>Text</i>

Section 10D

1. Dental RFP Questionnaire

1.1 General

1.1.1 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	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>
Number of Lives	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>
Contact	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>
Title	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>
Phone Number	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>
E-mail	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>
Products Offered	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>
Years as Client	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>
Type (Public/Private)	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>

1.1.2 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	<i>Text</i>	<i>Text</i>	<i>Text</i>
Number of Lives	<i>Text</i>	<i>Text</i>	<i>Text</i>
Contact	<i>Text</i>	<i>Text</i>	<i>Text</i>
Title	<i>Text</i>	<i>Text</i>	<i>Text</i>
Phone Number	<i>Text</i>	<i>Text</i>	<i>Text</i>
E-mail	<i>Text</i>	<i>Text</i>	<i>Text</i>
Products Offered	<i>Text</i>	<i>Text</i>	<i>Text</i>
Date Terminated	<i>Text</i>	<i>Text</i>	<i>Text</i>
Type (Public/Private)	<i>Text</i>	<i>Text</i>	<i>Text</i>

1.1.3 Please provide the average number of clients your organization serviced in 2005, 2006 and 2007.

	# of Clients 2005	# of Clients 2006	# of Clients 2007
Dental PPO	<i>Text</i>	<i>Text</i>	<i>Text</i>
Dental Indemnity	<i>Text</i>	<i>Text</i>	<i>Text</i>

1.1.4 Please provide the average number of members your organization serviced in 2005, 2006 and 2007.

	# of Members 2005	# of Members 2006	# of Members 2007
Dental PPO	<i>Text</i>	<i>Text</i>	<i>Text</i>
Dental Indemnity	<i>Text</i>	<i>Text</i>	<i>Text</i>

1.1.5 What were your client retention rate percentages in 2005, 2006 and 2007?

	2005 Retention Rates	2006 Retention Rates	2007 Retention Rates
Dental PPO	<i>Number</i>	<i>Number</i>	<i>Number</i>
Dental Indemnity	<i>Text</i>	<i>Text</i>	<i>Text</i>

1.2 Account Management

1.2.1 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

1.2.2 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

1.2.3 List the roles and responsibilities of the account team.

1.2.4 What is the percentage of time the account manager will devote to the account?

1. > 50%
2. 25 - 50%
3. 10 - 25%
4. < 10%

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

1.2.6 Where will the account manager be geographically located?

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

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

1.2.9 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
3. Decline

1.2.10 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 conditions
3. Decline

1.2.11 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
3. Decline

1.3 Eligibility

1.3.1 Accept electronic transfer of eligibility in HIPAA format on a regular basis.

1. Agree
2. Agree with condition
3. Decline

1.3.2 Update eligibility data within 24 hours from the time of receipt of data.

1. Agree
2. Agree with condition
3. Decline

1.3.3 The vendor will be responsible for certifying participant eligibility through its on-line systems.

1. Agree
2. Agree with condition
3. Decline

1.3.4 What are the required data elements for eligibility feeds from the County? Provide desired eligibility format/lay-out.

1.3.5 Can you customize eligibility to meet a standard layout Fulton uses among all its health and welfare vendors?

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

	Handled	Included in the cost?	Options
Paper (manually)	<i>Checkbox</i>	<i>Checkbox</i>	<i>Text</i>
Interactive Voice Response (IVR)	<i>Checkbox</i>	<i>Checkbox</i>	<i>Text</i>
Web-based	<i>Checkbox</i>	<i>Checkbox</i>	<i>Text</i>
Electronic	<i>Checkbox</i>	<i>Checkbox</i>	<i>Text</i>
Other, please specify	<i>Checkbox</i>	<i>Checkbox</i>	<i>Text</i>

1.3.7 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)

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

1.3.9 Do corrections show up at providers in real time?

1.3.10 If not, what is the delay?

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

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

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

1. Confirmed
2. Not Confirmed

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

1.3.14 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).

1.4 Provider Network

1.4.1 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
3. Decline

1.4.2 Network Accessibility

The vendor must provide a network of dentists and specialists with enough capacity to service the County population.

1. Agree
2. Agree with condition
3. Decline

1.5 Reports

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

1. Agree
2. Agree with condition
3. Decline

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

1. Agree
2. Agree with Conditions
3. Decline

1.5.3 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
3. Decline

1.5.4 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
3. Decline

1.5.5 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
3. Decline

1.5.6 Ad hoc reports as necessary. (Additional cost should be reflected in Section 8.)

1. Agree
2. Agree with condition
3. Decline

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

1. Agree
2. Agree with condition
3. Decline

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

1. Agree
2. Agree with condition
3. Decline

1.5.9 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

1.6 Claims Processing

1.6.1 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

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

1. Agree
2. Agree with condition
3. Decline

1.6.3 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
3. Decline

1.6.4 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
3. Decline

1.6.5 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
3. Decline

1.7 Customer Service

1.7.1 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
3. Decline

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

1. Agree
2. Agree with condition
3. Decline

1.7.3 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

1.8 Communications

1.8.1 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

1.8.2 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
3. Decline

1.8.3 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
3. Decline

1.9 Technical Assistance

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

	Status
Provide actuarial and underwriting assistance;	<i>MultipleChoice</i> <ol style="list-style-type: none"> 1. Accept 2. Accept with condition 3. Decline
Develop renewal plan change recommendations;	<i>MultipleChoice</i> <ol style="list-style-type: none"> 1. Accept 2. Accept with condition 3. Decline
Develop renewal (billing) rates;	<i>MultipleChoice</i> <ol style="list-style-type: none"> 1. Accept 2. Accept with condition 3. Decline
Provide insight into emerging trends in the regional marketplace; and	<i>MultipleChoice</i> <ol style="list-style-type: none"> 1. Accept 2. Accept with condition 3. Decline
Provide insight into emerging regulatory issues.	<i>MultipleChoice</i> <ol style="list-style-type: none"> 1. Accept 2. Accept with condition 3. Decline

1.9.2 Please indicate whether the following services will be provided through an affiliated organization (e.g., wholly owned subsidiary), or through a subcontracted relationship (indicate subcontractor if any part of the service is subcontracted).

	Name of Affiliate	Subcontractor: Name	Subcontractor: Services Provided	Subcontractor: Year Relationship Began
Claims Processing	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>
Subrogation Services	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>
Member Service	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>
Utilization Management	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>
Data and Reporting System	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>
Network Management	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>
Other	<i>Text</i>	<i>Text</i>	<i>Text</i>	<i>Text</i>

1.10 Legislative Compliance Processes

1.10.1 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
3. Decline

1.10.2 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
3. Decline

1.10.3 The vendor must be compliant with all the requirements of HIPAA and DOL claims regulations.

1. Agree
2. Agree with condition

3. Decline

1.11 Service and Communications

1.11.1 What is the frequency of client billing?

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

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

1.11.3 Describe the implementation process and provide a detailed timetable for a January 1, 2009 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)

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

	Response	Comments
Will the County be able to use its own bank account?	<i>MultipleChoice</i> 1. Yes 2. No 3. N/A - Please explain in the comments column	<i>Text</i>
Can the County use its check stock specifications?	<i>MultipleChoice</i> 1. Yes 2. No 3. N/A - Please explain in the comments column	<i>Text</i>

Will there be a monthly reconciliation of checks issued?	MultipleChoice 1. Yes 2. No 3. N/A - Please explain in the comments column	Text
How and when will the account be funded?	Text	Text
Do you have options available for reimbursement frequency and method?	MultipleChoice 1. Yes 2. No 3. N/A - Please explain in the comments column	Text

- 1.11.5** For self-insured clients what is the minimum funding balance requirement and any initial deposit requirements?
- 1.11.6** Describe the services you can provide the County to fund, monitor, and reconcile the self-funding account. Include any report samples.
- 1.11.7** What is your current trend used for purposes of rating Dental PPO plans? Dental Indemnity?
- 1.11.8** What is your estimated trend rate for 2008 (Indemnity and PPO plan)?
- 1.11.9** Describe any assumptions and caveats utilized when rating this product for proposal.
- 1.11.10** 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?
- 1.11.11** Describe your renewal process for your insured products. How much credibility will you place in actual claims experience of the County?
- 1.11.12** 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?
- 1.11.13** Describe the assistance you will give to the County for the annual enrollment period.
1. Assistance provided, please describe
 2. No assistance provided
- 1.11.14** 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

1.11.15 Is there an additional charge for this material?

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

1.11.16 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

1.11.17 Are you willing to customize the above materials annually, not just during implementation?

1. Yes
2. No, please describe

1.11.18 How will you distribute ID cards to new members?

1. No cards are provided
2. Mail
3. Other, please describe

1.11.19 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

1.11.20 How often are the provider directories updated?

1. Daily
2. Weekly
3. Bi-Weekly
4. Monthly
5. Quarterly
6. Semi-Annually
7. Annually
8. Other

1.11.21 Are provider directories maintained online?

1.11.22 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

1.11.23 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)

1.11.24 Will the County receive provider directories free of charge?

	Hard Copies	Online Directories
Provider Directories	<i>Checkbox</i>	<i>Checkbox</i>

1.11.25 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

1.11.26 How often will the County receive directories?

1. Monthly

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

1.11.27 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, please describe

1.11.28 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

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

1. No
2. Yes, please describe

1.11.30 Complete the following table concerning your web utilities. 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)
Member Informational		
Claim status	<i>MultipleChoice</i> 1. Y 2. N 3. P 4. N/A	<i>Text</i>
Status of questions/complaint	<i>MultipleChoice</i> 1. Y 2. N 3. P 4. N/A	<i>Text</i>

	Yes/No/Planned or N/A	If Planned, Target Implementation Date (if this is not applicable, please denote as N/A)
Benefit accumulations (e.g., deductibles, limits)	<i>MultipleChoice</i> 1. Y 2. N 3. P 4. N/A	<i>Text</i>
Member expense accumulations	<i>MultipleChoice</i> 1. Y 2. N 3. P 4. N/A	<i>Text</i>
SPD	<i>MultipleChoice</i> 1. Y 2. N 3. P 4. N/A	<i>Text</i>
Benefit brief (less than SPD)	<i>MultipleChoice</i> 1. Y 2. N 3. P 4. N/A	<i>Text</i>
Provider search functions	<i>MultipleChoice</i> 1. Y 2. N 3. P 4. N/A	<i>Text</i>
Provider office profile (e.g., hours, languages)	<i>MultipleChoice</i> 1. Y 2. N 3. P 4. N/A	<i>Text</i>
Provider report cards/quality information	<i>MultipleChoice</i> 1. Y 2. N 3. P	<i>Text</i>

	Yes/No/Planned or N/A	If Planned, Target Implementation Date (if this is not applicable, please denote as N/A)
	4. N/A	
Provider credentials	MultipleChoice 1. Y 2. N 3. P 4. N/A	Text
Member Transactional/Interactive		
Enrollment	MultipleChoice 1. Y 2. N 3. P 4. N/A	Text
Printable Claim Form	MultipleChoice 1. Y 2. N 3. P 4. N/A	Text
Health cost estimation or budgeting tools	MultipleChoice 1. Y 2. N 3. P 4. N/A	Text
Update dependents	MultipleChoice 1. Y 2. N 3. P 4. N/A	Text
COBRA notice/enrollment	MultipleChoice 1. Y 2. N 3. P 4. N/A	Text

	Yes/No/Planned or N/A	If Planned, Target Implementation Date (if this is not applicable, please denote as N/A)
Request ID card	<i>MultipleChoice</i> 1. Y 2. N 3. P 4. N/A	<i>Text</i>
E-mail a customer service issue or complaint	<i>MultipleChoice</i> 1. Y 2. N 3. P 4. N/A	<i>Text</i>
Provider Utilities		
Eligibility confirmation	<i>MultipleChoice</i> 1. Y 2. N 3. P 4. N/A	<i>Text</i>
Claim submission	<i>MultipleChoice</i> 1. Y 2. N 3. P 4. N/A	<i>Text</i>
Benefit confirmation	<i>MultipleChoice</i> 1. Y 2. N 3. P 4. N/A	<i>Text</i>
Referral request/notification	<i>MultipleChoice</i> 1. Y 2. N 3. P 4. N/A	<i>Text</i>
Claim status	<i>MultipleChoice</i> 1. Y	<i>Text</i>

	Yes/No/Planned or N/A	If Planned, Target Implementation Date (if this is not applicable, please denote as N/A)
	2. N 3. P 4. N/A	
Employer Utilities		
Eligibility transfers	<i>MultipleChoice</i> 1. Y 2. N 3. P 4. N/A	<i>Text</i>
Management reporting	<i>MultipleChoice</i> 1. Y 2. N 3. P 4. N/A	<i>Text</i>
Financial accounting	<i>MultipleChoice</i> 1. Y 2. N 3. P 4. N/A	<i>Text</i>
Issue/complaint referrals	<i>MultipleChoice</i> 1. Y 2. N 3. P 4. N/A	<i>Text</i>
File Transfer Protocols (FTP)	<i>MultipleChoice</i> 1. Y 2. N 3. P 4. N/A	<i>Text</i>

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

1. Yes
2. No

3. N/A

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

1. No enhancements
2. Yes enhancements, please describe

1.12 Claims Administration

1.13

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

1.13.2 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

1.13.3 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

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

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

1.13.5 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

1.13.6 What percent of claims are submitted electronically?

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

1.13.7 What percent of claims are submitted auto adjudicated?

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

1.13.8 Provide your 2007 actual performance results in the following categories:

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

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

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

1.13.10 Please indicate what additional resources are available during times of high claims volume to manage claims inventory and aging. Please also indicate how often you used them in 2007 by selecting one of the following options.

	Vendor Response
Additional resources available	Text
Used in 2007	MultipleChoice
	1. Not used

- | | |
|--|--|
| | <ol style="list-style-type: none">2. 1-2 times3. 3-6 times4. 7-12 times5. Greater than 12 times |
|--|--|

1.13.11 What are the average years of experience for your claims administration staff?

1. > 5 Years
2. 3 - 5 Years
3. < 3 Years

1.13.12 What was your average claims examiner turnover rate for 2006?

1. < 2%
2. 2 - 5%
3. 6 - 10%
4. > 10%

1.13.13 What was your average claims examiner turnover rate for 2007?

1. < 2%
2. 2 - 5%
3. 6 - 10%
4. > 10%

1.13.14 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

1.13.15 Please describe how you identify, investigate and resolve possible fraudulent claims.

1.13.16 How does your system identify potential COB claim situations and maintain COB information on file?

1.13.17 Can your system generate follow-up notices for pending claims awaiting COB inquiry response? Please describe.

1. Yes, please describe
2. No, please describe

- 1.13.18** How is a claim processed if COB information is not available?
- 1.13.19** 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
- 1.13.20** Confirm that the cost of an external audit is included in quoted fees.
1. Yes, please describe
 2. No
- 1.13.21** Do you have a pre-treatment authorization program?
1. Yes, mandatory
 2. No
 3. Yes, but client elects whether or not to participate
- 1.13.22** What is the limit for pre-treatment authorization?
1. Above \$300
 2. Above \$500
 3. Other, please describe

1.14 Cost and Access

General Instructions

- 1.14.1** In order to assess your network financials and capabilities please follow the instructions below to provide GeoAccess and Disruption.
- 1.14.2** Use the same network when performing each of the components of the network analysis; GeoAccess and Disruption.
- 1.14.3** The attachment you will need to conduct this analysis:

Fulton Census

Please show the percent of participants with 2 Dental Providers in 10 miles in your network.

- 1.14.4** Please provide the fees and claim projections associated with dental coverage. Please provide fees and claims with all participants in

each plan. Fulton will most likely continue to have only one dental plan however wish to see the difference in cost between indemnity and PPO.

Components	Plan Year 2009		Plan Year 2010		Plan Year 2011		Comments
Dental PPO ASO Fee	Text	Text	Text	Text	Text	Text	Text
Dental PPO Claim Projection PEPM	Text	Text	Text	Text	Text	Text	Text
Dental Indemnity ASO Fee	Text	Text	Text	Text	Text	Text	Text
Dental Indemnity Claim Projection PEPM	Text	Text	Text	Text	Text	Text	Text
Please list any other fees or costs associated	Text	Text	Text	Text	Text	Text	Text

1.14.5 Financial Caveats and Assumptions

- 1.14.5.1 Describe any rating caveats or assumptions associated with your quoted fees. Specifically identify any other additional fees (e.g., set-up, ID cards, reports, etc.).
- 1.14.5.2 Is there an additional fee for providing on-line Web tools to all Fulton employees, regardless of their participation in the account based plan?
- 1.14.5.3 If you are willing to fund a pre-implementation audit, please specify the allotted fees/expenses and scope of testing you are willing to accommodate.
- 1.14.5.4 Confirm that all possible fees are accounted for in the above fee quote and responses.

- 1. Confirmed
- 2. Not Confirmed

1.15 Service/Performance Standards and Guarantees

- 1.15.1 Please provide the total amount of fees you are willing to put at risk through all sources.
- 1.15.2 Complete the following table regarding your Member Services. Indicate performance standards, and whether administrative fees will be placed at risk for this standard. Where such a standard does not exist, please indicate "N/A." Standards should be specific to Fulton.

	Specify Performance Standard	Fees at Risk (Y/N)? Specify Amount.
Call abandonment rate	Text	Text

% of calls answered within 30 seconds	<i>Text</i>	<i>Text</i>
Average speed of answer	<i>Text</i>	<i>Text</i>
First call resolution rate	<i>Text</i>	<i>Text</i>
Resolution of open cases	<i>Text</i>	<i>Text</i>
Minumum acceptable score on satisfaction survey	<i>Text</i>	<i>Text</i>

1.15.3 Complete the following table regarding your Claims Processing. Indicate performance standards, and whether administrative fees will be placed at risk for this standard. Where such a standard does not exist, please indicate "N/A." Standards should be specific to Fulton.

	Specify Performance Standard	Fees at Risk (Y/N)? Specify Amount.
Financial accuracy (% dollars paid correctly)	<i>Text</i>	<i>Text</i>
Payment accuracy (% of claims paid at correct amount)	<i>Text</i>	<i>Text</i>
Processing Accuracy (% of claims processed without error)	<i>Text</i>	<i>Text</i>
Claims Turnaround (% within 10 days)	<i>Text</i>	<i>Text</i>
Claims Turnaround (% within 30 days)	<i>Text</i>	<i>Text</i>

1.15.4 Complete the following table regarding your Implementation Services. Indicate performance standards, and whether administrative fees will be placed at risk for this standard. Where such a standard does not exist, please indicate "N/A." Standards should be specific to Fulton.

	Specify Performance Standard	Fees at Risk (Y/N)? Specify Amount.
ID card delivery	<i>Text</i>	<i>Text</i>
ID card accuracy	<i>Text</i>	<i>Text</i>
Enrollment kit delivery	<i>Text</i>	<i>Text</i>
Provider directory delivery	<i>Text</i>	<i>Text</i>
Timeliness of provider changes made to online directory	<i>Text</i>	<i>Text</i>
Eligibility loaded in claims processing system in a timely manner	<i>Text</i>	<i>Text</i>
Readiness of call service centers	<i>Text</i>	<i>Text</i>
Overall satisfaction with implementation	<i>Text</i>	<i>Text</i>

1.15.5 Complete the following table regarding the follow ongoing operational services. Indicate performance standards, and whether

administrative fees will be placed at risk for this standard. Where such a standard does not exist, please indicate "N/A." Standards should be specific to Fulton.

	Specify Performance Standard	Fees at Risk (Y/N)? Specify Amount.
ID card delivery	<i>Text</i>	<i>Text</i>
ID card accuracy	<i>Text</i>	<i>Text</i>
Enrollment kit delivery	<i>Text</i>	<i>Text</i>
Provider directory delivery	<i>Text</i>	<i>Text</i>
Timeliness of provider changes made to online directory	<i>Text</i>	<i>Text</i>
Eligibility loaded in claims processing system in a timely manner	<i>Text</i>	<i>Text</i>

1.15.6 Complete the following table regarding your Reporting Services. Indicate performance standards, and whether administrative fees will be placed at risk for this standard. Where such a standard does not exist, please indicate "N/A." Standards should be specific to Fulton.

	Specify Performance Standard	Fees at Risk (Y/N)? Specify Amount.
Delivery of performance report for all implementation guarantees	<i>Text</i>	<i>Text</i>
Delivery of performance report for all operational guarantees	<i>Text</i>	<i>Text</i>
Reporting system availability	<i>Text</i>	<i>Text</i>
Reporting accuracy	<i>Text</i>	<i>Text</i>
Delivery of quarterly and year-end claims analysis reports	<i>Text</i>	<i>Text</i>

1.15.7 Complete the following table regarding your Account Management Services. Indicate performance standards, and whether administrative fees will be placed at risk for this standard. Where such a standard does not exist, please indicate "N/A." Standards should be specific to Fulton.

	Specify Performance Standard	Fees at Risk (Y/N)? Specify Amount.
Overall satisfaction with account management	<i>Text</i>	<i>Text</i>

1.16 Disruption Analysis

1.16.1 In order to determine the number of potential disrupted provider relationships and recruitment needs, please complete a disruption analysis with the census provided.

Section 11

1. Finalist Round

1.1 Instructions: Vendors are asked to provide answers to all aspects of the finalist round; however, vendors who are not chosen for the finalist round will not be considered.

1.2 Provider Networks

1.2.1 General Questions

- 1.2.1.1 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.
- 1.2.1.2 Please list all networks available in the areas listed below and indicate whether they are owned or leased. If leased, please include the name of the rental network, the contract start date and expiration date.

Fulton Participant Locations	Number of Networks Available	Leased or Owned	Name(s) of the leased network (If none, denote as N/A)	Contract Start Date	Contract Expiration Date
30303	Text	Text	Text	Text	Text
xx	Text	Text	Text	Text	Text
xx	Text	Text	Text	Text	Text
xx	Text	Text	Text	Text	Text

- 1.2.1.3 Do you lease networks in any areas other than the ones listed above. If so, please include the area, name of the rental network, the contract start date and expiration date.
- 1.2.1.4 Do you have specialized networks available (e.g., incentive-based, narrow, etc.)? If so, please describe fully.
- 1.2.1.5 Describe your national network in terms of coverage of Fulton employees outside of major Fulton locations.

1.2.2 Contracting

1.2.2.1 What percentage of total plan physicians are contracted as follows in 2008?

*A legal entity formed and owned by one or more hospitals and physicians groups in order to obtain payer contracts and to further mutual interests. Physicians maintain ownership of their practices, which agree to accept managed care patients under the terms of the PHO agreement.

Contract Type	%
Individual Contracts	<i>Number</i>
Physician Hospital Organizations*	<i>Number</i>
Group or Multi-Specialty Group Practices	<i>Number</i>
IPAs	<i>Number</i>
Staff Practices (employees)	<i>Number</i>
Total must equal 100% to be valid	100%

1.2.2.2 Do you expect significant contract changes for 2009? If yes, please describe.

1.2.2.3 Please provide the following contract renegotiation information in the table below.

Provider Contracts	Vendor Response	Other (please specify) - If N/A, please denote as such.
How often are physician contracts renegotiated?	<i>Multiple-Choice</i> <ol style="list-style-type: none"> 1. Semi-annually 2. Annually 3. Bi-annually 4. Evergreen contract 5. Other (please specify) 	<i>Text</i>
How often are hospital contracts renegotiated?	<i>Multiple-Choice</i> <ol style="list-style-type: none"> 1. Semi-annually 2. Annually 3. Bi-annually 4. Evergreen contract 5. Other (please specify) 	<i>Text</i>
How often do you review or renegotiate contracts with laboratories, imaging facilities, and home health care agencies?	<i>Multiple-Choice</i> <ol style="list-style-type: none"> 1. Semi-annually 2. Annually 3. Bi-annually 4. Evergreen contract 5. Other (please 	<i>Text</i>

	specify)	
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1.2.2.4 Do your proposed networks have risk contracts with physicians?

Type of Risk Contract	Yes or No
Shared only	Checkbox
Full only	Checkbox
Both Shared & Full	Checkbox
None	Checkbox

1.2.3 Reimbursement/Claims Adjudication

1.2.3.1 Indicate what percentage of provider reimbursement is through the following types of payments.

Type of Payment	Primary Care Physician (%)	Specialist Physician (%)	Other Non-Facility (%)
Fee-for-service/billed charges	Number	Number	Number
Discount from charges	Number	Number	Number
Fee-for-service with discount	Number	Number	Number
Fee-for-service with withhold	Number	Number	Number
Percent of RBRVS	Number	Number	Number
Other fee schedule	Number	Number	Number
Capitation	Number	Number	Number
Other (please specify below in the detail box)	Number	Number	Number
Totals must equal 100% to be valid	100%	100%	100%

1.2.3.2 Indicate what percentage of inpatient and outpatient hospital reimbursement is through the following types of payments.

Type of Payment	Inpatient Hospital (%)	Outpatient Hospital (%)
Fee-for-service discount	Number	Number
Discount from charges	Number	Number
Discount based on volume	Number	Number
Fee-for-service with withhold	Number	Number
Case rate	Number	Number
Per diem rate (by bed type)	Number	Number

Type of Payment	Inpatient Hospital (%)	Outpatient Hospital (%)
Per diem rate (global)	Number	Number
DRG per case	Number	Number
APG per case (outpatient)	Number	Number
Global capitation	Number	Number
Shared risk arrangements	Number	Number
Other (please specify below in the detail box)	Number	Number
Total (must equal 100% to be valid)	100%	100%

1.2.3.3 For what percentage of your rental networks do you perform the following?

	%
(a) Load hospital and provider discounts directly on system	Number
(b) Provide in-house terminal with access to discounts	Number
(c) Electronically reprice claims	Number
Hospital	Number
Physician	Number
(d) Manually reprice claims	Number
Hospital	Number
Physician	Number

1.2.4 Network Build-Out and Future Offerings

1.2.4.1 Describe your organization's business plan for future network offerings (Brief Answer)?

1.2.4.2 Describe your procedures for building out the network in areas where your current access is insufficient (Brief Answer)?

1.2.4.3 What specific commitments are you able to give Fulton concerning your efforts to meet minimum access standards by 1/1/09, and to recruit specific key providers identified by Fulton (Brief Answer)?

1.2.5 Provider Network Analysis

General Instructions

1.2.5.1 In order to assess your network financials and capabilities please follow the instructions below to provide GeoAccess, Disruption and Repricing information.

- 1.2.5.2 Use the same network when performing each of the components of the network analysis; GeoAccess, Disruption, and Repricing. For example, do NOT use one network for the GeoAccess analysis and a different one when performing either the Disruption or the Repricing analysis.
- 1.2.5.3 If you plan on using separate networks for the HMO, ABP, and or PPO plan offering you will need to provide a response for each.
- 1.2.5.4 There are three attachments you will need to conduct this analysis:
 - Fulton Census
 - Fulton County Claims Extract

1.2.5.5 Attachment Naming Convention

For all of the attached files that you provide as a part of your RFP response, please rename the file by adding your company name and a hyphen separator to the beginning of the original document name, as shown:

Original attachment: Fulton_claims.xls

Renamed attachment: Company X - Fulton_claims.xls

1.2.5.6 Contact Chris Holton to obtain passwords to open the files.

	ABP	HMO
2 PCPs (i.e., family practice, general practitioner) within a 10 mile radius		
2 pediatricians within a 10 mile radius		
2 OB/GYNs within a 10 mile radius		
1 hospital within a 15 mile radius		

1.2.6 Network Analysis

1.2.6.1 Please complete the Network Analysis chart below for each network that would apply to Fulton County.

		Network Name	Network Name	Network Name
a. General	– Network name	<i>Text</i>	<i>Text</i>	<i>Text</i>
	– Year network organized	<i>Text</i>	<i>Text</i>	<i>Text</i>
	– Your organization's relationship to the	<i>Text</i>	<i>Text</i>	<i>Text</i>

	<u>Network Name</u>	<u>Network Name</u>	<u>Network Name</u>
network (e.g., owned, affiliated, etc.)			
– 2007 membership totals	<i>Text</i>	<i>Text</i>	<i>Text</i>
b. Hospitals			
– Current number of hospitals:	<i>Text</i>	<i>Text</i>	<i>Text</i>
• General	<i>Text</i>	<i>Text</i>	<i>Text</i>
• Maternity	<i>Text</i>	<i>Text</i>	<i>Text</i>
• Pediatric	<i>Text</i>	<i>Text</i>	<i>Text</i>
• Psychiatric	<i>Text</i>	<i>Text</i>	<i>Text</i>
• Tertiary	<i>Text</i>	<i>Text</i>	<i>Text</i>
• Total hospitals	<i>Text</i>	<i>Text</i>	<i>Text</i>
– Percentage of hospitals JCAHO-accredited (2007)	<i>Text</i>	<i>Text</i>	<i>Text</i>
– Percentage of hospitals in process of receiving JCAHO accreditation	<i>Text</i>	<i>Text</i>	<i>Text</i>
– Number of beds in network (2007)	<i>Text</i>	<i>Text</i>	<i>Text</i>
– Length of hospital contract	<i>Text</i>	<i>Text</i>	<i>Text</i>
– Length of hospital termination notice	<i>Text</i>	<i>Text</i>	<i>Text</i>
– Percentage of beds/service under:	<i>Text</i>	<i>Text</i>	<i>Text</i>
• Capitation	<i>Text</i>	<i>Text</i>	<i>Text</i>
• Fee schedule	<i>Text</i>	<i>Text</i>	<i>Text</i>
• DRGs	<i>Text</i>	<i>Text</i>	<i>Text</i>
• Discounted fees	<i>Text</i>	<i>Text</i>	<i>Text</i>
• Incentive programs (e.g., withholds, etc.)	<i>Text</i>	<i>Text</i>	<i>Text</i>
• Other	<i>Text</i>	<i>Text</i>	<i>Text</i>
– Average medical/surgical cost per inpatient day	<i>Text</i>	<i>Text</i>	<i>Text</i>
– Inpatient days per 1,000	<i>Text</i>	<i>Text</i>	<i>Text</i>
– Admissions per 1,000	<i>Text</i>	<i>Text</i>	<i>Text</i>
– Average length of stay	<i>Text</i>	<i>Text</i>	<i>Text</i>
– Average percent hospital discount	<i>Text</i>	<i>Text</i>	<i>Text</i>

	Network Name	Network Name	Network Name
c. Physicians¹	<i>Text</i>	<i>Text</i>	<i>Text</i>
– Current number of PCPs	<i>Text</i>	<i>Text</i>	<i>Text</i>
• Family practitioner	<i>Text</i>	<i>Text</i>	<i>Text</i>
• Internist	<i>Text</i>	<i>Text</i>	<i>Text</i>
• OB/GYN	<i>Text</i>	<i>Text</i>	<i>Text</i>
• Pediatrician	<i>Text</i>	<i>Text</i>	<i>Text</i>
• Total PCPs	<i>Text</i>	<i>Text</i>	<i>Text</i>
– Current number of non-PCP specialists	<i>Text</i>	<i>Text</i>	<i>Text</i>
– Number of physicians board certified	<i>Text</i>	<i>Text</i>	<i>Text</i>
– Number of physicians with closed practices as of January 1, 2008	<i>Text</i>	<i>Text</i>	<i>Text</i>
– Length of physician contract	<i>Text</i>	<i>Text</i>	<i>Text</i>
– 2007 physician turnover numbers:	<i>Text</i>	<i>Text</i>	<i>Text</i>
• Network initiated	<i>Text</i>	<i>Text</i>	<i>Text</i>
• Physician initiated	<i>Text</i>	<i>Text</i>	<i>Text</i>
– Percentage of physician services under:	<i>Text</i>	<i>Text</i>	<i>Text</i>
• Fee schedule	<i>Text</i>	<i>Text</i>	<i>Text</i>
• Discounted fees	<i>Text</i>	<i>Text</i>	<i>Text</i>
• Incentive programs (e.g., bonus, withholds, etc.)	<i>Text</i>	<i>Text</i>	<i>Text</i>
• Other	<i>Text</i>	<i>Text</i>	<i>Text</i>
– Average percent physician discount	<i>Text</i>	<i>Text</i>	<i>Text</i>

1.2.6.2 Please complete the following table with your average provider reimbursements within the Fulton County/Atlanta service area for each CPT and DRG code. Fulton understands the proprietary nature of this data, and will not share this information with other proposers. The CPT code list is in the attachments.

Blank CPT List.xls

¹ "Current number of PCPs" includes any physician who functions as a PCP without regard to any specialist certification they may hold. "Current number of Non-PCPs" includes any physician who is not a PCP but acts as a specialist in the referral network system.

DRG Code	DRG Description	Average Reimbursement
373	Vaginal Delivery	<i>Text</i>
430	Psychoses	<i>Text</i>
371	Cesarean section	<i>Text</i>
183	Esophagitis	<i>Text</i>
127	Heart failure and shock	<i>Text</i>
143	Chest pain	<i>Text</i>
104	Cardiac valve with catherization	<i>Text</i>
58	Tonsillectomy (Age 0 - 17)	<i>Text</i>
134	Hypertension	<i>Text</i>

1.2.7 Disruption Analysis

1.2.7.1 In order to determine the number of potential disrupted provider relationships and recruitment needs, please complete a disruption analysis with the census provided.

1.2.8 Repricing Analysis

1.2.8.1 In order for Fulton to assess the network discounts that will be realized when its employees access network providers, please complete the repricing analysis, which can be found in the two attached claims extract files. The file named Fulton_claims.zip pertains to Fulton employees and includes three tables (Inpatient, Outpatient, and Professional) in which the Repriced Amount field should be completed.

Please reprice each claim line in the attached tables with the amounts allowed under your current network contracts, excluding any and all network access and TPA fees. The field that must be populated can be found to the right within each table. The allowed amounts for each claim should be based on the same network used for the disruption analysis (Section 7.3).

- If your organization is unable to reprice a claim or the provider is a non-participating provider, the billed amount (100% of the total charge) must be input into the repriced amount.
- The repriced amount is to represent your allowed amount (allowed = total billed amount - network discount) of your network contract with the provider for services rendered and must not represent prompt pay discounts.
- Your organization is to assume that all charges are covered and there is to be no adjustment for plan design - allowed amount is all that is represented in the repriced amount. Vendors will be held accountable in the future regarding the price levels provided.

All attachments must be returned with all of the original fields and the exact number of records that were included on the original file.

1.2.9 Discount Guarantee

Fulton seeks the most favorable discounts from providers in the selected provider network. In this RFP, you are requested to price certain medical procedures in various geographic parts of the State to determine the level of discount from 'normal' charges. In like manner, it is also the desire of Fulton, upon completion of each plan year, to have the selected network provide an analysis of *actual* discounted savings, which were realized over the course of the plan year for their HMO and ABP, and use this analysis to compare the results to the *expected* discounts, as quoted.

1. How many fees will you put at risk? Please provide either PEPM or aggregate dollars at risk.
2. What discount percent will you guarantee? What claims does this discount apply to?
3. Can you provide a guarantee without a corridor?
4. How do you propose to ascertain actual savings, i.e. the formula for determining the actual performance against expected or 'quoted' discounts?
5. Describe the management information that you will provide Fulton to support the year-end performance results.
6. Provide samples of existing agreements, if any, that your network has used with other large plan sponsors to meet network discount targets.
7. Can discount guarantees be offered on subsequent renewals?

1.3 Financial Proposal

1.3.1 Instructions

1. ASO fees should be provided on a per-employee-per-month ("PEPM") basis. Other ancillary fees can be on alternative bases, if specifically indicated.
2. The proposed plan designs are included in the Section 1.4, "Proposed Benefit Strategy & Program Offerings."
3. There should be no commissions included.
4. Three-year fee guarantee/commitment is required for all services.
5. Please indicate the services that are included in your basic fees and those services for which there are additional costs.
6. Include all services available to Fulton however detail each fee component.
7. Please provide different fee levels based on different enrollment scenarios into the respective plans.

1.3.2 ASO Fees -- All Lines of Coverage

1.3.2.1 Complete the following table. Provide all fees and claim projections PEPM. "All Services Utilized" are what costs Fulton will pay utilizing all services your organization proposes.

Components	Plan Year 2009		Plan Year 2010		Plan Year 2011		Comments
	All Services Utilized	Carved Out	All Services Utilized	Carved Out	All Services Utilized	Carved Out	
HMO ASO Fee	Text	Text	Text	Text	Text	Text	Text
HMO Claim Projection	Text	Text	Text	Text	Text	Text	Text
HMO Capitation (PEPM)	Text	Text	Text	Text	Text	Text	Text
PPO ASO Fee	Text	Text	Text	Text	Text	Text	Text
PPO Claim Projection	Text	Text	Text	Text	Text	Text	Text
ABP/HRA ASO Fee	Text	Text	Text	Text	Text	Text	Text
ABP/HRA Fee	Text	Text	Text	Text	Text	Text	Text
ABP/HRA Claim Projection Excluding Fund	Text	Text	Text	Text	Text	Text	Text
ABP/HRA Fund (PEPM)	Text	Text	Text	Text	Text	Text	Text
Care/Disease management fees:*							
PEPM	Text	Text	Text	Text	Text	Text	Text
Per case	Text	Text	Text	Text	Text	Text	Text
Flat fee	Text	Text	Text	Text	Text	Text	Text
Other (describe basis in comments)	Text	Text	Text	Text	Text	Text	Text
MH/SA Fee	Text	Text	Text	Text	Text	Text	Text
MH/SA Claim Projection PEPM	Text	Text	Text	Text	Text	Text	Text
Network access fee (describe basis in comments)	Text	Text	Text	Text	Text	Text	Text

Components	Plan Year 2009		Plan Year 2010		Plan Year 2011		Comments
	Text	Text	Text	Text	Text	Text	
Pharmacy Dispensing Fee (describe basis in comments)	Text	Text	Text	Text	Text	Text	Text
Pharmacy Claim Projection PEPM	Text	Text	Text	Text	Text	Text	Text
Nurse line Fee	Text	Text	Text	Text	Text	Text	Text
Lifestyle Program Fee (Maternity/Smoking Cessation)	Text	Text	Text	Text	Text	Text	Text
UR Fee	Text	Text	Text	Text	Text	Text	Text
FSA Administration (describe basis in comments)	Text	Text	Text	Text	Text	Text	Text
Additional pharmacy fees (describe basis in comments)	Text	Text	Text	Text	Text	Text	Text
Case Management Fees	Text	Text	Text	Text	Text	Text	Text
Miscellaneous fees** (describe basis in comments)	Text	Text	Text	Text	Text	Text	Text
Dental ASO Fee	Text	Text	Text	Text	Text	Text	Text
Dental Claim Projection PEPM	Text	Text	Text	Text	Text	Text	Text
Vision ASO Fee	Text	Text	Text	Text	Text	Text	Text
Vision Claim Projection PEPM	Text	Text	Text	Text	Text	Text	Text

1.3.2.2 *Please include a list and description of the care management services that are included in the fee indicated above.

1.3.2.3 **Please indicate the cost of the following services, if not included in base ASO fees:

Service	Price – specify unit (Per Member, Per Report, etc.)
1. Member submitted run-out claims for 12 months	Text
2. Implementation fees	Text
3. Eligibility file maintenance fees	Text
4. Member service and 800#	Text
5. Standard management reports	Text
6. Ad hoc reports	Text
7. Claims data tapes	Text
8. Communication production for installation	Text
9. Communication production for communication of future plan changes/new programs	Text
10. Communications bulk shipping & handling	Text
11. Communications shipping and handling to member homes	Text
12. Logo on ID card	Text
13. ID card production	Text
14. Replacement ID card	Text
15. Member services first level response to appeals	Text
16. Physician profiling	Text
17. Claims Dump Fee	Text
18. Health Risk Assessment Fee (Paper based charge if applicable)	Text
19. Other Fees (Please Describe)	Text

1.4 Service/Performance Standards and Guarantees

1.4.1 Please provide the total amount of fees you are willing to put at risk through all sources.

1.4.2 Complete the following table regarding your Member Services. Indicate performance standards, and whether administrative fees will be placed at risk for this standard. Where such a standard does not exist, please indicate "N/A." Standards should be specific to Fulton.

	Specify Performance Standard	Fees at Risk (Y/N)? Specify Amount.
Call abandonment rate	Text	Text
% of calls answered within 30 seconds	Text	Text
Average speed of answer	Text	Text
First call resolution rate	Text	Text
Resolution of open cases	Text	Text
Minimum acceptable score on	Text	Text

satisfaction survey		
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1.4.3 Complete the following table regarding your Claims Processing. Indicate performance standards, and whether administrative fees will be placed at risk for this standard. Where such a standard does not exist, please indicate "N/A." Standards should be specific to Fulton.

	Specify Performance Standard	Fees at Risk (Y/N)? Specify Amount.
Financial accuracy (% dollars paid correctly)	<i>Text</i>	<i>Text</i>
Payment accuracy (% of claims paid at correct amount)	<i>Text</i>	<i>Text</i>
Processing Accuracy (% of claims processed without error)	<i>Text</i>	<i>Text</i>
Claims Turnaround (% within 10 days)	<i>Text</i>	<i>Text</i>
Claims Turnaround (% within 30 days)	<i>Text</i>	<i>Text</i>

1.4.4 Complete the following table regarding your Implementation Services. Indicate performance standards, and whether administrative fees will be placed at risk for this standard. Where such a standard does not exist, please indicate "N/A." Standards should be specific to Fulton.

	Specify Performance Standard	Fees at Risk (Y/N)? Specify Amount.
ID card delivery	<i>Text</i>	<i>Text</i>
ID card accuracy	<i>Text</i>	<i>Text</i>
Enrollment kit delivery	<i>Text</i>	<i>Text</i>
Provider directory delivery	<i>Text</i>	<i>Text</i>
Timeliness of provider changes made to online directory	<i>Text</i>	<i>Text</i>
Eligibility loaded in claims processing system in a timely manner	<i>Text</i>	<i>Text</i>
Readiness of call service centers	<i>Text</i>	<i>Text</i>
Overall satisfaction with implementation	<i>Text</i>	<i>Text</i>

1.4.5 Complete the following table regarding the follow ongoing operational services. Indicate performance standards, and whether administrative fees will be placed at risk for this standard. Where such a standard does not exist, please indicate "N/A." Standards should be specific to Fulton.

	Specify Performance Standard	Fees at Risk (Y/N)? Specify Amount.
ID card delivery	<i>Text</i>	<i>Text</i>

ID card accuracy	<i>Text</i>	<i>Text</i>
Enrollment kit delivery	<i>Text</i>	<i>Text</i>
Provider directory delivery	<i>Text</i>	<i>Text</i>
Timeliness of provider changes made to online directory	<i>Text</i>	<i>Text</i>
Eligibility loaded in claims processing system in a timely manner	<i>Text</i>	<i>Text</i>

1.4.6 Complete the following table regarding your Reporting Services. Indicate performance standards, and whether administrative fees will be placed at risk for this standard. Where such a standard does not exist, please indicate "N/A." Standards should be specific to Fulton.

	Specify Performance Standard	Fees at Risk (Y/N)? Specify Amount.
Delivery of performance report for all implementation guarantees	<i>Text</i>	<i>Text</i>
Delivery of performance report for all operational guarantees	<i>Text</i>	<i>Text</i>
Reporting system availability	<i>Text</i>	<i>Text</i>
Reporting accuracy	<i>Text</i>	<i>Text</i>
Delivery of quarterly and year-end claims analysis reports	<i>Text</i>	<i>Text</i>

1.4.7 Complete the following table regarding your Account Management Services. Indicate performance standards, and whether administrative fees will be placed at risk for this standard. Where such a standard does not exist, please indicate "N/A." Standards should be specific to Fulton.

	Specify Performance Standard	Fees at Risk (Y/N)? Specify Amount.
Overall satisfaction with account management	<i>Text</i>	<i>Text</i>

1.4.8 Are you willing to consider financial or claim target guarantees for medical claims? If so, describe how you would propose structuring the guarantee with regard to measurement and timing.

1.4.9 Are you willing to consider financial or claim target guarantees for prescription drug claims? If so, describe how you would propose structuring the guarantee with regard to measurement and timing. A claims file has been attached for prescription drug claims incurred by Fulton members.

1.4.10 Financial Caveats and Assumptions

- 1.4.10.1 Describe any rating caveats or assumptions associated with your quoted fees. Specifically identify any other additional fees (e.g., set-up, ID cards, reports, etc.).
- 1.4.10.2 Is there an additional fee for providing on-line Web tools to all Fulton employees, regardless of their participation in the account based plan?
- 1.4.10.3 If you are willing to fund a pre-implementation audit, please specify the allotted fees/expenses and scope of testing you are willing to accommodate.
- 1.4.10.4 Confirm that all possible fees are accounted for in the above fee quote and responses.

1. Confirmed
2. Not Confirmed

1.5 Disease Management Analysis

1.5.1 On or about May 1, 2008, exhibits will be posted to the Deloitte.proposaltech.com site as attachments to Section 8. These exhibits will provide overall demographics and the utilization statistics within the Fulton population. Based on your analysis of this information, please describe how, through disease management programs, your organization can impact:

- Inpatient Utilization
- ER Utilization
- Total Spend (including pharmacy)

Please be specific with regards to your interventions and provide estimates, expressed as percentages, on the impact you anticipate for each of the three measures for each condition. Also, please state the number of members for each condition that you anticipate engaging as active participants (i.e., on-going telephonic interactions with DM nurses).

Your analysis should not be included in your RFP response. Vendors designated as finalists will be expected to deliver their findings during finalist interviews.

1.6 Site Visit and/or Vendor Interviews

1.6.1 It is important for Fulton County to hear the commitment of their potential health and welfare partners in a face to face setting. Vendors will be expected and required to present their RFP responses and showcase their capabilities to the Healthcare Committee as well as Deloitte Consulting. The presentation will be formal and conclude with a question and answer where prospecting vendors will be required to answer questions the committee has. Vendors will be scored based on the committees and Deloitte's interpretation of their presentations.

Section 12

Appendix

I. FULTON COUNTY ACTIVE EMPLOYEE

II. FULTON COUNTY RETIREES

III. PAID CLAIMS ANALYSIS REPORT

IV. PROPOSED BENEFITS FULTON COUNTY 2009