

RFP for Group Health Plan Benefits Key Components of the Scope of Services

1. General

- a. Solicitation is for both Fully Insured and Self-Insured plans
- b. Long Term Contract (10 years)
- c. Single Carrier
- d. Administrative Services Only (ASO) Services through selected Carrier with experience with four or more employers, each having three thousand (3,000) or more subscribers, within the past five (5) years
- e. Pharmacy and EAP services through selected Carrier

2. Administrative

- a. Comprehensive Customer Service
- b. Claims Administration and Auditing
- c. Claims Fiduciary Responsibility
- d. Web-based Administrative Tools
- e. Web-based Plan Member Tools
- f. On-site Customer Service Representative

3. Plan Design

- a. Single Health Plan
- b. Open Access Model

4. Network

- a. Include Halifax and Florida Hospitals
- b. Include Regional, State, and National Providers
- c. Include High Performance Network Option
- d. Include Telemedicine Services

5. Health Management Services

- a. Include Health Risk Assessments and Screenings
- b. Comprehensive Programs for Condition Specific Conditions

6. Financial and Reporting Services

- a. Financial and Banking Arrangements
- b. Integration of Screening and Lab Results
- c. Detailed Claims and Utilization Reports

7. Cost and Guarantees

- a. Guarantees on Fully Insured Premiums and 3 Year Trend Guarantees
- b. Guarantees on Self-funded Fees and Network Discounts for 3 Years
- c. On-site Verification of Network Discounts and Guarantees
- d. Guarantees on Pharmacy Costs
- e. Performance and Service Guarantees

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Evaluation Criteria: Each Proposal shall be evaluated using the following criteria:

- A. That all Proposal documentation was submitted timely and in conformance with all requirements of the RFP.
- B. That the following elements of Contractor's Proposal meet or exceed the requirements of this RFP, and cumulatively provide the service and benefits to the County deemed to be in the best interest of the public:
 1. ASO fees/premiums; the total cost of acquiring, installing and maintaining the program.
 - a. Single Health Plan
 - b. Open Access Model
 - c. Experience with four or more employers, each having three thousand (3,000) or more subscribers, within the past five (5) years
 2. The ability to perform the functions as outlined in the Scope of Services on behalf of the County in a professional and cost-effective manner.
 3. Functional Requirements:
 - a. The ability to configure the program to meet the requirements of the County;
 - b. The degree to which the Respondent is able to integrate all of the requested Scope of Services;
 - c. The quality and clarity of the documentation;
 - d. The general ease of use of the plan tools; and
 - e. The reporting standards as outlined in the Scope of Services.
 4. Respondent's Competence and Commitment
 - a. Reference checks
 - b. Contract terminations
 5. Previous experience in the implementation of the proposed program(s) in governmental and/or educational entities of comparable size and complexity.
 6. Demonstrated ability of the Project Manager and proposed project team to carry out the programs as outlined in this RFP.
 7. The Respondent's plan and management approach.
 - a. Include Health Risk Assessments and Screenings
 - b. Comprehensive Programs for Condition Specific Conditions
 8. The ability to provide a comprehensive provider Network.
 - a. Include Halifax and Florida Hospitals
 - b. Include Regional, State, and National Providers
 - c. Include High Performance Network Option
 - d. Include Telemedicine Services
 9. The types of factors which may be used in determining which Proposal is best may include, but are not necessarily limited to: retention, apparent service ability and history, facilities for claims processing and claims investigation, coordination of benefits administration, data reporting capabilities, quality of care provided by the Network and Network accessibility.
 10. Demonstrated quality of actual performance for client base.
 - a. Guarantees on Fully Insured Premiums and 3 Year Trend Guarantees
 - b. Guarantees on Self-funded Fees and Network Discounts for 3 Years
 - c. On-site Verification of Network Discounts and Guarantees
 - d. Guarantees on Pharmacy Costs
 - e. Performance and Service Guarantees