



# COUNTY OF ROANOKE

## FINANCE DEPARTMENT

### PURCHASING DIVISION

Published August 14, 2018

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## REQUEST FOR PROPOSALS

**#2019-017**

Group Medical and Reinsurance Programs

for

Roanoke County

Sealed Proposals Due:  
September 14, 2018  
3:00 PM  
(Local Prevailing Time)  
One (1) unbound original  
Five (5) bound complete copies  
Two (2) electronic copy (USB)

## **Proprietary and Confidential**

**The following information is proprietary and confidential. This proposal should not be discussed with anyone outside your firm. Any organization violating this requirement will immediately be eliminated from consideration in the request for proposal process.**

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Attachment A – Census

Attachment B – Claims Experience, large claims, & enrollment

Attachment C – Hospital Checklist (*Please do not sort these files*)

Attachment D – Provider Checklist (*Please do not sort these files*)

Attachment E – Medical Performance Guarantee Exhibit

Attachment F – Price Quotation Exhibits

F.1 – F.5 – Underwriting Analysis

F.6 – Fixed Fees Exhibit (All Entities)

F.7 – Deviations Exhibit (All Entities)

**Electronic copies of the attachments may be obtained by contacting Claire Harlin at USI Insurance by email at: [claire.harlin@usi.com](mailto:claire.harlin@usi.com). USI serves as Owners' employee benefits advisor.**

## 2. Procedural Requirements

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### **SIGNATURE SHEET** **RFP #2019-017 Group Medical and Reinsurance Programs**

My signature certifies that the proposal as submitted complies with all Terms and Conditions as set forth in the RFP.

My signature also certifies that the accompanying proposal is not the result of, or affected by, any unlawful act of collusion with another person or company engaged in the same line of business or commerce, or any act of fraud punishable under Title 18.2, Chapter 12, Article 1.1 of the Code of Virginia, 1950 as amended. Furthermore, I understand that fraud and unlawful collusion are crimes under the Virginia Governmental Frauds Act, The Virginia Government Bid Rigging Act, and Virginia Antitrust Act and Federal Law, and can result in fines, prison sentences, and civil damage awards.

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

I hereby certify that I am authorized to sign as a Representative for the Firm:

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

\_\_\_\_\_ FAX # \_\_\_\_\_

\_\_\_\_\_ EMAIL \_\_\_\_\_

FEIN \_\_\_\_\_ VA BUSINESS LICENSE NO. \_\_\_\_\_

STATE CONTRACTOR'S NUMBER (IF APPLICABLE) \_\_\_\_\_

VIRGINIA SCC # OR STATEMENT DESCRIBING WHY FIRM IS NOT REQUIRED TO BE SO

AUTHORIZED PER VA CODE §2.2-4311.2 \_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

*To receive consideration for award, this signature sheet must be returned to the Purchasing Division, as it shall be a part of your response.*

## **2. Procedural Requirements**

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### **RFP #2019-017 Group Medical and Reinsurance Programs**

#### **GENERAL INFORMATION**

**BACKGROUND:** This is a cooperative RFP issued by County of Roanoke, on behalf of the County of Roanoke (including the Roanoke Valley Resource Authority and Regional Center for Animal Care and Protection), Roanoke County Schools, and the Western Virginia Regional Jail Authority for their respective requirements. Given this, County of Roanoke is acting solely as “Solicitation Agent” for those concerned and shall not be held liable for any costs, damages, et cetera incurred by any other employer in the event they separately enter into contract(s) with the successful Offeror(s) to this solicitation. Unless an exception is specifically noted, all sections of this RFP apply to all participating Employers.

**Throughout the RFP, the term County of Roanoke includes all entities unless specifically defined otherwise.**

The County of Roanoke currently contracts with Anthem Blue Cross Blue Shield to administer their group medical program and with WellDyne Rx to administer the group prescription drug program. The combined health insurance program is self-insured. The contract with Anthem has been in place since July 2015. The contract with WellDyne Rx was effective September 1, 2017. Prior to the WellDyne Rx agreement, Roanoke contracted with Express Scripts, Inc. for prescription drug (from 7/1/15 – 8/30/17). The County purchases specific reinsurance through Anthem as of July 1, 2018. Previously, Symetra underwrote the reinsurance from July 2015 – June 30, 2018. The County of Roanoke currently contracts with Flexible Benefits Administrators for the administration of the health reimbursement account.

The current medical and prescription drug program covers 2,827 subscribers (employees, retirees, and COBRA continuants) and 5,674 members. The majority of covered members live in the Roanoke Valley service area. Please refer to the census data (Attachment A) for specific home zip codes.

The program is administered separately by each employer in this cooperative RFP. This will require different account numbers to be issued to each entity and each plan.

The County of Roanoke has selected **USI Insurance Services, Inc.** as the Healthcare Program Consultant. Services of the consultant may include, but are not limited to, the analysis of existing benefit designs and funding arrangements; strategic planning of alternative programs; preparation of program specifications and criteria; the analysis and evaluation of proposal responses; and, preparation of final reports and recommendations for award(s).

## 2. Procedural Requirements

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**PURPOSE:** The purpose and intent of this Request for Proposal (RFP) is to solicit formal sealed proposals from qualified sources to establish a contract(s) through competitive negotiations associated with administering the group medical program and with providing reinsurance for the combined medical and prescription drug program. **NOTE: The administration of the prescription drug benefits and the HRA administration are NOT being solicited with this RFP.**

**One unbound original, four (4) bound** complete copies and one electronic copy (USB preferred) of the proposals, in a sealed envelope/package, will be received at and until **September 14, 2018, at 3:00 PM (local prevailing time)**, in the Roanoke County Purchasing Division at 5204 Bernard Drive, Suite 300F, Roanoke, Virginia 24018. **Additionally, one (1) bound** complete copy and one electronic copy (USB required) of the proposals, will be delivered to Claire Harlin at USI Insurance Services, 4840 Cox Road, Suite 150, Glen Allen, VA 23060. NO faxed proposals will be accepted. It is the responsibility of the Offeror to ensure that its proposal is received in the Purchasing Division by the above date and time. Any proposal received after the above time and/or date will be returned to the Offeror unopened. Your response must be submitted in a sealed envelope/package, clearly marked **“RFP #2019-017 Group Medical and Reinsurance Programs”** on the outside of the envelope/package. The Offeror assumes responsibility for having its proposal delivered on time at the place specified. An agent of the Offeror authorized to make financial and delivery commitments must sign the proposal. As this is a formal, sealed Request for Proposal no information regarding the contents of the proposal or the identity of the Offerors will be discussed until after the negotiation process.

Roanoke County shall provide the mechanism for the evaluation of all information received. Roanoke County reserves the right to make the final determination of responsible Offerors and to waive informalities and/or irregularities and to accept or reject any or all offers. Proposals shall be as thorough and detailed as possible so that the County may properly evaluate the capabilities of the Offeror to provide the required services. Separate awards could be made for medical and reinsurance. It is not the intent of the specifications to be proprietary, or to exclude any individual, business or firm.

### **RFP QUESTIONS**

Any inquiries regarding submittal of proposal or any questions concerning specifications shall be in writing and sent via mail, fax or email to:

Heath Honaker, Purchasing Manager  
5204 Bernard Drive SW, Suite 300F  
Roanoke, VA 24018

Phone: (540) 283-8146  
[hhonaker@roanokecountyva.gov](mailto:hhonaker@roanokecountyva.gov)

Written responses, including any questions will be provided on our Purchasing Website in the form of an Addendum. It is the responsibility of the Offeror to periodically check our website for any addendum or sign up for County Email Notification. Questions received within five (5) days of the proposal closing date will be attempted to be answered, but will not be reason to

## 2. Procedural Requirements

delay the closing time of the proposals.

## 2. Procedural Requirements

### **NO CONTACT POLICY**

After the date and time established for receipt of proposals by the County, any contact initiated by any Offeror with any County representative, other than the purchasing representative listed herein, concerning this request for proposals is prohibited. Any such unauthorized contact may cause disqualification of the Offeror from this procurement transaction.

### **NO GAIN OR LOSS PROVISION**

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

### **PERIOD OF CONTRACT**

The period of performance for this contract shall be one year from the effective date of July 1, 2019. The contract may be renewed for four additional one (1) year terms. This contract can only be canceled by the insurer or administrator for non-payment of premium, or if sufficient funds are not appropriated by the governing bodies.

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

### **PROJECT SCHEDULE**

<b>Activity</b>	<b>Due Date</b>
Procurement office approval of RFP and release RFP	8/13/18
RFP responses due	9/14/18
RFP evaluation and management report to County and Schools	Week of 10/29/18
Interview top finalists	Week of 11/12/18
Negotiations and request for best and final offers	Week of 11/19/18
Select finalist and post Notice of Intent to Award	12/1/18
Implementation of new programs	7/1/19

### **PROPOSAL FORMAT**

Proposals must be submitted on 8-1/2" x 11" paper. Proposals are to be prepared simply and concisely. Elaborate artwork, expensive paper, visual, and other presentation aids are not required.

Each copy of the proposal must be bound or contained in binders organized in the sequence and format described and outlined below using TABS as indicated: (Hard copy and Electronic submission required).

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Tab I	Signature Sheet (Cover Page of RFP) Executive Summary (or Cover Letter) Table of Contents Proprietary Information Notice Scope of Services
Tab II	Description of Plan Designs quoted for each Medical Plan Deviations Exhibit for each Medical Plan Performance Guarantees (Attachment E) Reference Form
Tab III	Questionnaire
Tab IV	Price Quotation Exhibits (Attachment F)
Tab V	Geoaccess Reports (Requested in Questionnaire) Checklists of Top Utilized Facilities, Doctors, and Prescription Drugs (Attachments C, D, and E)
Tab VI	Samples of Document or Reports (any you have provided)

**Proposal Deadline: September 14, 2018**

### **SCOPE OF WORK**

The County of Roanoke is soliciting proposals from qualified firms for administration of the Group Medical plan and underwriting the reinsurance for the combined medical and prescription drug plans. The following specifications are provided for your review and consideration:

### **Minimum Services to be Performed**

1. Provide and/or make available necessary, appropriate, and high quality medical benefits. Specific plan designs are outlined in this document in Section 4. General Information.
2. Provide high quality, efficient program administration and services including but not limited to:
  - a. Maintaining central claims and membership files for each covered member (including the identification number or other identifying number, dates of coverage, type of coverage, etc.) for each covered member.
  - b. Maintaining payment records.
  - c. Provide state-of-the-art data tracking and claims payment services.
  - d. Furnish monthly accounting statements by entity, group, and benefit plan including monthly enrollment, premiums, revenues received, claims paid, capitation expenses charged, detailed list of expenses charged, network discounts earned, and claims exceeding the specific stop-loss limit.
  - e. Provide claims, enrollment, and utilization information for hospital and physician expenses at a level of detail that will allow for the identification of the true cost drivers of the plan. Include normative data in conjunction with group-specific data.
  - f. Provide ID cards directly to members throughout the contract period.

## **2. Procedural Requirements**

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- g. Provide identification cards directly to all covered members prior to the effective date of the program (July 1, 2019). During the contract year, provide identification cards within seven (7) business days of receipt of request.
- h. Meet with the appropriate Employers' management staff(s) within fifteen (15) days after the contract award date to present the proposed communication material, and to jointly establish a preliminary implementation plan and open enrollment program and schedule.

3. Offeror must accept current eligibility file templates from the County.
4. Offeror must be willing to accept and load a file from the PBM (currently WellDyne Rx) of all prescription drug claims on a weekly basis so that this information can be used to identify and manage members with chronic illnesses.
5. Offeror shall include a carryover deductible provision in all benefit plans.
6. Offeror shall provide responsive and effective customer service for members related to billing, eligibility, and claims issues. The County of Roanoke requests that the Offeror's customer service representatives respond to questions and resolve issues/problems directly with members rather than referring the members back to the County of Roanoke.
7. Offeror shall provide on-line services that will allow the County of Roanoke to complete all administrative functions on line (i.e., eligibility, billing, enrollment, member services, termination, etc.), and will work with County/Schools/Jails staff to ensure services are done in an efficient and timely manner using previously developed eligibility file templates from the County.
8. Provide the County with the administrative services and reinsurance contracts, as well as any other contractual documents necessary to this coverage by the effective date of the contract (July 1, 2019).
9. Offeror shall commit to providing the County with monthly billing that is separated by active employees, retirees, and COBRA for each of the following entities: County of Roanoke, Roanoke County Public Schools, Western Virginia Regional Jail Authority, Roanoke Valley Resource Authority, and Regional Center for Animal Care and Protection.
10. Offeror shall furnish benefit booklets in electronic format suitable for posting on the Roanoke website. Booklets must outline and define all covered services, limitations and exclusions, procedures for receiving services, schedule of benefits, COBRA, HIPAA, and other plan information requirements. The initial booklet proof must be provided to Roanoke within 45 days of contract award. Roanoke shall review and approve the booklets prior to posting.

## 2. Procedural Requirements

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11. Offeror shall furnish Summary of Benefits Coverage (SBC) as required by the ACA. SBC's must contain all information required by law. Offeror must be willing to add prescription drug benefits to the SBC's assuming Roanoke (or Roanoke's consultant) provides the information. Offeror must provide hardcopy benefit booklets upon individual employee request.
12. Offeror shall provide meaningful and specific performance guarantees, which include financial penalties for non-performance (included in Attachment E).
13. Maintain complete and total compliance with the HIPAA legislation as it pertains to Private Health Information. State your named Privacy Official.
14. Maintain complete and total compliance with the PPACA legislation and any future federal or state legislation. Commit to assist the County of Roanoke with any benefit compliance issues as they arise. Assist the County of Roanoke with the Minimum Essential Coverage Reporting requirements under IRC Section 6055 by providing required data as identified.
15. Agree to release all pertinent data related to the administration and management of the medical program under the Business Associate Agreement to the County of Roanoke, USI Insurance Services, Inc., and any other vendor deemed appropriate by the County of Roanoke.
16. Employee identification numbers shall be created to be used as unique identifiers; social security numbers shall not be used.
17. Commit to supporting the County of Roanoke in its wellness program initiatives and to any future enhancements to its wellness program.
18. Roanoke operates two on-site clinics that are managed by Marathon Health. Offeror must be willing to partner with Marathon and Roanoke's other partners to improve employee engagement in their health and must be willing to provide electronic claims files to Marathon upon Roanoke's request.
19. Each year 180 days prior to the annual contract effective date, provide the County of Roanoke and their consultant, USI Insurance Services, Inc., a complete detailed underwriting analysis. As required, provide the County of Roanoke with the renewal for budget purposes.
20. Provide the County of Roanoke and their Consultant, USI Insurance Services, Inc., with a detailed annual accounting showing the expenditure of all funds by entity and by group (e.g., active employees, retirees, and COBRA). **Enrollment, premium, claims and expenses must be tracked for the County of Roanoke, Roanoke County Schools, Western Virginia Regional Jail Authority, Roanoke Valley Resource Authority, and Regional Center for Animal Care and Protection separately.** Provide an estimate of incurred but not reported (IBNR) claims periodically (at minimum annually).

## **2. Procedural Requirements**

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21. Provide internet access to claims and to the claim reporting system to Roanoke County benefits personnel and to the consulting team at USI Insurance.
22. Offeror shall maintain a mobile app that is available to employees to track claims, accessing their ID card, research benefits, and engage in health and wellness activities.
23. Offeror must include a telehealth option integrated into its medical program at no additional charge.
24. Offeror must provide retiree claims and enrollment reports separately and collectively to support the County and Schools GASB 45 valuation analysis at no additional charge.
25. Provide a single point of contact responsible for quality control, resolving problems, and expediting services related to the overall performance of the contract.
26. Designate a transition of care manager or coordinator to work with the County of Roanoke and its members regarding medical transition of care issues (if applicable).
27. Maintain a local or toll-free customer service number for employees.
28. Provide a contract for the one-year term, with the option to renew annually for up to four (4) years, which can only be canceled by the insurer or administrator for non-payment of premium or if sufficient funds are not appropriated by the governing bodies.
29. Offeror shall provide proactive disease management programs that address the chronic health condition of the County's populations. Reporting of participation and results are required quarterly. Guarantees on the return on investment of these programs with dollars at risk are strongly encouraged.

### **REFERENCES**

All Offerors shall include a list of five references, from local governments and similar projects only, who could attest to the firm's knowledge, quality of work, timeliness, diligence, flexibility, and overall expertise. Include names, contact persons, and phone numbers of all references on the attached Reference Form.

References may or may not be reviewed or contacted at the discretion of the County. Typically, only references of the top ranked short-listed Offeror or Offerors are contacted. The County reserves the right to contact references other than, and/or in addition to, those furnished by an Offeror. (See Reference Form in Section 3. General Terms, Conditions, and Instructions)

### **EVALUATION CRITERIA**

*Several factors, in addition to costs, will be taken into account when evaluating proposals.*

Roanoke County shall provide the mechanism for the evaluation of all information received, the final determination of responsible Offerors, and reserves the right to waive informalities and to accept or reject any or all proposals.

## 2. Procedural Requirements

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The criteria below will be utilized in the evaluation of qualifications for development of the shortlist of those Offerors to be considered for interviews/demonstrations and/or potential negotiations.

- (a) Company background, staffing and experience: The character, integrity, reputation, judgment, experience and efficiency of the bidder.
- (b) References: Provide five (5) references with contact names, companies and phone numbers. These references must be for firms who have purchased the same types of products and/or services.
- (c) The quality of performance of previous contracts, products and/or services.
- (d) Reporting capabilities.
- (e) Company financial status: The sufficiency of the financial resources and the ability of the bidder to perform the contract.
- (f) Proposal Submission completeness and compliance with the specifications, including quality of written proposal, oral interview(s) and overall responsiveness of offeror.
- (g) Service and support offering. The ability, capacity and skill of the Offer to perform or provide the service. The ability of the Offeror to provide future maintenance and/or service.
- (h) Price and Pricing Guarantees. Pricing shall be a factor in evaluating the proposals; however, Roanoke County reserves the right to purchase other than low bid.
- (i) The previous and existing compliance by the Offeror with laws and policies relating to the contract.
- (l) Whether the Offeror can perform the contract and provide service promptly.
- (m) The ability of the Offeror to respond to problems and concerns.
- (n) Delivery – including adequacy of proposal networks.
- (o) Quality of administration and services; appropriateness of plan of benefits.

### **BASIS FOR AWARD**

Information and/or factors gathered during interviews, negotiations and any reference checks, in addition to the evaluation criteria stated in the RFP, and any other information or factors deemed relevant by the County, shall be utilized in the final award. Respondents are

## 2. Procedural Requirements

encouraged to submit proposals that the respondent feels best meets the needs of Roanoke County. The County will make the final determination of the proposal that best meets the needs of Roanoke County.

### **3. General Terms, Conditions and Instructions**

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#### **GENERAL TERMS, CONDITIONS, AND INSTRUCTIONS**

**READ CAREFULLY** - Proposals must be submitted in accordance with instructions given in this document. All information requested must be submitted. Failure to do so may result in the proposal being considered non-responsive and, therefore, rejected.

Wherever the term Roanoke County, County or Roanoke County Board of Supervisors is used it is understood to include the Roanoke County School Board, in addition, any contract awarded from this solicitation may be used by Roanoke County Public Schools and any other public entity for which the County of Roanoke acts as a fiscal or purchasing agent.

#### **SUBMISSION AND RECEIPT OF PROPOSALS**

- (a) To be considered, all proposals must be delivered in a sealed envelope, clearly marked with the words "Proposal Documents", proposal number and the title of the Request for Proposal and received in the Roanoke County Finance Department/Purchasing Division no later than the specified date and time for the Request for Proposal opening. Failure to timely submit such proposal shall disqualify the Offeror and such proposal will be returned to the Offeror unopened. **NO FAXED PROPOSALS WILL BE ACCEPTED.**
- (b) Unless otherwise specified, Offerors must use the Request for Proposal price form furnished by the County. Failure to do so shall be grounds for rejection of the proposal.
- (c) Proposals having any erasures or corrections must be initialed in ink by the Offeror. An authorized officer of the company must sign proposals in ink. Such authorization shall be a part of the proposal document. All quotations must either be typewritten or printed in ink.
- (d) The original proposal response must not be permanently bound as to allow for document scanning for internal recordkeeping and one (1) electronic copy on CD/DVD is preferred.

#### **IMPORTANT NOTICE – ADDENDUMS AND NOTICES OF AWARD**

Vendors may visit <http://roanokecountyva.gov/list.aspx> to sign up to receive emails or text message notices about bids, proposals, addendums, bid tabulation and awards. Vendors can sign up to receive notification in selected commodity/service categories. It is the vendor's responsibility to keep information current in the system in order to receive the notifications. The sign up only requires an email address and/or a cell phone number for receiving text messages (if your phone is capable) and your choice of categories.

Although 'Notify Me' will be the only way to receive automatic notification, all BIDS/RFP Information will continue to be posted on our website, , and can be picked up at the Purchasing Division, 5204 Bernard Drive, Suite 300F, Roanoke, VA 24018. Phone # (540) 772-2020.

Questions should be directed to:

Heath Honaker, Purchasing Manager  
5204 Bernard Drive SW, Suite 300F  
Roanoke, VA 24018

Phone: (540) 283-8146  
hhonaker@roanokecountyva.gov

### **3. General Terms, Conditions and Instructions**

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#### **ACCEPTANCE OR REJECTION OF PROPOSALS**

The County of Roanoke reserves the right to accept or reject any or all offers. The County also reserves the right to award the contract for any such materials, goods or services the County deems will best serve its interests. It further reserves the right to award the contract on a split order basis, lump sum or individual basis, or such combinations as shall best serve the interest of the County. Roanoke County reserves the right to make a site visit to the facility prior to proposal award.

#### **PROPOSAL GUARANTY**

The Offeror must guarantee not to withdraw a proposal during the period of ninety (90) days following the due date or until a contract is signed; that if such proposal is accepted the Offeror will accept and perform under the terms of this RFP, the proposal and any subsequent negotiation and resulting contract.

Modification or withdrawal of a proposal will be executed as outlined in the Roanoke County Procurement Code.

Roanoke County encourages free and open competition. Whenever possible, specifications, proposal invitations, and conditions are designed to accomplish this objective, consistent with the necessity to satisfy Roanoke County's needs and the accomplishment of a sound economical operation. The Offeror's signature on this proposal guarantees that the price offered has been established without collusion with other eligible Offerors and without effort to preclude Roanoke County from obtaining the lowest possible competitive price. The award (s) will be made to the responsible Offeror(s) whose proposal is determined to be most advantageous to Roanoke County based on the evaluation factors set forth in this Request for Proposal.

Costs of developing and delivering responses to the Request for Proposals are entirely the responsibility of the Offeror.

All materials submitted in response to the RFP become the property of Roanoke County upon delivery to the Roanoke County Purchasing Office and are subject to public inspection in accordance with the Virginia Freedom of Information Act.

#### **SELECTION PROCESS/AWARD OF CONTRACT**

As this is a Request for Proposal, no information regarding the identity of either the vendors nor the contents will be released until after the negotiation process.

Proposals may be ranked without interviews; hence, firms are encouraged to submit their initial proposals as comprehensively as possible.

The selection process will be in accordance with **Section 2.2-4302.2 of the Code of Virginia:**

4. For professional services, the public body shall engage in individual discussions with two or more offerors deemed fully qualified, responsible and suitable on the basis of initial responses

### **3. General Terms, Conditions and Instructions**

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and with emphasis on professional competence, to provide the required services. Repetitive informal interviews shall be permissible. The offerors shall be encouraged to elaborate on their qualifications and performance data or staff expertise pertinent to the proposed project, as well as alternative concepts. In addition, offerors shall be informed of any ranking criteria that will be used by the public body in addition to the review of the professional competence of the offeror. The Request for Proposal shall not, however, request that offerors furnish estimates of man-hours or cost for services. At the discussion stage, the public body may discuss nonbinding estimates of total project costs, including, but not limited to, life-cycle costing, and where appropriate, nonbinding estimates of price for services. In accordance with § 2.2-4342, proprietary information from competing offerors shall not be disclosed to the public or to competitors. For architectural or engineering services, the public body shall not request or require offerors to list any exceptions to proposed contractual terms and conditions, unless such terms and conditions are required by statute, regulation, ordinance, or standards developed pursuant to § 2.2-1132, until after the qualified offerors are ranked for negotiations. At the conclusion of discussion, outlined in this subdivision, on the basis of evaluation factors published in the Request for Proposal and all information developed in the selection process to this point, the public body shall select in the order of preference two or more offerors whose professional qualifications and proposed services are deemed most meritorious.

Negotiations shall then be conducted, beginning with the offeror ranked first. If a contract satisfactory and advantageous to the public body can be negotiated at a price considered fair and reasonable and pursuant to contractual terms and conditions acceptable to the public body, the award shall be made to that offeror. Otherwise, negotiations with the offeror ranked first shall be formally terminated and negotiations conducted with the offeror ranked second, and so on until such a contract can be negotiated at a fair and reasonable price.

Notwithstanding the foregoing, if the terms and conditions for multiple awards are included in the Request for Proposal, a public body may award contracts to more than one offeror.

*Should the public body determine in writing and in its sole discretion that only one Offeror is fully qualified, or that one Offeror is clearly more highly qualified than the others under consideration, a contract may be negotiated and awarded to that Offeror.*

#### **INVOICES**

The contractor must send all invoices directly to the payment address shown on the purchase order/contract and must submit invoices for items ordered, delivered and accepted by Roanoke County. All invoices must show the purchase order/contract number. All contractors need to be properly registered as a payment vendor for the County. An on-line **Vendor Payment Registration** is found on the Purchasing website. All vendors previously registered are still in the system as a payment vendor. This system will no longer be used for notification of IFB/RFP's.

#### **PERFORMANCE BOND**

At the time of or prior to the execution of the contract, the County reserves the right to require the successful Offeror to furnish a performance and/or labor and material payment bond with corporate surety, satisfactory to the County of Roanoke, in the amount of the contract price.

### **3. General Terms, Conditions and Instructions**

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#### **QUALITY**

All materials used for the manufacture or construction of any supplies, materials or equipment covered by this contract shall be of the best quality available.

#### **ACCEPTANCE OF MATERIAL**

Until such time as all the conditions in the contract are fulfilled, the County reserves the right to refuse and return material, at the seller's expense.

#### **WARRANTY/RETURNS**

Clearly specify your warranty of product and handling of returns, including turnaround time on faulty equipment. Warranties and other technical data are to be included.

#### **DELIVERY**

Time is of the essence for delivery of any items, products or service procured as a result of this contract. If delivery is not made at the time specified on the Request for Proposal or subsequent negotiations, the County reserves the right to call in any and all bonds or other security given for performance, to cancel the order, or any part thereof, without obligation, to declare the seller in default, and to disqualify the seller from bidding on future County contracts.

#### **DEFAULT**

In case of failure to provide goods/services as specified herein, Roanoke County, after due written notice, may procure goods/services from other sources and hold the contractor responsible for any and all excess cost occasioned thereby.

#### **COPYRIGHT OR PATENT RIGHTS**

The Offeror warrants that there have been no violations of copyrights or patent rights in the manufacture, production or sale of the goods shipped or ordered as a result of this proposal. The Offeror agrees that the County of Roanoke shall be indemnified and held harmless from any and all liability or expense occasioned by any such violations.

#### **TAX EXEMPTION**

The County of Roanoke is exempt from any taxes imposed by State and/or Federal Government. Upon notification, the County will furnish a certificate of tax exemption.

#### **CERTIFICATION AND ABILITY**

The County of Roanoke reserves the right to request from the Offeror, a separate manufacturer's certification of all statements made in the proposal. The County may request any or all to furnish proof of experience, ability and financial standing.

#### **COMPLIANCE WITH LAWS**

The Offeror is responsible for compliance with all Local, State and/or Federal laws and regulations. The County of Roanoke shall be held harmless from any liability.

#### **AUTHORITY TO TRANSACT BUSINESS IN VIRGINIA**

A Contractor organized as a stock or non-stock corporation, limited liability company, business

### **3. General Terms, Conditions and Instructions**

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trust, or limited partnership or registered as a registered limited liability partnership shall be authorized to transact business in the Commonwealth as a domestic or foreign business entity if so required by Title 13.1 or Title 50 of the Code of Virginia or as otherwise required by law. Any business entity described herein that enters into a Contract with the County pursuant to the Virginia Public Procurement Act 2.2-4300 et seq. shall not allow its existence to lapse or its certificate of authority or registration to transact business in the Commonwealth, if so required under Title 13.1 or Title 50 of the Code of Virginia, to be revoked or cancelled at any time during the term of the Contract. The County may void any Contract with a business entity if the business entity fails to remain in compliance with the provisions of this section. All corporations, LLC's and LLP's shall be registered with the State Corporation Commission. To determine whether your firm should register, please contact the SCC.

By my signature on this solicitation, I certify compliance with federal, state, and local laws and regulations applicable to the performance of the services described herein.

#### **RULING LAW**

This request for proposals and any contract executed pursuant hereto of which this request for proposal shall be an internal part shall be governed, controlled and interpreted in accordance with the law of the Commonwealth of Virginia without reference to its conflict of law principles. Each party to such contract shall there by submit to the exclusive jurisdiction of the Circuit Court of the County of Roanoke or, in the event that jurisdiction is authorized, to the United States District Court for the Western District of Virginia, sitting at Roanoke, Virginia.

#### **NONDISCRIMINATION PROVISIONS**

During the performance of this contract, the contractor will not discriminate against any employee or applicant for employment because of age, race, religion, color, sex or national origin, except where religion, sex or nation origin is a bona fide occupational qualification reasonably necessary to the normal operation of the contractor. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause. The contractor, in all solicitations or advertisements for employees placed by or on behalf of the contractor, will state that such contractor is an equal opportunity employer.

#### **INSURANCE**

The CONTRACTOR shall purchase and maintain such insurance as will protect him from claims set forth below which may arise out of or result from the CONTRACTOR'S execution of the WORK, whether such execution be by himself or by any SUBCONTRACTOR or by anyone directly or indirectly employed by any of them, or by anyone for whose acts any of them may be liable:

Claims under workmen's compensation, disability benefit and other similar employee benefit acts; and

Claims for damages because of bodily injury, occupational sickness or disease, or death of his employees; and

### **3. General Terms, Conditions and Instructions**

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Claims for damages because of bodily injury, sickness liability coverage which are sustained (1) by any person as a result of an offense directly or indirectly related to the employment of such person by the CONTRACTOR, or (2) by any other person; and

Claims for damages because of bodily injury, sickness, or disease, or death of any person other than his employees; and

Claims for damages because of injury in or destruction of tangible property, including loss of use resulting there from.

Certificates of insurance acceptable to the OWNER shall be filed with the OWNER prior to coverage's afforded under the policies will not be canceled unless at least fifteen (15) days prior WRITTEN NOTICE has been given to the OWNER.

The CONTRACTOR shall procure and maintain, at his own expense, during the CONTRACT TIME, liability insurance as hereinafter specified:

CONTRACTOR'S General Public Liability and Property Damage Insurance including vehicle coverage issued to the CONTRACTOR and protecting him from all claims for personal injury, including death, and all claims for destruction of or damage to property, arising out of or in connection with any operations under the CONTRACT DOCUMENTS, whether such operations be by himself or by any SUBCONTRACTOR under him, or anyone directly or indirectly employed by the CONTRACTOR or by a SUBCONTRACTOR under him. Insurance shall be written with a limit of liability of not less than \$1,000,000 for all damages arising out of bodily injury, including death, at any time resulting there from, sustained by any one person in any one accident; and a limit of liability of not less than \$1,000,000 aggregate for any such damages sustained by two or more persons in any one accident. Insurance shall be written with a limit of liability of not less than \$1,000,000 for all property damage sustained by any one person in any one accident; and a limit of liability of not less than \$1,000,000 aggregate for any such damage sustained by two or more persons in any one accident.

The CONTRACTOR shall procure and maintain, at his own expense, during the CONTRACT TIME, in accordance with the provisions of the laws of the state in which the WORK is performed. Workmen's Compensation Insurance, including occupational disease provisions, for all of his employees at the site of the PROJECT and in case any WORK is sublet, the CONTRACTOR shall require each SUBCONTRACTOR similarly to provide Workmen's Compensation Insurance, including occupational disease provisions for all of the latter's employees unless such employees are covered by the protection afforded by the CONTRACTOR. In case any class of employees engaged in hazardous WORK under this CONTRACT at the site of the PROJECT is not protected under Workmen's Compensation statute, the CONTRACTOR shall provide, and shall cause each SUBCONTRACTOR to provide, adequate and suitable insurance for the protection of his employees not otherwise protected.

### **3. General Terms, Conditions and Instructions**

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#### **SPECIAL INSTRUCTIONS:**

##### **ANTITRUST**

By entering into a contract, the Offeror conveys, sells, assigns and transfers to Roanoke County all rights, title, and interest in and to all causes of the action it may now or hereafter acquire under the antitrust laws of the United States and the Commonwealth of Virginia, relating to the particular goods or services purchased or acquired by Roanoke County under said contract.

##### **AVAILABILITY OF FUNDS**

It is understood and agreed between the parties herein that Roanoke County shall be bound hereunder only to the extent of the funds available or which may hereafter become available for the purpose of this contract.

##### **ASSIGNMENT OF CONTRACT**

A contract shall not be assignable by the in whole or in part without the written consent of Roanoke County.

##### **CONTRACT**

Any contract resulting from this proposal shall consist of the following documents: the General Terms and Conditions and the Specifications, both of which are contained in the Request for Proposal, together with the Offeror's response, which consists of this document, the Price Schedule and other related documents attached hereto or submitted with this Request for Proposal.

##### **MODIFICATION OF CONTRACT**

This RFP and any subsequent contract constitute the entire agreement between the Offeror and Roanoke County. No alteration, amendment, or modification in the provisions of the contract shall be effective unless it is put in writing, signed by all parties and attached.

##### **CANCELLATION OF CONTRACT**

Roanoke County reserves the right to cancel and terminate any resulting contract, with a 30-day written notice to the contractor. Any contract cancellation notice will not relieve the contractor of the obligation to deliver and/or perform on all services prior to the effective date of cancellation. Cancellation of the contract would become effective the thirty-first day after notification. Data for cancellation of the contract will be gathered by Roanoke County. The opinion of Roanoke County as to lack of performance will be final and without appeal.

##### **IMMIGRATION REFORM AND CONTROL ACT OF 1986**

By signing this proposal, the Offeror certifies that the firm does not and will not during the performance of this contract employ illegal alien workers or otherwise violate the Federal Immigration Reform and Control Act of 1986.

##### **KICKBACKS**

I certify and warrant that by my signature on this solicitation, neither I nor the Offeror for whom I am authorized to act has offered or received any kickback from any other Offeror, supplier, manufacturer, or subcontractor in connection with proposal on this contract, subcontractor in

### **3. General Terms, Conditions and Instructions**

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order, in the form of any payment, loan, subscription, advance, deposit of money, services or anything, present or promised, unless consideration of substantially equal or greater value is exchanged. Further, no person shall demand or receive any payment, loan, subscription, advance, and deposit of money, service, or anything of more than nominal value, present or promised, unless consideration of substantially equal or greater value is exchanged.

#### **DEBARMENT**

By my signature on this solicitation, I certify that this person/firm/corporation is not currently barred from bidding on contracts by any agency of the Commonwealth of Virginia or the federal government of the United States of America, nor is this person/firm/corporation a part of any firm/corporation that is currently barred from bidding on contracts by any agency of the Commonwealth of Virginia or the federal government of the United States of America. I have attached an explanation of the previous debarment(s) and copies of notice(s) of reinstatement(s).

#### **INDEMNIFICATION**

To the fullest extent permitted by law, the Vendor shall indemnify and hold harmless the County of Roanoke and their agents and employees from and against all claims, damages, losses and expenses, including but not limited to, attorneys' fees, arising out of or resulting from the performance of the Work, provided that any such claim, damage, loss or expense (1) is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property (other than the Work itself) including the loss of use resulting there from, and (2) is caused in whole or in part by any negligent act or omission of the Vendor, any Subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, regardless of whether or not it is caused in part by a party indemnified hereunder. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity which would otherwise exist as to any party or person described in this paragraph.

The County cannot legally agree to any clause indemnifying the contractor from any damages arising out of the contract or holding the contractor harmless. The submission of a bid or proposal means that the contractor agrees not to request such language in the resulting contract.

#### **DRUG-FREE WORKPLACE**

During the performance of this contract, the contractor agrees to (i) provide a drug-free workplace for the contractor's employees; (ii) post in conspicuous places, available to employees and applicants for employment, a statement notifying employees that the unlawful manufacture, sale distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in violation of such prohibition; (iii) state in all solicitations or advertisements for employees placed by or on behalf of the contractor that the contractor maintains a drug-free workplace; and (iv) include the provisions of the foregoing clauses in every subcontract or purchase order of over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

For the purposes of this section, "drug-free workplace" means a site for the performance of

### **3. General Terms, Conditions and Instructions**

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work done in connection with a specific contract awarded to a contractor in accordance with this chapter, the employees of whom are prohibited from engaging in the unlawful manufacture, sale, distribution, dispensation, possession or use of any controlled substance or marijuana during the performance of the contract.

#### **DATA ON CONVICTIONS FOR CERTAIN CRIMES AND CHILD ABUSE AND NEGLECT**

The Proposer certifies that none of the persons who will provide services requiring direct contact with students on school property during school hours or during school-sponsored activities has been convicted of any of the following felony or misdemeanor offenses: felony sex or violence offenses, other felony offenses or misdemeanor sex offenses within the past ten years.

The Proposer further understands and acknowledges (1) that if he makes a materially false statement regarding any of the above offenses, he will be guilty of a Class 1 misdemeanor and may forfeit profits derived from the contract. Further, the Proposer understands and acknowledges that before any person is permitted to provide such services subsequent to this certification, he must complete a new certification regarding such person in a form satisfactory to the School Board. The required certification form is attached hereto.

#### **PROPRIETARY INFORMATION**

Ownership of all data, materials, and documentation originated and prepared for the County of Roanoke pursuant to the REQUEST FOR PROPOSAL shall belong exclusively to the County and be subject to public inspection in accordance with the Virginia Freedom of Information Act. Trade secrets or proprietary information submitted by an Offeror shall not be subject to public disclosure under the Virginia Freedom of Information Act; however, the Offeror must invoke the protections of Section 2.2-4342F of the Code of Virginia, in writing, either before or at the time the data or other material is submitted.

The Offeror must specifically identify the data or materials to be protected and state the reasons why protection is necessary on the "Notice of Proprietary Information Form" below. In addition, the proprietary or trade secret material submitted must be identified by some distinct method such as highlighting or underlining in the Proposal and must indicate only the specific words, figures, or paragraphs that constitute trade secret or proprietary information.

The classification of an entire proposal document, line item prices, and/or total proposal prices as proprietary or trade secrets is not acceptable and may result in rejection of the proposal.

### 3. General Terms, Conditions and Instructions

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#### **NOTICE OF PROPRIETARY INFORMATION FORM** **RFP #2019-017 Group Medical and Reinsurance Programs**

Confidentiality References Protection in Accordance with the Code of Virginia, Section 2.2-4342

Section Title	Page #	Reason(s) for Withholding from Disclosure

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

- A) This page contains information relating to "trade secrets", and "proprietary information" including processes. Operations, style of work, or apparatus. Identify confidential statistical data. Amount or source of any income...of any person (or) partnership. See Virginia Public Procurement Act. Section 2.2-4342. Unauthorized disclosure of such information would violate the Trade Secrets Act 18 U.S.C. 1905.
- B) This page contains proprietary information including confidential, commercial or financial information, which was provided to the Government on a voluntary basis and is of the type that would not customarily release to the public. See Virginia Public Procurement Act, Section 2.2-4342; 5 U.S.C. 552 (b) (4); 12 C.F.R. 309.5(c) (4).
- C) This page contains proprietary information including confidential, commercial or financial information. The disclosure of such information would cause substantial harm to competitive position and impair the Government's ability to obtain necessary information from contractors in the future. 5 U.S.C. See Virginia Public Procurement Act. Section 2.2-4342; 552 (b) (4); 12 C.F.R. 309.5(c) (4).4342; 552 (b) (4); 12 C.F.R. 309.5 (c) (4).

### 3. General Terms, Conditions and Instructions

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**RFP# 2019-017 Group Medical and Reinsurance Programs**  
**DATA ON CONVICTIONS FOR CERTAIN CRIMES AND CHILD ABUSE AND NEGLECT**  
**CERTIFICATION OF CONTRACTOR**

Full Name of Contractor: \_\_\_\_\_

Description of Contract: \_\_\_\_\_

As required by Section 22.1-296.1 of the Code of Virginia, the undersigned hereby certifies that none of the persons who will provide services requiring direct contact with students on school property during school hours or during school-sponsored activities has been convicted of a felony or any offense involving the sexual molestation, physical or sexual abuse or rape of a child.

I further understand and acknowledge (1) that if I make a materially false statement regarding any of the above offenses, I will be guilty of a Class 1 misdemeanor and (2) that before any person is permitted to provide such services subsequent to this certification, I must complete a new certification regarding such person.

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

\_\_\_\_\_  
Name of Contractor

By: \_\_\_\_\_

\_\_\_\_\_  
TITLE

### **3. General Terms, Conditions and Instructions**

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**REFERENCE FORM**  
**RFP #2019-017 Group Medical and Reinsurance Programs**

Name of Entity \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Length of Business Relationship \_\_\_\_\_

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Name of Entity \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Length of Business Relationship \_\_\_\_\_

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Name of Entity \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Length of Business Relationship \_\_\_\_\_

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Name of Entity \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Length of Business Relationship \_\_\_\_\_

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Name of Entity \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Length of Business Relationship \_\_\_\_\_

## 4. General Information

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<b>Employer:</b>	County of Roanoke, Roanoke County Schools, Western Virginia Regional Jail Authority (WVRJA), Roanoke Valley Resource Authority (RVRA), and Regional Center for Animal Care and Protection (RCACP)
<b>Enrollment:</b>	1,026 – County of Roanoke, RVRA, and RCACP 1,619 – Roanoke County Schools 173 – Western Virginia Regional Jail Authority <b>2,818 Total Enrollment</b>
<b>Coverages to be Bid:</b>	Medical and Reinsurance
<b>Present Carriers:</b>	Anthem Blue Cross Blue Shield (medical and reinsurance)
<b>Proposal Effective Date:</b>	July 1, 2019
<b>Plan Year:</b>	12 months
<b>Proposal Due Date:</b>	September 14, 2018
<b>Current Funding Arrangement:</b>	ASO with \$200,000 specific reinsurance
<b>Claims Experience:</b>	See Attachment B
<b>Commissions:</b>	Your quote should be <u>net of commissions</u> .

## 5. Current Plan Design/Proposed Plan Design

### **Current Plan Design**

County of Roanoke (including RVRA and RCACP):

Current plan: PPO Plan: called “KC 1000” PPO plan with HRA; County makes a contribution to the HRA in the amount of \$500 for single coverage and \$1,000 for all other membership tiers (change effective July 1, 2017)

Roanoke County Public Schools:

Current plan: PPO Plan: called “KC 1000” PPO plan with HRA; Schools makes a contribution to the HRA in the amount of \$500 for single coverage and \$1,000 for all other membership tiers (change effective July 1, 2018)

Western Virginia Regional Jail Authority (WVRJA):

- A. PPO Plan: called “Modified KC 200” PPO Plan (this plan was grandfathered July 1, 2017)
- B. PPO Plan: called “KC 1000” PPO plan with HRA; WVRJA makes a contribution to the HRA in the amount of \$500 for single coverage and \$1,000 for all other membership tiers all new enrollees are enrolled in this plan (change effective July 1, 2017)

Note: Currently all plans have a calendar year deductible and out-of-pocket accumulation period.

### **Historical Information**

July 1, 2015: Prescription drug was carved out to Express Scripts and reinsurance was carved out to Symetra

July 1, 2017: The County of Roanoke eliminated the Modified KC 200 PPO plan; all employees moved to the KC 1000 with HRA and Western Virginia Regional Jail Authority grandfathered current participants in the Modified KC200 PPO plan; all new WVRJA employees are required to enroll in the KC 1000 with HRA

July 1, 2018: Roanoke County Public Schools eliminated the Modified KC200 PPO plan; all employees moved to the KC 1000 with HRA; Carryover deductible provision was eliminated

Both plans were offered by the County for five years prior to the changes described above.

### **Eligibility**

New hires are covered on the first of the month following date of hire.

## 5. Current Plan Design/Proposed Plan Design



### Anthem KeyCare 1,000 PPO (7/1/18-6/30/19)

In-Network Services	You Pay
<b>Preventive Care Services</b> Preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.	
* During the course of a routine screening procedure, abnormalities or problems may be identified that require immediate intervention or additional diagnosis. If this occurs, and <i>your</i> provider performs additional necessary procedures, the service will be considered diagnostic and/or surgical, rather than screening, depending on the claim for the services submitted by <i>your</i> provider, which will result in a member cost share.	<b>No charge*</b>
<b>Routine Vision</b> annual routine eye exam <i>Plus – valuable discounts on eyewear</i>	\$15 for each visit
<b>All Other In-Network Services</b> You will pay all the costs associated with your care until you have paid \$1,000 in one calendar year. This is known as your deductible.  If two people are covered under your plan, each of you will pay the first \$1,000 of the cost of your care (\$2,000 total). If three or more people are covered under your plan, together you will pay the first \$2,000 of the cost of your care. However, the most one family member will pay is \$1,000. <b>Once you reach your deductible you pay:</b>	<b>You Pay</b>
<b>Doctor Visits</b> office visits urgent care visits home visits pre- and postnatal office visits mental health and substance abuse visits in-office surgery	20% of the amount the health care professionals in our network have agreed to accept for their services  physical and occupational therapy in an office setting (30 combined visits)* speech therapy visits in an office setting (30 visit limit)* spinal manipulations and other manual medical intervention visits (30 visit limit)
<i>Limit does not apply to Early Intervention and Autism Spectrum Disorder.</i>	
<b>Labs, Diagnostic X-rays and Other Outpatient Services</b> diagnostic lab services shots and therapeutic injections medical appliances, supplies and medications, including infusion medications durable medical equipment chemotherapy (not given orally), radiation, cardiac and respiratory therapy	20% of the amount the health care professionals in our network have agreed to accept for their services
diabetic supplies, equipment and education	Member cost shares will be dependent on the services rendered.
<b>Autism Spectrum Disorder (ASD) – For children from age 2 through 10</b> diagnosis and treatment of autism spectrum disorder including: behavioral health treatment* psychiatric care therapeutic care**	Member cost shares will be dependent on the services rendered.
<b>* Mental Health Services</b> <b>**Unlimited physical, occupational and speech therapy.</b>	
applied behavioral analysis	20% of the amount the health care professionals in our network have agreed to accept for their services
<b>Early Intervention – For children from birth up to age 3</b> unlimited per member per calendar year up to age 3	Member cost shares will be dependent on the services rendered.

Your benefit period runs on a calendar year. A calendar year means your benefit period runs from January through December.

*For benefits listed with specific limits all services received in the calendar year for that benefit are applied to that limit (whether received in or out of network).*

## 5. Current Plan Design/Proposed Plan Design

In-Network Services	You Pay
<b>Outpatient Visits in a Hospital or Facility</b>	
physical therapy and occupational therapy (30 combined visits)* speech therapy (30 visit limit)* surgery emergency room physician services mental health and substance abuse partial-day treatment programs <i>* Limit does not apply to Early Intervention and Autism Spectrum Disorder.</i>	<b>20%</b> of the amount the health care professionals in our network have agreed to accept for their services
<b>Care at Home</b>	
home health care (100 visit limit) private duty nursing limited to 16 hours per member per calendar year* <i>*Since there is no network for this service, you may be billed for the difference between what we pay for this service and the amount the private duty nursing service charged.</i>	<b>20%</b> of the amount the health care professionals in our network have agreed to accept for their services
hospice care	<b>No charge</b>
<b>Inpatient Stays in a Network Hospital or Facility</b>	
semi-private room, intensive care or similar unit physician, nursing and other medically necessary professional services in the hospital including anesthesia, surgical and maternity delivery services skilled nursing facility care (100 days for each admission)	<b>20%</b> of the amount the health care professionals in our network have agreed to accept for their services
Out-of-Network	
<b>Using doctors, hospitals and other health care professionals not contracted to provide benefits</b>	
It's important to remember that health care professionals not in our network can charge whatever they want for their services. If what they charge is more than the fee our network health care professionals have agreed to accept for the same service, they may bill you for the difference between the two amounts. You will pay all the costs associated with the covered services outlined in this insert until you have paid \$1,500 in one calendar or plan year. This is called your out-of-network deductible.	
If two people are covered under your plan, each of you will pay the first \$1,500 of the cost of your care (\$3,000 total). If three or more people are covered under your plan, together you will pay the first \$3,000 of the cost of your care. However, the most one family member will pay is \$1,500.	
Once you have reached this amount, when you receive covered services we will pay 60% of the fee our network health care professionals have agreed to accept for the same service. You will pay the rest, including any difference between the fee our network health care professionals have agreed to accept for the same service and the amount the health care professional not in our network charges. If you go to an eye care professional not in our network for your routine eye examination, we will pay \$30 (whether or not you have reached the \$1,500 out-of-network deductible) and you will pay the rest of what	
Out-of-Pocket	
<b>What You Will Pay for Covered Services in One Calendar</b>	
<b>When using network professionals</b>	
If you are the only one covered by your plan, you will pay \$3,500 for covered services outlined in this insert. Once you have reached this amount, your payment for covered services is \$0, except for those services listed below that do not count toward the annual out-of-pocket maximum.*	
If two people are covered under your plan, each of you will pay \$3,500 (\$7,000 total). If three or more people are covered under your plan, together you will pay \$7,000. However, no family member will pay more than \$3,500 toward the limit.	
<b>When not using network professionals</b>	
If you are the only one covered by your plan, you will pay \$5,250 for covered services outlined in this insert. Once you have reached this amount, your payment for covered services is \$0, except for those services listed below that do not count toward the annual out-of-pocket maximum.*	
If two people are covered under your plan, each of you will pay \$5,250 (\$10,500 total). If three or more people are covered under your plan, together you will pay \$10,500. However, no family member will pay more than \$5,250 toward the limit.	
<b>*The following do not count toward the calendar or plan year out-of-pocket maximum:</b>	
your share of the cost of prescription drugs and routine vision care the cost of care received when the benefit limits have been reached the cost of services and supplies not covered under your Anthem KeyCare 1,000 plan the additional amount health care professionals not in our network may bill you when their charge is more than what we pay	

*This benefits overview insert is only one piece of your entire enrollment package.*

*See the enrollment brochure for a list of your plan's exclusions and limitations and applicable policy form numbers.*

## 5. Current Plan Design/Proposed Plan Design



## **Anthem Modified KeyCare 200 PPO (7/1/18-6/30/19)**

Your benefit period runs on a calendar year. A calendar year means your benefit period runs from January through December.

*For benefits listed with specific limits all services received in the calendar year for that benefit are applied to that limit (whether received in or out-of-network).*

## 5. Current Plan Design/Proposed Plan Design

In-Network Services	You Pay
diabetic supplies, equipment and education	Member cost shares will be dependent on the services rendered.
<b>Outpatient Visits in a Hospital or Facility</b>	
physical therapy and occupational therapy speech therapy emergency room surgery physician services partial day mental health and substance services	<b>20%</b> of the amount the health care professionals in our network have agreed to accept for their services
<b>Care at Home</b>	
home health care (90 visit limit) private duty nursing limited to 16 hours per member per calendar year* <i>*Since there is no network for this service, you may be billed for the difference between what we pay for this service and the amount the private duty nursing service charged.</i>	<b>20%</b> of the amount the health care professionals in our network have agreed to accept for their services
hospice care	<b>No charge</b>
<b>Inpatient Stays in a Network Hospital or Facility</b>	
semi-private room, intensive care or similar unit physician, nursing and other medically necessary professional services in the hospital including anesthesia, surgical and maternity delivery services skilled nursing facility care (100 days for each admission)	<b>20%</b> of the amount the health care professionals in our network have agreed to accept for their services
Out-of-Network	
<b>Using Doctors, Hospitals and Other Health Care Professionals Not Contracted to Provide Benefits</b>	
It's important to remember that health care professionals not in our network can charge whatever they want for their services. If what they charge is more than the fee our network health care professionals have agreed to accept for the same service, they may bill you for the difference between the two amounts. You will pay all the costs associated with the covered services outlined in this insert until you have paid \$500 in one calendar or plan year. This is called your out-of-network deductible.	
If two people are covered under your plan, each of you will pay the first \$500 of the cost of your care (\$1,000 total). If three or more people are covered under your plan, together you will pay the first \$1,000 of the cost of your care. However, the most one family member will pay is \$500.	
Once you have reached this amount, when you receive covered services we will pay 60% of the fee our network health care professionals have agreed to accept for the same service. You will pay the rest, including any difference between the fee our network health care professionals have agreed to accept for the same service and the amount the health care professional not in our network charges. If you go to an eye care professional not in our network for your routine eye examination, we will pay \$30 (whether or not you have reached the \$500 out-of-network deductible) and you will pay the rest of what the professional charges.	
Out-of-Pocket	
<b>What You Will Pay for Covered Services in One Calendar or Plan Year</b>	
<b>When using network professionals</b>	
If you are the only one covered by your plan, you will pay \$4,000 for covered services outlined in this insert. Once you have reached this amount, your payment for covered services is \$0, except for those services listed below that do not count toward the annual out-of-pocket maximum.*	
If two people are covered under your plan, each of you will pay \$4,000 (\$8,000 total). If three or more people are covered under your plan, together you will pay \$8,000. However, no family member will pay more than \$4,000 toward the limit.	
<b>When not using network professionals</b>	
If you are the only one covered by your plan, you will pay \$4,500 for covered services outlined in this insert. Once you have reached this amount, your payment for covered services is \$0, except for those services listed below that do not count toward the annual out-of-pocket maximum.*	
If two people are covered under your plan, each of you will pay \$4,500 (\$9,000 total). If three or more people are covered under your plan, together you will pay \$9,000. However, no family member will pay more than \$4,500 toward the limit.	
<b>*The following do not count toward the calendar or plan year out-of-pocket maximum:</b>	
your share of the cost of prescription drugs and routine vision care the cost of care received when the benefit limits have been reached the cost of services and supplies not covered under your Anthem KeyCare 200 plan the additional amount health care professionals not in our network may bill you when their charge is more than what we pay	

## 5. Current Plan Design/Proposed Plan Design

### **Proposed Plan Designs**

Provide pricing for the following options:

1. All employees will be offered the current PPO 1000 with HRA (employer contribution of \$500 single/ \$1,000 all other); modified PPO 200 will be eliminated for all remaining employees
2. All employees will be offered the choice of two plans:
  - a. Current PPO 1000 with HRA
  - b. High Deductible Health plan A (defined below) with an HSA; assume an employer contribution of \$500 single/\$1,000 all other
3. All employees will be offered the choice of two plans:
  - a. Current PPO 1000 with HRA
  - b. High Deductible Health plan B (defined below) with an HSA; assume an employer contribution of \$500 single/\$1,000 all other
4. All employees will be offered the choice of two plans:
  - a. Current PPO 1000 with HRA
  - b. High Deductible Health plan A (defined below) with an HRA; assume an employer contribution of \$500 single/\$1,000 all other
5. All employees will be offered the choice of two plans:
  - a. Current PPO 1000 with HRA
  - b. High Deductible Health plan B (defined below) with an HRA; assume an employer contribution of \$500 single/\$1,000 all other

All plans should include a carryover deductible provision which was eliminated 7/1/2018.

Prescription drug benefits for all plans will continue to be administered by WellDyne Rx and are not under consideration for this RFP. For HSA options, TPA must be able to accept pharmacy claims and track a combined medical and prescription drug deductible and out-of-pocket.

## 5. Current Plan Design/Proposed Plan Design

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### Proposed Plan Designs

	HDHP A	HDHP B
Deductible - Individual/Family	\$2,000/\$4,000	\$3,000/\$6,000
<b>Annual Out of Pocket Expense limited</b>		
For covered Medical services per CY - Individual/Family	\$5,000/\$10,000	\$5,000/\$10,000
<b>In-Network Outpatient Services</b>		
Doctor Office, Urgent Care Visits, Home Visits or pre and post-natal office visits	20% AC after deductible	20% AC after deductible
Outpatient X-rays, Tests, Allergy Shots and Therapeutic Injections	20% AC after deductible	20% AC after deductible
Preventive Care / Annual Check-ups	None	None
Annual Routine Eye Exam	20% AC after deductible	20% AC after deductible
Outpatient Radiation Therapy, Chemotherapy (not by oral means), Renal Dialysis, IV Therapy and Respiratory Therapy	20% AC after deductible	20% AC after deductible
Hospital Facility Care Outpatient Services (Surgery, treatment of accidental injuries and medical emergencies)	20% AC after deductible	20% AC after deductible
Home Health Care (90 visits per CY)	20% AC after deductible	20% AC after deductible
Manual Medical Intervention (limited to 30 visits per CY)	20% AC after deductible	20% AC after deductible
Therapy Visits (Occupational, Physical, Speech)	20% AC after deductible	20% AC after deductible
<b>In-Network Inpatient Services</b>		
Hospital Care (unlimited number of days, semi-private room, ancillaries, intensive care or similar unit)	20% AC after deductible	20% AC after deductible
Skilled Nursing Home Care (100 days per confinement)	20% AC after deductible	20% AC after deductible
<b>Other Services</b>		
Professional Ground Ambulance Services	20% AC after deductible	20% AC after deductible
Durable Medical Equipment (DME)	20% AC after deductible	20% AC after deductible
Outpatient Private Duty Nursing (\$500 limit per CY)	20% AC after deductible	20% AC after deductible
Autism Spectrum Disorder (ASD) for children ages 2-6	20% AC after deductible	20% AC after deductible
<b>Out-of-Network Care</b>		
For all Outpatient, Inpatient, and other Services	Ded: \$3,000/\$6,000 40% AC Out of Pocket: \$6,000/\$12,000	Ded: \$3,000/\$6,000 40% AC Out of Pocket: \$6,000/\$12,000
<b>Outpatient Prescription Drug Program (includes all approved FDA contraceptives and devices)</b>	<b>Administered by WellDyne Rx – For HSA Options, Out-of-pocket is combined with medical and copays apply after the deductible</b>	
Rx Deductible - Individual/Family	N/A	N/A
<b>Out-of-Pocket Maximum HRA OPTIONS ONLY</b>	<b>\$2,500</b>	<b>\$2,500</b>
31-day supply (Retail)	\$10/\$25/the greater of \$40 or 20% coinsurance with a \$100 per prescription maximum	\$10/\$25/the greater of \$40 or 20% coinsurance with a \$100 per prescription maximum
90-day supply (Mail Order)	\$20/\$50/the greater of \$80 or 20% coinsurance with a \$200 per prescription maximum	\$20/\$50/the greater of \$80 or 20% coinsurance with a \$200 per prescription maximum

## 6. Questionnaire

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The following questionnaire will assist The County of Roanoke, Roanoke County Schools, Western Virginia Regional Jail Authority the Roanoke Valley Resource Authority, and RCACP in evaluating the quality of care and benefits being offered to employees, eligible retirees and dependents as well as assist in the evaluation of the financial and contractual information requested of the offeror. An offeror's evaluation score will not be adversely impacted if a specific question does not apply.

### **INSTRUCTIONS**

1. Each question and response must be provided in Tab III.
2. Answer all questions fully, clearly and **concisely** unless a specific question is not applicable to the service you are proposing to provide.
3. Each response must immediately follow the respective question. The question as well as the answer shall be typed. All questions and responses shall be numbered/labeled exactly as in this Questionnaire.
4. If the offeror is unable to answer a question or the question does not apply, the offeror shall indicate why.
5. If the offeror is unwilling to disclose particular information asked in a question, the offeror shall indicate why.
6. Samples of documents requested in the Questionnaire should be labeled with the corresponding question number and submitted as outlined on page 5, Proposal Format.
7. This questionnaire includes questions that pertain to Medical and Reinsurance plans. Please complete the sections of the questionnaire that are relevant to the proposal you are offering. The table below outlines the sections that should be completed for each option.

Questionnaire Section	Medical	Reinsurance
General Information	✓	✓
Enrollment/Eligibility and Administration	✓	✓
Networks	✓	
Managed Mental Health Program	✓	
Health Management Services	✓	
Data Management	✓	✓
Financial	✓	✓
Reinsurance		✓

## 6. Questionnaire

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### **GENERAL INFORMATION**

1. Type in the following information:

Point of Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone/Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

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

Yes  No

If not, please summarize all deviations and include the summary in the Deviations Exhibit in Tab II.

3. Please provide pertinent financial data that demonstrates your organization's ability to successfully perform the contract. Provide your most recent ratings by each of the following:

Company	Rating	Date of Rating	Legal Name of Company to Which Rating Applies
A.M. Best			
Fitch			
Moody's			
Standard & Poors			

4. Please fill in the tables below, indicating 1) the number of employees within your organization and 2) the number of group health members.

Number of employees of your firm in:	# of employees		
Roanoke Valley			
Virginia			
Nationwide			

Number of Members in:	PPO	POS	Total
Roanoke Valley			
Virginia			
Nationwide			

5. Is your organization currently compliant with HIPAA HITECH legislation as it pertains to Private Health Information and EDI Standards?  
 Yes  No [If No, please explain.]

## 6. Questionnaire

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Do you require the group and/or the consultant to sign a Business Association Agreement (BAA)?

Yes  No [If Yes, please provide sample BAA in TAB VI of response.]

### **ENROLLMENT/ELIGIBILITY AND ADMINISTRATION**

6. What is the location of the claims office that will be processing claims and providing general administration for this account? Indicate if locations are different for medical, prescription drug, and managed mental health. Identify service center locations for each of the following functions:

<b>Function</b>	<b>Service Center Location</b>
Claims Processing	
Eligibility	
Billing	
Account Management	

7. Provide an implementation schedule (in Tab VI of your proposal)

- Detail specific activities, target dates, data requirements, and responsibilities for completion.
- Detail any expenses involved and whether these expenses are included in your pricing.

8. Provide information on any electronic communication that would be required from the County of Roanoke's systems.

9. Describe your ongoing enrollment procedures and annual open enrollment assistance.

- Indicate the services you would be willing to provide, such as on-site assistance with employees, etc.
- Identify any services that would require a separate fee to be paid outside the administrative fees included in the Price Quotations.
- Provide samples of communication materials you have available.

10. Please indicate whether you are providing members with uniform explanation of coverage documents, or Summary of Benefits Coverage (SBC).

- Please indicate the processes in which they will be provided to clients, and
- The timeline required for generating the documents.

11. Discuss the support you can provide the County to provide benefits education outside of open enrollment. Include materials, decision-support tools, on-site meetings, etc.

## 6. Questionnaire

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12. Please list the administrative services that are provided as part of your “standard fees”.
13. Explain your billing process including the frequency of billing.
14. Please explain the process the County must follow to add and delete employees to and from your eligibility system.
  - a. How long does it normally take for your billing department to make requested changes to the bill or monthly accounting statement (additions/deletions) and
  - b. How long does it normally take for the proper adjustments in fees or premium?
15. How long will you allow retroactive changes to be made to the bill?
16. Do you provide automated, interactive telephone service?  **Yes**  **No**
  - a. Is there always an option to default to a customer service representative?  
 **Yes**  **No**
  - b. During what hours is a customer service representative available to take calls?
17. Do the customer service representatives have the authority to resolve problems immediately?  **Yes**  **No**
  - a. What is the percentage of problems that are resolved during the initial call?
18. Confirm that your claims processing system can administer separate accumulators for deductible and out-of-pocket maximums.
19. Should Roanoke want to make a change to a plan year deductible and out-of-pocket accumulation, can you accommodate such a change? Discuss how you will protect employees from being penalized if such a change is implemented 7/1/2019.
20. What percentage of claims do you routinely audit for turnaround time, coding accuracy, and payment accuracy? How frequently do you conduct these audits?
21. Please provide your performance standards and quarterly results for 2017 in the chart below. The results should include the performance of the service team, which would be responsible for County of Roanoke. If different units would be responsible for the different plans, provide standards and results separately for each unit. **Input your standard on each measure.**

Product(s): The results below include the following service units:	Results			
	2017			
Timeliness of claims processing: Standard:	Q1	Q2	Q3	Q4
Results:				

## 6. Questionnaire

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Claims processing accuracy: Standard: Results:				
Telephone inquiry/wait time: Standard: Results:				
Telephone inquiry/ abandonment rate: Standard: Results:				

22. Will there be any additional cost to the County for you to prepare and print employee membership materials?
23. Confirm that you will allow County of Roanoke to review and approve all County-specific communication pieces before they are sent to their employees.
24. To what extent will the County be allowed to customize the enrollment and communication materials that will be provided to members?
  - a. What additional costs will be associated with customization?
25. Will your company accept responsibility for errors and overdraws created by your personnel in processing claims?  **Yes**  **No** Please explain.
26. In order to assist with the reporting requirements of The Affordable Care Act, will your company provide a data feed (as needed) with the following information: spouse and dependent child(ren), date of birth, and/or social security numbers?

### HSA Administration

27. What on-line HSA services do you offer to the County of Roanoke? To account holders?
28. What HSA reporting do you provide to Roanoke? Discuss frequency and purpose of report. Provide samples of all reports in Tab VI.
29. Do you notify HSA account holders if their contribution in a calendar year exceeds the limit allowed by law? How does an account holder withdraw any such amounts?
30. How do HSA participants request and receive reimbursements if they are not using their debit card?
31. How many debit cards do you provide per HSA account holder?

## 6. Questionnaire

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32. Provide an overview of investment options provided to HSA accountholders.
33. What educational support do you provide to accountholders? Discuss your strategy for assisting the County of Roanoke in providing financial education regarding HSAs. What educational assistance can you provide prior to the initial enrollment period and on an ongoing basis? Are you willing to do on-site educational meetings?

### **NETWORKS**

34. How much advance notice must the provider give you if they wish to cancel their contract with you?
35. What is your process for notifying members when a physician leaves the network?
36. Do you provide on-line tools that allow members to evaluate the quality and/or cost associated with specific hospitals, physicians, and/or medical procedures? If so, please describe.
37. What is your contracting strategy with regard to hospital-based radiologists, anesthesiologists, pathologists, and ER physicians (specify for each network)?
  - a. What is your standard protocol for processing these types of claims if these providers are not in your network but are utilized by a County of Roanoke's member at an in-network facility?
38. Do you have network arrangements for alternative medicine, chiropractic, and acupuncture providers?
  - a. Explain your credentialing process for these providers.
39. If a physician or hospital cancels or fails to renew their network contract, how would transition of care be handled for an inpatient or critical/chronic case or a maternity case?
  - a. Confirm your compliance with Commonwealth of Virginia continuity of care mandates.
40. How and how often is patient satisfaction measured with providers? What regions/networks are included in the results you are providing?
41. How and how often is provider satisfaction measured?
42. How are member/subscriber grievances against providers handled?

## 6. Questionnaire

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43. Please provide a geoaccess report for each network using the zip code listing provided in the census file. Access is defined as: 2 PCPs within 10 miles, 2 specialists within 10 miles and 1 hospital within 15 miles. ***Do not use other access parameters in your response.*** Please include reports for detailing zip codes that do not meet access criteria. (Include in Tab V of your proposal.)

44. Do you have Centers of Excellence for specific specialty care, surgery, etc.?

- If yes, list the facilities by specialty.
- Describe your program, including how centers are selected and details on services offered to family members when travel and overnight stays are involved.
- Is your Centers of Excellence program voluntary?  **Yes**  **No**

45. Complete the table below and explain in detail the coverage options available and how benefits are paid for each of the following members (discuss for each product if different). Indicate how the member would be covered for ongoing treatment for a chronic illness.

Members	Routine Care	Emergency/Urgent	Chronic Illness
COBRA enrollee outside the service area			
Retiree living permanently outside the service area			
Retiree living three to six months outside the service area			
Dependent spouse and/or child of an active employee living permanently outside the service area			
Dependent attending college outside the service area			

46. Is your PPO URAC accredited?  **Yes**  **No**

- If accredited, at what level?
- If no, have you applied for accreditation?

47. For all networks included in your quote, do you own the network?

- If yes, how long have you owned the network?
- If no, who owns the network?
- Explain your responsibility and accountability for the network.

## 6. Questionnaire

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48. Please complete the Hospital, Provider and Drug Checklist (Attachment C, D, and E) as instructed and include both a hard copy and an **electronic copy** (in Excel file format) of the completed exhibits in Tab V of your proposal.

### **HEALTH MANAGEMENT SERVICES**

49. Please describe in detail your cost containment and utilization review programs. Include how inpatient care, outpatient care, and ancillary service utilization are reviewed, and who administers these programs (show title and authority). How does the utilization review process differ for in-network service versus care from an out-of-network provider?

50. Outline what disease management services you provide as a part of your coverage.

51. Does your organization partner with third-party wellness vendors? Please provide evidence of these partnerships and discuss ways you can enhance Roanoke's partnership with Marathon Health.

52. Please describe health promotion or wellness programs that you can offer at no cost.

53. Do you have the ability to conduct on site wellness seminars, clinical screenings or health risk assessments?

54. Are there additional programs that could be purchased by Roanoke?

55. Are you willing to guarantee utilization rates/return on investment on your disease management programs in total?

56. Discuss how you would structure the guarantee?

57. How involved are your network physicians in accountability for compliance with wellness and disease management initiatives to improve quality and cost management?

58. Will your organization be willing to provide a dedicated case/disease manager to this client? If so, what is the associated cost?

59. Confirm you will provide copies of meaningful reports that demonstrate participation levels and outcomes of these programs.

## 6. Questionnaire

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### **DATA MANAGEMENT**

60. Do you offer on-line access to your database which would allow employers to access certain management reports?  **Yes**  **No**

- a. If so, please outline the cost to access and run reports, and an outline of what kinds of reports are available.
- b. Indicate how frequently the database is updated with real-time information.
- c. With the County's permission, will you allow the consultant access to on-line reporting?
- d. Do the employer and/or consultant have the ability to produce ad-hoc reports from your database?

61. Do you have the ability to accumulate medical and prescription drug claims toward a single deductible, in a drug carve-out situation, for a HDHP that is HSA compliant?

- a. Discuss the frequency of such data files.
- b. Is there a fee charged to receive these claims?
- c. Are you willing to exchange data with any PBM, and specifically with WellDyneRx, the current PBM?

62. What is your process for transmitting claims data to a third-party reinsurer?

- a. Discuss the frequency of such reports.
- b. Is there a fee charged to the County to send these claims?

### **FINANCIAL**

63. Indicate your trend factors both rating and actual observed. Label accordingly for your PPO and POS plans for the last three years for medical and drug. Specify the location/region on which these trend factors are based. If available, provide trends for the Roanoke region.

	<b>PPO</b>	<b>POS</b>
Observed Trend 2015		
Observed Trend 2016		
Rating Trend 2017		
Rating Trend 4Q 2018		
Trend-based on what location		

64. Please describe your proposed funding arrangement.

## 6. Questionnaire

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- a. Indicate how fees are charged (calculations and timing), monthly cash flow arrangements, escrow requirements, settlement process, terminal liability, etc.
- b. Explain the billing process for claims and administrative fees. (Your proposed arrangement should also be explained in Tab IV of your proposal.)

65. Outline your renewal methodology that will be used for County of Roanoke.

66. Is your administrative fee developed on a paid claim or incurred claim basis?

- a. If it is based on a paid claim basis, explain how the fee will change in year 2 of the contract and what will happen upon termination of the contract.

67. Do you retain any negotiated provider discounts as a source of administrative fees? If so, please explain.

68. Confirm that your organization will accept fiduciary responsibility for claim payments. Outline any fees that would apply.

69. Explain how your contract addresses coverage for claims expense for any individual in the hospital (1) on the day your contract becomes effective and (2) on the day your contract is terminated.

70. Provide a sample ASO contract and a sample reinsurance contract. (Include in Tab VI of your proposal.)

71. What are your notification requirements for changes in eligibility?

72. What is your enrollment fluctuation threshold?

73. In the event of termination on the contract anniversary date, are you willing to process claims runout?

- a. For how long?
- b. What is the cost for this service?
- c. How is this cost determined?

74. Are you willing to provide a guarantee on the percentage of discount to be achieved through your negotiated agreements?

- a. Outline your proposed guarantee and explain thoroughly how it would be measured.

75. Are you willing to guarantee a maximum percent or dollar increase in administrative fees and/or reinsurance fees for the second, third, fourth, or fifth year?

76. Outline all financial guarantees offered to County of Roanoke.

## 6. Questionnaire

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77. What guarantees will you offer for overall program performance (i.e., guaranteed trend factors within a certain range, guaranteed utilization targets, network performance and clinical programs performance)? Identify and describe any conditions and potential cost implications.

### **REINSURANCE – SPECIFIC STOP LOSS**

78. Are you willing to provide “Run-Out” specific reinsurance liability protection in the event the contract is terminated? Please explain. If so, does client have to purchase at initial effective date of contract or upon renewal, or do they have option of purchasing at time of termination?

79. Is premium accounting done on a self-bill or insurer-generated bill basis?

80. How long has your company been in the stop-loss marketplace?

81. Does your company hold all the specific risk, or do you have outside reinsurance? Please explain. If you have outside reinsurance, then please provide dollar amount limit, which your company retains. If applicable, provide the financial ratings for each reinsurer or partner.

82. Within what period of time will any reimbursement be made under the contract? Is SSL reimbursement immediate? If not, explain.

83. Will you guarantee a maximum first year renewal increase?

84. Upon renewal, assuming you are awarded the contract, will you require any additional claims experience beyond what is provided in this RFP in order to provide final renewal rates? Please explain.

85. What kind of notification by the medical administrator and pharmacy vendor, or the client is required for a claim to be paid? Please explain the process.

86. Are there any additional costs/fees to interface with the medical administrator or pharmacy vendor?

87. Please explain your reconciliation process when the client has separate medical and prescription drug administrators and there is no coordination of claims between the two?

88. Is there underwriting or lasering on individual claims in your quote or upon renewal?

89. Do you have an individual lifetime maximum under the specific stop loss contract?

90. Are you willing to offer an unlimited maximum on the specific limits?

## 6. Questionnaire

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91. If selected, will you guarantee to underwrite the specific reinsurance for a minimum of two-years?
92. Will you guarantee that future renewals will be released at least 120-days in advance of the renewal date? Will renewal quotes released in advance be contingent upon any additional claims and/or enrollment information? Please explain.
93. Provide a complete listing of exclusions and limitations in your stop loss contracts.
94. Please provide all underwriting assumptions and caveats.
95. Outline any claims/expenses NOT included in your specific reinsurance.
96. Outline your renewal methodology for SSL charge calculations.

## 7. Attachments

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**Attachment A – Census Data (See separate file)**

## 7. Attachments

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### **Attachment B – Claims Experience (see separate Excel file)**

- Medical claims 7/2016 – 6/2018
- Monthly enrollment 7/2016 – 6/2018
- Medical large claims 7/2016 – 6/2018
- Pharmacy claims (for reinsurance pricing)

## 7. Attachments

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**Attachment C and D (See Separate Excel File)**

## 7. Attachments

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### Attachment E – Medical Performance Guarantees

Effective Date: August 1, 2019

Name of Offeror: \_\_\_\_\_ Performance Guarantees Apply to the Following Plan(s): \_\_\_\_\_

(Provide separate Exhibits if guarantees vary by plan option. Also, indicate the length of time performance guarantees will be provided, i.e., multiple years or single year)

For each performance category, please insert a financial penalty in the “Financial Penalty” column or insert “N/A” in that column if you cannot guarantee performance in that area. Insert the measure(s) that you intend to use to determine if the minimum standard has been met (Performance Measure column), provide information about how performance in each category will be reported and the frequency of the reports (Performance Reporting column), and indicate whether each of the performance categories will be measured based upon your book of business or if they will be measured for County of Roanoke (Book of Business or County of Roanoke Specific column). **Offerors are free to modify any of the minimum standards shown below, but should clearly highlight any modification so that it may be easily identified.**

Performance Category	Minimum Standard	Frequency of Measurement	Book of Business or York Specific	Financial Penalty
Claim Payment Accuracy	98% of all claims dollars paid accurately.			
Claims Processing Accuracy	98% of all claims processed correctly.			
ID Card turnaround – ongoing enrollments	All ID cards must be issued within 7 business days of receipt of eligibility information with 100% accuracy			
Claim Turnaround Time	98% of all claims processed within 10 business days.			
Customer Services Telephone Response Time <i>Average Speed to Answer</i>	Average speed of answer 25 seconds or less			
Customer Services Telephone Response Time <i>Average Abandonment Rate</i>	2% or fewer callers to customer service representative or center abandon the call			
Account Management Satisfaction (to be rated by Benefits Managers)	100% of all Benefits Managers surveyed respond satisfied or very satisfied			
Implementation of Plan	<ul style="list-style-type: none"><li>• All ID cards received before effective date</li><li>• Claim system ready to pay claims on effective date</li><li>• Survey of Benefits Managers results in 100% satisfied or very satisfied</li></ul>			
Total \$ at Risk				

## **1. Contractor Data Sheet**

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### **Attachment F – Price Quotation Exhibits**

F1 – F.5 Underwriting Analysis

F6 - Monthly Charge/Fee Exhibit (All Entities)

F7 - Deviations Exhibit (All Entities)

**See Separate Excel File**