



**SEDGWICK COUNTY, KANSAS
DIVISION OF FINANCE
PURCHASING DEPARTMENT**

525 N. Main, Suite 823 ~ Wichita, KS 67203

Phone: 316 660-7255 Fax: 316 383-7055

<http://sedgwickcounty.org/finance/purchasing.asp>

**REQUEST FOR PROPOSAL
EMPLOYEE MEDICAL AND PHARMACY BENEFITS
#14-0018**

March 10, 2014

A. PURPOSE

Sedgwick County, Kansas (hereinafter referred to as "County") is seeking to obtain proposals from medical and/or pharmacy benefit administrators (hereinafter referred to as "Vendors") to provide employee medical, and/or pharmacy coverage.

B. SUBMITTALS

Carefully review this document. If your firm is interested in participating in this selection process commensurate with the specifications, conditions, mandatory requirements and instructions as contained herein, submit one (1) original, six (6) copies **and** (1) electronic copy provided through e-mail or disk (Microsoft Word or PDF file format) of the entire document with any supplementary materials to:

Joseph Thomas
Sedgwick County Purchasing Department
525 N. Main, Suite 823
Wichita, KS 67203

SUBMITTALS are due **NO LATER THAN 1:45 P.M. CDT, April 15, 2014**. Responses must be sealed and marked on the lower left-hand corner with the firm name and address, proposal number, and proposal due date. Late or incomplete responses will not be accepted and will not receive consideration for final award.

Proposal responses will be acknowledged and read into record at bid opening which will occur at 2:00 P.M., CDT on the due date. No information other than the respondent's name will be disclosed at bid opening.

Word documents for the pricing worksheets are available to be emailed upon request. The documents in this pdf formatted request for proposal are the official record in the event of conflicting language or information in the pricing sheets or the excel spreadsheet.

C. QUESTIONS and CLARIFICATIONS

All requests for clarifications of the RFP process and document content should be directed to Joseph Thomas at e-mail jethomas@sedgwick.gov. All questions must be submitted in writing by 5:00 P.M. CDT, March 28, 2014. Answers will be provided in written form as an addendum and will be posted on the County website at <https://ssc.sedgwickcounty.org/RFORFPWebApp/RFP2.aspx> by April 4, 2014. **Vendors are responsible for checking the website and acknowledging any addenda in their response.**

D. ABOUT THIS DOCUMENT

This document is a Request for Proposal. It differs from a Request for Bid or Quotation in that the County is seeking a solution, as described on the cover page and in the following Background Information section, not a bid or quotation meeting firm specifications for the lowest price. As such, the lowest price proposed will not guarantee an award recommendation. As defined in Charter Resolution No. 65, Competitive Sealed Proposals will be evaluated based upon criteria formulated around the most important features of the product(s) and/or service(s), of which quality, testing, references, service, availability or capability may be overriding factors, and price may not be determinative in the issuance of a contract or award. The proposal evaluation criteria should be viewed as standards that measure how well a vendor's approach meets the desired requirements and needs of the County. Criteria that will be used and considered in evaluation for award are set forth in this document. The County will thoroughly review all proposals received. The County will utilize its best judgment when determining whether to schedule a pre-proposal conference before proposals are accepted, or meetings with vendors after receipt of all proposals. A Purchase Order/Contract will be awarded to a qualified vendor submitting the best proposal. **Sedgwick County reserves the right to select, and subsequently recommend for award, the proposed service(s) and/or product(s) which best meets its required needs, quality levels and budget constraints.**

The nature of this work is for a public entity and will require the expenditure of public funds and/or use of public facilities, therefore the successful proposer will understand that portions (potentially all) of their proposal may become public record at any time after receipt of proposals. Proposal responses, purchase orders and final contracts are subject to public disclosure after award. All confidential or proprietary information should be clearly denoted in proposal responses and responders should understand this information will be considered prior to release, however no guarantee is made that information will be withheld from public view.

E. BACKGROUND INFORMATION

Sedgwick County, located in south-central Kansas, is the most populous of Kansas' 105 counties with a population estimated at more than 503,000 persons. It is the sixteenth largest in area, with 1,008 square miles, and reportedly has the second highest per capita wealth among Kansas counties. Organizationally, the County is a Commission/Manager entity, employs 2,745 persons, and hosts or provides a full range of municipal services, e.g., public works, criminal justice, recreation, entertainment, cultural, human/social, and education.

GLOSSARY

- Ad-hoc – Non-standard inquiry to obtain information as specific needs arise.
- Administrative Services Only (ASO) – An arrangement in which an organization funds its own employee benefit plan but hires an outside firm to perform specific administrative services to evaluate and process claims under its employee health plan while maintaining the responsibility to pay the claims itself.
- Disease Management – A system of coordinated interventions and communications for populations with conditions in which patient self-care efforts are significant.
- Health Maintenance Organization (HMO) – An organization that provides managed care where medical care is facilitated by the patients selected primary care physician.
- Health Risk Assessment (HRA) – Health questionnaire to collect information to provide individuals an evaluation of their health risks.
- Health Insurance Portability And Accountability Act (HIPAA) – Act that regulates the availability and breadth of group health plans and certain individual health insurance policies. Defines policies, procedures and guidelines for maintaining the privacy and security of individually identifiable health information as well as outlining offenses relating to health care and sets civil and criminal penalties for violations.

- Point of Service (POS) – Type of managed care health insurance system that combines aspects of a Health Maintenance Organization or HMO and a Preferred Provider Organization or PPO.
- Medical Case Management – is a collaborative process that facilitates recommended treatment plans to assure the appropriate medical care is provided to disabled, ill or injured individuals.
- Patient Protection Affordable Care Act (PPACA) – also referred to as the Affordable Care Act was enacted on March 23, 2010.
- Prescription Benefit Manager (PBM) –will be responsible for processing and paying prescription drug claims.
- Preferred Provider Organization (PPO) – A subscription-based medical care arrangement that provides a substantial discount below the regularly charged rates of the designated professionals partnered with the organization.
- Patient-Centered Outcomes Research Institute (PCORI) – United States based non-governmental institute created as part of a modification to the Social Security Act by clauses in the Patient Protection and Affordable Care Act. Temporary 7-year fee for clinical effectiveness research for both Grandfathered and Non-Grandfathered plans.
- Third Party Administrator (TPA) – A person or organization that processes claims and performs other administrative services in accordance with a service contract. Plan administration responsibilities include processing, adjudication, and negotiation of claims, record-keeping, and maintenance of the plan.
- Utilization Review (UR) – Evaluation of the appropriateness, medical need and efficiency of health care services procedures and facilities according to established criteria or guidelines and under the provisions of an applicable health benefits plan.
- Utilization Review Accreditation Commission (URAC) – a nonprofit organization promoting healthcare quality by accrediting healthcare organizations.

CURRENT MEDICAL & PHARMACY PLAN

These benefits are provided by Sedgwick County to the full-time active population of approximately 2,574 total eligible employees. 171 employees classified as “temporary” part-time employees regularly scheduled to work less than 20 hours per week are not eligible to participate in Sedgwick County’s benefit plans. The fully insured medical Point of Service (POS/HMO) plan has been selected by 2,299 employees, 132 retired employees and 21 COBRA participants. The fully insured medical Preferred Provider Organization (PPO) plan has been selected by 7 employees, 9 retired employees and 3 COBRA participants. There are 394 employees who have opted out of the medical/Rx plans. Currently 224 employees opted out of medical/Rx (8.7%) for a total reimbursement of \$2,582.72; 170 employees opted out of dental (6.6%) for a total reimbursement of \$326.40. [Sedgwick County Member Counts by Plan Tier](#)

Sedgwick County’s Medical Benefits:

Plan is administered by Coventry, an Aetna owned company. The Point of Service (POS/HMO) medical plan is offered to local Sedgwick County employees and the PPO medical plan is offered to employees out of the local coverage area. Sedgwick County has three coverage tiers for health insurance coverage, i.e. Single, Two-person and Family.

A summary of Plan Descriptions can be found at [Sedgwick County 2014 POS Summary](#) & [Sedgwick County 2014 PPO Summary](#).

Annual Maximum Out-of-Pocket is \$2,000 single / \$4,000 family for both the PPO & POS plan. The maximum Out-of-Pocket includes Deductible, Coinsurance, and Medical copays (Rx copays currently accrue to a separate Rx maximum of \$4,400 / \$8,800). Ambulance services are covered at 100%.

A third party vendor currently provides the administrative services for COBRA/Retired employees. The COBRA/Retired employees use the POS plan at 102% of the monthly cost.

Sedgwick County’s Pharmacy Benefits:

Coventry, an Aetna owned company, provides pharmacy benefits for both retail prescription and mail order drugs. The Prescriptions accumulate to a separate maximum Out-of-Pocket of \$4,400 (single) / \$8,800 (family) for both the POS & PPO. Diabetic supplies will be dispensed, up to a 90 day supply, with no cost share to the member. The current 34-day retail plan has a co-pay of \$3.00 for Tier 1A generic formulary drugs, \$15.00 for Tier 1B generic formulary drugs, \$30.00 for brand name formulary drugs, and \$55.00 for brand name or generic non-formulary drugs. The current 90-day mail order plan has a co-pay of \$7.50 for Tier 1A generic formulary drugs, \$37.50 for Tier 1B generic formulary drugs, \$75.00 for brand name formulary drugs, and \$137.50 for brand name or generic non-formulary drugs. There are no mandatory programs in place today.

Medical Loss Ratio Information:

Monthly historical information provided for January 2010 through December 2013.

[Sedgwick County 2010 & 2011 MLR Reports](#) and [Sedgwick County 2012 & 2013 MLR Reports](#). For further explanation, please go to [Sedgwick County 2015 RFP MLR Cover Page](#).

Current Rates and Contribution:

Sedgwick County employees contribute roughly five percent of the plan premiums per pay period.

Premiums – As of 01/2014			
Employee Tiers	HMO/POS & PPO Monthly Premiums	Employee Contribution per Pay Period (26 weeks)	Sedgwick County Contribution per Pay Period (26 weeks)
EE	\$458.89	\$10.68	\$201.12
EE + 1	\$917.79	\$21.35	\$402.25
EE + Family	\$1,330.80	\$30.96	\$583.26

ELIGIBILITY & CURRENT ENROLLMENT INFORMATION

Eligible Employees (EE) are defined as any employee assigned to a permanent position of twenty (20) or more hours work per week.

Census Information – Active, Retirees, & COBRA participants as of March 5, 2014.

[Sedgwick County Member Census](#)

Eligible dependents are defined by Sedgwick County as:

- “Spouse” of the opposite sex by marriage contract.
- “Spouse Common-Law” by a Kansas Common-Law affidavit.
- “Child” by natural birth or adoption.
- “Child-Special Court Order” by any court order for financial responsibility of the medical care expenses of the child.
- “Legal Guardianship” by court decree.
- “Stepchild” by present marriage.
- Each dependent child is eligible until the end of the month in which they turn 26.

Number of Employees - As of January 1, 2014 the County had 2,575 employees eligible for benefits. *(Eligible Employees are Subject to Change)*

Employee Benefit Eligibility policy of Sedgwick County is as follows: Employee is eligible the 1st of the month after they have been hired. He/she is to complete the enrollment process by the 1st of the month after they have been hired. If the employee did not complete the enrollment process before the 1st of the month after hire then the enrollment is effective the 1st of the next month. This coverage ends the last day of the month the employee separates from employment.

OPEN ENROLLMENT INFORMATION

The Sedgwick County Division of Human Resources coordinates an annual open enrollment period for County employees. Annual enrollment takes place in November and has a plan year effective date of January 1st. Family status changes are handled by Sedgwick County outside the annual enrollment process and passed on to the appropriate carrier electronically on a weekly basis thereafter for eligibility maintenance. In addition, other outsource vendors are currently responsible for the flexible spending account, and COBRA/Retirement administration. Electronic transfer of information for all reports, billing, and enrollment is the preferred method.

WELLNESS PLAN:

Sedgwick County has had a wellness initiative since 2004. Their wellness program vision is to promote a culture of wellness that encourages employees and sets an example of healthy behaviors for all residents of Sedgwick County. The mission is to improve the overall health and wellness of employees by providing opportunities for leading a healthy lifestyle.

Cash Opt-Out Option – As of 01/2014	
Employee Count	As of 1/1/2014, 258 employees opted out of medical/Rx (10.0%) for a total reimbursement of \$2,974.74; 211 employees opted out of dental (8.2%) for a total reimbursement of \$405.12.

Enrollment in HMO/POS – As of 01/2014				
Employee Tiers	Active Plan Employee Count	Retiree Plan Employee Count	COBRA Plan Employee Count	Total Employee Count by Tier
EE	743	66	18	827
EE + 1	562	44	2	608
EE + Family	994	22	1	1,017
Total	2,299	132	21	2,452

Enrollment in PPO – As of 01/2014				
Employee Tiers	Active Plan Employee Count	Retiree Plan Employee Count	COBRA Plan Employee Count	Total Employee Count by Tier
EE	1	6	3	10
EE + 1	3	3	0	6
EE + Family	3	0	0	3
Total	7	9	3	19

Medical/Rx (POS)				
Year	Avg. Monthly Employee Count	Avg. Monthly Dependent Count	Paid Premium	Paid Claims Expense
January 1 – December 31, 2011	2,598	3,979	\$25,315,979	\$21,845,126
January 1 – December 31, 2012	2,526	3,892	\$26,706,038	\$23,089,773
January 1 – December 31, 2013	2,452	3,805	\$25,140,615	\$21,075,594
Medical/Rx (PPO)				
January 1 – December 31, 2011	18	12	\$135,616	\$126,838
January 1 – December 31, 2012	20	14	\$159,722	\$277,876
January 1 – December 31, 2013	21	18	\$170,268	\$117,933

Pharmacy						
Claims Incurred 12/2012 – 11/2013; Paid Through 01/2014						
<i>(Prescriptions/filled)</i>						
Rx Classification Count Ranking - Top 25			Ingredient Cost Ranking - Top 25			
Indication	Rank by Scripts	Rx Script Count	Drug Name	Rank by Ingr. Cost	Rx Count	Benefit Expense
Antidepressants	1	6919	Humalog	1	676	348,924
Antibiotics	2	6307	Levemir	2	666	242,475
Cholesterol	3	4502	Copaxone	3	46	211,177
Contraceptives	4	2743	Humira	4	58	132,374
Respiratory/Asthma	5	2577	Cymbalta	5	425	120,845
Gastrointestinal/Ulcer PPI	6	2524	Diabetic Test Strips	6	809	115,089
Cardiovascular	7	1829	Abilify	7	190	113,895
Anti-Convulsants	8	1777	Advair	8	393	102,364
Diabetes/Insulin	9	1724	Enbrel	9	43	100,399
Diabetes/Diabetic Supplies	10	1624	Nexium	10	344	81,772
ADHD/Narcolepsy	11	1583	Sutent	11	7	79,514
Hormone Therapy	12	1378	Xeloda	12	25	69,548
Respiratory/Nasal Agents	13	1123	Avonex	13	16	64,629
Hematological	14	877	Crestor	14	477	63,147
Cholesterol/Other	15	822	Benicar	15	507	58,729
Topical Products/Other	16	668	Gilenya	16	12	55,584
Anti-Psychotics/Atypicals	17	612	Rebif	17	12	52,379
Gastrointestinal/Other	18	572	Victoza	18	119	48,480
Migraine	19	554	Januvia	19	186	47,306

Products/Triptans						
Cancer/Oral or Topical	20	344	Betaseron	20	9	37,829
Diabetes/DPP-4	21	317	Xyrem	21	6	36,457
Diabetes/TZD	22	310	Amphetamine	22	572	35,245
Analgesics/Rheumatoid Arthritis	23	114	Rizatriptan	23	168	33,943
Multiple Sclerosis	24	109	Venlafaxine ER CAP	24	519	33,593
Anti-infectives/HIV	25	92	Pioglitazone	25	224	32,762
Total Rx Count		42,001	Total Rx Count		6,509	\$2,318,460

Pharmacy Utilization Reports – Claims Incurred 12/2011 through 11/2012 (Prior Period) and 12/2012 through 11/2013 (Current Period), Paid through 01/2014.

[Sedgwick County Pharmacy Utilization Reports \(12-2011 through 11-2013\)](#)

F. GOALS AND OBJECTIVES

Key Health Objectives/Philosophy: Sedgwick County’s key objectives for this RFP process is to:

1. Obtain competitive proposals for the administration of the current medical and pharmacy benefit plans as a requirement of bid.
2. Consider a variety of funding mechanisms that include fully insured, ASO self-funded with a carrier, and Third Party Administration options.

G. TENTATIVE TIME LINE

The following dates are provided for information purposes and are subject to change without notice. Please contact Joseph Thomas, Purchasing Department at (316) 660-7255 to confirm any/all dates.

Distribution of Request for Proposal to interested parties-----March 10, 2014
 Clarification, Information and Questions submitted in writing by 5:00 P.M. CDT-----March 28, 2014
 Addendum Issued (if necessary)-----April 4, 2014
 Sealed proposals due before 1:45 P.M. CDT-----April 15, 2014
 Evaluation Period-----April 15 – May 2, 2014
 Board of Bids and Contracts Recommendation----- May 15, 2014
 Board of County Commission Award-----May 21, 2014

H. SELECTION CRITERIA

The selection process will be based on the responses to this RFP. Proposals will be screened by a Review Committee. This committee may select a limited number of prospective vendors to short-list for interview. The committee may also request a demonstration of reporting during the evaluation process if determined to be necessary based on the responses and supplemental information received.

The County will judge each response as determined by meeting the following criteria:

- Meeting or exceeding all Request for Proposal Conditions and miscellaneous instructions as outlined herein, and the clarity, completeness and comprehensiveness of the proposal.
- Proven ability to provide high quality service(s) and/or product(s) within the specifications, and meet or exceed minimum and mandatory requirements, as outlined in this and future related documents.
- Qualifications and expertise. Such ability will be determined by:
 - References provided verifying exemplary service.
 - Depth and variety of services available.
- Providing the County with the most advantageous proposal as determined by the County.
- Overall cost to the County.

Any final negotiations for services and terms and conditions will be based, in part, on the Vendor's method of providing the service and the fee schedule achieved through discussions and agreement with the County's Review Committee. The County is under no obligation to accept the lowest priced proposal and reserves the right to further negotiate services and costs that are proposed. The County also reserves the sole right to recommend for award the proposal(s) and plan(s) that it deems to be in its best interest.

A Committee recommendation will be made to the Board of Bids and Contracts at its regular meeting, Thursday, May 15, 2014, at 10:00 A.M., in the County Commission meeting room at the Sedgwick County Courthouse, 525 North Main, Wichita, Kansas, although this date or location could change.

The Board of County Commissioners will award a contract at its regular meeting Wednesday, May 21, 2014, in the County Commission meeting room, although this date or location could change.

I. CONTRACT PROVISIONS

1. The contract period with the successful firm will begin September 1, 2014 for a period of three (3) years ending December 31, 2017 with two (2) one (1) year options to renew at the County's sole discretion. The County's insurance open enrollment process starts in November. Processing and payment of claims will begin at 12:01 A.M. January 1, 2015.
2. The successful vendor will be expected to sign an agreement containing the County's General Contract Provisions: http://www.sedgwickcounty.org/purchasing/pdf_files/general_contractual_provisions.pdf Some of the contract provisions may be required by Kansas law and are not subject to negotiation. In the event that you desire an alternative term or desire to negotiate a term, the issue should be raised during the question/clarification process so the County can review the matter and issue an addendum, if necessary. The County will not consider the submission of unsolicited, additional terms, after the response deadline.
3. The successful proposer agrees all data, records and information in whatever form, in the custody or control of Sedgwick County to which the successful proposer, its agents and employees obtain access, remains at all times exclusively the property of Sedgwick County. The successful proposer agrees all such data, records and information constitutes at all times proprietary information of Sedgwick County. The successful proposer will not disclose, provide, or make available any such proprietary information in any form to any person or entity. Additionally, the proposer agrees it will not use any names or addresses contained in such data, records and information for the purpose of selling or offering for sale any property or service to any person or entity who resides at any address in such data. Additionally, the successful proposer agrees it will not sell or offer for sale any property or service to any person or entity named in such data. Upon termination of any agreement hereunder, successful proposer agrees it will immediately cease use of and access to all Sedgwick County proprietary information from disclosure to third parties as with successful proposer's own proprietary and confidential information.
4. The County reserves the right to cancel the contract and discontinue services with a thirty (30) day written notice as a result of the failure of the contracted proposer to provide acceptable services as delineated in the response to this document or if determined that services can be better provided by in-house or other sources.

5. Liability insurance coverage shall be considered as primary and not as excess insurance. The carrier(s) shall provide thirty (30) days written notice to the County by registered mail prior to any modification, cancellation, non-renewal or other change in coverage. The policies must be effective prior to the commencement of work and must remain in force until termination of work under this contract. In the event of interruption of coverage for any reason, all work under the contract shall cease and shall not resume until coverage has been restored.

If at any time during the term of this contract or any extension thereof, any required policies of insurance should expire, or be canceled, it will be the responsibility of the proposer to furnish to the County a Certificate of Insurance indicating renewal or an acceptable replacement of the expiring policy prior to the expiration of insurance. The following minimum coverage is generally required of vendors providing services:

Workers' Compensation	Applicable State Statutory
Employers' Liability	\$500,000.00
Contractor's Liability Insurance	
Form of insurance shall be by a Comprehensive General Liability and comprehensive Automobile Liability	
Bodily Injury	
Each Occurrence	\$500,000.00
Aggregate	\$500,000.00
Property Damage	
Each Occurrence	\$500,000.00
Aggregate	\$500,000.00
Personal Injury	
Each Person Aggregate	\$500,000.00
General Aggregate	\$500,000.00
Automobile Liability – Owned, Non-owned and Hired	
Bodily Injury Each Person	\$500,000.00
Bodily Injury Each Occurrence	\$500,000.00
Professional Liability	\$500,000.00

Liability insurance coverage indicated above must be considered as primary and not as excess insurance. Contractor shall furnish a certificate evidencing such coverage, with County listed as an additional insured, except for professional liability, workers' compensation and employers' liability. Certificate shall be provided with bid/proposal submittals. Certificate shall remain in force during the duration of the project/services and will not be canceled, reduced, modified, limited, or restricted until thirty (30) days after County receives written notice of such change. All insurance must be with an insurance company with a minimum BEST rating of A-VIII and licensed to do business in the State of Kansas. It is the responsibility of Contractor to require that any and all approved subcontractors meet the minimum insurance requirements. Contractor shall obtain the above referenced certificate(s) of insurance, and in accordance with this Agreement, provide copies of such certificates to County.

6. **Indemnification** is covered in General Contract Provisions
http://www.sedgwickcounty.org/purchasing/pdf_files/general_contractual_provisions.pdf
7. **Proposal Terms and Conditions**
<http://www.sedgwickcounty.org/purchasing/RfqRfq/rfpcond.pdf>

J. OTHER CONSIDERATIONS

1. For purposes of addressing questions concerning this RFP or for seeking alternative contract terms, the sole contact will be the County's Purchasing Department. Upon issuance of this RFP, employees and representatives (including elected officials) of the County must not be contacted regarding this RFP process. Failure to observe this restriction may result in disqualification of any vendor response. This restriction does not preclude discussions between affected parties for the purpose of conducting business unrelated to this procurement.
2. The County will not consider the submission of unsolicited additional terms after the response deadline. This RFP and all written material received from the successful vendor will be incorporated into the contract between the County and the firm unless specifically superseded in the signed contract. All information becomes the property of the County and will be subject to the Kansas Open Public Records Act.
3. A respondent submitting a proposal thereby certifies that no officer, agent or employee of the County who has pecuniary interest in this RFP has participated in the contract negotiations on the part of the County, that the proposal is made in good faith, without fraud, collusion or connection of any kind with any other respondent of the same call for proposals without disclosure, and that the respondent is competing solely on its own behalf, without connection with or obligation to, any undisclosed person or firm.
4. The County will not retain or work through an agent or broker to assist or to provide service for its Plan. Human Resources will work directly with insurance company representatives. Any submitted proposal by an insurance company must clearly state and identify any payment of any kind that will be made to any licensed agent, licensed broker, or other person that is not an employee of the insurance company. The proposal must clearly state to whom the payment is being made, why the payment is being made, and explain the added value received for the payment. The County may hire a consultant to provide services as needed, but any such consultant would not be the contact point for insurance companies submitting proposals.
5. The proposer shall make all investigations necessary to inform itself regarding the services to be performed under this RFP.
6. Issuance of this RFP and receipt of responses does not commit the County to award a contract, and the County reserves the right to reject any and all responses at any time with no penalty and/or waive immaterial defects and minor irregularities in responses. All firms are hereby notified that the execution of a contract pursuant to this RFP is dependent on the negotiation of an acceptable contract with the successful firm. If such a contract cannot be negotiated within a reasonable period, the County may enter into negotiations with another qualified firm.
7. The County will not be liable for any costs incurred by vendors in the preparation and presentation of information submitted in response to the RFP or for participation in demonstrations.
8. The County will not recognize any assignment or transfer of interest in the contract without written notice to and written acceptance by the County.

9. If Partnerships and/or subcontracting are used in order to meet the requirements and scope of work in this RFP, a prime vendor should be identified and the partners and subcontractors should be listed along with a statement of who will be responsible for providing what service, and a statement of the nature of any legal relationship. The proposal response should clearly delineate who will be the prime vendor for contracting purposes.
10. Alternate proposals (two or more proposals submitted) will be considered for an award. Sedgwick County reserves the right to make the final determination of actual equivalency or suitability of such proposals with respect to requirements outlined herein.
11. Sedgwick County may award a purchase contract, based on initial offers received, without discussion of such offers. **A vendor's initial offer should therefore be based on the most favorable terms available from a price, service and technical standpoint.** The County may, however, have discussion with those vendors that it deems in its discretion to fall within a competitive range. It may also request best and final offers from such proposers, and make an award and/or conduct negotiations thereafter.
12. Sedgwick County reserves the right to negotiate separately with any proposer after the opening of this Request for Proposal when such action is considered in its best interest. Subsequent negotiations may be conducted, but such negotiations will not constitute acceptance, rejection, or a counteroffer on the part of the County.
13. Sedgwick County will retain the right to reject any part of or any and/or all proposals received, or to accept any item or items in the proposal, if determined to be non-responsive in any form, or if determined to be in the best interest of Sedgwick County. It will further be understood that each responder's sureties and insurers are subject to the approval of the County.
14. **Prices proposed may not be withdrawn for a period of 120 days following the opening of this Request for Proposal.** Prices MUST also be free of duties, federal, state, and local taxes unless otherwise imposed by a governmental body, and applicable to the material on the proposal.
15. It will be understood that any proposal and any/all referencing information submitted in response to this Request for Proposal will become the property of Sedgwick County, and will not be returned. Sedgwick County will use discretion with regards to disclosure of proprietary information contained in any response, but cannot guarantee that information will not be made public. As a governmental entity, Sedgwick County is subject to making records available for disclosure after Board of County Commission approval of the recommendation. Any confidential or proprietary information should be clearly marked.
16. Sedgwick County reserves the right to cancel the work described herein prior to issuance and acceptance of any contractual agreement/purchase order by the recommended vendor even if the Board of County Commissioners has formally accepted a recommendation.
17. The successful contractor may have access to private or confidential data maintained by the County to the extent necessary to carry out its responsibilities under the contract. Contractor will be responsible for compliance with the privacy provision of the Health Insurance Portability and Accountability Act (HIPAA) and shall comply with all other HIPAA provisions and regulations applicable.

18. By submission of a response, the Proposer agrees that at the time of submittal, he or she: (1) has no interest (including financial benefit, commission, finder's fee, or any other remuneration) and will not acquire any interest, either direct or indirect, that would conflict in any manner or degree with the performance of Proposer's services, or (2) benefit from an award resulting in a "Conflict of Interest." A "Conflict of Interest" will include holding or retaining membership or employment on a board, elected office, department, division, bureau, or committee sanctioned by and/or governed by the Sedgwick County Board of County Commissioners. Proposers will identify any interests, and the individuals involved, on separate paper with the response and will understand that the County, at the discretion of the Purchasing Director in consultation with the County Counselor, may reject their proposal.
19. Pricing and service offered in the proposal document will be provided to other local government entities with whom Sedgwick County regularly enters into cooperative agreements. Any state, county, city or township that is interested in participating under the same plan will be responsible to implement their own contract with the successful vendor. There is no current cooperative plan with Sedgwick County. Each jurisdiction is responsible for its own contract.
20. The terms outlined in this RFP must be guaranteed up to and through the negotiation of the final contract.

K. SEDGWICK COUNTY RESPONSIBILITIES

Human Resources will coordinate an annual open enrollment period for county employees. Human Resources will process and tabulate all plan enrollments, terminations and changes and forward enrollment information to the insurance company on a weekly basis through an electronic format to a secure website by encryption.

Claims Payment

The County will negotiate the preferred method of claim processing with the successful vendor. Human Resources requires all reporting and billing to be executed by electronic transfer. The vendor will be responsible for reconciliation of reporting and billing. The County's preferred method of money transfer is by ACH transfer to the insurance company. Insurance company will e-mail claim report to Human Resources within 5 work days to verify the claim payment.

Administrative Fees Payment

Human Resources will determine the number of employees enrolled in the Plan on a weekly basis and as of the first day of each month will expect an invoice from the vendor and pay appropriate administrative fees based on the determined Plan enrollment.

Payment for all specified services to the successful vendor(s) will be made as scheduled on an appropriate basis following Board of County Commissioners approval of the recommended insurance company and completion of any necessary training by the insurance company.

L. MINIMUM FIRM REQUIREMENTS AND SCOPE OF WORK

This section lists the criteria to be considered in evaluating the ability of vendors interested in providing the service(s) and/or product(s) specified in this RFP. **All requirements along with the questionnaires must be addressed as part of the vendor's proposal response.**

a. The following qualification requirements are at minimum and must be met or exceeded to be considered for award. Vendors must:

1. Have proper certification(s) and/or license(s) for the services specified in this RFP.
2. Provide documentation of good standing with the Kansas Insurance Department.
3. Have a minimum of three (3) years experience providing similar services.
4. Have the capacity to acquire all required bonds, insurances, permits and coordinate with approving and/or monitoring agencies.
5. Must have knowledge of and comply with all applicable federal, state and local laws, statutes, ordinances, rules and regulations. All laws of the State of Kansas, whether substantive or procedural, shall apply to the contract, and all statutory, charter, and ordinance provisions that are applicable to public contracts in the County shall be followed with respect to the contract.
6. Upon award of the contract, the successful vendor shall be duly qualified to do business in the State of Kansas. Domestic (Kansas) corporations shall furnish evidence of good standing in the form of a Certificate signed by the Kansas Secretary of State. Foreign (non-Kansas) corporations shall furnish evidence of authority to transact business in Kansas in the form of a Certificate signed by the Kansas Secretary of State. In addition, the successful firm shall furnish a Corporate Resolution evidencing the firm's authority to execute the contract documents and be legally bound by same.

b. The following requirements outline the design and performance requirements for this RFP. Requirements are provided to assist vendors in submitting a thorough response that meets the County's objectives. Content in this section consists of the minimum required to cover the scope of work and includes a series of questions that vendors are required to respond to.

1. Provide a conversion privilege for benefited employees, without restriction.
2. Provide coverage without restriction by residence, 24 hours per day, on a worldwide basis.
3. Provide benefit information booklets/packets and cards to County employees via mail.
4. Provide coordination of benefits administration.
5. Provide a Vendor website that is accessible to all employee members and their dependents for access to medical/Rx information with the plan provider directories, provider facilities, plan coverage, plan eligibility, plan claims and appeals, and registration to a personal medical/Rx account of employee and dependent service activity and payment.
6. Provide annual Certificates of Coverage or Benefit Description to the County. Certificates of Coverage or Benefit Description must be maintained on Vendor websites for employee members and their dependents to review.
7. Provide in-network pricing for covered persons who live out of state, but in other networks maintained by company.
8. Begin processing and paying claims from 12:01 A.M., January 1, 2015.
9. Provide processing of all claims run-out incurred during term of contract for six months following termination date of the contract.
10. Accept all current eligible County employees, without restriction as to total disability, pre-existing physical conditions, or requirement of evidence of insurability (subject to HIPAA, GINA, regulations).
11. Provide at no cost and in a timely manner all data and written or recorded material pertaining to this contract, provider payment information and premium construct by medical service code and category as well as administrative expenses of bidder, e.g. such as report progress of the benefits plan on a quarterly basis, coordinating with benefit providers to obtain relevant performance data, provide analysis of benefit plan performance, premiums vs. claims, clinical data analysis, and wellness programs. Provide all open enrollment presentations and materials such as Certificates of Coverage or Benefit Summary with a dedicated team of marketing or customer service representatives that will meet with employees and their dependents during open enrollment meetings and open enrollment periods.

12. Provide complete plan administration, accounting, data processing, and cost control, quality assurance, utilization review, marketing, claims processing, customer service, fiscal services, and other services related to the medical/Rx care plan. Furnish a monthly accounting of all payments of claims and utilization data for the medical/Rx plan in a mutually agreed upon secure electronic format.
13. Provide complete banking arrangements for claims, plan design savings account, and payment, including the printing and issuing of checks and preparation and filing of 1099 forms with the IRS. Kansas banks are preferred; the County banking is currently done through INTRUST Bank.
14. Advise and assist in a consultative capacity with regard to the benefits under the medical/Rx plan and related benefit programs and any revisions of the medical/Rx plan design as deemed appropriate from time to time, including advice and assistance with respect to provisions relating to eligibility, effective dates, coverage and cessation of coverage under the plan or related programs.
15. Provide for all levels of unbiased review of claims, claim denials and appeals made by employee/dependents. Determination of payment or denial of claims or appeals of claims shall be made by the vendor following appropriate analysis and review. Employer retains the right to uphold, overturn or modify any denial of a claim by vendor.
16. Provide legitimate utilization management programs and services and review or audit such programs for appropriate delivery, i.e., timeliness, effectiveness, quality, or without any abuse or misuse.
17. For participating physicians in employer service areas, indicate the maximum allowances for each of the procedures listed on page 16 (worksheet) for the calendar year 2014. If reimbursement levels differ among providers, explain the process and reasons for such differences.

M. PROPOSAL WORKSHEETS and INSTRUCTIONS

All vendors must complete the required proposal worksheets and provide the requested information. Any alternative proposals are at the vendors' option to submit and must be clearly identified. All services must be priced on a per-employee per month basis for three (3) years on the attached Request for Proposal Pricing Sheets. Vendors may provide multiple services for a base minimum fee (individual pricing not required). All services not provided for the base minimum fee should be indicated and priced individually. All proposal submittals will use the outlined format and pricing sheets.

N. CURRENT PLAN WORKSHEETS – REQUIRED TO BID

To bid the proposal for the administration of the current medical and pharmacy fully-insured benefit plan, fill out the appropriate funding sheet per plan type(s) you are including in your proposal for Sedgwick County. Medical/Rx Fully-insured proposal sheet is on page 25, Medical/Rx ASO proposal sheet is on page 26, and Third Party Administration proposal sheet is on page 27.

Sedgwick County is seeking a three (3) year contract with two (2) one (1) year options to renew. Each proposal response willing to identify firm fixed pricing for multiple years should do so by using a copy of the appropriate proposal worksheet for each year of commitment.

All proposals should be net of commission.

In addition to the current plan, Sedgwick County is interested in quality information and reporting to compare initiatives which work to identify and publish information for staff, employees, and providers to help make informed decisions about providing and seeking health care. Add to the current plan the services to collect and analyze claims and clinical data then present the data to Sedgwick County on a quarterly basis. Sedgwick County requires that reports and analysis be delivered electronically to Sedgwick County departments i.e., HR, Health, Risk, and Budget/Finance.

Fully Insured Bid:

- Provide matching (or most similar) plan design available to Sedgwick County's current medical and prescription plan. If a POS and/or HMO network is not available, please quote your most cost effective network and plan design. The goal is to maintain similar network access to avoid provider disruption for employees.

ASO Bid:

- Provide specific stop loss insurance for medical and prescription on an incurred claims basis. The specific stop loss policy shall insure at \$200,000, with alternatives at \$300,000, \$400,000, and \$500,000 per covered member each plan year. Policies should be written to accumulate incurred claims during the plan year and to begin reinsurance payments as soon as the specific stop-loss attachment point is achieved.
- Provide aggregate stop loss insurance for medical and prescription on an incurred claims basis. The aggregate stop loss policy shall insure at 110%, with alternative at 115% and 120% of the annual expected claims level. Policies should be written to accumulate accrued claims during the plan year and to begin insurance payments as soon as the aggregate stop loss attachment point is achieved, anytime during the plan year.

Third Party Administrator Bid:

- Provide fixed costs for administrative services and network access fees including utilization and claims management type services as defined on the Third Party Administration proposal sheet. Stop-loss and Pharmacy Benefit Management pricing are not to be marketed at this point in time or included in your proposal.

O. PROPOSAL CONTENT and FORMAT

Proposals received should reflect in detail their inclusion and the degree provided. The Proposal should be organized in the following format and information sequence:

1. Organization's complete name and address.
2. Provide a description of your firm and include qualifications, experience, depth of staff and quality control processes.
3. Provide copies of certification(s) and license(s) e.g., health, pharmacy, and stop loss.
4. Provide a bank reference statement and/or a copy of the most recent, audited, financial statement.
5. Provide four (4) references verifying exemplary service. These references **MUST** have received services similar to those proposed under this RFP. Provide the business name, address, contact name, phone number, e-mail address, and a brief description of products and services provided. The County expects all reference information to be current and accurate. Please verify that all contact information is correct.
6. Provide a list of clients, including contact information, for which like services have been performed and the services provided for each client during the last 3 years.
7. List five (5) plan transitions most similar in annual premium to Sedgwick County's Plan that have occurred in the last 10 years (the most recent transitions are preferable.) Please provide contact name, title and phone number.
8. Acknowledge and address in sequential order the requirements outlined in this document.
9. Provide the completed questionnaires outlined in this document.
10. Discuss any current local, state or federal (e.g. HIPAA) violations and any ongoing litigation that may cause conflicts or affect the ability of the vendor to provide service(s) and/or product(s).
11. Provide a list of office locations for local, regional and corporate entities. Location information should include, but not be limited to, address, phone number, services provided, and internet e-mail.

12. List any active or pending lawsuits and/or litigation related to the insurance agency and/or insurance company during the previous three years.
13. List any active or pending fines, penalties or sanctions against the insurance agent, insurance agency, and/or the insurance company from any State Insurance Department during the previous three (3) years.
14. Provide a project plan and timeline for implementation of each proposed system.
15. Provide a signed, completed Proposal Response Form.
16. Provide completed pricing worksheets.
17. Identify any other expectations of County responsibilities not addressed in the request for proposal document.
18. Provide any additional information relevant to expertise of the requested services that may assist the County in evaluating your proposal.

PROVIDER INFORMATION WORKSHEET

This form must be completed and submitted with proposal response.

		CPT CODE	MAXIMUM ALLOWABLE	ANESTHESIA
1	Initial Office Visit	99201	\$	\$
2	Office Visit	99213	\$	\$
3	Emergency Office Visit	99281	\$	\$
4	Emergency Room Visit	99283	\$	\$
5	Intermediate Office Visit / Established Patient	99211 99212 99214	\$	\$
6	Chiropractic Manipulation	98941	\$	\$
7	Blood Count; Complete (CBC); Automated (HGB, HCT, etc.) and Auto. Diff. WBC Combined	85025	\$	\$
8	Basic Metabolic Panel	80048	\$	\$
9	Appendectomy	44950	\$	\$
10	Tonsillectomy (under age 12)	42820	\$	\$
11	Gallbladder Removal	47600	\$	\$
12	Knee	29870	\$	\$
13	Arthroscopy Knee	29871	\$	\$
14	Bronchoscopy	31622	\$	\$
15	Laparoscopy	49329	\$	\$
16	Biopsy - Prostate	55700	\$	\$
17	MRI - Lumbar, No Contrast	72148	\$	\$
18	Chest X-ray	71020	\$	\$
19	12-Lead EKG Interpretation	93010	\$	\$
20	Echocardiography	93307	\$	\$
21	Cardiac Catheterization, Right/Left	93451 93452	\$	\$
22	Therapeutic exercise	97110	\$	\$
23	Mammography, Unilateral	77055	\$	\$
24	Normal Obstetric Care/Delivery	59400	\$	\$
25	D & C	58120	\$	\$
26	Total Abdominal Hysterectomy	58150	\$	\$

QUESTIONNAIRE:

Respond to all questions and requests listed on pages 18 through 24 of the Request for Proposal. Please precede your answer with a copy of the question.

Organizational Structure

1. Describe the history, organization and ownership of your company.
2. Please describe any recent or publicly disclosed mergers or acquisitions activity.
3. Do you contemplate any agreements, or are agreements being negotiated between you and other parties, which may affect the company's ownership, corporate structure, or management during the next year?
4. Describe any previous or pending material lawsuits in the last ten (10) years.
5. Provide the name and address of all outside vendors used in this RFP.
6. How many clients do you service of similar size to Sedgwick County (2,500+ employee lives)

Client Service Team

7. Please indicate who will be the individual in charge of servicing Sedgwick County and where they are located.
 - 7.1. How long have they been employed with your company?
 - 7.2. How many clients do they manage?
 - 7.3. What is their experience with public entities?
 - 7.4. What is their experience with self-funded clients?
8. Supply an organizational chart identifying the functions and reporting relationships of key people directly responsible for administrative services to Sedgwick County.
 - 8.1. State the roles of each member assigned to the Sedgwick County.
 - 8.2. State if the role is a client facing role or an internal role.
 - 8.3. What is the tenure of the employee?
 - 8.4. How many clients are assigned to the team member?

Claim Processing & Reporting

9. Please indicate the location of the service center for Sedgwick County as well as hours of operation for the employer and employee call center/contacts.
 - 9.1. How many full-time employees work in this office?
 - 9.2. How many processors report to one supervisor?
 - 9.3. Will Sedgwick County be assigned a dedicated claims processor?
 - 9.4. What additional responsibilities do the claim processors have (telephone inquiries, correspondence, filing, opening mail, etc.)?
 - 9.5. What is your member lives per processor ratio?
 - 9.6. What type of training is provided to processors?
 - 9.7. What is the number of claims that each processor is expected to process?
 - 9.8. What is the average length of experience for those claims processors who would be servicing a new large account?
 - 9.9. Are customer service and claims processors separated or is this job combined?

10. Are claims processors limited to specific dollar level payments?
 - 10.1. Is there a dollar threshold in which you require supervisory approval prior to releasing the claims?
 - 10.2. Define your high dollar claims processing protocol.
11. What percentage of claims are auto-adjudicated?
12. What is the claim processor attrition percentage at your company?
13. Briefly describe the software that will be used to administer claims.
 - 13.1. What is the name of the software/hardware that is used to administer claims?
 - 13.2. How long has this system been operational?
 - 13.3. What future enhancements are planned for this system?
 - 13.4. Are there automatic system edits for plan limitations, age limits, etc?
 - 13.5. Can your system detect unbundling of services, upcoding, etc?
 - 13.6. Describe your system's ability to accumulate PPACA required annual maximum out-of-pocket amounts?
 - 13.7. How are duplicate charges identified by the system?
 - 13.8. Are accumulations and claims history information automatically updated by adjustments?
 - 13.9. Can the system screen different plan versions based on the incurred date?
14. At what "trigger point" do you conduct/require a hospital claim audit?
 - 14.1. Who will perform the audit?
 - 14.2. Is this audit included in your fees?
15. Define "turnaround time" for claims processing?
 - 15.1. Are performance guarantees available that are tied to "turnaround time"?
16. What is the claim processing accuracy for the service center that will process medical claims?
 - 16.1. Are there any performance guarantees available that are tied to claims processing accuracy?
17. If you are selected as the administrator, will you permit claim audits at your claim office by a third-party auditor?
 - 17.1. If so, is there a charge for the time spent by your claims people in meeting with the auditor?
18. In terms of subrogation and right of recovery provisions, describe your internal or external third-party detection and recovery procedures.
19. Do you routinely pursue subrogation opportunities?
 - 19.1. If yes, what are your criteria for evaluating subrogation potential?
 - 19.2. Describe methods and procedures for investigating.
 - 19.3. What percentage of recoveries is successfully obtained by your organization?
 - 19.4. What percentage of recoveries is retained by your organization?
20. What are the frequencies of your internal and external audits?
 - 20.1. Who performs your external audits?
 - 20.2. Are costs incurred as a result of an external audit passed on to the client?
 - 20.3. Please identify your Independent Review Organization partners?

21. Please define a “paid claim” as it pertains to your organization. (Please be specific, as to when a claims is received, processed, paid and check cut).
 - 21.1. Explain how your organization defines a “clean claim”.
 - 21.2. Please identify the percentage of claims processed in 30 days.
22. Indicate your organization’s ability to administer various types of COB.
23. Do you have a dedicated team that handles stop loss reporting?
 - 23.1. Describe the process for reporting stop loss claims.
24. What other monthly reporting is included with your proposal?
 - 24.1. What additional reports are available and at what cost?

Member Customer Service

25. Do you offer a client designated toll-free customer service number for employees?
 - 25.1. If so, would there be any additional cost to Sedgwick County?
26. What are the hours of operation for customer service?
27. What services are available to members outside of normal customer service hours? (i.e. Web-based portal, Android and/or Apple applications, etc.)
28. What is the average hold time when contacting customer service?
29. What is the average abandonment rate when contacting customer service?
30. What is the average speed of answer?
31. What is your total service factor or percentage of calls answered within 30 seconds?
32. Will customer service representatives make outbound phone calls and/or e-mails to members to follow up on issue resolution?
33. What online resources can members access to help them make informed choices in providers, cost of services and care?

Employer Administration

34. Would you be able to provide a pre-open enrollment member phone number, website, and member communications?
 - 34.1. Is there a cost associated with these services? If yes, please define.
35. Provide the name and address of all outside vendors your organization uses to provide services referred to in this RFP.
 - 35.1. What services are outsourced to outside vendors?
36. Describe all online capabilities available to the Sedgwick County from an administrative standpoint.
 - 36.1. Define your ability to integrate with SAP.
37. Will Sedgwick County be assigned a dedicated eligibility team or person?

38. Does your organization offer an online employee enrollment portal?
 - 38.1. Is the portal available all year for new hires or only available during open enrollment?
 - 38.2. Is the portal offered through your organization or do you outsource it?
 - 38.3. What are the implementation and ongoing fees for this portal?
 - 38.4. Does the portal reflect eligibility in 'real time'?
39. What is the lag for eligibility to reflect in the pharmacy system?
40. How often will Sedgwick County need to send an eligibility file?
41. Please explain how your organization notifies clients of errors in the eligibility file.
 - 41.1. If an error is identified, who corrects the error, Sedgwick County or the eligibility person?
 - 41.2. What will the turnaround time be once you receive the eligibility file?
 - 41.3. How will Sedgwick County be notified of the errors?
42. What is the process for updating eligibility in the pharmacy system?
 - 42.1. Is the medical eligibility file used for the pharmacy system?
 - 42.2. What is the lag for eligibility updates to the pharmacy system?
43. Do you send an error report?
 - 43.1. If so, what is the frequency and method the error report is sent?
44. Please explain in detail the billing reconciliation process?
 - 44.1. Will there be a dedicated person for Sedgwick County?
 - 44.2. What is the turnaround time for the reconciliation?
 - 44.3. How would Sedgwick County be notified of updates or changes resulting from the process?
45. Please discuss briefly how the banking arrangements would work between your organization and Sedgwick County if they move to a self-funded arrangement.
 - 45.1. Would an account be required through a financial institution that is selected by your organization or can Sedgwick County choose any financial institution?
 - 45.2. Will there be a minimum balance requirement or can the account be funded on a weekly basis?
46. Please discuss the billing process between your organization and Sedgwick County if they continue in a fully insured arrangement.
 - 46.1. When will Sedgwick County receive the monthly bill?
 - 46.2. Will the bill reflect premium needed for the previous or future month? For example, a bill is issued February 1st for March premiums.
 - 46.3. Will you allow Sedgwick County to self bill? If yes, please explain in detail the process for billing discrepancies.

47. Currently Sedgwick County has multiple classifications / divisions of employees. An eligibility file for each classification / division is provided.
 - 47.1. Would your organization assign sub-group identifiers for each division?
 - 47.2. Would one eligibility specialist be assigned for all classifications / divisions?
48. Explain in detail the steps you anticipate will be needed to ensure a smooth implementation. Include a definition of specific activities and a timetable of events. The timetable should assume an award notification date and plan implementation schedule, which includes completion of all enrollment packets, enrollment meetings, system updates and ID card issuance by January 1, 2015.
 - 48.1. Provide a detailed work plan specifying all critical milestones and identifying persons from your organization who will be responsible for each major task.
 - 48.2. Are any performance guarantees available associated with implementation timeliness and accuracy?
49. Sedgwick County requires that you provide year-end financial information and renewal rates and fees prior to June 1st the calendar year preceding the policy anniversary date. Additionally, IMA will be provided all service agreements, contracts, amendments, reports, and claims data. Will you agree to this?
50. Explain any cash flow or cost saving measures you currently utilize, such as prompt payment discounts, bulk payments to hospitals, delayed payments to providers, unique provider contract arrangements, etc.
51. If Sedgwick County moves to a self-funded arrangement will you allow the following services to be outsourced to third party vendors? If yes, please indicate any additional cost.
 - 51.1. Pharmacy
 - 51.2. Disease Management
 - 51.3. Stop Loss
52. Please describe any additional services that are available to Sedgwick County in regards to employee training/onsite “lunch & learn” opportunities.
 - 52.1. What programs are available to Sedgwick County from your company?
 - 52.2. Are there a limited number of hours or sessions available?
 - 52.3. Who would be responsible for training and presentation of subject matters?

Utilization Review & Medical Management

53. Describe the history, organization and ownership of the Utilization Review (UR) firm that you are proposing.
 - 53.1. Explain your ownership, listing all separate legal entities and their relationships, to include all major shareholders and owners and give percentage of ownership of each.
 - 53.2. Is the UR firm URAC accredited?
 - 53.3. If it was reviewed by an accrediting agency and did not receive full accreditation, please summarize the key reasons.
54. What is your fee structure for UR and Case Management?
 - 54.1. Is it included in your premium rates and/or administrative fees or separate based on per occurrence or per month rate?
55. Do you have a Medical Director on staff? How accessible would the Director be to Sedgwick County?
 - 55.1. Where is the person located?

56. Describe your review criteria for
 - 56.1. Medical necessity for proposed care
 - 56.2. Medical necessity for admission
 - 56.3. Necessity for continued stay
 - 56.4. Length of stay
 - 56.5. Maternity care
 - 56.6. Mental health care (inpatient and outpatient)
 - 56.7. Chemical dependency treatment (inpatient and outpatient)
 - 56.8. Necessity for surgical procedures (inpatient and outpatient)
 - 56.9. Case management
 - 56.10. Outpatient services
 - 56.11. Durable medical equipment
57. Describe how your UR system is integrated with claim payment.
58. What are your predictive modeling capabilities?
59. Describe the disease management programs that you currently offer as part of your medical benefit plans.
 - 59.1. Are the costs of these programs included in your premium rates and/or administrative fees?
 - 59.2. What enhancements to your disease management program does your organization have planned for the next 12-18 months?

Provider Network

60. Please provide a GeoAccess report indicating the coverage provided by the proposed networks based on zip code information on the enclosed census based on the following criteria:
 - 60.1. Within 10 miles – 2 PCP, 1 OB-Gyn, and 1 Pediatrician
 - 60.2. Within 10 miles – Hospitals
61. Describe any network modifications that are underway or are planned for the future, specifying the modifications, status, and target date.
62. Describe the re-pricing process.
63. Define your out-of-network negotiation process.
 - 63.1. Does TPA retain a percentage of negotiated savings?
64. Indicate the “Centers of Excellence” services and providers currently available in your network.
65. Is there a Transplant Centers of Excellence provision in your contract?
 - 65.1. Are there any additional fees related to this service?
66. Do you offer a tiered benefit design that pays the highest benefit to superior providers, a lower benefit level for the rest of the network and the lowest for non-contracted providers?
67. Are there any restrictions within your provider contracts that would restrict Sedgwick County from creating a plan design that incents members to utilize providers that provide efficient care at lower cost?
68. Does your organization offer any non-traditional plan designs that promote member consumerism?

Wellness

69. Please describe your wellness account management model.
 - 69.1. What is the average tenure of members of this team? How long has the longest tenured individual been in their current role?
 - 69.2. What is the average client to rep/team ratio? What is the highest number of clients assigned to a single individual or team?
 - 69.3. What is their experience with public entities?
70. Describe any Wellness Programs that you currently offer as part of your medical plans.
 - 70.1. What enhancements to the Wellness Program do you have planned for the next 12-18 months?
 - 70.2. Are the costs of these programs included in your premium rates and/or administrative fees?
71. As part of the long term strategy, Sedgwick County is reviewing options for biometric screenings and Health Risk Assessments (HRA's). Please explain your capabilities for these two services.
 - 71.1. Do you have contracted vendors that Sedgwick County would be required to utilize?
 - 71.2. Are you able to coordinate data upload and exchange if a third party is selected?
 - 71.3. If yes, are there additional fees for coordinating data file feeds to or from other vendors?
72. Will your organization provide Sedgwick County with a wellness fund?
 - 72.1. If so, does the money need to be spent on your organizations products and services or can the funds be used for a third party?
73. Describe the wellness tools (HRA, portal, trackers, etc.) that you provide to the client.
 - 73.1. Of the items listed above, please specify which items are buy-up options?
74. Provide a list of all data sets you incorporate in standard reports (please provide samples).
 - 74.1. List any additional reports that may be available at an additional cost (please provide samples).
75. If either coaching or disease/care management programs are available, please describe the method of identifying eligible members, how members are contacted, and how engagement and success are quantified.
 - 75.1. Do you provide a horizontally aligned, fully integrated care coordination model including Customer Service Agents, Case Managers, Disease Management RNs, and Wellness Coaches?
76. Do you provide support in the administration of incentives tied to the wellness program? If so, provide examples of the type and form of support provided.
77. What communication materials do you provide to the client for use in promoting the program? (please provide samples).
78. How do you quantify the degree of impact and success of the wellness program?

Additional Performance Guarantees

79. Are there other performance guarantees that you are willing to provide outside of the specific performance guarantees listed in the previous sections?

**SEDGDWICK COUNTY GOVERNMENT
 MEDICAL/PHARMACY INSURANCE SERVICES RFP #14-0018
 FEE SCHEDULE**

(Please submit under separate cover)

**RFP NUMBER AND OPENING DATE SHOULD BE CLEARLY MARKED ON FRONT OF
 ENVELOPE.**

Current Medical/Rx Plan – Fully-insured Proposal Worksheet

Use 1 page per year

Include/attach Plan description or other data and information as required.

Fully-insured Charges	2014	
	Total Cost	PEPM
Paid Claims:		
Medical/Hospital	\$	\$
Prescription	\$	\$
Wellness/Preventive	\$	\$
All Other	\$	\$
Total Incurred Charges	\$	\$
Retention:	\$	\$
Commissions	\$	\$
Administration	\$	\$
Premium Tax	\$	\$
Interest Credit	\$	\$
All Other	\$	\$
Total Retention	\$	\$
PPACA Fees:		
PCORI	\$	\$
Transitional Reinsurance Fee	\$	\$
Health Insurer Fee	\$	\$
Total PPACA Fees	\$	\$
Total Annual Premium Rate		

Monthly Rates (HMO or POS)		
Single	\$	NA
Employee+1	\$	NA
Family	\$	NA
Monthly Rates (PPO)		
Single	\$	NA
Employee+1	\$	NA
Family	\$	NA

**SEDGDWICK COUNTY GOVERNMENT
 MEDICAL/PHARMACY INSURANCE SERVICES RFP #14-0018
 FEE SCHEDULE**

**RFP NUMBER AND OPENING DATE SHOULD BE CLEARLY MARKED ON FRONT OF
 ENVELOPE.**

Current Medical/Rx Plan - Self-Funded Proposal Worksheet

Administrative Services Only (ASO)

Use 1 page per year

Include/attach Plan summary or other data and information as required.

Self-Funded ASO Services	2014	
	Total Cost	PEPM
Initial Start-up Administration Fee	\$	\$
Annual Administration Fee	\$	\$
Medical/Hospital ASO, Fee for Service	\$	\$
Claims Administrative Expense	\$	\$
Prescription ASO	\$	\$
PBM Rx Interface	\$	\$
Network/Access Fees	\$	\$
Behavioral Health ASO	\$	\$
Booklets/Directories/ID cards	\$	\$
HIPAA & all other notices	\$	\$
Summary of Benefits & Coverage Documents	\$	\$
Plan Document Preparation	\$	\$
Medical Pre-Admin/Cert/Concurrent Review	\$	\$
Behavioral Health Pre-Admin/Cert/Concurrent Review	\$	\$
Disease/Case Management	\$	\$
Wellness/Preventive Care/Reminders & Incentives	\$	\$
Stop Loss Reporting	\$	\$
Ad-hoc Reporting	\$	\$
Accounting/Bank Reconciliation	\$	\$
Claims Processing Run-out (6 months)	\$	\$
Other Service fees (not defined above)	\$	\$
Total ASO Services	\$	\$

Monthly Rates (HMO or POS)		
Single	\$	NA
Employee+1	\$	NA
Family	\$	NA
Monthly Rates (PPO)		
Single	\$	NA
Employee+1	\$	NA
Family	\$	NA

**SEDGDWICK COUNTY GOVERNMENT
MEDICAL/PHARMACY INSURANCE SERVICES RFP #14-0018
FEE SCHEDULE**

**RFP NUMBER AND OPENING DATE SHOULD BE CLEARLY MARKED ON FRONT OF
ENVELOPE.**

Current Medical/Rx Plan - Self-Funded Proposal Worksheet

Third Party Administration

Use 1 page per year

Include/attach Plan summary or other data and information as required.

Self-Funded ASO Services	2014	
	Total Cost	PMPM
Initial Start-up Administration Fee	\$	\$
Annual Administration Fee	\$	\$
Medical/Hospital ASO, Fee for Service	\$	\$
Prescription ASO	\$	\$
PBM Rx Interface	\$	\$
Network/Access Fees	\$	\$
Behavioral Health ASO	\$	\$
Booklets/Directories/ID cards	\$	\$
HIPAA & all other notices	\$	\$
Summary of Benefits & Coverage Documents	\$	\$
Plan Document Preparation	\$	\$
Medical Pre-Admin/Cert/Concurrent Review	\$	\$
Behavioral Health Pre-Admin/Cert/Concurrent Review	\$	\$
Disease/Case Management	\$	\$
Wellness/Preventive Care/Reminders & Incentives	\$	\$
Stop Loss Reporting	\$	\$
Ad-hoc Reporting	\$	\$
Accounting/Bank Reconciliation	\$	\$
Claims Processing Run-out (6 months)	\$	\$
Other Service fees (not defined above)	\$	\$
Total ASO Services	\$	\$
Total Annual Premium Rate	\$	\$

Monthly Rates (HMO or POS)		
Single	\$	NA
Employee+1	\$	NA
Family	\$	NA
Monthly Rates (PPO)		
Single	\$	NA
Employee+1	\$	NA
Family	\$	NA

**PROPOSAL RESPONSE FORM
EMPLOYEE MEDICAL AND PHARMACY BENEFITS
#14-0018**

The undersigned, on behalf of the Proposer, certifies that: (1) this offer is made without previous understanding, agreement or connection with any person, firm, or corporation submitting a proposal on the same project; (2) is in all respects fair and without collusion or fraud; (3) the person whose signature appears below is legally empowered to bind the firm in whose name the proposal is entered; (4) they have read the complete Request for Proposal and understands all provisions; (5) if accepted by the County, this proposal is guaranteed as written and amended and will be implemented as stated; and (6) mistakes in writing of the submitted proposal will be their responsibility.

NAME _____
DBA/SAME _____
CONTACT _____
ADDRESS _____ CITY/STATE _____ ZIP _____
PHONE _____ FAX _____ HOURS _____
TAXPAYER I.D. NUMBER _____ STATE INCORPORATED _____
COMPANY WEBSITE ADDRESS _____ E-MAIL _____
NUMBER OF LOCATIONS _____ NUMBER OF PERSONS EMPLOYED _____
TYPE OF ORGANIZATION: Public Corporation _____ Private Corporation _____ Sole Proprietorship _____
Partnership _____ Small Business _____ Manufacturer _____ Distributor _____ Retail _____ Dealer _____
General Nature of Business _____ FEIN/SS # _____ W-9 included _____
Not a Minority Owned Business _____ Minority Owned Business: _____ Certification # _____
African American ___ Asian ___ Hispanic ___ Native American ___ Other ___ Woman Owned Business _____

ACKNOWLEDGE RECEIPT OF ADDENDA: All addendum(s) are posted to our RFQ/RFP web page and it is the vendor's responsibility to check and confirm all addendum(s) related to this document by going to www.sedgwickcounty.org/finance/purchasing.asp.

NO. _____, DATED _____; NO. _____, DATED _____; NO. _____, DATED _____

In submitting a response to this document, vendor acknowledges acceptance of all sections of the entire document and has clearly delineated and detailed any exceptions.

Signature _____ Title _____
Print Name _____ Dated _____