

**COUNTY OF GILES, VIRGINIA
(INCLUDING GILES COUNTY SCHOOL BOARD
AND
GILES COUNTY PUBLIC SERVICE AUTHORITY)**

REQUEST FOR PROPOSAL (RFP) COVER PAGE

ISSUE DATE: March 12, 2019	REQUEST FOR PROPOSAL NUMBER: 2019-GHI	FOR: Group Health & Rx Insurance Coverage
DEPARTMENT: Finance	DATE/TIME OF CLOSING: April 8, 2019 at 12:00 noon local time	CONTRACT ADMINISTRATOR: Chris McKlarney, County Administrator
DATE/TIME LAST DAY FOR QUESTIONS: March 25, 2019 at 12:00pm (noon) local time	DATE/TIME PRE-PROPOSAL MEETING: N/A	PRE-PROPOSAL MEETING MANDATORY: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

Proposals - In accordance with the following and in compliance with all terms and conditions, unless otherwise noted, the undersigned offers and agrees, if the proposal is accepted, to furnish items or services for which prices are quoted, , delivered or furnished to designated points within the time specified. It is understood and agreed that with respect to all terms and conditions accepted by the County of Giles the items or services offered and accompanying attachments shall constitute a contract.

Sealed proposals, subject to terms and conditions of this Request for Proposal will be received by the County Administrators Office, 315 North Main St., Pearisburg, VA 24134 until the date/ time specified above for furnishing items or services delivered or furnished to specified destinations within the time specified or stipulated by the vendor(s).

The County does not discriminate against small and minority businesses or faith-based organizations.

VENDOR INFORMATION

Name of Vendor: _____ Telephone #: _____
 Address: _____ Federal Employer Identification #: _____
 State Corporation Commission #: _____
 Contact Name: _____ Contact Email Address: _____

By signing this bid, Vendor(s) certifies, acknowledges, understands and agrees to be bound by the conditions set forth in this RFP.

VENDOR'S LEGALLY AUTHORIZED SIGNATURE _____
DATE

PRINT NAME _____
TITLE

Please take a moment to let us know how you found out about this Request for Proposal (RFP) – Check one:
 County of Giles Website eVA Website Bid Room (Please List) _____
 The Virginian Leader Newspaper Notified by County Directly Posted on County Courthouse bulletin board
 Other (Please List)

****This document must be completed & returned with proposal submission.***

I. PURPOSE

The purpose of this Request for Proposal (RFP) is to solicit proposals from qualified firms (Offerors) to establish an agreement(s) with one Offeror through competitive negotiations associated with providing Group Health & Rx Insurance Coverage to the employees, eligible retirees and dependents of the County of Giles, Giles County Public Schools and Giles County Public Service Authority, (hereinafter referred to collectively as “the County”).

The County’s objective is to maintain a long-term relationship and to provide Covered Individuals with a quality, affordable health insurance program responsive to their needs.

Offerors are not limited to the specific plan designs developed in the RFP. It is the County’s desire to solicit all available programs in the employee service area.

II. BACKGROUND INFORMATION

The County currently provides Health & Rx insurance coverage for its Covered Individuals through a self-funded health insurance program with specific and aggregate reinsurance.

III. SCOPE OF SERVICES

The Offeror shall provide necessary quality health insurance claims administration to all eligible Covered Individuals. The Offeror shall provide system personnel and services necessary for efficient administration of the program(s). This shall include, but not limited to:

- A. Maintain membership files for all covered individuals.
- B. Maintain central claims processing and customer service capabilities.
- C. Ability to accept claims from and pay reimbursements directly to providers of service.
- D. Provide explanations of benefits paid to insureds and accurately reporting current status of deductibles, co-payments, and out-of-pocket limits.
- E. Accurate data tracking and reporting including utilization reports, savings analysis and claims lag studies upon request or through an internet portal.
- F. Prepare plan summaries and communication materials to explain the plan to eligible Covered Individuals. Communication materials will be reviewed and approved by the County prior to distribution.
- G. Assist in the implementation of the plan including conducting informational and enrollment meetings as needed.
- H. Provide each enrollee a summary plan description outlining and identifying covered services, exclusions, and claims filing procedures and continuation coverages. The summary plan description must meet all applicable state and federal laws.
- I. Provide all enrolled Covered Individuals with an identification card in a timely fashion as coordinated with the County.
- J. Provide annual renewal proposal no later than 180 calendar days prior to the annual agreement effective date.

- K. Provide legal, actuarial and other services as required, assuring the necessary and appropriate administration of the programs.
- L. Provide local and toll free customer service phone and email access for Covered Individuals.
- M. Provide a dedicated account representative responsible for the overall performance of the program including program administration and problem resolution. The account representative will visit the physical location of the County as determined by the County on a frequency no less than monthly.
- N. Ability to support the Affordable Care Act (ACA) in all aspects, including preparation, issuance and filing of IRS forms 1094 and 1095.
- O. Provide an internet portal for employer administration and reporting.

Actively at work requirements are to be waived. Pre-existing condition waiting periods shall be waived for all covered individuals.

The Offeror shall provide cost containment services including, but not limited to, hospital pre-certification, utilization review, large claims case management and review of high cost outpatient services.

IV. PRE-PROPOSAL MEETING

There will be no pre-proposal meeting for this solicitation.

V. PROPOSAL REQUIREMENTS

The proposal shall provide information necessary for the County to evaluate the qualifications, experience, and expertise of the Offeror to perform the requested Scope of Services (*Section III*).

The Offeror is to make a written proposal which presents an understanding of the work to be performed. The proposal should demonstrate and provide evidence that the Offeror has the capabilities, professional expertise, and experience to provide the necessary services as described in this RFP. The proposal should address each evaluation criteria contained in *Section X. Proposal Evaluation Criteria* and to be specific in presenting their qualifications. Proposals should be as thorough and detailed as possible but written clearly and concisely so that the County may properly evaluate the firm's capabilities to provide the required services.

The Offeror shall ensure that all information required herein is submitted with the proposal. All information provided should be verifiable by the documentation requested by the County. Failure to provide all information, inaccuracy or misstatement may be sufficient cause for rejection of the proposal. The Offeror should include in their proposal the following:

- A. Cover Sheet: A completed Proposal Cover Sheet which is the first page of this RFP.
- B. Table of Contents: All pages are to be numbered.

C. Introduction: Cover Letter on company letterhead signed by a person with the corporate authority to enter into any contract which results from the RFP.

D. Required Elements: The proposal submitted shall include, at a minimum, the following:

Section 1 –Narrative on the Offerors ability to provide the required Scope of Services (*Section III*). This should contain resumes that would include names, qualifications and experience of personnel to be assigned to the account.

Section 2 – Quotations (See *Section XVII. Price Quotation* for further information)

Section 3 – GEOAccess report for plan(s) proposed.

Section 4 – Responses to Reference Questionnaire in *Section XVIII*

Section 5 – Sample Agreements

Section 6 – Examples of management reports.

Section 7 – Examples of employee communications.

Section 8 – Examples of monthly and annual reports and/or financial statements.

E. The Offeror shall complete and return the following additional attachments:

- a. Proprietary/Confidential Information Identification Form (*Attachment A*).
Note: If proprietary/confidential information is identified, Offeror is required to submit a redacted copy of their proposal in addition to the required number of proposals requested.
- b. State Corporation Commission (SCC) Form (*Attachment B*) and provide as part of the proposal documents.
- c. Insurance Requirements Form (*Attachment C*)
- d. Exceptions to the RFP (*Attachment D*)

INSTRUCTIONS TO OFFERORS

All proposals must be in an opaque, sealed envelope or box and clearly marked: “**Sealed Proposal: Group Health & Rx Insurance Coverage RFP 2019-GHI**”. Proposals shall clearly indicate the legal name, address and telephone number of the Offeror (company, firm, partnership, or individual). All expenses for making proposal to the County shall be borne by the Offeror.

Offerors shall provide four (4) paper copies and one (1) IDENTICAL digital copy (on CD or thumb drive) of the proposal documents. Note: If proprietary/confidential information is identified, Offeror is required to submit a redacted copy of their proposal in addition to the required number of proposals requested.

Proposal documents shall be mailed or hand-delivered to the **County Administrators Office, 315 North Main St., Pearisburg, VA 24134**. Office hours are Monday through Friday, 8:00 am to 4:00 pm except County holidays. Faxed or emailed proposals will not be accepted. Proposals shall be received by the Purchasing Office no later than **April 8, 2019 at 12:00 noon local time**. Any proposals received after this date and time will not be accepted. The County of Giles is not responsible for delays in the delivery of the mail by the U.S. Postal Service, private couriers, or the inter-office mail system. The Offeror has the sole responsibility to have the proposal received by the County at the above address and by the above stated time and date. **One additional copy shall be mailed/emailed to: Matthew J. Smith, Corporate Benefit Consultants, Inc., 135 Clearcreek Ct., Moneta, Va. 24121.**

All documents contained within the proposal submission shall be completed in their entirety and signed and dated where required.

VI. QUESTIONS

Questions related to the RFP or requests for clarification may be directed to Chris McKlarney, County Administrator, for the County of Giles, by email (cmcklarney@gilescounty.org) or by fax (540-921-1329). Oral questions will not be permitted. All responses to inquiries will be in writing and will be posted as addenda on the County’s website at <http://virginiasmtnplayground.com/jobs-and-rfps> and also on eVA at www.eva.virginia.gov. All questions must be received no later than **March 25, 2019 at 12:00pm (noon) local time**. It is the responsibility of all Offerors to ensure that they have received all addenda and to include signed copies of any and all addenda with their proposal submission.

VII. GENERAL TERMS & CONDITIONS FOR THE COUNTY OF GILES, VA

APPLICABLE LAWS AND COURTS: This solicitation and any resulting contract shall be governed in all respects by the laws of the Commonwealth of Virginia and any litigation with respect thereto shall be brought in the courts of the Commonwealth with venue being in Giles County, Virginia. The contractor shall comply with all applicable federal, state and local laws, rules and regulations.

ANTI-DISCRIMINATION: By submitting their (bids/proposals), (bidders/offerors) certify to the County that they will conform to the provisions of the Federal Civil Rights Act of 1964, as amended, as well as the Virginia Fair Employment Contracting Act of 1975, as amended, where applicable, the Virginians With Disabilities Act, the Americans With Disabilities Act and Section 2.2- 4311 of the *Virginia Public Procurement Act*.

In every contract over \$10,000 the provisions below apply:

1. During the performance of this contract, the contractor agrees as follows:
 - a. The contractor will not discriminate against any employee or applicant for employment because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment, except where there 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.
 - b. 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.
 - c. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting these requirements.

The contractor will include the provisions of 1. above in every subcontract or purchase order over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

2. The County does not discriminate against small and minority businesses or faith based organizations.

ETHICS IN PUBLIC CONTRACTING: By submitting their (bids/proposals), (bidders/offerors) certify that their (bids/proposals) are made without collusion or fraud and that they have not offered or received any kickbacks or inducements from any other (bidder/offeror), supplier, manufacturer or subcontractor in connection with their (bid/proposal), and that they have not conferred on any public employee having official responsibility for this procurement transaction any payment, loan, subscription, advance, deposit of money, services or anything of more than nominal value, present or promised, unless consideration of substantially equal or greater value was exchanged.

IMMIGRATION REFORM AND CONTROL ACT OF 1986: By submitting their (bids/proposals), (bidders/offerors) certify that they do not and will not during the performance of this contract employ illegal alien workers or otherwise violate the provisions of the federal Immigration Reform and Control Act of 1986.

DEBARMENT STATUS: By submitting their (bids/proposals), (bidders/offerors) certify that they are not currently debarred by the Commonwealth of Virginia from submitting bids or proposals on contracts for the type of goods and/or services covered by this solicitation, nor are they an agent of any person or entity that is currently so debarred.

ANTITRUST: By entering into a contract, the contractor conveys, sells, assigns, and transfers to the County all rights, title and interest in and to all causes of action it may now have 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 the County under said contract.

REVISIONS TO THE OFFICIAL ITB/RFP: No offeror shall modify, revise, edit or make any unauthorized change(s) to the original Official Invitation to Bid (ITB) or Official Request for Proposal (RFP). The Official solicitation document and the Addenda(s) are the documents posted on the County of Giles's web site and/or authorized by the County of Giles's Finance Manager. Any such violation as stated above may result in rejection of the ITB/RFP response. In addition, violations may result in the debarment of the offeror by the County of Giles.

CLARIFICATION OF TERMS: If any prospective (bidder/offeror) has questions about the specifications or other solicitation documents, the prospective (bidder/offeror) should contact the person whose name appears on the face of the solicitation no later than five working days before the due date. Any revisions to the solicitation will be made only by addendum issued by the buyer.

PAYMENT:

The County will submit payment of all premium invoices monthly within thirty (30) days of receipt of the invoice. Separate invoices must be provided to Giles County Public Schools for school employees and to the County of Giles for County and PSA employees. County and PSA employees may be combined in the same invoice.

PRECEDENCE OF TERMS: General Terms and Conditions shall apply in all instances. In the event there is a conflict between any of the other General Terms and Conditions and any Special Terms and Conditions in this solicitation, the Special Terms and Conditions shall apply.

QUALIFICATIONS OF (BIDDERS/OFFERORS): The County may make such reasonable investigations as deemed proper and necessary to determine the ability of the (bidder/offeror) to perform the services/furnish the goods and the (bidder/offeror) shall furnish to the County all such information and data for this purpose as may be requested. The County reserves the right to inspect (bidder's/offeror's) physical facilities prior to award to satisfy questions regarding the (bidder's/offeror's) capabilities. The County further reserves the right to reject any (bid/proposal) if the evidence submitted by, or investigations of, such (bidder/offeror) fails to satisfy the County

that such (bidder/offeror) is properly qualified to carry out the obligations of the contract and to provide the services and/or furnish the goods contemplated therein.

ASSIGNMENT OF CONTRACT: A contract shall not be assignable by the contractor in whole or in part without the written consent of the County.

DEFAULT: In case of failure to deliver goods or services in accordance with the contract terms and conditions, the County, after due oral or written notice, may procure them from other sources and hold the contractor responsible for any resulting additional purchase and administrative costs. This remedy shall be in addition to any other remedies, which the County may have.

SELECTION PROCESS/AWARD: Upon the award or the announcement of the decision to award a contract as a result of this solicitation, the department will publicly post such notice for a minimum of ten (10) days, or will notify all responsive bidders/offerors.

BID/PROPOSAL ACCEPTANCE PERIOD: Any bid/proposal resulting from this solicitation shall be valid for One Hundred Twenty (120) days. At the end of the One Hundred Twenty (120) days the bid/proposal may be withdrawn at the written request of the Bidder/Offeror. If the bid or proposal is not withdrawn at that time it remains in effect until an award is made or the solicitation is canceled.

EXCUSABLE DELAY: The County shall not be in default of any failure in performance of this agreement in accordance with its terms if such failure arises out of causes beyond its reasonable control and without the fault of or negligence of the County. Such causes may include, but are not restricted to acts of God or the public enemy, fires, flood, epidemics, quarantine restrictions, strikes, freight embargoes, and usually severe weather, but in every case the failure to perform must be beyond the reasonable control and without the fault or negligence of the County.

COOPERATIVE PROCUREMENT: This procurement is being conducted on behalf of the County of Giles, Giles County School Board and Giles County Public Service Authority, in accordance with 2.2-4304 (A) of the Code of VA. Employees of the Department of Social Services are counted as County employees for health insurance purposes.

LIABILITY/LITIGATION: The County (including the School Board and PSA) shall not indemnify or hold harmless any Contractor or other third party. The County does not waive any right or release any party from liability, whether on its own behalf or on behalf of any boards, employees or agents. The County does not waive the right to trial by jury for any cause of action arising from the Contract and shall not submit any Contract claim to binding arbitration or mediation. The County shall not be liable to Contractor for any special, punitive or exemplary damages arising from the performance of the contract, including, but not limited to, incidental damages, and lost profit and lost wages, even if such special damages are reasonably foreseeable. Any provision(s) in the Contract contrary to these statements is/are hereby deleted and rendered void.

STATE CORPORATION COMMISSION IDENTIFICATION NUMBER: Pursuant to Code of VA 2.2-4311.2 subsection B, a bidder or offeror organized or authorized to transact business in the Commonwealth pursuant to Title 13.1 or Title 50 is required to include in its bid or proposal the identification number issued to it by the State Corporation Commission (SCC). Any bidder or offeror that is not required to be authorized to transact business in the Commonwealth as a foreign business entity under Title 13.1 or Title 50 or as otherwise required by law is required to include in its bid or proposal a statement describing why the bidder or offeror is not required to be so authorized. Link to the SCC site is <http://www.scc.virginia.gov>.

VIII. MODIFICATION & WITHDRAWAL OF PROPOSAL

An offeror may modify or withdraw his proposal, either personally or by written request, at any time prior to the scheduled time for opening of proposals. After proposal opening, Code of Virginia 2.2-4330 B. 1. shall apply: “The bidder shall give notice in writing of his claim of right to withdraw his bid within two business days after the conclusion of the bid opening procedure and shall submit original work papers with such notice.”

IX. PROPOSAL EVALUATION CRITERIA

Selection of the successful proposal will be based upon submission of proposals meeting the selection criteria. Proposal evaluation will be based on the following minimum selection criteria:

The qualifications, experience and financial strength of the insurance carrier and their ability to provide the desired services.

- A. Coverage area and depth of the providers and facilities under contract by the insurance carrier.
- B. Quality of plans offered.
- C. Cost of services. Indicate various options available for providing the required services. While proposals will not be evaluated on a lowest cost basis, proposals will be evaluated for maximum services provided for minimum cost.
- D. References from other similar sized organizations and entities that the Offeror has provided similar services to.
- E. The overall organization, quality and completeness of the proposal, including cohesiveness, conciseness and clarity of response.

As part of the evaluation process, the County may ask questions of a clarifying nature from Offerors as required. The County may also request an oral presentation to explain the proposal and answer questions.

The County reserves the right to cancel this RFP at any time or reject any or all proposals received as a result of this RFP if it is in the best interest of the County. The County reserves the right to

waive any informality in any proposal. The County may also elect to reject all proposals and renew its existing coverage.

X. CONTRACT TERM

The initial term of the contract will be for one (1) year beginning July 1, 2019. At the County's option, the contract may be renewed for up to five (5) additional (1) year terms. All terms and conditions shall remain in force for the term of the contract and for any renewal period unless modified by mutual agreement of both parties. Cost of services for any renewal periods shall be subject to the mutual agreement of both parties with written justification by the Offeror of any proposed price increases.

XI. AWARD OF CONTRACT

Selection shall be made of one or more Offerors deemed to be fully qualified and best suited among those submitting proposals, on the basis of the factors involved in the request for proposals, including price if so stated in the request for proposal. Negotiations shall then be conducted with each of the Offerors so selected. Price shall be considered, but need not be the sole determining factor. After negotiations have been conducted with each Offeror so selected, the County shall select the Offeror which, in its opinion, has made the best proposal, and shall award the contract to that Offeror. Should the County 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. Once the selection has been made as to which Offeror will be awarded the contract, the Finance Manager will post a Notice of Award on the County's website at <http://virginiasmtnplayground.com/jobs-and-rfps> and also on eVA at www.eva.virginia.gov. The County intends to award to only one Offeror. The award documentation will subsequently be followed by a contract incorporating by reference all the requirements, terms and conditions of the solicitation and the Offeror's proposal as negotiated.

XII. EXCEPTIONS TO THE RFP

All requested information in this RFP must be supplied. Offerors may take exception to certain requirements in this RFP. Any exceptions from the RFP guidelines, requirements and specifications shall be clearly identified on Attachment D and included in the offeror's proposal. The County, at its sole discretion, may reject any exceptions or specifications within the proposal. Exceptions must be approved before the contract is signed or they are considered non-binding.

XIII. ANTICIPATED TIMELINE FOR AWARD

March 12, 2019	RFP Issuance
March 25, 2019 at 12:00pm	Written questions due to Rhonda Tickle, Finance Manager
April 8, 2019 at 12:00 noon	RFP due to the County of Giles
April 8, 2019-April 11, 2019	Review proposals

April 15, 2019	Finalist follow-up/negotiations
April 17, 2019	Award contract
April 22 – May 22, 2019	Open enrollment period
April 22 – April 26, 2019	Employee meetings (at least 12 meeting sessions required, however multiple meeting may be scheduled at different times on the same day.
TBD	Enrollment information to insurance carrier
June 19, 2019	ID cards to be issued and mailed
July 1, 2019	Program begins

The above timeline is for planning purposes only and is subject to change.

XIV. OTHER MATTERS

A. Ownership of Materials

Ownership of all data, materials, and documentation originated and prepared for the County pursuant to the RFP shall belong exclusively to the County and be subject to public inspection in accordance with the Virginia Freedom of Information Act.

B. Proprietary Information

Trade secrets or proprietary information submitted by an Offeror in connection with this solicitation shall not be subject to disclosure under the Virginia Freedom of Information Act; however, the Offeror must invoke the protections of this section PRIOR to or upon submission of the data or other materials, and must clearly identify the data or other materials to be protected and state the reasons why protection is necessary. *Attachment A* provides a place to identify any proprietary information.

C. Insurance Requirements See Attachment

C. Insurance Requirement.

XV. HEALTH PLAN SPECIFICATIONS

BENEFITS and EXPERIENCE

See Attachment E.

CURRENT/PRIOR CARRIER

Benefit Plan Administrators since July 1, 2018; Anthem Local Choice from July 1, 2016 to June 30, 2018

FUNDING

Self-Funded plan with specific and aggregate reinsurance.

ELIGIBILITY

Full-time employees, part-time employees that meet Affordable Care Act work hour requirements, and certain pre-65 retirees.

WAITING PERIOD

First of month following employment.

XVII. PRICE QUOTATION

The price quotation should be based on the enclosed information and provided as follows:

The County, Schools and PSA are to be considered as one price group. Each entity has the same benefit plan. Existing benefit plan descriptions are set forth in Attachment E. Quotes should be provided for coverage duplicating the three existing plans and tier structure. **Please use 3/2019 enrollment for all exhibits.** If current plan cannot be duplicated you may provide a comparable plan of your design. All deviations must be identified. Please provide:

- 1.) A self-funded quote with a \$125,000 and a \$425,000 specific reinsurance and a 120% aggregate.
- 2.) A fully-insured quote.
- 3.) The cost impact of lowering the \$5,000 deductible plan to \$4,250/\$8,500.
- 4.) Please include a quote for an EAP benefit for all employees.

You may also propose additional plan(s) that you believe may be suitable for County employees. Such additional plan(s) should contain sufficient detail to allow adequate review and comparison of benefits.

A. Format

1. All proposals are to be net of commissions. No commissions or service fees are acceptable.
2. All deviations from plan designs shown in RFP must be clearly identified.

3. All price quotations must include underwriting exhibits including projected claims, expected provider savings, individual administrative costs, total expected cost, and incurred but not reported (IBNR) estimates. Mature estimates are to be included for illustrative purposes.

XVI. REFERENCE QUESTIONNAIRE

Please answer the following questions to the extent they apply to the program(s) you are offering. If the question does not apply to your program(s), please indicate such and give an explanation. Any supplemental materials or documents may be included elsewhere in the proposal. The location must be stated in the question and the document clearly identified.

A. Medical

1. Have you followed specifications and quoted these coverages as requested? If not, specifically outline your deviations.
2. What medical trend factors are being used in this proposal? Please provide your medical trends for the last five years.

B. Prescription Drug Coverage

1. Please provide a complete description of your program
2. Please provide a detail description of your pricing contracts. For 2018 provide your percentage of savings off of retail and mail by Tier prior to member copays.
3. What pharmacy trend factors are being used in this proposal? Please provide your pharmacy trends for the last five years.
4. Please provide details on retail maintenance and mail order options.
5. Please provide details the formulary and rebates, if applicable.
6. Please describe all reports available to the client.
7. Please provide a list of all participating pharmacies
8. Please clarify any additional savings/rebates that will be available and how they are calculated.

C. Claims Administration/Customer Service

1. What office will be responsible for claims payment?
2. What local assistance is available for employees regarding their coverage? Will you provide a dedicated

customer service contact?

3. Outline the key elements of your "direct" claims system. (Include specimen copies of claim forms, EOB, etc.)
4. What percentage of claims require no additional information?
5. Please indicate your average claim turnaround on time on:
 - a) "Clean Claims"
 - b) Claims that required additional information
6. Please describe in detail all Web based apps available to members.
7. Please provide details on your average call response time.
8. Please provide details on your average call response time. Please provide details on how out- of-area claims are adjudicated (emergency vs. non-emergency; in vs. out of country; deductible/coinsurance applicable; average discounts(provider & facility)).

D. Policy Administration

1. Where is your servicing office that will be responsible for this account?
2. Please describe in detail the initial and ongoing enrollment process.
3. Please describe in detail the assistance that you will provide installing the case. Include a proposed timeline with tasks and responsibilities.
4. Please include specimen copies of all your standard reports.
5. What other management reports do you have available and recommend? Briefly outline each of these reports and indicate what additional charge, if any, would be made (include specimen copies of your standard reports).
6. What employee education (wellness) programs will you make available. Specify goals of each program and its cost, if any. Specify how the program would be implemented and by who.
7. Will a service representative be available at the various work sites on a regular basis if needed?
8. Please provide details on how out-of-area claims are adjudicated(emergency vs. non-emergency; in vs. out of country; deductible/coinsurance applicable; average discounts(provider & facility)).

E. Networks/Discounts

1. For all Managed Care Options please provide a network match based on two primary care

physicians and all providers (separately) in 10 and 20 mile standards.

2. Please provide number of general practitioners and specialists by type for each zip code.
3. Please provide number of board certified/eligible specialists by type for each zip code.
4. Please provide the percent of total general practitioners and specialists by type for each zip code.
5. Please provide the percent of total board certified/eligible specialists by type for each zip code.
6. Please provide a list of all hospitals in network in Virginia, West Virginia, & North Carolina.
7. Provide a complete description of your credentialing of providers under contract and ongoing quality assurance procedures.
8. Please explain in detail your hospital discount arrangement and average network percentage savings off of total allowable billed charges (net of COB) for all proposed networks for South West Virginia, New River Valley, Charlottesville, and Roanoke separately, if m different, for the last three years. When is the next anticipated change in your fee schedule?
9. Please explain in detail your provider discount arrangement and average network percentage savings off of total allowable billed charges (net of COB) for all proposed networks for South West Virginia, New River Valley, Charlottesville, and Roanoke separately, if m different, for the last three years. When is the next anticipated change in your fee schedule?

F. Guarantees

1. Please provide a specific guarantee for Network savings (by network) based on the percentage of savings to the total allowable billed charges (net of COB).
2. Please provide a set of performance standards that you will be willing to offer.
3. Please provide second and third year guarantees/caps for administrative charges, network access fees, reinsurance charges, and the maximum claim liability.

G. Financials

1. Please provide your current financial ratings from the following:
 - a. S&P
 - b. Moodys
 - c. Duff & Phelps
 - d. AM Best

Also provide for your proposed reinsurance company, if different.

(Nothing further on this page. Attachment A follows)

ATTACHMENT A.

PROPRIETARY/CONFIDENTIAL INFORMATION IDENTIFICATION FORM

Name of Firm/Offeror: _____

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 §2.2-4342F of the Code of Virginia, in writing, either before or at the time the data or other material is submitted. The written notice must specifically identify the data or materials to be protected, including the section of the proposal in which it is contained, as well as the page number(s), and state the reasons why protection is necessary. The proprietary or trade secret material submitted must be identified by some distinct method such as highlighting or underlining and must indicate only the specific words, figures, or paragraphs that constitute a trade secret or proprietary information. In addition, a summary of proprietary information provided shall be submitted on this form. The designation of an entire proposal document, line item prices, and/or total proposal prices as proprietary or trade secrets is not acceptable. If, after being given reasonable time, the offeror refuses to withdraw such a classification designation, the proposal will be rejected.

SECTION/TITLE	PAGE NUMBER(S)	REASON(S) FOR WITHHOLDING

Check this box if there are none.

Note: If proprietary/confidential information is identified, Offeror is required to submit a redacted copy of their proposal in addition to the required number of proposals requested.

****This document must be completed & returned with proposal submission.***

**ATTACHMENT B.
STATE CORPORATION COMMISSION (SCC) FORM**

Virginia State Corporation Commission (“SCC”) registration information: The undersigned Offeror:

is a corporation or other business entity with the following SCC identification number:
_____ **-OR-**

is not a corporation, limited liability company, limited partnership, registered limited liability partnership, or business trust **-OR-** is an out-of-state business entity that does not regularly and continuously maintain as part of its ordinary and customary business any employees, agents, offices, facilities, or inventories in Virginia (not counting any employees or agents in Virginia who merely solicit orders that require acceptance outside Virginia before they become contracts, and not counting any incidental presence of the Offeror in Virginia that is needed in order to assemble, maintain, and repair goods in accordance with the contracts by which such goods were sold and shipped into Virginia from bidder’s out-of-state location) **-OR-** is an out-of-state business entity that is including with this bid an opinion of legal counsel which accurately and completely discloses the undersigned Offeror’s current contacts with Virginia and describes why those contacts do not constitute the transaction of business in Virginia within the meaning of § 13.1-757 or other similar provisions in Titles 13.1 or 50 of the Code of Virginia. **Attach opinion of legal counsel to this form.**

****NOTE**** >> Check the following box if you have not completed any of the foregoing options but currently have pending before the SCC an application for authority to transact business in the Commonwealth of Virginia and wish to be considered for a waiver to allow you to submit the SCC identification number after the due date for proposals (the Commonwealth reserves the right to determine in its sole discretion whether to allow such waiver): •

Signature: _____

Name of Firm:

Name: _____
(Print)

Title: _____

Date: _____

****This document must be completed & returned with proposal submission.***

**ATTACHMENT C.
INSURANCE REQUIREMENTS FORM**

By signing and submitting a bid or proposal the vendor certifies that if awarded the contract, they will have the following insurance coverages at the time the contract is awarded.

- 1.) The contractor will maintain a general liability policy with \$1,000,000 combined single limits. Coverage is to be on an occurrence basis with an insurer licensed to conduct business in the Commonwealth of Virginia. The insurer must have an A. M. Best rating of A- or better. **The insurer must list the County of Giles as an additional insured. The endorsement must be issued by the insurance company. A notation on the certificate of insurance is not sufficient.**
- 2.) The contractor will maintain workers' compensation coverage in compliance with the laws of the Commonwealth of Virginia. The coverage must have statutory limits and be with an insurer licensed to conduct business in the Commonwealth of Virginia. The insurer must have an A. M. Best rating of A- or better. As an alternative, it is acceptable for the contractor to be insured by a group self insurance association that is licensed by the Virginia Bureau of Insurance. The contractor will also carry employers liability insurance with a limit of at least \$100,000 bodily injury by accident/\$500,000 bodily injury by disease policy limit/\$100,000 bodily injury by disease each employee.
- 3.) The contractor will maintain automobile liability insurance with limits of at least \$1,000,000. The coverage is to be written with a symbol "1". The insurer must be licensed to conduct business in the Commonwealth of Virginia. The insurer must have an A. M. Best rating of A- or better.
- 4.) The contractor will maintain professional liability insurance with a limit of at least \$1,000,000. It is preferred that the coverage be on an occurrence basis. If the policy is on a claims made basis, this should be noted. If the contractor has professional liability insurance on a claims made basis, agreement must be made that coverage will be maintained for at least three years beyond the expiration date of the policy in force at the time of this contract. Coverage is to be with a company licensed to conduct business in the Commonwealth of Virginia and have an A. M. Best rating of A- or better.

With all policies listed above, the insurer or agent of the insurer must issue a certificate of insurance to show evidence of coverage.

BIDDER/OFFEROR STATEMENT

We understand the Insurance Requirements of these specifications and will comply in full if awarded this contract.

Signature: _____ Date: _____

Name: _____ Title: _____
(Print)

Name of Firm: _____

****This document must be completed & returned with proposal submission.***

ATTACHMENT E.
DESCRIPTION OF CURRENT and PRIOR PLANS

Descriptions of the currently offered and prior plans from the Local Choice are attached. Also included is the most recent experience information as well as prior year with the Local Choice. This information is the best information available to the County from its current provider but is not warranted as the information was not prepared by the County. All claim information is on a paid basis(the 2015-16 information is immature). The Local Choice information is medical only(Rx was pooled and group specific information is not available).

Plan Year 7/2018-6/2019

Giles2019Benefits

Giles2019BenefitsOverview

Giles2019Census

GilesEnrollmentbyPlan

GilesContributionsbyPlan(left is employee bi-monthly cost, right is total month cost that includes Giles's HSA contribution: \$75.00/month 2800 plan and \$125.00/month 5000 plan)

GilesMedicalClaims7-2018thru1-2019

GilesRxClaims7-2018thru2-2019

GilesLargeClaimants7-2018thru2-25-2019

Giles2019EAP

Please note details on claimant #1:

As of 3/5/2019:

Total Allowable:\$1,243,212

Paid:\$48,715.45

Plan Years 7/2015-6/2018

GilesTLCBenefits

GilesTLCExperience(8 tabs)

GilesTLCEnrollmentbyPlan