



## Collin County Purchasing

**2019-267**

**Group Benefit/Insurance for Medical, Pharmacy, Dental,  
Vision, COBRA, Flexible Spending Account (FSA), Retiree  
Health Administration, and Stop Loss Coverage for Medical  
and Pharmacy Benefits**

Issue Date: 6/25/2019

Questions Deadline: 8/8/2019 05:00 PM (CT)

Response Deadline: 8/22/2019 02:00 PM (CT)

Collin County Purchasing

### **Contact Information**

Contact: Sara Hoglund, CPPB Senior Buyer

Address: 2300 Bloomdale Rd.

Ste. 3160

Purchasing

Admin. Building

Ste.3160

McKinney, TX 75071

Phone: (972) 548 x4104

Fax: (972) 548 x4694

Email: shoglund@co.collin.tx.us

## Event Information

Number: 2019-267  
Title: Group Benefit/Insurance for Medical, Pharmacy, Dental, Vision, COBRA, Flexible Spending Account (FSA), Retiree Health Administration, and Stop Loss Coverage for Medical and Pharmacy Benefits  
Type: Request for Proposal - HT/INS  
Issue Date: 6/25/2019  
Question Deadline: 8/8/2019 05:00 PM (CT)  
Response Deadline: 8/22/2019 02:00 PM (CT)  
Notes: Collin County's intent of this Request for Proposal (RFP) and resulting contract is to provide offerors with sufficient information to prepare an RFP response for Group Benefit Insurance, Medical, Pharmacy, Vision, Dental, COBRA, Flexible Spending Account (FSA), and Retiree Health. Collin County reserves the right to award all or a portion of the RFP. No vendor has exclusive rights on this account; competitive proposals will be accepted from all responsible offerors.

## Ship To Information

Address: 2300 Bloomdale Rd.  
Ste. 4117  
Human Resources  
Admin. Building  
Ste. 4117  
McKinney, TX 75071

## Billing Information

Address: 2300 Bloomdale Rd.  
Ste. 3100  
Auditor  
Admin. Building  
Ste. 3100  
McKinney, TX 75071

## Bid Attachments

### Legal Notice - 2019-267.doc

Legal Notice

[View Online](#)

### General\_Instructions\_Proposals.docx

General Instructions Proposals

[View Online](#)

### Terms\_of\_Contract\_Proposals - 5-20-19.docx

Terms of Contract - Proposals

[View Online](#)

### Insurance\_updated\_1-26-2015.doc

Insurance

[View Online](#)

### Combined 4.0 to 8.0 -FINAL.doc

Specifications

[View Online](#)

### Attachment A\_RFP Questionnaire Part 1.xlsx

Attachment A\_RFP Questionnaire Part 1

[View Online](#)

### Attachment B\_RFP Questionnaire Part 2.docx

Attachment B\_RFP Questionnaire Part 2

[View Online](#)

### Attachment C\_Medical Questionnaire Part 1.xlsx

Attachment C\_Medical Questionnaire Part 1

[View Online](#)

<b>Attachment D_Medical Questionnaire Part 2 .docx</b> Attachment D_Medical Questionnaire Part 2	<a href="#">View Online</a>
<b>Attachment E_Pharmacy Questionnaire Part 1.xlsx</b> Attachment E_Pharmacy Questionnaire Part 1	<a href="#">View Online</a>
<b>Attachment F_Pharmacy Questionnaire Part 2.docx</b> Attachment F_Pharmacy Questionnaire Part 2	<a href="#">View Online</a>
<b>Attachment G_ Dental Questionnaire Part 1.xlsx</b> Attachment G_ Dental Questionnaire Part 1	<a href="#">View Online</a>
<b>Attachment H_Dental Questionnaire Part 2.docx</b> Attachment H_Dental Questionnaire Part 2	<a href="#">View Online</a>
<b>Attachment I_Vision Questionnaire Part 1.xlsx</b> Attachment I_Vision Questionnaire Part 1	<a href="#">View Online</a>
<b>Attachment J_Vision Questionnaire Part 2.docx</b> Attachment J_Vision Questionnaire Part 2	<a href="#">View Online</a>
<b>Attachment K_ COBRA Questionnaire Part 1.xlsx</b> Attachment K_ COBRA Questionnaire Part 1	<a href="#">View Online</a>
<b>Attachment L_COBRA Questionnaire Part 2.docx</b> Attachment L_COBRA Questionnaire Part 2	<a href="#">View Online</a>
<b>Attachment M_FSA Questionnaire Part 1.xlsx</b> Attachment M_FSA Questionnaire Part 1	<a href="#">View Online</a>
<b>Attachment N_FSA Questionnaire Part 2.docx</b> Attachment N_FSA Questionnaire Part 2	<a href="#">View Online</a>
<b>Attachment O_Retiree Medical Questionnaire Part 1.xlsx</b> Attachment O_Retiree Medical Questionnaire Part 1	<a href="#">View Online</a>
<b>Attachment P_Retiree Medical Questionnaire Part 2.docx</b> Attachment P_Retiree Medical Questionnaire Part 2	<a href="#">View Online</a>
<b>Attachment Q_Stop Loss Questionnaire Part 1.xlsx</b> Attachment Q_Stop Loss Questionnaire Part 1	<a href="#">View Online</a>
<b>Attachment R_Stop Loss Questionnaire Part 2.docx</b> Attachment R_Stop Loss Questionnaire Part 2	<a href="#">View Online</a>
<b>Attachment S_Pricing Information.docx</b> Attachment S_Pricing Information	<a href="#">View Online</a>
<b>Exhibit 1 - 2019 Medical Plan Summary.pdf</b> Exhibit 1 - 2019 Medical Plan Summary	<a href="#">View Online</a>
<b>Exhibit 2 - 2018 Medical Plan Summary.pdf</b> Exhibit 2 - 2018 Medical Plan Summary	<a href="#">View Online</a>
<b>Exhibit 3 - 2017 Medical Plan Summary.pdf</b> Exhibit 3 - 2017 Medical Plan Summary	<a href="#">View Online</a>
<b>Exhibit 4 - 2019 IBAAG for Advantage.docx</b> Exhibit 4 - 2019 IBAAG for Advantage	<a href="#">View Online</a>
<b>Exhibit 5 - 2019 IBAAG for Advantage Plus.docx</b> Exhibit 5 - 2019 IBAAG for Advantage Plus	<a href="#">View Online</a>

**Exhibit 6 - 2019 Prescription Drug List as of 01012019.pdf**

Exhibit 6 - 2019 Prescription Drug List as of 01012019

[View Online](#)**Copy of Exhibit 7 - Provider Utilization Report for Disruption - Professional Services.xlsx**

Exhibit 7 - Provider Utilization Report for Disruption - Professional Services

[View Online](#)**EXHIBI~2.XLS**

Exhibit 8 - Provider Utilization Report for Disruption - Inpatient Outpatient Services

[View Online](#)**EXHIBI~3.XLS**

Exhibit 9 - Provider Utilization Report for Disruption - Pharmacy

[View Online](#)**Exhibit 10 - 2019 Dental Plan Summary.pdf**

Exhibit 10 - 2019 Dental Plan Summary

[View Online](#)**Exhibit 11 - 2019 Vision Plan Summary.pdf**

Exhibit 11 - 2019 Vision Plan Summary

[View Online](#)**EXHIBI~4.XLS**

Exhibit 12 - Provider Utilization Report for Disruption - Vision

[View Online](#)**Exhibit 13 - 2019 Employee Retiree and COBRA Rates (Medical a.pdf**

Exhibit 13 - 2019 Employee Retiree and COBRA Rates (Medical and Dental)

[View Online](#)**Exhibit 14 - 2019 Administration Fees.pdf**

Exhibit 14 - 2019 Administration Fees

[View Online](#)**Exhibit 15 - Active Employee Medical Census as of 04012019.xlsx**

Exhibit 15 - Active Employee Medical Census as of 04012019

[View Online](#)**Exhibit 16 - Active Employee Dental Census as of 04012019.xlsx**

Exhibit 16 - Active Employee Dental Census as of 04012019

[View Online](#)**Exhibit 17 - COBRA and Retiree Medical Census.xlsx**

Exhibit 17 - COBRA and Retiree Medical Census

[View Online](#)**Exhibit 18 - COBRA Retiree Dental Census as of 04302019.xlsx**

Exhibit 18 - COBRA Retiree Dental Census as of 04302019

[View Online](#)**EX4200~1.XLS**

Exhibit 19 - 2019 - Large Claim Loss with Diagnosis

[View Online](#)**Exhibit 20 - 2018 Large Claim Loss with Diagnosis.xlsx**

Exhibit 20 - 2018 Large Claim Loss with Diagnosis

[View Online](#)**Exhibit 21 - 2017 Large Claim Loss with Diagnosis.xlsx**

Exhibit 21 - 2017 Large Claim Loss with Diagnosis

[View Online](#)**Exhibit 22 - 2016 Large Claim Loss with Diagnosis.xlsx**

Exhibit 22 - 2016 Large Claim Loss with Diagnosis

[View Online](#)**EX734A~1.XLS**

Exhibit 23 - Medical, Pharmacy, Dental Payment (36 months)

[View Online](#)**Exhibit 24 - Medical Claim Repricing Report.xlsx**

Exhibit 24 - Medical Claim Repricing Report

[View Online](#)**Exhibit 25 - Pharmacy Claim Repricing Report.xlsx**

Exhibit 25 - Pharmacy Claim Repricing Report

[View Online](#)

Information\_Regarding\_Conflict\_of\_Interest\_Questionnaire.pdf

View Online

Information\_Regarding\_Conflict\_of\_Interest\_Questionnaire

CIQ\_113015.pdf

View Online

Conflict of Interest Questionnaire

W9\_2014.pdf

View Online

W-9

Requested Attachments

Response to Section 6.0

(Attachment required)

Attachments - A through S

(Attachment required)

Please make sure you are attaching the Attachments that pertain to the parts of proposal that you are submitting a response.

CIQ

W9

(Attachment required)

Bid Attributes

1	<p><b>eBid Notice</b></p> <p>Collin County exclusively uses IonWave Technologies, Inc. (Collin County eBid) for the notification and dissemination of all solicitations. The receipt of solicitations through any other means may result in your receipt of incomplete specifications and/or addendums which could ultimately render your bid/proposal non-compliant. Collin County accepts no responsibility for the receipt and/or notification of solicitations through any other means. Please initial.</p> <hr/> <hr/> <hr/> <p>(Required: Maximum 1000 characters allowed)</p>
2	<p><b>Contact Information</b></p> <p>List the contact name, email address and phone number of the main person(s) Collin County should contact in reference to this solicitation. Contact(s) shall be duly authorized by the company, corporation, firm, partnership or individual to respond to any questions, clarification, and or offers in response to this solicitation.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>(Required: Maximum 4000 characters allowed)</p>

**3 Delivery**

Delivery will be F.O.B. inside delivery at Collin County designated locations and all transportation charges are to be paid by the supplier to destination. Please state delivery in calendar days from date of order.

(Required: Maximum 1000 characters allowed)

**4 Exceptions**

Do you take exceptions to the specifications. If so, by separate attachment, please state your exceptions.

☐ Yes ☐ No

(Required: Check only one)

**5 Insurance Acknowledgement**

I understand that the insurance requirements of this solicitation are required and are included in the submitted pricing. A certificate of insurance shall be submitted to the Purchasing department if I am awarded all or a portion of the resulting contract. Please initial.

(Required: Maximum 1000 characters allowed)

**6 Subcontractors**

State the business name of all subcontractors and the type of work they will be performing under this contract. If you are fully qualified to self-perform the entire contract, please respond with "Not Applicable-Self Perform".

(Required: Maximum 4000 characters allowed)

**7 Cooperative Contracts**

As permitted under Title 8, Chapter 271, Subchapter F, Section 271.101 and 271.102 V.T.C.A. and Title 7, Chapter 791, Subchapter C, Section 791.025, V.T.C.A., other local governmental entities may wish to also participate under the same terms and conditions contained in this contract. Each entity wishing to participate must enter into an inter-local agreement with Collin County and have prior authorization from vendor. If such participation is authorized, all purchase orders will be issued directly from and shipped directly to the local governmental entity requiring supplies/services. Collin County shall not be held responsible for any orders placed, deliveries made or payment for supplies/services ordered by these entities. Each entity reserves the right to determine their participation in this contract. Would bidder be willing to allow other local governmental entities to participate in this contract, if awarded, under the same terms and conditions?

☐ Yes ☐ No

(Required: Check only one)

**8 Preferential Treatment**

The County of Collin, as a governmental agency of the State of Texas, may not award a contract to a nonresident bidder unless the nonresident's bid is lower than the lowest bid submitted by a responsible Texas resident bidder by the same amount that a Texas resident bidder would be required to underbid a nonresident bidder to obtain a comparable contract in the state in which the nonresident's principal place of business is located (Government Code, Title 10, V.T.C.A., Chapter 2252, Subchapter A). 1. Is your principal place of business in the State of Texas? 2. If your principal place of business is not in Texas, in which State is your principal place of business? 3. If your principal place of business is not in Texas, does your state favor resident bidders (bidders in your state) by some dollar increment or percentage? 4. If your state favors resident bidders, state by what dollar amount or percentage.

(Required: Maximum 4000 characters allowed)

**9 Debarment Certification**

I certify that neither my company nor an owner or principal of my company has been debarred, suspended or otherwise made ineligible for participation in Federal Assistance programs under Executive Order 12549, "Debarment and Suspension," as described in the Federal Register and Rules and Regulations. Please initial.

(Required: Maximum 1000 characters allowed)

**10 Immigration and Reform Act**

I declare and affirm that my company is in compliance with the Immigration and Reform Act of 1986 and all employees are legally eligible to work in the United States of America. I further understand and acknowledge that any non-compliance with the Immigration and Reform Act of 1986 at any time during the term of this contract will render the contract voidable by Collin County. Please initial.

(Required: Maximum 1000 characters allowed)

**11 Disclosure of Certain Relationships**

Chapter 176 of the Texas Local Government Code requires that any vendor considering doing business with a local government entity disclose the vendor's affiliation or business relationship that might cause a conflict of interest with a local government entity. Subchapter 6 of the code requires a vendor to file a conflict of interest questionnaire (CIQ) if a conflict exists. By law this questionnaire must be filed with the records administrator of Collin County no later than the 7th business day after the date the vendor becomes aware of an event that requires the statement to be filed. A vendor commits an offense if the vendor knowingly violates the code. An offense under this section is a misdemeanor. By submitting a response to this request, the vendor represents that it is in compliance with the requirements of Chapter 176 of the Texas Local Government Code. Please send completed forms to the Collin County County Clerk's Office located at 2300 Bloomdale Rd., Suite 2104, McKinney, TX 75071. Please initial.

(Required: Maximum 1000 characters allowed)

**1**

**2**

**Anti-Collusion Statement**

Bidder certifies that its Bid/Proposal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a Bid/Proposal for the same materials, services, supplies, or equipment and is in all respects fair and without collusion or fraud. No premiums, rebates or gratuities permitted; either with, prior to, or after any delivery of material or provision of services. Any such violation may result in Agreement cancellation, return of materials or discontinuation of services and the possible removal from bidders list. Please initial.

(Required: Maximum 1000 characters allowed)

**1**

**3**

**Disclosure of Interested Parties**

Section 2252.908 of the Texas Government Code requires a business entity entering into certain contracts with a governmental entity to file with the governmental entity a disclosure of interested parties at the time the business entity submits the signed contract to the governmental entity. Section 2252.908 requires the disclosure form (Form 1295) to be signed by the authorized agent of the contracting business entity, acknowledging that the disclosure is made under oath and under penalty of perjury. Section 2252.908 applies only to a contract that requires an action or vote by the governing body of the governmental entity before the contract may be signed or has a value of at least \$1 million. Section 2252.908 provides definitions of certain terms occurring in the section. Section 2252.908 applies only to a contract entered into on or after January 1, 2016. Please initial.

(Required: Maximum 1000 characters allowed)

**1**

**4**

**Notification Survey**

In order to better serve our offerors, the Collin County Purchasing Department is conducting the following survey. We appreciate your time and effort expended to submit your bid. Should you have any questions or require more information please call (972) 548-4165. How did you receive notice of this request?

☐ Plano Star Courier    ☐ Plan Room    ☐ Collin County eBid Notification    ☐ Collin County Website  
☐ Other

(Required: Check only one)

**1**

**5**

**Proposer Acknowledgement**

Proposer acknowledges, understands the specifications, any and all addenda, and agrees to the proposal terms and conditions and can provide the minimum requirements stated herein. Offeror acknowledges they have read the document in its entirety, visited the site, performed investigations and verifications as deemed necessary, is familiar with local conditions under which work is to be performed and will be responsible for any and all errors in Proposal submittal resulting from Proposer's failure to do so. Proposer acknowledges the prices submitted in this Proposal have been carefully reviewed and are submitted as correct and final. If Proposal is accepted, vendor further certifies and agrees to furnish any and all products/services upon which prices are extended at the price submitted, and upon conditions in the specifications of the Request for Proposal. Please initial.

(Required: Maximum 1000 characters allowed)



1 6	<b>Cooperative Contract Name</b>
	State the cooperative contract name this quote is offered under. (i.e. TX DIR, TXMAS, TCPN, National IPA, Buyboard, TIPS/TAPS, etc.) If none, answer N/A.
	<hr/>
	<hr/>
	<hr/>
	<hr/>
<i>(Required: Maximum 4000 characters allowed)</i>	

1 7	<b>Cooperative Contract Number</b>
	State the cooperative contract number this quote is offered under. If none, answer N/A.
	<hr/>
	<hr/>
	<hr/>
	<hr/>
<i>(Required: Maximum 4000 characters allowed)</i>	

1 8	<b>Cooperative Contract Website</b>
	Please provide the website URL for the cooperative contract this quote is offered under. If none, answer N/A.
	<hr/>
<hr/>	
<i>(Required: Maximum 1000 characters allowed)</i>	

## Bid Lines

1	<b>Submit your pricing on Attachment S - Pricing Information</b>
	<i>(Line excluded from response total)</i>
	Supplier Notes: <hr/>
<hr/>	
<div> <input type="checkbox"/> Additional notes  <i>(Attach separate sheet)</i> </div>	

Supplier Information

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Supplier Notes

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The undersigned hereby certifies the foregoing proposal submitted by the company listed below hereinafter called “offeror” is the duly authorized agent of said company and the person signing said proposal has been duly authorized to execute same. Offeror affirms that they are duly authorized to execute this contract; this company; corporation, firm, partnership or individual has not prepared this proposal in collusion with any other offeror or other person or persons engaged in the same line of business; and that the contents of this proposal as to prices, terms and conditions of said proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this proposal.

Print Name

Signature

## 1.0 GENERAL INSTRUCTIONS

### 1.0.1 Definitions

1.0.1.1 Offeror: refers to submitter.

1.0.1.2 Vendor/Contractor/Provider: refers to a Successful Vendor/Contractor/Service Provider.

1.0.1.3 Submittal: refers to those documents required to be submitted to Collin County, by an Offeror.

1.0.1.4 RFP: refers to Request for Proposal.

1.0.1.5 CSP: refers to Competitive Sealed Proposal

1.1 If Offeror does not wish to submit an offer at this time, please submit a No Bid.

1.2 Awards shall be made not more than ninety (90) days after the time set for opening of submittals.

1.3 Collin County is always conscious and extremely appreciative of your time and effort in preparing your submittal.

1.4 Collin County exclusively uses ionWave Technologies, Inc. (Collin County eBid) for the notification and dissemination of all solicitations. The receipt of solicitations through any other company may result in your receipt of incomplete specifications and/or addendums which could ultimately render your bid non-compliant. Collin County accepts no responsibility for the receipt and/or notification of solicitations through any other company.

1.5 A submittal may not be withdrawn or canceled by the offeror prior to the ninety-first (91<sup>st</sup>) day following public opening of submittals and only prior to award.

1.6 It is understood that Collin County, Texas reserves the right to accept or reject any and/or all Proposals/Submittals for any or all products and/or services covered in a Request For Proposal (RFP) and Competitive Sealed Proposal (CSP), and to waive informalities or defects in submittals or to accept such submittals as it shall deem to be in the best interest of Collin County.

1.7 All RFP's and CSP's submitted in hard copy paper form shall be submitted in a sealed envelope, plainly marked on the outside with the RFP/CSP number and name. A hard copy paper form submittal shall be manually signed in ink by a person having the authority to bind the firm in a contract. Submittals shall be mailed or hand delivered to the Collin County Purchasing Department.

1.8 No oral, telegraphic or telephonic submittals will be accepted. RFP's and CSP's may be submitted in electronic format via Collin County eBid.

1.9 All Request for Proposals (RFP) and Competitive Sealed Proposals (CSP) submitted electronically via Collin County eBid shall remain locked until official date and time of opening as stated in the Special Terms and Conditions of the RFP and/or CSP.

1.10 Time/date stamp clock in Collin County Purchasing Department shall be the official time of receipt for all Request for Proposals (RFP) and Competitive Sealed Proposals (CSP) submitted in hard copy paper form. RFP's, and CSP's received in the Collin County Purchasing Department after submission deadline shall be considered void and unacceptable. Absolutely no late submittals will be considered. Collin County accepts no responsibility for technical difficulties related to electronic submittals.

1.11 For hard copy paper form submittals, any alterations made prior to opening date and time must be initialed by the signer of the RFP/CSP, guaranteeing authenticity. Submittals cannot be altered or amended after submission deadline.

1.12 Collin County is by statute exempt from the State Sales Tax and Federal Excise Tax; therefore, the prices submitted shall not include taxes.

1.13 Any interpretations, corrections and/or changes to a Request for Proposal or Competitive Sealed Proposal and related Specifications or extensions to the opening/receipt date will be made by addenda to the respective document by the Collin County Purchasing Department. Questions and/or clarification requests must be submitted no later than the date specified in the solicitation. Those received at a later date may not be addressed prior to the public opening. Sole authority to authorize addenda shall be vested in Collin County Purchasing Agent as entrusted by the Collin County Commissioners' Court. Addenda may be transmitted electronically via Collin County eBid.

1.13.1 Addenda will be transmitted to all that are known to have received a copy of the RFP/CSP and related Specifications. However, it shall be the sole responsibility of the Bidder/Quoter/Offeror to verify issuance/non-issuance of addenda and to check all avenues of document availability (i.e. **Collin County eBid** <https://collincountytx.ionwave.net/>, telephoning Purchasing Department directly, etc.) prior to opening/receipt date and time to insure Offeror's receipt of any addenda issued. Offeror shall acknowledge receipt of all addenda.

1.14 All materials and services shall be subject to Collin County approval.

1.15 Collin County reserves the right to make award in whole or in part as it deems to be in the best interest of the County.

1.16 Any reference to model/make and/or manufacturer used in specifications is for descriptive purposes only. Products/materials of like quality will be considered.

1.17 Offerors taking exception to the specifications shall do so at their own risk. By offering substitutions, Offeror shall state these exceptions in the section provided in the RFP/CSP or by attachment. Exception/substitution, if accepted, must meet or exceed specifications stated therein. Collin County reserves the right to accept or reject any and/or all of the exception(s)/substitution(s) deemed to be in the best interest of the County.

1.18 Minimum Standards for Responsible Prospective Offerors: A prospective Offeror must meet the following minimum requirements:

1.18.1 have adequate financial resources, or the ability to obtain such resources as required;

1.18.2 be able to comply with the required or proposed delivery/completion schedule;

1.18.3 have a satisfactory record of performance;

1.18.4 have a satisfactory record of integrity and ethics;

1.18.5 be otherwise qualified and eligible to receive an award.

Collin County may request documentation and other information sufficient to determine Offeror's ability to meet these minimum standards listed above.

1.20 Vendor shall bear any/all costs associated with its preparation of a RFP/CSP submittal.

1.21 Public Information Act: Collin County is governed by the Texas Public Information Act, Chapter 552 of the Texas Government Code. All information submitted by prospective bidders during the bidding process is subject to release under the Act.

1.22 The Offeror shall comply with Commissioners' Court Order No. 2004-167-03-11, County Logo Policy.

1.23 Interlocal Agreement: Successful bidder agrees to extend prices and terms to all entities that has entered into or will enter into joint purchasing interlocal cooperation agreements with Collin County.

1.24 Bid Openings: All bids submitted will be read at the county's regularly scheduled bid opening for the designated project. However, the reading of a bid at bid opening should be not construed as a comment on the responsiveness of such bid or as any indication that the county accepts such bid as responsive.

The county will make a determination as to the responsiveness of bids submitted based upon compliance with all applicable laws, Collin County Purchasing Guidelines, and project documents, including but not limited to the project specifications and contract documents. The county will notify the successful bidder upon award of the contract and, according to state law; all bids received will be available for inspection at that time.

1.25 Offeror shall comply with all local, state and federal employment and discrimination laws and shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, national origin or any other class protected by law.

## 2.0 TERMS OF CONTRACT

2.1 A proposal, when properly accepted by Collin County, shall constitute a contract equally binding between the Vendor/Contractor/Provider and Collin County. No different or additional terms will become part of this contract with the exception of an Amendment.

2.2 No oral statement of any person shall modify or otherwise change, or affect the terms, conditions or specifications stated in the resulting contract. All Amendments to the contract will be made in writing by Collin County Purchasing Agent.

2.3 No public official shall have interest in the contract, in accordance with Vernon's Texas Codes Annotated, Local Government Code Title 5, Subtitle C, Chapter 171.

2.4 The Vendor/Contractor/Provider shall comply with Commissioners' Court Order No. 96-680-10-28, Establishment of Guidelines & Restrictions Regarding the Acceptance of Gifts by County Officials & County Employees.

2.5 Design, strength, quality of materials and workmanship must conform to the highest standards of manufacturing and engineering practice.

2.6 Proposals must comply with all federal, state, county and local laws concerning the type(s) of product(s)/service(s)/equipment/project(s) contracted for, and the fulfillment of all ADA (Americans with Disabilities Act) requirements.

2.7 All products must be new and unused, unless otherwise specified, in first-class condition and of current manufacture. Obsolete products, including products or any parts not compatible with existing hardware/software configurations will not be accepted.

2.8 Vendor/Contractor/Provider shall provide any and all notices as may be required under the Drug-Free Work Place Act of 1988, 28 CFR Part 67, Subpart F, to its employees and all sub-contractors to insure that Collin County maintains a drug-free work place.

2.9 Vendor/Contractor/Provider shall defend, indemnify and save harmless Collin County and all its officers, agents and employees and all entities, their officers, agents and employees who are participating in this contract from all suits, claims, actions, damages (including personal injury and or property damages), or demands of any character, name and description, (including attorneys' fees, expenses and other defense costs of any nature) brought for or on account of any injuries or damages received or sustained by any person, persons, or property on account of Vendor/Contractor/Provider's breach of the contract arising from an award, and/or any negligent act, error, omission or fault of the Vendor/Contractor/Provider, or of any agent, employee, subcontractor or supplier of Vendor/Contractor/Provider in the execution of, or performance under, any contract which may result from an award. Vendor/Contractor/Provider shall pay in full any judgment with costs, including attorneys' fees and expenses which are rendered against Collin County and/or participating entities arising out of such breach, act, error, omission and/or fault.

2.10 Expenses for Enforcement. In the event either Party hereto is required to employ an attorney to enforce the provisions of this Agreement or is required to commence legal proceedings to enforce the provisions hereof, the prevailing Party shall be entitled to recover from the other, reasonable attorney's fees and court costs incurred in connection with such enforcement, including collection.

2.11 If a contract, resulting from a Collin County RFP/CSP is for the execution of a public work, the following shall apply:

2.11.1 In accordance with V.T.C.A. 2253.021, a governmental agency that makes a public work contract with a prime contractor shall require the contractor, before

beginning work, to execute to the governmental entity a Payment Bond if the contract is in excess of \$25,000.00. Such bond shall be in the amount of the contract payable to the governmental entity and must be executed by a corporate surety in accordance with Section 1, Chapter 87, Acts of the 56<sup>th</sup> Legislature, Regular Session, 1959 (Article 7.19-1 Vernon's Texas Insurance Code).

2.11.2 In accordance with V.T.C.A. 2253.021, a governmental agency that makes a public work contract with a prime contractor shall require the contractor, before beginning work, to execute to the governmental entity a Performance Bond if the contract is in excess of \$100,000.00. Such bond shall be in the amount of the contract payable to the governmental entity and must be executed by a corporate surety in accordance with Section 1, Chapter 87, Acts of the 56<sup>th</sup> Legislature, Regular Session, 1959 (Article 7.19-1 Vernon's Texas Insurance Code).

2.12 Purchase Order(s) shall be generated by Collin County to the vendor. Collin County will not be responsible for any orders placed/delivered without a valid purchase order number.

2.13 The contract shall remain in effect until any of the following occurs: delivery of product(s) and/or completion and acceptance by Collin County of product(s) and/or service(s), contract expires or is terminated by either party with thirty (30) days written notice prior to cancellation and notice must state therein the reasons for such cancellation. Collin County reserves the right to terminate the contract immediately in the event the Vendor/Contractor/Provider fails to meet delivery or completion schedules, or otherwise perform in accordance with the specifications. Breach of contract or default authorizes the County to purchase elsewhere and charge the full increase in cost and handling to the defaulting Vendor/Contractor/Provider.

2.14 Collin County Purchasing Department shall serve as Contract Administrator or shall supervise agents designated by Collin County.

2.15 All delivery and freight charges (FOB Inside delivery at Collin County designated locations) are to be included as part of the proposal price. All components required to render the item complete, installed and operational shall be included in the total proposal price. Collin County will pay no additional freight/delivery/installation/setup fees.

2.16 Vendor/Contractor/Provider shall notify the Purchasing Department immediately if delivery/completion schedule cannot be met. If delay is foreseen, the Vendor/Contractor/Provider shall give written notice to the Purchasing Agent. The County has the right to extend delivery/completion time if reason appears valid.

2.17 The title and risk of loss of the product(s) shall not pass to Collin County until Collin County actually receives and takes possession of the product(s) at the point or points of delivery. Collin County shall generate a purchase order(s) to the Vendor/Contractor/Provider and the purchase order number must appear on all itemized invoices.

2.18 Invoices shall be mailed directly to the Collin County Auditor's Office, 2300 Bloomdale Road, Suite 3100, McKinney, Texas 75071. All invoices shall show:

2.18.1 Collin County Purchase Order Number;

2.18.2 Vendor's/Contractor's/Provider's Name, Address and Tax Identification Number;

2.18.3 Detailed breakdown of all charges for the product(s) and/or service(s) including applicable time frames.

- 2.19 Payment will be made in accordance with V.T.C.A., Government Code, Title 10, Subtitle F, Chapter 2251.
- 2.20 All warranties shall be stated as required in the Uniform Commercial Code.
- 2.21 The Vendor/Contractor/Provider and Collin County agree that both parties have all rights, duties, and remedies available as stated in the Uniform Commercial Code.
- 2.22 The Vendor/Contractor/Provider agree to protect Collin County from any claims involving infringements of patents and/or copyrights.
- 2.23 The contract will be governed by the laws of the State of Texas. Should any portion of the contract be in conflict with the laws of the State of Texas, the State laws shall invalidate only that portion. The remaining portion of the contract shall remain in effect. The contract is performable in Collin County, Texas.
- 2.24 The Vendor/Contractor/Provider shall not sell, assign, transfer or convey the contract, in whole or in part, without the prior written approval from Collin County.
- 2.25 The apparent silence of any part of the specification as to any detail or to the apparent omission from it of a detailed description concerning any point, shall be regarded as meaning that only the best commercial practices are to prevail. All interpretations of the specification shall be made on the basis of this statement.
- 2.26 Vendor/Contractor/Provider shall not fraudulently advertise, publish or otherwise make reference to the existence of a contract between Collin County and Vendor/Contractor/Provider for purposes of solicitation. As exception, Vendor/Contractor/Provider may refer to Collin County as an evaluating reference for purposes of establishing a contract with other entities.
- 2.27 The Vendor/Contractor/Provider understands, acknowledges and agrees that if the Vendor/Contractor/Provider subcontracts with a third party for services and/or material, the primary Vendor/Contractor/Provider (awardee) accepts responsibility for full and prompt payment to the third party. Any dispute between the primary Vendor/Contractor/Provider and the third party, including any payment dispute, will be promptly remedied by the primary vendor. Failure to promptly render a remedy or to make prompt payment to the third party (subcontractor) may result in the withholding of funds from the primary Vendor/Contractor/Provider by Collin County for any payments owed to the third party.
- 2.28 Vendor/Contractor/Provider shall provide Collin County with diagnostic access tools at no additional cost to Collin County, for all Electrical and Mechanical systems, components, etc., procured through this contract.
- 2.29 Criminal History Background Check: If required, ALL individuals may be subject to a criminal history background check performed by the Collin County's Sheriff's Office prior to access being granted to Collin County. Upon request, Vendor/Contractor/Provider shall provide list of individuals to Collin County Purchasing Department within five (5) working days.
- 2.30 Non-Disclosure Agreement: Where applicable, vendor shall be required to sign a non-disclosure agreement acknowledging that all information to be furnished is in all respects confidential in nature, other than information which is in the public domain through other means and that any disclosure or use of same by vendor, except as provided in the contract/agreement, may cause serious harm or damage to Collin County. Therefore, Vendor agrees that Vendor will not use the information furnished for any purpose other than that stated in contract/agreement, and agrees that Vendor will not either directly or indirectly by agent, employee, or representative disclose this information, either in whole or in part, to any third party, except on a need to know basis for the purpose of evaluating any possible



transaction. This agreement shall be binding upon Collin County and Vendor, and upon the directors, officers, employees and agents of each.

2.31 Vendors/Contractors/Providers must be in compliance with the Immigration and Reform Act of 1986 and all employees specific to this solicitation must be legally eligible to work in the United States of America.

2.32 Certification of Eligibility: This provision applies if the anticipated Contract exceeds \$100,000.00 and as it relates to the expenditure of federal grant funds. By submitting a bid or proposal in response to this solicitation, the Offeror certifies that at the time of submission, he/she is not on the Federal Government's list of suspended, ineligible, or debarred contractors. In the event of placement on the list between the time of proposal submission and time of award, the Offeror will notify the Collin County Purchasing Agent. Failure to do so may result in terminating this contract for default.

2.33 Notice to Vendors/Contractors/Providers delivering goods or performing services within the Collin County Detention Facility: The Collin County Detention Facility houses persons who have been charged with and/or convicted of serious criminal offenses. When entering the Detention Facility, you could: (1) hear obscene or graphic language; (2) view partially clothed male inmates; (3) be subjected to verbal abuse or taunting; (4) risk physical altercations or physical contact, which could be minimal or possibly serious; (5) be exposed to communicable or infectious diseases; (6) be temporarily detained or prevented from immediately leaving the Detention Facility in the case of an emergency or "lockdown"; and (7) subjected to a search of your person or property. While the Collin County Sheriff's Office takes every reasonable precaution to protect the safety of visitors to the Detention Facility, because of the inherently dangerous nature of a Detention Facility and the type of the persons incarcerated therein, please be advised of the possibility of such situations exist and you should carefully consider such risks when entering the Detention Facility. By entering the Collin County Detention Facility, you acknowledge that you are aware of such potential risks and willingly and knowingly choose to enter the Collin County Detention Facility.

2.34 Delays and Extensions of Time when applicable:

2.34.1 If the Vendor/Contractor/Provider is delayed at any time in the commence or progress of the Work by an act or neglect of the Owner or Architect/Engineer, or of an employee of either, or of a separate contractor employed by the Owner, or by changes ordered in the Work, or by labor disputes, fire, unusual delay in deliveries, unavoidable casualties or other causes beyond the Vendor/Contractor/Provider's control, or by delay authorized by the Owner pending mediation and arbitration, or by other causes which the Owner or Architect/Engineer determines may justify delay, then the Contract Time shall be extended by Change Order for such reasonable time as the Owner/Architect/Engineer may determine.

2.34.2 If adverse weather conditions are the basis for a Claim for additional time, such Claim shall be documented by data substantiating that weather conditions were abnormal for the period of time and could not have been reasonably anticipated, and that the weather conditions had an adverse effect on the scheduled construction.

2.35 Disclosure of Certain Relationships: Chapter 176 of the Texas Local Government Code requires that any vendor considering doing business with a local government entity disclose the vendor's affiliation or business relationship that might cause a conflict of interest with a local government entity. Subchapter 6 of the code requires a vendor to file a conflict of interest questionnaire (CIQ) if a conflict exists. By law this questionnaire must be filed with the records administrator of Collin County no later than the 7th business day after the date the vendor becomes aware of an event that requires the statement to be filed. A vendor commits an offense if the vendor knowingly violates the code. An offense under this section is a misdemeanor. By submitting a response to this request, the vendor represents that it is in compliance with the requirements of Chapter 176 of the Texas Local Government Code. Please send

completed forms to the Collin County County Clerk's Office located at 2300 Bloomdale Rd., Suite 2104, McKinney, TX 75071.

2.36 Disclosure of Interested Parties: Section 2252.908 of the Texas Government Code requires a business entity entering into certain contracts with a governmental entity to file with the governmental entity a disclosure of interested parties at the time the business entity submits the signed contract to the governmental entity. Section 2252.908 requires the disclosure form (Form 1295) to be signed by the authorized agent of the contracting business entity, acknowledging that the disclosure is made under oath and under penalty of perjury. Section 2252.908 applies only to a contract that requires an action or vote by the governing body of the governmental entity before the contract may be signed or has a value of at least \$1 million. Section 2252.908 provides definitions of certain terms occurring in the section. Section 2252.908 applies only to a contract entered into on or after January 1, 2016.

2.37 Vendors/Contractors/Providers must be in compliance with the provisions of Section 2252.152 and Section 2252.153 of the Texas Government Code which states, in part, contracts with companies engaged in business with Iran, Sudan, or Foreign Terrorist Organizations are prohibited. A governmental entity may not enter into a contract with a company that is listed on the Comptroller of the State of Texas website identified under Section 806.051, Section 807.051 or Section 2253.253 which do business with Iran, Sudan or any Foreign Terrorist Organization. This Act is effective September 1, 2017.

**NOTE:** All other terms and conditions (i.e. Insurance Requirements, Bond Requirements, etc.) shall be stated in the individual RFP/CSP Solicitation documents as Special Terms, Conditions and Specifications.

### **3.0 INSURANCE REQUIREMENTS**

3.1 Before commencing work, the vendor shall be required, at its own expense, to furnish the Collin County Purchasing Agent with certified copies of all insurance certificate(s) indicating the coverage to remain in force throughout the term of this contract.

3.1.1 **Commercial General Liability** insurance including but not limited to the coverage indicated below. Coverage shall not exclude or limit Products/Completed Operations, Contractual Liability, or Cross Liability. Coverage must be written on occurrence form.

- Each Occurrence: \$1,000,000
- Personal Injury & Adv. Injury: \$1,000,000
- Products/Completed Operation Aggregate: \$2,000,000
- General Aggregate: \$2,000,000

3.1.2 **Workers Compensation** insurance as required by the laws of Texas, and Employers' Liability.

Employers' Liability

- Liability, Each Accident: \$500,000
- Disease-Each Employee: \$500,000
- Disease – Policy Limit: \$500,000

3.1.3 **Commercial Automobile Liability** insurance which includes any automobile (owned, non-owned, and hired vehicles) used in connection with the contract.

- Combined Single Limit – Each Accident: \$1,000,000

3.1.4 **Professional/Errors & Omissions Liability** insurance with a two (2) year extended reporting period. If you choose to have project coverage endorsed onto your base policy, this would be acceptable.

- Each Occurrence/Aggregate: \$5,000,000

3.2 With reference to the foregoing insurance requirement, the vendor shall endorse applicable insurance policies as follows:

3.2.1 A waiver of subrogation in favor of Collin County, its officials, employees, volunteers and officers shall be provided for General Liability, Commercial Automobile Liability, and Workers' Compensation.

3.2.2 The vendor's insurance coverage shall name Collin County as additional insured under the General Liability policy.

3.2.3 All insurance policies shall be endorsed to require the insurer to immediately notify Collin County of any decrease in the insurance coverage limits.

3.2.4 All insurance policies shall be endorsed to the effect that Collin County will receive at least thirty (30) days notice prior to cancellation, non-renewal or termination of the policy.

3.2.5 All copies of Certificates of Insurance shall reference the project/contract number.

3.3 All insurance shall be purchased from an insurance company that meets the following requirements:

3.3.1 A financial rating of A-VII or higher as assigned by the BEST Rating Company or equivalent.

3.4 Certificates of Insurance shall be prepared and executed by the insurance company or its authorized agent, and shall contain provisions representing and warranting the following:

3.4.1 Sets forth all endorsements and insurance coverages according to requirements and instructions contained herein.

3.4.2 Sets forth the notice of cancellation or termination to Collin County.

## **4.0 EVALUATION CRITERIA AND FACTORS**

4.1. The award of the contract shall be made to the responsible offeror whose proposal is determined to be the lowest and best evaluated offer resulting from negotiation, taking into consideration the relative importance of price and other factors set forth in the RFP in accordance with Vernon's Texas Code Annotated, Local Government Code 262.030. The county reserves the right to determine the suitability of proposals based on all of these criteria.

The evaluation committee will review all proposals received by the proposal due date as part of a documented evaluation process. For each decision point in the process, the county will evaluate offerors according to specific criteria and will elevate a certain number of offerors to compete against each other.

The following factors will be extremely important in the evaluation/decision process:

- Functionality
- Transparency
- Customer care
- The ability to reliably provide necessary services/products
- The ability to accurately administer our plan design
- Implementation and on-going support
- Integration with county and other vendor services
- Technology and the ease of use of software and other computer resources
- Innovative cost-saving programs
- Adaptability to new legislation, processes, and customer requirements
- Accessibility to a quality network where applicable

A strong track record for accurate and timely delivery of services to organizations comparable in size to Collin County, Texas, will be a significant factor in the award process.

The County will use a competitive process based upon "selection levels". The county recognizes that if an offeror fails to meet expectations during any part of the process, it reserves the right to proceed with the remaining offerors or to elevate another offeror that was not elevated before. The selection levels are described in the following sections.

### **4.2. Selection Level 1 – Conformance with mandatory requirements**

Documents and responses required in Section 6.0 shall be submitted as part of the proposal. Medical proposals also require Offeror to propose on all services (medical, pharmacy, dental, vision, COBRA, flexible spending accounts, retiree health, and stop loss services) with the understanding that Collin County may elect to accept all or a portion of the services on which you propose. Failure to provide these documents may deem Offeror as non-responsive.

The first part of the elevation process is to validate the completeness of the proposal and ensure that all the RFP guidelines and submittal requirements are met. Those offerors who do not meet all the requirements for the RFP may, at the discretion of the county, be contacted to submit the missing information. Information must be submitted within two business days. Incomplete or noncompliant RFPs may be disqualified.

#### 4.3 Selection Level 2 – Clarification and Confirmation Communications

Offerors elevated to Level 2 may be asked to respond in writing to issues and questions raised by the county, as well as any other cost and implementation planning considerations in the proposal. Offerors may be invited to present their responses on-site.

The evaluation committee may hear oral presentations (if desired). Offerors are cautioned, however, that oral presentations are at the sole discretion of the committee and the committee is not obligated to request a demonstration or interview. The oral presentation is an opportunity for the evaluation committee to ask questions and seek clarification of the proposal submitted. The presentation is not meant as an opportunity for the offeror simply to provide generic background information about the corporation or its experience. Thus, the time will be structured with a minimum time for the offeror to present and the majority of time dedicated to addressing questions from the evaluation committee. The oral presentations, if held, will be scheduled accordingly and all presenting offerors will be notified of time and date. The county reserves the right to bypass Level 2 in the evaluation process and move directly to Selection Level 3.

#### 4.4 Selection Level 3 – Detailed Proposal Assessment

The evaluation committee will conduct a detailed assessment of all proposals elevated to this Level.

Criteria evaluated in Level 2:

<b>Factors</b>	<b>Points</b>
Competitiveness and transparency of pricing and firm price duration for services proposed. This includes overall cost of the plan including claims. For medical, it includes consideration of pharmacy, dental, vision, COBRA, flexible spending accounts, retiree health, and stop loss coverage for medical and pharmacy benefits. (Attachment S)	30
Comprehensiveness of services provided including innovative concepts such as a nurse liaison, disease management programs, Centers of Excellence, interactive case management programs, network capability including network size, the option of limited networks with demonstrable cost savings, employee accessibility, pharmacy drug utilization review programs, step programs, and the agreement not to carve or laser for stop loss. (Attachments A-R)	10
Technology including the extent of electronic capability such as electronic billing, electronic enrollment, websites (for employee and employer) and the quality, cost, and accessibility of analytic reporting. (Attachments A-R)	10
Demonstrated effectiveness of services provided, including but not limited to references. (Section 6.3.3 – 6.3.6)	10
Administrative flexibility including the ability to accurately, effectively, and efficiently administer Collin County's plan and resolve issues in a timely manner. (Attachments A-R)	25
Availability of a qualified dedicated customer service unit with dedicated toll free telephone assistance and the extent of service offered. Assignment of a dedicated sales/field representative to assist Human Resources with plan and claims issues. (Attachments A-R)	5
Stability, insurance coverage experience, and financial ability. (Section 6.0)	10
<b>Total</b>	<b>100</b>

#### 4.5 Selection Level 4 – Court Presentation

The top offerors who are susceptible of receiving the award will be elevated to Level 5 for presentation to Commissioners' Court should Commissioners' Court so desire. Offerors are cautioned, however, that oral presentations are at the sole discretion of Commissioners' Court, and Commissioners' Court is not obligated to request a presentation. The county reserves the right to bypass Level 4 in the evaluation process and move directly to Selection Level 5.

#### 4.6 Selection Level 5 – Best and Final Offer

Offerors who are susceptible of receiving the award will be elevated to Level 6 for Best and Final Offer. Proposals will be re-evaluated on criteria in previous levels. Based on the information collected in this phase, a single offeror for each benefit will be identified as the finalist(s) for contract negotiations. If a contract cannot be reached after a period of time deemed reasonable by the county, it reserves the right to contact any of the other offerors that have submitted proposals and enter into negotiations with them.

### 5.0 SCOPE OF SERVICES AND SPECIAL CONDITIONS

5.1 Overview: Collin County is seeking a vendor to provide group benefit administration/insurance for Collin County's medical, pharmacy, dental, vision, Consolidated Omnibus Budget Reconciliation Act (COBRA) management, flexible spending accounts (FSA) management, and retiree health benefits as well as stop loss coverage for medical and pharmacy benefits. **(Proposals for medical coverage must also include quotes for all services (medical, pharmacy, dental, vision, COBRA, flexible spending accounts, retiree health, and stop loss services). Pharmacy, dental, vision, COBRA management, flexible spending accounts management, retiree health, and stop loss coverage may be quoted as a standalone policy if you do not submit a response for medical coverage.)** Interested Offerors are asked to propose on one or more of the following coverages/services.

Medical claim administration, including:

- provider networks
- third party administrator (TPA) / administrative services only (ASO)
- Patient Protection and Affordable Care Act (PPACA) compliance, and other legally required notifications, provided in English and Spanish (and any other language required under PPACA)
- case management
- pre-authorizations
- affordable pricing ability with out-of-network providers
- cost control programs including limited provider groups, bundled payments, value-based insurance design, and other options not mentioned or that are new and innovative and will result in cost savings to the plan
- wellness initiatives
- customer service
- reporting
- subrogation
- disease management programs
- health risk assessments

- actuarial services such as premium equivalent rates and plan design change cost-impact estimates
- appeal management of medical claims

Pharmacy claim administration, including:

- transparent claim processing and payments
- cost control programs such as limited networks
- trend management
- integrated specialty pharmacy
- mail order services that can demonstrate value
- ability to modify the prescription drug list
- transparent rebates
- current, prospective, and retrospective drug utilization review
- appeal management of pharmacy claims

Dental claim administration, including:

- pre-authorizations
- customer service
- reporting
- appeal management of dental claims

Vision claim administration, including:

- customer service
- reporting
- appeal management of vision claims

COBRA administration for medical, pharmacy, dental, vision, and retiree plans, including:

- preparation and distribution of all required COBRA notification including initial notices, election notices, late payment notices, and end-of-COBRA notices
- collection and remittance of premiums
- customer service
- reporting
- appeal management of COBRA claims

Flexible Spending Account (FSA) administration, including:

- health care administration
- dependent care administration
- customer service
- reporting
- appeal management of FSA claims



Retiree health insurance – pre- and post-Medicare eligible, fully- or self-insured, medical, dental, and vision benefits. If a fully insured product is proposed, prescription coverage must be included. Offerors must include:

- Health Insurance Portability and Accountability Act (HIPAA) and other legally required notifications
- enrollment
- collection of premiums
- claims processing
- customer service
- reporting
- appeal management of retiree health claims

Stop Loss Coverage for medical and pharmacy benefits

- Deductible: \$100,000
- Incurred/Paid: 12/12

5.1 Collin County is requesting Offerors to propose on medical, pharmacy, dental, vision, COBRA administration, FSA administration, retiree health insurance, and stop loss coverage for medical and pharmacy benefits. Retiree health coverage, vision, and dental may be fully- or self-insured. All other plans are self-insured. Collin County is accepting proposals for fully-insured retiree coverage as well as proposals to administer our self-insured retiree benefits. If Collin County elects to remain self-insured for retiree benefits, stop loss coverage must include coverage for retiree medical and pharmacy claims. Offerors may submit proposals for any or all services listed. However, when proposing on medical services, offerors shall also propose on all services covered under this RFP with the understanding that Collin County may accept all or a portion of the services on which you propose. Collin County desires to partner with vendors who demonstrate a commitment to helping Collin County meet our objectives. This RFP provides for a contract(s) commencing on January 1, 2020.

5.2 UnitedHealthcare is the current administrator for the medical, dental, vision, COBRA, FSA plans, retiree health insurance, and stop loss coverage for medical and pharmacy. Optum Rx, a partner with UnitedHealthcare, is the current prescription drug provider. The plan year for all of these benefits is January 1<sup>st</sup> through December 31<sup>st</sup>.

5.3 Active full-time and part-time employees, including some elected officials, of Collin County are eligible to participate in the medical, pharmacy, dental, vision, COBRA, flexible spending, and retiree health insurance. State, temporary, intern, contract employees, and volunteers are not eligible to participate unless required by state or federal legislation. Please see Section 7.0 Plan Design Information for additional information regarding each plan.

5.4 The following documents are attached for the offerors review:

- Exhibit 1 – 2019 Medical Plan Summary
- Exhibit 2 – 2018 Medical Plan Summary
- Exhibit 3 – 2017 Medical Plan Summary

- Exhibit 4 – 2019 IBAAG for Advantage
- Exhibit 5 – 2019 IBAAG for Advantage Plus
- Exhibit 6 – 2019 Prescription Drug List as of 01/01/2019
- Exhibit 7 – Provider Utilization Report for Disruption – Professional Services
- Exhibit 8 – Provider Utilization Report for Disruption – Inpatient/Outpatient Services
- Exhibit 9 – Provider Utilization Report for Disruption – Pharmacy
- Exhibit 10 – 2019 Dental Plan Summary
- Exhibit 11 – 2019 Vision Plan Summary
- Exhibit 12 – Provider Utilization Report for Disruption – Vision
- Exhibit 13 – 2019 Employee, Retiree, and COBRA Rates (Medical and Dental)
- Exhibit 14 – 2019 Administration Fees
- Exhibit 15 – Active Employee Medical Census as of 04/01/2019
- Exhibit 16 – Active Employee Dental Census as of 04/01/2019
- Exhibit 17 – COBRA and Retiree Medical Census as of 04/30/2019
- Exhibit 18 – COBRA and Retiree Dental Census as of 04/30/2019
- Exhibit 19 – Collin County 2019 Large Loss Claims with Diagnosis (01/01/2019 – 04/30/2019)
- Exhibit 20 – Collin County 2018 Large Loss Claims with Diagnosis
- Exhibit 21 – Collin County 2017 Large Loss Claims with Diagnosis
- Exhibit 22 – Collin County 2016 Large Loss Claims with Diagnosis
- Exhibit 23 – Medical, Pharmacy, Dental Payment Report (36 months) thru 04/30/2019
- Exhibit 24 – Medical Claim Repricing Report
- Exhibit 25 – Pharmacy Claim Repricing Report

5.5 Authorization: By order of the Commissioner’s Court of Collin County, Texas, sealed proposals will be received for RFP No. 2019-267 Group Benefit Insurance, Medical, Pharmacy, Vision, Dental, COBRA, Flexible Spending Account (FSA), Retiree Health Administration, and Stop Loss Coverage for Medical and Pharmacy Benefits.

5.6 Intent of Request for Proposal: Collin County’s intent of this Request for Proposal (RFP) and resulting contract is to provide offerors with sufficient information to prepare an RFP response for Group Benefit Insurance, Medical, Pharmacy, Vision, Dental, COBRA, Flexible Spending Account (FSA), and Retiree Health. Collin County reserves the right to award all or a portion of the RFP. No vendor has exclusive rights on this account; competitive proposals will be accepted from all responsible offerors.

#### 5.7 Schedule of Events:

RFP released:	June 25, 2019
Deadline for submission of questions:	August 8, 2019 at 5:00 p.m.
Proposals due:	August 22, 2019 at 2:00 p.m.
Vendor(s) selected contract approved:	November 4, 2019 estimated
Effective date of contract:	January 1, 2020

Collin County reserves the right to change the schedule of events as it deems necessary.

5.8 Term: The county wishes to enter into contract(s) for three (3) years with the option of annual renewals for two (2) years. The county requests a minimum rate guarantee for three (3) years. Offerors providing definable limits on future renewals may receive preference.

Clearly indicate the method of calculating any increases for each period. The contract is to provide that changes in premium may only be instituted on a policy anniversary date and that the selected offeror must provide for notice of changes in premium at least one hundred and twenty (120) days before renewal.

As a governmental entity, Collin County adheres to a Request for Proposal (RFP) process and approval of Commissioners' Court. Therefore, changes and terminations to contracts require advance notice. If the offeror does not intend to continue the contract beyond the contract term, the offeror shall provide at least a 120-day notice of non-renewal.

5.9 Funding: Funds for payment have been provided through the Collin County budget, approved by the Commissioners' Court, for this fiscal year only. The State of Texas statutes prohibit the county from any obligation of public funds beyond the fiscal year for which a budget has been approved. Therefore, anticipated orders or other obligations that arise past the end of the current Collin County fiscal year shall be subject to budget approval.

5.10 Rejection of Proposals: Collin County may:

- waive any defect, irregularity, or informality in any proposal;
- reject any proposal or any parts of any proposal;
- accept proposals from one or more offerors; or
- procure the services in whole or in part by other means.

5.11 Incurred Expenses: There is no expressed or implied obligation for Collin County to reimburse offerors for any expense incurred in preparing proposals in response to this request, and Collin County will not reimburse anyone for these expenses. Collin County will consider proposals from all responsible offerors.

5.12 Negotiations: Discussions may be conducted with responsible offerors who submit proposals determined to be possibly selected for award. Offerors will be accorded fair and equal treatment with respect to an opportunity for discussion and revision of proposals. Revisions to proposals may be permitted after submission and before award for the purpose of obtaining best and final offers. Offerors may be required to submit additional data during the process of any negotiations. Collin County reserves the right to negotiate the price and any other term with the offerors. Any oral negotiations shall be confirmed in writing prior to award.

5.13 County Assertion of Estimates: Any information herein is provided as an estimate of volume based on history. This data is provided for the general information of Offerors and is not guaranteed to be relied upon for future volumes.

5.14 Samples/Demos: When requested, samples/demos shall be furnished at no expense to Collin County.

5.15 Approximate Value: The estimated value of this contract is outlined as followed based on 2018 administration fees. Approximate value does not constitute an order.

5.15.1 Medical and Pharmacy – \$690,476

- 5.15.2 Dental – \$68,168
- 5.15.3 Vision – \$8,139
- 5.15.4 Consolidated Omnibus Budget Reconciliation Act (COBRA) – \$4,363
- 5.15.5 Flexible spending accounts (FSA) – \$10,309
- 5.15.6 Retiree health benefits – \$0
- 5.15.7 Stop loss coverage – \$2,838,935

- 5.16 Offeror Communication: Offerors are prohibited from communicating directly with any employee of Collin County, except as described herein. Collin County will not be responsible for verbal information given by any Collin County employee. The issuance of an addendum is the only official method whereby interpretation, clarification or additional information will be communicated and authorized.
- 5.17 Confidentiality: All completed and submitted proposals become the property of Collin County. Collin County may use the proposal for any purpose it deems appropriate. Prior to Collin County approval, the proposal material is considered as “draft” and is not subject to the Texas “Public Information Act”, Texas Government Code Chapter 552. After approval by Collin County, the proposal material becomes part of the contract between the vendor and Collin County. Upon signing of a contract, proposals and contracts are subject to the State of Texas “Public Information Act”. If any information is to be considered proprietary, the Offeror must place it in a separate envelope and mark it “Proprietary Information”. State of Texas Attorney General retains the final authority as to the extent of material that is considered proprietary or confidential.
- 5.18 Binding Effect: This resulting agreement shall be interpreted and enforced under the laws and jurisdiction of the State of Texas. Collin County’s RFP, the offeror’s proposal in response to the RFP and any additional negotiated conditions reduced to writing will become part of the final contract between the successful offeror and Collin County. This agreement then constitutes the entire understanding between the parties and is not subject to amendment unless agreed upon in writing by both parties hereto. By mutual agreement, the parties may, from time to time, promulgate scope of service documents to define the scope of services. Such scope of service documents will be incorporated into the contract agreement. Offeror acknowledges and agrees that it will perform its obligations hereunder in compliance with all applicable state, local or federal law, rules, regulations, and orders.

## **6.0 SUBMISSION REQUIREMENTS**

- 6.1 Point of Contact: Information regarding the purchasing process and the contents of this RFP may be obtained from the Collin County Purchasing Department, Attn: Sara Hoglund, Senior Buyer.
- 6.2 Clarification or objection to proposal specification: If any offeror contemplating submitting a proposal for this contract is in doubt as to the true meaning of the specifications or other documents or any part thereof, they may submit a request for clarification to the Purchasing Department by email to Sara Hoglund at [shoglund@co.collin.tx.us](mailto:shoglund@co.collin.tx.us) on or before FOURTEEN (14) DAYS PRIOR to the proposal due date. All such requests for information shall be made in writing and the offeror submitting the request will be responsible for its prompt delivery. Any interpretation of the RFP will be made only by RFP Addendum duly issued. A copy of such RFP Addendum will be posted on Collin County ebid.
- 6.3 Proposal Documents: To be considered, proposals must be received by 2:00 pm on the deadline day as outlined in Section 5.8 Schedule of Events. To achieve a uniform review process and to obtain a maximum degree of comparability, Collin County requires that proposals be submitted online via

<http://collincountytx.ionwave.net> or submitted via CD-ROM or Flash Drive.

Four (4) paper proposals **shall** be submitted. These shall include a Table of Contents detailing sections and corresponding page numbers. They shall be printed on letter-size (8-1/2"x 11") paper and assembled in three-ring binders. Responses should have clearly labeled tabs to assist in Collin County's review. Paper copies should also be accompanied by two (2) electronic copies of the information provided in a searchable format on a CD or flash drive.

All hardcopy proposals shall be addressed to:

Collin County Purchasing Department  
Attn: Sara Hoglund, Senior Buyer  
Collin County Administration Building  
2300 Bloomdale, Suite 3160  
McKinney, Texas 75071

The envelope in which the proposal is enclosed must be marked:

**SEALED PROPOSAL**

**GROUP BENEFIT INSURANCE, MEDICAL, PHARMACY, VISION, DENTAL, COBRA, FLEXIBLE SPENDING ACCOUNT (FSA), RETIREE HEALTH ADMINISTRATION, AND STOP LOSS COVERAGE FOR MEDICAL AND PHARMACY BENEFITS**

**RFP NO. 2019-267**

6.3.1 Title Page: Title page shall show the RFP subject; the offeror's name; the name, address, and telephone number of a contact person; the date of the proposal; and a list of all benefits that your organization is proposing.

6.3.2 Transmittal Letter: Offeror shall include a signed letter briefly addressing:

- the offeror's understanding of the insurance program being requested,
- the commitment to provide the coverage and services required,
- the length of time the organization has provided the proposed insurance program(s) as well as the number of accounts serviced annually for each services for which you are submitting a proposal. Information should be broken down into the following categories: accounts less than 1,000 lives, 1,000 – 5,000 lives, and more than 5,000 lives, and
- a statement explaining why the offeror believes itself to be best qualified to provide the coverage and service detailed within this RFP.

6.3.3 Detailed Proposal: The detailed proposal must address the ability to provide services for each requirement as set forth in the RFP. Answer all questions fully, clearly, and concisely giving complete information. You may not modify the order or language of the question. **You must submit your response in the order that is provided in the RFP.**

Service	Required Attachments
Medical (if submitting a proposal on medical, you must submit a	Attachment A – RFP Questionnaire Part 1 Attachment B – RFP Questionnaire Part 2 Attachment C – Medical Questionnaire Part 1

Service	Required Attachments
proposal on all services covered under this RFP)	Attachment D – Medical Questionnaire Part 2 Attachment E – Pharmacy Questionnaire Part 1 Attachment F – Pharmacy Questionnaire Part 2 Attachment G – Dental Questionnaire Part 1 Attachment H – Dental Questionnaire Part 2 Attachment I – Vision Questionnaire Part 1 Attachment J – Vision Questionnaire Part 2 Attachment K – COBRA Questionnaire Part 1 Attachment L – COBRA Questionnaire Part 2 Attachment M – FSA Questionnaire Part 1 Attachment N – FSA Questionnaire Part 2 Attachment O – Retiree Medical Questionnaire Part 1 Attachment P – Retiree Medical Questionnaire Part 2 Attachment Q – Stop Loss Questionnaire Part 1 Attachment R – Stop Loss Questionnaire Part 2 Attachment S – Pricing Information
Pharmacy	Attachment A – RFP Questionnaire Part 1 Attachment B – RFP Questionnaire Part 2 Attachment E – Pharmacy Questionnaire Part 1 Attachment F – Pharmacy Questionnaire Part 2 Attachment S – Pricing Information
Dental	Attachment A – RFP Questionnaire Part 1 Attachment B – RFP Questionnaire Part 2 Attachment G – Dental Questionnaire Part 1 Attachment H – Dental Questionnaire Part 2 Attachment S – Pricing Information
Vision	Attachment A – RFP Questionnaire Part 1 Attachment B – RFP Questionnaire Part 2 Attachment I – Vision Questionnaire Part 1 Attachment J – Vision Questionnaire Part 2 Attachment S – Pricing Information
COBRA	Attachment A – RFP Questionnaire Part 1 Attachment B – RFP Questionnaire Part 2 Attachment K – COBRA Questionnaire Part 1 Attachment L – COBRA Questionnaire Part 2 Attachment S – Pricing Information
Flexible Spending Accounts	Attachment A – RFP Questionnaire Part 1 Attachment B – RFP Questionnaire Part 2 Attachment M – FSA Questionnaire Part 1 Attachment N – FSA Questionnaire Part 2 Attachment S – Pricing Information
Retiree Medical	Attachment A – RFP Questionnaire Part 1 Attachment B – RFP Questionnaire Part 2 Attachment O – Retiree Medical Questionnaire Part 1 Attachment P – Retiree Medical Questionnaire Part 2 Attachment S – Pricing Information
Stop Loss	Attachment A – RFP Questionnaire Part 1

Service	Required Attachments
	Attachment B – RFP Questionnaire Part 2 Attachment Q – Stop Loss Questionnaire Part 1 Attachment R – Stop Loss Questionnaire Part 2 Attachment S – Pricing Information

6.3.4 Required Documents: The following documentation shall be submitted with the proposal. Please note that this section may not list all of the documentation that is required by the RFP. The offeror is cautioned to read the entire RFP to determine all requirements. **COLLIN COUNTY RESERVES THE RIGHT TO REJECT A PROPOSAL THAT DOES NOT CONTAIN ALL INFORMATION REQUIRED BY THIS RFP.**

#### 6.3.4.1 Sample Policy:

- The offeror is required to submit with their proposal a sample policy that would be issued to Collin County if their proposal were selected. Please ensure that the provided policy fully describes any and all limitations and exclusions that may result in non-payment of benefits.
- Please clearly notate any changes that will need to be made on the sample policy. If there is a discrepancy between the responses on this RFP and the policy, the RFP responses will be the accepted responses and control over any policy language.
- Please submit a copy of your administrative services agreement.

#### 6.3.4.2 Financial Information:

- Copies of your last two (2) audited financials including balance sheets and income statements.
- Plans for merger/divestiture or a major capital investment or divestment or major claims administration conversion during the next twelve (12) months.
- A copy of the offeror's errors and omissions coverage.
- A copy of the offeror's cyber coverage.

#### 6.3.4.3 Staff Information:

- The offeror must provide a resume and other related data for each of the key personnel proposed to be assigned to Collin County's account. Information provided should accurately reflect how long the staff member has been employed by the offeror, the experience and expertise of the proposed staff, including the number of accounts managed, how many of those accounts are public sector, the location of the account manager, how many years of experience they have managing public sector accounts, and the percentage of time that will be allocated to Collin County.

#### 6.3.4.4 Additional Information

6.3.4.4.1 To be provided by all respondents.

6.3.4.4.1.1 A copy of your business agreement and any documentation

or agreements relating to HIPAA that would pertain to Collin County.

- 6.3.4.4.1.2 A sample of your executive summary report. List the frequency it will be provided (monthly, quarterly).
- 6.3.4.4.1.3 A list and samples of standardized reports and the frequency that they are distributed.
- 6.3.4.4.1.4 Information describing in detail qualifications, experience, capabilities, and services that distinguish you from your competitors. Brochures, fact sheets, etc. may be submitted as appropriate to describe capabilities, experience, or any other pertinent information. References and experience with contracts for similar scope of work will be seriously considered during the selection process.

6.3.4.4.2 To be provided by medical respondents.

Use Exhibits 7 – Provider Utilization Report for Disruption – Professional Services and 8 – Provider Utilization Report for Disruption – Inpatient/Outpatient Services for the following items.

- 6.3.4.4.2.1 Geo-Access Reports (Please also complete the summary of these reports in the chart in Attachment D – 6.10.)
  - 6.3.4.4.2.1.1 Two primary care providers within ten (10) miles of employees by percent and by number
  - 6.3.4.4.2.1.2 Two specialists within fifteen (15) miles of employees by percent and by number
  - 6.3.4.4.2.1.3 One network hospital in fifteen (15) miles of employees by percent and by number
  - 6.3.4.4.2.1.4 One acute care hospital within twenty (20) miles of employees by percent and by number
- 6.3.4.4.2.2 Medical Disruption Reports (Please also complete the summary of these reports in the chart in Attachment D – 6.13.)
  - 6.3.4.4.2.2.1 Provider Disruption Report by Spend
  - 6.3.4.4.2.2.2 Provider Disruption Report by Utilization
  - 6.3.4.4.2.2.3 Inpatient Facility Disruption Report by Spend
  - 6.3.4.4.2.2.4 Inpatient Facility Disruption Report by Utilization
  - 6.3.4.4.2.2.5 Outpatient Facility Disruption Report by Spend
  - 6.3.4.4.2.2.6 Outpatient Facility Disruption Report by Utilization



6.3.4.4.2.3 Reprocessed Medical Claim Report (Please also complete the summary of these reports in the chart in Attachment D – 6.14.)

6.3.4.4.2.3.1 Inpatient Facility

6.3.4.4.2.3.2 Outpatient Facility

6.3.4.4.2.3.3 Medical

6.3.4.4.2.4 An electronic, searchable list of providers by type of practice (primary care, ENT, oncology, etc.)

6.3.4.4.3 To be provided by pharmacy respondents.

6.3.4.4.3.1 Geo-Access Report (Please also complete the summary of this report in the chart in Attachment F – 1.2 and 1.3 if applicable.)

6.3.4.4.3.1.1 Two (2) retail network pharmacies within ten (10) miles of employees' zip codes. If a limited network is offered, provide the same information for the limited network.

6.3.4.4.3.2 Pharmacy Disruption Reports (Please also complete the summary of these reports in the chart in Attachment F – 1.4.)

Use Exhibit 9 – Provider Utilization Report for Disruption – Pharmacy for the following items.

6.3.4.4.3.2.1 Prescription Disruption (claim) Report – Total Prescriptions

6.3.4.4.3.2.2 Prescription Disruption (claim) Report by Spend

6.3.4.4.3.2.3 Pharmacy (store) Disruption Report by Prescription Volume

6.3.4.4.3.2.4 Pharmacy (store) Disruption Report by Spend

6.3.4.4.3.3 Pharmacy Repricing Report (Please also complete the summary of these reports in the chart in Attachment F – 5.10 and 5.11.)

6.3.4.4.3.4 A sample of your prescription mail order forms and prescription cards if applicable.

6.3.4.4.3.5 Copies of your pharmacy credentialing guidelines.

6.3.4.4.3.6 An Excel electronic, searchable copy of your formulary

including the tier each drug will be categorized.

- 6.3.4.4.3.7 A copy of your disaster recovery plans that would be used in the event of a mail order facility closure or shortage.

6.3.4.4.4 To be provided by dental respondents.

- 6.3.4.4.4.1 An electronic, searchable list of providers and address/location

6.3.4.4.5 To be provided by vision respondents.

- 6.3.4.4.5.1 Use Exhibit 12 – Provider Utilization Report for Disruption – Vision for the following items.

6.3.4.4.5.1.1 Geo-Access Report (Please also complete the summary of these reports in the chart in Attachment J – 4.7.)

- 6.3.4.4.5.2 An electronic, searchable list of providers and address/location

6.3.5 Executive Summary: Please include with your proposal a management summary that outlines the competitive advantages of your proposal. Summarize the key points of the proposal for non-technical, executive review. Please detail any differences between Collin County's current program and the program you offer. If no differences are noted in the executive summary, your program will be deemed consistent with Collin County's current program.

6.3.6 Offeror References: References in each category should be unique clients. The offeror shall furnish the following reference information:

- The name and address of the organization, as well as the name, position, email, and telephone number of the contact in the referred organization, for the last five (5) clients, with at least 1,000 lives, who have terminated coverage with your organization in the last six (6) months. If there have been less than five (5) terminations in the last six (6) months, please provide information on the last five (5) terminated clients.
- The name and address of the organization, as well as the name, position, email, and telephone number of the contact in the referred organization, for five (5) new clients, with at least 1,000 lives, who have added coverage with your organization between December 2018, and May 2019. If there have been less than five (5) new clients in this period, please provide information on the last five (5) new clients who added coverage.
- The name and address of the organization, as well as the name, position, email, and telephone number of the contact in the referred organization, for the three (3) public sector clients similar to Collin County (using employee size as the primary criteria) who have had coverage for at least one (1) year.

Collin County may contact or visit any listed representative to evaluate the services proposed.

6.3.7 Additional Information: Please include any additional information, which may be pertinent to this RFP. Collin County intends to consider all aspects of the proposed services in determining what the best overall package is for Collin County.

6.4 Proposal Guidelines: Under no circumstances should any employee of Collin County or any public official other than those indicated in this RFP, be contacted regarding the RFP between the initial receipt of the RFP and the awarding of the contract. Failure to follow this requirement may result in an automatic disqualification of proposal. Current carriers, in conducting current business, may not reference the RFP to any county employee or official other than those indicated in this RFP.

6.4.1 Do not include commissions or overrides in your quoted rates and fees. No commissions will be paid by Collin County to any individual or organization. Disclose the amount of any fees you are receiving or paying to a third party.

6.4.2 Each offeror may only submit one (1) proposal. Collin County will not accept multiple proposals from an offeror (i.e. ABC Company and DEF Company cannot both submit a Blue Cross Blue Shield proposal).

6.4.2.1 A broker or consultant may provide multiple proposals from different insurance companies. However, each insurance company's proposal must be provided in its own paper or digital format separate from any other proposals that the broker or consultant may provide and must include the references and all required data for each insurance company. Each proposal must be fully responsive. If more than one proposal for an administrator/insurance company is received, the proposal submitted directly by the administrator/insurance company shall be given preference. If more than one response is received for the same insurance company from different brokers, the first complete response received that meets responding requirements will be given preference.

6.4.3 The offeror shall state any and all costs outside of the monthly administration fees such as one-time startup costs in Attachment S – Pricing Information. Services which are add-on and which have an additional fee must be clearly notated in Attachment S – Pricing Information. The county does not want any bundled charges to be listed. The offeror's response should break down all charges by line item including commissions or fees. If a discount is being offered for selecting multiple services, it should be listed as a discount on a separate line.

## **7.0 PLAN DESIGN INFORMATION**

### **7.1. General Plan Design:**

Listed below is information on the county's current plan design. Collin County requests the proposal(s) be made on the current plan design.

7.1.1. Collin County desires that the plan, the employees, and covered dependents are not adversely affected by a change in vendors, and that there is no gain or loss in coverage. Therefore, plans must continue to provide coverage to:

1. Employees at work on a full-time basis, either at the employer's place of business or any other location the employer may require them to work,
2. Employees in a paid status such as Personal Time Off , Compensatory Time Off , Catastrophic Time Off, jury duty, administrative leave, or compensatory time,
3. Employed individuals on approved unpaid absences of one year or less,
4. Law enforcement officials not on active duty but who remained employed as provided under Article 3, Section 52(e) of the Texas Constitution,
5. Employees who are on Family and Medical Leave,
6. Employee on military leave,
7. Employees who have exhausted their Family and Medical Leave entitlement but are still receiving compensation from Collin County,
8. Individuals required to be covered under the Consolidated Omnibus Budget Reconciliation Act or other state or federal laws, and
9. Retirees.

7.1.2. Collin County allows eligible employees participating in the county's Advantage Plus or Advantage medical and dental plans to enroll the following family members:

- lawful spouse (we do not recognize domestic partnerships) and
- dependent children up to the age of 26.

Once an eligible dependent child reaches age 26, their coverage terminates at the end of the month in which they turn 26.

Coverage for an eligible dependent child may continue beyond age 26 if:

- the child is unmarried and mentally or physically handicapped; and
- the child is unable to earn a living and is dependent on the employee for support; and
- the child became incapacitated prior to age 26.

7.1.3. Employees must enroll in the Advantage Plus or Advantage medical plan and/or dental plans in order to enroll their eligible dependents. Covered eligible dependents must be enrolled in the same plan as the employee.

7.1.4. Employees may make medical elections independent of dental elections and may change plans, drop, or enroll in coverage every year during annual enrollment or if they experience a qualifying life event.

7.1.5. Employees are given the option to pay for certain benefit costs on a pre-tax basis under Collin County's Internal Revenue Code (IRC) Section 125 cafeteria plan.

7.1.6. Full-time employees contribute to the cost of their medical, dental, and vision coverage. Part-time employees are responsible for the entire cost of their medical, dental, and vision coverage.

7.1.7. Medical and dental coverage becomes effective on the first day of the month following fifty nine (59) days of eligible service.

## 7.2. Medical Plan Design Information

7.2.1. There are 1,450 participants, composed of employees (1,445), retirees (1), and COBRA participants (4) enrolled in the medical insurance as of 04/30/2019. Coverage is broken down into the following categories:

- employee only: active (537), retirees (0), COBRA (2)
- employee and child(ren): active (261), retirees (0), COBRA (1)
- employee and spouse: active (193), retirees (1), COBRA (1)
- employee and family: active (454), retirees (0), COBRA (0)

7.2.2. Collin County currently offers two self-insured medical plans with the following plan features:

1. Both plans currently utilize the UnitedHealthcare Choice Plus Network for hospitals and physicians. Collin County desires to continue to offer active and retired employees a PPO network. (Although, we are willing to consider a fully-insured retiree plan.) Of high importance are low contracted rates, extensive provider coverage with full network, and the flexibility to offer a limited network with significant projected savings.
2. Family practitioners, internist, OB/GYNs, and pediatricians are considered primary care physicians.
3. Out-of-network coverage is not provided under either medical plan except in specific circumstances such as for emergency health care, outpatient mental health treatment, Lasik, and vision care (under the Advantage Plus plan).
4. There are no pre-existing condition limitations on the medical plans.
5. Neither plan is grandfathered with regards to Patient Protection and Affordable Care Act (PPACA). Therefore, there are no plan lifetime limits. (There are specific benefit lifetime limits for some benefits such as infertility treatment. Additionally, there are limits for the number of visits for some specific benefits such as chiropractic services). Preventive services are covered at 100%. The state chosen for essential health benefit purposes is Utah. Participation in clinical trials are covered to the extent required by the law. Co-pays, pharmacy, co-insurance, and deductibles apply to the annual out-of-pocket maximum.
6. The plans do not provide secondary coverage for dependent children and spouses who have primary coverage under another plan.
7. Spouses and children over the age of 26 (unless they are disabled prior to age 26), cannot be carried as a dependent of another employee.
8. Collin County's current plan includes various cost control methods such as the following:
  - Cancer Support Program
  - No out-of-network coverage except for emergency, Lasik, vision (under the Advantage Plus plan), and outpatient mental health,
  - Emergency room co-pays,
  - A narrow network for pharmacy,

- Co-insurance with maximums for pharmacy coverage,
- Personal Health Support with Disease Management program (as of 06/01/2018), in which a team of a medical director and registered nurses work directly with potential high-risk individuals to proactively assist in navigating treatment options, understanding information provided by their health provider, and closing gaps in care,
- A Cancer Support Program (as of 01/01/2019) in which registered nurses work directly with insured individuals diagnosed with cancer to proactively assist in navigating treatment options, and helping the person find a network provider from a Center of Excellence,
- An on-site nurse liaison who uses confidential medical information/claims data to identify and work with members who have, or will have, large claim costs or diseases that may be prevented or reduced through disease management programs or by improving employee engagement in health and wellness programs,
- A Maternity Support Program in which registered nurses work directly with potential high-risk pregnant individuals to proactively assist in navigating treatment options and understanding information provided by their health provider,
- Centers of Excellence for Cancer and Spine and Joint to provide quality treatment for complex medical conditions, and which may generate cost savings to the plan, and
- Wellness premium discounts and/or lump sum payments to participants that complete specified wellness requirements.

### 7.3. Pharmacy Plan Design Information

- 7.3.1. A cost effective, quality network of pharmacies in Collin County and the surrounding areas as well as the administration and coordination of the medical, pharmacy, and stop loss plan is of prime concern. Currently, Collin County uses a limited network and a specified specialty pharmacy, Briova. With pharmacy costs rising, Collin County seeks transparency and to control escalating costs and high utilization of non-economical pharmacy options.

Listed below is information on the county's current plan design. Proposals must show a comparison to the current plan; however, new plan designs will be considered an option. Please specifically show any pharmacy design changes and cost effectiveness separately from the current design comparison.

- 7.3.2. Collin County currently offers one prescription drug plan. This plan is used for both Advantage Plus and Advantage medical plans. Employees, retirees, and COBRA participants utilize the prescription drug plan. Out-of-network providers are not covered under the current pharmacy plan.

Collin County's current pharmacy plan:

#### **Retail**

Tier 1 (lowest cost option)	20% co-insurance/\$10 maximum
Tier 2 (mid-range cost option)	30% co-insurance/\$75 maximum
Tier 3 (highest cost option)	40% co-insurance/\$200 maximum

#### **Mail Order (90-day supply)**

Tier 1 (lowest cost option)	20% co-insurance/\$20 maximum
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Tier 2 (mid-range cost option)	30% co-insurance/\$150 maximum
Tier 3 (highest cost option)	40% co-insurance/\$400 maximum
Eligible diabetes-related prescriptions	\$0 co-pay

#### 7.4. Dental Plan Design Information

7.4.1. Collin County currently offers one self-insured dental indemnity plan. There are 1,471 full-time and three part-time employees, 111 retirees, and five COBRA participants enrolled in the dental insurance as of 04/30/2019. Coverage is inclusive of employees, retirees, and COBRA participants and is broken down into the following categories:

- member only: active (552), retirees (78), COBRA (4)
- member and eligible dependents: (922), retirees (33), COBRA (1)

7.4.2. The county does not require that the insured be covered by medical coverage in order to elect dental coverage. The dental election is separate from the medical election.

7.4.3. The employee must elect dental coverage for dependents to be covered under the dental plan.

7.4.4. Collin County desires that the plan provide employees the option of selecting their dentist.

7.4.5. The plan covers two cleanings and x-rays per year that do not count towards the employee's annual limit.

7.4.6. There is no required waiting period after enrollment before the insured may receive major dental work.

#### 7.5. Vision Plan Design Information

7.5.1. Currently, vision benefits are provided by the medical insurance carrier. They are being offered separately in this Request for Proposal, but proposals for medical must include vision.

7.5.2. Under the current plan, the Advantage Plus plan contains a vision care rider that is not limited to a specific network of providers and is a reimbursement process. The Advantage plan utilizes the UnitedHealthcare vision plan administered by Spectera.

7.5.3. There are currently 546 participants (542 active, 1 retiree, 3 COBRA) who have Advantage plan coverage and 904 participants (903 active, 0 retirees, 1 COBRA) who participate in the Advantage Plus plan reimbursement program.

7.5.4. Collin County desires that the vision plan provide at least one option to utilize a provider of their choice.

7.5.5. The county requires the insured to be covered by the medical plan in order to be covered by the vision plan.

#### 7.6. COBRA Information

7.6.1. There are currently four (4) individuals who have elected COBRA medical coverage of which two (2) elected to cover a dependent(s), as well as five (5) individuals enrolled in COBRA dental of which (1) elected to cover a dependent(s).

7.6.2. The offeror must assume administrative responsibilities for current COBRA participants.

7.6.3. Collin County will provide the offeror with an initial list of employees and their dependents as well as employee enrollment and termination information on a minimum of a monthly basis via an electronic file.

#### 7.7. Flexible Spending Account Information

7.7.1. Collin County offers employees the opportunity to take advantage of health and dependent care flexible spending accounts (FSA).

7.7.2. There are 188 employees enrolled in the health flexible spending account and 26 employees enrolled in the dependent care account.

7.7.3. Participation in the flexible spending plans begins the first day of the month following thirty (30) days of eligible service.

7.7.4. Collin County allows employees to incur eligible costs through March 15<sup>th</sup> of the following year for health FSAs.

7.7.5. Employees are permitted a 90-day extended filing period allowing claims incurred through March 15<sup>th</sup> of the following year to be submitted through close of business on March 31<sup>st</sup> of the following year.

7.7.6. Collin County sends bi-weekly contribution files to the administrator.

7.7.7. Currently, flexible spending account reimbursements are made by check or an employee may make an electronic election for funds to be direct deposited to the employee's chosen bank account.

#### 7.8. Retiree Health Information

7.8.1. Collin County retirees participate in the same plans available to employees.

7.8.2. For retirees over the age of 65, the plans are secondary to Medicare. Premiums are not reduced when the retiree becomes Medicare-eligible.

7.8.3. Retirees are only eligible to enroll, themselves and covered dependents, upon their retirement from the county and only if they are enrolled in the medical and/or dental plan the day prior to their retirement. If retirees do not elect retiree coverage when they first become eligible, they do not have the option of enrolling at a later date. Retirees are not allowed to add dependents to the plan subsequently. Once a retiree drops coverage for themselves or a dependent, they may not add it again at a later date.

7.8.4. There are two retiree premium groups.



- Premium rates for group 1 (retired on or before May 2010) are determined by the county budgeted rates.
- Premium rates for group 2 (retired on or after June 2010) are the actuarial determined rates for the retiree group.

1. The number of retirees is:

- Medicare Eligible: 1
- Not Medicare Eligible: 0

7.8.5. Collin County will entertain proposals for self- or fully-insured retiree health insurance plans for pre- and post-Medicare eligible retirees. Proposals need not offer the same benefits available to employees but must be a viable cost effective option to Collin County's retiree population.

## 7.9. Stop Loss Information

7.9.1. Our current stop loss coverage is a \$100,000 paid in 12 with terminal liability coverage beginning January 1st and ending December 31st. There is no aggregate coverage.

## 8.0 EXCEPTIONS

### 8.1. Instructions for completing section:

The exception table shall be completed for any exception from requirements identified in this RFP. Please complete the following worksheet listing any and all exceptions from the information requested in the Request for Proposal. Attach additional pages as needed. If no exceptions are listed in Section 8.0, it is understood that the offeror has agreed to all RFP requirements. The response will be considered as confirmed even if it is listed elsewhere as an exception.

#### 8.1.1. Attachment A – RFP Questionnaire Part 1 (All Respondents)

Section Number/ Question Number	Required Service You are Unable to Perform	Additional Information/ Steps Taken to Meet Requirement

#### 8.1.2. Attachment B – RFP Questionnaire Part 2 (All Respondents)

Section Number/ Question Number	Required Service You are Unable to Perform	Additional Information/ Steps Taken to Meet Requirement

8.1.3. Attachment C – Medical Questionnaire Part 1

Section Number/ Question Number	Required Service You are Unable to Perform	Additional Information/ Steps Taken to Meet Requirement

8.1.4. Attachment D – Medical Questionnaire Part 2

Section Number/ Question Number	Required Service You are Unable to Perform	Additional Information/ Steps Taken to Meet Requirement

8.1.5. Attachment E – Pharmacy Questionnaire Part 1

Section Number/ Question Number	Required Service You are Unable to Perform	Additional Information/ Steps Taken to Meet Requirement

8.1.6. Attachment F – Pharmacy Questionnaire Part 2

Section Number/ Question Number	Required Service You are Unable to Perform	Additional Information/ Steps Taken to Meet Requirement

8.1.7. Attachment G – Dental Questionnaire Part 1

Section Number/ Question Number	Required Service You are Unable to Perform	Additional Information/ Steps Taken to Meet Requirement

8.1.8. Attachment H – Dental Questionnaire Part 2

Section Number/ Question Number	Required Service You are Unable to Perform	Additional Information/ Steps Taken to Meet Requirement

8.1.9. Attachment I – Vision Questionnaire Part 1

Section Number/ Question Number	Required Service You are Unable to Perform	Additional Information/ Steps Taken to Meet Requirement

8.1.10. Attachment J – Vision Questionnaire Part 2

Section Number/ Question Number	Required Service You are Unable to Perform	Additional Information/ Steps Taken to Meet Requirement

8.1.11. Attachment K – COBRA Questionnaire Part 1

Section Number/ Question Number	Required Service You are Unable to Perform	Additional Information/ Steps Taken to Meet Requirement

8.1.12. Attachment L – COBRA Questionnaire Part 2

Section Number/	Required Service You are	Additional Information/
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Question Number	Unable to Perform	Steps Taken to Meet Requirement

8.1.13. Attachment M – FSA Questionnaire Part 1

Section Number/ Question Number	Required Service You are Unable to Perform	Additional Information/ Steps Taken to Meet Requirement

8.1.14. Attachment N – FSA Questionnaire Part 2

Section Number/ Question Number	Required Service You are Unable to Perform	Additional Information/ Steps Taken to Meet Requirement

8.1.15. Attachment O – Retiree Health Questionnaire Part 1

Section Number/ Question Number	Required Service You are Unable to Perform	Additional Information/ Steps Taken to Meet Requirement

8.1.16. Attachment P – Retiree Health Questionnaire Part 2

Section Number/ Question Number	Required Service You are Unable to Perform	Additional Information/ Steps Taken to Meet Requirement

8.1.17. Attachment Q – Stop Loss Questionnaire Part 1

Section Number/ Question Number	Required Service You are Unable to Perform	Additional Information/ Steps Taken to Meet Requirement


8.1.18. Attachment R – Stop Loss Questionnaire Part 2

Section Number/ Question Number	Required Service You are Unable to Perform	Additional Information/ Steps Taken to Meet Requirement

**NOTE: FAILURE TO PROVIDE ALL INFORMATION REQUESTED AND FAILURE TO PROVIDE THE INFORMATION IN THE ORDER REQUESTED MAY RESULT IN DISQUALIFICATION OF THE PROPOSAL.**

## ATTACHMENT A - RFP QUESTIONNAIRE PART 1

Offeror Name:

RFP responders are required to respond to all requests for information contained in this questionnaire. Your responses to the questions should be based on your current proven capabilities. Should there be instances where certain questions are not applicable to your organization or its operations, please indicate this by selecting "N/A". All "No" or "N/A" answers recorded in this questionnaire require additional information. Additional information to accompany those answers MUST be detailed in the Exceptions section (8.0) of your response. If no exceptions are listed in the Exceptions section, it is understood that the offeror has agreed to all requests as listed in the RFP even if discrepancies are listed in other sections. The offeror will be held strictly responsible for all items contained in the specific requirements.

If you are selected to administer this plan, your responses to the questionnaire will be considered part of your contractual responsibilities.

Answer by placing an "X" in the appropriate response column. DO NOT add extra rows/columns.

General Requirements		Yes	No	N/A
1	Are you submitting proposal for medical? If so, you must also propose on pharmacy, dental, vision, COBRA, FSA, retiree health, and stop loss coverage for medical and pharmacy benefits. Each plan on which you are quoting must be priced separately.			
2	Did you provide a quote for retiree health? Each plan on which you are quoting must be priced separately.			
3	Did you provide a quote for stop loss coverage for medical and pharmacy benefits?			
4	Are you submitting proposal for pharmacy? Each plan on which you are quoting must be priced separately.			
5	Are you submitting proposal for dental? Each plan on which you are quoting must be priced separately.			
6	Are you submitting proposal for vision? Each plan on which you are quoting must be priced separately.			
7	Are you submitting proposal for COBRA? Each plan on which you are quoting must be priced separately.			
8	Are you submitting proposal for flexible spending? Each plan on which you are quoting must be priced			
9	Decisions will be made based on responses to the RFP. Do you agree the contract shall reflect the responses to this RFP and if there is a variance between the two, the RFP will prevail? If the contract does not address an issue covered by the RFP, terms and commitments agreed to in the RFP will be applicable.			
10	Do you agree to list and clearly detail any coverage or service that will not be provided as requested in writing in section 8.0 Exceptions? It is imperative that any exclusions, limitations, or any other exceptions be clearly outlined and detailed.			
11	Do you agree if no exceptions or alternate responses are listed in Section 8 - Exceptions, it is understood that the offeror has agreed to all requests as listed in the RFP even if discrepancies are listed in other parts of your response? The offeror will be held strictly responsible for all items contained in the specific requirements.			

12	Do you agree to allow Collin County, or its designated representative, to audit claims, your provider contracts, and utilization management clinical criteria? Access to requested information should be provided within fifteen (15) days of the initial request.			
13	Do you agree to indemnify, hold, and save the County, their agents, officers and employees harmless from liability of any nature or kind, including costs, expenses, and attorney's fees, for harm suffered by Collin County or person as a result of the negligent, reckless, or willful acts of omissions by your organization, its officers, agents or employees?			
14	Do you agree to administer the plan and all claims as submitted in your RFP responses?			
15	Do you agree to be fully responsible for preparation and dissemination of any information to be sent to the IRS such as Forms 1099? Copies of information filed with the IRS must be provided to the county.			
16	The offeror agrees if penalties are assessed because of incorrect or late filings to the IRS by the offeror, the offeror will be responsible for any such assessments and will hold the county harmless.			
17	Do you agree to comply with federal, state, and local laws and regulations applicable to the plan design, services, and payments for services which are being proposed? Proposals submitted will be presumed to be in compliance with all applicable laws.			
18	Do you agree to make system adjustments as necessary to comply with current and future legislation?			
19	The offeror acknowledges that it complies and will continue to comply with HIPAA standards and has security measures and cyber insurance to protect Collin County and the data maintained in the offeror's electronic systems.			
20	Does your current systems that have access to Collin County insured's health data have an automatic logoff capability?			
21	If your current systems that have access to Collin County insured's health data have an automatic logoff capability, is it required?			
22	Do you support mutli-factor authentication for the county to access health data?			
23	Is mutli-factor authentication to access health data required?			
24	Will Collin County administrators in your system have the ability to download and store health data?			
25	If Collin County administrators in your system have the ability to download and store health data, do you have a mechanism to secure that data on our computers?			
26	Will you communicate Collin County insured's health information in e-mail?			
27	The offeror agrees to be responsible for preparing and updating necessary administrative documents at no additional cost. These documents shall include a detailed administrative manual including procedural information on all agreed upon plan administration and claims procedures.			
28	The offeror agrees to submit the administrative manual to Collin County within sixty (60) days after the contract becomes effective. Subsequent changes should be submitted within thirty (30) days of change.			
29	The offeror agrees not to send written materials to employees without the review and approval by Collin County unless a prior written release has been received.			
30	Collin County reserves the right to add or reduce any and all services provided. If such an addition or reduction occurs, the offeror agrees that this change will not negatively affect the prices of any of the remaining services provided.			
31	Do you agree not to give away or sell employee data, even "de-identified" data, with or without employee consent?			

32	Do you agree that all covered employees and their dependents shall not be adversely affected by a change in administrators or carriers?			
33	The offeror agrees Collin County will be responsible for determining member eligibility.			
34	The offeror agrees to be responsible for maintaining accurate member eligibility and claims records in their computer system(s).			
35	The offeror agrees to maintain a detailed eligibility file that includes name, date of birth, social security number, address, coverage level, and effective date(s) information for the employee and dependent(s). Information shall be made available to Collin County at no charge as needed.			
36	The offeror agrees to accept enrollment changes on at least a weekly basis through electronic transfer.			
37	The offeror agrees to enter eligibility data into their system within three (3) business days of receipt.			
38	Does the offeror have the capability of electronic data interchange for eligibility and other records for bi-directional transfer of data files upon transition or upon request?			
39	The offeror agrees to provide the required electronic file format for data transmission of participant information within twenty (20) days of the award to Collin County so that initial enrollment and future changes or annual enrollment information can be transmitted to the offeror electronically.			
40	The offeror agrees to provide coverage for future qualifying participants into Collin County's health plans, such as new hires and those employees or dependents who experience a qualifying life event.			
41	If coverage is denied due to an unintentional error or omission on the part of Collin County, the offeror will still provide coverage if coverage would have been provided had the unintentional error or omission not occurred.			
42	<p>The offeror agrees any claims that are not paid according to the plan, within the designated timeframe required in the RFP, due to an error or negligence by the offeror shall not be charged to Collin County. In the event of such a situation, the offeror shall be responsible for all collections, plan reimbursement expenses, legal expenses, stop loss reimbursements, and any penalties or late fees charged to Collin County or the member, resulting from the error, or negligence.</p> <p>For example, if, due to an error by the offeror, a claim is not paid within the designated timeframe required in the Request for Proposal, and Collin County would have been reimbursed for any part of the claim by the stop loss carrier, the offeror will be responsible for reimbursing Collin County for the amount that would have been paid by the stop loss carrier had the claim been processed timely.</p>			
43	The offeror agrees to provide ad hoc reports at no additional cost and/or the ability for the county to run ad hoc reports from the offeror's website. If the offeror must generate the requested reports, the offeror shall provide the reports, if necessary, on a timely basis, but in no case later than ten (10) working days after the request.			
44	Should the nature of additional ad hoc reports warrant compensation beyond the bounds of this contract, the offeror agrees the report shall be provided at a cost mutually agreeable between the county and the offeror. It is the offeror's responsibility to clearly communicate the cost of providing the requested report prior to producing the report. If the report is produced and the cost was not approved prior, Collin County will not be responsible for the cost of producing the report.			
45	The offeror agrees to provide county employees training that is necessary to run reports through the employer website. This also includes any other training related to the provider's services that might be requested by the plan administrator. Any costs associated with training must be clearly listed in your response.			



46	The offeror will make available daily, weekly, and monthly check registers, including checks issued and cleared, as requested by the county. These registers shall be provided in an electronic file.			
47	The offeror agrees to, at any time during the contract/agreement, supply necessary current and historical data (as determined by Collin County), such as participant reports, large claim reports, and impact reports at no cost to Collin County. Provision of such data will be provided according to the specifics requested by Collin County. The offeror agrees to provide data within 15 business days of the request.			
48	Collin County self-bills based upon eligible employee count. The offeror agrees to accept Collin County's self-billing each month. Any billing-related documents will be provided to Collin County in electronic format.			
49	Collin County has a standard process for payment of all offerors which requires a 60-day payment grace period from due date of payment. Offeror agrees to the 60-day grace period.			
50	Offer agrees that payment may be made by either wire or check.			
51	The offeror agrees to notify Collin County of any billing/payment issues within 120 days from the date the check was submitted to the offeror. Notice will be made in writing.			
52	The offeror agrees any billing/payment issues presented to the county after the one hundred twenty (120) day date will not be owed.			
53	A notice of cancellation due to error, omission, or payment issue will include a detailed explanation and at least twenty (20) days for Collin County to remedy the situation.			
54	Do you agree that Collin County reserves the right to cancel the contract at any time for any reason? If the contract is cancelled by Collin County, services will terminate after a 30-day termination notice has been provided by Collin County.			
55	Should the relationship be terminated, the offeror agrees to settle all outstanding claims, including runout claims within ninety (90) days from termination date. Please list any costs that would be required such as administrative fees, costs per claim, and any other applicable fees for a plan termination.			
56	The offeror agrees to provide a toll free number to Collin County administration and our employees to be used for claims or other service issues.			
57	Will the county have a dedicated senior customer service liaison familiar with our plans and organization that the Human Resources department can contact with day-to-day questions and issues for each service on which you are proposing? If not, indicate which services would not include a dedicated senior customer service liaison and what is required to have one in Section 8 - Exceptions.			
58	Do you agree to provide Collin County Human Resources with a dedicated individual available on an as needed basis including after-hours and weekend availability who can assist resolve complicated issues?			
59	Will you provide county employees access to a customer service representative at a minimum of between 8:00 am and 7:00 pm central standard time Monday through Saturday? If representatives are not available between these hours, please provide information on their availability in Section 8 - Exceptions.			
60	The offeror agrees to respond to telephone calls and e-mail communications from the Collin County Human Resources department within one (1) business day.			
61	The offeror agrees should an employee need to leave a message for customer service, a customer service representative will return the call to the employee within four (4) business hours.			

# ATTACHMENT B – RFP QUESTIONNAIRE PART 2

## COLLIN COUNTY, TEXAS

### **INSTRUCTIONS**

Answer all questions fully, clearly, and concisely unless a specific question is not applicable to the service you are proposing to provide. If you are unable to answer a question or the question does not apply, you should indicate either not applicable, or the reason why the question was not answered.

Each response must immediately follow the respective question. Do not refer to other parts of your proposal for the answers.

You may not modify either the order or language of the question.

### **1. GENERAL QUESTIONS**

1.1 Provide the following financial information:

Financial Strength	
S&P Rating	
AM Best Rating	

1.2 Provide the following organizational information:

Organizational Strength	
How many clients do you have in Texas?	
Do you have a specialized team that works with public entities?	
How many clients do you have in Texas that are public entities?	

1.3 Identify by court and case number any litigation against your organization, or in which your organization is a party, involving the same or similar services your organization would be providing to Collin County which has been filed within the last three years.

**Answer:**

1.4 Describe your company ownership/controlling interest.

**Answer:**

1.4.1 Describe the process for how your company partners or aligns with other organizations. This should include whether or not your organization is owned by or aligned with any other organizations such as hospital/medical care groups.

**Answer:**

1.5 Please include any subsidiaries or other organizations that are owned by your organization.

**Answer:**

1.6 What restrictions, if any, are related to the right for Collin County, or its designated representative, to audit claims, your provider contracts, and utilization management clinical criteria?

**Answer:**

1.7 How does your organization ensure secure e-mail exchanges, especially when pertaining to medical histories and personal health information?

**Answer:**

1.8 Describe your process for vetting the privacy, security, HIPAA compliance and readiness of your organization.

**Answer:**

1.9 Describe your process for vetting the privacy, security, HIPAA compliance and readiness of your subcontractors.

**Answer:**

1.10 Describe your process for notifying the county and affected individuals of a data breach of Collin County insured's health data.

**Answer:**

1.11 Describe where you will store Collin County insured's health information (in the United States of America, cloud, local data center, etc.).

**Answer:**

1.12 Describe how you will secure Collin County insured's health data at rest.

**Answer:**

1.13 How are medical records stored and confidentiality assured both on and off site?

**Answer:**

1.14 Are the backups of Collin County insured's health data encrypted, and if so, what type of encryption is used?

**Answer:**

1.15 Describe how you will ensure Collin County insured's health data is encrypted in transit.

**Answer:**

1.15.1 What versions of Secure Socket Layer/TLS does your system support that the county will use to access insured's health data?

**Answer:**

1.16 Describe how you handle password resets for Collin County insured's who access their health data.

**Answer:**

1.17 In the event access to your site is unavailable, what steps will you take to notify the insured of progress towards resolving the issue?

**Answer:**

1.17.1 What steps should the insured take during this time?

**Answer:**

1.18 If you communicate Collin County insured's health data in e-mail, how will you secure that communication?

**Answer:**

1.19 In the event that Collin County selects a different administrator for these services in the future, how will you securely transfer the Collin County insured's data to the new administrator?

**Answer:**

1.20 If you assume these services for an existing administrator, how will you securely ingest the Collin County insured's data from the current provider?

**Answer:**

1.21 Provide an implementation guideline that you propose to meet Collin County's plan year beginning January 1, 2020.

**Answer:**

1.22 Please include a listing and sample of the standard management and/or financial reports that you will provide. Please identify which reports can be accessed or generated online by the county.

**Answer:**

1.23 Human Resources often assists employees with claims issues. What do you require in order to release patient information to Human Resources?

**Answer:**

## ATTACHMENT C - MEDICAL QUESTIONNAIRE PART 1

Offeror Name:

RFP responders are required to respond to all requests for information contained in this questionnaire. Your responses to the questions should be based on your current proven capabilities. Should there be instances where certain questions are not applicable to your organization or its operations, please indicate this by selecting "N/A". All "No" or "N/A" answers recorded in this questionnaire require additional information. Additional information to accompany those answers MUST be detailed in the Exceptions section (8.0) of your response. If no exceptions are listed in the Exceptions section, it is understood that the offeror has agreed to all requests as listed in the RFP even if discrepancies are listed in other sections. The offeror will be held strictly responsible for all items contained in the specific requirements.

If you are selected to administer this plan, your responses to the questionnaire will be considered part of your contractual responsibilities.

Answer by placing an "X" in the appropriate response column. DO NOT add extra rows/columns.

General Requirements		Yes	No	N/A
1	Do you agree to quote a minimum of \$100,000, 12/12 specific stop loss coverage for medical and pharmacy benefits each year you provide medical coverage?			
2	The offeror agrees to work with the contracted stop loss carrier that the county selects at no additional cost. If not, notate the cost in Attachment S - Pricing Information.			
3	The offeror agrees if an employee elects to discontinue coverage while on an extended unpaid leave, when the employee returns to a paid status, they will not be subject to a new waiting period. Coverage will resume the first of the month following their return to a paid status. The employee has thirty (30) days from the day in which they return to a paid status to make their election for coverage. If the employee does not make an election within thirty (30) days of returning to a paid status, they must wait until annual enrollment to make any elections unless they experience a qualifying life event.			
4	The offeror agrees to be responsible for all claims incurred on or after the effective date of 01/01/2020 and within the contract period. This includes any claims which occurred during the contract period but are filed after the contract has ended.			
5	Does the offeror agree to prepare and maintain plan SPDs? If there is an additional charge or fee, it must be listed in Attachment S - Pricing Information.			
6	The offeror agrees to track retiree medical, dental, and vision claims separately from employee medical, dental, and vision claims.			
7	The offeror agrees that claims for the Advantage Plus Plan and the Advantage Plan participants will be tracked separately.			
8	The offeror agrees to utilize an identification number that is not the member's social security number.			
9	The offeror agrees to provide a way for Collin County to search for employees in claim databases and reports by social security number.			
10	The offeror agrees identification cards will be mailed to employees within ten (10) business days of receipt of eligibility information.			

11	There are several services in the plan that have a benefit limit or lifetime maximum. The offeror agrees expenses already incurred by a covered member toward these limits and maximums will be carried forward for consideration in processing new claims. For example, infertility has a lifetime limit. The offeror shall apply all past benefit limits, even if from another administrator, incurred to the participants.			
12	Both medical plans offer a smoking cessation benefit of \$500 per year, \$1,000 lifetime maximum. This includes both office visits and prescription medications. Do you have a system in place to track and administer this			
13	Both medical plans offer an infertility benefit that is limited to a \$20,000 lifetime maximum. This includes both office visits and prescription medications. Do you have a system in place to track and administer this benefit?			
14	Lasik surgery is covered by Collin County under medical benefits at 50%. The same level of coverage is provided whether the provider is in-network or out-of-network. Can you administer this?			
15	Spouses may not be covered as a dependent on another Collin County employee's coverage. Their claims may not be processed as a dependent of another employee. Can you administer this requirement?			
16	Can Collin County customize its network participants so that a facility or provider currently in your network can be excluded upon request?			
17	Can differentiating payment levels, by providers, be specified by Collin County?			
18	Do you offer virtual visits at no additional cost? If not, notate the cost in Attachment S - Pricing Information.			
19	Do you offer telemental visits at no additional cost? If not, notate the cost in Attachment S - Pricing Information.			
20	Will you provide a licensed on-site nurse liaison to reduce employer costs by working with members who have, or will have, large claim costs or diseases that may be prevented or reduced through disease management programs or by improving employee engagement in health and wellness programs? Describe the program in Attachment D - 5.4.			
21	Does the nurse liaison have access to employee medical and pharmacy claims with the ability to identify and target potential/future large claims for cost savings measures?			
22	Collin County has an on-site employee clinic that offers no cost primary care medical services to employees and eligible covered dependents. Can your claims system accept "dummy" claims to help track overall savings and provide source references for the nurse liaison?			
23	Can you incorporate data collected at the on-site employee clinic (including lab results) into your disease management, case management, and data management programs? If so, notate any cost in Attachment S - Pricing Information.			
24	Do you provide access to an Employee Assistance Program (EAP) as part of your medical premium? If not, notate the cost in Attachment S - Pricing Information.			
25	As a vendor, do you agree to work with Collin County on wellness programs and initiatives (such as diabetes management, hypertension, heart disease, allergy clinics, health risk assessments, and healthy pregnancies) that target specific Collin County needs as identified by claims analysis and county objectives at no cost?			
26	Does your organization offer a health risk assessment as part of your online services and at no additional cost?			
27	Do you agree to provide Collin County with a list of employees and dependent spouses who have completed the health risk assessment for the current year on a weekly basis as a standard report?			
28	Can the health risk assessment be utilized to gather information on the success of employer administered wellness programs? (For example, if a smoking cessation incentive was implemented, would the health risk assessment be able to be utilized to see if there was a decrease in smoking?)			
29	Does your organization have the ability to track and report changes in health risk assessment responses year to year?			

30	Do you have the ability to associate claim dollars to health risk assessment responses from year to year in order to determine if there is a cost savings associated with various behavior changes?			
31	Can the associated health risk assessment claim dollars be analyzed on an individual basis?			
32	Can the associated health risk assessment claim dollars be analyzed on an aggregate basis?			
33	Do you provide toll-free access to a nurse advisor who can assist members with care coordination, identifying appropriate treatment services, and answering member healthcare questions at no additional cost? If there is an additional cost, include cost information in Attachment S - Pricing Information.			
34	In processing a claim, the offeror agrees they shall perform a minimum of the following standards. These standards are specific to Collin County claims, not the offeror's entire book of business. At least once each quarter, the offeror shall provide statistical data to Collin County showing that these standards have been met:			
	A) The offeror agrees to calculate and pay all claims in proper and complete order within ten (10) business days after receipt.			
	B) The offeror agrees all benefit checks will be mailed or electronically transferred to the employee or provider within two (2) weeks of claim receipt, unless more information is needed or coordination of benefits is involved.			
	C) The offeror agrees members will be notified of claim issues within two weeks of receipt.			
	D) The offeror agrees no claim will go unworked for more than twenty one (21) days. The status of a pending claim or coordination of benefits claim must be updated in the system within this period.			
	E) The offeror agrees to provide a report of pended claims monthly.			
	F) The offeror agrees that no claim will be over sixty (60) days old without notification to Collin County.			
	G) The offeror agrees after a claim is processed, they will prepare and deliver the associated explanation of benefits within two (2) weeks of claim receipt.			
35	The offeror agrees to be responsible for repricing of all claims for PPO discounts.			
36	Will a designated claims examiner process all of Collin County's claims?			
37	The offeror agrees to provide a toll free number to Collin County administration and our employees to be used for claims or other service issues.			
38	When claims are out-of-network or negotiated, do you keep a portion of the recovered amount? If so, please identify the circumstances and amount retained in Section 8 - Exceptions.			
39	Collin County's current preventive care coverage is greater than that required by Patient Protection and Affordable Care Act. This includes physician services and laboratory services. Can you process wellness claims at a level different than the basic requirements of Patient Protection and Affordable Care Act?			
40	One of Collin County's high cost claims drivers is diabetes. Can you offer a program that incents preventive care by processing primary care visits directly related to diabetes at 100% and processing other claims under normal plan guidelines?			
41	Can your system process a wellness visit as a preventive service at 100% when a medical condition is identified in conjunction with that wellness exam?			
42	Can your system process labs or mammograms as a preventive service at 100% when the service is completed within 30 days of a wellness visit even if the service is at a different provider than the wellness visit?			
43	Can related-same day hospital and surgery charges (such as anesthesia and radiology where the patient cannot make a choice) be auto-adjudicated and paid under the network facility even if they are not in the network? If not, detail how these situations will be handled in Section 8 - Exceptions.			
44	When an employee utilizes a service where their patient responsibility is calculated by co-insurance, can the provider tell the employee the amount they owe at the visit?			

45	Can lab work, surgeries, and tests for which co-insurance applies, even when performed in the doctor's office, be auto-adjudicated and processed separately from the basic office visit charge for which a co-pay applies? If not, detail how you would handle this in Section 8 - Exceptions.			
46	If contracted providers are able to immediately know the patient's co-payment or co-insurance, do your provider contracts limit the amount they can obtain from the employee to the listed amount?			
47	Do you require your network providers to electronically submit claims for processing within 30 days? If no, explain in Section 8 - Exceptions.			
48	Does your network include acupuncture providers?			
49	Acupuncture is a benefit currently covered on the Advantage Plus medical plan but not on the Advantage plan. These services may be provided by a doctor of medicine, doctor of osteopathy, chiropractor, or acupuncturist. Do you have the ability to administer such coverage?			
50	Can acupuncture claims be auto-adjudicated?			
51	The offeror agrees to survey Collin County employees quarterly (a minimum of 10% per quarter selected on a defined basis) to monitor employee satisfaction with its product and service.			
52	The offeror agrees that the results from the quarterly survey will be based strictly on Collin County data and will be provided to the county within 45 days after survey completion.			
53	The offeror agrees to include a descriptive subject line on secure emails so the county can easily retrieve emails at a later date?			
54	The offeror agrees to provide a robust website that employees can access to accurately check on pertinent information that relates to their benefits. For example, employees should be able to check on covered benefits, eligibility, claim status, claim history, explanations of benefits, print/request insurance cards, and access a provider directory that is current.			
55	Is the information on the website specific to Collin County's plan?			
56	Does the website show the date a claim has been processed?			
57	Does the website show the date a claim has been reprocessed?			
58	Does the website allow the insured to see the current dollars allocated toward their deductible?			
59	Does the website allow the insured to see the current dollars allocated towards their out-of-pocket maximum?			
60	Does your website allow the insured to see their explanations of benefits electronically within three (3) days of when the claim is processed?			
61	Can Collin County have portions of the website that are confusing, inaccurate, or not applicable turned off?			
62	The offeror agrees to provide a robust, turn-key administrative website that Collin County can use to run reports and access to check on eligibility, benefits, claims status, explanation of benefits, and billing.			
63	Does the administrative website allow for enrollment and change in coverage?			
64	The offeror agrees that claim information is the property of the county and the offeror shall provide the information, in electronic format, to the county at no charge within 15 days of the county's request.			
65	The offeror agrees to provide the county with an eligibility listing of covered members showing the plan in which the member is enrolled and coverage description (employee, spouse, child) each month in electronic format.			
66	The offeror agrees to provide standardized reports necessary for the efficient management of Collin County plans. These reports shall include enrollment, utilization, and large claim reports. Where more than one plan is provided by the offeror, reports must be separated by plan.			
67	Offeror agrees to provide monthly and cumulative year-to-date membership (employee and dependent) reports and supporting documentation (in electronic format) necessary for Collin County to meet government reporting requirements.			



68	The offeror agrees to provide the county, at no charge, actuarial calculations such as premium rate pricing by plan and coverage tier.			
69	The offeror agrees to provide the county, at no charge, statistical claims information and impact reports as requested. Analytical information may be requested by plan, services, coverage, and/or individuals (retirees, spouse, child). Medical statistics may be required to include pharmacy.			
70	The offeror agrees to present an annual plan review no later than May 15th of each year.			
71	The offeror agrees the annual plan review will compare Collin County's previous plan year data to our peer group and the offeror's standard book of business.			
72	The offeror agrees the annual plan review will compare information from the last complete year to the previous complete year.			
73	The offeror agrees to provide recommendations for cost saving actions during the annual plan review including actuarial calculations of savings for any plan design changes.			
74	The offeror agrees to provide on a quarterly basis the information that is presented during the annual plan review.			
75	If pharmacy benefits are provided by another carrier, are you able to integrate medical and pharmacy costs into one combined summary for reporting purposes for consideration toward out-of-pocket maximums or to provide to a stop loss carrier to be considered toward the specific stop loss deductible?			
76	The offeror agrees to be responsible for maintaining claim documents for the period of time as designated by state and federal standard record retention requirements; after which the records will be destroyed at no additional cost to Collin County.			
77	Can Collin County maintain a zero balance account? If a minimum balance is required, detail in Section 8 - Exceptions.			
78	Do your network providers and facilities agree not to balance bill Collin County participants for covered services?			
79	Do all of your in-network hospitals, out-patient surgery centers, and emergency rooms have in-network emergency room doctors for their facility? If not, provide the percentage that do not in Section 8 - Exceptions.			
80	Do all of your in-network hospitals, out-patient surgery centers, and emergency rooms have in-network anesthesiologists for their facility? If not, provide the percentage that do not in Section 8 - Exceptions.			
81	Do all of your in-network hospitals, out-patient surgery centers, and emergency rooms have in-network radiologists for their facility? If no, provide the percentage that do not in Section 8 - Exceptions.			
82	Do you agree to pend claims with wrong coding, quantities, RAPLE charges, etc. and correct the claim rather than deny the claim and indicate it is the member's responsibility?			
83	Do you have a person/organization responsible for obtaining subrogation claims information and following up on subrogation reimbursements due to the plan sponsor?			
84	Is subrogation through a third party or is it an integrated part of your business?			
85	Does the offeror subrogate all questionable claims?			
86	Does the offeror subrogate only claims over a certain dollar amount? If so, explain the limitations in Section 8 - Exceptions.			
87	If Collin County wants to manage subrogation claims that are over a designated threshold (for example \$250,000), are you able to make that accommodation?			
88	Does the offeror agree that no subrogated claim will go unworked for more than thirty (30) days?			
89	The offeror agrees to obtain approval from the county prior to settling subrogation claims.			

# ATTACHMENT D – MEDICAL QUESTIONNAIRE PART 2

## COLLIN COUNTY, TEXAS

### **INSTRUCTIONS**

Answer all questions fully, clearly, and concisely unless a specific question is not applicable to the service you are proposing to provide. If you are unable to answer a question or the question does not apply, you should indicate either not applicable, or the reason why the question was not answered.

Each response must immediately follow the respective question. Do not refer to other parts of your proposal for the answers.

You may not modify either the order or language of the question.

### **1. GENERAL QUESTIONS**

- 1.1 Describe what communication you will provide to Collin County to advise us of changes in legislation and changes that must be made to the plan due to changes in state or federal legislation.

**Answer:**

- 1.1.1 Also describe services you will provide to help ensure compliance with future legislative changes.

**Answer:**

- 1.2 Describe specific services provided to Collin County to ensure compliance with current state and federal legislation (including updates and reporting requirements) such as with Patient Protection and Affordable Care Act (PPACA).

**Answer:**

- 1.3 If you offer a website that employees can access related to their benefits, please list services that are provided electronically such as covered benefits, eligibility, claim status, claim history, explanations of benefits, print/request insurance cards, access to a current provider directory that is current, cost estimators, status of deductibles, and flexible spending accounts.

**Answer:**

- 1.3.1 How often do you update the provider listing and how long does it take to annotate a change?

**Answer:**

- 1.3.2 Is there a demo site available the county can review? If so, please provide the information for the county to access the demo site. If no demo site is available, please provide detailed screen prints showing the website's ability to perform the listed tasks.

**Answer:**

- 1.4 If you offer a website that Collin County Human Resources staff can access related to employee benefits, please list services that are provided electronically such as covered benefits, eligibility, claim status, claim history, explanations of benefits, and print/request insurance cards.

**Answer:**

- 1.4.1 Is there a demo site available the county can review? If so, please provide the information for the county to access the demo site. If no demo site is available, please provide detailed screen prints showing the website's ability to perform the listed tasks.

**Answer:**

- 1.5 List any companies to which you subcontract services. This includes specialty services, network, and/or facilities. Please provide details of arrangement, including length of contract.

**Answer:**

- 1.6 Describe how member identification numbers can be matched to employer records and other vendors.

**Answer:**

- 1.7 Our plan typically does not cover out-of-network providers/services (with a few exceptions). Describe your transition process for handling patients currently receiving care in a hospital as well as those receiving out-patient services with a facility/provider that is not in your network.

**Answer:**

- 1.8 How do you handle egregious claims submitted by a provider?

**Answer:**

- 1.8.1 How much of the negotiated discount with out-of-network providers do you retain?

**Answer:**

- 1.8.2 Are you willing to cap the retained amount for a negotiated discount? If so, at what level?

**Answer:**

- 1.9 Do you use Data iSight for out-of-network claim reasonableness?

**Answer:**

- 1.9.1 Is there a charge to the county if iSight is used? If so, also notate the cost in Attachment S – Pricing Information.

**Answer:**

## **2. STOP LOSS COORDINATION QUESTIONS**

- 2.1 Describe how your organization works with an outside reinsurance carrier.

**Answer:**

- 2.1.1 Describe your process for working with a stop loss carrier to ensure timely and accurate reimbursement.

**Answer:**

- 2.1.2 Provide the timeframes in which you submit information to the reinsurance carrier.

**Answer:**

- 2.2 Describe the reimbursement process if a claim has been incurred but is not scheduled to be completed in order to process through the reinsurance carrier within the 12/12 contract.

**Answer:**

- 2.3 If there are any reinsurance carriers your organization does not work with, please list each carrier and why you are unable to work with them, i.e. incompatible data transfer, etc.

**Answer:**

## **3. PLAN DESIGN/ADMINISTRATION**

- 3.1 Plan design changes may occur either because of legislation or Commissioners' Court decision. How do you track plan design history, and what changes are made and when they are made?

**Answer:**

- 3.1.1 How do you ensure the plan remains as designed year to year and even when there are technology upgrades or changes to your organization's delivery platform?

**Answer:**

- 3.1.2 What is the review and proofing process to ensure the claims under the county's plans are processed correctly?

**Answer:**

- 3.2 There are several services in the plan that have a benefit limit or lifetime maximum. Expenses incurred by a covered member toward these limits and maximums must be carried forward for consideration in processing new claims. For example, infertility treatments have a lifetime limit. The offeror shall apply all past benefit limits incurred to the participants. Provide specific details your organization requires for the electronic transmission of information to administer these limitations.

**Answer:**

- 3.3 Both medical plans offer an infertility benefit that is limited to a \$20,000 lifetime maximum. This includes both office visits and prescription medications. Similarly, both medical plans offer a smoking cessation benefit of \$500 per year, \$1,000 lifetime maximum. This includes both office visits and prescription medications. Please describe how you propose to manage benefits that have limitations overall and for participants that have previously met the lifetime maximum.

**Answer:**

- 3.3.1 Please describe how you propose to manage benefits that have limitations, which include pharmacy coverage, should pharmacy be provided by another offeror.

**Answer:**

- 3.4 Lasik surgery is covered by Collin County at 50%. The same level of coverage is provided whether the provider is in-network or out-of-network. What capabilities does your claim department have to process Lasik claims given our plan design?

**Answer:**

- 3.4.1 Can Lasik claims be auto-adjudicated?

**Answer:**

- 3.4.2 If a claim form for Lasik is received by your organization and is either incomplete or is coded incorrectly, what is your claims processing procedure for working with the provider and the member?

**Answer:**

- 3.4.3 Is the process different if the provider is out-of-network?

**Answer:**

- 3.5 Both medical plans cover medically necessary related services provided by radiologist, anesthesiologists, pathologists, labs, and emergency room physician services as network services, provided the patient is admitted to a network hospital/facility by a network physician or it is an emergency situation, as network services, – even if the provider is not a network provider. Describe your ability to effectively meet this requirement. Provide details on what occurs when the submitted amount for reimbursement is clearly unreasonable.

**Answer:**

- 3.5.1 Can you auto-adjudicate the claims detailed above? If you can't auto-adjudicate, describe how you identify and correctly process these claims and the timeframe associated with processing these claims.

**Answer:**

- 3.5.2 Where services are rendered by an out-of-network provider, do you negotiate the rate downward? Describe your process and any charges related to the negotiations. Charges must be detailed in Attachment S - Pricing Information.

**Answer:**

- 3.6 Acupuncture is a benefit currently covered at 75% of eligible expenses after satisfying \$250 deductible on the Advantage Plus medical plan. Acupuncture performed by an acupuncturist, doctor of medicine, doctor of osteopathy, or chiropractor is limited to 26 visits per calendar year. Acupuncture is a benefit not covered on the Advantage plan. Can you auto-adjudicate the claims? If you cannot auto-adjudicate, describe how you identify and correctly process these claims.

**Answer:**

- 3.7 Describe your organization's process for interacting with Pharmacy Benefit Managers to properly administer the county's benefit plan design efficiently, effectively, and accurately.

**Answer:**

- 3.8 Describe how you will handle pharmacy information from an outside vendor that must be applied to the out-of-pocket maximum.

**Answer:**

- 3.9 Please list any pharmacy benefit managers with which you cannot interface.

**Answer:**

- 3.10 Please describe in detail your case management process.

**Answer:**

3.11 Describe your claims process. Include how long it takes to process a clean claim.

**Answer:**

3.11.1 What is done to ensure accuracy?

**Answer:**

3.11.2 What do you do if there is incomplete information?

**Answer:**

3.12 From what location will our claims be processed?

**Answer:**

3.13 Please provide the number of accounts and insureds that the claims processors are required to support.

**Answer:**

3.14 What percentage of claims are auto-adjudicated?

**Answer:**

3.15 Please provide statistics on the percentage of claims denied by your organization for public sector entities between 1,000 and 5,000 lives over the last three (3) years.

Year	Percentage (%) of Claims Denied
2018	
2017	
2016	

3.16 Please explain the top five (5) reasons for claim denials over the last three years?

**Answer:**

3.17 What is your average claims processing time for each of the last three (3) years?

Year	Average Claims Processing Time
2018	
2017	
2016	

3.18 What type of claim audit procedure is currently in place?

**Answer:**

3.18.1 Please indicate the percentage of total claims audited.

**Answer:**

3.18.2 What was your claim audit accuracy percentage for the last year?

**Answer:**

3.18.3 Do you audit all claims over a certain amount? If so, indicate the threshold.

**Answer:**

3.19 Describe your checks and balances to ensure the following:

3.19.1 Bills are paid according to the plan document with the first submission of the claim.

**Answer:**

3.19.2 Bills are audited and paid correctly based on physician provided information.

**Answer:**

3.19.3 Bills are paid in accordance with the services rendered and there is not an abuse of the coding system by the provider.

**Answer:**

3.20 What is the process that occurs if the county provides a concern regarding billing of a specific provider?

**Answer:**

3.21 What percentage of claims have to be reprocessed?

**Answer:**

3.21.1 Describe how you ensure the participant is not negatively impacted by claims reprocessing.

**Answer:**

3.22 Please describe in detail the process your claims administration and customer service teams would undertake to ensure an expedient claims processing and a customer-friendly experience for our members when claims are closed, pending, or denied.

**Answer:**



3.22.1 When an issue arises with a claim, do you pend, close, or deny the claim?

**Answer:**

3.22.1.1 Under what circumstances do you pend a claim? What are the timeframes?

**Answer:**

3.22.1.2 Under what circumstances do you close a claim? What are the timeframes?

**Answer:**

3.22.1.3 Under what circumstances do you deny a claim? What are the timeframes?

**Answer:**

3.22.2 What percentage of in-network claims are closed, pending, or denied without being paid?

**Answer:**

3.22.2.1 What percentage of these claims are reprocessed?

**Answer:**

3.22.2.2 What steps are taken to ensure the insured is not negatively affected by reprocessed claims, provider appeals, untimely claim submissions, out-of-network RAPLE charges, in-network provider errors, and duplicate (bundled) billing?

**Answer:**

3.22.3 When in-network claims are initially denied and/or reprocessed at a later date, what steps are taken to ensure the insured does not overpay or is not required to pay more than their deductible or out-of-pocket maximum?

**Answer:**

3.23 Our plan covers annual wellness visits at 100%. How does your system identify that a laboratory test, mammogram, or other wellness service performed at a site other than the physician's office is associated with an annual physical?

**Answer:**

3.24 If services are denied during claims processing, you must agree to provide the employee an easily understandable letter indicating the exact reason for the denial as well as the appeal process and timeframes. Describe your review process.

**Answer:**

3.24.1 Are there any additional costs to Collin County associated with managing the appeal process?  
Additional costs must also be notated in Attachment S – Pricing Information.

**Answer:**

3.24.2 What is the percentage of appeals you receive in a calendar year?

**Answer:**

3.24.3 Of those, what percentage of the appeals is denied?

**Answer:**

3.24.4 What percentage of appeals is litigated?

**Answer:**

3.25 Describe the appeal procedures in place for plan participants.

**Answer:**

3.26 Describe your fraud detection processes to identify provider healthcare fraud such as billing for services not performed, misrepresenting procedures, up coding, unbundling, and waiving co-payments or deductibles.

**Answer:**

3.26.1 What percent of claims submitted were denied as a result of misrepresentation and/or fraud by the provider?

**Answer:**

3.27 How would you ensure that you properly administer benefits to individuals that may have multiple dependents with the same name?

**Answer:**

3.27.1 Provide an example of your claims process for such a case and list any errors or issue that may be experienced by the participant or Collin County along with how you would rectify any issues and the timeframe in which the issue would be successfully addressed.

**Answer:**

- 3.28 Collin County typically only covers in-network providers for non-emergency medical services. We also have RAPLE provisions for surgery services received while in an in-network facility over which the insured has no control such as anesthesia and radiology. Describe how a participant can be sure they don't overpay.

**Answer:**

- 3.28.1 How do you ensure that non-network providers providing services at an in-network facility where the individual has no control over who provides the service (such as anesthesiologists and radiologists) don't try to bill the insured for amounts not paid for by the plan?

**Answer:**

- 3.28.2 An individual having surgery at an in-network facility may not realize they were treated by an out-of-network radiologist, anesthesiologist, etc. How will you communicate this information to the patient for billing purposes?

**Answer:**

- 3.28.3 Do you require pre-authorization of services?

**Answer:**

- 3.28.3.1 The insured is not always aware of required approvals, authorizations, or pre-certifications. Who is responsible for obtaining required approvals, authorizations, or pre-certifications, the insured or the provider?

**Answer:**

- 3.28.3.2 Do you offer pre-estimates or pre-certifications?

**Answer:**

- 3.28.3.3 What happens if the approval or pre-certification authorization is not obtained?

**Answer:**

- 3.28.3.4 Does your provider contract prevent the in-network provider from balance billing an employee for charges over the amount allowed by the provider's contract?

**Answer:**

- 3.28.3.5 Do you agree that the insured will not be penalized for failing to obtain prior approval for treatment or services rendered when being treated by an in-network provider?

**Answer:**

- 3.29 If an in-network provider has agreed not to balance bill participants, but the provider or facility start pursuing the participant for charges, what steps does your organization take to rectify the situation so the participant is not adversely impacted either through litigation or incidents on their credit reports?

**Answer:**

- 3.29.1 If litigation is pursued by the provider or facility for a balance bill, what support do you provide to the participant? Provide the step-by-step process your organization undertakes when/if this situation were to occur and provide detailed information about each step taken.

**Answer:**

- 3.29.2 What support do you provide to the insured in resolving issues if an out-of-network provider who rendered services at in in-network facility under an in-network treating physician bills the insured?

**Answer:**

- 3.30 Medical services and treatment can be expensive and may require financial planning. What resources do you provide to help the employee estimate the cost of services and identify the most affordable provider?

**Answer:**

- 3.30.1 Provide examples of online materials and services available to the insured to better manage their healthcare choices and reduce costs. Include a demo website if applicable.

**Answer:**

- 3.31 Describe how you would administer unpaid claims incurred during the covered plan year should the contract be terminated for any reason.

**Answer:**

- 3.32 List all information your organization includes on an explanation of benefits, and please provide an example.

**Answer:**

- 3.32.1 Does the information on an electronic explanation of benefits differ from a paper explanation of benefits?

**Answer:**

- 3.32.2 Can an individual easily identify the service provided?

**Answer:**

3.32.3 Can explanations of benefits be modified/customized in any way?

**Answer:**

3.32.4 Do you list CPT codes on your Explanation of Benefits forms so that the insured can verify that the services for which the patient is being billed are the services that were provided?

**Answer:**

3.33 Describe how subrogation claims are handled.

**Answer:**

3.34 How do you determine if a claim should be subrogated?

**Answer:**

3.35 How do you handle a claim where an insured does not respond to a request for information on a claim that could be subrogated?

**Answer:**

3.36 Based on your current businesses, what percentage recovered of subrogated claims dollars are returned to the insurer?

**Answer:**

3.36.1 What services are included in your subrogation program: ex. Identification, legal support, recovery?

**Answer:**

3.36.2 Do you subrogate all claims that appear to be the responsibility of another party or just those over a certain amount? What is that amount?

**Answer:**

3.36.3 What percentage of the subrogated amount do you retain?

**Answer:**

3.37 Describe your notification process so that Collin County knows what claims are being subrogated and their status.

**Answer:**

3.38 Please include an example of your subrogation form and any available subrogation reports.

**Answer:**

#### **4. CUSTOMER SERVICE**

4.1 Please provide the following information regarding the Customer Service staff.

4.1.1 Geographic location

**Answer:**

4.1.1.1 Are all of your representatives who will be interactive with our employees located in the United States of America? If not, where are they located?

**Answer:**

4.1.2 If the service center is not staffed by personnel 24 hours a day, please list the hours of the member service center and the hours when the service center is staffed.

**Answer:**

4.1.3 Types of inquiries that the Customer Service staff will resolve.

**Answer:**

4.1.4 How do you handle after-hours inquiries (holidays, weekends, after-hours emergencies)?

**Answer:**

4.2 What are the average years of experience and average staff turnover rates for your customer service staff for the last three (3) years?

Year	Average Turnover Rate
2018	
2017	
2016	

4.3 If your organization will not have dedicated representatives to assist Collin County employees, how many insured members are required in order to have a dedicated customer service representative?

**Answer:**

4.4 Specify the average telephone and written response times for your customer service center. How often is your response time analyzed and reviewed?

**Answer:**

- 4.4.1 What percentage of member service calls did a representative answer in thirty (30) seconds or less for the last three (3) years?

Year	Percent Answered in 30 Seconds
2018	
2017	
2016	

- 4.4.2 What was your call abandonment rate for the last three (3) years?

Year	Call Abandonment Rate
2018	
2017	
2016	

- 4.4.3 What percentage of calls received were not answered by a “live” representative or required that a message be left for a return call for the last three (3) years?

Year	Percent
2018	
2017	
2016	

- 4.4.4 What percentage of calls to your customer service area are placed on hold and for how long for the last three (3) years?

Year	Percent Placed on Hold	Average Time On Hold
2018		
2017		
2016		

- 4.4.5 What percentage of calls are forwarded another group or department after interaction with a representative?

Year	Percent Forwarded
2018	
2017	
2016	

- 4.5 Collin County would like our employees to be surveyed quarterly (a minimum of 10% per quarter selected on a defined basis) to monitor employee satisfaction with your product and service. The county desires that county-specific results for the quarter and cumulative plan year be provided on a quarterly basis. Please indicate if you will do so and provide a description of the process used for collecting responses and any checks and balances in place to avoid/minimize the skewing of results.

**Answer:**

- 4.5.1 Please supply a sample satisfaction questionnaire and information on how you would provide the results of the questionnaire.

**Answer:**

- 4.5.2 Please also describe if any selected participant would be excluded.

**Answer:**

## **5. AVAILABLE PROGRAMS**

- 5.1 Describe programs that you offer, such as exclusive provider networks, bundled payments, value-based insurance design, or accountable care organizations that are in place to help Collin County manage our medical costs. If the programs have not yet rolled out, please indicate the roll-out date in your description. Please keep in mind that Collin County has a low out-of-pocket maximum and does not cover out-of-network services except for emergency and outpatient mental health.

**Answer:**

- 5.1.1 What programs do you offer that are proven quantitatively to reduce medical claims costs and can be expected to reduce Collin County's cost given our plan structure? Please keep in mind we typically do not cover out-of-network medical providers except for emergencies and outpatient mental health. Provide quantitative data supporting each program.

**Answer:**

- 5.1.1.1 Collin County does not want to just use the lowest cost provider. We want to be sure that a high quality of care that is not likely to result in complications or readmissions is provided. Describe how you ensure that high quality care is provided under each of the cost savings programs described in the previous question's response.

**Answer:**

- 5.1.1.2 How do you incent members to utilize cost saving programs?

**Answer:**

- 5.1.1.3 How do you identify candidates for these programs and educate them on the value in participating in the program?

**Answer:**



- 5.1.2 Collin County is specifically interested in implementing a low-cost/high-quality limited network for major procedures such as knee and back surgeries. Do you currently have or can you provide a plan where the lowest cost hospital for a procedure is determined?

**Answer:**

- 5.1.2.1 Do you currently have or can you establish a plan design, and what methods do you allow for plan design, that incents insured individuals to utilize the preferred provider? Please describe the plan designs allowed in detail.

**Answer:**

- 5.1.3 Collin County is interested in cancer programs that will help control costs while providing quality care to insureds who have received a cancer diagnosis. Please describe programs you offer that will help with this objective. Provide quantitative data supporting implementing this program at Collin County.

**Answer:**

- 5.1.4 If one or two hospitals are selected as preferred providers, can you pay their benefits differently than non-preferred providers?

**Answer:**

- 5.1.5 Can you manage/administer a program where a rate is established for Collin County for a specific procedure and that rate is to be paid regardless of your standard agreed upon rate?

**Answer:**

- 5.2 Describe any additional cost control services that are available to Collin County throughout the length of the contract. Provide specific details and supporting analytics for cost savings and costs of the program.

**Answer:**

- 5.3 If you provide toll-free access to a nurse advisor who can assist members with care coordination, identifying appropriate treatment services, and answering member healthcare questions, what hours is the nurse advisor available?

**Answer:**

- 5.3.1 What types of services are offered by your nurse advisor program?

**Answer:**

- 5.4 Will you provide a licensed on-site nurse liaison to reduce employer costs by working with members who have, or will have, large claim costs or diseases that may be prevented or reduced through disease management programs or by improving employee engagement in health and wellness programs? This individual shall utilize confidential resources/claims data available through your organization to identify potential participants. Describe the services offered.

**Answer:**

- 5.4.1 How will cost savings/benefits be measured?

**Answer:**

- 5.4.2 Describe information and resources that you will provide the nurse liaison that will contribute to the success of the program.

**Answer:**

- 5.4.3 Provide reference information for at least two (2) entities (if available) who have similar programs in place.

**Answer:**

- 5.5 If you provide access to an Employee Assistance Program (EAP), please provide an overall description of the plan, including services, offered.

**Answer:**

- 5.5.1 Who can use the EAP?

**Answer:**

- 5.5.1.1 Is the EAP available to employees and/or dependents not covered by Collin County's health insurance?

**Answer:**

- 5.5.2 How does a member contact the EAP if they need assistance?

**Answer:**

- 5.5.3 Are the EAP physicians/counselors in your provider network?

**Answer:**

- 5.5.4 Are there any available reporting abilities for the employer regarding EAP usage, e.g. number of calls a month, number of referrals, aggregate issues addressed, average length of time on a call, customer satisfaction surveys, etc.?

**Answer:**

- 5.5.4.1 Are numbers for EAP usage reports based on only Collin County information?

**Answer:**

- 5.6 Collin County would like to partner with the selected offeror to work on wellness programs and initiatives (such as diabetes management, hypertension, heart disease, allergy clinics, health risk assessments, and healthy pregnancies) that target specific Collin County needs as identified by claims analysis and county objectives. Please provide a list of programs and a suggested plan or sample plans you have used for other employers for each program you would offer.

**Answer:**

- 5.6.1 Detail any additional costs required for each program. Additional costs must also be notated in Attachment S – Pricing Information.

**Answer:**

- 5.6.2 Provide any quantitative data you have available on the effectiveness and cost savings of these programs, including the formulas and timeframes used in your determination of effectiveness and cost savings.

**Answer:**

- 5.6.3 Describe what distinguishes your program from others in the industry.

**Answer:**

- 5.6.4 Describe how you measure the success of the wellness programs available.

**Answer:**

- 5.6.5 Obesity contributes to the exacerbation of many medical conditions. Do you offer a weight loss program with specific quantifiable and measureable results over an extended period? If yes, provide details of the programs and the results.

**Answer:**

- 5.6.6 Collin County desires to include a wellness fund from the provider selected. Please include a wellness fund budget proposal which includes the length of time Collin County has to use the allocated wellness funds, criteria that must be met, any limitations, and if balances can be carried forward.

**Answer:**

- 5.7 If your organization offers a health risk assessment, can it be completed online? If not, explain how the data is entered for electronic analysis.

**Answer:**

- 5.7.1 Explain how the results from the health risk assessment are used. Please also provide a copy of the health risk assessment.

**Answer:**

- 5.7.2 What health risk assessment information can be shared with Collin County?

**Answer:**

- 5.7.3 Can the health risk assessment information be shared in an electronic format?

**Answer:**

- 5.7.4 What individuals have access to complete the health risk assessment (i.e. employees, spouses, retirees)?

**Answer:**

- 5.7.5 Please describe in detail the various services you will provide to employees based upon the results of the health risk assessment.

**Answer:**

- 5.7.6 Are there any costs associated with the health risk assessment or services provided to the employee as a result of health risk assessment information? If so, please include those costs in Attachment S – Pricing Information.

**Answer:**

## **6 PROVIDER NETWORK**

- 6.1 Who owns the provider network?

**Answer:**

6.2 Who maintains the provider network?

**Answer:**

6.3 How many employers are enrolled in your PPO network in North Texas as of:

January 1, 2016	
January 1, 2017	
January 1, 2018	

6.4 What is your voluntary and involuntary provider turnover rate?

	Voluntary	Involuntary
Primary Care Physician		
OB/GYNs		
Specialist (exclude OB/GYNs)		

6.5 Percentage of general practices which were/are:

Closed to new patients during the past year?	
Currently closed to new patients?	

6.6 Provide history of providers, groups, and hospitals by areas of practice that have left the network in the last three (3) years.

**Answer:**

6.7 What notifications are made to employees who have utilized a provider when that provider leaves the network?

**Answer:**

6.8 What percentage of physicians in our current network are in your network?

Primary Care Physician	
OB/GYNs	
Specialist (exclude OB/GYNs)	

6.9 Please provide your organization's self-reported discounts within Collin County's area for:

Hospital Inpatient	
Hospital Outpatient	
Physician	

6.10 Please provide the following documents/reports:

- A geo-access summary utilizing the following criteria:

Geo-Access Summary				
Measurement	Primary Care Physicians	Specialists	Hospital	Acute Care Hospitals
# of Employees/Zip Codes Evaluated				
Providers				
# of Providers				
# of Locations				
X Providers within X Miles	2/10	2/15	1/15	1/20
% of Employees <b>with</b> access				
# of Employees <b>with</b> access				
% of Employees <b>without</b> access				
# of Employees <b>without</b> access				
Average distance to 2 providers for employees <b>with</b> desired access				
Average distance to 2 providers for employees <b>without</b> desired access				

6.11 Confirm your final answer below shows the allowed charges after applying your contracts, and before member cost sharing is applied.

**Answer:**

6.12 Disclose details of claims not re-priced, including dollar amount of each category.

**Answer:**

6.13 Please provide a disruption summary based on the attached Provider Utilization Reports for Disruption (**Exhibits 7, 8, and 9**). Please match based on provider tax ID number, provider name, and provider address. Please confirm if match is based on provider name, tax identification numbers, and address. Report the analysis without your wrap networks. Please make it clear what network is being used and if you were able to exclude wrap networks. Do not reorder or delete any rows in the claim file.

#### Medical Disruption Summary

Inpatient		
Total # of claims	Claim # in-network	In-network percentage

Inpatient		
Total paid charges	Paid charges in-network	In-network percentage

Outpatient		
Total # of claims	Claim # in-network	In-network percentage
Total paid charges	Paid charges in-network	In-network percentage

Physician		
Total # of claims	Claim # in-network	In-network percentage
Total paid charges	Paid charges in-network	In-network percentage

Total		
Total # of claims	Claim # in-network	In-network percentage
Total paid charges	Paid charges in-network	In-network percentage

6.14 Please re-price the claims information provided in **Exhibit 24 – Medical Claim Repricing Report**. To get an accurate comparison, the offeror should observe the following guidelines:

- Use “Total Eligible” column as your starting point for applying your contracted reimbursement rates.
- Go claim line by claim line and apply your actual provider contracts based on the provider’s Tax Identification Number. We will give preference to offerors who are able to do this accurately at the claim and provider Tax Identification Number level versus those substituting market average or 3 digit zip code averages. We recognize a small percentage of claims will not be able to be matched and thus market averages will be applied to the full report. Please indicate where this is applicable on the full report and provide the percentage of claims to which you applied market averages for the below summary provided data. In the repriced summary, only include claims matched. If you were not able to match a claim, be sure that claim is excluded from both the Collin County matched list.
- Please do not lump together inpatient and outpatient claims. The appropriate contracted rates should be individually applied to inpatient and outpatient claims.
- Use your actual stop loss/outlier provisions for each inpatient hospital claim; please do not substitute a market average for hospitals or any other claims. Do not remove any claims over a certain threshold.

<b>Repriced Claims Summary (without substituting non-matchable claims)</b>				
Collin County Medical Claims (matched \$)	Your Repriced Claims \$	\$ Variance	% Variance	% Medical Claims Not Matched
Collin County In-Patient Facility Claims (matched \$)	Your Repriced Claims \$	\$ Variance	% Variance	% Inpatient Facility Claims Not Matched
Collin County Out-Patient Facility Claims \$	Your Repriced Claims \$	\$ Variance	% Variance	% Outpatient Facility Claims Not Matched
Total	Total	Total \$ Variance	Total % Variance	

6.15 Describe any methodology departures from the requirements listed above.

**Answer:**

6.16 Collin County will need to be notified if a large provider group or a hospital in our service area drops out of the network. What is the time frame for when notification is given?

**Answer:**

## **7 IMPLEMENTATION/TRANSITION QUESTIONS**

7.1 Please provide a detailed proposed timeline for each step of implementation that includes the action, the party responsible, member of your account team responsible for each action, and the proposed due date for completion of each action.

**Answer:**

7.2 Describe any information and resources you will need from the Collin County Human Resources department or other insurance providers (such as pharmacy and stop loss providers) to administer the plan and list the timeframe in which you would need this information.

**Answer:**



- 7.3 In regards to participants with ongoing care such as pregnancy, cancer treatments, or inpatient hospital care where providers or facilities may no longer be covered, the selected offeror(s) for medical administration must provide a plan for continuity of care for these participants. Provide detailed information on the proposed transition plan. Is there a transition period for providers? Include if there is a defined transition period during which insured individuals may continue to use their current providers and the circumstances for which they may continue to use their current providers. This is particularly important since the county does not provide out-of-network benefits for most services.

**Answer:**

- 7.3.1 Please describe how you would manage the appeal process for any ongoing treatment or claims occurring at the end of the plan year that would rollover into the new plan year.

**Answer:**

- 7.3.1.1 Please describe how you would handle situations where pre-certification for a service was obtained and the provider who was notified of the approval is no longer in-network due to the carrier transition.

**Answer:**

- 7.4 No later than May 15<sup>th</sup> of each year, the offeror will present an annual plan review. During the review, the offeror will be expected to compare information from the last complete year to the previous complete year. Describe how you would make the comparison if that information was provided by a different carrier for the prior year. Please provide an example of the annual plan review documents and data.

**Answer:**

- 7.5 There has been a big increase in hospital-owned medical practices (primary care, specialty care, physical therapy, etc.). Hospital owned practices may be significantly more expensive. What do you do to ensure that in-network medical practices owned by hospitals are not billed at higher hospital rates?

**Answer:**

- 7.5.1 Are your negotiated rates/agreements with hospital-owned medical practices consistent with non-hospital providers?

**Answer:**

- 7.6 While a patient is in a medical facility, they may need additional services for which they have no control—such as services associated with a neuromonitor. Our plan does not typically cover out-of-network services. However, it includes RAPLE provisions that include services received while being treated by an in-network physician at an in-network facility as in-network services. The patient is incapacitated and has no control over the providers brought in to assist with the procedure. They have no control over who will be providing additional services and if the provider or facility obtained prior approval. The patient is often required to sign a statement saying they are responsible for their share of the costs. How do you ensure that the insured only has to pay the standard co-pay until their out-of-pocket maximum is reached?

**Answer:**

- 7.6.1 What do you do to control the costs of the out-of-network services so that the plan is not charged an outrageous amount for those services?

**Answer:**

- 7.7 What do you do to prevent an in-network provider from requiring an insured to pay a deposit of more than their share of the medical services that are to be received? For example, a physician that requires an individual to pay their full maximum-out-of-pocket amount – even though other charges have been incurred and applied to the insured's deductible and out-of-pocket maximum and others such as anesthesia will be charged in conjunction with the services. Often the insured receives treatment from a number of providers. Providers ask patients to make co-payments even though the patient has already met the deductible or even the out-of-pocket maximum — the bills just have not yet been entered into the system. How do you ensure that the insured is not required to pay more up-front costs than should be required by the plan?

**Answer:**

- 7.8 It is not unusual for patients with serious illnesses or injuries to be treated by multiple providers simultaneously. Different providers have different billing processes and timing. What do you do to ensure the patient who has made co-pays and co-payments based on the date of service is not penalized by different submission dates of providers?

**Answer:**

- 7.9 When a claim is reprocessed it can affect what an insured owes to different providers due to deductibles or out-of-pocket costs being met. How do you distinguish between the initial processing of a claim and the re-processing of a claim?

**Answer:**

- 7.10 How do you handle reprocessed claims when the patient has paid their co-payments, met their deductibles, and/or out-of-pocket maximums, but due to the denial and reprocessing of claims different providers are now owed co-payments?

**Answer:**

7.10.1 How do you ensure that the insured does not have to pay more than the standard deductible amount?

**Answer:**

7.10.2 How do you ensure that the insured does not have to pay more than their out-of-pocket maximum?

**Answer:**

7.11 When a patient has been required to overpay a provider, what do you do to ensure that the insured is quickly reimbursed?

**Answer:**

7.12 It is not unusual for medical providers to charge an individual with insurance more than they would charge and individual without insurance. What is done to control outrageous out-of-network charges? For example, an out-of-network anesthesiologist who submits a charge that is \$40,000 more than would be typically allowed.

**Answer:**

7.12.1 Please explain how you handle this type of situation from a claims perspective as well as from a shared cost perspective?

**Answer:**

7.13 We are interested in reducing our costs without reducing benefits. What would your plan be to reduce our catastrophic costs?

**Answer:**

7.14 Physical therapy is becoming a much more common method of treating various conditions. Our current plan does not require that you have pre-approval from the insurance administrator to receive physical therapy. How do you propose to balance our desire not to have to obtain approval every 3-8 visits with our desire not to have physical therapy abused?

**Answer:**

7.15 Both of our plans cover Lasik benefits. Providers are hesitant to accept insurance since many plans do not cover Lasik benefits. Providers usually refuse to file benefit claims for the insured. When Lasik claims are submitted, they are often submitted under very general codes or no codes. How do you plan to effectively handle Lasik claims in an accurate and timely manner without requiring the insured to file a claim multiple times?

**Answer:**

## ATTACHMENT E - PHARMACY QUESTIONNAIRE PART 1

Offeror Name:

RFP responders are required to respond to all requests for information contained in this questionnaire. Your responses to the questions should be based on your current proven capabilities. Should there be instances where certain questions are not applicable to your organization or its operations, please indicate this by selecting "N/A". All "No" or "N/A" answers recorded in this questionnaire require additional information. Additional information to accompany those answers MUST be detailed in the Exceptions section (8.0) of your response. If no exceptions are listed in the Exceptions section, it is understood that the offeror has agreed to all requests as listed in the RFP even if discrepancies are listed in other sections. The offeror will be held strictly responsible for all items contained in the specific requirements.

If you are selected to administer this plan, your responses to the questionnaire will be considered part of your contractual responsibilities.

Answer by placing an "X" in the appropriate response column. DO NOT add extra rows/columns.

General Requirements		Yes	No	N/A
1	Collin County is seeking a transparent prescription pricing model. Is your proposal transparent?			
2	Do you agree to pass through to Collin County 100% of all formulary rebates, market-share rebates, other rebate revenue, data aggregation payments, data sales revenue, and administrative fees/credits as well as all pharmaceutical manufacturer revenue associated with compliance and adherence programs that Collin County's utilization enables you to earn?			
3	Do you agree that Collin County can opt out of programs generating revenue where 100% of the revenue earned through Collin County's participation is not passed through to Collin County?			
4	Do you agree to provide rebate information by individual prescription as well as year-to-date by drug? If not, please describe what you will do to allow Collin County to compare costs to after-rebate costs in Section 8 - Exceptions.			
5	In regards to Average Wholesale Price (AWP) pricing for pharmacy reimbursement, do you agree not to change sources without obtaining written agreement from Collin County?			
6	In regards to Average Wholesale Price (AWP) pricing for pharmacy reimbursement, if AWP is discontinued or is no longer available, do you agree Collin County reserves the right to select another mutually agreeable calculation method?			

7	Do you agree to full pass-through of maximum allowable cost (MAC) pricing?			
8	Do you agree to provide full, regular access to the MAC list applied to Collin County's plans?			
9	Is your MAC list for retail the same as your MAC list for mail order?			
10	Collin County currently requires insureds to share in the cost of prescriptions. Our current program is designed where an employee pays a percentage of the cost up to a maximum flat amount. Can you administer the program as designed?			
11	Can your system apply coupons to the drug price to prior allocation of employee cost share for both retail and mail order scripts? If not, please explain in Section 8 - Exceptions.			
12	Do you allow the plan to designate if coupons are applied to the plan's cost share or the employee's cost share?			
13	The offeror agrees to be responsible for all claims incurred on or after the effective date of 01/01/2020 and within the contract period. This includes any claims which occurred during the contract period but are filed after the contract has ended.			
14	The offeror agrees to track employee, retiree, and COBRA participant prescription claims separately.			
15	The offeror agrees to utilize an identification number that is not the member's social security number. Although social security numbers may not be used on the identification card, participants must be searchable and reportable in your database by social security number.			
16	The offeror agrees identification cards will be mailed to employees within ten (10) business days of receipt of eligibility information.			
17	The offeror agrees if an employee elects to discontinue coverage while on an extended unpaid leave, when the employee returns to a paid status, they will not be subject to a new waiting period. Coverage will resume the first of the month following their return to a paid status. The employee has thirty (30) days from the day in which they return to a paid status to make their election for coverage. If the employee does not make an election within thirty (30) days of returning to a paid status, they must wait until annual enrollment to make any elections unless they experience a qualifying life event.			
18	The offeror agrees to provide the required electronic file format for data transmission of participant information within ten (10) days of the award to Collin County so that initial enrollment and future changes or annual enrollment information can be transmitted to the offeror electronically.			
19	Are prescription drugs prescribed by any licensed in-network health care provider, including dentists, covered by the pharmacy program?			
20	Are prescription drugs prescribed by an out-of-network physician covered by the pharmacy program?			
21	Do you offer a 90-day "at retail" program?			

22	The offeror agrees to administer an electronically integrated point-of-service retail and mail service program that includes verification of eligibility.			
23	The offeror agrees to administer an electronically integrated point-of-service retail and mail service program that includes verification of plan design.			
24	The offeror agrees to administer an electronically integrated point-of-service retail and mail service program that includes drug utilization review.			
25	The offeror agrees to administer an electronically integrated point-of-service retail and mail service program that collects cost utilization data.			
26	The offeror agrees to administer an electronically integrated point-of-service retail and mail service program that accepts and pays paper claims.			
27	Do you agree that once an individual has filled a prescription for a drug that is subsequently placed on step therapy or prior authorization, they do not need to go back and meet newly established criteria to continue receiving the drug? For example, if an individual has been using Otezla and a new step therapy or prior authorization is established for Otezla, the individual does not need to stop taking the drug to complete the new criteria.			
28	Do you guarantee the county is receiving the lowest cost drug available on your formulary? Lowest cost includes taking into account any cost sharing reduction through net rebates.			
29	Do you agree to allow customization or modification to Collin County's formulary at Collin County's request?			
30	As changes are recommended to the formulary, do you agree to provide the number of employees and the dollar amount of impact for each employee as well as the total impact?			
31	Do you provide a limited preferred network pharmacy plan that will provide significant cost savings?			
32	Do you provide automatic refills of mail order prescriptions?			
33	Does the offeror agree to prevent the mail order provider from engaging in unauthorized therapeutic interchange programs?			
34	Does the offeror agree to prevent the mail order provider from engaging in unauthorized promotion of brand drugs that are less cost-effective to Collin County's plan or members?			
35	Does the offeror agree to prevent the mail order provider from engaging in repackaging of products?			
36	Does the offeror agree to prevent the mail order provider from engaging in NDC up-charging?			
37	Are prescription mail order forms and prescription cards personalized for the client?			
38	The offeror agrees, for specialty drugs, to charge the county no more than the acquisition cost of drugs plus a dispensing fee. If no, list specialty drug pricing in 7.1 of Attachment F - Pharmacy Questionnaire Part 2.			
39	Does the offeror agree to allow Collin County, or a third-party firm, full audit rights of pharmacy claims?			
40	Does the offeror agree to allow Collin County, or a third-party firm, full audit rights of utilization data?			

41	Does the offeror agree to allow Collin County, or a third-party firm, full audit rights of contracts and arrangements with retail network pharmacies?			
42	Does the offeror agree to allow Collin County, or a third-party firm, full audit rights of contracts and arrangements with pharmaceutical manufacturers?			
43	Does the offeror agree to allow Collin County, or a third-party firm, full audit rights of PBM revenue streams tied to client spend?			
44	Does the offeror agree to allow Collin County, or a third-party firm, full audit rights of AWP pricing-references?			
45	The offeror agrees that administrative service personnel shall be available for on-site consultations with county personnel as necessary at no cost.			
46	The offeror agrees to survey Collin County employees quarterly (a minimum of 10% per quarter selected on a defined basis) to monitor the employees' satisfaction with the offeror's service and to provide results based on Collin County data.			
47	Will you have dedicated customer service representatives, who are familiar with our benefits, assisting Collin County employees?			
48	Will the county have a dedicated claims analyst that the Human Resources department can contact with questions and issues?			
49	The offeror agrees to share, electronically, claims data detailing all of the plan's prescription transactions and the costs for each billing cycle. Please provide a sample of the report that will be provided in 3.4 of Attachment F - Pharmacy Questionnaire Part 2.			
50	The offeror agrees to be responsible for maintaining claim documents for the period of time defined in the standard record retention schedule, after which the records will be destroyed at no additional cost to Collin County.			
51	The offeror agrees claim information is the property of the county and will provide claim data, in electronic format, to the county at no charge within ten (10) business days of a request and at the end of the contract.			
52	The offeror agrees that employee terminations will be processed no later than three (3) business days from when notice of the termination is received.			
53	The offeror agrees the county will not be responsible for claims paid on employees or dependents that were not removed from the system in the required timeframe.			
54	The offeror agrees that if a denial of benefits is made, the offeror will provide the employee a written letter indicating the exact reason for the denial as well as the appeal process and timeframes.			
55	The offeror has the capability of electronic data interchange for eligibility and other records for bi-directional transfer of data files upon transition and on an ongoing basis.			

56	The offeror agrees to provide electronic services such as electronic billing, reporting, eligibility, claim review, forms, and a turn-key administrative website that accepts our enrollment data and status changes.			
57	The offeror agrees to provide training for county employees that is necessary to operate their computer software as well as any other reporting training that might be requested by the plan administrator.			
58	Does the offeror provide physician-integrated prescription drug services for both retail and mail order with prescribing through electronic means including e-prescription capability, and formulary decision support.			
59	Can physicians electronically access the cost of drugs, if a drug is covered by the plan, and low-cost			
60	Does your system provide the insured the ability to order refills online?			
61	The offeror agrees to provide reporting on prescription trends, fill rates, cost saving opportunities, and other relevant updates. This may also include an on-site presentation at the county's discretion.			
62	The offeror agrees to submit a quarterly executive pharmacy summary to the county that includes at least rolling trend, top 20 drugs by spend, top 20 drugs by utilization, maintenance drug fill rates, and generic utilization.			
63	The offeror agrees to submit requested management reports such as enrollment, utilization, and large claim (over \$3,000) reports on a monthly basis.			
64	The offeror agrees to conduct an annual performance management review no later than May 15th of each year.			
65	The offeror agrees to compare and report on Collin County's pharmacy performance as compared to the previous year, to the PBM's book of business, and Collin County's peers.			
66	The offeror agrees to identify issues and make recommendations as to how to control future costs.			
67	Can Collin County maintain a zero balance account? If a minimum balance is required, detail in Section 8 - Exceptions.			



# ATTACHMENT F – PHARMACY QUESTIONNAIRE PART 2

## COLLIN COUNTY, TEXAS

### INSTRUCTIONS

Answer all questions fully, clearly, and concisely unless a specific question is not applicable to the service you are proposing to provide. If you are unable to answer a question or the question does not apply, you should indicate either not applicable, or the reason why the question was not answered.

Each response must immediately follow the respective question. Do not refer to other parts of your proposal for the answers.

You may not modify either the order or language of the question.

### **1. GENERAL QUESTIONS**

- 1.1 List all retail and mail order pharmacies owned by you.

**Answer:**

- 1.2 Geo-Access Summary – Broad Network

Collin County desires at least two (2) providers within ten (10) miles

Broad Network Summary	
# of employees evaluated	
Providers	
# of providers	
# of locations	
Access	
# of employees with desired access	
% of employees with desired access	
# of employees without desired access	
% of employees without desired access	
Average distance to two (2) providers for employees with desired access	
Average distance to two (2) providers for employees without desired access	

### 1.3 Geo-Access Summary – Limited Network

Collin County desires at least two (2) providers within ten (10) miles

Limited Network Summary	
# of employees evaluated	
Providers	
# of providers	
# of locations	
Access	
# of employees with desired access	
% of employees with desired access	
# of employees without desired access	
% of employees without desired access	
Average distance to two (2) providers for employees with desired access	
Average distance to two (2) providers for employees without desired access	

- 1.4 Provide a disruption summary and a full disruption report based on Exhibit 9 – Provider Utilization Report for Disruption. Match and provide confirmation that the match is based on provider tax ID number, provider name, and provider address.

#### Disruption Summary

Prescription Disruption		
Total # of claims	Claim # in-network	In-network percentage
Total paid charges	Paid charges in-network	In-network percentage

Pharmacy Disruption		
Total # of claims	Claim # in-network	In-network percentage
Total paid charges	Paid charges in-network	In-network percentage

## 2. ADMINISTRATION QUESTIONS

- 2.1 What criteria are used to select participating pharmacies?

**Answer:**

2.2 What criteria are used to select participating compound pharmacies?

**Answer:**

2.3 What is your procedure for adding a pharmacy where access is not adequate?

**Answer:**

2.4 How would you ensure that you properly administer benefits to individuals that may have multiple dependents with the same name?

**Answer:**

2.4.1 What controls/audits do you have in place to ensure claims are processed accurately, particularly in these cases?

**Answer:**

2.5 Describe your organization's processes and any charges for interacting with the health care vendors when necessary. For example, working with health care vendors to ensure pharmacy co-payments are included in the out-of-pocket maximum and reinsurance carriers to ensure pharmacy costs are applied to the stop loss benefits. Additional costs must also be notated in Attachment S – Pricing Information.

**Answer:**

2.5.1 Are there third party administrators or reinsurance carriers that Collin County could not utilize if your organization is selected as the pharmacy provider? If so, please list the organization and explain.

**Answer:**

2.6 Please provide a detailed proposed timeline for each step of implementation that includes the action, the party responsible, member of your account team responsible for each action, and the proposed due date for completion of each action.

**Answer:**

2.7 Do you offer a 90-day "at retail" program where the insured fills a 90-day maintenance prescription at a participating retail pharmacy?

**Answer:**

2.7.1 Is this program available for both your broad network and your narrow/limited network?

**Answer:**

2.7.2 Using Exhibit 25 – Pharmacy Claim Repricing Report, estimate the cost savings Collin County would expect to receive utilizing your 90-day “at retail” program with your broad network.

**Answer:**

2.7.3 Using Exhibit 25 – Pharmacy Claim Repricing Report, estimate the cost savings Collin County would expect to receive utilizing your 90-day “at retail” program with your narrow/limited network.

**Answer:**

2.7.4 Compare the costs and benefits of a 90-day “at retail” program to a 90-day mail order program using our specific utilization data. Be sure to account for the mailing cost associated with the mail order program.

**Answer:**

2.8 Collin County currently offers a 90-day mail order pharmacy program that allows individuals to purchase a 3-month supply of maintenance medications for the cost of a 2-month supply. Unfortunately, the dosage initially prescribed is ineffective resulting in a waste of drugs. Do you offer a program that allows 90-day program participation after the first prescription, thus allowing the provider to determine if the effectiveness of the drug before the insured has purchased a large supply that would perhaps go to waste?

**Answer:**

2.8.1 Please describe your program.

**Answer:**

2.8.2 Using Exhibit 25 – Pharmacy Claim Repricing Report, estimate the cost savings that Collin County would have seen in 2018.

**Answer:**

2.8.3 Indicate is this program is available on both your broad network and your narrow/limited network.

**Answer:**

- 2.9 During the course of the contract, discounts and pricing on both mail order and retail drugs may become more favorable. Please describe your contract terms that would enable Collin County to benefit from these changes.

**Answer:**

- 2.10 Describe any special provisions, limitations, or deviations from the standard prescription plan for narcotics or any other drugs.

**Answer:**

- 2.10.1 Describe programs you utilize to control abuse of the pharmacy benefits. For example, limiting an insured to one pharmacy when the insured has “pharmacy shopped” and/or sees multiple providers to obtain extra of narcotics.

**Answer:**

- 2.10.2 Describe what communications are made to Collin County notifying of the program control that was implemented.

**Answer:**

- 2.11 Describe any information and resources you will need from the Collin County Human Resources department or the insurance administrators to administer the county’s pharmacy benefits. Provide the time frame in which you would need this information.

**Answer:**

- 2.12 What criteria is used in adding new drugs to the prescription drug list?

**Answer:**

- 2.12.1 How often are new drugs added to the program?

**Answer:**

- 2.13 Describe your process for adding a newly released drug to the formulary.

**Answer:**

- 2.13.1 Are new drugs immediately available, or is there a waiting period?

**Answer:**

2.13.2 How long is the waiting period if new drugs are not immediately available?

**Answer:**

2.13.3 When a new drug comes on the market, how will you communicate this information to Collin County and our employees?

**Answer:**

2.14 Describe any tools you would provide to individuals insured under Collin County's plan to help them manage and control their health care (such as pharmacy locaters, cost calculators, education on more affordable alternatives, health risk assessments, etc.) and how they would access the tools.

**Answer:**

2.15 Recognizing there are a number of medications with expiring patents, what is your plan to help employees transition to more cost-effective medications?

**Answer:**

2.15.1 If the drug is a biologic, is there a different transition plan?

**Answer:**

2.16 Describe your plan to help Collin County control the cost of drugs including compound drugs.

**Answer:**

2.17 Describe how you manage specialty drugs, compounding pharmacies, bulk chemicals, and your process for controlling client costs and monitoring/minimizing fraud.

**Answer:**

2.18 Describe how you handle a situation where an insured is on a prescription covered by the plan, and it has been successful in treating the insured's condition. You later add the drug to your step plan; however, the individual has not met the new approval criteria.

**Answer:**

2.19 We are interested in simplifying pharmacy benefits for our insureds. One of the things we desire to see is ease in filling prescriptions in a cost-effective manner. Describe the real-time resources you make available to physicians prescribing medications to our insureds.

**Answer:**

### **3. TRANSPARENCY AND PRICING QUESTIONS**

- 3.1 Collin County desires full transparency in administering Collin County's benefit plan. Describe how you would meet this objective.

**Answer:**

- 3.2 Collin County desires that the Pharmacy Benefit Manager pass through any and all rebates and rebate administrative fees and credits including formulary rebates, market-share rebates, and other rebate revenue that Collin County's utilization enables you to earn. Describe your process for passing through rebates including how your rebate program is coordinated and the frequency of when rebates would be paid to Collin County.

**Answer:**

- 3.2.1 Will Collin County receive 100% of the rebates? If not, what percentage will the county receive?

**Answer:**

- 3.2.2 How are rebates returned to the county?

**Answer:**

- 3.2.3 How can the county be sure they are receiving all of the rebates to which we are entitled?

**Answer:**

- 3.2.4 On what percentage of drugs in your formulary are rebates paid?

**Answer:**

- 3.2.5 What is the process for reconciling pharmacy rebates?

**Answer:**

- 3.2.6 List rebates and/or rebate revenue earned through Collin County's utilization that will not be passed through.

**Answer:**

- 3.2.7 There is often a significant lag before rebates are issued. How would you handle rebates incurred during a contract period but which are paid after the end of the contract?

**Answer:**

- 3.3 Drug manufacturers often pass on incentives and rebates designed to encourage usage of their products. These products may not necessarily be the most cost effective and clinically appropriate drug available. What services, if any, do you provide to help ensure the most cost effective and clinically appropriate

drugs are being utilized?

**Answer:**

- 3.4 Provide a sample report showing how you will share, electronically, claims data detailing all of the plan's prescription transactions and the costs for each billing cycle.

**Answer:**

- 3.5 If Average Wholesale Price (AWP) is used, describe how it is calculated. If it is calculated differently for each of the different programs (retail, mail order, etc.), list the calculation for each program.

**Answer:**

- 3.5.1 On what quantity would the average wholesale price (AWP) be based?

**Answer:**

- 3.5.2 In the previous calendar year, what percentage of claims for your book of business was paid below the contracted average wholesale price (AWP) for each program?

**Answer:**

- 3.5.3 What reference determines AWP pricing for pharmacy reimbursement?

**Answer:**

- 3.6 Describe how you will price drugs to Collin County.

**Answer:**

- 3.6.1 Do you invoice Collin County the same amount as you pay the pharmacy or drug manufacturer after adjustments are made for the dispensing fee, discounts, rebates, credits, grants, etc.?

**Answer:**

- 3.6.2 Will drug costs to the plan be demonstrated by invoices to the county showing each prescription, the amount billed to the county, and the amount paid to the pharmacy?

**Answer:**

- 3.6.3 Is there an online tool for the employee to see the price of drugs? If so, please provide the information for the county to access the demo site. If no demo site is available, please provide detailed screen prints showing the insured's ability to access this information.

**Answer:**



3.6.3.1 How often is the data updated?

**Answer:**

3.7 Describe your maximum allowable cost (MAC) program and when or if it will be used.

**Answer:**

3.7.1 How do you calculate maximum allowable cost (MAC)?

**Answer:**

3.7.2 Do you agree to full pass-through of MAC pricing?

**Answer:**

3.7.3 What percentage of generics are represented by your maximum allowable cost (MAC) list?

**Answer:**

3.7.4 For generics represented by your maximum allowable cost (MAC) list, what is the equivalent average wholesale price (AWP) discount on average?

**Answer:**

3.8 List how many MAC lists you use nationally.

**Answer:**

3.8.1 Will more than one MAC list be applied to Collin County? If more than one list is used, explain the rationale for having more than one list.

**Answer:**

3.8.2 Please provide the MAC list(s) you will use for Collin County and how you determine which list is used.

**Answer:**

3.9 How frequently is the MAC list updated?

**Answer:**

3.9.1 Describe the methodology used in updating the MAC list.

**Answer:**

3.9.2 How quickly are drugs added to the MAC list after patent expiration?

**Answer:**

3.10 Describe your formula for setting maximum allowable cost (MAC) for retail and mail.

**Answer:**

#### **4. GENERIC DRUGS**

4.1 What is the discount level that you will apply to our plan for drugs not included on the MAC list?

**Answer:**

4.2 What is your policy for establishing MAC pricing on new generics, which may have multiple providers?

**Answer:**

4.3 What programs or process do you have to promote using the lowest cost alternative?

**Answer:**

4.3.1 What features does your program contain that are designed to promote the use of preferred drugs over non-preferred alternatives?

**Answer:**

#### **5. FORMULARY**

5.1 Describe your formulary program including the drug evaluation process, and the process for adding/removing drugs.

**Answer:**

5.1.1 Specifically discuss compounding prescriptions and bulk chemicals as they apply to the process for the inclusion/exclusion from your formulary.

**Answer:**

5.2 How often do you change your formulary?

**Answer:**

5.2.1 Do formulary changes include price changes, movement of tiers, or the addition or deletion of drugs?

**Answer:**

5.2.2 How do you track formulary history, what changes are made, and the date they are made?

**Answer:**

5.3 How much advance notice of changes to the formulary is given to plan sponsors so that they may evaluate the changes for their population?

**Answer:**

5.3.1 What reports are provided to assist in the evaluation process and what is the look back period used for those reports?

**Answer:**

5.4 How do you ensure the formulary shows correct drug information when there are technology upgrades or changes to your organization's delivery platform?

**Answer:**

5.5 What is the review and proofing process to ensure the county's formulary remains intact as designed?

**Answer:**

5.6 How do you communicate your formulary to participants?

**Answer:**

5.7 Collin County will require you to provide employees a current prescription drug list. Does your organization have real-time formulary information and pricing access in place?

**Answer:**

5.7.1 Do you have online capability to share formulary, pricing, lower cost alternatives, and program requirements (such as step therapy medical necessity supply limits etc.) with insureds?

**Answer:**

5.7.2 Are members notified when formulary changes occur? How are members notified when a medication changes tiers or is dropped from the prescription drug list?

**Answer:**

5.7.2.1 Describe when and how Collin County will be informed of pharmacy change notifications being made to employees prior to the notices being sent?

**Answer:**

5.7.3 Do employees have the ability to compare the cost of alternative medications? Describe how they would do this.

**Answer:**

5.8 If you are able to administer a limited preferred network pharmacy plan, what are the estimated cost savings to Collin County in utilizing the limited preferred network pharmacy?

**Answer:**

5.9 Collin County uses a 3-tier pharmacy benefit structure: tier 1 – lowest cost option, tier 2 – mid-range cost option, and tier 3 – highest cost option. Populate the fields in Exhibit 25 – Pharmacy Claim Repricing Report to include your tier level for each of the drugs listed. Using Exhibit 25 – Pharmacy Claim Repricing Report, provide a report listing drugs which are not covered.

**Answer:**

5.10 Re-price the claims information provided in Exhibit 25 – Pharmacy Claim for Repricing using your broad network. Ensure you have populated all fields in the spreadsheet. You must identify any drugs not repriced and the reason why they were not repriced. In addition to the completed Exhibit 25 – Pharmacy Claim Repricing Report, list your repriced claim dollar amount in the boxes below.

5.10.1 Average Wholesale Price method

Repriced Claims Summary (without substituting non-matchable claims)	
Your Repriced Claims \$	

5.10.2 WAC method

Repriced Claims Summary (without substituting non-matchable claims)	
Your Repriced Claims \$	

5.10.3 Will you utilize other method(s) of pricing claims? If so, describe the method(s) and the repriced dollar amount and variance to Collin County's 2018 pharmacy claims.

**Answer:**

5.10.3.1 Other Method 1

Repriced Claims Summary (without substituting non-matchable claims)	
Your Repriced Claims \$	

5.10.3.2 Other Method 2

Repriced Claims Summary (without substituting non-matchable claims)	
Your Repriced Claims \$	

- 5.11 Re-price the claims information provided in Exhibit 25 – Pharmacy Claim for Repricing using your limited network. Ensure you have populated all fields in the spreadsheet. You must identify any drugs not repriced and the reason why they were not repriced. In addition to the completed Exhibit 25 – Pharmacy Claim Repricing Report, list your repriced claim dollar amount in the boxes below.

5.11.1 Average Wholesale Price method

Repriced Claims Summary (without substituting non-matchable claims)	
Your Repriced Claims \$	

5.11.2 WAC method

Repriced Claims Summary (without substituting non-matchable claims)	
Your Repriced Claims \$	

- 5.11.3 Will you utilize other method(s) of pricing claims? If so, describe the method(s) and the repriced dollar amount and variance to Collin County's 2018 pharmacy claims.

**Answer:**

5.11.3.1 Other Method 1

Repriced Claims Summary (without substituting non-matchable claims)	
Your Repriced Claims \$	

5.11.3.2 Other Method 2

Repriced Claims Summary (without substituting non-matchable claims)	
Your Repriced Claims \$	

## **6. MAIL ORDER**

6.1 Are mailing costs calculated in the price of the drug filled under mail order? If so, describe how.

**Answer:**

6.2 What percentage of your mail order prescriptions in 2018 were dispensed and mailed within two (2) business days of arrival of the prescription at the facility?

**Answer:**

6.2.1 Do you have audited documentation to support this number?

**Answer:**

6.2.2 What percentage of mail order drugs required next day or express mailing?

**Answer:**

6.3 How are prescriptions delivered?

**Answer:**

6.3.1 Are there any restrictions?

**Answer:**

6.4 Please list all acceptable payment methods members may use to purchase their mail order prescriptions.

**Answer:**

6.4.1 Is there any additional fee to the county or the member for the utilization of these payment methods? If so, please list the additional fee and include it in Attachment S – Pricing Information

**Answer:**

6.5 Collin County does not allow employees to receive packages at work. What are your guidelines for requiring signatures on mail order drugs?

**Answer:**

6.5.1 What processes are in place to work with the participant to ensure accurate and timely delivery?

**Answer:**

6.6 Who pays the cost of expedited shipping for mail order prescriptions in the following circumstances:

6.6.1 Shortage of supply

**Answer:**

6.6.2 Dispensing error requiring correction

**Answer:**

6.6.3 Insured waits too long to order

**Answer:**

6.6.4 Prescription mailed to incorrect address

**Answer:**

6.6.5 Slow processing of the prescription

**Answer:**

6.7 Using Exhibit 25 – Pharmacy Claim Repricing Report, provide the percentage and dollar difference recognized through direct 100% pass-through of your actual acquisition costs for drug products acquired through the mail.

Percentage (%)	
Dollar Amount (\$)	

6.8 What percentage of mail order prescriptions were filled with the lowest cost alternative in the last two (2) years? What percentage of mail order prescriptions were switched to the lowest cost alternative in this same time frame? List each year separately.

	Prescriptions Filled with Lowest Cost Alternative	Prescriptions Switched to Lowest Cost Alternative
2018		
2017		

6.9 Describe how you plan to transition employees to your mail-order service from the prior provider.

**Answer:**

6.9.1 How will you ensure continuity of services?

**Answer:**

6.10 What is your process for managing prescriptions that may run out of stock?

**Answer:**

6.10.1 What is the time frame in which an out-of-stock prescription will be filled?

**Answer:**

6.10.2 What, if any, communications are made to the participant regarding options available when a prescription is out of stock? Is the message computer-generated, or is it made by a person?

**Answer:**

6.10.3 How are situations where the person is out of their medicine handled?

**Answer:**

6.10.4 If the drug can still not be refilled after seven (7) days, what is the communication with the participant and the county as this is outside of our requirements?

**Answer:**

6.10.5 What percentage of claims was out of stock when ordered in 2018? What was the average length of time before the prescription was filled? What was the longest time?

Out of Stock Claims	
% out of stock in 2018	
Average Length of Time to Fill	
Longest Time to Fill	

6.11 Collin County is concerned with the cost effectiveness of mail order drugs. In many cases when considering postage costs, it seems as if prescriptions can be filled more cost effectively at a retail pharmacy. Can you provide a program where the insured can only fill a 90-day mail order prescription where it is more cost effective than a 90-day retail prescription? Please identify the expected cost savings to the plan of such option.

**Answer:**

6.11.1 Will the individual filling the prescription (physician, insured, etc.) be advised of the need to fill through retail at the time the prescription is submitted to the mail order facility?

**Answer:**



## **7. SPECIALTY DRUGS**

- 7.1 How do you determine the cost of your specialty drugs? For example, is it your actual cost of the drug plus a dispensing fee?

**Answer:**

- 7.2 What will you do to keep down the increasing specialty drug costs to the county?

**Answer:**

- 7.3 Do you have multiple specialty drug providers in your network?

**Answer:**

- 7.3.1 If so, please provide a current list of broad network specialty drug providers in your network and their addresses.

**Answer:**

- 7.3.2 If so, please provide a current list of narrow network specialty drug providers in your network and their addresses.

**Answer:**

- 7.4 Using Exhibit 25 – Pharmacy Claim Repricing Report, identify which drugs utilized by insureds in 2018 are included in your Specialty Formulary.

**Answer:**

## **8. UTILIZATION MANAGEMENT AND EDUCATIONAL PROGRAMS**

- 8.1 What programs do you offer to assist Collin County in controlling pharmaceutical costs? Describe each program, your approach to the program, and how it will provide cost savings to Collin County.

**Answer:**

- 8.1.1 If there is an additional charge for the service, clearly state so and include the cost. (Additional costs must also be notated in Attachment S – Pricing Information.)

**Answer:**

- 8.1.2 Describe your ability to provide measureable results. Notate if results information is provided by reports or can be viewed online. Provide a sample of the reports or online pages.

**Answer:**

## 8.1.3

<b>Clinical Programs Summary</b>						
Program	Annual Potential Cost Savings to Collin County	Estimated Additional Cost to Collin County (Additional costs must also be notated in Attachment S – Pricing Information)	Can Collin County opt out of the program?		Can Collin County opt out of specific drugs?	
			Yes	No	Yes	No
Quantity Level Limits						
Quantity Per Duration Limits						
Step Therapy Program						
Medication Adherence Notification Program						
Therapeutic Substitution						
Over-the-Counter Switch Medication						
Retrospective Drug Utilization Review						
Concurrent Drug Utilization Review						
Prior Authorization						
Disease Management Program						
Pharmaceutical Equivalents						
Mandatory Lowest Cost Alternative						
Other						
Other						
Other						
Other						
Other						

8.2 Please provide two (2) different client (similar in size to Collin County) examples that demonstrate actual dollar savings including measurable results and savings methodology for each program. Specifically address the following programs:

8.2.1 Step therapy program. Provide a list of drugs included in your step therapy program.

**Answer:**

**Client 1:**

**Client 2:**

8.2.2 Mandatory best option program

**Answer:**

**Client 1:**

**Client 2:**

8.2.3 Retrospective drug utilization review

**Answer:**

**Client 1:**

**Client 2:**

8.2.4 Concurrent drug utilization review

**Answer:**

**Client 1:**

**Client 2:**

8.2.5 Medication adherence notification program

**Answer:**

**Client 1:**

**Client 2:**

## 9. CUSTOMER SERVICE

9.1 Does your organization use the same member service center for retail, mail order, and specialty services?

**Answer:**

9.2 How do you handle after hour inquiries (holiday, weekends, after hour emergencies)?

**Answer:**

9.3 Specify your average telephone and written response times for the last three (3) years.

Year	Average Telephone Response Time	Average Written Response Time
2018		
2017		
2016		

9.4 How often is your response time analyzed and reviewed?

**Answer:**

9.4.1 In the previous year, provide a response to the questions below regarding member service calls.

Member Service Calls in 2018	
% of member service calls answered in thirty (30) seconds or less	
Call Abandonment Rate	
% of calls that received a busy signal	
% of calls placed on hold	
Average length of time calls placed on hold	

9.5 Collin County would like you to survey our employees quarterly (a minimum of 10% per quarter selected on a defined basis) to monitor the employees' satisfaction with each of your services. Results of the employee survey should be based strictly on Collin County data and should be provided to the county within forty five (45) days after survey completion. This survey is to be provided at no additional cost to Collin County. Please provide a description of the process used for collecting responses.

**Answer:**

9.5.1 Detail any checks and balance in place to avoid/minimize the skewing of results.

**Answer:**

9.5.2 Please supply a sample satisfaction questionnaire and information on how you would provide the results of the questionnaire.

**Answer:**

- 9.6 Describe if any individual obtaining prescription coverage would be excluded from the surveys and/or survey results and the reasons why they would be excluded.

**Answer:**

- 9.7 What are the average years of experience and average staff turnover rates for your customer service staff for the last three (3) years?

Year	Average Years of Experience	Average Staff Turnover Rate
2018		
2017		
2016		

## 10. CLAIMS

- 10.1 Describe your timing requirements for retail pharmacies to enter claim data into your claims system.

**Answer:**

- 10.1.1 Describe how quickly a claim can be entered in a retail setting in emergency situations.

**Answer:**

- 10.1.2 Describe under what circumstances a claim can be immediately entered into the system.

**Answer:**

- 10.2 What is the process for an override or an exception?

**Answer:**

- 10.3 Describe how you handle reimbursement of claims where the member has already paid for the prescription.

**Answer:**

- 10.4 What was your total percentage of retail and mail order medication errors over the last three (3) years?

Percentage of Errors		
Year	Retail Errors	Mail Order Errors
2018		
2017		
2016		

10.5 Describe the appeal procedures in place for plan participants to follow when a claim is denied.

**Answer:**

## **11. AUDIT**

11.1 Describe your audit practices for retail pharmacies.

**Answer:**

11.2 Describe your audit practices for compounding pharmacies.

**Answer:**

11.3 Describe your audit practices for specialty pharmacies.

**Answer:**

11.4 What tools are available for use to ensure pharmacy costs are administered correctly?

**Answer:**

## **12. TECHNOLOGY**

12.1 The offeror shall provide a robust website that employees can access to check on covered benefits, eligibility, claim status, print mail order forms, print/request temporary insurance cards, and access the formulary and a provider directory. Is there a demo site available where the site can be reviewed? If so, please provide the information for the county to access the demo site. If no demo site is available, please provide detailed screen prints showing the websites ability to perform requested items.

**Answer:**

## **13. STOP LOSS, CARE MANAGEMENT, AND OUT-OF-POCKET MAXIMUM INTEGRATION**

13.1 Describe how your organization works with an outside reinsurance carrier.

**Answer:**

13.2 Describe how your organization works with the medical vendor to include pharmacy charges in the out-of-pocket maximum in a timely manner. Include the timeframes in which you submit information to the medical vendor.

**Answer:**

- 13.3 If there are any reinsurance carriers or medical claims administrators with whom you do not work, please list each carrier and why you are unable to work with them, i.e. incompatible data transfer, etc.

**Answer:**

- 13.4 It is Collin County's intent to have a third party nurse liaison to work with care coordination/cost management. Will you agree to send a monthly or bi-weekly claims file with necessary pharmacy claims records to the nurse liaison?

**Answer:**

- 13.4.1 Is there an additional charge for sending the claim file? Additional costs must also be included in Attachment S – Pricing Information.

**Answer:**

#### **14. PERFORMANCE GUARANTEES**

- 14.1 Please list performance guarantees you will make to Collin County.

**Answer:**

- 14.1.1 Are performance guarantees independent of each other?

**Answer:**

- 14.2 What are the estimated rebate dollars to Collin County based on exhibits provided?

**Answer:**

- 14.2.1 Describe any rebate guarantees that you are making.

**Answer:**

- 14.3 How will Collin County be able to track rebates and their conformance to performance guarantees

**Answer:**

## ATTACHMENT G - DENTAL QUESTIONNAIRE PART 1

Offeror Name:

RFP responders are required to respond to all requests for information contained in this questionnaire. Your responses to the questions should be based on your current proven capabilities. Should there be instances where certain questions are not applicable to your organization or its operations, please indicate this by selecting "N/A". All "No" or "N/A" answers recorded in this questionnaire require additional information. Additional information to accompany those answers MUST be detailed in the Exceptions section (8.0) of your response. If no exceptions are listed in the Exceptions section, it is understood that the offeror has agreed to all requests as listed in the RFP even if discrepancies are listed in other sections. The offeror will be held strictly responsible for all items contained in the specific requirements.

If you are selected to administer this plan, your responses to the questionnaire will be considered part of your contractual responsibilities.

Answer by placing an "X" in the appropriate response column. DO NOT add extra rows/columns.

General Requirements		Yes	No	N/A
1	Will the offeror administer the plan as designed?			
2	The offeror agrees if an employee elects to discontinue coverage while on an extended unpaid leave, when the employee returns to a paid status, they will not be subject to a new waiting period. Coverage will resume the first of the month following their return to a paid status. The employee has thirty (30) days from the day in which they return to a paid status to make their election for coverage. If the employee does not make an election within thirty (30) days of returning to a paid status, they must wait until annual enrollment to make any elections unless they experience a qualifying life event.			
3	The offeror agrees to be responsible for all claims incurred on or after the effective date of 01/01/2020 and within the contract period. This includes any claims which occurred during the contract period but are filed after the contract has ended.			
4	The offeror agrees to track retiree dental claims separately from employee dental claims.			
5	The offeror agrees to utilize an identification number that is not the member's social security number. Although social security numbers may not be used on the identification card, participants must be searchable and reportable in your database by social security number.			
6	The offeror agrees identification cards will be mailed to employees within ten (10) business days of receipt of eligibility information.			



7	Does the plan allow an individual to use any provider?			
---	--	--	--	--

8	Does the plan have a list of providers whose fees are discounted? If yes, provide a copy of the list of providers on 1.2 of Attachment H - Dental Questionnaire Part 2.			
9	Will a designated claims examiner process all of Collin County's claims?			
10	Can Collin County Human Resources speak directly to a customer service representative regarding questions related to processing of a claim?			
11	Is there a dedicated individual responsible for assisting insureds with claims disputes?			
12	The offeror agrees administrative service personnel will be available for on-site consultations with county personnel as needed.			
13	The offeror agrees to include a descriptive subject line on secure emails so the county can easily retrieve emails at a later date.			
14	The offeror agrees to provide a robust website that employees can access to accurately check on pertinent information that relates to their benefits. For example, employees should be able to check on covered benefits, eligibility, claim status, claim history, explanations of benefits, print/request insurance cards, and if applicable, access a provider directory that is current.			
15	Does the website show when a claim has been reprocessed?			
16	Does the website allow the insured to see the current dollars allocated toward their dental deductible?			
17	Does your website allow the insured to see their explanations of benefits electronically within three (3) days of when the claim is processed?			
18	The offeror agrees to provide a robust, turn-key administrative website that Collin County can use to run reports, check on eligibility, benefits, claims status, explanation of benefits, and billing, and has the capability of electronic data interchange for eligibility and other records for bi-directional transfer of data files upon transition or upon request.			
19	Does the administrative website allow for enrollment and change in coverage?			
20	The offeror agrees to maintain a detailed eligibility file that includes name, date of birth, social security number, address, coverage level, and effective date(s) information for the employee and dependent(s). Information shall be made available to Collin County each month in electronic format at no charge as needed.			
21	Do you agree to provide claim audit statistics based strictly on Collin County data?			
22	The offeror will make available daily, weekly, and monthly check registers, including checks issued and cleared, as requested by the county. These registers shall be provided in an electronic file.			
23	The offeror agrees that claim information is the property of the county and the offeror shall provide the information, in electronic format, to the county at no charge within 15 days of the county's request.			
24	The offeror agrees to provide the county, at no charge, statistical claims information, including actuarial calculations such as premium rate pricing and impact reports as requested.			

25	The offeror agrees to present an annual plan review no later than May 15th of each year.			
26	The offeror agrees the annual plan review will compare information from the last complete year to the previous complete year.			
27	The offeror agrees to be responsible for preparation and disseminating Forms 1099 to providers.			
28	The offeror agrees to provide the required electronic file format for data transmission of participant information within ten (10) days of the award to Collin County so that initial enrollment and future changes or annual enrollment information can be transmitted to the offeror electronically.			
29	The offeror agrees to be responsible for maintaining claim documents for the period of time as designated by state and federal standard record retention requirements; after which the records will be destroyed at no additional cost to Collin County.			
30	Can Collin County maintain a zero balance account? If a minimum balance is required, detail in Section 8 - Exceptions.			

# ATTACHMENT H – DENTAL QUESTIONNAIRE PART 2

## COLLIN COUNTY, TEXAS

### **INSTRUCTIONS**

Answer all questions fully, clearly, and concisely unless a specific question is not applicable to the service you are proposing to provide. If you are unable to answer a question or the question does not apply, you should indicate either not applicable, or the reason why the question was not answered.

Each response must immediately follow the respective question. Do not refer to other parts of your proposal for the answers.

You may not modify either the order or language of the question.

### **1. GENERAL QUESTIONS**

- 1.1 Describe what communication you will provide to Collin County to advise us of any changes in legislation and changes that must be made to the plan in order to remain legally compliant.

**Answer:**

- 1.1.1 Describe services you will provide to help ensure compliance with legislative changes.

**Answer:**

- 1.2 If the plan has a list of providers whose fees are discounted, provide the list.

**Answer:**

- 1.3 If you are bidding on a fully-insured product, is there a waiting period that must be met before major work is covered? If so, identify the waiting period.

**Answer:**

- 1.4 If you provide a website that participants can access to check information related to their benefits (such as to check on covered benefits, eligibility, claim status, claim history, explanations of benefits, print/request insurance cards, and access a provider directory), please identify information that can be accessed by the participant. List other services that are provided electronically such as cost estimators.

**Answer:**

- 1.4.1 Is there a demo site available the county can review? Provide the information for the county to access the demo site. If no demo site is available, please provide detailed screen prints showing the website's ability to perform the listed tasks.

**Answer:**

- 1.5 List any companies to which you subcontract services. Please provide details of arrangement, including length of contract.

**Answer:**

- 1.6 Describe how member identification numbers can be matched to employer records and other vendors.

**Answer:**

## **2. PLAN DESIGN/ADMINISTRATION**

- 2.1 How do you track plan design changes and maintain a history of those changes?

**Answer:**

- 2.1.1 How do you ensure the plan remains as designed year to year including when there are technology upgrades or changes to your organization's delivery platform?

**Answer:**

- 2.1.1.1 What audits are in place?

**Answer:**

- 2.1.2 What is the review and proofing process to ensure the claims under the county's plans are processed correctly after changes to the plan are made?

**Answer:**

- 2.2 From what location will our claims be processed?

**Answer:**

- 2.3 Provide the number of accounts and number of employees that the claims processors are required to support.

**Answer:**

- 2.4 What percentage of claims are auto-adjudicated?

**Answer:**

2.5 What percentage of claims are reprocessed?

**Answer:**

2.6 Provide statistics on the percentage of claims denied by your organization for public sector entities between 1,000 and 5,000 lives over the last three (3) years.

Year	Percentage (%) of Claims Denied
2018	
2017	
2016	

2.7 What is your average claims processing time for each of the last three (3) years?

Year	Average Claims Processing Time
2018	
2017	
2016	

2.8 What method do you use to determine the insured's co-payment for dental claims (UCR-Usual, Customary and Reasonable), or MAC (Maximum Allowable Charge Rate)?

**Answer:**

2.8.1 Usual, Customary, and Reasonable (UCR)

2.8.1.1 What percentage of UCR is used?

**Answer:**

2.8.1.2 Collin County currently uses a UCR of 85%. If your standard UCR rate is different, would you agree to use our current rate?

**Answer:**

2.8.1.3 What geographic region would be used for Collin County?

**Answer:**

2.8.1.4 What third party group do you use as a source of the benchmark data?

**Answer:**

2.8.1.5 Describe how the following examples would be calculated if you use UCR. Provide the employee's cost, the plan cost, non-allowed costs, and the total cost in the following examples.

2.8.1.5.1 Example 1:

Service: Root Canal (no complications). This is the first dental charge of the plan year.

Plan coverage: 50% after deductible of \$50

Place of Services: McKinney, Texas 75071

Billed Service: \$500

Service 2: Teeth Cleaning

Plan Coverage: 100%, no deductible required

Place of Service: McKinney, Texas 75071

Billed Service: \$75.00

**Answer:**

2.8.1.5.2 Example 2:

Service 1: Root Canal

Plan Coverage: 50% after deductible of \$50

Place of Service: McKinney, Texas 75071

Billed Service: \$2000

Service 2: Teeth Cleaning

Plan Coverage: 100%, no deductible required

Place of Service: McKinney, Texas 75071

Billed Service: \$75.00

**Answer:**

2.8.2 Maximum Allowable Cost

2.8.2.1 Do you have an agreement with your providers that the insured would not be balance billed for any charges above the allowed amount?

**Answer:**

2.8.2.2 Describe how the following examples would be calculated. Provide the employee's cost, the plan cost, non-allowed costs, and the total cost in the following examples.

2.8.2.2.1 Example 1:

Service: Root Canal (no complications). This is the first dental charge of the plan year.

Plan coverage: 50% after deductible of \$50

Place of Services: McKinney, Texas 75071

Billed Service: \$500

Negotiated Fee: Use your negotiated fee. Identify what that fee is in your description of how the claim would be paid.

**Answer:**

2.8.2.2.2 Example 2:  
Service: Root Canal  
Plan Coverage: 50% after deductible of \$50  
Place of Service: McKinney, Texas 75071  
Billed Service: \$2000

**Answer:**

2.9 Describe your checks and balances to ensure that claims are paid according to the plan document.

**Answer:**

2.9.1 What is the process that occurs if the county provides a concern regarding billing of a specific provider?

**Answer:**

2.10 How would you ensure that you properly administer benefits to individuals that may have multiple dependents with the same name?

**Answer:**

2.11 If benefits are denied, you must agree to provide the employee a written letter indicating the exact reason for the denial as well as the appeal process and timeframes. Describe your review process.

**Answer:**

2.12 Describe the appeal procedures in place for plan participants

**Answer:**

2.12.1 Are there any additional costs associated with managing the appeal process? Additional cost must also be notated in Attachment S – Pricing Information.

**Answer:**

2.12.2 What is the percentage of appeals you receive in a calendar year?

**Answer:**

2.12.3 Of those, what percentage of the appeals is denied?

**Answer:**



- 2.13 Spouses and children over the age of 26 may not be covered as a dependent on another Collin County employee's coverage. Their claims may not be processed as a dependent of another employee. Can you administer this requirement?

**Answer:**

- 2.13.1 Describe what tools you have that would enable you to monitor and notify the county if such an enrollment were to occur.

**Answer:**

- 2.14 When claim issues arise, describe how your organization notifies a member and the associated timeline.

**Answer:**

- 2.15 List all information your organization includes on an explanation of benefits, and provide an example.

**Answer:**

- 2.15.1 Will you provide paper and/or electronic explanation of benefits? Does the information on an electronic explanation of benefits differ from a paper explanation of benefits?

**Answer:**

- 2.16 Please include a listing and sample of the standard management and financial reports that you will provide. Please identify which reports can be accessed or generated online by the county.

**Answer:**

### **3. CUSTOMER SERVICE**

- 3.1 Please provide the geographic location, the hours of operation, staff, and types of inquiries that the Customer Service staff will resolve.

**Answer:**

- 3.2 What are the average years of experience and average staff turnover rates for your customer service staff for the last three (3) years?

Year	Average Years of Experience	Average Turnover Rate
2018		
2017		
2016		

- 3.3 If your organization will not have dedicated representatives to assist Collin County employees, how many insured members are required in order to have a dedicated customer service representative?

**Answer:**

- 3.4 Specify the average telephone and written response times for your customer service center for the last three (3) years.

Year	Average Telephone Response Time	Average Written Response Time
2018		
2017		
2016		

- 3.4.1 For the previous year, provide a response to the questions below regarding member service calls.

Member Service Calls in 2018	
% of member service calls answered in thirty (30) seconds or less	
Call Abandonment Rate	
% of calls that received a busy signal	
% of calls placed on hold	
Average length of time calls placed on hold	

#### 4. PROVIDER NETWORK

- 4.1 If a network option is included as part of your offered benefits, who owns the provider network?

**Answer:**

- 4.1.1 Who maintains the provider network?

**Answer:**

- 4.2 If a network option is included, how many employers are enrolled in your network in North Texas as of:

January 1, 2018	
January 1, 2017	
January 1, 2016	

- 4.3 If a network option is included as part of your offered benefits, what is your in-network provider turnover rate?

**Answer:**

4.4 If a network option is included as part of your offered benefits, identify the percentage of general dentists:

Closed to new patients during the past year?	
Currently closed to new patients?	

4.5 If a network option is included as part of your offered benefits, what notifications are made to employees who have utilized a provider when that provider leaves the network?

**Answer:**

4.6 Provide the following documents/report:

- A geo-access summary utilizing the following criteria:

Measurement	Dentists	Dentists Accepting New Patients
# of Employees/Zip Codes Evaluated		
Providers		
# of Providers		
# of Locations		
X Providers within X Miles	2/10	2/10
% of Employees <b>with</b> access		
# of Employees <b>with</b> access		
% of Employees <b>without</b> access		
# of Employees <b>without</b> access		
Average distance to 2 providers for employees <b>with</b> desired access		
Average distance to 2 providers for employees <b>without</b> desired access		

## 5. IMPLEMENTATION/TRANSITION QUESTIONS

5.1 Please provide a detailed proposed timeline for each step of implementation that includes the action, the party responsible, member of your account team responsible for each action, and the proposed due date for completion of each action.

**Answer:**

- 5.2 Describe any information and resources you will need from the Collin County Human Resources department or other insurance providers to administer the plan and list the timeframe in which you would need this information.

**Answer:**

- 5.3 Should the relationship be terminated, list any costs that would be required such as administrative fees, costs per claim, and any other applicable fees for a plan termination. Cost must also be notated in Attachment S – Pricing Information.

**Answer:**

- 5.4 Describe the procedures that are followed when a contract terminates.

**Answer:**

# ATTACHMENT I - VISION QUESTIONNAIRE PART 1

Offeror Name:

RFP responders are required to respond to all requests for information contained in this questionnaire. Your responses to the questions should be based on your current proven capabilities. Should there be instances where certain questions are not applicable to your organization or its operations, please indicate this by selecting "N/A". All "No" or "N/A" answers recorded in this questionnaire require additional information. Additional information to accompany those answers MUST be detailed in the Exceptions section (8.0) of your response. If no exceptions are listed in the Exceptions section, it is understood that the offeror has agreed to all requests as listed in the RFP even if discrepancies are listed in other sections. The offeror will be held strictly responsible for all items contained in the specific requirements.

If you are selected to administer this plan, your responses to the questionnaire will be considered part of your contractual responsibilities.

Answer by placing an "X" in the appropriate response column. DO NOT add extra rows/columns.

General Requirements		Yes	No	N/A
1	The offeror agrees to be responsible for all claims incurred on or after the effective date of 01/01/2020 and within the contract period. This includes any claims which occurred during the contract period but are filed after the contract has ended.			
2	The offeror agrees if an employee elects to discontinue coverage while on an extended unpaid leave, when the employee returns to a paid status, they will not be subject to a new waiting period. Coverage will resume the first of the month following their return to a paid status. The employee has thirty (30) days from the day in which they return to a paid status to make their election for coverage. If the employee does not make an election within thirty (30) days of returning to a paid status, they must wait until annual enrollment to make any elections unless they experience a qualifying life event.			
3	The offeror agrees to track retiree vision claims separately from employee vision claims.			
4	The offeror agrees to utilize an identification number that is not the member's social security number. Although social security numbers may not be used on the identification card, participants must be searchable and reportable in your database by social security number.			
5	The offeror agrees identification cards will be mailed to employees within ten (10) business days of receipt of eligibility information.			
6	Does the plan allow an individual to use any provider?			

7	Will a designated claims examiner process all of Collin County's claims?			
8	Given our plan design, can vision claims under the Advantage Plus plan be auto-adjudicated? If not, explain how it will be handled in Section 8 - Exceptions.			
9	Out-of-network vision providers often do not file claims for the insured. Can you process a vision claim using a claim form completed by the employee and the receipt from the provider? If not, please describe how you will handle this type of situation in Section 8 - Exceptions.			
10	If the member must submit the vision claim, do you acknowledge receipt of the claim and process the claim within two (2) weeks?			
11	Collin County prefers a dedicated senior customer service liaison familiar with our plans and organization to interact with out benefits department in answering benefit and claims questions, coordinating file reviews, and resolving other benefit issues. Will you have dedicated representatives to assist Collin County employees?			
12	The offeror agrees administrative service personnel will be available for on-site consultations with county personnel as needed.			
13	The offeror agrees to include a descriptive subject line on secure emails so the county can easily retrieve emails at a later date.			
14	The offeror agrees to provide a robust website that employees can access to accurately check on pertinent information that relates to their benefits. For example, employees should be able to check on covered benefits, eligibility, claim status, claim history, and explanations of benefits.			
15	Does the website show when a claim has been reprocessed?			
16	The offeror agrees to provide a robust, turn-key administrative website that Collin County can use to run reports, check on eligibility, benefits, claims status, explanation of benefits, and billing, and has the capability of electronic data interchange for eligibility and other records for bi-directional transfer of data files upon transition or upon request.			
17	Does the administrative website allow for enrollment and change in coverage?			
18	The offeror agrees to maintain a detailed eligibility file that includes name, date of birth, social security number, address, coverage level, and effective date(s) information for the employee and dependent(s). Information shall be made available to Collin County at no charge as needed.			
19	Do you agree to provide claim audit statistics based strictly on Collin County data?			
20	The offeror will make available weekly and monthly check registers, including checks issued and cleared, as requested by the county. These registers shall be provided in an electronic file.			
21	The offeror agrees that claim information is the property of the county and the offeror shall provide the information, in electronic format, to the county at no charge within 15 days of the county's request.			
22	The offeror agrees to provide the county with an eligibility listing of covered members showing the coverage description (employee, spouse, child) each month in electronic format.			

23	The offeror agrees to provide the county, at no charge, statistical claims information, including actuarial calculations such as premium rate pricing and impact reports as requested.			
24	The offeror agrees to provide standardized reports necessary for the efficient management of Collin County plans. These reports shall include enrollment and utilization statistics. Where more than one plan is provided by the offeror, reports must be separated by plan.			
25	The offeror agrees to present an annual plan review no later than May 15th of each year during which the offeror will be expected to compare information from the last complete year to the previous complete year.			
26	The offeror agrees the annual plan review will compare information from the last complete year to the previous complete year.			
27	The offeror agrees to be responsible for preparation and disseminating Forms 1099 to providers.			
28	The offeror agrees to provide the required electronic file format for data transmission of participant information within ten (10) days of the award to Collin County so that initial enrollment and future changes or annual enrollment information can be transmitted to the offeror electronically.			
29	The offeror agrees to be responsible for maintaining claim documents for the period of time as designated by state and federal standard record retention requirements; after which the records will be destroyed at no additional cost to Collin County.			
30	Can Collin County maintain a zero balance account? If a minimum balance is required, detail in Section 8 - Exceptions.			

# ATTACHMENT J – VISION QUESTIONNAIRE PART 2

## COLLIN COUNTY, TEXAS

### **INSTRUCTIONS**

Answer all questions fully, clearly, and concisely unless a specific question is not applicable to the service you are proposing to provide. If you are unable to answer a question or the question does not apply, you should indicate either not applicable, or the reason why the question was not answered.

Each response must immediately follow the respective question. Do not refer to other parts of your proposal for the answers.

You may not modify either the order or language of the question.

### **1. GENERAL QUESTIONS**

- 1.1 Collin County desires that employees under the premium plan have the option to select a provider of their choice. The base plan can require use of a network provider. Can you administer plans with both a network and without a network?

**Answer:**

- 1.2 Can you accurately auto-adjudicate vision claims under our current plan design? How do you propose to efficiently handle vision claims in an accurate and timely manner without requiring the insured to file a claim multiple times?

**Answer:**

- 1.3 If you provide a website that employees can access to check information related to their benefits (such as to check on covered benefits, eligibility, claim status, claim history, explanations of benefits, print/request insurance cards, and access a current provider directory) please identify what information can be accessed.

**Answer:**

- 1.3.1 Is there a demo site available the county can review? If so, please provide the information for the county to access the demo site. If no demo site is available, please provide detailed screen prints showing the website's ability to perform the listed tasks.

**Answer:**

- 1.4 List any companies to which you subcontract services. Please provide details of arrangement, including length of contract.

**Answer:**



- 1.5 Describe how member identification numbers can be matched to employer records and other vendors.

**Answer:**

## **2. PLAN DESIGN/ADMINISTRATION**

- 2.1 How do you track plan design changes and maintain a history of those changes?

**Answer:**

- 2.1.1 How do you ensure the plan remains as designed year to year including when there are technology upgrades or changes to your organization's delivery platform?

**Answer:**

- 2.1.2 What is the review and proofing process to ensure the claims under the county's plans are processed correctly including after changes are made to the plan?

**Answer:**

- 2.2 From what location will our claims be processed?

**Answer:**

- 2.3 Please provide the number of accounts and number of employees that the claims processors are required to support.

**Answer:**

- 2.4 What percentage of claims are auto-adjudicated?

**Answer:**

- 2.5 What percentage of claims are reprocessed?

**Answer:**

- 2.5.1 Describe how you ensure the participant is not negatively impacted by claims reprocessing.

**Answer:**

2.6 What is your average claims processing time for each of the last three (3) years?

Year	Claim Processing Time
2018	
2017	
2016	

2.7 What type of claim audit procedure is currently in place?

**Answer:**

2.7.1 Please indicate the percentage of total claims audited.

**Answer:**

2.7.2 What was your claim audit accuracy percentage for the last year?

**Answer:**

2.8 Describe your checks and balances to ensure that 1) claims are paid according to the plan document and 2) claims are audited and paid correctly based on physician provided information.

**Answer:**

2.8.1 What is the process that occurs if the county provides a concern regarding billing of a specific provider?

**Answer:**

2.8.2 How do you verify that the information supplied by a provider is correct for claim processing?

**Answer:**

2.9 If benefits are denied, do you agree to provide the employee a written letter indicating the exact reason for the denial as well as the appeal process and timeframes?

**Answer:**

2.10 Describe the appeal procedures in place for plan participants.

**Answer:**

2.10.1 Are there any additional costs associated with managing the appeal process? Additional costs must be notated in Attachment S – Pricing Information.

**Answer:**

2.10.2 What is the percentage of vision appeals you receive in a calendar year?

**Answer:**

2.10.2.1 Of those, what percentage of the appeals is denied?

**Answer:**

2.11 How would you ensure that you properly administer benefits to individuals that may have multiple dependents with the same name?

**Answer:**

2.12 Spouses and children over the age of 26 may not be covered as a dependent on another Collin County employee's coverage. Their claims may not be processed as a dependent of another employee. Can you administer this requirement?

**Answer:**

2.12.1 Describe what tools you have that would enable you to monitor and notify the county if such an enrollment were to occur.

**Answer:**

2.13 When claim issues arise, describe how your organization notifies a member and the associated timeline.

**Answer:**

2.14 List all information your organization includes on an explanation of benefits, and provide an example.

**Answer:**

2.14.1 Will you provide paper and/or electronic explanation of benefits? Does the information on an electronic explanation of benefits differ from a paper explanation of benefits?

**Answer:**

2.15 Please include a listing and sample of the standard management and financial reports that you will provide. Please identify which reports can be accessed or generated online by the county.

**Answer:**

### **3. CUSTOMER SERVICE**

3.1 Please provide the geographic location, the hours of operation, staff, and types of inquiries that the Customer Service staff will resolve.

**Answer:**

- 3.2 What are the average years of experience and average staff turnover rates for your customer service staff for the last three (3) years?

Year	Claim Processing Time
2018	
2017	
2016	

- 3.3 Specify the average telephone and written response times for your customer service center for the last three (3) years.

Year	Average Telephone Response Time	Average Written Response Time
2018		
2017		
2016		

- 3.4 In the previous year, provide a response to the questions below regarding member service calls.

Member Service Calls in 2018	
% of member service calls answered in thirty (30) seconds or less	
Call Abandonment Rate	
% of calls that received a busy signal	
% of calls placed on hold	
Average length of time calls placed on hold	

#### 4. PROVIDER NETWORK

- 4.1 Who maintains your provider network?

**Answer:**

- 4.2 List the percentage of each type of provider in your North Texas network.

Provider	Percentage
Optometrist	
Ophthalmologist	
Medical Doctor	

- 4.3 How many employers are enrolled in your vision network in North Texas as of:

January 1, 2018	
January 1, 2017	
January 1, 2016	

4.4 What is your voluntary and involuntary provider turnover rate?

	% Voluntary	% Involuntary
Provider Turnover		

4.5 Percentage of providers which are:

Closed to new patients during the past year?	
Currently closed to new patients?	

4.6 What notifications are made to employees who have utilized a provider when that provider leaves the network?

**Answer:**

4.7 Provide the following documents/reports:

- A geo-access summary utilizing the following criteria:
  - One (1) provider accepting new patients within ten (10) miles of employee zip codes.

Measurement	Providers
# of Employees/Zip Codes Evaluated	
Providers	
# of Providers	
# of Locations	
X Providers within X Miles	1/10
% of Employees WITH access	
# of Employees WITH access	
% of Employees WITHOUT access	
# of Employees WITHOUT access	
Average distance to 2 providers for employees WITH desired access	
Average distance to 2 providers for employees WITHOUT desired access	

- Provide a disruption analysis and a full disruption report based on Exhibit 12 – Provider Utilization Report for Disruption - Vision. Please match based on provider tax ID number, provider name, and provider address. Please make it clear what network is being used. Do not reorder or delete any rows in the claim file.

Provider		
Total # of claims	Claim # in-network	In-network percentage
Total paid charges	Paid charges in-network	In-network percentage

## **5. IMPLEMENTATION/TRANSITION QUESTIONS**

- 5.1 Please provide a detailed proposed timeline for each step of implementation that includes the action, the party responsible, member of your account team responsible for each action, and the proposed due date for completion of each action.

**Answer:**

- 5.2 Describe any information and resources you will need from the Collin County Human Resources department or other insurance providers to administer the plan and list the timeframe in which you would need this information.

**Answer:**

- 5.3 Should the relationship be terminated, list any costs that would be required such as administrative fees, costs per claim, and any other applicable fees for a plan termination. Additional costs must also be notated in Attachment S – Pricing Information.

**Answer:**

- 5.4 Describe the procedures that are followed when a contract terminates.

**Answer:**

## ATTACHMENT K - COBRA QUESTIONNAIRE PART 1

Offeror Name:

RFP responders are required to respond to all requests for information contained in this questionnaire. Your responses to the questions should be based on your current proven capabilities. Should there be instances where certain questions are not applicable to your organization or its operations, please indicate this by selecting "N/A". All "No" or "N/A" answers recorded in this questionnaire require additional information. Additional information to accompany those answers MUST be detailed in the Exceptions section (8.0) of your response. If no exceptions are listed in the Exceptions section, it is understood that the offeror has agreed to all requests as listed in the RFP even if discrepancies are listed in other sections. The offeror will be held strictly responsible for all items contained in the specific requirements.

If you are selected to administer this plan, your responses to the questionnaire will be considered part of your contractual responsibilities.

Answer by placing an "X" in the appropriate response column. DO NOT add extra rows/columns.

General Requirements		Yes	No	N/A
1	The offeror agrees to assume administrative responsibility for current COBRA participants.			
2	The offeror agrees to provide COBRA administration services including the processing of COBRA for both of our medical plans, dental, vision, and self-insured retiree plans.			
3	The offeror agrees to work with any currently designated or future medical, vision, and dental administrator and pharmacy benefit manager. Our current administrator for is UnitedHealthcare.			
4	Do you agree to coordinate with our medical, dental, vision, pharmacy providers on participant changes such as terminations, plan changes, changes in dependent status? If there is an additional cost, explain in Section 8 - Exceptions and list in Attachment S - Pricing Information.			
5	The offeror agrees to initiate communications to current COBRA participants advising them of the change in administrators and how their payments will be processed.			
6	The offeror agrees to comply with current and any future legal requirements related to COBRA, and assumes full responsibility for the administration of the plan including legal responsibility for COBRA compliance.			
7	The offeror agrees to track all dates required for proper compliance including postmark dates and further agrees to retain accurate records showing proof of compliance.			
8	The offeror agrees to assume responsibility for any and all costs associated with any COBRA administration errors or mistakes.			

9	The offeror agrees to assume responsibility for any penalties, levies, taxes, fines, or fees occurring as a result of a failure to follow legal requirements.			
10	The offeror agrees to provide the Collin County's Human Resources department with access to experts who will address legislative and legal questions regarding the COBRA program and related issues.			
11	The offeror agrees to follow COBRA laws including providing separate notification to all qualified dependents within fourteen (14) days of notification of their eligibility.			
12	The offeror agrees to accept COBRA applications in electronic and/or handwritten format from prospective COBRA participants.			
13	The offeror agrees to generate initial premium billing that includes user-friendly explanation of options to COBRA participants as well as subsequent monthly billings in a timely manner.			
14	The offeror agrees to accept payment directly from COBRA participants and will allow payment by check, credit card, automatic direct deposit, and automatic payment by credit card.			
15	The offeror agrees to accept and track any and all premium payments directly from COBRA participants.			
16	The offeror agrees to transfer collected funds to Collin County via wire transfer on a monthly basis.			
17	The offeror agrees to mail notices as necessary regarding unpaid amounts (both significant and insignificant) and payment deadlines to the homes of COBRA participants.			
18	The offeror agrees to generate timely notice of termination of continued coverage for non-payment of premium.			
19	If a participant's payment is not accepted, the offeror agrees to mail the COBRA participant a letter returning the payment and explaining why it was not accepted within one (1) week.			
20	The offeror agrees to accept enrollment and termination information from Collin County or its administrators via electronic and/or written format.			
21	The offeror agrees to generate COBRA expiration notices prior to the end of eighteen (18), twenty nine (29), or thirty six (36) months (as appropriate) and mail them to the homes of COBRA participants.			
22	The offeror agrees to generate COBRA expiration notices to dependent children when they reach the age of 26 and are no longer eligible to be covered as a dependent.			
23	The offeror agrees to provide requested administrative records such as initial notification, payment transaction records, termination of coverage notices, COBRA account status communications, etc. to Collin County within five (5) business days upon request.			
24	The offeror agrees to provide Collin County with electronic monthly reports reflecting COBRA participants, including payments received, amounts pending, coverage description (employee, spouse, child), account status, and communications made.			
25	The offeror agrees where more than one plan is provided by the offeror, reports will be separated by plan.			



26	The offeror agrees to provide Collin County, at no additional charge, monthly and cumulative year-to-date membership (employee and dependent) reports and supporting documentation necessary for Collin County to meet federal reporting requirements (such as ACA reporting).			
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# ATTACHMENT L – COBRA QUESTIONNAIRE PART 2

## COLLIN COUNTY, TEXAS

### **INSTRUCTIONS**

Answer all questions fully, clearly, and concisely unless a specific question is not applicable to the service you are proposing to provide. If you are unable to answer a question or the question does not apply, you should indicate either not applicable, or the reason why the question was not answered.

Each response must immediately follow the respective question. Do not refer to other parts of your proposal for the answers.

You may not modify either the order or language of the question.

### **1. GENERAL QUESTIONS**

- 1.1 Describe communications made to Collin County to inform us of changes that occur in the law and what we must do to remain compliant.

**Answer:**

- 1.2 Describe how you handle coordination between yourself, other plan administrators, and the Collin County Human Resources department in administering COBRA benefits.

**Answer:**

- 1.3 Please provide samples of the communications and materials you would send to participants including initial notices, COBRA election forms, COBRA late payment notices, notices of termination, etc.

**Answer:**

- 1.4 Collin County is self-insured and must report information on COBRA and retiree insureds to the IRS for ACA purposes. The offeror will be responsible for providing information on participants covered under COBRA on a monthly and annual basis. Please provide samples of the reports you will submit to Collin County showing this information.

**Answer:**

- 1.5 Please provide a detailed proposed timeline for each step of implementation that includes the action, the party responsible, member of your account team responsible for each action, and the proposed due date for completion of each action.

**Answer:**

# ATTACHMENT M - FLEXIBLE SPENDING ACCOUNTS (FSA) QUESTIONNAIRE PART 1

Offeror Name:

RFP responders are required to respond to all requests for information contained in this questionnaire. Your responses to the questions should be based on your current proven capabilities. Should there be instances where certain questions are not applicable to your organization or its operations, please indicate this by selecting "N/A". All "No" or "N/A" answers recorded in this questionnaire require additional information. Additional information to accompany those answers MUST be detailed in the Exceptions section (8.0) of your response. If no exceptions are listed in the Exceptions section, it is understood that the offeror has agreed to all requests as listed in the RFP even if discrepancies are listed in other sections. The offeror will be held strictly responsible for all items contained in the specific requirements.

If you are selected to administer this plan, your responses to the questionnaire will be considered part of your contractual responsibilities.

Answer by placing an "X" in the appropriate response column. DO NOT add extra rows/columns.

General Requirements		Yes	No	N/A
1	The offeror agrees to be responsible for the total administration of both the medical and dependent care flexible spending account plans.			
2	The offeror agrees to assume full responsibility for the administration of the plan including legal responsibility for FSA compliance.			
3	The offeror agrees to assume responsibility for any and all costs associated with any administration errors or mistakes.			
4	The offeror agrees to assume responsibility for any penalties, levies, taxes, fines, or fees occurring as a result of a failure to follow legal requirements.			
5	The offeror agrees to comply with current and any future legal requirements related to flexible spending accounts.			
6	The offeror agrees to monitor each account for individual limits.			
7	Is the offeror able to administer accounts where married participants both work for the county to ensure there are no duplications of claims?			
8	The offeror agrees to provide employees the option of receiving communications including confirmation notices and information on allowable expenses via electronic mail and/or mail to their homes.			
9	The offeror agrees to provide a website that participants can access in order to view account balance, claims history, and print claim forms.			

10	If provided, is the website coordinated a the health care provider? List providers you coordinate with on 1.2 of Attachment N - FSA Questionnaire Part 2.			
11	The offeror agrees to receive information regarding participant's pre-tax payroll deductions, terminations, and leave status via electronic and written means.			
12	The offeror agrees to calculate and pay all claims in proper and complete order within ten (10) business days after receipt. Performing all claims processing functions, includes, but is not limited to: verification of proper documentation of the expense, screening for duplicate payment, calculation of reimbursement due, and payment to the participating employee.			
13	The offeror agrees if a claim is denied, they will immediately mail the participant a letter explaining why the claim was denied.			
14	The offeror agrees if a participant submits a reimbursement request for more than one expense and only one of the expenses is denied, the participant will be reimbursed for all approved eligible expenses, and the denied expense will be placed in a hold status pending additional information from the participant.			
15	Offeror agrees to notify the Collin County Auditor's office before the day of payment of the total amount on the check run so that Collin County can transfer funds to the designated bank account.			
16	Can Collin County maintain a zero balance account? If a minimum balance is required, specify the amount in Section 8 - Exceptions.			
17	The offeror agrees to allow participants to choose their reimbursements method such as by check, direct-deposited into a checking or savings account, or funding a flexible spending account card. If a participant does not choose the direct-deposit option, the reimbursement checks will be mailed to the participant's home.			
18	The offeror agrees to automatically process any dependent care amounts that are unpaid due to the expenses exceeding the amount in the account at the time of the claim, as money accumulates in the dependent care account without requiring resubmission of the unpaid claim.			
19	Collin County would like to avoid the need for employees to file multiple claims. Do you have the ability to automatically process and pay flexible spending account claims based on information received from the third party health claims processor(s)? List processors you coordinate with on 1.3 of Attachment N - FSA Questionnaire Part 2.			
20	The offeror agrees to mail a notice by November 1 <sup>st</sup> of each year reminding participants that the plan year is coming to a close.			
21	The offeror agrees to use a 90-day extended filing period for medical flexible spending accounts allowing participants to submit for claims reimbursement until March 31st of the following year.			
22	Is the offeror able to process claims simultaneously for different plan years?			
23	The offeror agrees expenses incurred from January 1st through March 15th will first be applied to the remaining balance of the previous plan year.			

24	Offeror agrees that all reporting will be broken out by each plan year.			
25	Can a process be established to pay dependent care claims automatically without requiring the participant to file a paper claim?			
26	Do you offer the option for participants to use a flexible spending account card at no additional cost?			
27	The offeror agrees to provide necessary reports for the management of this benefit, at no additional charge. These reports will include check registers, reconciliation reports, transaction summaries, contribution reports, and participation reports.			

# **ATTACHMENT N – FLEXIBLE SPENDING ACCOUNT (FSA) QUESTIONNAIRE PART 2**

## **COLLIN COUNTY, TEXAS**

### **INSTRUCTIONS**

Answer all questions fully, clearly, and concisely unless a specific question is not applicable to the service you are proposing to provide. If you are unable to answer a question or the question does not apply, you should indicate either not applicable, or the reason why the question was not answered.

Each response must immediately follow the respective question. Do not refer to other parts of your proposal for the answers.

You may not modify either the order or language of the question.

### **1. GENERAL QUESTIONS**

- 1.1 Describe communications made to Collin County of state and federal legislative changes that occur for flexible benefits.

**Answer:**

- 1.2 Please list providers with which you coordinate.

**Answer:**

- 1.3 Please list the third party processors with which you coordinate.

**Answer:**

- 1.4 Please explain your flexible spending account card program in detail.

**Answer:**

- 1.5 Please describe additional online services that would be available to flexible spending account participants.

**Answer:**

- 1.6 If a process can be established to pay claims automatically without requiring the participant to file a paper claim, please describe how this process would work including coordination with the health plan administrator(s).

**Answer:**

- 1.7 Please provide samples of the communications and materials you would send to participants.

**Answer:**

- 1.8 Please provide a sample of each of the following reports.

- Check Register Report
- Aggregate Report (Transaction Summary Report)
- Reimbursement Reconciliation Report
- Contribution Report
- Financial Summary Report
- Participation reports for both Health Care and Dependent Care Spending Accounts

- 1.9 Please provide a detailed proposed timeline for each step of implementation that includes the action, the party responsible, member of your account team responsible for each action, and the proposed due date for completion of each action.

**Answer:**

# ATTACHMENT O - RETIREE MEDICAL INSURANCE QUESTIONNAIRE PART 1

Offeror Name:

RFP responders are required to respond to all requests for information contained in this questionnaire. Your responses to the questions should be based on your current proven capabilities. Should there be instances where certain questions are not applicable to your organization or its operations, please indicate this by selecting "N/A". All "No" or "N/A" answers recorded in this questionnaire require additional information. Additional information to accompany those answers MUST be detailed in the Exceptions section (8.0) of your response. If no exceptions are listed in the Exceptions section, it is understood that the offeror has agreed to all requests as listed in the RFP even if discrepancies are listed in other sections. The offeror will be held strictly responsible for all items contained in the specific requirements.

If you are selected to administer this plan, your responses to the questionnaire will be considered part of your contractual responsibilities.

Answer by placing an "X" in the appropriate response column. DO NOT add extra rows/columns.

General Requirements		Yes	No	N/A
1	Is the offeror proposing a self-insured plan?			
2	If you are proposing a self-insured plan, do you agree to totally follow our plan design in its entirety for all eligible retirees and dependents?			
	<b>Are you proposing a fully-insured plan? Collin County desires that a retiree fully-insured plan closely mirrors our current retiree benefits. If you respond to the following questions (3A-3T) with “no”, plans will not be deemed comparable. Plans that are not comparable will not be considered.</b>			
	A) Do you have provisions for coverage in all 50 states and United States Territories?			
	B) Does your plan have an individual deductible of \$750 or less?			
	C) Does your plan have a family deductible of \$1,500 or less?			
	D) Does your plan have an individual out-of-pocket maximum of \$4,000 or less?			
	E) Does your plan have a primary office visit co-pay of \$20 or less?			
	F) Does your plan have a specialist office visit co-pay of \$50 or less?			
	G) Does your plan cover inpatient hospital visits at 80% or more after the deductible has been met?			
	H) Does your plan cover emergency health services with a limited co-pay?			
	I) Does your plan cover outpatient surgery at 80% or more after the deductible has been met?			



3	J) Does your plan cover skilled nursing facilities and inpatient physical rehabilitation at 80% or more after the deductible has been met?			
	K) Does your plan cover hospice care or home health care at 80% or more after the deductible has been met?			
	L) Does your plan cover durable medical equipment at 80% or more?			
	M) Does your plan cover mental health outpatient services with a co-pay of \$50 or less?			
	N) Does your plan cover mental health inpatient services at 80% or more?			
	O) Does your plan cover chiropractic care with a co-pay of \$50 or less?			
	P) Does your plan include vision benefits that are comparable or better than the county benefits as outlined in Exhibit 11 - 2019 Vision Plan Summary?			
	Q) Does your plan at least include prescription coverage equivalent or better than our current coverage that limits the insured's co-insurance for tier 1 drugs to a \$10 maximum, tier 2 drugs to a \$150 maximum, and tier 3 drugs to a \$200 maximum? (More information on our current pharmacy benefits including a description of the tiers is available in section 7.3 of the RFP.)			
	R) Does the plan allow dependent coverage?			
	S) Does the offer include dental coverage with at least a \$1,000 benefit?			
	T) Do you agree to include benefits for both retirees under age 65 as well as those 65 and over?			
4	Are you licensed to offer the proposed plans in all 50 states and United States territories?			
5	The offeror agrees to be responsible for communicating directly with the retirees regarding all aspects of plan administration including premium collection and claims issues.			
6	The offeror agree to accept payment directly from retirees and will allow payment by credit card, check, automatic direct deposit, and automatic payment by credit card.			
7	The offeror agrees all county medical plans must be considered as creditable coverage for all retiree plan options.			
8	The offeror agrees if a plan does not qualify as credible coverage due to legislative or plan changes, offeror will notify Collin County in writing within thirty (30) days of determination.			
9	The offeror agrees to accept all currently enrolled and future retirees and their spouses and dependents that elect to enroll in selected offeror's plan.			
10	The offeror agrees to provide an ID card to enrolled retirees.			
11	The offeror agrees to provide a single point-of-contact to address member questions and issues.			
12	The offeror agrees to provide benefit communication materials such as summary plan documents, claim forms, and explanation of benefit forms as well as any other materials required by the Centers for Medicare and Medicaid Services (CMS) or other governing agencies.			
13	The offeror agrees to provide annual enrollment information, including premium rates, to enrolled retirees a minimum of ninety (90) days prior to the start of each year. One hundred twenty (120) days is preferred.			

14	The offeror agrees to provide a robust website that retirees can access to accurately check on pertinent information that relates to their benefits. For example, retirees should be able to check on covered benefits, claim status and claim history, review explanation of benefits, and access a provider directory.			
15	If the offeror is bidding on administering a self-insured plan, the offeror agrees to work with the contracted stop loss carrier that the county selects at no additional cost. If the offeror does not agree, please indicate in Section 8 - Exceptions and notate the cost in Attachment S - Pricing Information.			
16	If the offeror is bidding on administering a self-insured plan, the offeror agrees to coordinate pharmacy services provided by another carrier at no additional cost. If there is a cost, specify the cost in Section 8 - Exceptions and list the additional costs in Attachment S - Pricing Information.			

# **ATTACHMENT P – RETIREE MEDICAL INSURANCE QUESTIONNAIRE PART 2**

## **COLLIN COUNTY, TEXAS**

### **INSTRUCTIONS**

Answer all questions fully, clearly, and concisely unless a specific question is not applicable to the service you are proposing to provide. If you are unable to answer a question or the question does not apply, you should indicate either not applicable, or the reason why the question was not answered.

Each response must immediately follow the respective question. Do not refer to other parts of your proposal for the answers.

You may not modify either the order or language of the question.

### **1. GENERAL QUESTIONS**

- 1.1 Collin County will consider fully or self-insured plans. Plans must provide coverage for eligible dependents for both pre- and post-Medicare options. Proposals should indicate if they are fully or self-insured, the plan design, and pricing. If quoting for a fully-insured plan, the plan must closely mirror our current retiree benefits. Plans that are not comparable will not be considered. If you responded “no” to questions 3A through 3T on Attachment O – Retiree Medical Insurance Questionnaire Part 1, your plan will not be deemed comparable. If there are areas other than those listed in questions 3A through 3T on Attachment O – Retiree Medical Insurance Questionnaire Part 2 that differ from our current plan, please detail how your plan differs from our current plan.

**Answer:**

- 1.2 Collin County desires that a fully-insured plan mirror our current retiree benefits. If you are bidding on a fully-insured plan, do your pharmacy benefits meet or exceed our current benefits? Describe the pharmacy benefit coverage under your fully-insured plan, and list any coverage that is lower than the benefits offered by the county.

**Answer:**

- 1.3 If you are bidding on a fully-insured plan, describes what happens to the retirees who are covered under your plan when your contract with Collin County ends.

**Answer:**

1.4 Provide the following information, if applicable.

- List your license and certification information from the Centers for Medicare and Medicaid Services (CMS), which allows you to provide this benefit.

**Answer:**

1.5 Please list all states and US Territories in which you are not licensed to offer the plans proposed.

**Answer:**

1.6 Please list your requirements, if any, regarding the minimum number of retirees required to enroll in your plan.

**Answer:**

1.7 Please provide your premium increase history for the past five (5) years.

Year	Premium Increase
2018	
2017	
2016	
2015	
2014	

1.8 Please describe any information you may need from Collin County in order for you to administer these plans.

**Answer:**

1.9 Collin County must report insurance provided under self-insured insurance to the IRS as regulated by the Affordable Care Act. If you bid on a self-insured benefit, you will need to provide information on covered participants on a monthly and annual basis. Please provide samples of reports you will submit to Collin County providing the necessary information.

**Answer:**

1.10 We are interested in reducing our costs without reducing benefits. What would your plan be to reduce our catastrophic costs?

**Answer:**

1.11 Please provide a detailed proposed timeline for each step of implementation that includes the action, the party responsible, member of your account team responsible for each action, and the proposed due date for completion of each action.

**Answer:**

- 1.12 Describe any information and resources you will need from the Collin County Human Resources department or other insurance providers (such as pharmacy and stop loss providers) to administer the plan and list the timeframe in which you would need this information.

**Answer:**

- 1.13 No later than May 15<sup>th</sup> of each year, the offeror will present an annual plan review. During the review, the offeror will be expected to compare information from the last complete year to the previous complete year. Describe how you would make the comparison if that information was provided by a different carrier for the prior year. Please provide an example of the annual plan review documents and data.

**Answer:**

## ATTACHMENT Q - STOP LOSS QUESTIONNAIRE PART 1

Offeror Name:

RFP responders are required to respond to all requests for information contained in this questionnaire. Your responses to the questions should be based on your current proven capabilities. Should there be instances where certain questions are not applicable to your organization or its operations, please indicate this by selecting "N/A". All "No" or "N/A" answers recorded in this questionnaire require additional information. Additional information to accompany those answers MUST be detailed in the Exceptions section (8.0) of your response. If no exceptions are listed in the Exceptions section, it is understood that the offeror has agreed to all requests as listed in the RFP even if discrepancies are listed in other sections. The offeror will be held strictly responsible for all items contained in the specific requirements.

If you are selected to administer this plan, your responses to the questionnaire will be considered part of your contractual responsibilities.

Answer by placing an "X" in the appropriate response column. DO NOT add extra rows/columns.

General Requirements		Yes	No	N/A
1	As a government entity we must have stop loss coverage to minimize our liability. We currently have \$100,000, 12/12 coverage. Will you provide stop loss coverage that meets these criteria for the duration of the medical and pharmacy policies? If not, please describe the stop loss coverage you will provide in Section 8 - Exceptions.			
2	Does the offeror agree that all insured individuals under the medical and pharmacy plan will be covered under the stop loss plan with no carve out or red-lining, lasering of insured individuals and no limitations in place limiting coverage for specific individual's illnesses or physical conditions?			
3	The offeror agrees that Collin County may have a new account manager assigned to the account at any time, for any reason.			
4	The offeror agrees to work with any currently designated or future medical administrator and pharmacy benefit manager. Our current administrator for both medical and pharmacy is UnitedHealthcare.			
5	Do you agree to apply all costs paid by the administrator within the contract period toward the specific stop loss claim?			
6	Does the offeror agree to include both medical and pharmacy claims in the stop loss coverage?			

7	The offeror agrees to reimburse Collin County for 100% of covered medical and pharmacy expenses paid by our administrator over the stop loss amount, subject to applicable plan design. If the offeror decides to reimburse Collin County for any amount less than 100% of covered expenses, a written statement detailing the adjustments and the reason for the adjustments will be submitted to Collin County for approval.			
8	The offeror agrees that Collin County shall recover its full self-insured deductible before any recovered subrogation proceeds are distributed to the offeror.			
9	The offeror agrees to process submitted reimbursement claims within 15 days and paid within 30 days from the date of receipt from the county's administrator. In no case shall a claim be over 45 days old.			
10	Do you agree the selected offeror will be responsible for all claims incurred that exceed the specific stop loss amount on or after the effective date of January 1, 2020, and within the contract period?			
11	The offeror agrees stop loss coverage will include all employee participants and their covered dependents.			
12	The offeror agrees stop loss coverage will include COBRA and retiree participants and their covered dependents.			
13	The offeror agrees stop loss coverage will include employees who did not continue coverage while on military or FMLA leave but have since returned to work and are covered under the medical plan. (These employees are not required to wait an additional 59 days for coverage when they return to work.)			
14	The offeror agrees stop loss coverage will include employees continuing coverage while on military leave.			
15	The offeror agrees stop loss coverage will include employees on family and medical leave.			
16	The offeror agrees stop loss coverage will include COBRA participants who do not receive a timely election notice.			
17	The offeror agrees stop loss coverage will include employees whose FMLA time is not started on time due to administrative error. (If such a situation occurs, the offeror will count FMLA time from the date the employee was actually placed on FMLA.)			
18	The offeror agrees stop loss coverage will include adult children to age 26.			
19	The offeror agrees stop loss coverage will include any coverage required by state or federal law.			
20	The offeror agrees to provide monthly and annual status reports listing individuals who have met their stop loss deductible, the amount paid, the date paid, and any amounts pended or denied.			
21	The offeror agrees to provide ad hoc reports at no additional cost and/or the ability for the county to run accurate ad hoc reports from the offeror's website. If the offeror must generate the requested reports, the offeror shall provide the reports, if necessary, on a timely basis, but in no case later than ten (10) working days after the request.			
22	The offeror agrees to provide county employees training that is necessary to run reports through the employer website. This also includes any other training related to the stop loss provider that might be requested by the plan administrator. Any costs associated with training must be clearly listed in your response.			

23	The offeror agrees to provide a monthly report showing claim payments made during the month and claim payments made year-to-date by claimant.			
24	Three months prior to fiscal year end, September 30, will you provide a preliminary accounting on pending claims and payments?			



# ATTACHMENT R – STOP LOSS QUESTIONNAIRE PART 2

## COLLIN COUNTY, TEXAS

### **INSTRUCTIONS**

Answer all questions fully, clearly, and concisely unless a specific question is not applicable to the service you are proposing to provide. If you are unable to answer a question or the question does not apply, you should indicate either not applicable, or the reason why the question was not answered.

Each response must immediately follow the respective question. Do not refer to other parts of your proposal for the answers.

You may not modify either the order or language of the question.

### **1. GENERAL QUESTIONS**

1.1 Is your stop loss coverage experience-rated or pooled?

**Answer:**

1.1.1 Please explain your renewal methodology.

**Answer:**

1.2 Do you have any current or pending litigation against your organization or in which your organization is a party, involving the same or similar services your organization would be providing to Collin County?

**Answer:**

1.2.1 If yes, identify by court and case number.

**Answer:**

1.3 Describe any services or any medical cost containment solutions you offer that may help reduce our large cost claims and/or stop loss premiums.

**Answer:**

1.4 Describe the process that is to be followed when implementing coverage.

**Answer:**

1.5 Describe the procedures that are followed when a contract terminates.

**Answer:**

- 1.6 Please provide a detailed proposed timeline for each step of implementation that includes the action, the party responsible, member of your account team responsible for each action, and the proposed due date for completion of each action.

**Answer:**

## **2. COORDINATION QUESTIONS**

- 2.1. Provide a specific outline detailing how your services will coordinate with our health care administrator and our pharmacy benefit manager. Include information required from the health administrator and information required from the pharmacy benefit manager, the format in which it can be received, and the timeframe in which it is expected.

**Answer:**

- 2.2. Describe any data/reports/information that you would require from our health plan administrator and/or our pharmacy benefit manager in order to process claims. Please provide the timeframes in which you would need to receive the information.

**Answer:**

## **3. PLAN DESIGN/ADMINISTRATION**

- 3.1. Indicate the percent of your stop loss accounts that are redlined, lasered, or have a modification of the stop loss amount for a specific insured.

**Answer:**

- 3.2. Indicate the percent of your stop loss claims that are denied as well as the percent of denied claims that are redlined, lasered, or have a modification of the stop loss amount for a specific insured.

**Answer:**

- 3.3. Describe any limitations/exclusions you may have regarding filing a claim for reimbursement.

**Answer:**

- 3.4. Describe the circumstances in which a claim or portion of a claim may be pended. Include a description of the notification that will be made to Collin County.

**Answer:**

- 3.5. Describe the circumstances in which a claim may be denied and the criteria used in making that determination. Include a description of the notification that will be made to Collin County and the process required to reopen and process the claim.

**Answer:**

- 3.6. Describe your communication and resolution process if a claim is denied or pended. Include how an employer appeal would be handled.

**Answer:**

- 3.7. Describe the mechanics for reimbursement. Explain where claims are paid and identify who is ultimately responsible for determining whether or not reimbursement is due.

**Answer:**

- 3.8. Describe the information you will need from Collin County in order to properly administer our account and the timeframes in which it must be received.

**Answer:**

# ATTACHMENT S – PRICING INFORMATION

## COLLIN COUNTY, TEXAS

### **INSTRUCTIONS**

Answer all questions fully, clearly, and concisely unless a specific question is not applicable to the service you are proposing to provide. If you are unable to answer a question or the question does not apply, you should indicate either not applicable, or the reason why the question was not answered.

Each response must immediately follow the respective question. Do not refer to other parts of your proposal for the answers.

You may not modify either the order or language of the question.

### **1. MEDICAL PRICING INFORMATION**

- 1.1 Provide a quote by completing the following section, indicating the rates on a monthly basis for each of the following rate categories:

Health Plan Administration	Fee	Not Offered	Notes
Medical Claims Administration	/PEPM		
Network Access Fees	/PEPM		
Case Management Services	/PEPM		
Utilization Review	/PEPM		
Disease Management & Chronic Condition Management	/PEPM		
HIPAA Administration	/PEPM		
Optional Service Fund to be used for Wellness Initiatives	/PEPM		
Flexible Spending Interface Fee	/PEPM		
Stop Loss Interface Fee	/PEPM		
Pharmacy Interface Fee (for medical administration)	/PEPM		
Pharmacy Data Integration (for Pharmacy Benefit Manager)	/PEPM		
Discount on Administration due to Dental Bundle (if applicable)	/PEPM		
On-Site Nurse Liaison	/PEPM		
Nurse Line/Nurse Advisor	/PEPM		
Cancer Resource Services	/PEPM		
Health Risk Assessment	/PEPM		
Subrogation of Claims			
Employee Assistance Program	/PEPM		

Health Plan Administration	Fee	Not Offered	Notes
Runout Claims at Termination	/PEPM		
Charges for Contract Termination On Anniversary Date			
Charges for Contract Termination Off Anniversary Date			
Other Fee (please specify)			
Other Fee (please specify)			
Other Fee (please specify)			
Total Fee	/PEPM		

1.2 Please provide a detailed description of other fees listed in 1.1.

**Answer:**

1.3 Please confirm that you have included all programs (and pricing) you offer that would enable Collin County to effectively manage our program and ensure the lowest claim cost to the plan.

**Answer:**

1.4 Multi-year Fee Guarantee

	Yes	No
2020		
2021		
2022		
2023		
2024		

1.5 If yes, please provide the formula or PEPM maximum increase guarantee for each year for each category listed above.

Health Plan Administration	2020	2021	2022	2023	2024
Medical Claims Administration					
Network Access Fees					
Case Management Services					
Utilization Review					
Disease Management & Chronic Condition Management					
HIPAA Administration					
Optional Service Fund to be used for Wellness Initiatives					
Flexible Spending Interface Fee					
Stop Loss Interface Fee					

<b>Health Plan Administration</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
Pharmacy Interface Fee (for medical administration)					
Pharmacy Data Integration (for Pharmacy Benefit Manager)					
Discount on Administration due to Dental Bundle (if applicable)					
On-Site Nurse Liaison					
Nurse Line/Nurse Advisor					
Cancer Resource Services					
Health Risk Assessment					
Subrogation of Claims					
Employee Assistance Program					
Runout Claims at Termination					
Charges for Contract Termination On Anniversary Date					
Charges for Contract Termination Off Anniversary Date					
Other Fee (please specify)					
Other Fee (please specify)					
Other Fee (please specify)					
Total Fee					

1.6 Please provide a detailed description of other fees listed in 1.1.

**Answer:**

1.7 Please confirm that you have included all programs (and pricing) you offer that would enable Collin County to effectively manage our program and ensure the lowest claim cost to the plan.

**Answer:**

## **2. PHARMACY PRICING INFORMATION**

2.1 Please describe any and all fees and costs for the pharmacy program including start-up costs, monthly fees, administrative fees, and dispensing costs. If additional services or programs have an additional cost, list the program and the cost. If you are providing a price guarantee for subsequent years, please list that guarantee.

<b>Fees</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
Start Up Costs					
Pharmacy Administration Fee					
Dispensing Costs					

<b>Fees</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
Quantity Level Limits					
Quantity Per Duration Limits					
Step Therapy Program					
Medication Adherence Notification Program					
Therapeutic Substitution					
Over-the-Counter Switch Medication					
Retrospective Drug Utilization Review					
Concurrent Drug Utilization Review					
Prior Authorization					
Disease Management Program					
Pharmaceutical Equivalents					
Mandatory Lowest Cost Alternative					
90-Day “At Retail” Program (Note: Collin County may not choose to utilize this program)					
90-Day Mail Order Program					
Fee Differential Between 90-Day “At Retail” Program and 90-Day Mail order Program					
Personalization of Mail Order Forms and Prescription Cards					
Cost Differential for Using a Narrow/Limited Network					
Fee to the County for the Utilization of Any Particular Payment Method (specify the method)					
Fee to the Member for the Utilization of Any Particular Payment Method (specify the method)					
Fee for Program Proposed in 8.1 of Attachment F – Pharmacy Questionnaire Part 1 (specify the program)					
Fee for Program Proposed in 8.1 of Attachment F –					

<b>Fees</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
Pharmacy Questionnaire Part 1 (specify the program)					
Cost to Train County Staff to Utilize Your Computer Software					
Charges for Contract Termination On Anniversary Date					
Charges for Contract Termination Off Anniversary Date					
Other Fee (please specify)					
Other Fee (please specify)					
Other Fee (please specify)					

2.2 Please provide a detailed description of other fees listed in 2.1.

**Answer:**

2.3 Please confirm that you have included all programs (and pricing) you offer that would enable Collin County to effectively manage our program and ensure the lowest claim cost to the plan.

**Answer:**

2.4

Pharmacy Rate Guarantees – Broad Network					
	01/01/2020	01/01/2021	01/01/2022	01/01/2023	01/01/2024
Combined Discount Guarantee					
Retail Brand, Average Wholesale Price (AWP) less					
Retail Generic, AWP less					
Mail Order Brand, AWP less					
Mail Order Generic, AWP less					
Describe how your guaranteed discount is calculated.					
Dispensing Fee Guarantee					
Retail Brand					
Retail Generic					
Dispensing fee totals are calculated by multiplying the actual scripts for each type by the contracted rate for that script type.					



Pharmacy Rate Guarantees – Broad Network					
	01/01/2020	01/01/2021	01/01/2022	01/01/2023	01/01/2024
<b>Minimum Rebate Guarantee</b>					
Rebate Sharing Percentage (if applicable)					
Basis, per script	Total Script	Total Script	Total Script	Total Script	Total Script
Retail					
Mail Order					
Other Pricing Mechanism (please specify)					
Other Pricing Mechanism (please specify)					

Pharmacy Rate Guarantees – Narrow/Limited Network					
	01/01/2020	01/01/2021	01/01/2022	01/01/2023	01/01/2024
<b>Combined Discount Guarantee</b>					
Retail Brand, Average Wholesale Price (AWP) less					
Retail Generic AWP less					
Mail Order Brand, AWP less					
Mail Order Generic, AWP less					
Describe how your guaranteed discount is calculated.					
<b>Dispensing Fee Guarantee</b>					
Retail Brand					
Retail Generic					
Dispensing fee totals are calculated by multiplying the actual scripts for each type by the contracted rate for that script type.					
<b>Minimum Rebate Guarantee</b>					
Rebate Sharing Percentage (if applicable)					
Basis, per script	Total Script	Total Script	Total Script	Total Script	Total Script
Retail					
Mail Order					
Other Pricing Mechanism (please specify)					
Other Pricing Mechanism (please specify)					

- 2.5 If there are any charges for interacting with the health care vendors, please detail those costs. For example, working with health care vendors to determine if the insured has met their deductible and to ensure pharmacy co-payments are included in the out-of-pocket maximum and reinsurance carriers to ensure pharmacy costs are applied to the stop loss benefits.

**Answer:**

- 2.6 If you offer a 90-day “at retail” program and the county chooses to add the service, please compare to 90-day mail order.

**Answer:**

### **3. COBRA PRICING INFORMATION**

- 3.1 If a guaranteed administrative fee is being quoted, please list the guaranteed rate for each year.

	Administration Fee
2020	
2021	
2022	
2023	
2024	

- 3.2 Proposed COBRA Fees

	Proposed COBRA Fees (Per Qualifying Event)	Proposed COBRA Fees (PEPM)
Minimum Monthly Fee		
Implementation Fee		
Cost to Transition Existing COBRA Participants		
Fixed Rate per COBRA Continuant per Month		
COBRA Continuant Takeover Charge		
COBRA / HIPAA Initial Rights Notifications (per notice)		
Women’s Health Cancer Rights ACT (WHCRA) Notices (per notice)		
Retro COBRA General Notice		
COBRA Past Due Notice		
Post COBRA HIPAA Certificate		
Retain 2% of COBRA premium? (Yes or No)		
Any Other Additional Fees (Please list and describe)		
Charges for Contract Termination On Anniversary Date		
Charges for Contract Termination Off Anniversary Date		
Other		
Other		
Other		

	Proposed COBRA Fees (Per Qualifying Event)	Proposed COBRA Fees (PEPM)
Total		

3.3 Please provide a detailed description of other fees listed in 3.2.

3.4 **Answer:**

#### 4. FLEXIBLE SPENDING ACCOUNT (FSA) PRICING INFORMATION

4.1 Provide fees for each of the following years. These fees must be all inclusive for services provided. Please list all services separately.

	Guaranteed									
	2020		2021		2022		2023		2024	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Administration Fee (PEPM)										
Debit Card Fee (PEPM) Implementation / Set-Up Fee										
Cost to transition existing FSA participants										
Monthly cost payable by the employee										
Monthly cost payable by the employer										
Annual Renewal Fee										
Employee Communication Material (Please List)										
1)										
2)										
Charges for Contract Termination On Anniversary Date										
Charges for Contract Termination Off Anniversary Date										
Other Fee (please specify)										
Other Fee (please specify)										
Other Fee (please specify)										
Total										

4.2 Please provide a detailed description of other fees listed in 4.1.

4.3 **Answer:**

## 5. RETIREE HEALTH PRICING INFORMATION

5.1 Provide a quote for a self-insured plan by completing the following section, indicating the rates on a monthly basis for each of the following rate categories:

Retiree Health Plan Administration	Under 65	Over 65	Fee	Notes
Cost to transition existing retiree participants				
Medical Claims Administration			/PEPM	
Network Access Fees			/PEPM	
Case Management Services			/PEPM	
Utilization Review			/PEPM	
Disease Management & Chronic Condition Management			/PEPM	
HIPAA Administration			/PEPM	
Optional Service Fund to be used for Wellness Initiatives			/PEPM	
Stop Loss Interface Fee			/PEPM	
Pharmacy Interface Fee				
Pharmacy Data Integration (for Pharmacy Benefit Manager)			/PEPM	
Discount on Administration due to Dental Bundle (if applicable)			/PEPM	
Nurse Liaison			/PEPM	
Subrogation of Claims				
Employee Assistance Program			/PEPM	
Runout Claims at Termination			/PEPM	
Charges for Contract Termination On Anniversary Date				
Charges for Contract Termination Off Anniversary Date				
Other Fee (please specify)				
Other Fee (please specify)				
Other Fee (please specify)				
Total Fee			/PEPM	

5.2 Please provide a detailed description of other fees listed in 5.1.

**Answer:**

5.3 Provide a quote for a fully-insured plan.

Retiree < 65	2020	2021	2022	2023	2024
Retiree					
Retiree & Spouse					
Retiree & Child(ren)					
Retiree & Family					

Retiree 65 +	2020	2021	2022	2023	2024
Retiree					
Retiree & Spouse					
Retiree & Child(ren)					
Retiree & Family					

## **6. STOP LOSS PRICING INFORMATION**

6.1 The requested quote for specific stop loss is for a \$100,000, 12/12 and 12/15 incurred and paid contract. In addition, please quote a specific stop loss for a \$150,000, 12/12 and 12/15 contracts.

<b>Self-Funded Medical</b>	<b>Option #1</b>	<b>Option #2</b>	<b>Option #3</b>	<b>Option #4</b>
Specific Amount	\$100,000	\$100,000	\$150,000	\$150,000
Contract Basis	12/12	12/15	12/12	12/15
Rates (PEPM)				
Charges for Contract Termination On Anniversary Date				
Charges for Contract Termination Off Anniversary Date				
Other Fees (describe below)				

6.2 Please provide a detailed description of other fees listed in 6.1.

**Answer:**

Exhibits 1-25 are available on Collin County ebid or by contacting the Purchasing Department.

- Exhibit 1 – 2019 Medical Plan Summary
- Exhibit 2 – 2018 Medical Plan Summary
- Exhibit 3 – 2017 Medical Plan Summary
- Exhibit 4 – 2019 IBAAG for Advantage
- Exhibit 5 – 2019 IBAAG for Advantage Plus
- Exhibit 6 – 2019 Prescription Drug List as of 01/01/2019
- Exhibit 7 – Provider Utilization Report for Disruption – Professional Services
- Exhibit 8 – Provider Utilization Report for Disruption – Inpatient/Outpatient Services
- Exhibit 9 – Provider Utilization Report for Disruption – Pharmacy
- Exhibit 10 – 2019 Dental Plan Summary
- Exhibit 11 – 2019 Vision Plan Summary
- Exhibit 12 – Provider Utilization Report for Disruption – Vision
- Exhibit 13 – 2019 Employee, Retiree, and COBRA Rates (Medical and Dental)
- Exhibit 14 – 2019 Administration Fees
- Exhibit 15 – Active Employee Medical Census as of 04/01/2019
- Exhibit 16 – Active Employee Dental Census as of 04/01/2019
- Exhibit 17 – COBRA and Retiree Medical Census as of 04/30/2019
- Exhibit 18 – COBRA and Retiree Dental Census as of 04/30/2019
- Exhibit 19 – Collin County 2019 Large Loss Claims with Diagnosis (01/01/2019 – 04/30/2019)
- Exhibit 20 – Collin County 2018 Large Loss Claims with Diagnosis
- Exhibit 21 – Collin County 2017 Large Loss Claims with Diagnosis
- Exhibit 22 – Collin County 2016 Large Loss Claims with Diagnosis
- Exhibit 23 – Medical, Pharmacy, Dental Payment Report (36 months) thru 04/30/2019
- Exhibit 24 – Medical Claim Repricing Report
- Exhibit 25 – Pharmacy Claim Repricing Report

## **INFORMATION REGARDING** **CONFLICT OF INTEREST QUESTIONNAIRE**

During the 79<sup>th</sup> Legislative Session, House Bill 914 was signed into law effective September 1, 2015, which added Chapter 176 to the Texas Local Government Code. Recent changes have been made to Chapter 176 pursuant to HB23, which passed the 84<sup>th</sup> Legislative Session. Chapter 176 mandates the public disclosure of certain information concerning persons doing business or seeking to do business with Collin County, including family, business, and financial relationships such persons may have with Collin County officers or employees involved in the planning, recommending, selecting and contracting of a vendor for this procurement.

For a copy of Form CIQ and CIS:

[http://www.ethics.state.tx.us/filinginfo/conflict\\_forms.htm](http://www.ethics.state.tx.us/filinginfo/conflict_forms.htm)

The vendor acknowledges by doing business or seeking to do business with Collin County that he/she has been notified of the requirements under Chapter 176 of the Texas Local Government Code and that he/she is solely responsible for complying with the terms and conditions therein. Furthermore, any individual or business entity seeking to do business with Collin County who does not comply with this practice may risk award consideration of any County contract.

For a listing of current Collin County Officers:

<http://www.collincountytexas.gov/government/Pages/officials.aspx>

The following County employees will be involved in the planning, recommending, selecting, and contracting for the attached procurement:

Department:

Cynthia Jacobson – Human Resources

Erica Johnson – Human Resources

Delena David – Human Resources

Purchasing:

Michalyn Rains, CPPO, CPPB – Purchasing Agent

Michelle Charnoski, CPPB – Asst. Purchasing Agent

Sara Hoglund – Senior Buyer

Commissioners' Court:

Chris Hill – County Judge

Susan Fletcher – Commissioner Precinct No. 1

Cheryl Williams – Commissioner Precinct No. 2

Darrell Hale – Commissioner Precinct No. 3

Duncan Webb – Commissioner Precinct No. 4

# CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

**This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.**

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

## OFFICE USE ONLY

Date Received

**1 Name of vendor who has a business relationship with local governmental entity.**

**2** ☐ **Check this box if you are filing an update to a previously filed questionnaire.** (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

**3 Name of local government officer about whom the information is being disclosed.**

\_\_\_\_\_  
Name of Officer

**4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.**

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

☐ Yes ☐ No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

☐ Yes ☐ No

**5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.**

**6** ☐ Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

**7**

\_\_\_\_\_  
Signature of vendor doing business with the governmental entity

\_\_\_\_\_  
Date



## **CONFLICT OF INTEREST QUESTIONNAIRE**

### **For vendor doing business with local governmental entity**

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

**Local Government Code § 176.001(1-a):** "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

**Local Government Code § 176.003(a)(2)(A) and (B):**

- (a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

\*\*\*

- (2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

(i) a contract between the local governmental entity and vendor has been executed;  
or

(ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor.

**Local Government Code § 176.006(a) and (a-1)**

- (a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

- (a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

- (1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

- (2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
7 List account number(s) here (optional)		

<b>Part I Taxpayer Identification Number (TIN)</b> Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. <b>Note.</b> If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.	<b>Social security number</b> [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ][ ] <b>or</b> <b>Employer identification number</b> [ ][ ] - [ ][ ][ ][ ][ ][ ][ ][ ]
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<b>Part II Certification</b> Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. <b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.	<b>Signature of U.S. person ▶</b>  <b>Date ▶</b>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.