

RESOLUTION NO. 2018 - 239

A RESOLUTION BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, AUTHORIZING THE COUNTY ADMINISTRATOR, OR DESIGNEE, TO AWARD RFP NO. 18-30 AND TO EXECUTE AGREEMENTS FOR MEDICAL AND PRESCRIPTION CLAIMS ADMINISTRATION SERVICES.

RECITALS

WHEREAS, the County desires to enter into a contract with Florida Blue to provide Medical Claims Administration Services, and CVS Health to provide Prescription Claims Administration Services in accordance with RFP No. 18-30; and

WHEREAS, the scope of the services shall include medical claims administration and prescription claims administration in accordance with RFP No: 18-30; and

WHEREAS, through the County's formal RFP process, the above firms were determined to be qualified respondents to enter into contract with the County to perform the work referenced above; and

WHEREAS, the County will review the terms, provisions, conditions and requirements of the proposed contract (attached hereto, an incorporated herein) and finds that entering into contracts to complete the work services serves a public purpose.

WHEREAS, the contracts will be finalized after negotiations but will be in substantial conformance with the County's requirements and regulations.

NOW, THEREFORE BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, as follows:

Section 1. The above Recitals are incorporated by reference into the body of this Resolution and such Recitals are adopted as finds of fact.

Section 2. The County Administrator, or designee, is hereby authorized to award RFP 18-30 to Florida Blue and CVS Health and to execute contracts to provide the services set forth therein.

Section 3. Upon board approval, the County Administrator, or designee, is authorized to execute agreements on behalf of the County to provide the scope of services as specifically provided in RFP 18-30. The County Administrator, or designee, is also authorized to execute any amendments to the awarded contracts that are administrative in nature, and do not materially impact the terms of the contracts.

Section 4. To the extent that there are typographical and/or administrative errors that do not change the tone, tenor, or concept of this Resolution, then this Resolution may be revised without subsequent approval by the Board of County Commissioners.

PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County, Florida, this 7th day of August, 2018.

BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA

By: [Signature]
Henry Dean, Chair

**ATTEST: ST. JOHNS COUNTY, FL
CLERK OF COURT** - Hunter S. Conrad, Clerk

By: [Signature]
Deputy Clerk

RENDITION DATE 8/9/18





St. Johns County Board of County Commissioners

Purchasing Division

NOTICE OF INTENT TO AWARD

July 23, 2018

RE: RFP No: 18-30; Medical and Prescription Claims Administration Services

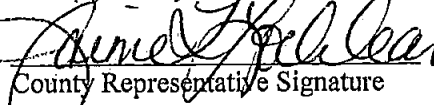
Please be advised that St. Johns County is issuing this Notice of its Intent to Award **RFP No: 18-30 – Medical and Prescription Claims Administration Services** to Florida Blue for Medical Claims Administration Services, and CaremarkPCS Health (“CVS Health”) for Prescription Claims Administration Services. Upon approval by the Board of County Commissioners, the County will enter into negotiations with the firms listed above, and upon successful negotiations, will enter into agreements. This notice will remain posted to the **St. Johns County Purchasing Department bulletin board** until 1:00 PM, Thursday, July 26, 2018.

Any person (including any bidder or proposer) who is, or claims to be, adversely affected by the County’s decision or proposed decision shall file a written Notice of Protest with the Purchasing Department of St. Johns County within 72 hours after the posting of the notice of decision or proposed decision. Failure to file a Notice of Protest within the time prescribed in Section 304.10 of the St. Johns County Purchasing Manual (the Bid Protest Procedure), or failure to post the bond or other security required by the County within the time allowed for filing a bond, shall constitute a waiver of proceedings and a waiver of the right to protest. The protest procedures may be obtained from the Purchasing Department and are included in the County’s Purchasing Manual. All of the terms and conditions of the County Purchasing Manual are incorporated herein by reference and are fully binding.

Should the Purchasing Department receive no protests in response to this notice, an agenda item will be submitted to the St. Johns County Board of County Commissioners for their consideration and subsequent approval to negotiate, and upon successful negotiations, execute contracts. If negotiations fail with one or more of the firms listed above, the County reserves the right to move on to the next highest ranked firm to pursue negotiations until such time as negotiations are successful, or until the County determines that moving forward with negotiations is not in the best interest of the County.

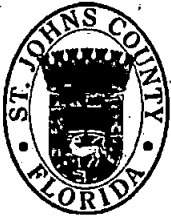
Please forward all correspondence, requests or inquiries directly to my attention at the information provided below. This project remains under the Black Out Period, as provided in the RFP Document. Any communications sent to any individual other than the Designated Point of Contact for this RFP, shall disqualify a respondent from consideration for award.

Sincerely,
St. Johns County, FL
Board of County Commissioners


County Representative Signature

Date: 7/23/18

Jaime T. Locklear, MPA, CPPB, FCCM
Purchasing Manager
(904) 209-0158 – Direct
(904) 209-0159 – Fax
(904) 209-0150 – Main
jlocklear@sjcfl.us



St. Johns County Board of County Commissioners

Purchasing Division

ADDENDUM #1

April 12, 2018

To: Prospective Respondents
From: St. Johns County Purchasing Department
Subject: RFP No: 18-30; Medical and Prescription Claims Administration Services

This Addendum #1 is issued for further respondent's information and is hereby incorporated into the RFP documents. Each respondent will ascertain before submitting an RFP Package that he/she has received all Addenda, and return one (1) original and one (1) electronic PDF copy of this signed Addendum with the submitted RFP Package to the St. Johns County Purchasing Department, 500 San Sebastian View; St. Augustine, FL 32084.

Questions & Answers:

1. We would like to request the prior 12 months of pharmacy claim data, in the same format as the three months of data provided. Giving us the full twelve months allows us to better target the expected costs by seeing patterns and 90 day supply information.

Answer: Please see 2017 Pharmacy Claim Data, which shall be uploaded to Demandstar as a separate attachment to this Addendum.

2. Could you provide a pharmacy listing participating in your Retail 90 program?

Answer: Please see Retail 90 List, which shall be uploaded to Demandstar as a separate attachment to this Addendum.

3. Do you have any clinical programs in place to manage the pharmacy benefit? If so, please describe.

Answer: Step Therapy Program: The Responsible Steps Program promotes the appropriate, safe, and effective use of medications and helps you save on prescriptions. Most medical conditions have several drug options that have been approved by the FDA, which means there may be a lower cost drug that will effectively treat your condition. Prescription medications included in the Responsible Steps program are not covered unless you have tried one or more covered alternative medications first.

Prior Authorization: The Prior Authorization program encourages the appropriate, safe and cost-effective use of medication. If you are currently taking or are prescribed a medication that is included in the Prior Authorization program list of medications, your physician will need to submit a request form in order for your prescription to be considered for coverage. If you do not request and/or receive prior approval, the medication will not be covered.

Responsible Quantity: The Responsible Quantity Program encourages the appropriate, safe and cost-effective use of medication by setting a maximum quantity per month for a medication or supply. The quantity limitations are based on the Food and Drug Administration guidelines and the manufacturer's dosing recommendations. Medications that are subject to this program are indicated in the quantity limits column following the product name in the medication list.

Florida Blue reserves the right to change the Drugs and the quantity limits subject to the Responsible Quantity Program at any time and for any reason. In cases

where a larger quantity of a Responsible Quantity Drug is medically required, your doctor or health care provider can request an override.

In addition to these UM programs, the NDC Lockout is in place:

NDC Lockout: Florida Blue's formulary may not cover select medications. Some of the reasons a medication may not be covered are:

- The medication has been shown to have excessive adverse effects and/or safer alternatives.
- The medication has a preferred formulary alternative or over-the-counter (OTC) alternative.
- The medication is no longer marketed.
- The medication has a widely available/distributed AB rated generic equivalent formulation.
- The medication has not been approved by the FDA.
- The medication has been repackaged — a pharmaceutical product that is removed from the original manufacturer container (Brand Originator) and repackaged by another manufacturer with a different NDC.
- The medication is not covered because of safety or effectiveness concerns.

4. Are you requesting a minimum of 3 or 4 references, there are conflicting instructions.

Answer: Four references are required. Please see revised Attachment C.

5. As the incumbent carrier, we include agent compensation in our administrative fee. Based on RFP page 7, Part III: Scope of Services – B. Exclusion of Agent/Broker Services, should we illustrate our ASO fee without agent compensation?

Answer: Please provide full disclosure of the administrative fee and agent compensation. For example, on page 32 of RFP, please show the administrative fee (excluding agent compensation) on line 1 and show the agent compensation that will apply on line 7.

6. As discussed in the pre-bid meeting on April 2, 2018, would the evaluation committee consider moving the May 10, 2018 meeting to the following week due to my significant leadership role in the Player's Championship?

Answer: No. The County is on a very structured timeline to contract execution, and moving the evaluation meeting is not an option at this time.

7. RFP Page 18, Information Submittal & Requirements. Respondents shall also include a detailed list that includes all participating hospitals, pharmacies, and providers in the following Counties: St. Johns, Duval, Flagler, Putnam, Alachua, and Volusia. Please confirm if this is a request for a provider directory?

Answer: Yes, please provide either a provider directory including the listed counties, the directory on a CD or USB drive, or a link to an online directory. Please note that Exhibit 20 Provider Match-Ups should also be included in proposals.

8. RFP Page 28, Certification for Partnering with County Broker. Please confirm if this form should be included in Section 5 with the other forms?

Answer: Yes, this form can be completed and submitted in Section 5.

9. RFP Page 37, Attachment A: Medical Claims Administration Provider/Managed Care Information, Question 15. Please confirm that you are referring to the counties listed in question 14, not question 13?

Answer: Yes, this is correct.

10. RFP Page 41, Attachment A: Medical Service/Customer Service and Administration Information, Question 43. Please confirm that you will provide the insurance coverage as described in Section IV of the RFP. If there are any deviations, please state them here. Please confirm that this is referring to Part VI . Contract Requirements K. Insurance Requirements?
Answer: Yes, this is correct.
11. RFP Page 56, Wellness/Disease Management. What section do you want this page to be included in?
Answer: The Respondent's Warranty can be completed and submitted in Section 5.
12. Since each Evaluation Committee member will receive a set of all RFP packages submitted, please advise if the Attachments and Exhibits need to be provided in hard copy format or if we can provide on CD-ROM/USB only?
Answer: Exhibits and Attachments that have been provided as part of the RFP Document do not need to be returned, unless information is being submitted, by the Respondent, on the form provided. Any forms, attachments, or exhibits (other than noted below for #13) where information is being submitted by the Respondent must be returned in hard copy and electronic copy as provided in the RFP Document.
13. Due to the large size of the provider directories/provider listings can these attachments be provided on CD or USB only?
Answer: Due to size, for provider directories/provider listings only, these can be provided either on a CD or USB drive, or a link to an online directory.
14. Please confirm if page numbering can restart within each Section/Tab of the binder as long as it corresponds to the Table of Contents?
Answer: Yes, this is acceptable.
15. Please confirm if we can provide additional supplemental documentation in Section 6?
Answer: Yes, this is acceptable.
16. Please confirm that the County will accept a proposal submitted through a purchasing coalition, that requires adherence to a pre-negotiated pricing structure and pre-negotiated contract terms?
Answer: All proposals for claims administration services and prescription claims administration services that meet the minimum qualifications will be accepted and evaluated. Proposals for other services or for additional services are not being solicited and will not be evaluated.
17. With regard to Page 14, Requirement #7, can you clarify how many enrollment meetings are typically scheduled annually?
Answer: Eight (8) meetings.
18. With regard to "Information Submittal Restrictions & Requirements" on Page 18, please confirm if this section pertains to medical only.
Answer: To the extent items listed under Information Submittal Restrictions & Requirements are not applicable to your proposals, please state this in your proposal.
19. Attached is a Non-Disclosure Agreement that we would like for your consultant, Siver Insurance Consultants, to execute and return.
Answer: Please see page 20 of the RFP: "If the committee chooses to have the costs shown in the proposals of the short-listed firms confirmed, the consultants will make arrangements with the shortlisted firms to verify the costs presented in their proposals. The consultants will keep the specific Rx costs confidential." If the committee chooses to have Rx cost proposals confirmed, Siver Insurance Consultants will review and enter into reasonable Non-Disclosure Agreement(s).

20. Please confirm that a non-officer individual with the authority to bind a contract is sufficient to sign all applicable signature documents required for this RFP submission.
Answer: Any individual signing documents must either be an officer, principal, or named as an authorized representative with a Delegation of Authority to sign/bind the company.
21. Please confirm that in order to minimize printing, we can provide large attachments and requested samples and brochures on CDrom (disruption results, provider directories, documents that are 50 pages or more, etc).
Answer: Please see the answer to questions 12 and 13 above.
22. Please confirm if page numbering can restart within each Section/Tab of the binder as long as it corresponds to the Table of Contents.
Answer: Please see answers to question 14 above.
23. Please confirm if we are able to insert an additional tab at the end of the proposal for any additional documents and call it section 6.
Answer: Please see answer to question 15 above.
24. Please provide a census with the total eligible and enrolled in the HSA currently.
Answer: The County does not have an HSA. The County has an HRA, and anyone that is in the HDP is enrolled in the HRA.
25. Who is the current HSA vendor?
Answer: The County's HRA vendor is Ameriflex.
26. On pg. 36, question 13 – this is kind of vague, are there any more specifics for this question, or explanation as to the intent of this question?
Answer: The County is interested in having a medical sub network developed that would lead to increased cost savings via directing members to providers with the best quality ratings and discounts.
27. On pg. 39, question 3 – is this currently in place? How is it currently handled?
Answer: The County currently uses the standard Florida Blue case management services.
28. On pg. 42, question 5 – are we asking for a return on investment or just wanting to know the intent of the proposer regarding return on investment? Do the respondents need to demonstrate accomplishing a return on investment in their proposal?
Answer: The County is interested in the prior successes of similar wellness programs and, if available, please include details in your proposals including how returns are measured.
29. On pg. 41, question 5 – which of these reports are currently provided, and at what frequency?
Answer: The listed reports are currently provided upon request, typically on a monthly basis.
30. Is the intent of the County to move away from using the Bailey Group for broker services?
Answer: No. The County is currently in a broker agreement with Bailey Group and all proposers are requested to certify their ability and willingness to partner with the current agent/broker, Bailey Group. Should the County change agents/brokers, the contracted provider of medical claims and prescription claims administration services would be required to partner with the County's selected agent/broker.
31. Does the Bailey Group need to submit any documentation for the respondents' proposals?
Answer: No.
32. Please confirm that a GeoAccess report is not being requested.
Answer: Correct. Please complete the provider match-up on Exhibit 20.

33. Please confirm that the Pharmacy quote should be net of commissions.
Answer: Please provide full disclosure of any fees and agent compensation, if applicable.
34. Does the claim experience include claims over the current pooling/ISL level?
Answer: Yes.
35. Have there been any plan and/or product changes in the most recent 12 months? If so, when did the change take affect? Please provide the prior plan summary if applicable.
Answer: Effective 01/01/18, the only changes for both plans 3559 and 5360, were to the Office Visit, Urgent Care Center Visit, and Convenient Care Center Visit which included a change to a \$35 copay in-network.
36. Does the claim experience report reflect paid or incurred claims?
Answer: Paid.
37. What medical management programs are included in the current fee?
Answer: The County currently uses the standard Florida Blue medical management program services. Please outline any specific medical management program services included in the proposed costs.
38. Are retirees included in the claim experience? Should they be included in our quote?
Answer: Yes, retirees are included in the claim experience. Yes, retirees are to be included in any proposal or quote.

SEPARATE ATTACHMENTS:

1. 2017 Pharmacy Claim Data
2. Retail 90 List
3. Revised Attachment C

RFP SUBMITTAL DEADLINE REMAINS: THURSDAY, APRIL 19, 2018 AT 4:00 PM

Acknowledgment

Sincerely,

 Signature

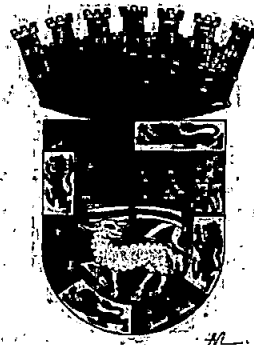
Jaime T. Locklear, MPA, CPPB, FCCM
 Purchasing Manager

 Printed Name/Title

 Company Name (Print)

 Date of Signature

END OF ADDENDUM #1



**ST. JOHNS COUNTY
BOARD OF COUNTY COMMISSIONERS**

RFP NO: 18-30

**Request for Proposals
Medical and Prescription Claims Administration Services**

**St. Johns County Purchasing Department
500 San Sebastian View
St. Augustine FL 32084
(904) 209-0150**

www.sjcfl.us/Purchasing/index.aspx

FINAL: 3/16/2018

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**ST. JOHNS COUNTY, FL- ADVERTISEMENT
RFP NO: 18-30 MEDICAL AND PRESCRIPTION CLAIMS ADMINISTRATION SERVICES**

Notice is hereby given that St. Johns County, FL is soliciting responses for **RFP No: 18-30 – Medical and Prescription Claims Administration Services**. Interested and qualified respondents may submit RFP Packages, according to the requirements described herein, to the St. Johns County Purchasing Department. **All RFP Packages are due by or before 4:00PM (EST) on April 19, 2018.** Any packages delivered to or received after the 4:00PM deadline will not be considered and shall be returned unopened to the addressee.

St. Johns County is soliciting proposals from qualified and experienced vendors for the provision of medical claims administration services, prescription administration services. Broker Services and Stop-Loss Insurance are not being solicited as part of this Request for Proposals. Proposals are being solicited by the County for self-insured Plans for an effective date of January 1, 2019.

RFP Packages are available for downloading from Onvia Demandstar, Inc., at their website www.demandstar.com, or by calling 800-711-1712 and requesting Document #18-30. Vendors registered with Demandstar may download most packages at no cost from the website. Download fees may apply to vendors not registered on the website. Packages are also available from the SJC Purchasing Department. When making a request provide the full company name, full company address, company phone number, primary contact and email address.

A **Non-Mandatory Pre-Proposal Meeting** will be held on Monday, April 2, 2018 at 9:30am in the Aviles Conference Room at the St. Johns County Administration Building, located at 500 San Sebastian View, St. Augustine, FL 32084. Attendance at this meeting is not required to be considered for award, but is recommended.

Any and all questions or requests for information relating to this Request for Proposal shall be **submitted in writing** by or before close of business (5:00PM) on Thursday, April 6, 2018 to the Designated Point of Contact provided below:

Designated Point of Contact: Jaime T. Locklear, MPA, CPPB, FCCM
Purchasing Manager
SJC Purchasing Department
500 San Sebastian View
St. Augustine FL 32084
Email: jlocklear@sjcfl.us
Fax: (904) 209-0158

Interested firms shall not contact any staff member of St. Johns County, including members of the Board of County Commissioners, except the above referenced individual, with regard to this RFP as stated in SJC Purchasing Code 304.6.5 “Procedures Concerning Lobbying”. Any such communication shall result in disqualification from consideration for award of a contract for these services.

If the above representative is absent, or unavailable for three (3) or more business days, interested firms may direct questions or inquiries to Diana Fye, CPPB, Procurement Coordinator, at dfye@sjcfl.us.

RFP Packages **MUST** be submitted in a **SEALED** envelope or container and clearly marked on the exterior of the package: **RFP 18-30 - Medical and Prescription Claims Administration Services**. Each package submitted must have the respondent’s name and mailing address marked plainly on the outside of the envelope/container. Each package shall consist of one (1) original, seven (7) copies, and one (1) USB with an exact electronic copy of the submitted hard copy original RFP Package which shall include all required documents and any supplemental information. In the event of a discrepancy between the submitted original hard-copy and the electronic copy, the hard-copy original will supersede.

Deliver or Ship RFP Packages to: St. Johns County Purchasing Department
500 San Sebastian View
St. Augustine FL 32084

Vendors shall not contact, lobby or otherwise communicate with any SJC employee, including any member of the Board of County Commissioners, other than the above referenced individual from the point of advertisement of the RFP until contract(s) are executed by all parties, per SJC Purchasing Code 304.6.5 “Procedures Concerning Lobbying”. According to SJC policy, any such communication shall disqualify the vendor or Contractor from responding to the subject invitation to bid, request for

quote, request for proposal, invitation to negotiate or request for proposals and possible debarment for periods up to twelve (12) months.

Any bidder, proposer or person substantially and adversely affected by an intended decision or by any term, condition, procedure or specification with respect to any bid, invitation, solicitation of proposals or Request for Proposals, shall file with the Purchasing Department for St. Johns County, a written notice of intent to protest no later than seventy two (72) hours (excluding Saturdays, Sundays, and legal holidays for employees of St. Johns County) after the posting either electronically or by other means of the notice of intended action, notice of intended award, bid tabulation, publication by posting electronically or by other means of a procedure, specification, term or condition which the person intends to protest, or the right to protest such matter shall be waived. The protest procedures may be obtained from the Purchasing Department and are included in St. Johns County's Purchasing Manual.

All of the terms and conditions of the St. Johns County Purchasing Procedure Manual are incorporated by reference and are fully binding.

St. Johns County reserves the right to accept or reject any or all proposals, waive minor formalities, and to award to the proposer that best serves the interests of St. Johns County.

BOARD OF COUNTY COMMISSIONERS
OF ST. JOHNS COUNTY, FL
HUNTER, S. CONRAD, CLERK

BY: _____
DEPUTY CLERK

RFP NO: 18-30 MEDICAL AND PRESCRIPTION CLAIMS ADMINISTRATION SERVICES

PART II: INTRODUCTION

A. PURPOSE:

St. Johns County Purchasing Department is accepting sealed Request for Proposal packages from interested, qualified and experienced firms, to establish firm pricing for Medical and Prescription Claims Administration Services as listed and described herein.

B. TENTATIVE SCHEDULE OF EVENTS:

The County proposes the following tentative schedule of events for this Request for Proposals, and subsequent award of contract(s). This schedule is for planning purposes only, and is subject to change, without notice, based upon the County's needs.

Advertisement of Request for Proposals	March 19, 2018
Pre-Proposal Meeting	April 2, 2018
Deadline for Questions	April 6, 2018
Issuance of Final Addendum	April 12, 2018
RFP Package Submission Deadline	April 19, 2018
Evaluation of Submitted RFP Packages	May 10, 2018
Presentations by Short-Listed Firms (If Applicable)	May 17, 2018
Presentation of Award Recommendation to the SJC BOCC	June 5/19, 2018
Begin Negotiations of Contract	June 26, 2018
Contract Issuance & Execution	July 26, 2018

C. DUE DATE & LOCATION:

Packages submitted in response to this Request for Proposal must be delivered to, and received by the SJC Purchasing Department by or before **four o'clock (4:00PM) on April 19, 2018**. Any packages received after this deadline will be deemed unresponsive, and shall be returned to the addressee unopened. Packages must comply with the submittal format as provided herein in Section IV of this RFP Document. The County reserves the right to reject any submitted packages that do not comply with the requirements set forth herein.

RFP Packages shall be delivered to: St. Johns County Purchasing Department
500 San Sebastian View
St. Augustine, FL 32084

D. DESIGNATED POINT OF CONTACT:

Any and all questions or requests for information relating to this RFP shall be directed, *in writing*, to the following Designated Point of Contact: Mrs. Jaime T. Locklear, MPA, CPPB, FCCM, Purchasing Manager, at jlocklear@sjcfl.us.

In the event the Designate Point of Contact, provided above, is absent, or unavailable for more than three (3) business days, interested firms may contact Diana Fye, CPPB, Procurement Coordinator, at dfye@sjcfl.us.

Interested firms **SHALL NOT** contact any staff member of St. Johns County, including members of the Board of County Commissioners, except the above referenced individual, with regard to this RFP as stated in SJC Purchasing Code 304.6.5 "Procedures Concerning Lobbying". All inquiries will be routed to the appropriate staff member for response. Any such communication shall result in disqualification from consideration for award of a contract for these services.

E. NON-MANDATORY PRE-PROPOSAL MEETING

There will be a Non-Mandatory Pre-Proposal Meeting held on Monday, April 2, 2018, at 9:30am, in the Aviles Conference Room, at the St. Johns County Administration Building, located at 500 San Sebastian View, St. Augustine, FL 32084. Attendance at this meeting is not required, but is recommended.

F. SUBMITTAL OF QUESTIONS/INQUIRIES:

Any and all questions and/or inquiries related to this RFP, shall be directed, *in writing*, to the Designated Point of Contact as provided above, by or before four o'clock (4:00PM) EST on Friday, April 6, 2018. Any questions received after this

deadline will not be addressed or clarified by the County, unless it is determined to be in the best interest of the County to do so. The County reserves the right to extend the deadline for RFP submission in order to clarify or answer questions as necessary to serve the best interest of the County.

G. ADDENDA:

Any and all clarifications, answers to questions, or changes to this RFP shall be provided through a County-issued Addendum, posted on www.demandstar.com. Any clarifications, answers, or changes provided in any manner other than a formally issued addendum, are to be considered "unofficial" and shall not bind the County to any requirements, terms or conditions not stated herein.

The County shall make every possible, good faith effort to issue any and all addenda no later than seven (7) days prior to the due date for proposals. Any addenda issued after this date, shall be for material, necessary clarifications to the Request for Proposal.

H. EQUAL EMPLOYMENT OPPORTUNITY

In accordance with Federal, State and Local law, the submitting firm shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, or handicap. The submitting firm shall be required to comply with all aspects of the Americans with Disabilities Act (ADA) during the performance of the work.

I. PUBLIC RECORDS

The access to, disclosure, non-disclosure, or exemption of records, data, documents, and/or materials associated with this RFP shall be subject to the applicable provisions of the Florida Public Records Law (Chapter 119, Florida Statutes), and all other applicable State and/or Federal Laws. Access to such public records, may not be blocked, thwarted, and/or hindered by placing the public records in the possession of a third party, or an unaffiliated party.

J. ROLE OF CONSULTANT:

St. Johns County has retained Siver Insurance Consultants ("Siver") as an independent risk and insurance management consultant. Siver acts solely in its capacity as consultant. The consultant does not participate in commissions from any insurance company, administrator, agent or broker, nor does it accept any income from any, other than its clients.

K. SOLICITATION POSTPONEMENT/CANCELLATION

The County may, at its sole and absolute discretion, postpone, cancel, or re-advertise, at any time, this solicitation process for any reason, as determined by County Staff, in order to best serve the interests of St. Johns County.

L. RIGHT TO REJECT / ACCEPT

The County reserves the right to accept or reject any or all proposals, waive minor formalities, and to award to the Respondent that best serves the interest of St. Johns County.

M. COMPLIANCE WITH ST. JOHNS COUNTY PURCHASING POLICY AND PROCEDURES MANUAL

All terms and conditions of the St. Johns County Purchasing Procedure Manual are incorporated into this RFP Document by reference, and are fully binding. Respondents are required to submit their responses to this RFP, and to conduct their activities during this process in accordance with the St. Johns County Purchasing Procedure Manual. This solicitation, the subsequent evaluation, negotiations and contract award shall be in accordance with the St. Johns County Purchasing Procedure Manual. The County reserves the right to disqualify, remove from consideration, or debar as appropriate, any vendor that does not comply with the applicable requirements set forth in the St. Johns County Purchasing Procedure Manual.

RFP NO: 18-30 MEDICAL AND PRESCRIPTION CLAIMS ADMINISTRATION SERVICES

PART III: SCOPE OF SERVICES

A. GENERAL INFORMATION:

St. Johns County is located in the upper northeast part of Florida and its headquarters is in St. Augustine. St. Johns County is soliciting RFP Packages from interested, qualified firms, for the purpose of awarding a contract to a firm (or firms) to provide the scope of work as provided herein.

Currently, St. Johns County offers the following two (2) plans:

1. BlueOptions Plan 1 – 03559
2. BlueOptions Plan 2 – 05360 (High Deductible Health Plan)

All plans offered include in-network and out-of-network coverage, and prescription coverage provided by Prime Therapeutics under a traditional prescription contract, along with some additional specific benefits that St. Johns County has chosen to include in their plans. Attached Exhibits provide additional information regarding these current plans.

B. EXCLUSION OF AGENT/BROKER SERVICES

This solicitation does not include agent and/or broker services. Respondents will be required to certify their ability and willingness to partner and coordinate all applicable services with the agent or broker of the County's selection, throughout the duration of the Contract. Respondents shall not include agent/broker services, or the costs, requirements, or other information related to providing agent/broker services with their proposals.

C. EXCLUSION OF STOP-LOSS INSURANCE

This solicitation does not include stop-loss insurance. The County will procure/obtain stop-loss insurance separately. Respondents shall not include stop-loss insurance, or the costs, requirements, or other information related to providing stop-loss insurance with their proposals.

D. SCOPE OF WORK:

The awarded firm(s) shall be required to perform medical and/or prescription claims administration services, as further described and provided below. The scope of services provided herein is to be construed as a minimum requirement, and may be subject to change during negotiations with the recommended firm(s).

Awarded firm shall be required to honor the County's current eligibility requirements. Coverage shall be effective on the first day of the month, following sixty (60) days of full time employment, including for St. Johns County Members, as outlined in the County's current plan documents, provided separately as Exhibits to this RFP Document.

Notwithstanding any actively at work, waiting period, pre-existing condition, or other provision or limitation in the proposed plan to the contrary, if, but for the replacement of the current plan, with the proposed plan, an insured would have been covered by the current plan, the insured shall be entitled to the lesser of:

- The benefits which would have been payable had the current plan been continued; or
- The benefits which would be payable under the proposed plan without the application of any actively at work, waiting period, pre-existing condition, or other provision or limitation in the proposed plan.

1. Medical Claims Administration Services

The awarded firm for Medical Claims Administration Services shall be required to perform the following services, at a minimum, as part of the medical claims administration requirements. These services shall include, but are not limited to:

i. Network of Providers:

The awarded firm shall maintain provider-managed care network(s) consisting of hospitals, physicians, allied and ancillary services, and durable medical equipment. This network(s) shall provide services with reasonable promptness with respect to geographical location, hours of operation, and after hours care, including emergency care available twenty four (24) hours a day, seven (7) days a week. The network(s) of providers shall have the capacity to provide treatment throughout the State of Florida, and for those that are either visiting or reside outside the State of Florida.

Network Providers shall meet the following minimum criteria:

- a) Hold appropriate occupational and professional licenses;

- b) Hold active and unrestricted privileges in their specialty;
- c) Have a valid Drug Enforcement and Administration (DEA) number and hold unrestricted prescribing privileges (except chiropractors);
- d) Have hospital privileges at participating hospitals;
- e) Have not been convicted of a felony or greater crime;
- f) Are specialty board certified (80% or greater); and
- g) Have not been suspended, placed on probation, or limited from any hospital privileges or restricted from receiving payments from Medicare, Medicaid, or other third-party programs during the last five (5) years.
- h) Network providers shall, collectively, include the following:
 - 1. Primary care physicians practicing in the fields of General Practice; Family Practice; Internal Medicine; OB/GYN; and Pediatrics.
 - 2. Specialty physicians practicing in the following fields: Allergy/Immunology; Anesthesiology; Cardiology; Chiropractic Medicine; Endocrinology; Dermatology; Gastroenterology; Internal Medicine; Neurology; Obstetrics/Gynecology; Oncology; Ophthalmology; Orthopedic Medicine; Otolaryngology; Pediatrics; Physical and Occupational Therapy; Podiatry; Pulmonary Medicine; Radiology; Rheumatology; Speech Pathology and Audiology; and Urology.
- i) Provide benefits to employees and dependents of employees that are referred to an out-of-network specialist due to the lack of in-network providers in that specialty, at the in-network benefit level. There is a limitation on ancillary provider services for Radiologists, Anesthesiologists, and Pathologists. If these providers are out-of-network, even if the services are performed at an in-network facility, out-of-network benefits apply.
- j) Provide in-network benefits to non-participating providers when services provided at an in-network facility, by facility-based providers, such as hospitalists, surgical assistants, anesthesiologists, radiologists, pathologists, etc.
- k) Include ancillary providers in the network(s) that are properly licensed and credentialed for the following facilities: imaging centers, diagnostic x-ray and laboratory facilities, durable medical goods, home health care, skilled nursing facilities, birth centers, and hospices.
 - l) Provide County employees with current directories on an annual basis with quarterly updates, and/or provide online access to current directory information.
 - m) Providers shall hold the County employees and dependents of employees and St. Johns County harmless from any fees for services which are rendered, that are plan eligible charges (except deductibles, co-payments, and coinsurance), regardless of the reason for non-payment.
 - n) Providers are prohibited from balance billing any patient for any excess of contracted amount, except for deductibles, co-payments, and coinsurance.
 - o) Provide Medical Case Management that:
 - 1. Uses Florida Registered Nurses and vocational counselors to provide all the services described below. Refer more complicated cases and/or disputes with providers to physician consultants who are licensed and are board certified in their specialty.
 - 2. Performs specific services that coordinate the provision of care and the management of benefits in cases of catastrophic illness or injury. Ensure that patients receive the most appropriate, cost effective care and derive maximum advantage from available plan benefits, which may require covering expenses not normally covered by the plan (e.g. air conditioners, wheelchair ramps, etc.) in exceptional situations, to return a patient to a productive life.
 - 3. Follow specific medical/disability criteria to determine which claims may need medical/disability management intervention to include, but not be limited to, the following: Spinal Cord Injury; Burns (3rd & 4th Degree); Amputations; Traumatic Brain Injury; Renal Failure; Neo-natal Single or Multiple Births; Neoplasm of Brain, Bone, Pancreas, Liver; At-Risk Pregnancy; Accidents involving multiple family members with multiple injuries; All claims exceeding a \$50,000 threshold; and Organ Transplants.
 - 4. Coordinate with Utilization Review and claims processing for effectiveness and efficiency.
 - 5. Provide quarterly medical case management reports on all claims expected to exceed \$50,000 or

otherwise identified as being the type of claim which will benefit from medical case management, in addition to reports that identify current and past caseloads, prognoses, and savings realized through case management.

p) Provide Utilization Review that:

1. Uses Florida Registered Nurses to provide all the services described below. Refer more complicated cases and/or disputes with providers to physician consultants who are licensed and are board certified in their specialty;
2. Performs pre-admission certification for medical admissions, and determination of medical necessity;
3. Provide continued stay review by telephone of all hospitalizations. Certification of the need for additional days beyond the initial pre-certification. Medical necessity of treatment and length of stay to be strictly observed. No benefits shall be payable if the treatment is not medically necessary;
4. Perform Concurrent Review of selected hospitalizations via personal visit by a Registered Nurse (RN) where conditions indicate a need for such;
5. Perform Retrospective Utilization Review (after delivery of services, but prior to payment) of all unusual claims plus all claims over \$50,000; and
6. Perform discharge planning for medical/surgical patients;
7. Provide quarterly statistics on the effectiveness of the Utilization Review;
8. Coordinate with Medical Case Management for effectiveness and efficiency.

Network Hospitals shall meet the following minimum criteria:

- a) Hold current Joint Commission on Accreditation of Hospitals (JCAH) accreditation without conditions and licensure;
- b) Have at least 80% of staff physicians with full admitting privileges board certified;
- c) Are free from disciplinary action for the last five years;
- d) Are Medicare certified; and
- e) Hold current accreditation with one of the following (in lieu of JCAH), if the hospital is primarily of a rehabilitative nature and lacks surgical facilities:
 1. American Osteopathic Hospital Association; or
 2. Commission on the Accreditation of Rehabilitative Facilities
- f) Network Hospitals shall, collectively, offer the following services: Anesthesia; Audiology; Day Surgery; Diagnostic, X-Ray and Laboratory Services; Emergency Services; Medical/Surgical Intensive and Acute Care; Neo-natal Care; Neurology Services; Obstetrical and High-Risk Obstetrical Care; Pediatric Care; Psychiatric Care; Respiratory Care; Social Services & Discharge Planning; Speech Pathology; Substance Abuse Treatment; Therapies – Physical, Respiratory, Occupational; Trauma Care.

ii. Network Discounts:

St. Johns County requires a medical claims administrator that has successfully developed a cost effective provider network, which allows St. Johns County, and its participants, to access needed medical care with significant discounts. The County prefers that the awarded firm provide the County with a Guaranteed Medical Network Discount, which will be the discount percent where the administrator shall guarantee claims in service categories including: inpatient hospital, outpatient hospital, outpatient surgical centers, emergency room facility costs, urgent care facility and professional, to be discounted at a guaranteed percent. Any risk corridor given will be subtracted from the guaranteed network discount percent to calculate a bottom line or "net" guaranteed medical network discount.

2. Customer Services and Administration Services

The awarded firm shall be responsible for the performance of all administration services for the plan; with the exception of the collection of premiums from participants. The required administration services include, but shall not be limited to, the following:

- i. Assignment of a dedicated account manager as the County's account representative in each of the respective areas, including medical claims, medical eligibility, reporting and data services;
- ii. Assignment of a dedicated and experienced case manager who will be assigned solely to the County's claims for at least half of a full time basis. This employee will assist the County in managing high-risk and high-cost claims;

- iii. Assignment of a dedicated and part-time claims representative who will be required to go on-site at County locations on a bi-monthly basis to assist with administrative issues and employee claims and other issues;
 - iv. Subject to the exercise of professional judgment, the awarded firm shall be responsible for the acceptance and settlement or denial of all reported claims;
 - v. Design, print, and furnish descriptive literature and enrollment material in a sufficient quality for the needs of the County. Provide certificates/booklets as needed. The provided certificates and booklets shall have a readability level acceptable to the County. Furnish an electronic version of the certificates/booklets for the County to use on their website. All documents shall be provided to the County at no additional cost.
 - vi. Mail/deliver booklets, ID cards, or certificate directly to the County, after the County has reviewed and approved a draft of the materials *prior to* printing by the awarded firm.
 - vii. Issue ID cards within three (3) calendar weeks (plus four (4) calendar days' mailing time) after completion of open enrollment periods or after enrollment papers are received for new hires.
 - viii. Establish claims reporting procedures that are compatible with the needs and organizational structure of St. Johns County.
 - ix. Provide enrollment assistance, including educational materials pre-approved by the County in advance of distribution, to the County during open enrollment period on an annual basis. These tasks shall include, but are not limited to, providing sufficient and properly trained enrollers employed by the awarded firm, and requiring that they attend all scheduled enrollment meetings.
 - x. Meet with St. Johns County representatives quarterly, at a minimum, to discuss the status of the plan, performance, audits, reports and planning.
 - xi. Attend meetings, as necessary, as requested by the County.
 - xii. Verify claimants eligibility for benefits based on eligibility requirements furnished by the County.
 - xiii. Maintain covered dependent information by dependent's name, date of birth, gender, and relationship to insured and social security number.
 - xiv. Provide and utilize a fully automated online clinically-oriented claims adjudication and auditing system that analyzes coded claims data to ensure correct identification.
 - xv. Screen for, and deny workers' compensation claims.
 - xvi. Target (flag) the following types of claims for supervisory review*:
 - a) Service required precertification, but certification not obtained;
 - b) Actual length of stay or level of services does not match the approved length of stay or level of service;
 - c) Dollar amount or diagnoses warrant potential referral to medical case management; or
 - d) Any one bill that exceeds \$50,000.
- *Supervisory review shall include, at a minimum, as appropriate, a review of itemization of invoices exceeding \$50,000 and review of case management notes.
- xvii. Coordinate claims with Medicare in accordance with Medicare rules and pay claims where retirees over age 65 and eligible for Medicare Part B and have not elected Medicare Part B as if they had (i.e. secondary). St. Johns County retirees are required to elect Medicare when they reach age 65.
 - xviii. Identify and maintain separate COB information for each applicable claimant, and distinguish between the various types of COB, including retirees eligible for Medicare.
 - xix. Maintain the confidentiality requirements of Federal and Florida law by having adequate systems security features.
 - xx. Turnaround 95% of all "clean" claims within ten (10) working days and 100% of all claims within thirty (30) working days. A "clean" claim is a claim submitted with all needed information for proper processing and adjudication.
 - xxi. Provide banking arrangements for claims funding that are in accordance with St. Johns County standards.
 - xxii. Issue Explanation of Benefits (EOBs) to the claimant within five (5) working days of processing claims.
 - xxiii. Create an EOB that meets with the County's approval that uses a format and terminology such that a person not of a medical or insurance background can easily understand the content. The EOB must also comply with any applicable Health Care Reform requirements (example: Claims and Appeal procedure requirements).

- xxiv. Cooperate with the managed care organizations and the UR firm in resolving discrepancies for proper payment of benefits when compliance dictates the use of one or both of these programs.
- xxv. Conduct semi-annual internal audits for claim accuracy and occurrence of mispayments. Report results to St. Johns County within ten (10) working days from the end of the reporting period.
- xxvi. Provide COBRA and HIPAA administration and pay COBRA beneficiary claims.
- xxvii. Establish and maintain toll-free telephone line for County participating employees. This line shall be operational from 8:00am until 6:00pm (Eastern Standard Time) at a minimum. A voice mail system or equivalent system should be available to take after hours or weekend calls.
- xxviii. Coordinate with St. Johns County to continue confirming enrollment/eligibility on a monthly basis by comparing the insurer's eligibility record to the County's eligibility record in Excel format (as described above in the Billing and Eligibility section).
- xxix. Administer the plan on a detail billing remittance basis by division, separated by active employees, retiree and COBRA beneficiary.
- xxx. Perform all accounting procedures and practices in accordance with generally accepted accounting principles.
- xxxi. Maintain proper records for tax reporting purposes (e.g. 1099s).
- xxxii. Retain medical claims history online for a minimum of twenty-four (24) months.
- xxxiii. Prepare, maintain, and file with any applicable federal, state, or local governmental agencies, any forms or reports as may be required from time to time by law; e.g., New York Public Goods Pool, COBRA, CMS obligations, etc.
- xxxiv. Provide assistance with regard to: (1) problems arising in connection with insurance laws, (2) tax aspects of the Plan, (3) litigation arising out of the administration of the Plan, and (4) any other legal matters that may arise in the course of the operation of the Plan.
- xxxv. Provide claims fiduciary services. Establish claim denial and grievance procedures which are clearly communicated to members. Grievance procedures shall be consistent with all applicable federal and state laws, rules, and regulations, including but not limited to Healthcare Reform. Maintain access to a Medical Director to evaluate appealed claims.
- xxxvi. Supply any and all postage required to service St. Johns County's account.
- xxxvii. Send correspondence using St. Johns County approved pre-formatted letters to the claimant or provider. The content of these letters must be easily understandable by a person not of a medical or insurance background.
- xxxviii. Provide St. Johns County with first review and pre-approval of any correspondence that will be sent to claimants or providers that includes changes/amendments to the plan.

3. Healthcare Reform Services

The awarded firm shall, to the extent applicable, assist the County with compliance with the PPACA, or subsequent healthcare legislation, and with understanding the fees assessed by the PPACA. The awarded firm shall also assist the County with the reporting required or needed to assess the cost and payment of any PPACA fees, including the Patient Centered Outcomes Research (PCOR) fee and the Transitional Reinsurance Program fee.

The awarded firm shall additionally assist the County with any and all other healthcare reform, or subsequent healthcare legislation, and the reporting for such.

4. Medical Reporting & Data Services

The awarded firm shall be responsible for performing all required medical reporting and data services to include, but not be limited to the following:

- i. Provide the County's designees direct access to claims data and reporting capabilities;
- ii. Provide the County with aggregated data reporting capabilities;
- iii. Coordinate with the County's prescription benefit manager on the prescription claim data to be inclusive in each member's medical and prescription out-of-pocket maximum;
- iv. Prepare and provide to the County monthly exposure and loss data statistics. Exposure data should include census data, such as name of employee, zip code and date of birth and employment status. Loss data reports shall include, but are not limited to, the following information: (Data subject to compliance with HIPAA privacy guidelines)
 - a. Claims data shall be provided monthly (within thirty (30) days after the end of the month) with cumulative

totals for the plan year, separately for participants in each plan offered, in a format that will provide data separately for employees and their dependents, retirees and their dependents and COBRA and their dependents, and total for all participants and all dependents. Claim reports shall be additionally provided for twelve (12) months after plan termination, or until there are no runout and/or extension of benefits claims.

- b. Claims data shall be provided monthly, detailing all claims where more than \$25,000 has been paid in the current plan year. Data shall include amount paid, type of plan participant (employee, dependent, retiree, etc.), diagnosis, prognosis and status of the claim (active, expired, etc.).
- v. Provide reports inclusive of data elements specified by the County, and in mutually agreed upon formats. The required standard reports include, but are not limited to, the following:
 - a. Monthly reports shall be submitted no later than on the fifteenth (15th) workday following the end of the "report" month. These reports shall include: paid claims summaries (separated by employee, dependent, retiree, and COBRA beneficiary).
 - b. Quarterly and Year-to-Date Reports shall be submitted no later than on the fifteenth (15th) workday following the "report" quarter. These reports shall include: benefit payment summaries, inpatient (utilization) reports, paid claims by coverage and diagnosis types, COB savings, and service inquiries.
- vi. Provide access to archived data within ten (10) working days of a request from St. Johns County.
- vii. To the extent required, provide St. Johns County with a Summary of Benefits and Coverage (SBS).

5. Wellness Program & Disease Management Services

The awarded firm shall provide proactive wellness and disease management initiatives, including participating incentives for enrolled County employees. The awarded firm shall provide a wellness incentive fund that can be used for wellness-related activities by enrolled County employees, at their discretion. The awarded firm shall provide work site wellness programs for participation by enrolled County employees, at their discretion.

The awarded firm shall provide and pay for all personnel to conduct all of the health screening events offered to enrolled participants throughout the year. Over 90% of enrolled participants are screened each year. The awarded firm shall also provide for, or assist the County, in any and all flu shot programs and health fairs conducted for the benefit of all enrolled participants.

6. Prescription Claims Administration Services

The awarded firm for Prescription Claims Administration Services shall provide a qualified prescription claims administrator to perform prescription claims administration services to support the County's group prescription plans. The required services shall include, but are not limited to, the following:

i. Pharmacy Network:

Awarded firm shall provide access to a broad network of participating pharmacies in the St. Johns County local area, throughout the State of Florida, and elsewhere in the United States, where enrolled participants can obtain prescriptions.

- a. Awarded firm shall provide reasonable procedures for the purchase of prescription drugs outside of their service area, other than mail order, where there are no participating pharmacies.
- b. Awarded firm shall provide reasonable controls on payment for high cost drugs.
- c. Awarded firm shall control the cost of drugs repackaged in the distribution process, to eliminate the mark-ups caused by repackaging, including repackaging in different quantities.

ii. Provider and Network Services:

Awarded firm shall maintain a broad and inclusive pharmacy network, which shall:

- a. Provide pharmacies that have the capacity to provide prescriptions throughout the State of Florida and for those that are either visiting or reside outside of Florida.
- b. Provide County employees with current directories on an annual basis with quarterly updates, and/or provide on-line access to current directory information.
- c. Network providers shall hold the County employees, and their dependents, as well as St. Johns County harmless from any fees for services which are rendered that are plan eligible charges (except deductibles, co-payments and coinsurance), regardless of the reason for non-payment.
- d. Prohibit network providers from balance billing the patient for any excess of contracted amount, except for

deductibles, co-payments, and coinsurance.

- e. Provide Case Management when appropriate and work with the County medical administrator for additional case management opportunities.
 1. Coordinate with Utilization Review and claims processing for effectiveness and efficiency.
 2. Provide quarterly case management reports on all claims expected to exceed \$10,000 or otherwise identified as being the type of claim which will benefit from prescription and/or medical case management.

iii. Specialty Pharmacy:

Awarded firm shall provide a specialty pharmacy program that coordinates with the medical benefits program administered by the County's medical administrator with regard to specialty prescriptions administered by a physician in the physician's office. Awarded firm shall provide reasonable cost controls for such administration of specialty drugs, including control of the potential markup on such prescriptions by the physician.

iv. Mail Order Services:

Awarded firm shall provide mail order services that may provide low cost for expensive drugs utilized by persons on an ongoing basis and the cost basis to be charged to the County. Awarded firm shall provide incentives recommended to encourage participants to use the mail order service and shall explain the controls recommended to minimize overutilization and/or fraud in connection with the mail order service. Awarded firm shall be required to provide timely service for mail order prescriptions.

v. Formulary Services:

Awarded firm shall furnish and manage the formulary listing, showing which drugs are listed as generics and preferred/non-preferred brands. Awarded firm is responsible for providing reasonable communications of formulary changes, and shall manage formulary arrangements with drug manufacturers, in which the SBSC will share in rebates or discounts or other reductions in its costs of providing prescription drug benefits to participants. Awarded firm must be able to accommodate a customized formulary, for example, reclassifying individual drugs from one tier to another, such as reassigning specific drugs from non-preferred brand to preferred brand, or making diabetes test strips available without a copay, or at a different copay than standard, to participants with diabetes, as needed to best serve the needs of St. Johns County.

vi. Coordination & Sharing of Data with Medical Benefits Administrator:

The awarded firm shall make every reasonable business effort to coordinate closely and share data with the firm engaged to be the County's Medical Benefits Administrator if the pharmacy benefit were to be "carved-out". This coordination effort must be accomplished without County Staff intervention.

1. Awarded firm must coordinate pharmacy claim costs and details with the medical benefits administrator, specifically in regards to the combined medical and prescription maximum out-of-pocket cost for January 1, 2019.
2. Awarded firm shall not charge the County for any data transfer fees for sharing the data with the County's Medical Benefits Administrator.
3. Awarded firm shall not charge the County for any data transfer fees for sharing any data with the County's subsequent medical administrator and subsequent pharmacy benefits manager/prescription drug benefits provider in the event a takeover of the plan by new providers occurs.

vii. Customer Service & Administration Services:

The awarded firm shall be responsible for the performance of all administration services for the plan, with the exception of the collection of premiums from participants. The required administration services include, but shall not be limited to, the following:

1. Assignment of a dedicated account manager as the County's account representative in each of the respective areas, including prescription claims, eligibility and reporting and data services;
2. Subject to the exercise of professional judgment, the awarded firm shall be responsible for the acceptance and settlement or denial of all reported claims;
3. Design, print, and furnish descriptive literature and enrollment material in a sufficient quality for the needs of the County. Provide certificates/booklets as needed. The provided certificates and booklets shall have a readability level acceptable to the County. Furnish an electronic version of the certificates/booklets for the

- County to use on their website. All documents shall be provided to the County at no additional cost.
4. Mail/deliver booklets, ID cards, or certificate directly to the County, after the County has reviewed and approved a draft of the materials *prior to* printing by the awarded firm.
 5. Issue ID cards within three (3) calendar weeks (plus four (4) calendar days' mailing time) after completion of open enrollment periods or after enrollment papers are received for new hires.
 6. Establish claims reporting procedures that are compatible with the needs and organizational structure of St. Johns County.
 7. Provide enrollment assistance, including educational materials pre-approved by the County in advance of distribution, to the County during open enrollment period on an annual basis. These tasks shall include, but are not limited to, providing sufficient and properly trained enrollers employed by the awarded firm, and requiring that they attend all scheduled enrollment meetings.
 8. Meet with St. Johns County representatives quarterly, at a minimum, to discuss the status of the plan, performance, audits, reports and planning.
 9. Attend meetings, as necessary, as requested by the County.
 10. Verify claimants eligibility for benefits based on eligibility requirements furnished by the County.
 11. Maintain covered dependent information by dependent's name, date of birth, gender, and relationship to insured and social security number.
 12. Provide and utilize an online, fully-automated, clinically-oriented claims adjudication and auditing system that analyzes coded claims data to ensure correct identification.
 13. Screen for, and deny workers' compensation claims.
 14. Target (flag) the following types of claims for supervisory review*:
 - a) Service required precertification, but certification not obtained;
 - b) Dollar amount or diagnoses warrant potential referral to medical case management; or
 - c) Any one bill that exceeds \$10,000.
- *Supervisory review shall include, at a minimum, as appropriate, a review of itemization of invoices exceeding \$10,000 and review of case management notes.
15. Identify and maintain separate COB information for each applicable claimant, and distinguish between the various types of COB, including retirees eligible for Medicare.
 16. Maintain the confidentiality requirements of Federal and Florida law by having adequate systems security features.
 17. Turnaround 95% of all "clean" claims within ten (10) working days and 100% of all claims within thirty (30) working days. A "clean" claim is a claim submitted with all needed information for proper processing and adjudication.
 18. Provide banking arrangements for claims funding that are in accordance with St. Johns County standards.
 19. Issue Explanation of Benefits (EOBs) to the claimant within five (5) working days of processing claims.
 20. Create an EOB that meets with the County's approval that uses a format and terminology such that a person not of a medical or insurance background can easily understand the content. The EOB must also comply with any applicable Health Care Reform requirements (example: Claims and Appeal procedure requirements).
 21. Cooperate with the managed care organizations and the UR firm in resolving discrepancies for proper payment of benefits when compliance dictates the use of one or both of these programs.
 22. Conduct semi-annual internal audits for claim accuracy and occurrence of mispayments. Report results to St. Johns County within ten (10) working days from the end of the reporting period.
 23. Provide COBRA and HIPAA administration and pay COBRA beneficiary claims.
 24. Establish and maintain toll-free telephone line for County participating employees. This line shall be operational from 8:00am until 6:00pm (Eastern Standard Time) at a minimum. A voice mail system or equivalent system should be available to take after hours or weekend calls.
 25. Coordinate with St. Johns County to continue confirming enrollment/eligibility on a monthly basis by comparing the insurer's eligibility record to the County's eligibility record in Excel format (as described

- above in the Billing and Eligibility section).
26. Administer the plan on a detail billing remittance basis by division, separated by active employees, retiree and COBRA beneficiary.
 27. Perform all accounting procedures and practices in accordance with generally accepted accounting principles.
 28. Maintain proper records for tax reporting purposes (e.g. 1099s).
 29. Retain medical claims history online for a minimum of twenty-four (24) months.
 30. Prepare, maintain, and file with any applicable federal, state, or local governmental agencies, any forms or reports as may be required from time to time by law; e.g., New York Public Goods Pool, COBRA, CMS obligations, etc.
 31. Provide claims fiduciary services. Establish claim denial and grievance procedures which are clearly communicated to members. Grievance procedures shall be consistent with all applicable federal and state laws, rules, and regulations, including but not limited to Healthcare Reform. Maintain access to a Medical Director to evaluate appealed claims.
 32. Supply any and all postage required to service St. Johns County's account.
 33. Send correspondence using St. Johns County approved pre-formatted letters to the claimant or provider. The content of these letters must be easily understandable by a person not of a medical or insurance background.
 34. Provide St. Johns County with first review and pre-approval of any correspondence that will be sent to claimants or providers that includes changes/amendments to the plan.

viii. Prescription Reporting & Data Services:

Awarded firm shall be responsible for any and all required prescription reporting and data services, which shall include, but not be limited to the following:

1. Provide the County's designees direct access to claims data and reporting capabilities.
2. Provide the County with aggregated data reporting capabilities.
3. Coordinate with the County's medical administrator on the prescription claim data to be inclusive in each member's medical and prescription out-of-pocket maximum.
4. Prepare and furnish the County with monthly exposure and loss data statistics. Exposure data shall include census data, such as name of employee, zip code and date of birth and employment status. Loss data reports shall include, but not be limited to, the following information: (Data subject to compliance with HIPAA privacy guidelines.)
 - a. Claims data shall be provided monthly (within thirty (30) days of the end of the month) with cumulative totals for the plan year, separately for participants in each plan offered, in a format that will provide data separately for employees and their dependents, retirees and their dependents, and COBRA and their dependents, and total for all participation and all dependents. Claims reports shall be additionally provided for twelve (12) months after plan termination or until there are no runout and/or extension of benefits claims.
 - b. Claims data shall be provided monthly detailing all claims where more than \$10,000 has been paid in the current plan year. Data shall include amount paid, type of plan participant (employee, dependent, retiree, etc.), diagnosis, prognosis, and status of the claim (active, expired, etc.).
6. Provide reports inclusive of data elements specified by the County, and in mutually agreed upon formats. The required standard reports include, but are not limited to, the following:
 - a. Monthly reports shall be submitted on the fifteenth (15th) workday following the end of the "report" month. These reports should include paid claims summaries (separated by employee, dependent, retiree, and COBRA beneficiary).
 - b. Quarterly and Year-to-Date Reports are due on the fifteenth (15th) working day following the "report" quarter. These reports shall include: benefits payment summaries, utilization reports and paid claims by tier.
7. Provide access to archived data within ten (10) working days of a request by St. Johns County.

RFP NO: 18-30 MEDICAL AND PRESCRIPTION CLAIMS ADMINISTRATION SERVICES

PART IV: RFP SUBMITTAL INSTRUCTIONS & FORMAT

A. MINIMUM QUALIFICATIONS

In order to be eligible to submit an RFP Package in response to this solicitation, Respondents, must possess, and provide proof of a minimum of a "B+" Rating from A.M. Best. If a Respondent is not rated by A.M. Best, it will only be considered in the following circumstances:

1. If the Respondent has been; and can demonstrate proof of, successfully operating for a minimum of five (5) consecutive years; and
2. If the Respondent submits, with its proposal, its last audited financial statement issued by a certified public accountant, dated no earlier than 18 months prior to the submission due date specified in this RFP.

B. RESPONDENT RESPONSIBILITIES

Respondents are responsible for any and all costs associated with developing and submitting an RFP Package in response to this Request for Proposal. Respondents are also solely responsible for any and all costs associated with interviews and/or presentations requested by the County. It is expressly understood, no Respondent may seek or claim any award and/or reimbursement from the County for any expenses, costs, and/or fees (including attorneys' fees) borne by any Respondent, during the entire RFP process. Such expenses, costs, and/or fees (including attorneys' fees) are the sole responsibility of the Respondent.

All RFP Packages received in response to this Request for Proposal shall become the property of St. Johns County and will not be returned. In the event of contract award, all documentation produced as part of the contract will become the exclusive property of St. Johns County.

By submitting an RFP Package, each Respondent certifies that the proposer has fully read and understands any and all instructions in the Request for Proposal, and has full knowledge of the scope, nature, and quality of work to be performed. All RFP Packages submitted shall be binding for a minimum of one hundred twenty (120) consecutive calendar days following the submittal due date. The County reserves the right to extend this time frame as necessary to complete contract execution.

C. TRADE SECRETS

To invoke the provisions of Florida Statute 812.081, Trade Secrets, or other applicable law, the requesting firm must complete an Affidavit for Trade Secret Confidentiality, signed by an officer of the company, and submit the affidavit with the information classified as "Trade Secret" with other proposal documents. The affidavit must reference the applicable law or laws under which trade secret status is to be granted. All material marked as a trade secret must be separated from all non-trade secret material, such as being submitted in a separate envelope clearly marked as "trade secret." If the office or department receives a public records request for a document or information that is marked and certified as a trade secret, the office or department shall promptly notify the person that certified the document as a trade secret.

D. CONFLICT OF INTEREST

Respondents must certify that they presently have no interest and shall acquire no interest, either directly or indirectly, which would conflict in any manner with the performance of required services as provided herein. Respondents must certify that no person having any interest shall be employed for the performance of any of the required services as provided herein.

Respondents are required to disclose to the County any and all potential conflicts of interest for any prospective business association, interest or circumstance, the nature of work the Respondent may undertake and request an opinion from the County, whether such association, interest, or circumstance constitutes a conflict of interest.

E. USE OF COUNTY LOGO

Pursuant to, and consistent with, County Ordinance 92-2 and County Administrative Policy 101.3, the Contractor may not manufacture, use, display, or otherwise use any facsimile or reproduction of the County Seal/Logo without express written approval of the Board of County Commissioners of St. Johns County, Florida.

F. RFP PACKAGE SUBMITTAL INSTRUCTIONS

The RFP Package format must sufficiently address and demonstrate all required components, and follow the order of

sections described below. The aim of the required format is to simplify the preparation and evaluation of the RFP Packages. RFP Packages shall be submitted in a sealed envelope or container, and labeled, on the exterior of the package, with the Respondent's full legal company name and mailing address, as well as "RFP No: 18-30: Medical & Prescription Claims Administration Services". **RFP Packages shall be mailed or hand-delivered to the St. Johns County Purchasing Department, 500 San Sebastian View, St. Augustine, FL 32084.** RFP Packages must be submitted, in the format provided herein, by or before **four o'clock (4:00PM) EST on Thursday, April 19, 2018.** St. Johns County Purchasing will not accept any RFP Packages that are not submitted in the manner described above. Any unsealed, unlabeled, or otherwise incomplete packages will be rejected. Any packages received after the deadline as provided above, shall not be provided to the Evaluation Committee for review, and shall be returned to the sender, unopened.

G. RFP PACKAGE COMPONENTS:

All of the components outlined below must be included with each copy of the RFP Package and submitted as follows: one (1) hard-copy original and seven (7) hard copies, and one (1) exact electronic PDF copy on a USB drive. The original hard-copy of the Respondent's RFP Package shall be submitted on 8 1/2" X 11" pages, numbered, and all headings, sections and sub-sections shall be identified appropriately.

All RFP Packages must include the following components:

<u>Section</u>	<u>Topic</u>
1	RFP Package Cover Page
2	Cover Letter
3	Qualifications & Experience
4	Proposal Forms
5	Administrative Information

In order to insure a uniform review process and to obtain the maximum degree of comparability, it is recommended that proposals be organized in the manner specified as follows:

Section 1: RFP Package Cover Page (Complete and Submit)

Section 2: Cover Letter

The cover letter should provide the following:

- The Respondent Company type (sole proprietorship, partnership, corporation, joint venture, etc.), Company name and business address – must include location address of office that will administer this Contract
- All contact information, including name, title, phone number, fax number, e-mail address, and street address of any contact person(s) in Respondent's organization who will respond to questions regarding the submitted RFP Package
- Highlights of the Respondent's qualifications and ability to perform the project services
 - Profile - Provide a brief company background statement to include, but not limited to, years in business, company size, corporate structure, types of services offered, and professional affiliations
- Indicate whether bidder/proposer has ever filed an administrative or judicial action with any State agency or Stat court, and if so, what were the grounds/reasons, and what was the ultimate outcome?
- A brief statement of the respondent's understanding of the services required.

Section 3: Qualifications & Experience

In this section, respondent shall provide documentation to fully demonstrate the experience, education, and abilities of any and all personnel that shall be performing work under this contract. This may be submitted in the form of resumes for any and all employees who will be performing work, documentation of past or current contracts held by the Respondent for services similar in size, scope and complexity as those described herein, or any other documentation or information demonstrating the experience and qualifications of the Respondent.

Respondents must also provide the following documentation in this section of the submitted RFP Package:

- Proper and valid licensing to conduct business in the State of Florida
- Current Applicable Department of Professional Regulation License(s)
- Current Applicable Certification(s)

Respondents must also complete and submit Attachment "C" – References in this section.

Section 4: Proposal Forms (Attachments A – B and Exhibits 17, 18, and 20 as applicable)

In this section, each respondent shall submit the required attachments (see Part VII – Attachments/Forms of this RFP document) corresponding to the services being proposed. Respondents shall also provide the following with the submitted RFP Package:

- Attachment A: Medical Claims Administration Proposal Forms
- Attachment B: Prescription Claims Administration Proposal Forms
- Exhibit 17 – Benefits Match-Up Exhibit (a) – Plan 03559
- Exhibit 18 – Benefits Match-Up Exhibit (b) – Plan 05360
- Exhibit 20 – Provider Match-Ups
- Respondent's Standard or Proposed Contract or Policy
- Respondent's Standard or Proposed Forms (i.e. EOB, Communications, etc.)

Information Submittal Restrictions & Requirements

Any services proposed to be performed by a sub-contractor, must be identified in the submitted RFP Package.

Respondents shall provide network discounts for the current/average percent discounts from billed charges in the St. Johns, Duval, Flagler, Putnam, Alachua, and Volusia areas. Respondents shall also include a detailed list that includes all participating hospitals, pharmacies, and providers in the following Counties: St. Johns, Duval, Flagler, Putnam, Alachua, and Volusia.

Respondents shall provide details regarding case management services, including how the services will be evaluated and measured.

Respondents shall detail their ability to work with the County to establish a limited, narrow preferred network of providers.

Section 5: Administrative Information

- Proof of Liability Insurance and its limits
- Drug Free Work Place Form (Complete and Submit)
- RFP Affidavit (Complete and submit)
- RFP Affidavit of Solvency (Complete and Submit)
- Conflict of Interest Form (Complete and Submit)
- Respondent's Warranty (Complete and Submit)
- Copies of all issued Addenda (Acknowledge and Submit)

H. PARTIAL PROPOSALS

Respondents may submit a proposal for medical claims administration services, prescription claims administration services, or both, in response to this RFP. Respondents who are submitting a partial proposal must identify, on the RFP Package Cover Page, and in the Cover Letter, which services are not included in the proposal. All Exhibits and Attachments must still be submitted in the Respondent's proposal, but must indicate "N/A" for any fields relative to the services not being proposed in the submitted response.

I. DETERMINATION OF RESPONSIVENESS

The County shall make a determination for each respondent, as to the responsiveness of the submitted RFP Package to the requirements provided herein. Any respondent who is not responsive to the requirements of this Request for Proposals may be determined non-responsive, and may be removed from consideration by the Evaluation Committee. Only those respondents who are fully responsive to the requirements herein will be evaluated for consideration of award.

The County reserves the right to waive any minor formality or irregularity in any submitted RFP Package. However, any missing information or document(s) that are material to the purpose of the RFP shall not be waived as a minor formality.

J. SEVERABILITY OF PROPOSALS

RFP Packages on multiple coverages and services are being requested by this solicitation. While the submitted proposals shall be evaluated as a whole, the County shall reserve the right to consider award of the services separately, as best serves the needs of St. Johns County, unless the Respondent indicates that the proposed services are required to be purchased together. Respondents are responsible for providing an explanation for such requirements within their submitted RFP Packages.

RFP NO: 18-30 MEDICAL AND PRESCRIPTION CLAIMS ADMINISTRATION SERVICES

PART V: EVALUATION & AWARD

A. EVALUATION OF RESPONSES:

All properly submitted RFP Packages that are determined to be responsive to the requirements of this RFP, shall be evaluated by an Evaluation Committee of no less than three (3) representatives. Each Evaluation Committee Team Member will receive a set of all of the RFP packages submitted, and an electronic copy of the RFP document with all issued Addenda, an Evaluator’s Score Sheet and an Evaluator’s Narrative Sheet. Evaluators shall review and score the submitted, responsive, RFP Packages individually, with no interaction or communication with any other individual. Evaluators’ scores shall be announced at the public Evaluation Meeting.

County Staff may consider any evidence available regarding financial, technical, other qualifications and abilities of a respondent, including past performance (experience) with the County prior to recommending approval of award to the St. Johns County Board of County Commissioners.

The St. Johns County Board of County Commissioners reserves the right to reject any or all proposals, waive minor formalities or award to/negotiate with the firm whose proposal best serves the interest of the County.

B. EVALUATION CRITERIA:

It is the intention of St. Johns County to evaluate, and rank the respondents that submit RFP Packages from highest to lowest utilizing the evaluation criteria listed below for Medical and Prescription Claims Administration Services:

	Criteria	Points
1.	Qualifications & Experience – The amount of experience (i.e. number of years in business, contracts for similar services held previously and/or currently, etc.), qualifications of staff and company in industry and in providing related services.	20
2.	Medical Claims Administration Costs - Cost will include (but not be limited to) administration fees, service costs, provider discounts, projected claims cost, any cost and discount guarantees (if applicable) and other cost components.	40
3.	Prescription Claims Administration Costs – Costs will include, but not be limited to, the Prescription Discount Verification process, administration fees, service costs, discounts, claims cost, any cost guarantees, rebate guarantees, and other cost components.	30
4.	Coverage - The ability to administer the benefits as is, or as close as practical and any restrictions or exclusions.	35
5.	Providers – The number and types of providers. This will include hospitals and number of physicians under contract and the match-up between current top providers and the network providers proposed. This will also include the number and types of pharmacies under contract, how broad the pharmacy network is and any pharmacy provider limitations.	35
6.	Service/Customer Service - The administration capabilities and experience of proposers. This includes such items as staffing, enrollment assistance, service responsiveness, communication with St. Johns County staff on program administration, quality of billings, Internet website, attendance at St. Johns County meetings/events, willingness to engage in at-risk performance guarantees, practices dealing with complaints, grievances and satisfaction, etc. Ability to develop an effective and measurable case management program to control large, high cost claim situations.	15
7.	Reporting and Data Services – Monthly and annual reports of paid claims, quality of experience reports, developing ad hoc reports, extent and quality of reports on wellness/disease management, etc.	10
8.	Wellness and Disease Management Programs. This includes such items as breadth of wellness and disease management program and predictive modeling capabilities, health risk assessment and self-help tools, health coaching, Internet website, attendance at wellness meetings/events. Experience in developing and administering programs, including use of incentives and other methods to encourage participation.	10
9.	Stability - Financial stability of the proposer, A.M. Best rating, etc.	10
	TOTAL	205

PRESCRIPTION DISCOUNT VERIFICATION PROCESS

Each proposer shall include cost effective prescription costs, and substantiation of representations about cost savings to the County may be deemed critical to the RFP process and selection of the most effective firm for St. Johns County. It is recognized that Prescription Benefit Managers (“PBM”) may not disclose cost details of specific prescriptions. However, St. Johns County will expect maximum cooperation from proposers for verification of proposed prescription pricing.

Included as an attachment to this RFP is a file of all paid prescriptions for the most recently completed calendar quarter (from October 1, 2017 to December 31, 2017).

Each proposer for PBM services shall reprice these claims using their prescription costs on the actual date of service of the claim and their various applicable fees proposed. In providing costs for these prescription claims, Respondents shall include all fees and charges that would apply including administration, dispensing fees, utilization review, etc. The repricing shall not subtract the member responsibility (i.e. copay, etc.) for each prescription claim.

It is recognized that each PBM has its own network, discounts and programs applicable to each. Proposers shall provide repricing based on the current network of pharmacies utilized by St. Johns County and can also provide a 2nd repricing based on the proposers' network of pharmacies as if the prescription claims had been filled at those pharmacies.

Each PBM shall provide their **totals** in the Proposal Forms, and describe their repricing process and to identify individual claims, if any, where they did not have data needed to accurately reprice. If the committee chooses to have the costs shown in the proposals of the short-listed firms confirmed, the consultants will make arrangements with the shortlisted firms to verify the costs presented in their proposals. The consultants will keep the specific individual Rx costs confidential. The verification process is expected to take one (1) full day each. Upon request, the consultants shall be provided a secure, electronic file to verify the pricing provided in the proposal. In the visit the following will be done:

- Review the spreadsheet of claim detail. Initially review for obvious errors. For example, prescription cost or administrative fee of \$0.00.
- Ask to confirm the prescription cost for the date of dispensing for a random sampling of claims by reviewing their system.

A report will be provided to the selection committee regarding any changes to the costs originally presented.

C. PRESENTATIONS BY SHORT-LISTED FIRMS:

In the event the Evaluation Committee and Purchasing Department determines that presentations from shortlisted firms are necessary to make a final recommendation, shortlisted firms will be notified by the County. Presentations will be evaluated by the Evaluation Committee, and the scores from each Evaluator shall be added to the points awarded for each firm, to determine the Total Score for each firm. The criteria by which presentations will be scored will be provided to the shortlisted firms with the above referenced notification by the County.

D. RECOMMENDATION FOR AWARD:

Recommendation shall be made to the Board of County Commissioners by County Staff to enter into negotiations with the highest ranked firm with the intention of coming to agreement over terms, conditions, and pricing in order to award a Contract for the services described herein. Upon approval by the Board of County Commissioners, County Staff shall begin negotiations, and if terms and conditions are agreeable to all parties, an agreement shall be issued and executed by all parties.

E. PROTEST PROCEDURES:

Any respondent adversely affected by an intended decision, or by any term, condition, or procedure or specification with respect to this Request for Proposals, shall file, with the SJC Purchasing Department a written Notice of Protest, no later than seventy two (72) hours (excluding Saturdays, Sundays, and legal holidays for employees of St. Johns County) after the posting, either electronically, or by other means, of the notice of intended action, notice of intended award, bid tabulation, publication by posting electronically or by other means of a procedure, specification, term or condition which the person intends to protest, or the right to protest such matter shall be waived. The full protest procedures may be obtained from the SJC Purchasing Department, and are included in St. Johns County's Purchasing Manual. All terms and conditions of the County's Purchasing Manual are incorporated into this Request for Proposals by reference, and are fully binding.

RFP NO: 18-30 MEDICAL AND PRESCRIPTION CLAIMS ADMINISTRATION SERVICES

PART VI: CONTRACT REQUIREMENTS

A. CONTRACT AGREEMENT & TERM:

The Contract Agreement, or policy, for Medical and Prescription Claims Administration Services shall be on a form furnished by the County, and agreed upon by both parties. The Contract Term shall be for a period of five (5) years. The County shall reserve the right to renew the agreement, for periods up to five (5) calendar years, upon satisfactory performance by the awarded firm, mutual agreement by both parties, the availability of funds, with approval by the Board of County Commissioners.

In the event that a Contract Agreement is attached to the RFP, such attached Contract Agreement is for discussion purposes only, and not necessarily reflective of any Contract that may be ultimately entered into by the County. In the event that a Contract Agreement is not attached to the RFP, it is expressly understood that the Board of County Commissioners' (Board's) preference/selection of any proposal does not constitute an award of a Contract Agreement with the County. It is anticipated that subsequent to the Board's preference/selection of any Proposal, Contract Negotiations will follow between the County and the selected Respondent. It is further expressly understood that no contractual relationship exists with the County until a Contract has been executed by both the County, and the selected Respondent. The County reserves the right to delete, add to, or modify one or more components of the selected Respondent's Proposal, in order to accommodate changed or evolving circumstances that the County may have encountered, since the issuance of the RFP.

B. CONTRACT PRICING:

The pricing agreed upon by both parties, and included in the Contract shall remain firm throughout the duration of the initial term of the Agreement. Changes to prices shall only be considered at the time contract renewals are processed. The awarded firm shall be required to submit any request for changes to the Contract Pricing no less than one hundred fifty (150) days prior to the effective date of any contract renewal period. Changes to Contract Pricing must be justified by the awarded firm, by providing proof of increases to costs to the awarded firm, or changes in governmental regulation. Any change to Contract Pricing shall be negotiated between the County and the awarded firm, and shall not go into effect until a Contract Amendment has been issued, and signed by both parties.

The required written notice for any requested changes to Contract Pricing shall be delivered to:

St. Johns County Board of County Commissioners
Assistant Personnel Services Director & Risk Manager
500 San Sebastian View
St. Augustine, FL 32084

C. COMPENSATION & METHOD OF PAYMENT:

St. Johns County shall compensate the awarded firm based upon the amounts agreed upon by both parties, through negotiations, and as provided in the Contract Agreement, or policy. It is strictly understood that the awarded firm is not entitled to any amount of compensation. Rather, the awarded firms' compensation shall be based upon the awarded firm's adhering to the Scope of Work, detailed in the Contract. As such, the awarded firm's compensation is dependent upon satisfactory completion of the required services, provided herein.

St. Johns County's obligations under the awarded Contract Agreement are subject to the availability of lawfully appropriated funds. While the County will make all reasonable efforts, in order to provide funds needed to perform under the awarded Agreement, the County makes no express commitment to provide such funds in any given County Fiscal Year. Moreover, it is expressly noted that the awarded firm cannot demand that the County provide any such funds in any given County Fiscal Year.

The awarded firm shall invoice the County in the manner and at the frequency as set forth by the County, and provided in the Contract Agreement, or policy, for these services.

D. ACCESS TO CLAIM FILES:

The awarded firm shall be required to provide St. Johns County with reasonable access to all claim files created as a result of the claims services provided under the awarded Agreement. Reasonable access shall include making available, upon

receipt of five (5) calendar days' advance written notice, all claim files for review by St. Johns County. Further, the awarded firm shall provide complete copies of selected files identified by St. Johns County, at the St. Johns County offices, with ten (10) calendar days' advance written notice of the request from the County.

E. OWNERSHIP OF CLAIM DATA:

St. Johns County shall have all right, title, interest and ownership to all loss statistics created as a result of the services provided by the awarded firm. Further, at the sole option of the County, and upon fourteen (14) calendar days' written notice, the awarded firm shall provide such data to St. Johns County.

At the termination of the Contract, the awarded firm shall provide the County with computer tapes or other computer media containing all of the data required to facilitate a smooth transition. Such data shall be made available within thirty (30) calendar days of written request, in a format generally importable into a commonly recognized database for loss statistics.

F. AUDIT:

The awarded firm shall be required to allow St. Johns County to audit, or to permit designees on behalf of St. Johns County, to audit the awarded firm's files and procedures as they relate to St. Johns County.

The awarded firm shall be required to provide St. Johns County with an SAS-70 audit, or its equivalent, on an annual basis.

G. SUBCONTRACTING:

The County reserves the right to approve the use of any sub-contractor, or to reject the selection of a particular sub-contractor, and to review any and all proposed sub-contractors to make a determination as to the capability of the sub-contractor to perform any aspect of the required services as provided herein. Respondents are encouraged to seek disadvantaged, minority, and women owned business enterprises for participation in sub-contracting opportunities.

H. CONTRACT PERFORMANCE:

At any point in time during the term of the Contract with the awarded firm, County Staff may review records of performance to ensure that the awarded firm is continuing to provide sufficient financial support, equipment and organization as prescribed herein. The County may place said contract on probationary status and implement termination procedures if the County determines that a awarded firm no longer possesses the financial support, equipment and organization which would have been necessary during the RFP evaluation period in order to comply with this demonstration of competency section.

I. TERMINATION:

Failure on the part of the awarded firm to comply with any portion of the duties and obligations under the Contract Agreement shall be cause for termination. If the awarded firm fails to perform any aspect of the responsibilities described herein, St. Johns County shall provide written notification stating any and all items of non-compliance. The awarded firm shall then have seven (7) consecutive calendar days to correct any and all items of non-compliance. If the items of non-compliance are not corrected, or acceptable corrective action, as approved by the County, has not been taken within the seven (7) consecutive calendar days, the Contract Agreement may be terminated by St. Johns County for cause, upon giving seven (7) consecutive calendar days written notice to the awarded firm.

In addition to the above, the County may terminate the Contract Agreement, or policy, at any time, without cause, upon thirty (30) days written notice to the awarded firm.

In the event of termination of the Contract Agreement, or policy, for any reason, the earned fees or other consideration shall be computed on a pro rata basis without penalty, and the awarded firm shall refund the excess of paid fees or other consideration to St. Johns County, within thirty (30) days from the effective date of termination.

J. NON-RENEWAL/RESTRICTION/CANCELLATION:

Notwithstanding any provision in the awarded Contract Agreement to the contrary, except with respect to cancellation of the Contract for non-payment (for with at least sixty (60) days' written notice shall be provided), the awarded firm may not cancel, non-renew, restrict coverage, or restrict the awarded firm's contractual obligations with respect to the Contract except at the end of the initial term, or any one of the renewal terms, when such action is to be effective at least one hundred fifty (150) days after receipt by St. Johns County, valid written notice from the awarded firm, of the firm's intention with

respect to such cancellation, non-renewal, restriction of coverage, or restriction of the awarded firm's contractual obligations.

The required written notice of any cancellation, non-renewal, or restriction of the awarded firm's contractual obligations shall be delivered to:

St. Johns County Board of County Commissioners
Assistant Personnel Services Director & Risk Manager
500 San Sebastian View
St. Augustine, FL 32084

K. INSURANCE REQUIREMENTS:

The awarded firm shall furnish the St. Johns County with proof of:

1. Statutory Limits of Worker's Compensation in compliance with Chapter 440, Florida Statute.
2. Employer's Liability Insurance in an amount not less than \$1,000,000 per occurrence.
3. Commercial General Liability Insurance, including Contractual Liability and Products and Completed Operations, in an amount equal to or greater than \$1,000,000 per occurrence for any occurrence resulting in bodily injury or death, or personal injury or property damage to any one or group of persons, including any consequential damages that arise therefrom. If policy is on a "CLAIMS MADE" basis, proposer's insurance carrier will identify policy as such and indicate in writing the amount of claims paid by this policy and reserves outstanding. Policy aggregates must equal at least two (2) times the occurrence limit.
4. Commercial Automobile Liability Insurance in an amount equal to or greater than \$1,000,000 per occurrence for bodily injuries and/or death to any person or persons caused by passenger automobiles or commercial vehicles.
5. Professional (errors and omissions) liability policy in the amount of not less than \$2,000,000 covering employees or representatives who provide services to the St. Johns County.
6. A fidelity bond in the amount of not less than \$1,000,000 covering those employees or representatives who handle or have possession of monies of the Plan.
7. Insured Endorsement: The St. Johns County shall be named as an additional insured on all policies (except Workers Compensation and Professional Liability) that are required by these specifications.
8. Cancellation Notice: All policies in effect shall contain cancellation endorsements providing the St. Johns County sixty (60) days written notice of such cancellation, non-renewal and/or reduction in coverage limits prior to the effective date of such cancellation, non-renewal and/or reduction:
9. Cyber Liability: Such insurance shall be on a form acceptable to the St. Johns County and shall cover, at a minimum, the following:
 - Data Loss and System Damage Liability
 - Security Liability
 - Privacy Liability
 - Privacy/Security Breach Response Coverage, including Notification Expenses

Such Cyber Liability coverage must be provided on an Occurrence Form or, if on a Claims Made Form, the retroactive date must be no later than the first date of this Contract and such claims-made coverage must respond to all claims reported within three years following the period for which coverage is required and which would have been covered had the coverage been on an occurrence basis. The minimum limits (inclusive of any amounts provided by an umbrella or excess policy) shall be: \$ 1,000,000 Each Claim/Annual Aggregate

L. INDEMNIFICATION:

To the fullest extent permitted by law, the Contractor shall indemnify and hold harmless St. Johns County, Florida, and employees from and against liability, claims, damages, losses and expenses, including attorney's fees, arising out of or resulting from performance of the Work, provided that such liability, claims, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or injury to or destruction to tangible property (other than the Work itself)

including loss of use resulting there from, but only to the extent caused in whole or in part by negligent acts or omissions of the Consultant, a Sub-consultant, or anyone directly or indirectly employed by them or anyone for whose acts they may be liable, regardless of whether or not such liability, claim, damage, loss or expense is caused in part by a party indemnified hereunder.

In claims against any person or entity indemnified under this Paragraph by an employee of the Consultant, a Sub-consultant, any one directly or indirectly employed by them or anyone for whose acts they may be liable, the indemnification obligation under this Paragraph shall not be limited by a limitation on amount or type of damages, compensation or benefits payable by or for the Contractor or a Sub-Contractor under workers' compensation acts, disability benefits acts or other employee benefit acts.

M. LICENSES, PERMITS & FEES:

All entities defined under Chapters 607, 608, 617 or 620, Florida Statutes, seeking to do business with the St. Johns County shall be on file and in good standing with the State of Florida's Department of State.

The offeror shall have, prior to making this offer, met the license, certification, and any other requirements of the state, county, city and/or other agency of authority with jurisdiction in such matters and should provide copies of documentation which evidence such qualifications with your response to this solicitation; and, that the offeror shall provide follow-up evidence that the contractor maintains such credentials throughout the period of the agreement.

A copy of a current certificate of authority from the Secretary of State authorizing your company to do business in the State of Florida; or other evidence of legal authority to do business in the state, county, city and/or any other agency of authority should be provided with your response to this solicitation; however, the St. Johns County may allow this responsiveness issue to be cured after submission of your offer within a reasonable period of time and prior to any recommendation for award. Information concerning certification with the Secretary of State can be obtained at:

<http://ccfcorp.dos.state.fl.us/index.html>.

Failure to provide evidence of current licensure, certification or other evidence of legal authority to do business in the matters of this solicitation may render your offer non-responsive.

N. GOVERNING LAWS & REGULATIONS:

It shall be the responsibility of the awarded firm to be familiar and comply with any and all federal, state, and local laws, ordinances, rules and regulations relevant to the services to be performed under this Contract. The Contract Agreement shall be governed by the laws of the State of Florida and the County both as to interpretation and performance.

RFP NO: 18-30 MEDICAL AND PRESCRIPTION CLAIMS ADMINISTRATION SERVICES

PART VII: ATTACHMENTS/FORMS

**REQUEST FOR PROPOSALS (RFP) NO: 18-30
MEDICAL AND PRESCRIPTION CLAIMS ADMINISTRATION SERVICES**

COVER PAGE

**SUBMIT ONE (1) HARD-COPY ORIGINAL, SEVEN (7) EXACT HARD COPIES AND
ONE (1) EXACT ELECTRONIC PDF COPY IN A SEALED ENVELOPE OR CONTAINER TO:**

PURCHASING DEPARTMENT
ST. JOHNS COUNTY
500 SAN SEBASTIAN VIEW
ST. AUGUSTINE FLORIDA 32084

COMPANY NAME: _____

DATE: _____

**REQUEST FOR PROPOSALS (RFP) NO: 18-30
MEDICAL AND PRESCRIPTION CLAIMS ADMINISTRATION SERVICES**

**St. Johns County Board of County Commissioners
DRUG-FREE WORKPLACE FORM**

The undersigned firm, in accordance with Florida Statute 287.087 hereby certifies that

_____ does:
Name of Firm

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the danger of drug abuse in the workplace, the business' policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, employee assistance programs and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the contractual services that are described in St. Johns County's request for proposals to provide bond underwriter services a copy of the statement specified in paragraph 1.
4. In the statement specified in paragraph 1, notify the employees that, as a condition of working on the contractual services described in paragraph 3, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Florida Statute 893, as amended, or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction or plea.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community by, any employee who is so convicted.
6. Consistent with applicable provisions with State or Federal law, rule, or regulation, make a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1 through 5.

As the person authorized to sign this statement, I certify that this firm complies fully with the above requirements.

Signature

Date

Full Legal Company Name

**REQUEST FOR PROPOSALS (RFP) NO: 18-30
MEDICAL AND PRESCRIPTION CLAIMS ADMINISTRATION SERVICES**

CERTIFICATION FOR PARTNERING WITH COUNTY BROKER

I, _____, hereby acknowledge and certify, as a principal,
(Authorized Company Representative Printed Name)
or other authorized representative of the submitting firm, _____,
(Full Legal Company Name)

that we agree to partner with, and coordinate all applicable services with the Agent or Broker currently under contract with, or in use by St. Johns County, throughout the duration of the Contract.

It is expressly understood that the Respondent, by signing below, shall not require St. Johns County to utilize an agent or broker of their determination, and that the Respondent is able to partner with the agent or broker of the County's selection, throughout the duration of the Contract.

By: _____
Authorized Representative Signature

Date of Execution

Note: Failure to certify the Respondent's ability to partner and coordinate with the County's agent or broker, may result in removal from consideration of award.

**REQUEST FOR PROPOSALS (RFP) NO: 18-30
MEDICAL AND PRESCRIPTION CLAIMS ADMINISTRATION SERVICES**

AFFIDAVIT

TO: ST. JOHNS COUNTY BOARD OF COUNTY COMMISSIONERS
ST. AUGUSTINE, FLORIDA

At the time the proposal is submitted, the Respondent shall attach to his proposal a sworn statement.

The sworn statement shall be an affidavit in the following form, executed by an officer of the firm, association or corporation submitting the proposal and shall be sworn to before a person who is authorized by law to administer oaths.

STATE OF _____ COUNTY OF _____. Before me, the undersigned authority, personally appeared _____ who, being duly sworn, deposes and says he is _____ (Title) of _____ (Firm) the respondent submitting the attached proposal for the services covered by the RFP documents for RFP No: 18-30 Medical and Prescription Claims Administration Services.

The affiant further states that no more than one proposal for the above referenced project will be submitted from the individual, his firm or corporation under the same or different name and that such respondent has no financial interest in the firm of another respondent for the same work, that neither he, his firm, association nor corporation has either directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in connection with this firm's proposal on the above described project. Furthermore, neither the firm nor any of its officers are debarred from participating in public contract lettings in any other state.

(Proposer)

By _____

(Title)

STATE OF _____)

COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20____, by _____ who personally appeared before me at the time of notarization, and who is personally known to me or who has produced _____ as identification.

Notary Public

My commission expires:

VENDOR ON ALL COUNTY PROJECTS MUST EXECUTE AND ATTACH THIS AFFIDAVIT TO EACH PROPOSAL.

**REQUEST FOR PROPOSALS (RFP) NO: 18-30
MEDICAL AND PRESCRIPTION CLAIMS ADMINISTRATION SERVICES**

AFFIDAVIT OF SOLVENCY

PERTAINING TO THE SOLVENCY OF {insert entity name}, being of lawful age and being duly sworn I, {insert affiant name}, as {insert position or title} (ex. CEO, officer, president, duly authorized representative, etc.) hereby certify under penalty of perjury that:

1. I have reviewed and am familiar with the financial status of above stated entity.
2. The above stated entity possesses adequate capital in relation to its business operations or any contemplated or undertaken transaction to timely pay its debts and liabilities (including, but not limited to, unliquidated liabilities, unmatured liabilities and contingent liabilities) as they become absolute and due.
3. The above stated entity has not, nor intends to, incur any debts and/or liabilities beyond its ability to timely pay such debts and/or liabilities as they become due.
4. I fully understand failure to make truthful disclosure of any fact or item of information contained herein may result in denial of the application, revocation of the Certificate of Public Necessity if granted and/or other action authorized by law.

The undersigned has executed this Affidavit of Solvency, in his/her capacity as a duly authorized representative of the above stated entity, and not individually, as of this ____ day of _____, 20____.

Signature of Affiant

STATE OF _____)

COUNTY OF _____)

Subscribed and sworn to before me this ____ day of _____, 20____, by _____ who personally appeared before me at the time of notarization, and who is personally known to me or who has produced _____ as identification.

Notary Public

My commission expires:

**REQUEST FOR PROPOSALS (RFP) NO: 18-30
MEDICAL AND PRESCRIPTION CLAIMS ADMINISTRATION SERVICES**

**St. Johns County Board of County Commissioners
Conflict of Interest Disclosure Form**

The term "conflict of interest" refers to situations in which financial or other considerations may adversely affect, or have the appearance of adversely affecting a consultant's/contractor's professional judgment in completing work for the benefit of St. Johns County ("County"). The bias such conflicts could conceivably impart may inappropriately affect the goals, processes, methods of analysis or outcomes desired by the County.

Consultants/Contractors are expected to safeguard their ability to make objective, fair, and impartial decisions when performing work for the benefit of the County. Consultants/Contractors, therefore must there avoid situations in which financial or other considerations may adversely affect, or have the appearance of adversely affecting the consultant's/contractor's professional judgement when completing work for the benefit of the County.

The mere appearance of a conflict may be as serious and potentially damaging as an actual distortion of goals, processes, methods of analysis or outcomes. Reports of conflicts based upon appearances can undermine public trust in ways that may not be adequately restored even when the mitigating facts of a situation are brought to light. Apparent conflicts, therefore, should be disclosed and evaluated with the same vigor as actual conflicts.

It is expressly understood that failure to disclose conflicts of interest as described herein may result in immediate disqualification from evaluation or immediate termination from work for the County.

Please check the appropriate statement:

- I hereby attest that the undersigned Respondent has no actual or potential conflict of interest due to any other clients, contracts, or property interests for completing work on the above referenced project.
- The undersigned Respondent, by attachment to this form, submits information which may be a potential conflict of interest due to other clients, contracts or property interests for completing work on the above referenced project.

Legal Name of Respondent: _____

Authorized Representative(s) :

_____ Signature	_____ Print Name/Title
_____ Signature	_____ Print Name/Title

Full Legal Company Name

**REQUEST FOR PROPOSALS (RFP) NO: 18-30
MEDICAL AND PRESCRIPTION CLAIMS ADMINISTRATION SERVICES**

**ATTACHMENT A
MEDICAL CLAIMS ADMINISTRATION PROPOSAL FORMS**

A. PROPOSER'S IDENTIFICATION

Name of Proposer: _____

FEIN/SS#: _____

Address: _____

Insurer Proposal
Contact: _____

Telephone Numbers
Daytime/After Hours: _____

E-mail: _____

MEDICAL CLAIMS ADMINISTRATION COST INFORMATION

Administration costs for both self-insured plans based on per employee per month (PEPM) cost

Provide the monthly rates and annual cost in the table below if the rates are the same for the two (2) plans being offered. However, if the rates are different for the plans, create an additional table for each plan. Make sure that if you add one (1) or more tables to account for different rates that the total of all tables equals total annual cost for all plans.

	ADMINISTRATION COSTS FOR 1/1/2019-12/31/2019	#	X	\$Rate	X	12	=	Annual Cost
1.	Claims service cost	2,182	X	\$	X	12	=	\$
2.	Network access fees, if any	2,182	X	\$	X	12	=	\$
3.	Wellness Program (attach explanation)	2,182	X	\$	X	12	=	\$
4.	COBRA administration cost *	2,182	X	\$	X	12	=	\$
5.	HIPAA administration cost	2,182	X	\$	X	12	=	\$
6.	Premium taxes	2,182	X	\$	X	12	=	\$
7.	Commissions, finders' fees or other remuneration to insurance agent	2,182	X	\$	X	12	=	\$
8.	Enrollment meetings and materials	2,182	X	\$	X	12	=	\$
9.	Printing of booklets, plan documents	2,182	X	\$	X	12	=	\$
10.	Other charges (explain)	2,182	X	\$	X	12	=	\$
	TOTAL ADMINISTRATION COST							\$

* Proposers should clearly state if COBRA services are to be provided by an outside firm, charging extra.

1. For how many years are these PEPM administration rates guaranteed? A minimum of three (3) years is preferred. Are there any assumptions, special requirements or contingencies involved?
2. Does your cost includes payment of run-out claims and extension of benefits claims of disabled persons (the County is obligated to pay claims as required by Florida Statute 627.667 (3) (a) for up to 12 months after plan termination). If this cost is not included, provide the additional cost for such service.

CLAIMS PROJECTIONS (Rx not included)

PPO PLAN 1 _____ (state plan name/#) CLAIMS PROJECTIONS (Plan most similar to Blue Options 03559)	Next 12 Months
Estimate of 01/01/2019 – 12/31/2019 paid claims	\$
Estimate of 01/01/2019 – 12/31/2019 incurred claims	\$
Medical claims trend factor	1.

HDHP PLAN 2 _____ (state plan name/#) CLAIMS PROJECTIONS (Plan most similar to Blue Options 05360)	Next 12 Months
Estimate of 01/01/2019 – 12/31/2019 paid claims	\$
Estimate of 01/01/2019 – 12/31/2019 incurred claims	\$
Medical claims trend factor	1.

Both Plans CLAIMS PROJECTIONS	Next 12 Months
Estimate of 1/1/2019-12/31/2019 paid claims	\$
Estimate of 1/1/2019-12/31/2019 incurred claims	\$

MEDICAL CLAIMS ADMINISTRATION COST INFORMATION

Attach necessary explanations and/or deviations.

1. What is the range of required enrollment for each option offered? State here if there are any required minimums.
2. For what range of employees and retirees are the proposed costs applicable (e.g. within 5%, 10%, etc. of the census)
3. If the number of enrollees is less than the plan members in the census data, but the age and sex mix are not materially different, will you honor your proposal as proposed?
4. What rate/cost guarantees will you provide beyond the thirty-six (36) months, e.g. administration or other? Provide details.
5. Will you agree to negotiate changes in proposed benefits, administration and other costs, at the County's request?
6. Are there any subrogation fees? Explain.

Network Cost Questions

1. Identify average medical network provider discounts in the following counties for the plans you are proposing:

St. Johns County

	Discount off billed charges	Explanation
PPO Physicians		
HDHP Physicians		
PPO Hospitals		
HDHP Hospitals		

Duval County

	Discount off billed charges	Explanation
PPO Physicians		
HDHP Physicians		
PPO Hospitals		
HDHP Hospitals		

Flagler County

	Discount off billed charges	Explanation
PPO Physicians		
HDHP Physicians		
PPO Hospitals		
HDHP Hospitals		

Putnam County

	Discount off billed charges	Explanation
PPO Physicians		
HDHP Physicians		
PPO Hospitals		
HDHP Hospitals		

Alachua County

	Discount off billed charges	Explanation
PPO Physicians		
HDHP Physicians		
PPO Hospitals		
HDHP Hospitals		

Volusia County

	Discount off billed charges	Explanation
PPO Physicians		
HDHP Physicians		
PPO Hospitals		
HDHP Hospitals		

2. Are you providing any guaranteed network discounts for the County? If yes, describe in detail.
3. If providing any guaranteed network discounts, are there any claim exclusions from these discounts?
4. Describe the verification process of the network discounts proposed.

MEDICAL COVERAGE INFORMATION

Attach necessary explanations and/or deviations.

1. Have you provided the Benefits Match-up a,b (Exhibits 17 and 18 in Word format)?
2. Are the plans proposed filed and approved with the State of Florida for 1/1/2019? If not, explain.

3. Have you provided descriptive material on all medical benefits provided and all limitations and exclusions?
4. To the extent appropriate, will you provide ongoing healthcare reform guidance, updates and resources? Explain.
5. Will you provide a Summary of Benefits and Coverage?
6. Are sample summary plan documents and other benefits plan descriptions and riders provided for analysis?
7. Will you assure that your takeover of administration of the plan from the current insurer will be on a no loss/no gain basis to participants and the County?
8. Do you agree that coverage is to be provided to those that meet the County's eligibility requirements?
9. Do you agree to cover all presently insured employees, retirees and dependents whether at work, disabled or otherwise on approved absence on the effective date of coverage?
10. Will you be responsible for takeover of the current plan's extension of benefits? Explain.
11. With regard to transition of care, how will employees under the care of a physician or specialist for a serious health condition be notified?
12. How is lab work covered if performed in a physician's office? Is a specific lab company required to be used by members? Describe your contracted arrangements for laboratory work. Is the lab arrangement capitated? Describe the discounts and terms.
13. The County's plan offers both in-network and out-of-network benefits. If an employee/dependent/spouse has services done at an in-network facility, i.e. hospital or outpatient surgical center, etc., and there are ancillary services done as well, i.e. anesthesia, radiology, pathology, etc. and that service is considered out-of-network, how is the service paid? Please be specific.
14. Briefly describe to what extent benefits are provided out of the local service area, e.g. if a participant (employee, retiree, COBRA or dependent) needs medical care elsewhere in the U.S. or abroad.
15. How are non-emergency services covered for participants who must travel for extended periods of time outside of their home location?
16. How do you propose to cover retirees whether they remain in the local area or move out of the area or out of state?
17. What specific services or programs targeted at quality health care that are not addressed in the RFP do you offer that set you apart from your competitors? What do you do that is especially innovative?

MEDICAL CLAIMS ADMINISTRATION PROVIDER/MANAGED CARE INFORMATION

1. Identify the name and address of the organization(s) providing the following services and their characteristics:

- a. Provider Network(s)

Please list all provider networks that you are proposing.

Organization: _____

Contact: _____

Phone: _____

Address: _____

- b. Medical Case Management

Organization: _____

Contact: _____

Phone: _____

Address: _____

c. Utilization Review

Organization: _____

Contact: _____

Phone: _____

Address: _____

2. Have you compared your network with the County's network providers (Exhibit 20, in Excel format) and submitted a network match-up for the most utilized providers?
3. Have you provided descriptive materials of the plan offered, including a directory of network hospitals, physicians and specialists, locations and office hours of facilities and staff and arrangements for after hours or emergency services?
4. Are there any major hospital or provider care systems whose contracts are expiring within the plan year? How does your company handle the increasing instances of insurer and provider contract conflicts? What assurances can you provide the County?
5. Will County employees have access to network providers on a statewide basis? If No, explain why not.
6. Is provider network information available on the Internet? Yes ____ No ____
If Yes, indicate website address _____
What is the date of the current directory? _____
How often is the directory updated? _____
7. Please describe your proposed case management services including any enhancements, and measurement of success tools.
8. What is your procedure to address the need for a primary care provider or specialist who may not be in your network?
9. The following questions are about primary care physicians (PCPs).
10. Do any of your proposed plans require the use of a primary care physician, with referrals required to see a specialist? Which plans?
11. If your company has a sub network of select physicians, summarize your company's selection criteria, e.g. board designations, efficiency of care, statistical evaluation.
12. If your company has a sub network of select hospitals, summarize your company's selection criteria, e.g. board designations, efficiency of care, statistical evaluation.
13. Please detail your ability to work with the County to develop a sub preferred network and to develop plan designs to encourage use of the sub network.
14. Have you listed network hospitals in the following counties: St. Johns, Duval, Flagler, Putnam, Alachua and Volusia? Please copy this page and respond appropriately for any additional hospitals.

a. St. Johns:

Hospital #1: _____

Hospital #2: _____

Hospital #3: _____

Hospital #4: _____

Hospital #5: _____

b. Duval:

Hospital #1: _____

Hospital #2: _____

Hospital #3: _____

Hospital #4: _____

Hospital #5: _____

c. Flagler:

Hospital #1: _____

Hospital #2: _____

Hospital #3: _____

Hospital #4: _____

Hospital #5: _____

d. Putnam:

Hospital #1: _____

Hospital #2: _____

Hospital #3: _____

Hospital #4: _____

Hospital #5: _____

e. Alachua:

Hospital #1: _____

Hospital #2: _____

Hospital #3: _____

Hospital #4: _____

Hospital #5: _____

f. Volusia:

Hospital #1: _____

Hospital #2: _____

Hospital #3: _____

Hospital #4: _____

Hospital #5: _____

15. Indicate the number of hospitals with the following services, by county, in each of the Counties provided in Question #13 above.

Network Provider	St. Johns	Duval	Flagler	Putnam	Alachua	Volusia
Hospital with Trauma Unit						
Hospital with Obstetrical Services						
Hospital with Cardiac Unit						
Hospital with Ambulatory Surgical Unit						
Hospital with Psychiatric Services						
Hospital with Chemical Dependency Service						

16. Please provide the number of physicians in each of the following counties in the following specialties: (Count each physician once based on their primary practice.)

	St. Johns			Duval			Flagler		
	Total # Drs.	# Board Certified	Accepts New Pts.	Total # Drs.	# Board Certified	Accepts New Pts.	Total # Drs.	# Board Certified	Accepts New Pts.
Family Practice									
General Practice									
Internal Medicine									
Obstetrics									
Pediatrics									
Gynecology									
General Surgery									
Cardiovascular Surgery									
Orthopedic Surgery									
Urology									
Psychiatry									
Nephrology									
Dermatology									
Gastroenterology									
Neurology									
Oncology									
Otolaryngology									
Ophthalmology									
Endocrinology									
Chiropractic									

	Putnam			Alachua			Volusia		
	Total # Drs.	# Board Certified	Accepts New Pts.	Total # Drs.	# Board Certified	Accepts New Pts.	Total # Drs.	# Board Certified	Accepts New Pts.
Family Practice									
General Practice									
Internal Medicine									
Obstetrics									
Pediatrics									
Gynecology									
General Surgery									
Cardiovascular Surgery									
Orthopedic Surgery									
Urology									
Psychiatry									
Nephrology									
Dermatology									
Gastroenterology									
Neurology									
Oncology									
Otolaryngology									
Ophthalmology									
Endocrinology									
Chiropractic									

MEDICAL SERVICE/CUSTOMER SERVICE AND ADMINISTRATION INFORMATION

Attach necessary explanations and/or deviations.

- Does your proposal include one experienced account manager to assist the County with managing the everyday details of the County's account? Explain their experience in this type of role.
- Where is the account manager's office location?
- Does your proposal include one experienced case manager to assist the County with managing high risk and high cost claims? Explain. Please detail how this position will coordinate to improve medical outcomes.
- Does your proposal include one part-time claims representative who will be able to go on-site at County locations bi-monthly to assist with administrative issues and employee claims and other issues? Explain.
- Where is the administration and claims payment facility located?
- Will you require a new enrollment?
- If so, what is your most realistic estimate of the least number of calendar days required to enroll the County's group?
- Will you provide representation for enrollment at each work location in sufficient numbers, as requested by the County?
- Do you agree to participate in the re-enrollment process, as needed, possibly by conducting employee orientation meetings, including explanation of the plan(s) offered, and key differences between current plans and those to be implemented?
- Will you prepare literature describing the new plan in layman's terms and make such literature available for the employee meetings?
- Will you provide an insurance policy/certificate/booklet, plan document, I.D. cards (coordinating with others to include pharmacy benefit information on a single card), and other appropriate literature to describe benefits to employees?
- In addition, will you furnish an electronic version of the certificates/booklets for the County to use on their website? Confirm these documents will be provided at no additional cost to the County.
- How will you coordinate with the County to continue confirming enrollment/eligibility on a monthly basis by comparing

- the insurer's eligibility record to the County's eligibility record in Excel format?
14. Will you offer online access for employees and dependents to review their medical claims, plan information, etc.? Explain.
 15. To what extent do you recommend electronic enrollment? At what cost? Attach details.
 16. What is your procedure and assistance for enrollment of employees who become eligible after plan inception?
 17. Do you provide a 24-hour nurse "hot line" via a toll free number?
 18. What service hours will you provide for the County, and what access to service representatives will be available nights, weekends and holidays, if needed (describe your accommodations other than weekdays)?
 19. Will you perform the following claims functions?
 20. Verify/confirm dependent eligibility.
 21. Make any necessary investigations or consultations with plan participants, medical care providers or others necessary to assure claim validity.
 22. Establish and maintain complete claims files on each claim.
 23. Coordinate with preferred providers, utilization review services and others who have an effect on claims activity.
 24. Properly review, process and pay claims.
 25. Provide direct payment to medical providers on assignment by participants.
 26. Coordinate benefits with all available sources, if not prohibited by law.
 27. Provide explanations of benefits (EOBs) to plan participants.
 28. Continuously advise with regard to actions, procedures, etc. which will result in control of claims and cost containment.
 29. Does your contract include a "hold harmless" clause to protect employees from any fees for provider services rendered that are eligible charges according to the plan (except deductible and coinsurance), regardless of the reason for non-payment? If yes, describe.
 30. Do you assume fiduciary liability for administration of the plan? If yes, explain the process for settlement of a claim dispute. If not, explain both the financial and legal support that will be available to the County.
 31. Have you provided a copy of your SAS-70 audit or its equivalent?
 32. What percentage of claims do you audit each month? Describe the audit process. Will you supply routine audit findings to the County? Please provide a sample of this report.
 33. Will your contract include a provision reserving the County the right to audit claims at its expense, as the County deems necessary?
 34. Describe the instances in which an explanation of benefits (EOB) will be generated and forwarded to participants. Are EOBs in paper or electronic format, or both?
 35. Will you perform all COBRA services needed by the County? Explain if there are any COBRA related services you will not provide.
 36. Will you administer HIPAA and assure compliance with HIPAA law?
 37. Will any costs incurred at installation of your plan, be expected to be incurred by the County? What costs and what amounts?
 38. Are you providing any sort of installation allowance to financially aid the County in getting through the installation?
 39. Have you provided an attachment of your performance guarantees? Are they specific to the County? If not, why? What is your total/maximum at-risk amount?
 40. Are you willing to negotiate alternative terms, and to recommend incentives and/or disincentives to make the performance guarantee(s) practical?

41. Will you permit the County to perform audits regarding the performance guarantees?
42. Explain how your system identifies claims with medical case management potential.
43. Please confirm that you will provide the insurance coverage as described in Section IV of the RFP. If there are any deviations, please state them here.
44. Identify below any additional information about your proposal that the County should consider (*attach and identify additional pages as necessary*).

MEDICAL AND DATA SERVICES INFORMATION

Attach necessary explanations and/or deviations.

1. Will you provide monthly summaries of enrollment, rates, premiums and claims, (within 30 days of the end of the month) with cumulative totals for the plan year? Explain any differences between what is requested and what you will provide.
2. Will you provide such information separately for employees and their dependents, retirees (Medicare and non-Medicare eligible) and their dependents, COBRA and their dependents, and total for all participants and all dependents?
3. Will you provide such claims reports additionally for 12 months after plan termination, or until there are no run-out claims? State the cost, if any.
4. Will you provide and update monthly information on claims over \$50,000? State the cost, if any.
5. State specifically which of the following are automatically included in your proposed costs, and which are not. For reports not automatically provided, separately state the additional cost.
 - a) Total charges by provider and for all physicians collectively, total charges by hospital and for all hospitals collectively, total charges for all prescriptions by pharmacy and for all pharmacies collectively. State the cost, if any.
 - b) Number of hospital admissions, number of hospital days, and number of hospital days per admission by hospital and for all hospitals collectively. State the cost, if any.
 - c) Total charges in network versus out-of-network, separately for physicians and for hospitals. State the cost, if any.
 - d) Frequency and severity by diagnosis (provide the top 20). State the cost, if any.
 - e) Estimated cost reductions produced by pre-certification/utilization review or other cost containment method. State the cost, if any.
 - f) Total dollar recoveries from subrogation and coordination of benefits. State the cost, if any.
6. Will you coordinate with the County's prescription benefit manager on the prescription claim data to be inclusive in each member's medical and prescription out-of-pocket maximum? Explain. Are there any additional fees added for this coordination?
7. Please describe other claims reports formats and management reporting systems available to the County. If there are any additional costs, please state.
8. Describe how the County can have access to its data to produce reports on its own.

WELLNESS AND DISEASE MANAGEMENT INFORMATION

Attach necessary explanations and/or deviations.

1. Are you able to offer a program similar to the Better You From Blue program? Explain.
2. Does your proposal include any additional wellness benefits such as health screenings (i.e. skin cancer screening, vision screening, etc.), flu shot program and/or mini health fairs?
3. Does your proposal include an annual wellness incentive fund or similar program fund for the County?
4. What incentives do you provide for complying with wellness initiatives? E.g., prevention screenings, reduction in premium for compliance, etc.

5. What type of return on investment should be expected from the wellness program you are proposing? How are you able to measure and demonstrate such a return?
6. What other services or programs do you offer that set you apart from your competitors? What do you do that is especially innovative?
7. Do you have experience either administering or participating in a health fair?
8. Does your proposal include any online and/or telephonic coaching services?
9. What extent of health coaching do you expect to provide, for what conditions?
10. Will an employee being health coached for a condition be able to talk to the same health coach each time, or will the employee have to take whatever health coach is available at the time?
11. Do you have any programs specifically designed for diabetes? Explain.
12. Do you have any programs specifically designed for allergies? Explain.
13. Do you have any programs specifically designed for high blood pressure? Explain.
14. Do you have any programs specifically designed for high cholesterol? Explain.
15. Do you have any programs specifically designed for weight loss? Explain.
16. Do you have ready-made programs for implementation, such as smoking cessation and nutrition?
17. What is your approach to the following items regarding disease management programs?
 - a. Identifying persons at risk (i.e. Health Risk Assessment).
 - b. Intervention and your basis for such.
 - c. Educating targeted persons to take an active role in disease prevention/ management.
 - d. Conduct of on-going (e.g. monthly) activities and programs to encourage continuous commitment by participants
 - e. Coordination of providers and cost-efficiently maximizing their involvement.
 - f. Management of chronic diseases.
 - g. Measuring the results.
18. Which diseases/conditions/procedures are prime targets in Disease Management programs?
19. How do you plan to coordinate medical claims, pharmacy and other sources of data to maximize the effectiveness of the wellness program?
20. What kind of credentials are held by the persons who are going to provide the basic wellness/disease management services you are proposing; e.g., will they include nurses, doctors, etc.?
21. What supplemental support for non-covered services can you make available? Do you have wellness items/services that are automatically included as part of your program, such as fitness club memberships, Nutri-System, discount bicycle helmets, Jenny Craig, Weight Watchers, etc.
22. What local partnerships can you help develop, e.g. discounts at local gyms, YMCA, YWCA, etc.

MEDICAL CLAIMS ADMINISTRATOR STABILITY

Attach necessary explanations and/or deviations.

1. Provide your current financial rating from A.M. Best and your current Financial Outlook.

<u>Rating Firm</u>	<u>Rating</u>
A.M. Best	_____
Financial Outlook	_____

2. Are you rated by NCQA? What is your rating?
3. Is the insurer authorized to do business in Florida?
4. Does your proposed program comply with all applicable Federal and Florida Statutes regarding group insurance, PPOs and HDHPs, and will you assure future compliance?
5. Briefly describe your organization and its history, number of years of providing services, legal structure, and ownership.
6. What year did the insurer begin business in Florida?
7. How many employees does your company have?
8. How many employees does your company have in Florida?
9. What comments can you offer in assurance of your financial stability and your long term commitment to the Florida market, especially with regard to the County and surrounding counties?

MEDICAL CLAIMS ADMINISTRATOR CLIENT REFERENCES

1. Indicate the number of currently contracted employers in the State of Florida.
2. Indicate the number of currently contracted public-sector employers in the State of Florida.
3. List a minimum of four (4) current clients with similar size and/or industry as the County with the following information:
 - Client Name
 - Contact Name and Title
 - Address
 - Phone and Fax
 - Email Address
 - Length of Client Relationship
 - State if a current or past client
 - Number of Employees

Please note: References must be specific to the proposed service.

ADDITIONAL COMMENTS/DEVIATIONS

If your proposal does not fully comply with any provision, condition or requirement in this RFP, explain fully (*attach and identify additional pages as necessary*) the alternative provision, condition or requirement proposed.

**REQUEST FOR PROPOSALS (RFP) NO: 18-30
MEDICAL AND PRESCRIPTION CLAIMS ADMINISTRATION SERVICES**

**ATTACHMENT B
PRESCRIPTION CLAIMS ADMINISTRATION PROPOSAL FORMS**

A. PROPOSER'S IDENTIFICATION

Name of Proposer: _____

FEIN/SS#: _____

Address: _____

Insurer Proposal Contact: _____

Telephone Numbers _____
 Daytime/After Hours: _____

E-mail: _____

COST INFORMATION

Proposals shall be accepted on both a pass through cost basis and traditional cost basis.

Is your proposal:

1. Pass-through pricing, with full transparency? _____
2. Traditional pricing? _____
3. We are proposing both ways, pass-through and traditional. _____

Provide all information requested regardless of which option(s) you are proposing, but if you are offering both pass-through and traditional pricing, please duplicate the proposal form, complete two versions and clearly indicate which is for pass through pricing and which is for traditional pricing.

ADMINISTRATION COSTS

Please complete the administration cost table below and list the basis upon which the cost will be determined.

BASIC ADMINISTRATION COST	Estimated Scripts	X	\$Rate	X 12	Annual Cost
Claims administration service cost (Retail 30)	53,000	X		X 12	\$
Claims administration service cost (Member Submit)	10	X		X 12	\$
Claims administration service cost (Mail Order)	500	X		X 12	\$
Data feeds to medical insurer/claims administrator	53,500	X		X 12	\$
Commissions, finders' fees or other remuneration to insurance agent	53,500	X		X 12	\$
Other (explain)	53,500	X		X 12	\$
TOTAL BASIC ADMINISTRATION COST					\$

1. State and explain all guarantees that apply to these costs.

ADDITIONAL SERVICE COSTS

Which of the following items are automatically included (I) in the administration services you are proposing; which are not proposed (N); and which are optional (O)? Put I or N or O in the third column below. If there is an additional charge for the service, provide the cost and the basis, e.g. per script, per employee per month, etc.

	ADDITIONAL SERVICES	I/N/O	Basis	Cost
1	Annual Summary of Benefits Letter to Members			\$
2	Claims submitted for direct member reimbursement or other post service adjudication (e.g. subrogation) direct member reimbursement (Paper process of claims)			\$
3	Client Directed Overrides			\$
4	Clinical Appeals and Non-Clinical Appeals			\$
5	Clinical Charges			\$
6	Clinical Prior Authorizations			\$
7	Communication Materials			\$
8	Coordination of Benefits			\$
9	Cost Containment			\$
10	Customer Billing Transmissions			\$
11	Customized Letters to Members			\$
12	Customer Service for Members			\$
13	Data Feeds to Medical Insurer/Claims administrator – Including for out-of-pocket coordination and wellness program			
14	Denials/Rejections			\$
15	Disease Management			\$
16	Electronic Claims Processing			\$
17	Electronic/Online Eligibility			\$
18	Eligibility Submission – Manual/Hardcopy			\$
19	Enrollment meetings and materials			\$
20	Explanation of Benefits			\$
21	FSA Eligibility Feeds			\$
22	Formulary Conversion/Delete Letters			\$
23	HIPAA Related Correspondence			\$
24	Home Delivery Services – Benefit Education			\$
25	Implementation Package and Member Communications including:			\$
26	--New Member packets (includes 2 standard ID cards)			\$
27	--Member replacement cards printed via web			\$
28	--New cards requested by other family members			\$
29	--Client Requested re-carding			\$
30	--Implementation Support			\$
31	ID Cards postage and handling			\$
32	Mail Order			\$
33	Mailings – Postage			\$
34	Mandatory 90 Program – Maintenance Medications Only			\$

	ADDITIONAL SERVICES	I/N/O	Basis	Cost
35	Manual Eligibility Updates			\$
36	Medicare Part D Subsidy enhanced service			\$
37	Medicare Part D Notice of Creditable Coverage			\$
38	Network Development			\$
39	On-Line Access for Members			\$
40	On-Line Access for Client Reports			\$
41	On-Line Access to Formulary			\$
42	Pharmacy Audit Recoveries			\$
43	Pharmacy Directories			\$
44	Pharmacy Help Desk			\$
45	Pharmacy Network Management			\$
46	Pharmacy Reimbursement			\$
47	Plan Setup			\$
48	Printing of booklets, plan documents			\$
49	Replacement Cost for ID Cards			\$
50	Reporting Services including:			\$
51	--Web-based client reporting			\$
52	--Ad-Hoc desktop parametric reporting			\$
53	--Custom Ad-Hoc			\$
54	--Claims detail extract file electronic (NCPDP format)			\$
55	--Load 12 months claims history for clinical reports & reporting			\$
56	--Annual Strategic Account Plan Report			\$
57	--Billing Reports			\$
58	--Inquiry access to claims processing system			\$
59	Safety Management including:			\$
60	--Concurrent DUR			\$
61	--Emerging Therapeutics			\$
62	Specialty Pharmacy			\$
63	Specialty Pharmacy through contractor			\$
64	Standard Reports			\$
65	Training for On-Line Access			\$
66	Trend Management including:			\$
67	--Prior Authorization			\$
68	--Non-Clinical Prior Authorization			\$
69	--Lost/Stolen Overrides			\$
70	--Vacation Supplies			\$
71	--Prior Authorization – Clinical Base List			\$
72	--Blood Glucose Meter Program			\$
73	--Therapeutic Interchange			\$
74	Add in any "Other" Categories and Explain			
75	Other			\$
76	Other			\$
77	Other			\$
78	Other			\$

1. Are these administration costs flat charges, minimum or maximum charges or variable based on claims?
2. State and explain all guarantees that apply to these costs.

DISPENSING FEES

Services	Charge	X	Estimated Scripts	=	Subtotal Annual Cost	Estimated Annual Cost
Retail 30 – Total	\$	X	53,000	=	NA	\$
- Generic	\$	X		=	\$	N/A
- Preferred Brand	\$	X		=	\$	N/A
- Non-Preferred Brand	\$	X		=	\$	N/A
Mail Order - Total	\$	X	500	=	NA	\$
- Generic	\$	X		=	\$	N/A
- Preferred Brand	\$	X		=	\$	N/A
- Non-Preferred Brand	\$	X			\$	N/A
Total Cost – All Retail 30 and Mail Order					\$	\$

1. All scripts shown in the above table include specialty drugs. How are your dispensing fees different, if any, for specialty drugs?
2. State and explain all guarantees that apply to these costs.
3. The current plan does include payments for OTC drugs when the physician writes a prescription. Can you administer this benefit? (In 2016, there were approximately 400 of these paid.)

PRESCRIPTION COST GUARANTEES

Respondents shall provide prescription cost guarantees in regards to annual average effective rate of prescriptions, annual average ingredient cost of prescriptions, etc. The prescription cost guarantees must outline how the guarantees are reconciled, if they are applicable to all prescriptions as a whole versus based on type of drug (generic vs. brand) vs. channel of distribution (retail, mail, specialty, etc.) and include such terms of the guarantee basis including penalties, description of which claims are included/excluded from the guarantees, etc.

Dispensing Channel	Prescription Cost Guarantee (AWP or MAC)
30 Day Retail – Generic	
30 Day Retail – Brand	
31-90 Day Retail – Generic	
31-90 Day Retail - Brand	
Mail Order – Generic	
Mail Order – Brand	
Specialty	

1. Explain the proposed cost guarantees.
2. Do you have the ability to offer retail and mail order discount guarantees?
3. Would any claims be excluded from your retail and mail discount guarantees?
4. Are they guaranteed on an annual basis?
5. How are these guarantees reconciled?
6. Will any shortfall below the guarantee be credited to the County?

DRUG SPEND PROJECTIONS

REPRICED BASED ON CURRENT PHARMACY NETWORK

For Repricing #1, each Respondent for PBM services shall reprice the claims using their prescription costs on the actual date of service of the claim (October 1, 2017 to December 31, 2017) based on the current/provided pharmacy network in the repricing sample. In providing the costs for these prescription claims, Respondents shall include fees and charges that would apply, including additional service costs (utilization review, step therapy, etc.), dispensing fees, etc. The repricing shall not include the administration costs (i.e. a per script charge, PEPM charge, etc.). The repricing shall not subtract the member responsibility (i.e. copay, etc.) for each prescription claim.

From the pricing you have done for these drugs, please provide key costs here:

Line	Category	Sub Totals	Total Cost
1	Retail 30 Prescriptions:		
2	Subtotal \$ amount of generics in your formulary	\$	
3	Subtotal \$ amount of preferred brand in your formulary	\$	
4	Subtotal \$ amount of non-preferred brand in your formulary	\$	
5	Subtotal \$ of fees/charges	\$	
6	Subtotal \$ for OTC drugs	\$	
7	Total cost for all Retail 30 prescription drugs		\$
8	Mail Order Prescriptions:		
9	Subtotal \$ amount of generics in your formulary	\$	
10	Subtotal \$ amount of preferred brand in your formulary	\$	
11	Subtotal \$ amount of non-preferred brand in your formulary	\$	
12	Subtotal \$ of fees/charges	\$	
13	Total cost for all Mail Order prescription drugs		\$
14	Specialty Pharmacy Prescriptions		
15	Subtotal of fees/charges		
16	Total cost for all Specialty prescription drugs		\$
17	Total Cost of Sample Prescriptions	Lines 7+13+16=	\$
18	Rebates for the 90 days		\$
19	Total Cost of Sample Prescriptions after Rebates	Line 17-18=	\$

- Describe your repricing methodology.
- Confirm that your pass through costs shown above do not include the administration costs (i.e. a per script charge, PEPM charge, etc.).
- Confirm that your pass through pricing costs shown above did not subtract the applicable member responsibility (i.e. copay, etc.).
- Explain what your pass through pricing costs shown above include including any fees and charges that would apply including additional service costs (utilization review, step therapy, etc.), dispensing fees, etc.
- Confirm that your repricing is based upon discount agreements in effect on the date of service of the claims, October 1, 2017 – December 31, 2017.
- Were there any claims in the sample you were unable to reprice for some reason? If so, please provide type of claim, claim number and description.
- Confirm that you will comply with the provisions in the RFP for the verification of your repricing. Please indicate if applicable and include copy of any confidentiality agreements that will be required for the verification process.

REPRICED BASED ON PROPOSER'S PHARMACY NETWORK

For Repricing #2, each proposer for PBM services is asked to reprice the claims using their prescription costs on the actual date

of service of the claim (October 1, 2017 to December 31, 2017) based on their recommended pharmacy network. In providing the costs for these prescription claims, be sure to include fees and charges that would apply including additional service costs (utilization review, step therapy, etc.), dispensing fees, etc. The repricing should not include the administration costs (i.e. a per script charge, PEPM charge, etc.). The repricing should not subtract the member responsibility (i.e. copay, etc.) for each prescription claim. Do not add any additional therapy programs or additional dispensing channels (i.e. Retail 90).

From the pricing you have done for these drugs, please provide key costs here:

Line	Category	Sub Totals	Total Cost
1	Retail 30 Prescriptions:		
2	Subtotal \$ amount of generics in your formulary	\$	
3	Subtotal \$ amount of preferred brand in your formulary	\$	
4	Subtotal \$ amount of non-preferred brand in your formulary	\$	
5	Subtotal \$ of fees/charges	\$	
6	Subtotal for all OTC drugs	\$	
7	Total cost for all Retail 30 prescription drugs		\$
8	Mail Order Prescriptions:		
9	Subtotal \$ amount of generics in your formulary	\$	
10	Subtotal \$ amount of preferred brand in your formulary	\$	
11	Subtotal \$ amount of non-preferred brand in your formulary	\$	
12	Subtotal \$ of fees/charges	\$	
13	Total cost for all Mail Order prescription drugs		\$
14	Specialty Pharmacy Prescriptions		
15	Subtotal of fees/charges		
16	Total cost for all Specialty prescription drugs		\$
17	Total Cost of Sample Prescriptions	Lines 7+13+16 =	\$
18	Rebates for the 90 days		\$
19	Total Cost of Sample Prescriptions after Rebates	Line 17-18 =	\$

1. Describe your repricing methodology.
2. Describe the pharmacy network.
3. Confirm that your pass through costs shown above do not include the administration costs (i.e. a per script charge, PEPM charge, etc.).
4. Confirm that your pass through pricing costs shown above did not subtract the applicable member responsibility (i.e. copay, etc.).
5. Explain what your pass through pricing costs shown above include including any fees and charges that would apply including additional service costs (utilization review, step therapy, etc.), dispensing fees, etc.
6. Confirm that your repricing is based upon discount agreements in effect on the date of service of the claims, October 1, 2017 to December 31, 2017.
7. Were there any claims in the sample you were unable to reprice for some reason? If so, please provide type of claim, claim number and description.
8. Are there any other prescription programs (i.e. Retail 90, etc.) that you would recommend to lower the County's prescription costs? Explain.
9. Confirm that you will comply with the provisions in the RFP for the verification of your repricing. Please indicate if applicable and include copy of any confidentiality agreements that will be required for the verification process.

COST GUARANTEE QUESTIONS

1. Which costs are you guaranteeing for more than 12 months?
2. How long are your cost guarantees? Provide details.
3. Please confirm that you will charge St. Johns County and/or their member the lesser of the guaranteed AWP pricing, the MAC and/or the U&C pricing.

COST QUESTIONS

1. If you proposed both pass through pricing and traditional pricing to the County, please state which method you recommend and why.
2. If you have proposed pass through pricing, what mechanism(s) would you recommend and permit for the County to verify pass through pricing?
3. Have you attached comments on the degree(s) of transparency of all your costs, whether you have proposed pass through pricing or traditional pricing?
4. How can you assure the County that your proposal is the most cost effective and in the County's best financial interests with regard to prescription drug costs, administration fees, dispensing fees, rebates and other cost elements?
5. Have you indicated the basis for payment of all fees and costs, and the extent to which payment will be spread out over the time period of service?
6. What pricing source does your company use to define AWP? If this published source or other published sources of AWP cease during term of contract, how will pricing terms be amended? Please explain.
7. Where pricing for retail drugs may be lower than mail order, will you agree to charge the County the lower cost of the retail versus mail order? Explain.
8. Explain to what extent (if any) the County can take advantage of special programs for generics, e.g. \$4 per Rx, offered by the large retail chain stores.
9. State and define your expected mail order turnaround time for a prescription drug the first time it is requested as mail order.
10. What incentives do you recommend to encourage participants to use the mail order service?
11. What controls do you recommend to minimize over-utilization and/or fraud in connection with the mail order service?
12. What initiatives do you employ against other types of claims fraud and are there any additional costs for these initiatives?
13. Provide an overview of your specialty pharmacy offering.
14. Do you recommend any limitations or controls on payment for specialty drugs? Explain.
15. Do you recommend any limitations or controls on payment for other high cost drugs? Explain.
16. Describe the extent to which you perform any screening to detect possible multiple drug interactions/reactions and your procedure for notifying participants.
17. How often are Drug Utilization Review (DUR) interventions made by your firm (how proactive are you), and what cost savings do you believe you have saved overall, as a percentage of total prescription drug benefits cost?
18. If you are affiliated with a drug manufacturer or any other firm that plays a major role in manufacturing and/or distributing prescription drugs, what kind of assurance can you provide that the County's best interests will not be subordinated to your own? For example, if you are affiliated with a manufacturer, what deterrent is there for you to include the manufacturer's most profitable drugs in your formulary, versus less costly brand names of other manufacturers?
19. Will you provide any guarantees with regard to increasing the rate of dispensing of generic drugs? If so, what specific

Generic Dispensing Rate (GDR) guarantees are you proposing?

20. Provide your recommendations on how to improve generic utilization. Is it realistic to assume that the percentage of generic dispensing can be significantly improved, without undue pressure on plan participants? Explain.
21. Describe the County's ability to audit the drug program. Include proposed contractual language as it applies to audits of claims, admin fees, rebates and other financial aspects. Detail any limitations, e.g. confidentiality agreements, on frequency or scope of audits.

REBATE COST QUESTIONS

1. Are you offering Rebate Guarantees? Please describe your program.

Tier	Guaranteed Flat Rate	Guaranteed Percentage
Retail 30		
- Generic		
- Preferred Brand		
- Non-Preferred Brand (when applicable)		
Mail Order		
- Generic		
- Preferred Brand		
- Non-Preferred Brand (when applicable)		
Specialty Drugs		

2. For the Rebate Guarantee Program, explain the types of rebate arrangements available.
3. If rebate guarantees are in place, provide the frequency of rebate payments to the County. How long after implementation should the County anticipate the first rebate payment?
4. How are the rebates reconciled?
5. Will any shortfall below the rebate guarantee (if applicable) be credited to the County?
6. Will you provide detailed reports that substantiate the rebates?
7. Can rebates be tracked by group account, product line, manufacturers and drug product?
8. Are there any claims excluded from the rebates?
9. Which of the preceding methods (flat rate or percentage) is the most favorable to the County?
10. Will rebates be paid after contract termination on incurred claims within the contract period? Are there any exceptions?

PBM PROFIT QUESTIONS

Provide details on how your firm will profit from the contract for your services.

1. For pass through/transparency pricing, explain if revenues/income/profits will be gained in any way beyond the charging of administrative fees. If yes, be specific.
2. Will complete disclosure of passed through costs be provided, with confirmation of the absolute pass through?
3. For pass through/transparency pricing and traditional pricing, be explicit about any differences (spreads) between what the County and participants will pay for prescriptions, including generics and mail order prescriptions, and the costs you

incur.

4. For pass through/transparency pricing and traditional pricing, be explicit about overrides, portions of rebates, manufacturer administration fees, and other sources of revenues/income profits to you.

COVERAGE QUESTIONS

1. Are you proposing to manage/administer prescription drug benefit equivalents to those currently offered?
2. Is your prescription drug formulary an open, closed or restricted formulary? Explain and give your definition of these terms.
3. Have you enclosed a list of the prescription drugs your formulary includes? Do you have the ability to change the drug formulary and/or co-payments to meet the County's needs?
4. To what extent can you accommodate if the County is desirous of deviating from other of what might be standard practices? For example, can you accommodate if the COUNTY desires to make diabetes test strips available without a copay, or at a different copay than standard, to participants with diabetes?
5. How often does the formulary change? Explain in detail.
6. Does your online prior authorization system capture data of denied requests?

PRESCRIPTION MANAGER PROVIDERS

1. Is your provider directory on the Internet?
2. How often is the directory updated?
3. Have you provided a list of participating pharmacies that include major retailers and local pharmacies in the COUNTY's local area?
4. What major national or regional chains that are common sources of retail prescription drugs are not on your pharmacy network?
5. Are there any major areas in Florida or nationally where there are few or no participating pharmacies?
6. What is the procedure for purchase of prescription drugs outside of your service area, other than mail order, where there are no participating pharmacies?
7. Are you including a specialty pharmacy? If so, provide details of services you provide for biologicals/injectables and how these are coordinated with a physician's office. Describe how the specialty pharmacy will work and how it will deliver cost savings to the County's plan, and how it will monitor and report the physician's mark-up for reasonableness.
8. Does the County have the ability to contract with a separate specialty pharmacy provider?
9. To what extent, if any, is your pharmacy benefit program for employees subcontracted, e.g. specialty pharmacy?

PRESCRIPTION SERVICE INFORMATION

1. Where is the administration and claims payment facility located?
2. What is the name and location of your mail order facility?
3. The County is requiring the following staff that will serve the County administration and its employees:
 - a. A Customer Service Representative
 - b. An Account Manager
 - c. An Account Executive
 - d. A PharmD available at all times to assist the County Dedicated Account representatives

Explain, in detail, the above assigned staff, their names, roles, experience, education, etc.

4. Provide additional details of the administration services proposed, and a description of experience, staffing, locations,

computer capability, etc.

5. Will you prepare literature describing the new plan in layman's terms and make such literature available for the employee meetings?
6. Will you provide a certificate/booklet, plan document, I.D. cards (or coordinate with others to include pharmacy benefit information on a single card), and other appropriate literature to describe benefits to employees?
7. State the normal requirements regarding distribution of an identification card, and the flexibility to accommodate the County if they would like to incorporate prescription drug information in the same identification card as used for medical benefits.
8. Have you provided an attachment to describe in detail all resources that will be made available to the County for enrollment and how you will structure enrollment, communications, and enrollment data entry?
9. What is your procedure and assistance for enrollment of employees who become eligible after plan inception?
10. What is your preference for reconciliation of enrollment and billings, including documentation that you require or ask that be provided?
11. Will you perform the following claims functions?
 - a. Verify coverage and eligibility for benefits?
 - b. Establish and maintain complete claims files?
 - c. Make necessary investigations or consultations with plan participants, medical care providers or others necessary to assure claim validity?
 - d. Coordinate with physicians, utilization review services and others who have an effect on claims activity?
 - e. Properly review, process and pay claims?
 - f. Provide an on-line summary of claims of plan participants?
 - g. Continuously advise with regard to actions, procedures, etc. which will result in control of claims and cost containment?
 - h. Coordinate with the medical insurer/claims administrator on reporting pharmacy claims of large medical cases?
12. Do you assume fiduciary liability for administration of the pharmacy benefits plan? If yes, explain the process for settlement of a claim dispute. If not, explain both the financial and legal support that will be available to the County.
13. Briefly describe to what extent you will provide a legal defense and/or pay claims in the event of suit by plan participants. Does your contract include any limitations on your company's liability to the County or the members?
14. Will the contract include/be modified to include a provision reserving the County the right to audit claims at its expense?
15. Describe your customer call center operation, including location, hours of operation, number of personnel, call tracking and reporting capabilities, languages offered, services to the hearing impaired.
16. Outline the appeal process for participants who are dissatisfied.
17. Will you make every reasonable business effort to coordinate closely and share data with the firms engaged to be the County's medical insurer/claims administrator, if different?
18. Discuss how you will coordinate pharmacy claim costs and details with the medical insurer/claims administrator, specifically in regards to the combined medical and prescription maximum out-of-pocket cost.
19. Can you assure the County that there will be no data transfer fees charged for sharing the data with the County's medical insurer/claims administrator? If not, state what the fee will be.
20. Have you provided an attachment of your performance guarantees? Are they specific to the County? If not, why? What

is your total/maximum at-risk amount?

21. Will you permit the County to perform audits regarding the performance guarantees?
22. Identify below any additional information about your proposal that the County should consider (attach and identify additional pages as necessary).

PHARMACY BENEFITS REPORTING SERVICES

1. Will you provide the County with a monthly report and a plan-year-to-date report of claims experience by the 15th day of every month, separately for participants in each medical plan option?
2. Will you provide the County an annual report of claims for the policy year within 30-45 days after the end of the policy year, separately for participants in each medical plan option?
3. Will you provide such information separately for employees and their dependents, retirees and their dependents, COBRA and their dependents, and total for all participants and all dependents?
4. Will you provide the annual SSAE report for the County? Are there any additional costs? Explain.
5. Will you provide such claims reports additionally for 12 months after plan termination, or until there are no run-out claims? State the cost, if any.
6. Have you provided samples along with a brief explanation of the standard management reports you can produce at no additional charge?
7. Describe the information and reports that the County has access to via the web interface.
8. Describe the County's participants' ability to access online information via web interface.
9. Will your reports provide details of brand (and preferred brand, where applicable) versus generic utilization, and will you proactively assist the County in promoting increased use of generics if there is less utilization than should be expected?
10. Will your reports provide details of retail versus mail order utilization, and will you proactively assist the County in promoting increased use of mail order if there is less utilization than should be expected?
11. Provide sample communication materials you have concerning:
 - a. Formulary
 - b. Medical conditions for which generic medications are available
 - c. Merits of generic substitution
 - d. Advantages of mail order service

PHARMACY BENEFITS MANAGER STABILITY

Attach necessary explanations and/or deviations.

1. Confirm, as of the proposal return date specified in the RFP, that the Pharmacy Benefits Manager has been operating successfully for a minimum of five (5) consecutive years.
2. Confirm that the company has submitted with its proposal the last audited financial statement issued by a certified public accountant, dated no earlier than 18 months prior to the proposal date specified in this RFP.
3. Is the Pharmacy Benefits Manager authorized to do business in Florida?
4. Briefly describe your organization and its history, number of years of providing services, legal structure, and ownership.
5. What comments can you offer in assurance of your financial stability and your long term commitment to the Florida market?

PRESCRIPTION CLAIMS ADMINISTRATION CLIENT REFERENCES

1. Indicate the number of currently contracted employers in the State of Florida.
2. Indicate the number of currently contracted public-sector employers in the State of Florida and indicate the number of currently contracted educational institutions in Florida.
3. List a minimum of four (4) current clients with similar size and/or industry as the County with the following information:
 - Client Name
 - Contact Name and Title
 - Address
 - Phone and Fax
 - Email Address
 - Length of Client Relationship
 - Current Client?
 - Number of Employees

ADDITIONAL COMMENTS/DEVIATIONS FROM MODEL PROGRAM

If your proposal does not fully comply with any provision, condition or requirement in this RFP, explain fully (*attach and identify additional pages as necessary*) the alternative provision, condition or requirement proposed.

WELLNESS/DISEASE MANAGEMENT

The County is interested in all Wellness and Disease Management services offered by proposers. Please provide details in your proposal of all current program offerings you can provide including, if applicable, any additional cost.

The County is interested in proactive wellness and disease management initiatives, including participation incentives, including but not limited to health screenings, flu shot programs, health risk assessments and health fairs. Proposals should detail the support staff and other assistance that will be provided.

1. Have you indicated (provide an attachment if appropriate) the extent to which you proactively and/or automatically involve yourself with wellness and disease management and similar services?
2. Please describe the wellness initiatives/services you will provide for the County.

ADDITIONAL COMMENTS/DEVIATIONS FROM MODEL PROGRAM

If your proposal does not fully comply with any provision, condition or requirement in this RFP, explain fully (*attach and identify additional pages as necessary*) the alternative provision, condition or requirement proposed.

RESPONDENT'S WARRANTY

The undersigned person, by the undersigned's signature affixed hereon, warrants that:

1. The undersigned is an officer, partner or a sole proprietor of the firm (insurer) and the enclosed proposal is submitted on behalf of the firm;
2. The undersigned has carefully reviewed all the materials and data provided on the insurer's proposal on behalf of the insurer, and, after specific inquiry, believes all the material and data to be true and correct;
3. The proposal offered by the insurer is in full compliance with the Minimum Qualifications of Proposer set forth in Part III of this RFP;
4. The insurer authorizes the County, its staff or consultants to contact any of the references provided in the proposal and specifically authorizes such references to release either orally or in writing any appropriate data with respect to the insurer offering this proposal;
5. The undersigned has been specifically authorized to issue a contract in full compliance with all requirements and conditions, as set forth in this RFP, other than those deviations noted above;
6. If this proposal is accepted, the contract will be issued as proposed.

Name of Firm/Insurer

Signature of Authorized Representative

Printed Name of Authorized Representative

Title of Authorized Representative

Date Signed by Authorized Representative

REQUEST FOR PROPOSALS (RFP) NO: 18-30
MEDICAL AND PRESCRIPTION CLAIMS ADMINISTRATION SERVICES

ATTACHMENT "C"
REFERENCES

Respondents shall submit a minimum of three (3) references in the space provided below, from government agencies, similar to St. Johns County. The references shall be utilized for the purposes of verifying the performance of services, by the Respondent, similar in size, scope and complexity to those provided herein:

1. Name of Agency: _____
Contact Name, Title, Phone #, Email: _____

Year(s) of Service: _____
Summary of Services Provided: _____

2. Name of Agency: _____
Contact Name, Title, Phone #, Email: _____

Year(s) of Service: _____
Summary of Services Provided: _____

3. Name of Agency: _____
Contact Name, Title, Phone #, Email: _____

Year(s) of Service: _____
Summary of Services Provided: _____

PART VI: OPTIONAL CHECKLIST

**REQUEST FOR PROPOSALS (RFP) NO: 18-30
MEDICAL AND PRESCRIPTION CLAIMS ADMINISTRATION SERVICES**

SECTION	ATTACHMENT NAME	CHECK BOX	ST. JOHNS COUNTY USE
Section 1	RFP Cover Page		
Section 2	Cover Letter		
Section 3	Qualifications & Experience		
	Proper and Valid Licensing for conducting business in State of FL		
	Current Applicable Department of Regulation License(s)		
	Current Applicable Certification(s)		
	List of Sub-Contractors with credentials & related experience		
	Resumes of Key Personnel and Staff proposed to perform services		
	Attachment "C" – References		
Section 4	Attachment "A"		
	Attachment "B"		
	Exhibit 17		
	Exhibit 18		
	Exhibit 20		
	Standard/Proposed Contract or Policy for required services		
Section 5	Administrative Information (include the following):		
	Proof of Liability Insurance and Limits		
	Drug Free Work Place Form		
	RFP Affidavit		
	RFP Affidavit of Solvency		
	Conflict of Interest Form		
	Respondent's Warranty		
	Copies of all Acknowledged Addenda		

PART VII: EXHIBITS

1. The following Exhibits are provided as separate downloadable pdf files on DemandStar:
 - Exhibit 1 – Florida Blue Administrative Services Agreement
 - Exhibit 2 – Schedule of Benefits Plan 03559, effective 01-01-2017
 - Exhibit 3 – Schedule of Benefits HDHP 05360, effective 01-01-2017
 - Exhibit 4 – Rx Plan Description, effective 01-01-2017
 - Exhibit 5 – Benefit Booklet, effective 01-01-2017
 - Exhibit 6 – Monthly Funding Rates Employee and Employer
 - Exhibit 7 – Rx Claims Experience
 - Exhibit 8 – Rx Non-Specialty Drugs Claims Experience
 - Exhibit 9 – Rx Specialty Drugs Claims Experience
 - Exhibit 10 – Rx Rebate History
 - Exhibit 11 – 2015 Monitoring Report
 - Exhibit 12 – 2015 Monitoring by Plan
 - Exhibit 13 – 2016 Monitoring Report
 - Exhibit 14 – 2016 Monitoring by Plan
 - Exhibit 15 – 2017 & 2018 Claims Reports
 - Exhibit 16 – 2017 & 2018 Enrollment Reports

2. The following Exhibits are provided as separate downloadable Microsoft Word and Excel documents on DemandStar:
 - Exhibit 17 – Benefit Match Up Exhibit a – 03559 (Microsoft Word document)
 - Exhibit 18 – Benefit Match Up Exhibit b – 05360 (Microsoft Word document)
 - Exhibit 19 – Census (Microsoft Excel spreadsheet)
 - Exhibit 20 – Provider Match-Ups (Microsoft Excel spreadsheet)
 - Exhibit 21 – Rx Repricing Data (Microsoft Excel spreadsheet)


Exhibit numbers 17, 18, and 20 are requested to be completed and submitted with the Respondent's sealed proposal.

PART VIII: SEALED RFP MAILING LABEL

**REQUEST FOR PROPOSALS (RFP) NO: 18-30
MEDICAL AND PRESCRIPTION CLAIMS ADMINISTRATION SERVICES**

**Cut along the outer border and affix this label to your sealed
RFP envelope to identify it as a Sealed RFP Package**

SEALED RFP • DO NOT OPEN	
SEALED RFP NO.:	18-30
RFP TITLE:	Medical and Prescription Claims Administration Services
DUE DATE/TIME:	Thursday, April 19, 2018 @ 4:00 p.m.
SUBMITTED BY:	
	Company Name
	Company Address
	Company Address
DELIVER TO:	St. Johns County Purchasing Dept. 500 San Sebastian View St. Augustine, FL 32084



END OF DOCUMENT