



COUNTY OF EL PASO
500 E. San Antonio, Suite PU500
El Paso, Texas 79901
(915) 546-2048 (915) 546-8180 Fax

Notice to Interested Parties

Sealed Request for Proposals (RFP) will be received at the County Purchasing Department, 500 E. San Antonio, Suite 500, El Paso, Texas 79901 before 2:00 p.m., Wednesday, June 25, 2008 to be opened at the County Purchasing Office the same date for (RFP) Health Plan Benefits Program Services. A pre-bid conference will be held on at 11:00 a.m. in the Purchasing Conference Room located at 500 East San Antonio, Room 500, El Paso, Texas 79901.

**Proposals must be in a sealed envelope and marked:
"Proposals to be opened June 25, 2008
(RFP) Health Plan Benefits Program Services
RFP Number 08-087"**

Any questions or additional information required by interested vendors must be submitted in writing to the attention of the County Purchasing Agent before Tuesday, June 17, 2008, at 12:00 p.m. Questions can be faxed to (915)-546-8180.

Award will be made based on a review of qualifications, scope of services and price. **COMMISSIONER'S COURT RESERVES THE RIGHT TO REJECT ANY AND ALL PROPOSALS AND WAIVE TECHNICALITIES.** Only proposals that conform to specifications will be considered. Successful Proposer shall not order items or services until a Purchasing Order is received from the County Purchasing Office. Payment will not be made on items delivered without an Agreement.

If the proposal totals more than \$100,000.00, the bidder shall furnish a certified cashiers check made payable to the County of El Paso or a good and sufficient bid bond in the amount of 5% of the total contract price, executed with a surety company authorized to do business in the State of Texas. The certified cashiers check must be included with the proposal at the time of the opening.

In order to remain active on the El Paso County Vendor list, each Vendor receiving this proposal must respond in some form. Vendors submitting a proposal must meet or exceed all specifications herein. Vendors submitting a no proposal must submit their reason in writing to the El Paso County Purchasing Department.

PITI VASQUEZ
County Purchasing Agent

PROPOSAL SCHEDULE

To: El Paso County, Texas

I or we agree to furnish the following described equipment, supplies, or services for the prices shown in accordance with specifications listed below or attached. By execution of this proposal, I hereby represent and warrant to El Paso County that I have read and understood the Proposal Documents and the Contract Documents and this proposal is made in accordance with the Proposal Documents.

Please quote prices and discounts on the following items:

F. O. B. El Paso County

Description – RFP # 08-087 (RFP) Health Plan Benefits Program Services Vendor must meet or exceed specifications
TOTAL COST
\$
Please do not include tax, as the County is tax-exempt. We will sign tax exemption certificates covering these items. Please submit one (1) original copy, four (4) hard copies and (12) twelve electronic format (i.e.- read-only CD or DVD and responses in Microsoft Word or Microsoft Excel) copies of the proposal

Company

Address

Federal Tax Identification No.

City, State, Zip Code

CIQ Confirmation Number

CIQ Sent Date

Representative Name & Title

Telephone & Fax Number

Signature

Date

*****THIS MUST BE THE FIRST PAGE ON ALL BIDS*****

(RFP) Health Plan Benefits Program Services

RFP #08-087



**Opening Date
Wednesday, June 25, 2008**

Request for Proposal

Third Party Medical Claims Administration

Other Third Party Eligibility Services

Managed Medical Network Access

Utilization Review / Utilization Management

On Site Clinic Administration

COBRA / HIPAA Administration

Pharmacy Benefit Management

Section 125 and Section 132 Plan Administration

Stop Loss Insurance

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I. General Information

The County of El Paso currently makes available to its employees a self funded plan of medical, dental, vision and benefits as well as the option to participate in a Section 125 and Section 132 Plan. At this time, by means of this Request for Proposal ("this RFP"), the County of El Paso is seeking proposals from qualified persons or entities who can provide the following services, as more fully described in this RFP (the "Services") for a January 1, 2009 effective date:

Service / Benefit Description	Current Vendor
Third Party Medical, Dental, Vision Claims Administration	Foresight TPA
Managed Medical Network Access	Advantage Care Network
Utilization Review / Utilization Management	Foresight TPA
On Site Clinic	Not Currently Offered
COBRA /HIPAA Administration	Foresight TPA
Pharmacy Benefit Management	Aetna
Stop Loss Reinsurance	KMG America
Section 125 and Section 132 Plan Administration	Butterworth and Macias

Goals and Objectives

County of El Paso is conducting this RFP review process in order to:

1. Review these aspects of County of El Paso's benefit programs to ensure price competitiveness, service and benefit access at optimum levels.
2. Maintain or improve the benefit levels in force, if economically feasible.
3. Improve cost minimization by investigating alternatives.
4. Assess long term alternatives and programs for managing the employee benefits programs.

The County of El Paso may elect to award one or more categories of the Services, or parts thereof, separately and independently to qualified Proposers. Therefore, among other things, the County of El Paso reserves the right to select a network provider independent of offers submitted with Third Party Administration proposals, the right to select a stop loss insurer in the future independent of any awarded Proposers, the right to select a Pharmacy Benefit Manager independent of offers submitted with Third Party Administration proposals, and the right to select a Section 125 Plan and Section 132 Plan Administrator independent of any Third Party Administration Proposals. Unless otherwise expressly stated in its proposal, a Proposer agrees to accept any such partial award, if made.

The County of El Paso will entertain responses on bundled or unbundled Services. A response for unbundled Services should include all Services contained within a particular category of Services. A response for Bundled Services may be through one Proposer providing one or more categories of Services or two or more Proposers submitting a joint response to this RFP.

Willingness to work with outside vendors who may provide other vital services to the County of El Paso is required. In that regard, in the event the County of El Paso awards one or more categories of the Services, or parts thereof, separately and independently, each Proposer receiving an award from the County of El Paso shall be expected to work well with the other awarded Proposers. If any Proposer believes it may have difficulty in working well with any other potential Proposer, the same should be disclosed in the response.

Any Proposer who is under common control or ownership with any other Proposer, whether or not for the same category of Services, shall disclose the same in its response. Any Proposer who is affiliated with any other Proposer, whether or not for the same category of Services, by means of a contractual or other relationship, shall disclose the same in its response. Any person or entity responding to this RFP shall be referred to herein as a "Proposer". Any reference to "you", "your", or derivation thereof refers to any actual or potential Proposer reviewing this RFP. The County of El Paso welcomes alternative proposals that a Proposer is able to offer and that would be of greater value than what has been requested in this RFP. The County of El Paso reserves the right to return to the top candidates to request a final proposal based upon one or more components of the initial proposal. The County of El Paso reserves the right to negotiate certain terms and conditions relative to the contract(s) for particular awarded services (each, a "Contract").

Consultant

Crest Benefits Consulting, a division of JDW Insurance (the "Consultant" or "County of El Paso Consultant") has been engaged to assist in preparing this RFP document, the analysis of responses and in the selection process.

Proposal Specifications

Each Proposer is encouraged to present proposals that are based on its unique capabilities and resources and that, at the same time; recognize County of El Paso's specific needs.

The assumptions upon which a proposal should be based are outlined in this RFP.

Timetable for Proposals

<u>Activity</u>	<u>Target Date</u>
Release of specifications	06/06/2008
Deadline for questions	06/17/2008
Submission of proposals	06/25/2008
Proposer(s) presentations	undecided
Selection and notification of Proposer(s)	undecided
Contract finalized	undecided
Beginning of plan operation	January 1, 2009

Submission of Questions

Please submit any questions you have in writing to County of El Paso. All eligible questions will be answered in writing, with the answers being sent to all bidders as soon as possible. All inquiries should be directed to:

Purchasing Department
County of El Paso
500 East San Antonio, PU500
El Paso, Texas 79901
Fax: (915) 546-8180
Tel: (915) 546-2048

If any Proposer is in doubt as to the meaning of any part of this RFP or otherwise believes that additional clarification or information is necessary in order for the Proposer to provide its proposal, a written request for clarification/questions should be submitted to the Director of Purchasing no later than June 17, 2008 at noon. An interpretation of the request shall be made as an addendum and placed on our web-site at www.epcounty.com click on bids & more it will also be faxed to the vendor who submitted the request.

Proposal Deadline

Proposals must be received no later than June 25, 2008 at 2:00 p.m. Proposals received after 2:00 p.m. Mountain Time on this date will not be accepted.

Four identical hard copies of the proposal and twelve (12) electronic format (i.e.- read-only CD or DVD and responses in Microsoft Word or Microsoft Excel) copies of the proposal should be delivered to the County of El Paso at:

Purchasing Department
County of El Paso
500 East San Antonio, PU500
El Paso, Texas 79901
Fax: (915) 546-8180
Tel: (915) 546-2048

Anti – Lobbying Provision

During the period between the RFP release date and the contract award, Proposers, including their employees, agents, subcontractors and representatives, shall not directly or indirectly discuss, communicate or promote their proposal with any member of the County of El Paso Commissioners Court, or the County of El Paso staff or members of the Risk Pool Board, any member of an Employee Association affiliated with or representing any of the County of El Paso employees or group of employees, and the County of El Paso Consultant except in the course of the County of El Paso-sponsored inquiries, briefings, interviews, negotiations or presentations. The County of El Paso-sponsored inquiries, briefings, interviews or presentations will only be initiated by the Purchasing Department.

This policy is intended to create a level playing field for all actual or potential Proposers, assure that contract decisions are made in public, and to protect the integrity of the RFP process. Violation of this provision may result in rejection of the Proposer's proposal.

The El Paso County Code of Ethics, which includes the Anti-Lobbying provision above, applies to all vendors and contractors who do business with the County or who seek to do business with the County see El Paso County Code of Ethics Article II. Section 7. The El Paso County Code of Ethics may be found at <http://www.co.el-paso.tx.us/ethics/code.htm>.

Proposal Format and Content

Proposals should respond clearly and concisely to all of the questions contained in this RFP. All exhibits should be completed as requested and returned as part of your proposal. Proposers should not make any changes to the questions or tables in this RFP. You are welcome to elaborate and offer additional information to supplement your response. Changes made to the questions or tables in this RFP could result in rejection of your offer.

Effective Period of Proposals

Proposals should expressly state that the offer (including all rate and fee quotations submitted in response to this RFP, as well as the scope and character of the services described in the proposal) will remain in effect until at least January 1, 2009 and may be accepted by the County of El Paso at any time on or before such date.

Evaluation of Proposals

Proposals will be evaluated jointly by the County of El Paso Risk Pool Board, Crest Benefits Consulting and may be evaluated and approved by the Commissioners Court. The award for each particular category of Services will not be made based on price alone, but instead on "best value" to the County of El Paso. The factors listed below will be those considered by County of El Paso in determining the best value and in selecting the Proposer(s) for award for each category of Services.

1. Price. Purchase price [including without limitation, as applicable to a particular category of Services, price competitiveness, any extended rate, fee or financial guarantees, and other financial arrangements such as guaranteed cost contracts, the ability to control cost through existing provider contracts and systems and intervention programs, and the total long-term cost to the County of El Paso to acquire the Proposer's services].
2. Reputation. Reputation of the Proposer and of the Proposer's services [including without limitation the Proposer's references, and the financial strength, stature, stability, and condition of the Proposer].
3. Quality. Quality of the Proposer's services [including without limitation, as applicable to a particular category of Services, the quality of service, staff experience, claims processing organization and procedures, management information reporting capabilities, claims turnaround time, scope of Provider Network(s) and quality of existing and future provider networks].
4. Meeting Needs. Extent to which the services in a proposal meet the County of El Paso's needs, including without limitation, as applicable to a particular category of Services, responsiveness to the terms, conditions, and specifications contained in this RFP, the willingness and ability of the Proposer to work well with any other awarded Proposers, local representation and support, the capabilities of the Proposer to accommodate the future needs or requests of the County of El Paso, disruption to employee relationships with existing health care providers, bundling of multiple categories of Services by the Proposer, formally-affiliated Proposers, or informally-affiliated Proposers.
5. Other Relevant Factors. The completeness of the proposal, the impact on the ability of County of El Paso to comply with applicable laws and rules, if any, relating to historically underutilized businesses [however, County of El Paso is not currently aware of any such laws or rules applicable in this instance], and the Proposer's willingness to agree to the terms and conditions of the attached sample contract document(s) and any proposed changes or additions thereto by the Proposer.

Only the County of El Paso is in a position to determine its own best interest; therefore the County of El Paso shall be the sole judge in determining the quality and appropriateness of the services proposed. Its decision shall be final.

The County of El Paso reserves the right to communicate or negotiate with one or more Proposers, and/or to request "best and final" offers from one or more Proposers. This may involve face-to-face interviews with certain Proposers chosen by County of El Paso as finalists.

The County of El Paso reserves the right to request one or more Proposers to clarify its respective proposal or to supply additional material deemed necessary by the County of El Paso to assist in consideration of the proposal.

The County of El Paso reserves the right to reject any or all proposals or any part thereof, or to accept any proposals or any part thereof; or to waive any informality when deemed to be in the best interest of the County of El Paso.

Proposal Presentation

Proposers may be requested to make a formal presentation at the County of El Paso's headquarters in El Paso, Texas. It is anticipated that presentations would be scheduled between July 23, 2008 and August 13, 2008, although the timing of presentations may vary.

Public Disclosure Of Proposal Information

Proposers are cautioned that, once a contract has been awarded, all information contained in proposals submitted pursuant to this RFP must, upon request, be disclosed to the PUBLIC, unless the information is exempt from the requirements of the Texas Public Information Act, Government Code Section 552.001 et. seq. pertaining to public information or other applicable law. The County of El Paso reserves its right to open proposals in a manner that avoids disclosure of the contents to competing Proposers and keeps the proposals secret during negotiations and prior to award. Trade secrets, commercial or financial background data, and privileged or confidential information may be excluded from public inspection even after the award, if and to the extent permitted by law. Any information contained in your proposal falling into one of these categories which you want protected from public disclosure must be clearly identified so that the County of El Paso may, at its option seek to take appropriate action to protect it, to the extent consistent with applicable law. If a request is made that all or part of any proposal, whether or not so designated, the County of El Paso shall be entitled to take such action on the matter as legally permitted, including without limitation the requesting an Attorney General's ruling on the issue. A Proposer's designation of all or any part of its proposal as confidential or otherwise not subject to disclosure shall not be binding upon the County of El Paso. A Proposer who claims information or materials contained in its proposal is privileged or confidential may be asked to support such a claim in a request for a determination by the Attorney General.

All requests to review and/or obtain copies of Proposals must be submitted in writing and will be handled as a Public Information Act request. According to prior determinations by the Attorney General, competing proposals do not need to be disclosed under the Texas Public Information Act unless and until the final contract is signed.

Claim Office or Site Visit

The County of El Paso may wish to conduct an on-site review and evaluation of the claims processing, offices, or facilities of one or more Proposers. It is expected that any such Proposer will provide a live demonstration of the entire scope of its operations, including (but not limited to) claims adjudication, claim inquiries, utilization review, provider auditing techniques, provider referral procedures, and internal quality assurance.

Contract Terms

The County of El Paso wishes to sign a three-year initial contract from January 1, 2009 through December 31, 2011, with the County of El Paso having the right to renew for up to three additional one-year renewal terms from January 1, 2012 through December 31, 2012, January 1, 2013 through December 31, 2013, and January 1, 2014 through December 31, 2014.

Contract

Each Proposer receiving an award from the County of El Paso will be expected to agree to a Contract in form and substance satisfactory to the County of El Paso and its legal counsel.

Other General Terms

If necessary, the County of El Paso may modify this RFP by formal written addendum, which the County of El Paso intends to deliver to all parties which the County of El Paso has officially recorded as having received a copy of this RFP (the "record recipients"). Receipt of any addendum to this RFP shall be acknowledged on the addendum form provided by the County of El Paso. The addendum form should be signed and returned to the Director of Purchasing. Failure to do so may cause the proposal to be ineligible for consideration of contract award. No oral or informal amendment to this RFP shall be binding on the County of El Paso. Addenda to this RFP, as well as written answers to questions from Proposers, may be posted upon the County of El Paso's website, and all record recipients and other Proposers are strongly encouraged to repeatedly review such website for addenda or additional information regarding this RFP.

A proposal may be withdrawn by its Proposer any time, unopened, prior to the official time of submission by submitting a written and signed request to the Director of Purchasing. If a proposal is withdrawn and retrieved prior to submission deadline, the person retrieving it must sign a written receipt, and provide proof of authority acceptable to the County of El Paso. After the official time of submission, all proposals become the property of the County of El Paso.

The County of El Paso may, by written notice to the particular Proposer, reject any proposal if it is determined by the County of El Paso that gratuities, in the form of entertainment, gifts, or otherwise, or any illegal gratuity, gift, bribe, or other payment, were offered or given by the Proposer, or any agent, or representative of the Proposer, to any officer, employee, consultant, or trustee of the County of El Paso with a view toward securing a contract or securing favorable treatment with respect to any award under this RFP.

If any person or entity was employed or retained by Proposer on a commission, percentage, or contingent fee to solicit or secure an award under this RFP, the same shall be disclosed in the response.

Each Proposer must complete the Statement Regarding Debarment/Suspension in Section IV.12. Failure to do so may be grounds to declare a proposal as non-responsive.

This RFP does not obligate or commit the County of El Paso to pay any costs incurred in the preparation and submission of the proposal or to contract for the Services. Further, the County of El Paso is not obligated to pay any costs incurred by any Proposer as a direct result of errors or omissions committed by the County of El Paso employees or agents in the processing of this RFP. The County of El Paso reserves its rights of sovereign immunity, rights under the Texas Tort Claims Act, and similar rights under other applicable law.

The Contract site shall be El Paso, Texas. All prices quoted shall be F.O.B., El Paso, Texas.

II. Overview of Administrative Requirements

This section provides an overview of administrative and underwriting requirements.

It is important that all Proposers complete the appropriate tabs in the Services Provided Excel Worksheet contained in the Exhibits section of the RFP. The file contains minimum services required and your acknowledgement of the ability to provide the minimum level of service is requested to be confirmed or explained if there is a deviation from the minimum standard.

Your proposal responses should be based on the following assumptions:

Effective Date

January 1, 2009

Scope

- All Proposers must provide billing and eligibility reconciliations. The Third Party Administrator must also provide eligibility maintenance, reconciliation and premium remittance for other products offered to County employees, including but not limited to Supplemental Dental, Vision, Life, and Disability Insurance products.
- Since the County of El Paso reserves the right to award contracts to individual Proposers, each Proposer must have the capability and willingness to work with other Proposers if necessary and as otherwise described in this RFP.
- All Proposers must be HIPAA compliant and willing to enter into the County of El Paso's Business Associate Agreement.
- The County of El Paso reserves the right to select a network provider and / or Pharmacy Benefit Manager independent of offers included with Third Party Administration proposals. Each Third Party Administrator Proposer needs to describe its ability to work with a wide variety of network providers and Pharmacy Benefit Managers, if necessary.
- All selected Proposers will need to establish links specific to the County of El Paso with the County of El Paso's website and provide plan documents, forms, etc. as described in the Services Provided exhibit.
- Successful Proposers will be expected to provide representation at the regularly scheduled Risk Pool Board meetings which are normally held on the third Wednesday of each month at 1:30 p.m. local time in the County Courthouse.
- The County of El Paso wants to obtain a Third Party Administrator a/k/a TPA with the following attributes:

- Reporting Capabilities: (such as but not limited to the ability to report monthly and/or quarterly on claims volume, turnaround, accuracy by entity, by plan, by demographic profile; ability to report on utilization by service, by diagnosis, by demographic profiles; ability to report on COB savings and Third Party Liability claims activity; ability to track claims payment errors, corrections and recovery of errors; ability to track and report timely on large claims activity and case management status; ability to provide "drill-down" reporting on specified utilization concerns of the County of El Paso; ability to report on grievances/appeals and appeals status and turn-around performance, etc.)
- Technology Deployment: (such as but not limited to the deployment of technologies which assure claims payment accuracy and timely turnaround; straight forward and efficient electronic eligibility interface; flexible technology to respond efficiently to rapid plan design changes, electronic methods of claims filing and adjudication including telecommunications, IVR, and/or web applications, as well as supporting technologies that deal with the superior reporting described above).
- Appropriate Resource Allocation: (such as but not limited to the demonstrable investment in continuous improvement of TPA products and services including appropriate ratio of processors to claims volume, supported by appropriate and regular training and technical support or infrastructure support for technologies deployed in conformity with best practices and national standards and benchmarks).
- Customer Service: (such as but not limited to the dedicated on site account manager who is proactive, demonstrable reputation as provider of quality customer service to the employees and benefits staff; proven communication programs and support for promoting value of plans to employees, such as EOB's and other value communication techniques developed; call center structure for efficient response and tracking on inquiries from employees; advanced customer service systems and programs, personal ownership and commitment by customer service staff).
- Services and Products: (such as but not limited to the TPA service provider who strives to develop new products and services to benefit their customers in terms of cost and benefit management. Explain audit services, or other services that enhance the core TPA functions.)
- Ability to Partner with the County of El Paso: (such as but not limited to the ability to provide dedicated account manager to develop partnership and alliance with entities to evaluate plan operation problems and offer solutions, to evaluate plan cost/benefit trends and advise entities as to ways to balance cost and

benefits provided, to offer ideas toward proactive plan management and optimize plan performance).

- Financially Sound Administrator: (Please provide an annual report for each of the past 2 years. If you do not provide an annual report specific to the TPA service business, please provide a balance sheet and income statement for the same period specific to the TPA business and also include a synopsis of your company's history including length of time in the TPA business and number of and type of clients for whom you are providing TPA services. Please also include your mission statement as to what you envision for your TPA services in coming years.
- External Benchmarking: (such as but not limited to the ability to demonstrate and report on TPA performance standards against other competitors in the TPA service business).
- It is very important to the County of El Paso to obtain a TPA with progressive services and products. The County of El Paso would like to see a proactive approach to their self-funded medical program, which could help them and their employees to streamline the claims process. Please provide information on any advanced technology such as web technology (Internet access), IVR systems, toll free numbers, call centers, or other programs such as integrated consumer driven health plan administration and services that would enable the County of El Paso to gain greater efficiencies for serving the employees and adjudicating their claims under the plans.
- Please expand on the above attributes in your response.

Rates and Fees

- Refer to the multiple-year guarantees on administrative fees described in Section I, Contract Terms.
- All rates and fees quoted should exclude commission payments. If your proposal must contain any commissions or fees paid to non-employees of your company then full disclosure of the fees paid and recipient must be made.
- All fees should be guaranteed on a per employee per month basis for all services.
- Administrative fees and rate-setting methodology for each year should be guaranteed for an initial term of 36 months or until December 31, 2011. Three additional 12-month time periods should be described in the event of a contract extension.

- Administrative fees for processing run-out claims from the current plan year should be quoted separately and will be considered, however, the County of El Paso reserves the right to contract with the current administrator for run-out claims processing.
- Fees for COBRA administration should be quoted separately or identified as included in the base administration fee.
- Fees for HIPAA administration should be quoted separately or identified as included in the base administration fee.
- Fees for network access should be quoted separately or identified as included in the base administration fee.
- Fees for Utilization Review/Utilization Management should be quoted separately or identified as included in the base administration fee.
- Fees for administration or operation of an on-site clinic should be quoted separately or identified as included in the base administration fee.
- Fees for Pharmacy Benefit Management should be quoted separately or identified as included in the base administration fee.
- Fees for Section 125 and Section 132 Administration should be quoted separately or identified as included in the base administration fee.
- At Proposers option, it may quote, in addition to the separate quotes described above, its bundled fees for TPA, COBRA, HIPAA, UR/UM, On Site Clinic, Pharmacy Benefit Management Services, and, or Section 125 and Section 132 Administration. However, the bundled fees should itemize each component fee.

Account Structure

Centralized claim administration for all benefit options shall be housed in one office.

The County of El Paso will provide monthly eligibility data to the administrator for all covered employees.

The County of El Paso currently segments the population into the following categories for eligibility and claims data management and reporting:

- Active Non Uniformed County Employees
- Uniformed Sheriff's Department Employees
- Non Medicare Eligible Retirees
- Medicare Eligible Retirees

Each category can select from a Core and Buy Up option medical plan as described in the attached summary booklet. Dental benefits are also offered.

Account Service

- Overall account responsibility is to be handled one primary contact from each Proposer.
- Routine account administration and service is to be provided at local levels.
- A plan participant information hotline (local or 800 telephone number) and web based internet access must be available for verifying benefits information, claim questions, utilization reviews, and provider referrals.
- Claim submission will be direct; the administrator will certify eligibility when appropriate.
- The County Auditor currently reviews all claim checks and applies the signature before mailing. Please describe your ability to comply with this function or your method of accommodating the County's request to review all payments before they are released.
- The County of El Paso currently has an on-site account representative provided by the present Third Party Administrator. Limited office space is provided by the County of El Paso. Please include in your response whether you are willing to have a similar on-site account representative.

Take over provisions

No eligible or disabled individuals or their dependents, or COBRA continuees or any of their dependents shall lose coverage as a result of any change in provider of Services. In the event of a disruption of access to network providers, please provide a description of your policy and procedure to address transition and continuity of care issues.

Administration Materials

Claim and enrollment forms, provider directories, survey forms, summary plan description booklets, postage and other administrative materials to be prepared by administrator, with cost included in quoted fees.

Future Employee Contributions

The County of El Paso's medical plan is contributory and the dental plan is non-contributory. The current payroll deduction schedules are shown in the Exhibit Section. The County of El Paso reserves the right to modify contributions in the future.

Payments

30-day grace period.

Fee/Billing Administration

Self-billed (reported by the County of El Paso), as opposed to positive billed (reported by Proposer).

HIPAA Exemption

The County of El Paso does not currently exercise its exemption from certain HIPAA provisions but reserves the right to exempt itself from the following HIPAA provisions:

1. Limitations on pre-existing conditions exclusion.
2. Special enrollment provisions for individuals (and dependents) losing other coverage.
3. Prohibitions against discriminating against individual participants and beneficiaries based on health status.
4. Standards relating to benefits for mothers and newborns.
5. Parity in the application of certain limits to mental health benefits.
6. Benefits relating to coverage for reconstructive surgery following mastectomies

The County of El Paso reserves the right to change these exemptions at the start of any plan year.

Plan Year

January 1 through December 31.

Transfer and Maintenance of Eligibility Data

In your response, identify and explain your online eligibility and enrollment capabilities. The Third Party Administrator will be responsible for transmitting any eligibility data to other vendors associated with the health plan or other supplemental plans offered by the County of El Paso including but not limited to Life, Disability, Dental and Vision Insurance product offerings.

III. Medical Plan Design

Current Plan Options

Currently employees have an open enrollment period between September and October for a January 1, effective date.

Currently, the hospital portion of the benefits are structure to provide a tiered level of benefits as described in the attached summary benefit booklet, providing the El Paso County Hospital District Hospital System (R.E. Thomason Hospital) the highest level of benefits, followed by the H.C.A. Hospital System, followed by any other PPO member hospital and then any out of network hospital. The County of El Paso will consider preferred hospital networks, high performance networks, or open access PPO networks, but due to the ownership relationship of El Paso County Hospital District Hospital System will require that benefits be administered on a tiered basis with the El Paso County Hospital District Hospital System reimbursed at a higher benefit level than any other preferred hospital system. The complete Summary Plan Description of the current medical and dental plan is included in the Exhibit Section.

Proposed Plan Options

At this time, the County of El Paso is requesting that all responses duplicate the current benefit plan designs. The County of El Paso is not currently prepared to entertain implementing a Consumer-Driven Health Plan. However, CDHP plans with either HSA's or HRA's may be considered by the County of El Paso for possible implementation during the term of this contract award. Please provide a description of your CDHP capabilities for both the benefit plan administration and the account administration and integration. Please provide a full description of any web-based tools that members can access to improve consumer decision making, enrollment, etc.

IV. Questionnaires - Third Party Administration, Network Access, Utilization Review/Utilization Management, COBRA/HIPAA Administration, On site Clinic Administration, Pharmacy Benefit Management, Section 125 and 132 Plan Administration, Stop Loss Insurance

The Exhibits Section of this RFP contains an important Excel File titled “Services Provided”. This file contains multiple tabs that must be completed by each Proposer for the Services rendered. The intent of this file is to confirm acceptance of the minimum level of Services, by category, which The County of El Paso expects from each Proposer for various aspects of the medical benefit plan administration and support.

The following portions of the Services Provided Questionnaire apply to the following categories of Services:

Services Category	Services Provided Section(s)
Third Party Medical Claims Administration	TPA Administrative Services, Audit Services, Implementation Performance, Termination Performance
Managed Medical Network Access	Provider Network, Audit Services, Implementation Performance, Termination Performance
Utilization Review / Utilization Management	Medical Management, Disease Management, Audit Services, Implementation Performance, Termination Performance
On Site Clinic	Medical Management, Disease Management, Audit Services, Implementation Performance, Termination Performance, On Site Clinic
COBRA / HIPAA Administration	Cobra Admin, HIPAA Admin, Implementation Performance, Termination Performance
Pharmacy Benefit Management	TPA Administrative Services, Audit Services, Implementation Performance, Termination Performance
Section 125 and Section 132 Plan Administration	Section 125 Plan, Implementation Performance, Termination Performance

In addition to responding to the Services Provided Questionnaire, please complete the following questionnaire when applicable. This section may also be used to expand upon the explanation of your service and funding capabilities if they are not addressed in the Services Provided Questionnaire.

General/Implementation – All Proposers Should Complete this section

1. Provide the following information for each organization and location, if different; and subcontractors/partners and others affiliated with your specific response:

- Type of Entity
- Date formed
- Financial or Industry Ratings of company(s) if applicable
- Corporate headquarters location, address, telephone number, e-mail address and website URL
- Responding Proposers location, address, telephone number, e-mail address and website URL
- Number of employees working for responding Proposer
- Number of groups over 5,000 employees in force
- Have you recently been acquired or been involved with any merger/acquisition or anticipate any merger or acquisition activity within the next 3 years? If yes, describe.

2. Provide the address and contact information and staffing levels of the office that will provide claims paying and customer service operations for the County of El Paso.

3. Provide a copy of your two most recent annual financial statements, or other documentation reflecting financial performance.

4. Provide a copy of all SAS 70 or comparable external audit results conducted in the last three years.

5. Provide a copy of your Errors & Omissions policy detail policy limits and deductibles. Acknowledge whether any claims have been filed against your E&O policy within the last three years.

6. Describe your disaster recovery plan in case of fire, flood or system failure.

7. Does your organization currently or have you ever received any fees or funds from any other vendor or payee that you currently have a relationship with, pay claims to or on behalf of, including but not limited to any vendor associated currently or in the past with the County of El Paso? Complete the following chart. Include any type of funds received (percentage of administrative fees, percentage of rebates, fees for data transfer, percentage of savings, consulting fees, access fees, encounter fees, prompt payment discounts, referral fees, bonuses, commissions, etc.). This issue is of utmost importance to the County of El Paso. Full disclosure is required. Failure to disclose this information can result in your proposal being disqualified or your contract terminated.

Third Party	Yes	No	Detail to any Yes response
Health Care Provider(s) (Hospitals or physicians)			
Pharmacy Benefit Managers			
Network Administrators			
Utilization Review/Management Company			
Laboratories / Ancillary Providers			
Consultants, Brokers, Agents, Lobbyist			
Any other party other than the employer			

8. Provide a detailed work plan you would use to implement administration of the County of El Paso's benefit program effective January 1, 2009. Include key activities, the dates during which they will be performed, the person(s) on your team who would be responsible for carrying them through, and the anticipated time frame in which you would anticipate the County of El Paso's involvement. Please respond in a tabular or outline format rather than narrative format. Key activities should include the following:

- Initial planning meeting
- Periodic update meetings
- Preparation and distribution of enrollment kits
- Employee enrollment, including participation in employee meetings
- Processing of elections
- Preparation/Coding of your claim administration system
- Customer services orientation
- Establishing the account structure, including initiation of periodic report generation (type and frequency)
- Identification card production
- Identification card distribution
- Certificate/SPD drafting, production and distribution
- Insurance contract draft, including applicable amendments or riders
- Provision of actual contract once drafts are approved
- Provision of standard customized claim forms
- Provision of administration manual

Assume that Open Enrollment meetings will be conducted during September and October of each year.

9. What type and amount of insurance do you require your providers/sub-contractors to carry? Provide details.

10. If you are proposing to manage reimbursement monies for the County of El Paso explain your standard banking arrangements and options.

- Describe the procedure you will employ to accommodate the County Auditor's requirement that all disbursements are reviewed and approved before checks are released?
- What is your standard policy regarding frequency and method of deposits to the bank account to cover benefit checks issued?
- Are deposits required when checks are written or when cleared?
- Describe your options for transfers of monies between the County's bank accounts and your claims clearing accounts.

11. Describe your ability to track; file and recover stop loss reimbursement claims on behalf of the County of El Paso.

12. STATEMENT REGARDING DEBARMENT/SUSPENSION

Each applicant will certify that it and its principals:

1. Are not presently debarred, suspended, and proposed for debarment, declared ineligible, or sentenced to a denial of Federal or State benefits.
2. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; or entered into a settlement agreement, consent decree, or similar arrangement regarding the above; or currently under investigation for any of the above; or
3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any offenses; and have not within a three-year period preceding this application had one or more public transactions (federal, state, or local) terminated for cause or default.

Select the appropriate response:

I Certify To the Above Statement Regarding Debarment/Suspension

I Am Unable to Certify to the above Statement Regarding Debarment/Suspension.

If you selected Unable to Certify to the above Statement of Debarment/Suspension, please provide a written explanation as to why you are unable to certify to the Statement.

Account Management

1. What group servicing office will be responsible for this account? Complete the following chart for your account management team.

Required Information	Account Manager	Day-to Day Liaison with the County of El Paso	Implementation Coordinator	Claims/System S Coordinator
Name				
Title				
Location				
Years with your organization				
Two managed care accounts this person has serviced in the stated capacity				
Company name				

2. Please list the name, contact and telephone number of three current clients who have a population size comparable to that of the County of El Paso as well as one client lost during the last three years. May these clients be contacted for references?

3. Confirm that you will provide the necessary personnel to assist in all enrollment meetings required.

Administration/Systems Interface/Reporting

1. From what location will claims be paid?

2. What are your standards for claims turnaround time?

- a) How many working days to pay 95% (for all claims, not just non-investigated)?
- b) How many working days to pay 85% (for all claims, not just non-investigated)?
- c) Are these standards currently being met by the proposed claim office?
- d) How is turnaround time measured?
- e) Are pending or duplicate or denied claims including in measured turnaround statistics?

3. What are your standards for:

- a) Payment accuracy (number of claims paid correctly divided by the total number of claims)
- b) Procedural accuracy (number of claims processed correctly divided by the total number of claims)
- c) Financial accuracy (total dollars of under and over payment divided by the total claims dollars paid)
- d) Are these standards currently being met by the proposed claim office?
- e) How often and for what periods are these standards measured?

4. Describe the process when an employee calls to discuss a claim. To whom will the employee be directed? What is the average response time for claim inquiries? What percent of inquiries are resolved during the initial telephone call? What percent of inquiries are resolved within five working days after the initial call?

5. Will an employee be able to access data or submit inquiries and receive responses on-line? Describe your on-line access capabilities.

6. What software system do you use to adjudicate claims? Do you own or lease the software? Will you change systems within the next 5 years?

7. How long are records kept? Explain your document retention policies.

8. Please provide samples of the standard claims/utilization reports provided on a routine basis, indicating the frequency and any additional charge for each report. Are reports available on-line? If so, how are the reports accessed and protected?
9. Can you provide special ad hoc reports if requested by the County of El Paso? Please provide examples and identify any added costs not included in the base administration fees.
10. What networks does your company currently work with? Please list the various networks and number of lives accessing those networks.
11. Is your company able to access various networks for the same client? For example, can you patch regional networks together to accommodate members who live in separate areas?
12. Does your company have a proven track record working with wrap networks as well as a primary network? Provide examples and explanation.
13. To what extent will your legal counsel assist the County of El Paso in defending suits contesting denial of benefits, eligibility, review of plan documents, legal compliance, etc.?
14. Please describe services provided for a current client that you would describe as above and beyond the scope of requirements of your contracts.

COBRA / HIPAA Administration

Please use this section to elaborate on any COBRA / HIPAA administration services or capabilities that you can provide which are not addressed in the Services Provided file in the Exhibit Section.

HIPAA Compliance

Please use this section to elaborate on any HIPAA Compliance services or capabilities that you can provide which are not addressed in the Services Provided file in the Exhibit Section.

Medical Network

1. Complete the General information regarding your company in the prior section.
2. How many clients do you have as of January 1, 2008? How many of these clients are public entities?
3. Perform a GeoAccess report for your network based on the census information provided in the attached census file. The access standard to be used is:
Primary Care: 2 providers within 10 miles of the employee census zip code
Specialty Care: 1 provider within 10 miles of the employee census zip code
Hospitals: 1 provider within 15 miles of the employee census zip code

In addition, submit the listing of zip codes where the desired access is not met for each of the outlined provider types.

4. How do you accommodate employees or dependents that live outside of the El Paso County, Texas, Dona Ana County and Otero County, New Mexico (the El Paso area) service area?
5. What date was your El Paso area network established?
6. If a plan participant is using a network physician prior to the start of the plan, and that physician is not accepting new patients under the plan, will the plan participant be able to continue seeing that physician? What transition and continuity of care rules would apply?
7. Provide the reimbursement process for network physicians who refer a plan participant to a non-network specialist or hospital. Are network physicians required to refer within the network? What protocol is followed when referrals need to be made outside of the network for specialty care? How are referrals made out of network resolved?
8. What hospitals are under contract as of January 1, 2008 in the El Paso area?
9. Please list your network options for the County of El Paso (i.e. PPO, EPO, etc). Can your network be customized for the County of El Paso as described in Section III?
10. Approximately how many members were enrolled in your El Paso area network as of January 1, 2008?
11. Is your network self-built, leased or purchased? Please describe third party arrangements (i.e. subcontracting, delegation, PHO arrangements, etc.).
12. Please provide a copy of your most recent provider network directory in both printed and electronic file format for the El Paso area. This data may be used by the County of El Paso for a disruption analysis.
13. What are your average fee discounts for:
 - Primary Care Physicians
 - Specialists
 - Hospitals when all area hospitals are included in the network
 - Hospitals when with both HCA and Tenet in the network
 - Hospitals with just HCA in the network
 - Hospitals with just Tenet in the network
 - R.E. Thomason General Hospital

14. Please describe your physician contracts and attach a copy of your standard contract that is used in the El Paso area. If you subcontract or delegate, please attach a copy of your contract with the local subcontractor, IPA or PHO.
15. For the physicians in your El Paso network, what is the negotiated reimbursement level as a percent of RBRVS? Which year is used in the formula? Describe any anticipated changes for 2009.
16. Would you be willing to discuss and review all of your contracts in more detail with either Crest Benefits Consulting or the County of El Paso staff? Confidentiality agreements can be enforced.
17. Complete the sample claims re-pricing exhibit included in the Exhibit Section. Any portion of your response addressing proprietary reimbursement data can be submitted in a separate sealed envelope along with your proposal response.
18. Does your organization contract with Urgent Care Centers? Does your organization contract with Emergency Care Centers? If so, please provide a list of both local and national centers with whom you contract.
19. Please provide a list of "Centers of Excellence" for highly specialized care and what services are provided. Are International Centers of Excellence accessible?
20. Please describe in detail your credentialing process for hospitals and ambulatory surgery facilities. What quality of care measures are used?
21. Do you individually credential all physicians or do you rely on a hospital or other entity to perform the credentialing process?
22. Do you require an on-site inspection of the provider's facilities as part of the initial credentialing process?
23. Do you require physicians to have hospital privileges at an in-network facility?
24. How often do you re-credential your providers? Do you have an organized system to identify the providers who are due to be recredentialled?
25. Provide a copy of your provider application form(s), and credentialing documents used for physicians, ancillary providers and hospitals. Are your credentialing requirements consistent with NCOA standards?
26. Does your provider relations department have a structured program that provides support services to your physician network?

27. Describe your capabilities to support the Federal Health Information Technology Initiatives.
28. Describe your organization's provider performance evaluation program. Please describe the extent to which evaluations are data driven and include utilization and outcome cost-effectiveness, and patient satisfaction.
29. Does your organization determine and track complaints about providers and utilize this information as a factor in provider evaluations? If so, please describe this process.
30. Describe your organization's corrective action process for providers and how this information is captured and reported.
31. What formal programs exist for working with providers to improve effectiveness and efficiency? Please describe them.
32. How often would you meet with providers to specifically review and update them regarding the County of El Paso's benefit plan?
33. How many times per year are provider lists updated? How many times a year are updates sent to members and employers? Do you ever include a physician who has not actually signed a contract with you?
34. Do marketing materials indicate physicians who are not accepting additional patients?
35. How will you handle situations where a member and their dependents live in separate cities? Please distinguish between temporary situations (e.g., students attending college) and permanent situations (e.g., children residing with a former spouse). Address the case where you have networks in both cities as well as where you have a network in only one of the cities.
36. What provisions have you used to prevent cost shifting from inpatient to outpatient settings and to ensure a logical relationship between, for example, the cost of day surgery and the cost of one night's surgical admission? How do you identify and control "code creeping" or other techniques providers use to circumvent your attempts to address accurate coding and repricing.
37. What provisions do you have to expedite or guarantee that all medical providers rendering services at network facilities (i.e. hospitals) are also preferred providers?

Customer Service

Use the section to supplement or elaborate upon your customer services capabilities that are not addressed in the Services Provided exhibit.

Provide the last customer service survey response conducted within the last three years.

Utilization Review / Utilization Management (UR/UM) Services

Respond to the appropriate questions in the General and Account Management portion of this Section IV.

Use the section to supplement or elaborate upon your Utilization Review / Utilization Management and Case Management capabilities that are not addressed in the Services Provided exhibit.

Describe your ability to provide similar on-site clinic services to the County of El Paso in addition to completing the appropriate section of the Services Provided file located in the Exhibits section of the RFP

Total Health and Disease Management

Respond to the appropriate questions in the General and Account Management portion of this Section IV.

The County of El Paso and its current Vendor administers a Lifestyle Reimbursement Incentive program whereby a portion of the monthly dues to fitness centers are reimbursed when the employee meets specific goals. The Vendor also makes available several discount programs for fitness and gym membership to the employees of the County of El Paso. The County does intend to continue these programs and is interested in exploring new opportunities for wellness initiatives.

Use the section to supplement or elaborate upon your Health or Disease and Wellness management capabilities that are not addressed in the Services Provided exhibit.

Describe your experience in designing and managing wellness initiatives, including:

- Your ability to engage members in wellness programs
- Your ability to monitor participation and achievement of goals
- Your ability to collect and report statistical data to the member as well as the plan sponsor
- Incentive programs that have been successful in minimizing preventable chronic illness and disease

On Site Clinic Administration

Please respond to the following questionnaire taking into consideration the following.

The County of El Paso will make available approximately 300 – 400 square feet of space in a downtown location to be finalized at a later date. This location may not be in the main County Court House, and may be located within several blocks of the Court House.

The County will arrange for basic utilities such as electricity, water, and access to telephone lines. The proposer will be expected to provide all necessary equipment, machines, furniture and supplies.

The intent of the clinic will be to provide Physician Supervised care although it is not necessary for a physician to be present to deliver care. Care is intended to include primary care services including but not limited to immunizations, support of wellness initiatives and health and disease management initiatives, screenings, triage and basic diagnosis and referrals.

Assume that the clinic will be open for 5 hours per day, Monday through Friday, except for County Holidays. Assume that any member of the County's medical benefit plan will be eligible for service delivered at the clinic, including employees, their covered dependents and retirees and their covered dependents.

General Information

1. Name of your organization and date established.
2. Please provide a brief history of your organization.

Qualifications

3. Provide the contact information of the individual authorized to answer any questions related to the proposal.

Name:

Title:

Address:

Phone Number:

Fax Number:

Email Address:

4. Do you employ a State of Texas licensed physician as your Medical Director?

Is this individual in agreement to sponsor privileges for either a Nurse Practitioner or Physician Assistant?

5. Provide documentation for all medical practitioners who will oversee and staff the clinic:

- Medical and Professional Degrees
 - Copies of State Licenses
 - Proof of liability and malpractice insurance coverage
6. Describe the qualifications, services or other information unique to your company for the delivery of services.
 7. Describe the extent to which your clinic would be able to dispense any prescription drugs, such as “samples.

On Site Medical Clinic Questionnaire

8. From what location will patient service be coordinated? How many other clinics are currently being serviced by your organization, company, or practice?
9. Describe your company’s performance standards with respect to:
 - employee inquiries (both written and telephonic);
 - wait time;
 - monthly invoice accuracy (statistical, payment, financial, technical);
 - patient satisfaction surveys
10. Describe your company’s quality assurance and/or internal audit procedures and programs. To whom does your in-house audit/quality assurance person/s report?
11. Describe in detail your hardware and software systems, and in particular, your scheduling and invoicing editing capabilities (if applicable to your proposed services). Specifically, address how procedural discrepancies are handled. Describe methods/procedures/services used to prevent unexpected computer downtime (i.e. disaster recovery procedures, physical security of computer facilities, internal controls relative to computer system access.)
12. Please describe the nature of the contract you would propose, indicating:
 - length of time of the contract;
 - length of time your fees are guaranteed;
 - description of your fee structure
 - proposed service renewal guarantees or terms; and
 - termination notices required.
13. If your company, organization or firm is awarded funding under this RFP, describe in detail the timeline which would be used to accomplish the implementation of the employee clinic.
14. Describe your clinic staffing including qualifications and credentials for all health care services to be performed under this RFP by your company, organization or firm. Please include ancillary health care service support which may apply i.e., pharmacy, laboratory, etc.

15. Please describe your account management team. Who will be responsible for the account and who will be their day-to-day contact? Where are these individuals located? Please provide a brief description of their experience and years with your organization
16. Please submit a sample of your monthly invoicing. Would you be willing to customize the information contained in these forms? Would there be an additional cost?
17. Please state what records would belong to the County upon contract termination.
18. Please attach samples of standard reports or any special cost containment reports available. If there is a charge, please provide details.
19. Describe your process and the timing of complaints sent for medical review.
20. Please provide three (3) references consisting of both current and terminated clients.

Name	Company	Telephone #	# of EE Lives
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Name	Company	Telephone #	# of EE Lives
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Name	Company	Telephone #	# of EE Lives
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Wellness And Prevention Questionnaire

21. Provide an executive summary of the wellness services you provide.
22. Is wellness and prevention medical services your main line of business? If not, please explain in detail where and how wellness fits into your business plan.
23. Please list the number of clients, and the total covered lives, for whom you currently provide on-site medical services, Health Risk Assessments (HRA), etc.
24. Please give a list of the different Partners/Vendors you already have an interface built with to exchange data. (i.e. PBM's, TPA's, MH/EAP providers.)
25. Please provide two employer client references with a similar size and composition for whom you have provided on site medical services and HRAs consecutively for at least 1 year.

Biometric Health Risk Assessment (HRA) Services

Please answer this section if you will provide these services

26. Describe the biometric health risk assessment tool your organization offers. Please attach a sample.
27. In what languages are your HRA, website, and employee materials available?
28. What is the average participation rate for your clients?
29. Explain your experience designing incentive systems to drive participation, including your most successfully designed incentive program.
30. What is the turn around time for receipt of the member report? What about the aggregate report to the employer? Please provide samples of both.
31. Please complete the grid below with a checkmark or specific answer if your HRA includes the feature described.

HRA Product Feature	Included?
Web-based HRA	
Paper-based HRA	
Biometric clinic based	
Provides information on confidentiality	
Provides information on how data will be used	
Data Collected	
Health status	
Chronic conditions	
Family health history	
Medications	
Lifestyle risks	
Safety	
Preventive exams	
Immunizations	
Biometrics	
Readiness to change	
Individual Results	
High-risk clinical situations are identified and appropriate steps can be taken for immediate intervention.	
Score communicated	
Focus/priority of individual's health/lifestyle areas are communicated	
Health improvement recommendations are made	
Action steps provided	
Can go to specific topics within web site	
Summary report is available online	
Summary report can be printed	

Links to additional health information are available	
Provides information or links to risk reduction programs	
Employer can customize messages on their URL to include references and links to internal programs or other vendors	
Employer Reports	
Web-based/electronic reports available	
Reports can be printed	
Lifestyle risks are reported	
Health status are reported	
Chronic conditions are reported	

Implementation & Communication Strategy

- 32. Describe how you would communicate the programs to the County’s employees who spread out over multiple locations? What media are used? How do you continue to promote the program after the initial rollout? Do you send direct mailings and at what cost?
- 33. How would you suggest reaching spouses and dependents?
- 34. What is your typical time frame for implementation? Please provide an implementation time line with activities and responsible parties.
- 35. Do you provide drafts of all necessary communications? Can these be customized by the County or by location?

Wellness Educational Content, Tools & Resources

- 36. Please list each educational service available to wellness participants. Are self-care books available and at what cost?
- 37. Please provide a URL and password for a web site demo, if available.
- 38. Will you assist in on-site employee education?
- 39. Explain your ability/willingness to customize letters or other forms of communication.
- 40. Do you have or will you assist the County in creating a web site for participants? For health information, education, scheduling?

Confidentiality/Privacy

- 41. Describe your policy relative to sharing, selling, or otherwise utilizing member usage and other member data.
- 42. How is patient and record keeping confidentiality assured? How is it communicated to participants?

43. What practices do you have in place to protect the confidentiality of individual information when electronically transferring or storing information?

Cost Structure

Please provide a budget for your plan and a timeline for implementation of clinic services based on the following categories.

44. Please provide a brief paragraph of justification for the health care staffing plan which you have selected.

Please detail the line item costs using the following categories if applicable to your response:

- Health care personnel (list by position and salary to include fringe benefits if appropriate); attach job description for each position listed
- Other personnel(list by position and salary to include fringe benefits if appropriate) ; attach job description for each position listed
- Equipment (clinical) by item and cost
- Equipment (administrative i.e. computer, fax, telephone, office furnishing, etc) by item and cost
- Clinical furnishings for exam rooms, lab, etc (list by item and cost)
- Facility leasing and telecommunication costs (list by item and cost)
- Other cost items not included in the above categories (list by item and cost)

If your organization, firm or company is going to provide cost share support for any of the above categories, please specify by item and in-kind cost support.

Return On Investment

45. How do you measure return on investment? Please describe your methodology.
46. Are you willing to guarantee a return on investment? If so, describe the fees you will put at risk and the criteria you would proposed to measure your attainment of those objectives.

Pharmacy Benefit Management Questionnaire

Your responses to the questions in this section should be based on current proven capabilities. You should describe your future capabilities only as a supplement to your "current capabilities" response. All responses should be as complete and succinct as possible.

Refer to the Exhibits section for a description of the current Prescription Co-pay structures. Also review the proposed benefit plans in the Exhibit Section as well.

General

1. Complete the previous General Section for all Proposers

Retail Network System

Administrative

1. Provide a list of network pharmacies in the El Paso area. Can this list be customized for the County of El Paso?
2. What credentialing criteria are used to select participating pharmacies? Are pharmacies required to be re-credentialed? How often?
3. Confirm that the pharmacies in your network are contractually bound to accept the reimbursement formula you are proposing. Can a network pharmacy choose not to participate if it does not like the reimbursement formula? Describe the process by which a network pharmacy is removed from the network.

Maximum Allowable Cost (MAC) Features

4. How many individual entities (i.e., generic drug, strength, and dosage form) are on your current MAC list? Provide a copy of your complete MAC list, including all MAC prices as of January 1, 2008, or your most current list.
5. What formula do you use to set the MAC? How often do you update the MAC list? Can you customize the list to meet preferences from the County of El Paso? How does the MAC price compare to AWP formula in terms of a comparable percentage discount off AWP?

6. Complete the following table for both retail and mail order claims (use your year 2007 or most recent data):

	Retail			Mail Order		
	Avg. Cost Rx*	Avg. Days Supply	Avg. Cost/Day	Avg. Cost Rx*	Avg. Days Supply	Avg. Cost/Day
Single source brand						
Multi-source brand						
Generic						

*Cost before benefit co-pays applied.

7. Confirm that all of your pharmacies comply with your MAC pricing limits.

8. What was your 2007 generic substitution rate with and without the employee "pay the difference" penalty feature?

9. Provide your percent of prescriptions dispensed as "Dispense As Written" by physician DAW and patient DAW separately.

Communications/Customer Service

1. Describe communication efforts for notifying all the County of El Paso plan participants of the new pharmacy plan. Enclose copies of all communication pieces. Indicate which pieces are available in Spanish.

2. Provide examples of your standard communications materials (both English and Spanish), including without limitation:

- Principals of managed pharmacy/introduction to "managed pharmacy benefits"
- Formulary features
- How to Transfer Prescriptions
- Merits of generic substitution
- Physician education regarding generic alternatives
- Letter targeting specific brands or medical conditions which are candidates for generic alternatives
- Specialty Pharmacy and Home Delivery programs

3. Do you have Internet access for the pharmacy directory? If yes, what is your Internet address and how often is it updated?

4. Provide the following statistics for the customer service unit you are proposing for the County of El Paso account:

Calendar Year 2007	Number	Percentage of Total
Total calls received		N/A
Total calls answered <30 seconds		
Total calls abandoned		

Drug Utilization Review (Dur)

1. Describe your real time and retrospective system for detecting fraud or abuse (patient or pharmacy). Once detected, how do you intervene? Provide examples of reports used to support these efforts. Provide total dollar amounts and percentage amounts of recovered fraudulent claims for the year 2007.

2. Describe what areas are targeted for savings, and why?

3. Indicate the staffing levels of your clinical resources (do not include staff model, mail order, or any other staffing to support dispensing activities):

	Number Full-Time	Number Part-Time	Length of Time With Company
Pharmacist (Pharm D's)			
Pharmacist (Masters)			
Pharmacist (R. Ph.)			
Analyst/Clerical			

4. How many accounts are assigned to each clinical pharmacist? Are pharmacists responsible for client contact and regular meetings?

5. Describe your physician profiling capability. What do you do with this information? Will summary reports be available to the County of El Paso?

6. Do you have the ability to create edits that would be able to block or flag suspected individual aberrant prescribing patterns?

7. Describe your efforts and results in disease management. What clinical protocols do you currently have in place (if any)? What kind of reporting will you provide to show the County of El Paso your results? Does any pharmaceutical manufacturer underwrite

these programs? If so, how often are protocols developed not involving their products? Provide examples and proof sources.

8. Describe your capabilities of integrating medical and pharmacy claims data.
9. Describe your prior authorization programs and their measurable results. Include the list of drugs the County of El Paso should consider for prior authorization and explain why.
10. Describe your Specialty Pharmacy Program and results.

Formulary Systems

1. How long has your current formulary been in place? How many accounts and employee contracts were covered by this system as of January 1, 2008?
2. Do you have an exception or appeal policy? Who handles these requests? Please detail your experience and/or proposal for managing exceptions and appeals. Will you allow the medical director from the Third Party Administrator's medical review unit an opportunity to review formulary changes?
3. How is drug coverage determined in the formulary? What medical resources and references are used?
4. How often is the formulary updated? How are new drug products that arrive on the market prior to a formulary update handled? How are physicians and plan sponsors notified of new products or product changes in the formulary? Provide actual examples.
5. Is your formulary broken down by therapeutic or disease state category? Provide a copy of your current mail service and/or retail formulary. Indicate changes to be made that may impact the County of El Paso for January 1, 2009.
6. Will the County of El Paso, as a self-funded client, be eligible for a pharmaceutical manufacturer's volume discount program ("rebates") if they use an open/passive formulary? Will the County of El Paso receive the full amount of the rebates or is a portion retained as a management fee? Provide your formulas for the calculations of rebates and describe the audit procedures to verify the accuracy of the rebates.
7. Can you offer a guaranteed rebate program? Please describe.
8. What programs do you have to increase formulary compliance by physicians? How do you monitor and promote this compliance?

9. What programs do you have in place to promote generic substitution? Please explain and provide specific examples.
10. What types of programs are in place involving therapeutic substitution? Provide examples. If a plan sponsor does not want to participate, is that optional?
11. Are you able to indicate the full retail cost of a prescription on receipts presented at the pharmacy?

Mail Service and Specialty Drug Operations

1. Provide a copy of your typical patient profile, prescription order forms, and prescription labels.
2. Describe your system of providing patient advisory information with prescriptions filled:
 - What percentage of prescriptions receives a patient information supplement?
 - What is your source for this information? (Provide examples.)
 - What is your policy regarding auxiliary labels/stickers on the actual prescription vials?
3. What is the operating hours and location of the mail service facility proposed for the County of El Paso?
4. Describe your process for ordering refills by mail and include a sample refill order form.
5. Describe your process for ordering refills by phone, including zero refill situations. What percentage of your refills are ordered by phone? Does the phone refill system operate on a 24-hour basis?
6. How are participants notified of their next refill date?
7. Detail the methodology used to measure turnaround time and track prescriptions through the dispensing process. When is a prescription "logged" into the system, and visible to customer service representatives?
8. Describe your policy regarding overall generic substitution. Are there any products you will not substitute? Does this vary from facility location to facility location?
9. Do you engage in repackaging? If so, provide details.
10. Describe the logistics and management of your Specialty Drug Program.

Quality Control

1. When hiring Registered Pharmacists, what are your preferred standards for experience? Do you have any absolute minimum standards for experience? What steps do you take at hire to verify credentials?
2. Do you conduct any type of drug screening for new hires (professional and non-professional)? Please explain.
3. How are the automated dispensing functions supervised and monitored?
4. What is the in-house turnaround time for prescriptions? What process exists to track problem prescriptions that are not filled within normal turnaround time? How is your turnaround time goal monitored?
5. What type of controls are in place to handle the mailing of prescriptions during extreme weather conditions?
6. Explain your process for rectifying damaged packages when received by the member.

Implementation

1. Describe your detailed action plan for program implementation, assuming notification of contract award by mid-July, 2008. Assume a January 1, 2009 effective date. The action plan should describe each key action step, the person (or organization) responsible, and start/stop dates.
2. Regarding eligibility:
 - Provide your tape specifications (or other requirements).
 - Provide 3 Third Party Administrator references that you currently exchange data with and their contact information
 - Describe your capability to handle manual eligibility. Note any specific requirements or fees.
 - Describe your capability to handle on-line electronic (EDI) eligibility, updated real time by the plan sponsor or Third Party Administrator

Reporting

1. Provide a matrix that describes your standard report package (i.e., no additional cost to the County of El Paso). Use the format below and provide an example of each report.

Report Name	Frequency Produced	Brief Description
1.		
2.		
3.		

2. Provide examples of recent client-specific ad hoc reporting.
3. Will the County of El Paso or the Third Party Administrator have an on-line inquiry and ad hoc reporting access to the claims system? Describe how this interface would operate. Are there any additional costs?
4. The County of El Paso currently participates in the Medicare Retiree Drug Subsidy program. Provide a detailed description of your ability to support the County of El Paso as a Cost Reporter in this program. Will you manage the eligibility reporting as well? Detail any additional fees, requirements or reports needed to support this role.

Pharmaceutical Manufacturer (PM)/PBM Relationships

1. Is your organization owned by a pharmaceutical manufacturer? If yes, describe the organizational linkages and the degree of integration/collaboration between your organizations.
2. Is your organization not owned by, but strategically aligned with a PM? If yes, describe the strategic alliance and the degree of integration/collaboration between your two organizations.

If you answered Yes to the above, please continue

3. What are your owner/partner PM's top five drug products by dollar volume through your organization (provide separately for mail and retail). For 2006 and 2007, provide the following for the drugs identified by the previous question:
 - Percentage market share (within the most widely prescribed therapeutic category)
 - By units dispensed
 - By dollar volume
 - Provide the above information for each of the top three competing products within the same therapeutic categories.
4. For each of the top five PM owner/partner products above and their top three competing drugs, show how each are currently displayed in your formulary document (including relative dollar or other price indicator). Further, for all of these products, list current AWP (bottle of 100), and what percent of the list price each are reduced by rebates or other special pricing arrangements that will flow back to plan costs.
5. If you have a mail-order operation, list all preferred drugs that are involved with phoning physicians to request changing the prescription. Indicate which of these drugs are manufactured by your owner/partner PM. Further, for each therapeutic

exchange, indicate the percentage of the physician calls that result in a changed prescription.

6. For 2006 and 2007, in mail order, what percent of generics dispensed were manufactured by your owner/partner PM?
7. List all of the currently operational or planned disease management programs. Indicate which of these involve products of your owner/partner.

Pricing/Performance Guarantees

Managed Retail Network System Quote

1. Complete the retail pricing grids at the end of this section for two network products using the following guidelines:
 - AWP discount formula pricing as of January 1, 2008. Identify your process for determining AWP and the frequency with which AWP is recalculated.
 - MAC pricing must be used for generics. Confirm your agreement to this provision. How are generics outside the MAC list priced?
 - Dispensing fee for brand; dispensing fee for generic.
 - Provide your administrative fee on a per claim basis. Indicate if administrative fees are applied to denied claims.
 - Formulary:
 1. % rebates shared with the County of El Paso
 2. % retained or fixed administrative fee (if any)
 3. Guaranteed level of rebates (on "per prescription" basis; guarantee must be NET of retention or administrative fees)
 - "Lower of" pricing: confirm that the "lower of" formula price or usual and customary price prevails. Describe how your system for this works, including how your pharmacy contract defines usual and customary price. What are your 2006 results for the "lower of" feature?
 - Do you have any special pricing formulas other than those described for "specialty" or injectable products? Please provide details.
 - Indicate all reports and communication materials covered by the proposed administrative fee. Provide examples.
 - Do you pass administrative rebates back to the client? Please elaborate.

Paper claim processing

1. Provide your administrative fee on a per claim basis.
2. Indicate all reports and communication materials covered by the proposed fee.

Drug utilization review

1. Detail all charges or retained savings programs for all DUR programs you are proposing to the County of El Paso.

Mail Prescription Drug Quote

Complete the mail order pricing grid at the end of this section using these guidelines:

- a) Dispensing fee must include postage and be fixed for the term of your quote. Do not differentiate between brand and generic.
- b) A percent discount off AWP for brand products. Identify your process for determining AWP and the frequency with which AWP is recalculated.
- c) MAC pricing must be used (same as retail). Confirm your agreement to this provision. How are generics outside the MAC list priced?
- d) What package size is used as the pricing basis?
- e) Administrative fee per claim (if any). Indicate if administrative fees are applied to denied claims.
- f) Formulary:
 - % rebates shared with the County of El Paso
 - % retained or fixed administrative fee (if any)
 - Expected level of rebates (or "per total prescription" basis)
 - Guaranteed level of rebates (on "per total prescription" basis; guarantee must be NET of retention or administrative fees)
- g) A three-year guarantee of the quoted price structure, with the option to extend for two one year periods.
- h) Postage paid reply envelopes for prescription orders.
- i) Indicate all reports and communication materials covered by the proposed administrative fee and provide samples.
- j) Provide a complete detailed list of any additional services or fees not previously described.

Other Costs (All Programs)

1. The County of El Paso may request ad hoc reports for special purposes. How would you charge for producing such "non-standard" reports?
2. Describe any one-time start-up costs charged for initiating the program.
3. Describe any other costs associated with this program.

ASSUME ALL REBATES (TRANSPARENT MODEL) PASS THROUGH TO THE COUNTY OF EL PASO ON THIS PAGE

■ **Retail Network Price Quote: Broad Network**

Network Name:

Number of Stores (Nationally):

Ingredient Cost		Dispensing Fee (per script)		Administrative Fee (per script)		Rebates	
Brand	Generic	Brand	Generic	Electronic	Paper	% or \$ Retained by PBM	Guarantee \$/Rx

■ **Retail Network Price Quote: Select Network (provide list of select network pharmacies)**

Network Name:

Number of Stores (Nationally):

Ingredient Cost		Dispensing Fee (per script)		Administrative Fee (per script)		Rebates	
Brand	Generic	Brand	Generic	Electronic	Paper	% or \$ Retained by PBM	Guarantee \$/Rx

Mail Order Price Quote

Ingredient Cost		Dispensing Fee (per script)		Administrative Fee (per script)		Rebates	
Brand	Generic	Brand	Generic	Electronic	Paper	% or \$ Retained by PBM	Guarantee \$/Rx

ASSUME NO REBATES PASS THROUGH TO THE COUNTY OF EL PASO ON THIS PAGE

■ Retail Network Price Quote: Broad Network

Network Name:

Number of Stores (Nationally):

Ingredient Cost		Dispensing Fee (per script)		Administrative Fee (per script)		Rebates	
Brand	Generic*	Brand	Generic	Electronic	Paper	% or \$ Retained by PBM	Guarantee \$/Rx

■ Retail Network Price Quote: Select Network (provide list of select network pharmacies)

Network Name:

Number of Stores (Nationally):

Ingredient Cost		Dispensing Fee (per script)		Administrative Fee (per script)		Rebates	
Brand	Generic	Brand	Generic	Electronic	Paper	% or \$ Retained by PBM	Guarantee \$/Rx

Mail Order Price Quote

Ingredient Cost		Dispensing Fee (per script)		Administrative Fee (per script)		Rebates	
Brand	Generic	Brand	Generic	Electronic	Paper	% or \$ Retained by PBM	Guarantee \$/Rx

Performance Guarantees

Indicate any price/cost guarantees you are willing to provide (e.g., generic substitution guarantee).

Indicate performance guarantees (including financial penalties) that you are willing to extend to The County of El Paso. Performance guarantees may include but are not limited to the following:

	STANDARD	GUARANTEE
Account Management		
1. Implementation action steps and key dates	Fully operational within 60 days of award	
On-line Retail Card Program		
1. Geographic access	97% within 10 miles	
2. Timely ID card production	95% mailed within 1 day of posting eligibility	
3. Customer service call response times and call abandon rate	95% answered within 30 seconds, less than 3% abandoned calls	
4. System downtime	System available 99.7%	
5. Timely production of management reports	Reports deliver w/ 30 days of cut-off	
Paper claim processing		
1. Turnaround time for "clean" claims	2 days	
2. Turnaround time for claims requiring additional review	5 days	
3. Claims adjudication accuracy	99%	
Reporting and account management		
1. Timeliness of production	30 days from cut-off	
2. Accuracy of data	99.7%	
3. Frequency of account management meetings to review results	Quarterly	
Generic Substitution		
1. Guaranteed level – retail	95%	
2. Guaranteed level – mail	95%	

	STANDARD	GUARANTEE
Mail Order Plan		
1. Turnaround time for routine prescriptions	2 days	
2. Turnaround time for prescriptions requiring intervention	5 days	
3. Prescription accuracy	99.99%	
4. Customer service call response times and call abandon rate	3 seconds, 3%	
Indicate other price/cost guarantees of any programs highlighted in this RFP.		
Total Fees at Risk		

Section 125 and Section 132 Plan Administration

Scope of Services Requested

The County of El Paso currently makes available to its employees the opportunity to participate in a Section 125 Cafeteria plan that includes pre-tax deductions for eligible expenses, Flexible Spending Accounts, Dependent Care Assistance Programs, and a Parking Reimbursement Plan as allowed under IRC Section 132(f).

Notice: All questions must be answered.

<i>SECTION A. GENERAL COMPANY INFORMATION</i>		
A-1	Parent Company Name:	
A-2	Address:	
A-3	City/State/Zip:	
A-4	Company Name: (If not same as above)	
A-5	Address:	
A-6	City/State/Zip:	
A-7	Contact Person: (Employee of vendor)	
A-8	Contact Phone #:	
A-9	Contact Cellular #:	
A-10	Contact Email:	
A-11	Contact Fax #:	
A-12	Local Address:	
A-13	Local City/State/Zip:	
A-14	Local Contact Person: (Employee of vendor)	
A-15	Local Contact Phone #:	
A-16	Local Contact Cellular #:	
A-17	Local Contact Email:	
A-18	Local Contact Fax #:	
A-19	Federal Tax ID Number:	
A-20	Date Parent Company formed:	
A-21	Date Subsidiary Company formed:	
A-22	Date Company enrolled first group in State of Texas:	
A-23	Number of employees employed in Texas and Nationwide:	
A-24	Number of groups you administer with over 2,000 employees in force: Private Sector Texas Nationwide Public Sector Texas Nationwide	

A-25	Is your company using any sub-contractors? If so, please list: name of sub-contractor, the scope of services the sub-contractor will perform, the reasons why you are sub-contracting these services, the benefit of sub-contracting these services, the depth of experience of the sub-contractor performing these services, and how you evaluated the sub-contractor, and why you selected this vendor to perform these services.	
A-26	Has your company recently been acquired or been involved with any merger/acquisition? If yes, briefly describe.	
A-27	Is your company involved in any pending or contemplated acquisition in the next 36 months? If yes, briefly describe.	
A-28	Under what other or former names has your company operated? If yes, briefly describe.	
A-29	Identify any officer, director, employee or agent of your organization who is also an employee of the County of El Paso.	
A-30	Disclose the name of any the County of El Paso employee who owns, directly or indirectly, an interest of 5% or more in your firm or any of its subsidiaries. Also disclose any familial or financial relationship anyone in your firm may have with any employee of the County of El Paso or member of the family of an employee of the County of El Paso.	
A-31	Identify any affiliation your firm or an employee of yours currently has with the County of El Paso such as a current contract, sub-contractor on a current contract, a member of an advisory board, etc.:	
A-32	Are any services necessary for the operation of your organization provided by a third party? If so, briefly describe.	

A-33	Describe your company's disaster recovery and contingency plans. Have you ever tested or actually implemented these plans?	
A-34	State your type of business: corporation, non-profit corporation, partnership, joint venture, etc.	
A-35	Does your proposal involve a joint venture with other organizations? If so, specify your role, those of other organizations and identify which organization would be the primary contractor.	
A-36	How many years of experience does your company have servicing group contracts with 2,000 or more eligible employees?	
A-37	Will acquiring the County of El Paso account result in more than a 5% increase in your company's current book of business, as measured by total fees paid or lives administered?	
A-38	Has your company been involved in any litigation over the last five years; pending, settled, or dismissed? Explain each separately. If there is any pending litigation, please include an opinion of counsel as to whether the pending litigation will impair the proposer's performance in a contract under this RFP.)	
A-39	Has the proposer or any of the proposer's employees, agents, independent contractors or sub-contractors ever been convicted of, pled guilty to, or pled nolo contendere to any felony; and if so, provide an explanation of the relevant details.	
A-40	Has your company, within the last 10 years, filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors; and if so, provide an explanation of the relevant details.	

A-41	What separates your firm from other competitors?	
A-42	Has the interested firm, its principals, officers, or predecessor organization(s) been debarred or suspended from bidding by any government during the last five (5) years? If yes, provide details.	
A-43	Have you ever failed to complete any work awarded to you? If so, where and why?	

SECTION B. FINANCIAL INFORMATION

B-1	Describe your firm's financial condition for the last three years. Specify retained earnings, debt, and equity. Detail each year separately:	
B-2	Has your company received any corrective action requests from a State Government in the last 5 years? If yes, briefly explain.	
B-3	Describe in detail how renewal rates will be determined after the initial guarantee period; your response should include an estimate of the credibility that will be given to the County of El Paso's experience.	
B-4	What performance guarantees will you offer? If your performance guarantee includes a financial penalty, please specify.	

SECTION C - REFERENCES

Provide the contact information for five current and three former clients of similar size, preferably in the public sector area. Include Organization Name, Address, Contact Person Name and Phone no., number of employees, indicate private/public sector, and briefly explain what services you provided and for how long was your contract.

C-1	<p>#1 Current</p> <p>Organization Name: Address: Contact Person: Phone #: Number of Employees: Private/public sector: Length of Service: Services Provided:</p>	
C-2	<p>#2 Current</p> <p>Organization Name: Address: Contact Person: Phone #: Number of Employees: Private/public sector: Length of Service: Services Provided:</p>	
C-3	<p>#3 Current</p> <p>Organization Name: Address: Contact Person: Phone #: Number of Employees: Private/public sector: Length of Service: Services Provided:</p>	
C-4	<p>#4 Current</p> <p>Organization Name: Address: Contact Person: Phone #: Number of Employees: Private/public sector: Length of Service: Services Provided:</p>	

SECTION C - REFERENCES

C-5	<p>#5 Current</p> <p>Organization Name: Address: Contact Person: Phone #: Number of Employees: Private/public sector: Length of Service: Services Provided:</p>	
C-6	<p>#1 Former</p> <p>Organization Name: Address: Contact Person: Phone #: Number of Employees: Private/public sector: Length of Service: Services Provided:</p>	
C-7	<p>#2 Former</p> <p>Organization Name: Address: Contact Person: Phone #: Number of Employees: Private/public sector: Length of Service: Services Provided:</p>	
C-8	<p>#3 Former</p> <p>Organization Name: Address: Contact Person: Phone #: Number of Employees: Private/public sector: Length of Service: Services Provided:</p>	

<i>SECTION D - CUSTOMER SERVICE INFORMATION</i>		
D-1	What are the customer service hours of operation?	
D-2	Describe how calls are received and by whom.	
D-3	How are calls handled after hours and by whom?	
D-4	Is there a toll free number?	
D-5	Are you able to service the hearing impaired or those that speak a foreign language?	
D-6	What office will handle claims processing and payment? Are all claims adjudicated in one location? By one claims team?	
D-7	Do you monitor member satisfaction? If so, how frequent? How do you handle unsatisfied customers?	

<i>SECTION E - TECHNICAL INFORMATION</i>		
E-1	Describe your claims facilities and procedures, including: A. Steps and procedures used in claims administration starting with the original claim form(s) completed by the employee and ending with the issuance of payment. B. Provide a matrix of turn around times C. Measures taken to prevent fraud by your own employees related to claims processing and claim/draft control. D. Measures taken to prevent fraud by claimants. E. Explain your grievance procedure.	
E-2	When were your current claims, eligibility, member services, and data reporting systems last upgraded or enhanced? When is the next upgrade/enhancement scheduled?	
E-3	What are your expectations of the employer's role in the following processes: administration, appeal processing, investigations, etc?	
E-4	Is it possible for the County of El Paso to	

	have on-line access to run reports and to view current status? Be specific as to how this would work.	
E-5	What, if any, data is required from the current vendor in order to assure a smooth transition?	
E-6	Describe your enrollment process for employees who elect coverage after the initial enrollment period.	
E-7	Specify your capabilities to monitor legal and regulatory matters at State and Federal Levels and how do you keep the client abreast of any changes?	
E-8	What standard reports are available? Frequency? Are there additional costs associated with these standard reports? With customized reports? If yes, what are they?	
E-9	List the functions your claim system automatically performs.	
E-10	Identify the office from which this account will be handled for claim processing and payment.	
E-11	What are your firms claim processing standards for: Turnaround time Procedural accuracy Financial accuracy What are your actual results for 2005: Turnaround time Procedural accuracy Financial accuracy What are your actual results for 2006: Turnaround time Procedural accuracy Financial accuracy	
E-12	Do you send an acknowledgement receipt of a claim form?	
E-13	Please provide a copy of your most recent audited annual report or financial statement.	
E-14	Will your company participate in the County's Annual Enrollment Fair and other promotional events?	

E-15	Provide a detailed work plan you would use to implement administration of the County of El Paso's benefit program effective January 1, 2008. Include key activities, the dates during which they will be performed, the person(s) on your team who would be responsible for carrying them through, and the anticipated time frame in which you would anticipate the County of El Paso's involvement. Please respond in a tabular or outline format rather than narrative format. Key activities should include the following:	
	Initial planning meeting	
	Periodic update meetings	
	Preparation and distribution of enrollment kits	
	Employee enrollment, including participation in employee meetings	
	Processing of elections	
	Preparation of your claim administration system	
	Customer services orientation	
	Establishing the account structure, including initiation of periodic report generation (type and frequency)	
	Identification card production	
	Identification card distribution	
	Certificate/SPD drafting, production and distribution	
	Provision of actual contract once drafts are approved	
	Provision of standard customized claim forms	
	Provision of administration manual	
	Assume that Annual Enrollment meetings will be conducted between September and October with an effective coverage date of January 1.	

SECTION F – WEB CAPABILITY INFORMATION		
F-1	Please provide your website address and an explanation of your website’s capabilities and characteristics.	
F-2	What information is available to members via different methods? (i.e. voice response, web page, etc.) Be detailed as to all the types of information that would be accessible via each method.	

Notice: Confirm or offer additional explanation regarding your ability to provide the following services:

<i>SECTION G – SERVICE CAPABILITIES</i>		
G-1	Provide approved communications to help maximize plan participation. Provide Samples.	
G-2	Provide daily claims processing.	
G-3	Provide participant status account inquiry via the internet.	
G-4	Provide direct deposit of claims reimbursement.	
G-5	Provide a 24-hour toll-free automated information line for participants.	
G-6	Provide toll-free technical support for the County of El Paso.	
G-7	Provide Internet Based Open Enrollment for participants.	
G-8	Provide the County of El Paso with updates of relevant legislative and regulatory changes.	
G-9	Provide direct pay to day care providers.	
G-10	Provide non-discriminatory testing services.	
G-11	Provide toll-free customer service for participants.	
G-12	Provide a customized Plan Document and Summary Plan Description for the plan.	
G-13	Provide the capability to offer a debit card for reimbursement use.	
G-14	Provide administrative support and claims processing support for the Premium Only Plan, the Flexible Savings Account, and Dependent Care Assistance Plan as described in the current SPD.	
G-15	Provide adequate personnel for enrollment assistance for up to 10 enrollment or orientation meetings per year.	

Stop Loss Reinsurance Questionnaire

The County of El Paso currently purchases and will consider offers from Proposers for specific stop loss at a \$225,000, deductible, with a \$2,000,000 lifetime maximum. Please provide quotes on a 15/12 basis. Specific Stop Loss should be quoted to include medical and prescription drug claims.

Aggregate coverage should be quoted for medical and prescription drugs under one set of factors and dental claims under a separate set of factors.

The County of El Paso would also like to consider a higher deductible option also. Please illustrate rates for a \$250,000, and \$300,000 deductible.

It is the intent of The County of El Paso to carry forward accumulators on benefit maximums. Historical disclosure data and rate information is included in the Exhibits Section.

The County of El Paso currently uses Foresight TPA based in El Paso, Texas as its TPA and access the Advantage Care Network for its preferred providers.

1. How long have you (the stop loss reinsurance carrier) been in business?
2. Please provide the following financial ratings for the stop loss reinsurance carrier:
 - AM Best
 - Moody's
 - Standard & Poors
 - Duff & Phelps
3. Provide the most recent financial statement for the stop loss reinsurance carrier.
4. What percentage of your overall business is medical stop loss reinsurance related?
5. Please indicate your company's annual stop-loss premium.
6. Please indicate your company's total number of stop-loss cases (clients) (United States only).
7. Do you reinsure the stop-loss coverage? If so, provide details.
8. Please explain your company's procedure for determining reimbursement of claims that exceed the specific stop-loss level. When would those amounts be reimbursed?
9. Are cost-containment investigation expenses and PPO percentage of discount costs included in your Specific reimbursements?
10. What is the maximum Specific and Aggregate reimbursement?

11. Is there a Run-In limit (amount or time) on “paid” stop loss coverage for both the initial year of coverage or renewal years?
12. How are specific stop-loss charges derived? Provide a description of your rating methodology.
13. Does your Stop Loss contract have any limits for any of the following? If so, please describe.
 - Transplants
 - Substance Abuse
 - Mental Nervous Conditions
 - AIDS
14. If your company offers discounts for utilizing centers of excellence or cost management programs, please provide details on the programs, affiliated costs at the time of claim, and details regarding discounts for utilizing those programs.
15. Is the Stop Loss through an MGU? If so, please provide Name, Address, and Phone Number of the MGU being used.
16. If an MGU, do you handle claims “in-house”? If not, who handles them?
17. If an MGU, are there additional Insurance Carriers accepting layers of risk? Please disclose the Names, Address, and Phone Numbers of those carriers and the percentage of risk taken. Answer all of the questions in this RFP relating to any carrier assuming risk.
18. What type of claims data reporting do you require if you provide stop-loss coverage and are not the claims payor? Explain in detail the claim data information you need from the claims administrator at the time of claim. How will TPA errors in claim payments be handled by your company?
19. At time of renewal will you agree to quote removing any existing large claim from your rating for the group overall? Please specify what determines a large claim.
20. Do you have a provision for advance payment of Aggregate claims that exceed the limit early in the plan year? If so, please provide details and identify the cost for this provision as a separate factor.
21. Will you agree to recognize all eligible claims on the effective date of the contract including hospitalizations, if any, and those related to pre-existing conditions or members no actively at work?
22. Do you require the client to make the initial payment for eligible Specific claims, or do you reimburse simultaneously once the claim exceeds the retention level?
23. Provide details on any claims turnaround guarantees.

24. What is the maximum time beyond the date of service that you allow for submission of Stop Loss payments by a TPA?
25. How recent must claims experience be in order to provide "final terms" and what is the earliest point in time that you will finalize and guarantee your terms and conditions of coverage?
26. Will you agree to waive any "actively-at-work" requirement?
27. Please list three client references for which stop-loss claims have been paid.
28. Do you require the TPA to provide Error's & Omissions coverage? At what limits?
29. Does your firm have Errors & Omissions coverage? If so, who is the carrier and what are your policy limits?
30. Do you reserve the right to unilaterally terminate a group for poor Experience?
31. Confirm that retirees and their eligible dependents are covered under your proposal
32. Are you licensed to conduct business in the State of Texas?
33. Are there any additional surcharges or taxes not disclosed in this proposal? Please explain
34. Explain how your company will handle lasering of any members, both initially and at renewal. Will you guarantee that future enrollees will not be lasered?
35. Will you guarantee renewal terms and conditions in advance? Will you guarantee a maximum rate adjustment with no additional lasering upon renewal? If so, please provide a detailed response.
36. Do you provide "override" commissions for higher levels of production to the TPA or any other party?
37. Offer your rate quotations in your standard format.

V. Financial

The County of El Paso requires a contract for all services that provides multi-year (at least three years), fee guarantees and performance guarantees on the managed care program.

Fees (administration, risk, profit and other charges) are to be guaranteed for all plans on a per employee (regardless of family status) per month basis. The fee should include the full cost of administering the plan; all plan administration expenses (including establishing and maintaining the plan), all acquisition costs (including set up and implementation of the program), and all other services requested in this RFP. The fees entered below should include HIPAA certificates, COBRA and/or equivalent administration letters, and postage. The fees should also include all reporting.

Confirm that you will work with the County of El Paso's current local bank (subject to change), which is currently International Bank in El Paso, Texas.

Administrative Fees Worksheet (PEPM unless noted otherwise)

	2009- 2019	2012	2013	2014
Assumed Participation – employees (subject to variation over time)	2,300	2,300	2,300	2,300
Fees:				
Start Up Fee				
ASO fee				
Network Access fee				
Commissions/finder’s fee				
Provider directories				
COBRA Administration				
HIPAA Administration				
Utilization Review / Utilization Management				
On Site Clinic				
Disease Management Options				
Wellness Programs				
On Site Customer Service Representative, if not included above				
Section 125 and Section 132 Plan Administration				
Stop Loss Insurance Premiums				
Stop Loss Aggregate Factors				
Additional Third Party Eligibility Services				
Run-In claims processing fees from prior plan year				
Run-Out claims processing fees if proposed contract is terminated				

Any bundled fee offers should itemize each line item service.

Please confirm (required) that your quote includes the cost of supplying the County of El Paso with the following items in a supply sufficient to meet their needs and provide a sample of each.

- I.D. Cards (if necessary, currently supplied through the PBM)
- Enrollment cards
- Claim forms and pre-addressed envelopes
- Summary Plan descriptions
- Announcement letters (COBRA, HIPAA)
- Administrative and Claim Manuals
- Enrollment and support personnel for on site meetings
- Other administrative supplies

Third Party Medical Claims Administration Performance Guarantees

Performance standards in the areas of account management, health plan development and maintenance, member service, claims processing, data reporting and analysis, and implementation are described in the worksheet that follows. The standards are a part of the required proposal and will be a part of the contract. Any alterations to the grid will not be considered. The standards and guarantees are noted below.

The criteria and guarantees are considered to be client specific – not based upon your book of business or assigned teams or departments. If you cannot meet this requirement your response must clearly identify how you calculate your metrics.

If you are willing to establish claim target guarantees, please explain your methodology in establishing the target and the formula for reward / penalty if the target is met / failed.

Performance Guarantees

1. Member Satisfaction

Guarantee	Reduction
<p>Proposer will develop and implement a mutually acceptable annual survey to evaluate member satisfaction with Proposer's performance, the performance of medical providers, and general satisfaction with the plan design in an effort to gauge general member understanding of the health plan.</p> <p>Measurement criteria: Random sample survey designed with client approval.</p>	<p>The reduction will be \$7,500 if the standard of 75% member satisfaction or better with Proposer's performance is not met.</p>

2. Claim Adjudication (Payment Accuracy)

Guarantee	Reduction
<p>Proposer will guarantee the claim adjudication payment process will not exceed an error rate of 3% in any given quarter.</p> <p>Definition: Number of correct claims payment divided by total number of payments made, expressed as a percentage.</p> <p>Measurement criteria: Random sample audit or vendor generated management reports mutually agreed to report required information.</p>	<p>The maximum reduction will be 5% of the administrative fees for any month that the standard is not met.</p>

3. Claim Coding Accuracy

Guarantee	Reduction
<p>Proposer will guarantee the average coding accuracy will be 97.5% or higher in any given quarter.</p> <p>Definition: Coding accuracy is determined by dividing the number of correct coding entries by the total number of coding.</p> <p>Measurement criteria: Vendor's internal quality control program will be used.</p>	<p>Proposer will reduce its administrative fee by \$1,500 for each ½ % that coding accuracy drops below 97.5% for any month.</p>

4. Claim Adjudication Turnaround – Non-Investigated Claims

Guarantee	Reduction
<p>Proposer will guarantee the average claim turnaround time for non-investigated claims during the contract period will not exceed an average of 16 calendar days for 90% of processed claims.</p> <p>Definition: A non-investigated claim shall mean a complete claim received with information sufficient to allow the vendor to make a final claim determination. Proposer measures turnaround time from the claimant's viewpoint. That is, turnaround time is measured from the date the check or EOB is mailed for member payable claims or is in a ready for payment status for providers. Weekends or holidays are included in the turnaround time.</p> <p>Measurement criteria: A computer generated turnaround time report for specific claims will be provided on a monthly basis.</p>	<p>If the cumulative quarterly turnaround time exceeds an average of 16 calendar days, vendor will reduce its administrative fee by \$7500 for each day, to a maximum of \$7,500 per month.</p>

5. Claim Dollar Payment Accuracy

Guarantee	Reduction
<p>Proposer will guarantee the average claim payment accuracy, as measured by the dollar amount of claims paid accurately divided by the total dollars, will be 98% or higher in any given quarter.</p> <p>Definition: Accuracy shall be determined by dividing the total dollar amounts overpaid, as well as underpaid, by the sum of amounts actually paid. This is the error rate that then is subtracted from 100% to determine the claims accuracy level.</p> <p>Measurement criteria: Vendor's internal quality control program results for assigned processors will be used.</p>	<p>Proposer will reduce its administrative fee by \$1,500 for each 1% that coding accuracy drops below 98% up to a maximum reduction of \$7,500 for a given month.</p>

6. Data Reporting Delivery

Guarantee	Reduction
<p>Standard reports will be delivered within 20 days of the previous month</p>	<p>The reduction will be \$1,500.</p>

7. Customer Service

Guarantee	Reduction
<p>Telephone Service: 80% of calls answered within 60 seconds.</p> <p>Less than 5% of calls abandoned.</p>	<p>Proposer will reduce administrative fees by \$750 for each 5% that the standard is not met up to a maximum of \$3,000 in any given month.</p>

VI. EXHIBITS

- *Services Provided Questionnaire – All Applicable Tabs Must Be Completed*
- *Census Data*
- *Historical Loss Data and Enrollment Reports*
- *Contribution and Deduction History*
- *Current Summary Plan Descriptions*
- *Claims Re-pricing Worksheet*
- Network Proposers must re-price the sample claims provided in the Excel Worksheet

COUNTY OF EL PASO, TEXAS

CERTIFICATIONS REGARDING LOBBYING, DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; DRUG-FREE WORKPLACE REQUIREMENTS; FEDERAL DEBT STATUS, AND NONDISCRIMINATION STATUS AND IMPLEMENTING REGULATIONS*

Instructions for the certifications:

General Requirements

The County of El Paso, Texas is required to obtain from all applicants of federal funds or pass-through certifications regarding federal debt status, debarment and suspension, and a drug free workplace. Institutional applicants are required to certify that they will comply with the nondiscrimination statutes and implementing regulations.

Applicants should refer to the regulations cited below to determine the certifications to which they are required to attest. Signature of the form provides for compliance with certification requirements under 21 CFR part 1405, "New Restrictions on Lobbying," 21 CFR part 1414, Government wide Debarment and Suspension (Non procurement), Certification Regarding Federal Debt Status (OMB Circular A-129), and Certification Regarding the Nondiscrimination Statutes and Implementing Regulations. The certifications shall be treated as a material representation of fact upon which reliance will be placed when the County of El Paso determines to award the covered cooperative agreement

1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented in 21 CFR part 1405, for persons entering into a cooperative agreement over \$100,000, as defined at 21 CFR Part 1405, the applicant certifies that;

(a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement,

(b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal Grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award document for all sub-awards at all tiers (including sub-grants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

1. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

As required by Executive Order 12549, Debarment and Suspension and implemented at 21 CFR Part 1404, for prospective participants in primary covered transactions

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or and a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (Federal, State, or local) transaction or contract under a public transaction violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to the application.

2. DRUG-FREE WORKPLACE

As required by the Drug Free Workplace Act of 1988, and implemented at 21 CFR Part 1404 Subpart F.

A. The applicant certifies that it will or will continue to provide a drug free workplace by:

(a). Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violations of such prohibition;

(b) Establishing an on-going drug free awareness program to inform employees about:

- (1) The dangers of drug abuse in the workplace;
- (2) The applicant's policy of maintaining a drug free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violation occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee must

- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such convictions. Employers of convicted employees must provide notice including position title, to: The County of El Paso, Texas, 500 East San Antonio Street, Suite 406, El Paso, Texas 79901. Notice shall include the identification number of each affected grant

(f) Taking one of the following actions within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal State, or local health, law enforcement, or other appropriate agency

(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. CERTIFICATION REGARDING FEDERAL DEBT STATUS (OMB Circular A-129)

The Applicant certifies to the best of its knowledge and belief, that it is not delinquent in the repayment of any federal debt.

4. CERTIFICATION REGARDING THE NONDISCRIMINATION STATUTES AND IMPLEMENTING REGULATIONS

The applicant certifies that it will comply with the following nondiscrimination statutes and their implementing regulations: (a) title VI of the Civil right Act of 1964 (42 U.S.C. 2000D et seq.) which provides that no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of or be otherwise subjected to discrimination under any program or activity for which the applicant received federal financial assistance; (b) Section 504 of the rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicap in programs and activities receiving federal financial assistance; (c) title IX of the Education Amendments of 1972m as amended (20 U.S.C. 1981 et seq.) which prohibits discrimination on the basis of sex in education programs and activities receiving federal financial assistance; and (d) the Age Discrimination Act of 1975, and amended (42 U.S.C. 6101 ec seq.) which prohibits discrimination on the basis of age in programs and activities receiving federal financial assistance, except that actions which reasonably take age into account as a factor necessary for the normal operation or achievement of any statutory objective of the project or activity shall not violate this statute.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

Business Name

Date

Name of Authorized Representative

Signature of Authorized Representative

COUNTY OF EL PASO PURCHASING DEPARTMENT

COUNTY COURTHOUSE, 500 EAST SAN ANTONIO,
ROOM PU500, EL PASO, TEXAS 79901
(915) 546-2048, FAX: (915) 546-8180

PITI VASQUEZ, PURCHASING AGENT
JOSE LOPEZ, JR. ASST. PURCHASING AGENT
LINDA GONZALEZ, INVENTORY BID TECHNICIAN

PROPOSAL CONDITIONS

This is the only approved instruction for use on your invitation to bid. Items below apply to and become a part of the terms and conditions of the bid.

1. BY SUBMITTING A PROPOSAL, EACH BIDDER AGREES TO WAIVE ANY AND ALL CLAIMS IT HAS OR MAY HAVE AGAINST THE COUNTY OF EL PASO, AND ITS OFFICERS, AGENTS AND EMPLOYEES, ARISING OUT OF OR IN CONNECTION WITH: THE DOCUMENTS, PROCEDURES, ADMINISTRATION, EVALUATION, OR RECOMMENDATION OF ANY PROPOSAL; THE WAIVER BY EL PASO COUNTY OF ANY REQUIREMENTS UNDER THE PROPOSAL DOCUMENTS OR THE CONTRACT DOCUMENTS; THE ACCEPTANCE OR REJECTION OF ANY PROPOSAL; AND THE AWARD OF THE CONTRACT.
2. Proposal must be in the Purchasing Department **BEFORE** the hour and date specified. Faxed proposals will not be accepted.
3. Late proposals properly identified will be returned to bidder unopened. Late proposals will not be considered under any circumstances.
4. All proposals are for new equipment or merchandise unless otherwise specified (merchandise only).
5. Quotes F.O.B. destination. If otherwise, show exact cost to deliver (merchandise only).
6. Proposal unit price on quantity specified-extend and show total. In case of error in extension, unit prices shall govern. RFP subject to unlimited price increases will not be considered.
7. Proposals must give full firm name and address of offeror. Failure to manually sign the proposal will disqualify it. Person signing should show title or authority to bind his firm in a contract.
8. No substitutions or cancellations permitted without written approval of County Purchasing Agent for merchandise.
9. The County reserves the right to accept or reject all or any part of the proposal, waive minor technicalities and award the proposal to the lowest responsible proposer. The County of El Paso reserves the right to award by item or by total proposal. Prices should be itemized.
10. RFP \$100,000.00 and over, the proposer shall furnish a certified cashiers check made payable to the County of El Paso or a good and sufficient bid bond in the amount of 5% of the total contract prices and execute with a surety company authorized to do business in the State of Texas. The bid bond must be included with the bid at the time of the opening.
11. This is a quotation inquiry only and implies no obligation of the part of the County of El Paso.
12. The County of El Paso reserves the right to reject any proposal due to failure of performance on deliveries. The County Purchasing Agent will justify this.

13. Brand names are for descriptive purposes only, not restrictive (merchandise only).
14. The County of El Paso is an Equal Opportunity Employer.
15. Any proposal sent via express mail or overnight delivery service must have the RFP number and title clearly marked on the outside of the express mail or overnight delivery service envelope or package. Failure to clearly identify your proposal may be cause for disqualification.
16. PURSUANT TO TEXAS GOVERNMENT CODE SECTION 2253.021, A PRIME CONTRACTOR WHO IS AWARDED A PUBLIC WORKS CONSTRUCTION CONTRACT SHALL, PRIOR TO BEGINNING THE WORK, EXECUTE TO THE COUNTY:
 - 1) A PERFORMANCE BOND, IN THE FULL AMOUNT OF THE CONTRACT, IF THE CONTRACT IS IN EXCESS OF \$100,000; AND
 - 2) A PAYMENT BOND, IN THE FULL AMOUNT OF THE CONTRACT, IF THE CONTRACT IS IN EXCESS OF \$25,000.
17. PURSUANT TO TEXAS LOCAL GOVERNMENT CODE SECTION 262.032(b), ANY SUCCESSFUL BIDDER WHO IS AWARDED ANY CONTRACT IN EXCESS OF \$50,000 MAY BE REQUIRED TO EXECUTE A PERFORMANCE BOND TO THE COUNTY. SAID BOND SHALL BE IN THE FULL AMOUNT OF THE CONTRACT AND MUST BE FURNISHED WITHIN 30 DAYS AFTER THE DATE A PURCHASE ORDER IS ISSUED OR THE CONTRACT IS SIGNED AND PRIOR TO COMMENCEMENT OF THE ACTUAL WORK. ANY PERFORMANCE BOND REQUIRED PURSUANT TO THIS SECTION SHALL BE NOTED IN THE ATTACHED DETAILED BID SPECIFICATIONS OR SCOPE OF WORK. THIS SECTION DOES NOT APPLY TO A PERFORMANCE BOND REQUIRED BY CHAPTER 2253, TEXAS GOVERNMENT CODE.
18. "Beginning January 1, 2006, in order to implement HB 914 (adding new Local Government Code Chapter 176), ALL VENDORS MUST SUBMIT A CONFLICT OF INTEREST QUESTIONNAIRE (Form CIQ) disclosing its affiliations and business relationships with the County's Officers (County Judge and Commissioners Court) as well as the County employees and contractors who make recommendations for the expenditure of County funds. The names of the County Officers and of the County employees and contractors making recommendations to the County Officers on this contract are listed in the Specifications.

THE CONFLICT OF INTEREST QUESTIONNAIRE MUST BE FILED WITH THE COUNTY CLERK AND A COPY OR PROOF OF FILING MUST BE ATTACHED TO THE BIDDER'S RESPONSE SUBMITTED TO THE PURCHASING DEPARTMENT.

Bidders should be aware that this bidding condition is not intended to cover or to advise you about all situations in which Local Government Code Chapter 176 would require you to file a Form CIQ. You should consult your private attorney with regard to the application of this law and your compliance requirements. Failure to comply is punishable as a Class C misdemeanor.

NOTICE:

ALL COMMUNICATIONS BY A VENDOR TO THE COUNTY, ITS OFFICIALS, AND DEPARTMENT HEADS REGARDING THIS PROCUREMENT SHALL BE DONE THROUGH THE EL PASO COUNTY PURCHASING DEPARTMENT. **THE EL PASO COUNTY CODE OF ETHICS PROHIBITS ALL PRIVATE COMMUNICATION BETWEEN VENDORS AND CERTAIN COUNTY OFFICIALS AND EMPLOYEES AS DESCRIBED BELOW:**

No vendor, its representative, agent, or employee shall engage in private communication with a member of the El Paso County Commissioners Court or county department heads regarding any procurement of goods or services by the County from the date that the bid, RFP, or RFQ is released. No private communication regarding the purchase shall be permitted until the procurement process is complete and a purchase order is granted or a contract is entered into. Members of the commissioners court are required to make a reasonable effort to inform themselves regarding potential procurements and have a duty to inquire of vendors, their representatives or employees, the nature of any private communication being sought prior to engaging in any communication. "Private Communication" means communication with any vendor outside of a posted meeting of the governing body, a regular meeting of a standing or appointed committee, or a negotiation with a vendor which has been specifically authorized by the governing body.

Health Insurance Benefits Provided By Bidder

Consideration of Health Insurance Benefits*

1. Do you or your subcontractor(s) currently offer health insurance benefits to your employees?

If so, please describe those health insurance benefits that you or your subcontractor(s) currently provide/offer to your employees.

2. What percentage, if any, of your of your subcontractor's employees are currently enrolled in the health insurance benefits program?

El Paso County may consider provision of health insurance benefits as part of the overall "best value" determination. Failure to provide health insurance benefits will not disqualify you from participating in this bid selection process.

Business Name

Date

Name of Authorized Representative

Signature of Authorized Representative

* This page must be included in all responses.



COUNTY OF EL PASO
County Purchasing Department
500 East San Antonio, Suite PU500
El Paso, Texas 79901
(915) 546-2048
(915) 546-8180 Fax

RE: RFP #08-087, (RFP) Health Plan Benefits Program Services

Dear Vendor:

As of January 1, 2006, the Texas Local Government Code Chapter 176 requires all vendors and potential vendors who contract or seek to contract for the sale or purchase of property, goods, or services with any local government entity to complete and submit a Conflicts of Interest Questionnaire. A copy of the requirements regarding vendors is attached. Also attached is a copy of the Questionnaire which needs to be filed and was prepared and approved for statewide use by the Texas Ethics Commission.

In filing out the Questionnaire, the following are the County Officers that will award the bid and the employees which will make a recommendation to the Commissioners Court:

County Officers: County Judge Anthony Cobos
Commissioner Luis C. Sariñana
Commissioner Veronica Escobar
Commissioner Miguel Teran
Commissioner Dan Haggerty

County Employees: Piti Vasquez, Purchasing Agent
Jose Lopez, Jr., Assistant Purchasing Agent
Peter Gutierrez, Buyer II
Linda Gonzalez, Inventory Bid Technician
Lucy Balderama, Inventory Bid Technician
Valerie A. Sanchez, Risk Pool Board Trustee
Ricardo Diaz, Risk Pool Board Trustee
Adrianna Rosales, Risk Pool Board Trustee
Beatrice A. Sada, Risk Pool Board Trustee
Emma Acosta, Risk Pool Board Trustee
Randy McGraw, Risk Pool Board Consultant
Betsy C. Keller, Director of Human Resources
Robert Gallegos, Risk Manager

Please note that the state law requires that the Questionnaire be filed with the **COUNTY CLERK** no later than **the 7th business day after submitting an application, response to an RFP, RFQ or bid** or any other writing related to a potential agreement with the County. Failure to file the questionnaire within the time provided by the statute is a Class C misdemeanor

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of person who has a business relationship with local governmental entity.

2 **Check this box if you are filing an update to a previously filed questionnaire.**

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 Name of local government officer with whom filer has employment or business relationship.

Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

Yes No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

Yes No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes No

D. Describe each employment or business relationship with the local government officer named in this section.

4

Signature of person doing business with the governmental entity

Date

Tex. Local Gov't Code § 176.006 (2005)

§ 176.006. Disclosure Requirements for Vendors and Other Persons; Questionnaire

(a) A person described by Section 176.002(a) shall file a completed conflict of interest questionnaire with the appropriate records administrator not later than the seventh business day after the date that the person:

(1) begins contract discussions or negotiations with the local governmental entity; or

(2) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential agreement with the local governmental entity.

(b) The commission shall adopt a conflict of interest questionnaire for use under this section that requires disclosure of a person's affiliations or business relationships that might cause a conflict of interest with a local governmental entity.

(c) The questionnaire adopted under Subsection (b) must require, for the local governmental entity with respect to which the questionnaire is filed, that the person filing the questionnaire:

(1) describe each affiliation or business relationship the person has with each local government officer of the local governmental entity;

(2) identify each affiliation or business relationship described by Subdivision (1) with respect to which the local government officer receives, or is likely to receive, taxable income from the person filing the questionnaire;

(3) identify each affiliation or business relationship described by Subdivision (1) with respect to which the person filing the questionnaire receives, or is likely to receive, taxable income that:

(A) is received from, or at the direction of, a local government officer of the local governmental entity; and

(B) is not received from the local governmental entity;

(4) describe each affiliation or business relationship with a corporation or other business entity with respect to which a local government officer of the local governmental entity:

(A) serves as an officer or director; or

(B) holds an ownership interest of 10 percent or more;

(5) describe each affiliation or business relationship with an employee or contractor of the local governmental entity who makes recommendations to a local government officer of the local governmental entity with respect to the expenditure of money;

(6) describe each affiliation or business relationship with a person who:

(A) is a local government officer; and

(B) appoints or employs a local government officer of the local governmental entity that is the subject of the questionnaire; and

(7) describe any other affiliation or business relationship that might cause a conflict of interest.

(d) A person described by Subsection (a) shall file an updated completed questionnaire with the appropriate records administrator not later than:

(1) September 1 of each year in which an activity described by Subsection (a) is pending; and

(2) the seventh business day after the date of an event that would make a statement in the questionnaire incomplete or inaccurate.

(e) A person is not required to file an updated completed questionnaire under Subsection (d)(1) in a year if the person has filed a questionnaire under Subsection (c) or (d)(2) on or after June 1, but before September 1, of that year.

(f) A person commits an offense if the person violates this section. An offense under this subsection is a Class C misdemeanor.

(g) It is a defense to prosecution under Subsection (f) that the person filed the required questionnaire not later than the seventh business day after the date the person received notice of the violation.

Tex. Local Gov't Code § 176.001 (2005)

§ 176.001. Definitions

In this chapter:

(1) "Commission" means the Texas Ethics Commission.

(2) "Family member" means a person related to another person within the first degree by consanguinity or affinity, as described by Subchapter B, Chapter 573, Government Code.

(3) "Local governmental entity" means a county, municipality, school district, junior college district, or other political subdivision of this state or a local government corporation, board, commission, district, or authority to which a member is appointed by the commissioners court of a county, the mayor of a municipality, or the governing body of a municipality. The term does not include an association, corporation, or organization of governmental entities organized to provide to its members education, assistance, products, or services or to represent its members before the legislative, administrative, or judicial branches of the state or federal government.

(4) "Local government officer" means:

(A) a member of the governing body of a local governmental entity; or

(B) a director, superintendent, administrator, president, or other person designated as the executive officer of the local governmental entity.

(5) "Records administrator" means the director, county clerk, municipal secretary, superintendent, or other person responsible for maintaining the records of the local governmental entity.

COUNTY OF EL PASO, TEXAS

Check List

(RFP) Health Plan Benefits Program Services RFP #08-087

THIS CHECKLIST IS PROVIDED FOR YOUR CONVENIENCE

_____ Responses should be delivered to the County Purchasing Department by 2:00 p.m., Wednesday, June 25, 2008. Did you visit our website (www.epcounty.com) for any addendums?

_____ Did you sign the Bidding Schedule?

_____ Did you sign the "Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters; Drug-Free Workplace Requirements; Federal Debt Status, and Nondiscrimination Status And Implementing Regulations" document?

_____ Did you sign the "Consideration of Insurance Benefits" form?

_____ Did you file a copy of the completed Conflict of Interest Questionnaire (Form CIQ) with the El Paso County Clerk (in person or by mail to 500 E. San Antonio, Suite 105, El Paso, TX 79901 or by fax to 915-546-2012 attention Joann) and write the confirmation number given as proof of filing on your bidding schedule? Please include the completed and signed form with your response whether a relationship exists or not.

_____ If your bid totals more than \$100,000, did you include a bid bond?

_____ Did you provide one (1) original copy, four (4) hard copies and (12) twelve electronic format (i.e. - read-only CD or DVD and responses in Microsoft Word or Microsoft Excel) copies of the proposal?
